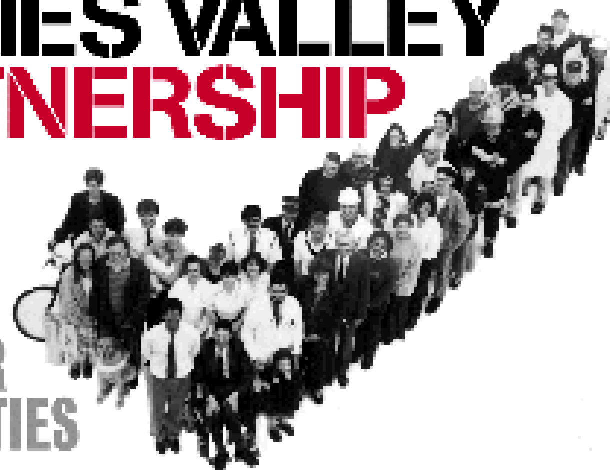
Domestic Violence: Changing Direction

Report of a conference held in November 2002

April 2003



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Introduction

Sue Raikes, Chief Executive, Thames Valley Partnership

The programme for this conference brings together some of the changes in thinking that the Thames Valley Partnership and our colleagues in the Domestic Violence Steering Group have been discussing over recent months. It is particularly pleasing to see so many organisations represented to consider a challenging new way of looking at domestic violence, especially those representing the Health Service. It is hoped that today will be enjoyable, informative and that there will be plenty of opportunities for beneficial networking. It is now eight years since the Thames Valley Partnership hosted its first domestic violence conference and much has changed. There are much better networks at local level across the Thames Valley, multi-agency working has significantly improved and there is much greater public awareness. At our last Behind Closed Doors conference, I commented that now that domestic violence had featured on the Archers, the issue had surely reached the mainstream.

There is however, no room for complacency. Very large numbers of women and children (and it is mostly women and children) live in fear of violence. This violence takes many forms and exists in many and varied settings. What we need is a more flexible, broader, deeper response that doesn't rely on the decision to separate, or the possibility of prosecution, or the constraints of formal redress. We need to look at responses that recognise that most families will decide for a while to live with violence. They may do so for a long while and they may need support during this period. The family may feel the effects for many years, whilst the violence continues and after it has stopped.

There are choices, which many women make everyday about living with this violence and assessing the risks. All of our responses and our work need to reflect that complexity.

This conference is timely. We are assured of renewed interest from the Government – a cross cutting agenda, which includes a review of what each of the ministers and departments should be doing. We have recently also heard that there will be a consultation paper on domestic violence in the spring 2003. The Thames Valley Partnership will soon be attending a round table discussion hosted by the Cabinet Office and the DfES and our contribution will reflect today's agenda and the topics and discussions that are raised here.

In February 2003 the BBC is co-ordinating a season on domestic violence called 'Hitting Home'. The themes and issues of domestic violence will be raised through dramas, soap operas and in some feature programmes. We need to look at how this opportunity to publicise and raise awareness can be utilised in our areas.

I would like to thank those who have worked with us on this programme. In particular Patrick Neil, Oxfordshire Health and Social Care Directorate, Joanna Fenstermacher, Victim Support, Linda York, Thames Valley Police and Julia Worms, Thames Valley Partnership Associate for all their hard work in putting together the programme and co-ordinating the day.

Reconciling Love and Fearfulness

Dominic Carman, author of 'No Ordinary Man'

The death of a parent changes you; there is a predictable silence when one concentrates on the past and it is an inevitable reminder of one's own mortality. One takes a more critical look at oneself and memories flood the senses, grief summarises this process. For most they go through this process privately and endeavour to get on with their lives, in this case my father had requested me to write his biography. Having read the obituaries, I knew there was so much more to the man and was faced with the dilemma of whether to give the complete picture of the whole man or merely of his public profile. I resolved to tell the truth and the book 'No Ordinary Man' resulted, which tells of the voyage with my father and shares my thoughts of both love and fear.

George consisted of three different men. Firstly there was the Blackpool boy who became a hardworking, clever advocate, he was commanding, sharp witted and compelling in court. His reputation went before him and he succeeded in securing countless verdicts against the odds. His clients were safe in his hands and he was a protector of reputations in court. Secondly there was the charming bon-viveur, well known in the pubs, clubs and casinos, he thrived on this nightlife, this was the public face of the 'after hours' George. Lastly was the hidden George, who consistently beat three consecutive wives over 30 years. A tortured soul who brought havoc and humiliation to those close to him and lost millions at the blackjack tables. He inspired respect and fear in court, but also at home, where we watched his every move due to the unpredictable results. The effect on the three wives of this brutality and humiliation went beyond broken glass and broken bones to fear and isolation. The family was excluded and discouraged from making friends and contacts. Long nights spent drinking, gambling and associating with prostitutes led to rages with, both verbal onslaught and physical abuse, lasting for hours at home. As a child I was forced to watch - an audience was required. One night when my mother, in fear, escaped into the garden, I was suspended by my feet over the balcony, to enforce her return into the house. Over time the threats and anticipation became the worst aspect resulting in constant anxiety, when the mere ringing of the doorbell could engender fear.

When I was 11, my parents separated, George got custody and I was kept away from my mother. I spent much time watching him at various drinking clubs. My new stepmother too suffered many assaults including a fractured hip. Despite the beatings he inspired loyalty and because he was so clever they did not speak out in order to protect him and his career. I cannot understand this. George believed in the supremacy of talent, which was the only thing that mattered, his work dominated everything.

I loved my father but I wanted him to be normal and ordinary. That was not possible; you cannot choose or change them. In my teens I tried to take an overdose and was self-harming, of which my father was apparently aware. When I was 21, the next marriage ended and he fell into the pitiable clutches of a younger woman.

Over the years I escorted him to many bars, watched many of his trials and listened to him for hours. One question still remains, how could someone with so much talent, completely wreck his life and those around him. I know that he was himself a victim of

abuse and violence at the cruel hands of Christian Brothers. In his past he had had secret gay relationships and had tried to strangle his fiancée.

The reactions to my book have been very mixed, with many feeling that I should not have been so honest. Journalists especially condemned me, saying I should have said nothing rather than publish this account, stating 'keeping silent is not a bad tactic'. The legal fraternity voiced the most objections to the book, which is strange among a profession that is dedicated to the truth, claiming that the details should not have been told. Some reviewers attacked the ex-wives for doing nothing. Many people knew about the other side of his nature, but kept quiet, afraid to write anything critical, because of his legal prowess. 'Genius can be forgiven anything'. People's private lives are separate to their public achievements, but should this allow closing of the ranks and self censorship - there are times when we need to know, although honesty can sometimes have a very heavy price.

Questions:

Have you ever felt that you could have told the truth earlier, for example about the self-harming?

I had never thought to tell about it, apparently, I found out later, my father had known about it, but he never discussed it with me. It was difficult to identify where help could have come from and difficult to see obvious solutions. Perhaps the warning signs should have been picked up earlier.

In terms of gender, what role can men play?

Men still fight shy of this issue, if it exists they don't want to get involved. There is a need to get survivors to discuss the issues and for men to look at their behaviour, men will have to be part of the solution. Often these men are well educated, and unfortunately, the issues of criminality are still a very grey area, especially when someone has standing and position

Did the family have no contact with the health service?

There was contact with both the police and the hospital service, but the situation was not discussed or disclosed.

Has writing this book helped you?

In some ways it has been cathartic, in others difficult, but I feel better now that the truth has been revealed. The three ex-wives have reacted differently, the first re-married and forgave him, the second is part of the way there, but the third is still suffering.

Was domestic violence raised as an issue in the divorce of your parents?

We were never interviewed, my father selected the solicitor and all the arrangements were a 'fait accomplis'.

The Continuum of Abuse and of Resource

Patrick Neil, Independent Chair of Oxfordshire ACPC

The central question is why must we change direction? These statistics reveal that the massive majority of domestic violence incidents and domestically violent relationships remain unreported and are undetected by the outside world: -

> 'One in three incidents of domestic violence are reported to the police'
> [British Crime Survey England and Wales 2000]

> 'On average, a woman will be assaulted by her partner or ex-partner, 35 times before reporting to the police'
> [Yearnshire et al. Violence Against Women, London: RCOG 1997]

The interesting fact is the ability of people to manage, but to what effect on themselves and harm to their families. The factors that play a part in determining the under-reporting of incidents include: -

- Control and Power - the counter-side to these is induced powerlessness and fearfulness, which is at the heart of non-equality.
- Safety - this is one of the main reasons that they do not speak out, because in doing so they will not necessarily make it better. The perspective is 'who could change this?' There is a need to convince them that their life can be improved, the power of the state can appear just as dangerous. The existence of policy and protocols does not necessarily improve the response; there must be a focus on safety.
- The Complexity of Definitions – 'domestic' can often prove to be a dangerous metaphor, resulting in a 'six of one or half a dozen of another' approach or undefined grey areas. It does not describe the synergy of the relationship and we need to clearly confront this.
- Unhelpful Definitions – these are often quoted, but disguise the true issues, for example politicised polemics in the press and tribal rivalries, which represent real gender issues. Definitions that are too narrow with no grey areas often include men as part of the solution, whilst those that are too wide, with too many grey areas, acknowledge that all life has inappropriate behaviour, but you cannot criminalise everything.
- Lack of Positive Options or Alternatives – safety is paramount and as a result there is a need to keep things going, the victim is often the caregiver for the family. Any solutions need to take account of the economic consequences, the effect on emotional attachments and the part culture; status and lifestyle play in the break up of the family.
- Rhythm of Coping – victims adopt methods of coping and absorb the reality of the situation. These can include being a protective parent, establishing patterns of behaviour or adopting cognitive distortions eg 'It's what happens', 'He's a good man when sober', 'The stress of providing for us' and 'We are just as much to blame'.

Recent definitions have included: -

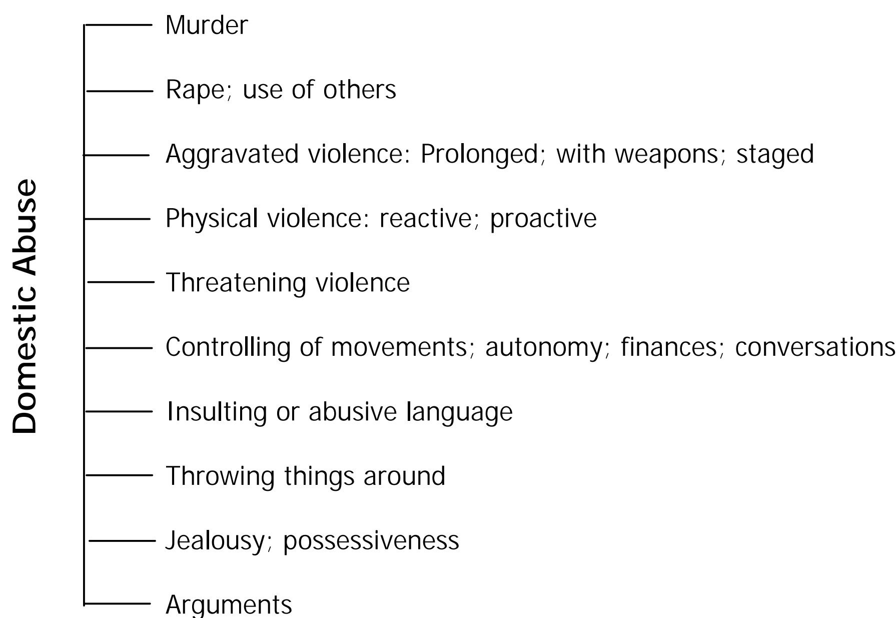
> 'Domestic violence relates to any criminal offence arising out of physical, sexual, psychological, emotional or financial abuse by one person against a current or former partner in a close relationship, or against a current or former family member'.
>
> [CPS November 2001]

> 'Intimate partner violence' is an ongoing, debilitating experience of physical, psychological, and/or sexual abuse involving force or threat of force from a current or former partner associated with increased isolation from the outside world and limited personal freedom and accessibility to resources'.
>
> [Hammersmith Hospitals NHS Trust]

> 'Domestic violence is a general term to describe a range of behaviours often used by one person to control and dominate another with whom they have, or have had, a close or family relationship and in which the abuser operates from a position of perceived power'.
>
> 'It includes forms of violent or controlling behaviour such as physical assault, sexual abuse, rape, threats and intimidation, harassment, humiliation and controlling behaviour, withholding of finances, economic manipulation, deprivation, isolation, belittling and constant unreasonable criticism'.
>
> [CPS November 2001]

The first from the Crown Prosecution Service in 2001 is potentially too inclusive, the next from Hammersmith Hospital is a tighter definition and does provide a picture. In the third definition the inclusion of the word 'perceived' is important, as the abuser does not always have to utilise this power.

It is important to view these behaviours as a continuum of abuse.



There is a need to establish at which points intervention is required, there is often a subtle change from when some situations are manageable or not. All of the above behaviours can become domestic violence if they are utilised with a misuse of control or are combined with a threat of physical force, which are the defining threshold factors. It is very much concerned with the context in which the behaviour is happening. The importance of respect and equality in relationships must be stressed in order that people are not undermined.

The research-based features of domestic violence include: -

- By the time a victim makes a formal complaint, there have usually been on average, 35 previous incidents
- The pattern of violent abuse invariably increases in frequency and violence and can result in death
- In England and Wales, two women are killed by their current or former partners every week
- Domestic homicides account for half the annual total of women murdered
- The act of leaving does not make the victim safe. In fact they are more at risk of further violence when seeking help or leaving. Stalking, harassment and threats are common, and the majority of violent assaults occur after the victim has left the abuser. The decision to leave is therefore not one that is taken lightly.
- Witnessing violence can have a devastating effect upon children
- Over 90% of children living within the household are aware of domestic violence if not actively involved
- 50% of women subjected to domestic violence have children under 16 living in the household

This continuum of abuse needs to be matched with a continuum of resources.

It is always important to remember that a victim approaches individuals not an organisation. In the short term any solutions must address the following: -

- Confirm definition – consistency of terminology
- Initiate inclusive, coherent, integrated long-term strategy
- End to tribal rivalries – find consensus
- Introduce voluntary perpetrator programmes

Whilst the long-term future must include: -

- Comprehensive and constant programme of relationship education for children – curriculum based in schools
- Confirm the links between domestic violence and violent crime – disrespect of others
- Media messages – strategy
- Integrated policies and guidelines for involved agencies

Questions:

The problem of providing responses is that there is a lack of resources.

The problem is to match available resources, as there will always be competing priorities. There is a need for risk assessment, we have to know what it is possible to manage and where overt intervention is required. The subtleties need to be addressed and where assistance for change can be directed.

Government Responses to Violence Against Women

Alana Diamond, Research Programme Director, Home Office

The topics that will be addressed are: -

- Making the case for action
- An overview of government policy and responses around domestic violence
- The programme of research and evaluation

Making the Case

In terms of violence Against Women the facts and figures are: -

- Domestic violence accounts for about 25% of all violent crime
- Over their lifetimes incidents of domestic violence were reported among 23% of women and 15% of men
- Around one in 20 women have been raped since age of 16 – an estimated 754,000 victims
- Strangers responsible for only 8% of rapes
- Nearly 50% of all female murder victims are killed by a partner or ex-partner; about two women die every week

Government Policy and Responses

The Government responses around domestic violence have been: -

- Home Office Committee Report (1992-3)
- Living Without Fear (1999)
- Interdepartmental Group on Violence Against Women (1999)
- Ministerial Group on Domestic Violence (end of 2001)

The Ministerial Group on domestic violence had five action areas, namely: -

- Increasing safe accommodation choices for women and children (Office for the Deputy Prime Minister)
- Developing early and effective healthcare interventions (Department of Health)
- Improving interface between criminal and civil law (Lord Chancellors Department)
- Ensuring a consistent and appropriate police response from the police and CPS (Home Office)
- Promoting education and awareness raising (Women and Equality Unit [DTI])

The Home Office and Chancellors in contributing to 'Justice For All' proposed a number of initiatives including: -

- Multi-agency murder review – pilot multi-agency panel to establish if there could have been a different outcome
- Sentencing – ensure appropriate sentencing for domestic violence, sexual assault and rape

- Look at anonymity of victims within the criminal justice system
- Crown Prosecution Service – revised guidance
- Police – best value performance indicators to raise low arrest rate

The Programme of Research and Evaluation

The current research includes: -

- British Crime Survey
  - Rape and sexual assault report (published 2002)
  - 2001 module on domestic violence, rape, sexual assault and stalking
- Probation Pathfinder domestic violence perpetrator programme pilots
- WEU – review of social and economic costs of domestic violence
- Review of accommodation provision
- Crime Reduction Programme
- Women Against Violence Initiative

The WEU Review of Economic and Social Costs of Domestic Violence has just been commissioned and a team of researchers will endeavour to ascertain overall figures to the policy makers. They will address three key elements namely: -

- Review the available data – quality and availability
- Develop a methodology to estimate annual economic and social costs
- Produce an annual estimate

The timetable for this is short but they aim to produce a report by the summer 2003 and then develop this work onwards.

The Crime Reduction Programme aims to: -

- Provide evidence-based programmes to reduce the long-term rise in crime
- Fund interventions to provide evidence of *what works* and cost effective approaches
- Roll out findings as good practice

The 'Violence Against Women' Initiative aims to find out what works to reduce domestic violence, rape and sexual assault by known perpetrators. A series of 12 literature reviews were undertaken to inform the selection criteria for the projects. These were

- Assessing and managing risk of domestic violence
- Use of criminal law
- Civil law remedies
- Policing domestic violence
- Accommodation provision
- Health services
- Multi-agency fora
- Outreach and advocacy
- Women survivors' views
- Meeting the needs of children
- Perpetrator programmes
- Monitoring costs and evaluating needs

They found there were not many good quality, robust research projects but they managed to extract the following suggested approaches: -

- Multi-agency integrated approach
- Involving users in safety planning
- Taking into account children's welfare and needs in safety planning
- Consistent response
- Appropriate targeting of response
- Early identification and intervention
- Better use of criminal and civil law
- Enhanced evidence gathering

The 'Violence Against Women' initiative provided for: -

- £10.7 million for projects, development and evaluation
- 34 multi-agency projects funded in July 2000 – March 2003
    - 25 domestic violence
    - 9 rape and sexual assault
- Additional 24 projects funded in March 2001 – March 2003, not being evaluated

The nine project groups were: -

- Black and other minority ethnic groups
- Criminal and civil law
- Rural
- Prevention and protection
- Health
- Education
- Rape services
- Multi-service
- Rape perpetrator programme

In terms of project support and capacity building: -

- Expert consultants employed to act as project *developers* for first six months
- Website and web-based discussion group
- Conference

The independent evaluation looked at process, outcome and cost and cost effectiveness. The emerging findings show that for implementation, what is needed is: -

- Crime theory:
    - Interventions need to be underpinned by crime theory or clear rationale
- Project management:
    - Dedicated co-ordinator
    - Pro-active approach
    - Relevant experience, skills and training
    - Authority and/or senior support

In regard to multi-agency working and partnerships it shows: -

- Multi-agency working is hard and takes time
- Tension between statutory and non-statutory organisations
- Often key agencies missing
  - Eg Crown Prosecution Service (CPS), health

Evaluation has been complex because of a lack of baseline data, problems obtaining dis-aggregate level outcome data, the burden of collecting cost data, the short time frame, which limits outcome analysis and the conflict between delivering and evaluating.

Early recommendations include: -

1. Funding Criteria

- Established, with a good track record
- Demonstrate multi-agency working
- Have inter-agency data monitoring systems and data sharing in place
- Capable of and willing to implement an intervention
- *Want* to be evaluated

2. Support prior to funding

- Crime analysis – understanding nature and extent of problem/local context
- Identifying target groups/areas
- Formulating interventions underpinned by crime theory
- Defining data required
- Writing proposals
- Fully explain projects' role and evaluation
  - Workshops/seminars prior to selection

3. Capacity building and support

- Ongoing professional support
  - Project developers with evaluation, multi-agency and organisation development skills
- Provide support
  - Project management
  - Organisation development
  - Multi-agency/partnership working

The evaluations are due in the autumn 2003, with publication and dissemination early in 2004.

Changing Direction – Opportunities and Limitations

District Judge Michael Payne, Oxfordshire

As an initial point, I am male, middle aged and a judge, so I suppose this makes me middle-class, but does this mean that I am inevitably out-of-touch? I think not, but I am aware that the general public does not necessarily share this view. There are possibly two reasons why this misconception persists.

The first is that it is a cornerstone of our justice system, that the court should hear both sides of any case before reaching its decision. In cases of emergency this basic principle can be temporarily put aside. The vast majority of domestic violence cases first come before the county court on a without notice basis, so the respondent does not necessarily know that the hearing taking place may involve serious orders being made against him. I have to bear in mind when hearing the case that only one side of the story is being presented to me. In such circumstances there is a danger of injustice. For example, I recall dealing with a case where the applicant said that the respondent had verbally abused her as soon as she walked through the front door. He had shouted and sworn at her and thrown half a loaf of bread at her. At a subsequent hearing, I learned that she had been returning from an evening of passion with the next-door-neighbour, with whom she had been conducting an affair for several months.

The second reason is that the procedure in domestic violence cases is essentially adversarial. The applicant must prove her case in accordance with the requirements of the law. If one of the essential ingredients of the case is absent then the case will definitely fail. If all of the essential ingredients of the case are there, but the applicant is a very poor witness, the case is likely to fail. I am aware that the applicant who is appearing may well be very frightened and confused and make allowance for this, but she must be a believable witness.

The handling of domestic violence cases in the Oxford County Court does not cause many difficulties. In 2001 we had to deal with a total of 154 domestic violence cases of all types. By contrast, Brentford County Court, where I used to sit, dealt with 98 cases in July alone this year.

There are three categories of orders, which the civil court can make in cases of domestic violence.

1. Anti-harassment (Protection From Harassment Act 1997)
2. Occupation Orders (ss33, 35, 36, 37, 38 Family Law Act 1996)
3. Non-molestation Orders (s42 Family Law Act 1996)

Applications under the 1997 act are rarely issued in the county court. I cannot recall an occasion when this act has been used in connection with a case of domestic violence between a married couple or cohabitees. It appears to be used more frequently in criminal proceedings in the magistrate's court, perhaps because the process from initial issue of an application to the imposition of a penalty is more concentrated. The county court, I feel, is more concerned with protection than with punishment. A county court judge cannot ignore the fact that the parties involved in domestic violence proceedings

may well have a joint interest in property or a financial interdependence, which means that their relationship must continue whatever the outcome of this particular case. This is even more evident when the couple has children and will continue to have parental obligations.

Applications for occupation orders and non-molestation orders are commonly made at the same time, for understandable reasons. The criteria for the granting of occupation orders vary and are dependent upon the nature of the relationship between the parties. The most common situation is where the parties have lived together in a home, which they are both entitled to occupy, whether or not they are married. In such a situation the court must consider an array at factors, which are defined in the 1996 Act. Prominent among these factors is the welfare of any child. When there is a domestic violence case between parties who have children, the welfare of those children must have a high level of importance. This emphasis can lead to the making of an order, which might appear unjust if viewed solely from the perspective of the applicant. For example, in one case a court refused to make an occupation order, which would have required a man to leave a property even though he had been the aggressor. The reason was that he had the responsibility of care for his child from a previous relationship. The woman too had a child, but some prospect of alternative accommodation. The court applied what is sometimes called the 'balance of hardship' test. It was decided that the hardship to the man's child would be greater if he had to leave than would the hardship to the woman's child if she were not permitted to occupy the property.

The most common type of protection, which is sought from the civil courts, is a non-molestation order. There is no formal definition, in any statute of what constitutes molestation. From time to time definitions have been attempted including: -

'A non-molestation order' means an order containing either or both of the following provisions: -

a. Prohibiting a person ("the respondent") from molesting another person who is associated with the respondent
b. Prohibiting the respondent from molesting a relevant child

Neither the Family Law Act 1996 nor any other statute defines molestation, various judges have attempted to distil its essence: -

> "For my part I have no doubt that the word 'molesting' in s 1 (1)(a) of the 1976 Act – (the Domestic Violence and Matrimonial Proceedings Act 1976, the predecessor of the Family Law Act 1996) – does not imply necessarily either violence or threats of violence. It applies to any conduct which can properly be regarded as such a degree of harassment as to call for the intervention of the court".
>
> [Lord Justice Ormrod in *Vaughan v Vaughan* in 1973]

> "'Molest' is a wide, plain word which I should be reluctant to define or paraphrase. If I had to find one synonym for it, I should select 'pester'".
>
> [Lord Justice Stephenson in *Johnson v Walton* in 1990]

The Law Commission Report upon which the non-molestation provisions of the Family Law Act 1996 were based commented: -

> 'Molestation is an umbrella term which covers a wide range of behaviour...Molestation includes but is wider than violence. It encompasses any form of serious pestering or harassment and applies to any conduct which could properly be regarded as such a degree of harassment as to call for the intervention of the court'.

None of these is entirely satisfactory. Judges are expected to recognise molestation when it appears and it encompasses a wide range of behaviours, for example: -

> The husband had been behaving in a very peculiar manner prior to the separation, and had indeed on occasion been physically violent to the wife; but since then he has been harassing her in all kinds of ways – handing her threatening letters, intercepting her on the way to the station, and so on; the kind of conduct which makes life extremely difficult.
>
> [from *Horner v Horner*]

> On 6th April there was an incident when Mrs George was picking up the children from a visit to Mr George. On that occasion Mr George yelled and screamed at her and used obscene language. That in my view was a serious matter. The President has held that it constituted a molestation. It is not suggested that it did not, and, as the President pointed out, the matter was made worse (I would say very much worse) by the fact that the language was used in the hearing of the children. Then again, on 28th April, there was another similar occasion when Mrs George arrived to collect the children. On this occasion she was accompanied by Miss Underwood, who is a lady with whom she appears now to be living in a lesbian relationship. It was that relationship which inflamed matters so as to lead to Mr George's letter of 4th February, and this was the first occasion on which Miss Underwood appears to have been involved again in any direct dealings with the children so far as Mr George was concerned. One can well understand how his feelings were inflamed on this occasion. He again used obscene and abusive language in the presence of the children. The President has held that that was a further molestation, and again it is not suggested that it was not.
>
> [from *George v George* in 1986]

> According to Mrs Smith things were not a great deal better because in the following months, as she challenged in an affidavit, she experienced various untoward occurrences such as the locks of her car being filled with superglue, a pile of logs in her garden being thrown away over a hedge, and receiving an extremely unpleasant letter which she says she recognised as being in the handwriting of the defendant. In terms of what occurred later, the most important allegation was that the defendant had come to her premises, pressed his face against the windowpane, had been drunk and had waved pieces of paper at her.
>
> [from *Smith v Smith* in 1988]

And finally, conduct of a less than everyday kind: -

> Unfortunately, a few days later, articles in the national press appeared about the relationship between the parties, including photographs of the plaintiff in a partially nude state, which it was said by the plaintiff had been taken by the defendant in the course of their relationship.

In the case of Horner the behaviour principally complained of consisted of a husband hounding his wife. In the next case the molestation consisted off obscene and abusive language. (NB the President refers to the President of the family division of the High Court).

Molestation can also consist of what might be called generally intimidatory behaviour of the type mentioned in the case of Smith. Then there is the unusual case of Johnson and Walton; it has never been my duty to deal with a case of this kind. I highlight these to emphasise that the civil courts will give protection to those who are molested, and that molestation encompasses a wide range of behaviours. Nevertheless the principal purpose of the present law is to provide protection for people who are caught up in violent personal relationships.

Protection can be provided promptly, if there is an emergency hearing in a domestic violence case then a judge should be found, although practicalities can intervene. These should not occur if there is reasonable communication and co-operation between the court and the local legal profession. In Oxford, solicitors note that if they come to court at 10.00 am or 2.00 pm then they should not have to wait long before a judge is made available to hear their application. If the application is made promptly and the sworn statement of the applicant contains clear evidence of molestation, then it is likely that a non-molestation injunction will be granted. It is extremely unlikely that an order will be made which would require the respondent to leave the family home. There would be an enormous risk of injustice if someone were required to leave his home by an order made at a court hearing, of which he had not been notified.

Any applicant, who has obtained a non-molestation injunction at an emergency hearing, should not necessarily stop holding her breath. A second hearing must be fixed when the respondent will have the opportunity of arguing that the injunction should not be continued. Many, perhaps the majority, of cases are resolved at this second hearing. A common scenario is that the respondent indicates that he does not accept the allegations made against him, but is prepared to offer an undertaking to the court. An undertaking is a formal promise to the court. The advantage of resolving cases with undertakings is that there need not be a trial at which the allegations of the applicant are tested, thus sparing her that ordeal.

It is a contempt of court to break an undertaking. The civil courts view contempt of court seriously, because it is an attack upon the authority of the court and penalties can be severe. A non-molestation injunction has one significant advantage over an undertaking, which is the power of arrest. If there has been violence or a threat of violence, then almost inevitably the court will attach a power of arrest to a non-molestation injunction. A power of arrest cannot be attached to an undertaking

A respondent who is reasonably suspected of breaking a non-molestation injunction may be arrested by the police and if arrested must be brought before a judge within 24 hours. In theory the judge can then decide whether he is in contempt of court and if he can punish him. In practice these are often rather hurried hearings that tend to take place in St Aldate's Police Station on a Saturday afternoon or evening. The court files may not be available and the probability is that the case will be adjourned until the following Monday. The important decision is whether to release the respondent with a reminder as to his conduct over the remainder of the weekend or whether to remanded him in custody.

Contempt of court has to be proved to the criminal standard, that is beyond reasonable doubt. If it is proved then the respondent can be sentenced to up to two years imprisonment.

The county court is where the vast majority of these applications are made. The figures below show the breakdown of domestic violence cases, taken from the official publication of judicial statistics for 2001.

Family Law Act 1996 part IV: Domestic violence applications and orders, by tier of court, 2001

Nature of Proceedings	Magistrates Court	County Court	High Court	Total
Non-molestation orders:				
Applications received ex-parte	89	11,520	34	11,643
Applications receive on notice	188	5,737	22	5,947
Order with power of arrest attached	160	17,201	53	17,414
Order without power of arrest attached	19	3,524	11	3,554
Occupation orders:				
Applications received ex-parte	30	6,800	32	6,862
Applications received on notice	65	3,753	12	3,830
Order with power of arrest attached	33	7,790	33	7,856
Order without power of arrest attached	15	1,911	7	1,933
Number of cases where undertakings accepted	27	4,212	6	4,245
Warrants of arrest:				
Applications made	3	111		114
Warrants issued	4	135		139
Remands:				
Into custody	13	368		381
On bail	27	449		476
For medical report		32		32

Changing Direction – Opportunities and Limitations

Dr Fiona Duxbury, GP, Oxfordshire

There are various limitations, which prevent health workers engaging with issues around domestic violence, but there are opportunities to change these.

Health workers do have guidelines on domestic violence, so why are they not used? Oxman's 'Systematic Review'[1] shows how little unsolicited guidelines actually change practice. In fact, most of the time we don't even recognise that a patient is in a situation of domestic violence because we find it so difficult to ask the question. This is confirmed by the research (References[2-7]), these surveys show that whilst domestic violence is common, occurring at some point in the lives of two out of every five of our patients, we as GPs are picking it up less than 20% of the time, even when there is a physical injury present. The Bradley et al[2] paper reveals that women who reported domestic violence were 32 times more likely to be afraid of their partner or to have experienced controlling behaviour, than women who did not. They suggest that asking women about whether they are afraid of their partner should be a key question. This paper also emphasises that 'anxiety is more strongly associated with domestic violence than depression' and the Campbell[4] review confirms that we can be more specific than that and say Post Traumatic Stress Disorder is the name of that anxiety.

Richardson, Feder et al[5] surveyed the attitudes of 380 GPs, 180 practice nurses, and 140 health visitors. They found that the majority recognised that domestic violence damaged health and thought that we did have enough time to ask the questions. 45% of GPs and 85% of health visitors handed out information leaflets to patients if they uncovered domestic violence.

Aside from direct physical injuries, those in violent relationships have higher rates of; irritable bowel syndrome, chronic pelvic pain, gynaecological problems (some of which may be to do with injury from rape) as well as what would be classified as psychosomatic problems with chronic pain, for example back pain. Violence escalates in pregnancy with consequently higher rates of miscarriage, foetal damage and low birth weight babies. Domestic violence causes what we in Britain refer to as anxiety/depression, but is now being more accurately referred to as Post Traumatic Stress Disorder (Campbell[4]). Thus, people who are experiencing or who have experienced trauma past or present from intimates are likely to be your 'thick file' or 'frequent-attendees' in casualty, general practice or psychiatric settings.

So if we know domestic violence is bad for your health, why don't we ask about it more often? The Richardson and Feder article[5] on professionals' attitudes confirms the reluctance of professionals to ask. Only 10% of GPs thought that they should routinely ask and only 1% claimed to actually do this. This study confirms the impossibility of routine screening in health care settings as yet, even if public health criteria for screening are defined in public health textbooks[6]. In accordance with references[6-8] we are unable to screen, until we have gained the confidence in how to ask about domestic violence.

Having recognised it doesn't take long to ask, that we have the literature that is helpful and that domestic violence damages your health and can cause Post Traumatic Stress

Disorder, there is clearly still a reluctance to ask about trauma and we quite often fail to 'spot the ticket'. Thus there is an opportunity to change practice. Medical professionals need training in two areas: -

- Feeling enabled to ask about trauma
- Honing diagnostic skills and spotting the cluster of symptoms that make a diagnosis of domestic violence likely

The second, honing our diagnostic skills, is consistent with the way we practice already, whereas the first asking people about their private lives does not feel comfortable or familiar. I think fears about asking about trauma in the lives of our patients include worries about: -

- 'Opening a can of worms'.
- That asking may harm the patient.
- Some feel the traditional British 'stiff upper lip' is a good coping strategy and that any interference may reduce a patient's self-reliance.
- Personal ambivalence about asking about peoples' private lives – it is not polite and may cause offence. It is not socially acceptable and traditionally has had nothing to do with a medical diagnosis.

In terms of whether it harms people to ask about trauma, there is only a tiny amount of worldwide research on whether we harm patients by asking. The five papers I have unearthed[9-13] suggest that identifying types of trauma is not harmful, but rehearsing details of specific traumas in the wrong context, may be harmful. This is almost certainly true for the technique of 'debriefing' after a disaster[14-15]. On the other hand, papers that have interviewed the traumatised, describe how they were calling out for health workers to ask them about why they were ill, anxious or depressed and not just give them medication[16-17].

In order to feel enabled to ask these non-medical questions we have to feel that we have 'spotted the ticket' first. This is consistent with good diagnostic medical practice and allows us to step over this social boundary with justification. My personal route to recognising that domestic violence is possible was by learning to recognise Post Traumatic Stress Disorder (PTSD) symptoms, when patients presented with them. Spotting PTSD works within the diagnostic framework that clinician's use, so it is not an alien concept once you understand the condition. PTSD is a relatively new diagnosis, but it is worth understanding because it may help us not only to detect domestic violence and ask about trauma, but also to develop an empathic understanding of what it is like to be traumatised by domestic violence. This will give the health worker an indication of how to be supportive and what will help.

The PTSD diagnosis derives from the bible of psychiatric diagnostic labels called 'The Diagnostic and Statistical Manual of Mental Disorders' or DSM 1V[18]. This book lists all psychiatric diagnoses and is compiled by the American Psychiatric Association. PTSD began to appear in the 1980's after the Vietnam War. It is a highly useful diagnosis, because it neatly summarises the experiences and symptoms people can have after a life-threatening trauma. Kessler pointed out in his general population survey in America in 1995[19] that not only is PTSD common, about 10% of women and 5% of men in their life-time, but that the gender difference is probably accounted for by the fact that women

were more often the victims of childhood sexual abuse, rape and domestic violence. That is, the civilian trauma of domestic violence and abuse by intimates was a much more common experience in the general population than experiences of torture or combat, and this disproportionately affects women.

It may help to clarify why trauma from domestic violence is little different from trauma suffered during combat if you read the experiences of a five year old child witnessing domestic violence, as remembered by the journalist, Sharon Doughty (Independent on Sunday 24th February 2002).

"When I think of my early childhood I can't remember a day when I wasn't afraid. My mother and I lived like wary animals, ever watchful, tense and waiting, always waiting for the next beating.

Although I was never beaten by him, I always feared that I would make him angry and then he would turn on her. He beat her up so many times that I can't remember all the reasons. I used to curl myself up in a ball and try to shut out the noise. It's the noise that people don't understand, the shouting, the menacing threats and the sound of punching fists making contact with flesh and bone. Even blood makes a sound when it sprays onto the wall."

PTSD can be diagnosed by a validated questionnaire[20]. NB This is a copyrighted publication.

The patient or client can complete the questionnaire himself or herself - it takes about ten minutes. There are four parts: -

- Part 1 - lists types of trauma.
- Part 2 - asks the patient to focus on the worst trauma and assesses whether the trauma was of sufficient severity to cause PTSD. The trauma must have felt life-threatening and made one feel helpless and/or terrified to qualify.
- Part 3 - the symptoms of PTSD are described. They cover re-experiencing symptoms, avoidance symptoms and hyper-arousal symptoms. Re-experiencing symptoms include nightmares, flashbacks and panic attacks. Avoidance symptoms describe the patient's numbness and attempts to forget the trauma and avoid reminders. Hyper-arousal symptoms describe the continual edginess and jumpiness people feel and the almost universal sleep problems. To qualify for PTSD the patient must have one re-experiencing symptom, plus three avoidance symptoms, plus two hyper-arousal symptoms and these must have been going on for at least one month after the trauma. Anything lasting less than a month is classified as an acute stress reaction and is not usually problematic. Frequent experiencing of flashbacks, panic attacks, palpitations, hyper-arousal and the numbing of avoidance represent PTSD.
- Part 4 – identifies the effects on day-to-day life in a rather simplistic way.

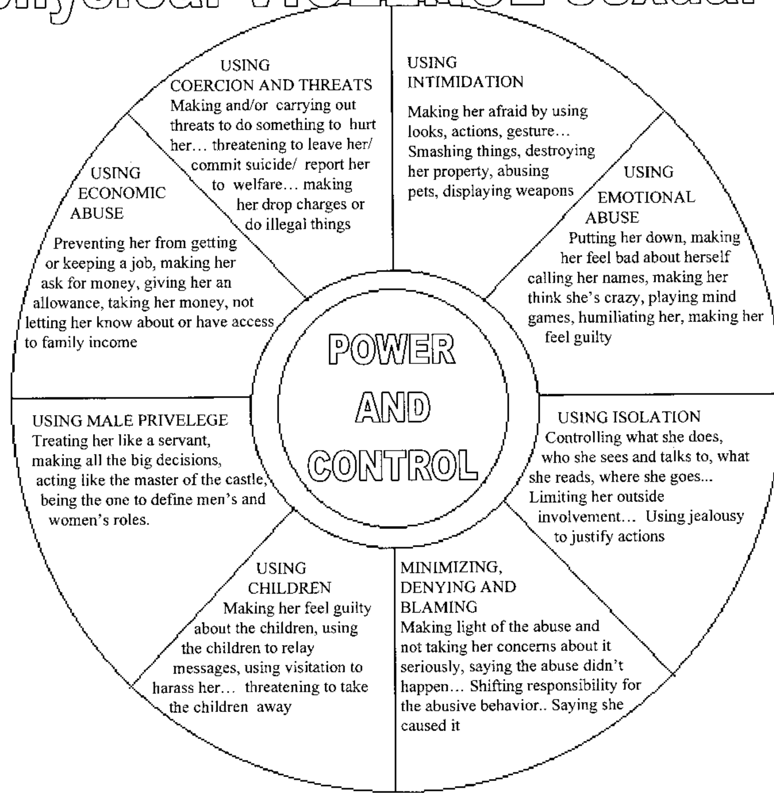
The questionnaire can be used as a tool for communication, when patients present with certain symptoms that are recognised as part of PTSD, for example panic attacks or nightmares ie the clusters of symptoms as described in Part 3 of the questionnaire. This enables such questions as "But what makes you so anxious?" then this recognition of severe anxiety enables the legitimate asking of those key questions to uncover domestic violence: -

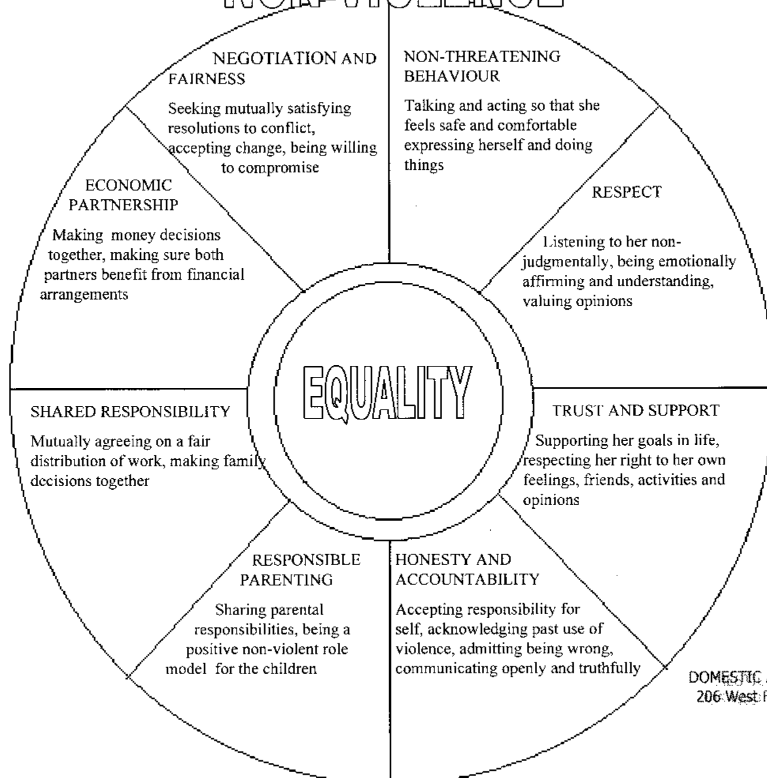
- "How are things at home?"
- "Do you ever feel controlled by or afraid of your partner?"
- "Have you ever been hurt by your partner?"

The link between PTSD symptoms and the trauma suffered is then clear both to the health worker and the patient. The questionnaire can then be used to elaborate further, how badly affected the patient is by PTSD and also to illustrate to the patient that PTSD is a recognised human response to severe trauma. The patient often feels relieved that they are not going mad. There are self-help books, Cognitive Behavioural Treatments, EMDR and other therapies that can help *ONCE YOU ARE IN A PLACE OF SAFETY*. PTSD is the body's 'fight or flight' response, it is a survival strategy which helps keep you alive perhaps, but if you want to resolve PTSD you do need to be safe.

'Diagnosing' is the province of doctors, be they GPs, casualty officers, psychiatrists, or doctors in any other speciality. It is part of the medical model and entirely consistent with how they work. Training in diagnosing PTSD would immediately enable doctors to spot domestic violence and other traumas. An understanding of the sorts of symptoms and experiences that people with PTSD are going through could also be useful for other professions. PTSD is the one diagnosis that, by definition, incorporates causative trauma. Other indicators for domestic violence such as teenage pregnancy, smoking during pregnancy, episodes of deliberate self-harm, trouble with the police, drug or alcohol abuse, episodes of homelessness, frequent injuries, frequent attendances at the surgery, recurrent anxiety or depression are not by definition caused by trauma alone, though all these groups also have higher rates of PTSD because they are often the traumatised. In surveys, PTSD has been found to be common amongst those experiencing domestic violence[21-22], likewise PTSD is more common than in the general population for those that are homeless[23-25] and drug and alcohol abusers[26-28]. We know that abuse by an intimate is the preceding cause for PTSD in these populations. Noticing any one or a combination of these should enable legitimately asking about domestic violence, but spotting PTSD gives the greatest legitimacy for asking about trauma, because there is no other cause for that cluster of anxiety symptoms.

The circle diagrams from an American programme for helping domestic violence survivors can be useful in supporting the patient in what are often very complex decisions about what to do next.





DOMESTIC ABUSE INTERVENTION PROJECT
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They can be used with patients who have perhaps made the escape from an abusive partner, are contemplating a new relationship, or are trying to work out what is going on with their current relationship that is already frightening them. As patients read through these two circles, one describing abusive relationships of power and control, the other non-abusive relationships of equality, it is often illuminating. These circles sometimes help women see the reality of their situation and stop them blaming themselves for being dominated and abused. This can then allow them to decide to move on.

In conclusion, the next steps needed to encourage health workers to ask about domestic violence are to train them in what it can mean to patients to be in such a situation. This includes developing an understanding of PTSD and how to diagnose it. Having understood what PTSD really means, that is, those symptoms in Part 3 of the questionnaire, they will be more likely to understand domestic violence. We need the courage to ask the three key questions about their relationship with their partner, as we know that the life of our patients may depend upon it.

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Changing Direction – Opportunities and Limitations

Chief Inspector Judith Johnson, Child Protection,
Thames Valley Police

Where Are We Now?

First it is worth considering what priority is placed on domestic violence by the police service. Nationally, domestic violence does not feature specifically as a ministerial priority however reducing crime and the fear of crime is mentioned. Locally, one of our Force objectives is 'to reduce the level of violent crime, particularly domestic violence, and increase the confidence of victims to report incidents'.

However the targets set relating to violent crime are 'to reduce the number of robberies by 1,000 per population', there are no targets specific to domestic violence and one must remember that what gets measured gets done. Through public consultation we know that domestic violence features regularly as a local concern and is included in *some* community safety strategies under a variety of guises.

One of the problems we are faced with is how do we quantify the size of the problem. From a police perspective we are hampered by different recording procedures and processes being used, depending on if an incident is a 'crime' or not, and then different systems for gathering that data. If an officer attends an incident and a crime is recorded it will go on one system, if it is finalised as no further action then it will end up on a different system.

Domestic Violence as a Percentage of Overall Crime

2000-2001	Total Recorded Crime	Domestic Violence Includes Non-crime	Percentage of Total Crime
England and Wales	5,170,831	285,965	6%
Thames Valley	187,987	6,496	4%

Source: HMIC figures

The above figures show that in the Thames Valley we have a lower recorded rate of domestic violence than the national average, but is that good or bad? Does this reflect lower public confidence in the service's ability to react, inaccurate recording or is it because we are good at dealing with domestic violence. We do not know. I believe that it is a variety of factors. Inconsistency across police areas also impacts on this; when you drill down into these figures to area level, they range between 5.33% in Milton Keynes to 1.64% in Reading with Wokingham.

There used to be two Home Office best value performance indicators to measure performance relating to domestic violence: -

	Thames Valley Police 2000-2001	Thames Valley Police 2001-2002	Best 25% Forces 2000-2001
Percentage of reported domestic violence incidents where there was a power of arrest, in which an arrest was made relating to the incident	35%	29.5%	68.8%
Percentage of victims of reported domestic violence incidents that were victims of a reported domestic violence incident in the previous 12 months	15.2%	15.2%	17.2%

The Thames Valley Police have continued to try to gather this information for each area, but again there is massive difference in figures; in relation to repeat victimisation this is 3.8% in South Oxfordshire compared with 2.1% in Slough.

We currently do not have a Force policy relating to domestic violence although in 1994 there was agreement by the senior management team that there should be a 'positive intervention' approach. Unfortunately this was not clearly defined and as a result of different interpretation by the 10 highly devolved areas, each is doing its own thing with a different amount of resources dedicated to this area of work.

The drivers for change are: -

- Best Value Review
  What works?
  Role of police relating to victims and offenders

- National CPS Policy
  Police role in investigation and information sharing

- Youth Justice and Criminal Evidence Act 1999
  Special measures relating to vulnerable and intimidated witnesses

These key drivers for change, over the past 12 months, will impact on how we police domestic violence.

Firstly the Force carried out a Best Value Review of violent crime, which included looking at how we dealt with domestic violence. This reported in the summer of 2002. It compared us to other forces; identified good practice elsewhere and challenged some of the processes we use. The key recommendations of this fall into three main areas: -

1. It found that we had police officers doing too much hand holding of victims, work that other agencies could take on, so as to free up officers to investigate crime. In a telephone survey of around 200 victims of domestic violence who had contacted the police, 97% were satisfied with the police who attended, 75% were happy that the

police were dealing with it, but the challenge raised in the review was - is that because they didn't have any other option?

2. It identified good practice developed by the Metropolitan Police under guidance of Professor Betsy Stanko, involving risk assessment of factors contributing to repeat offending and escalation of violence so as to determine the level of risk and inform police activity and priority given to cases.

3. It also showed that there were many functions being carried out by our dedicated domestic violence officers that could be done by a civilian support member of staff.

The problems related to actually gathering data, so as to quantify the amount of domestic violence were also identified.

Secondly the National CPS Policy, which was launched in November 2001, also impacts on the role of the police in investigating domestic violence cases. A key change which will be required, is the need to move away from waiting for the victim's permission to gather evidence to inform a prosecution, to the police almost assuming that a victim will retract their complaint and therefore enhance our evidence gathering from the word go ie what injuries the victim had, was any damage caused, any children present and so on, all this will be documented in their statements. In addition rather than incidents being closed as 'no further action - neither party wish to make a complaint', which is a very regular event at the moment, officers attending reports of domestic violence will need to be investigating the crime. Whether it is in the public interest to then prosecute will be the decision of the CPS having reviewed the evidence provided by the officers, any history of domestic violence and considered a whole array of issues, which are contained as a checklist in the national policy. If the victim initially makes a statement of complaint and then wants to retract it, those retraction statements need to be much more detailed, so as to inform the assessment by the CPS who, if they consider the case should proceed, may summons the victim to attend.

Lastly the implementation of the Youth Justice and Criminal Evidence Act will mean that from July 2003 special measures will be available to intimidated witnesses. These include gathering their evidence by way of video rather than written statement, which will improve the quality of evidence and other court procedures, so as to both protect and raise the status of victims within the criminal justice arena, which as we know is one of this government's pledges. We will need to train officers in relation to gathering evidence in this way and applying for special measures to be considered.

So what about the future, what are the opportunities and challenges that face us in Thames Valley Police?

We have been working hard to try to implement the findings of the Best Value Review, but the police cannot do this in isolation because of the impact on other service providers. We are working closely with the CPS domestic violence co-ordinator Karen Squibb-Williams to develop a service level agreement based on the national policy between Thames Valley Police and CPS, so as to clarify the role and responsibility of each agency and ensure consistency of approach. This will more clearly define the role of the police domestic violence co-ordinator.

Sharing Information

Sharing information is a real challenge; we need to get much better at this so as to be able to more accurately quantify domestic violence to include not just that which is reported to the police but also to other agencies. Only then can we set ourselves meaningful performance targets to reduce the incidence of domestic violence.

The introduction of the national crime recording standards from April this year means that there is now a requirement for an incident, which can be recorded as a crime to be recorded as such. This will provide us with much more of a level playing field when comparing domestic violence figures across 43 forces.

Changes in how the public contacts us and centralised crime recording are also happening within the next 12 months with the introduction of new information technology. When a call relating to domestic violence is made to the Public Enquiry Centre it will immediately be flagged, if this is a repeat victim - this will hopefully lead to a better first response by officers. Incidents of domestic violence will no longer be able to be written off as NFA and disappear into a black hole; instead they will be captured on a database.

We need to look for ways of gathering data across agency boundaries so as to really quantify the size of the problem and align all of our resources appropriately.

Risk Assessment

Risk assessment to drive activity is required. We have limited police resources and they need to be targeted on the high-risk cases.

To be able to carry out a good assessment requires the sharing of information between agencies and we need to continue to work on a multi-agency basis to reduce some of those identified risks. Domestic violence needs to be high up on the agendas of the nine Area Child Protection Committees recognising the impact this has on the welfare of children and we need to think through how we go beyond the police just informing social services when we attend a domestic incident. Such information for other agencies, health visitors for example, is invaluable to inform their work.

The new statutory Multi-agency Public Protection Panels which have been set up to manage dangerous offenders residing in the community are another forum where previous history of domestic violence needs to inform the assessment of risk to future victims.

The police role in relation to domestic violence needs to be firmly focused on investigation, with quality of evidence gathering from the first officer on the scene, arrest of offender and sound evidence from the victim, be it a statement of complaint by video or their retraction statement. All of this is vital to a successful prosecution and a reduction in domestic violence or violent crime.

As was identified in the Best Value Review, our domestic violence co-ordinators need to do less 'hand holding of victims' and more referring to support agencies. But of course it is essential that we do not withdraw this support to victims until there is an alternative in place. There are many resources within the community who may have the skill to take on this work, yet many of them continue to carry out many of the support functions that

could be passed to them. A recent bid to the Thames Valley Police has been successful. Between now and April 2003 we will be paying for some consultancy work by Victim Support Service which will identify what work that is currently carried out by our police co-ordinators could be passed on to them or indeed other support agencies so as to free up officers to do what the police do best - *investigate crime.*

In summary, I am not sure that the police are necessarily 'changing direction' in relation to how we tackle domestic violence but there is certainly a shift of focus and a need to strengthen links across agencies.

Workshops

Forced Marriages and Cultural Acceptability

Andalina Kadri, Stonham Housing Association and
Narinder Sidhu, Thames Valley Police

The subject of forced marriages has been highlighted as an issue through: -

- Home Office Report June 2000 'A Choice by Right'
- Establishment of FCO Community Liaison Unit and Joint Action Plan
- Secondment of 2 non-governmental organisation staff, with specialist knowledge and expertise on the issue, into the unit to handle cases
- Consular (protect British nationals abroad)
- Human Rights Section

There are currently differing perceptions of the government's work on forced marriages, which range through: -

> "It is just an excuse to try and block immigration to the UK"
>
> "It is picking on Asian and Muslim communities"
>
> "It just shows the government's ignorance as they fail to distinguish between sham/bogus marriages, arranged marriages and forced marriages"
>
> "It is no more than the government should be doing if they are to provide the equal standards of protection and support to all members of society"

The difference between arranged and forced marriages should be stressed. An arranged marriage is a long established tradition based on compatibility, consent and retaining choice, whereas a forced marriage is a human rights abuse, which is not a true religious or cultural practice. One definition of forced marriage is where duress is defined as including emotional pressure and abuse as well as physical abuse.

> "A marriage conducted without the valid consent of both parties where duress is a factor"
>
> [A choice by right – June 2000]

Forced marriages can often also include the following associated abuses and crimes: -

- Obstruction to studies
- Obstruction to career opportunities, economic independence
- Loss of self-confidence, disempowerment
- Sense of shame, betrayal and isolation
- Rupture of family relations
- Emotional blackmail and abuse

- Physical abuse *(NB many cases when researched throw up patterns of abuse, oppression, control and violence in the family including police, social services, health records)*
- Mental trauma, self-harm, nervous/depressive disorders
- Abduction/kidnapping and unlawful imprisonment
- Rape
- Enforced pregnancy and childbirth/abortion
- Stress of divorce/separation for all parties where marriage fails
- Anecdotal evidence: children of forced marriages may be at increased risk of abduction (vindictiveness/control)

Forced marriages happen because: -

- Protecting perceived cultural and religious ideals
- Preventing perceived unsuitable relationships or conduct of young people (particularly women)
- Perceptions of "family honour"
- Long standing family commitments, promises or agreements
- Attempting to strengthen family links and cultural understanding among UK reared youngsters

Force is deemed to constitute: -

- Emotional pressure and threats
- Physical pressure and threats
- Restrictions on freedoms of movement and association
- Imprisonment
- Abduction
- Rape

The Foreign and Commonwealth Office learns of cases by: -

- An individual contact either in the UK or at a post overseas who fears a forced marriage
- A third party contact on behalf of an individual at risk
- An individual who has already been forced into a marriage and wishes to obtain a divorce or annulment or to prevent the spouse coming to the UK

There is a range of actions that can be taken to help including: -

- Guarantee confidentiality
- Advice not to go
- Advice and contacts (lawyers, social services, CA, refuge, counsellors, NGOs)
- Advise if do go what to take and what information to leave with whom
- Liase with posts and NGO overseas
- Depending on country may be able to arrange to speak to individual alone or help individual to get to High Commission
- Arrange emergency flights and passports
- Arrange safe accommodation overseas and in the UK
- Refer on to relevant contacts to help about a divorce or unwanted spouse

The particular challenges that we face in this field are: -

- Official denial of the problem and consequent non co-operation and ad hoc approaches
- Clarifying the facts ie is it a genuine case of a forced marriage? (Especially where informant is a boyfriend)
- Dual nationality can potentially be a problem but generally disregard unless and until challenged
- Minors
- Identifying and accessing location
- Risk

Preventative action undertaken in the UK includes: -

- Guidelines for the police
- Internal guidelines for Consular staff
- Policy advice and guidance
- Funding to support UK and overseas NGO
- Development of wider NGO and community links UK and overseas
- Awareness raising material – leaflets, videos, posters
- Work with DFES to produce video and accompanying material for schools
- Research on community perceptions
- Research on religious marriage and divorce
- Research on international and national legal remedies or approaches
- Development of statistical database
- Development of guidelines for social services
- Newsletter to MPs

Information, which is important when dealing with these cases, includes: -

- Name and date of birth of individual (passport)
- Name of parents, even parental grandparents
- Address of individual and parents in UK
- Address of relatives/places to stay overseas
- Name, address of spouse and date of marriage
- Name of trusted UK contact
- History of the case (violence, forced marriage in family, depression, self-harm, anorexia etc)
- Statement from individual requesting help/fearing forced marriage
- Letter from trusted UK contact to individual
- Photo of individual

Individuals are advised to: -

- Try to keep or leave a copy of passport and tickets or take copies
- Take mobile, writing materials, key contacts, High Commission addresses, cash etc
- Tick box for delegated divorce and get copy of marriage certificate if possible, as this will facilitate obtaining a divorce

The question is what will happen in the future, some thoughts and questions are: -

- Diminish with new generation?
- Increase with increasing poverty overseas?
- Increase with continued racism in the UK leading some communities to avoid contact and distrust all things 'Western' or merely wish to strengthen sense of own identity?
- Increasing violence associated with the practice
- Taking youngsters at earlier and earlier ages
- Diminish with better awareness, better statutory understanding, prioritisation and resourcing and better preventative UK action?

Important lessons for governments tackling the issue are: -

- Consultation, dialogue and participation with NGO and community groups external to government to inform, direct and facilitate work on this issue
- Involvement of specialist, experienced staff with expertise on the issue
- Build a good network of NGO contacts and co-operation both overseas and in home country, this may include providing funding and project support
- Build good relations with overseas governments, police and judiciary in the affected countries
- In depth cross departmental work is required to comprehensively tackle the issue – notable Home Office, Foreign Office, Department of Health, Department of Education, social welfare, benefits and housing associations
- There is no need to be squeamish and over sensitive about tackling the issue. There is a difference between arranged and forced marriage. It is forced marriage we are tackling and that is a human rights abuse and not sanctioned by any culture or religion

A typical scenario, which highlights some of the issues involved, could be: -

A 16 year-old Asian female is worried because her parents have told her that they are taking her to Pakistan to visit family. The girl is concerned that she may be forced to marry while she is there. She has heard her parents talking about her cousin who wants to marry her. She is very concerned, as she does not wish to get married yet.

The girl speaks to her female form tutor, who is unsure what advice she can give, so she refers the girl to the police. Officers from the Community Safety Unit then make contact with the girl and advise her of the options open to her. The girl does not want to leave the family home as she is unsure what to do and is very scared.

A few days later the police officers rang the girl as a follow up call. A lot of shouting could be heard in the background and some 10 minutes later the girl came to the phone. Her voice was very drowsy and she had difficulty in talking.

The police officers feared for her welfare and a unit was despatched. On their arrival they found the girl was unconscious after having apparently taken a drug overdose. The family then began shouting and screaming at the police. The girl was taken to hospital for treatment and recovered after forty-eight hours. The girl later stated that she had a taken an overdose as her parents were forcing her to go to Pakistan to marry her cousin against her will.

The girl chooses to be taken to a refuge where she regains her confidence. She does miss her family but does not want to go back home. She contacts one of her friends, who unfortunately due to family pressure disclosed her whereabouts to her parents. Some of the girl's family members then attended the refuge, forcefully removed her and took her back to the family home.

Police officers attended the family home and speak to the girl alone. She states that she wishes to stay with the family as they have reassured her that they will not force her to marry anyone against her will.

Several months later the police receive a call from the Foreign and Commonwealth Office stating the girl had gone abroad with her sister. They were taken to a village and were forced to marry their cousins at gunpoint. However the marriage ceremony did not take place as the girls both managed to escape to the local embassy. The Foreign Office then made arrangements to fly the sisters back home.

Working with Children

Patrick Neil, Independent Chair, Oxfordshire ACPC and
Annabel Mitchell, Independent Consultant

There are a variety of factors, which influence the impact of domestic violence on children. Some conclusions include: -

> Whilst research has clearly indicated the potentially adverse effect and impact of domestic violence upon children, it is also clear that different children react in different ways, and that the relationship between the violence and the effect it has upon the child can be both complex and multi-faceted.
>
> [Peled and Davis 1995; Saunders 1995]
>
> A range of personal and contextual factors can influence the extent of the impact.
>
> [Kelly 1996]
>
> These 'mediating variables' are often referred to as 'protective or vulnerability' factors in that they can improve or accentuate the child's response to the violence.
>
> [Moore et al 1990]
>
> "Children are more vulnerable to the effects of violence, because exposure may alter the timing of developmental trajectories". This means that the violence will have initial impact and effects, which may then disrupt the child's progress at key stages, affecting the development of their social skills and learning ability.
>
> [Boney-McKoy and Finkelhor 1995]
>
> Children may be direct victims, when injury may distract their attention and offer protection against stress disorders, but this can lead to dissociative symptoms and traumatic amnesia. Children as witnesses may have less 'distractions', so the stress disorders may be more intense. The associated guilt and shame may be felt more keenly especially if the victim is a parent or sibling.
>
> [Kaplan 1997 refer Black et al]

The effects children may experience in circumstances of domestic violence can include: -

- Poor bonding/attachment disorder
- Physical injuries
- Protective of mother and siblings – physically intervening, getting help etc
- Advanced in maturity and in sense of responsibility
- Aggression/anger
- Introversion/withdrawal
- Truanting/running away
- Fear/powerlessness
- Secretive/silent
- Difficulties at school
- Emotional confusion in relation to parents
- Bed-wetting/nightmares/sleep disturbances
- Eating difficulties/weight loss

- Sadness/depression/low self-esteem
- Social isolation
- Difficulties with trusting others
- Poor social skills/highly developed social skills
- Developmental delays in young children
- Cruelty to animals

[Making an Impact 1998]

Safety is a key issue. It is highly unlikely that the victims will provide the relevant information until they feel safe to do so. Safety is both physical safety (are they safe now, can you provide safety, etc) and emotional safety (trust). An important aspect is 'Can any member of this family afford to or be able to *trust* you?' There is a distinction between: -

- Adult safety
  - Where are the children and whose side are they on?
  - Will they be taking my children away?

- Child safety
  - Inside the household: too dangerous! Whose side am I on? Will they take me away?
  - Outside the household: what am I allowed to say? Will mum get hurt again? Will I get taken away?

Methods of communicating with children will vary according to: -

- Age and understanding
- What will help this child to trust me?
  - Do we talk? Am I the right person? Who would be the right one? What would be the right time/place? Should we leave it now and wait?
- If he or she responds approaches are: -
  - 3-7 years: indirect, led by child e.g. worry boxes, role-play, play 'let them live it'
  - 8-11: indirect/direct, activity, discussion, dialogue e.g. colouring sheets
  - 12-18: Direct, but not directive. Clear questions, but flexibility in reaction to their responses and emotions

Questions for children could be: -

- What happens when mum and dad (step-dad etc) don't agree with each other?
- What does your dad do when he gets angry?
- Have you ever heard or seen your dad hurting your mum? What did you do?
- Who do you talk to about things that make you unhappy?
- What kinds of things make you scared or angry?
- Do you worry about mum and dad?

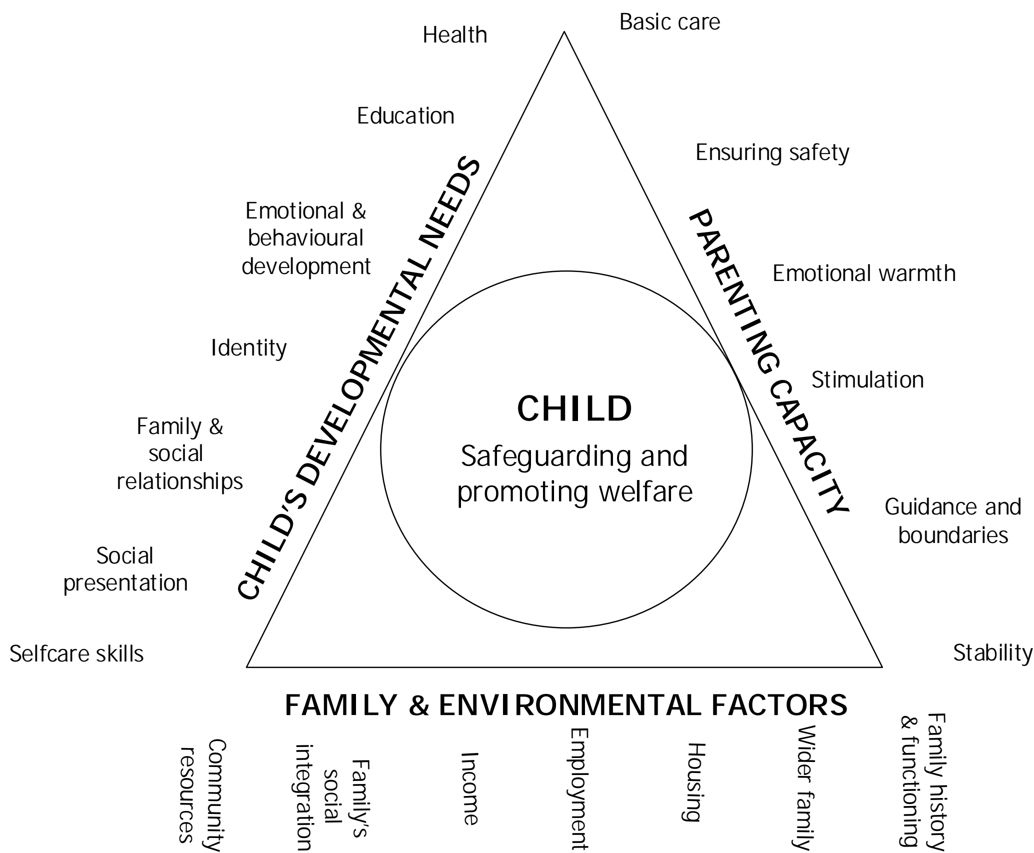
[Mullender & Morley 1994]

The issues addressed in individual sessions are: -

- The child's own experience
- The fact that it is OK to talk about what has happened and their feelings
- Anger – what is it? How to deal with it in a positive way

- Mixed-up feelings of love and hate
- Feelings of guilt and self-blame
- Feelings of losing control
- Feelings of sadness, jealousy
- Feelings surrounding separation, divorce and loss
- The transition from living at home to the refuge and new school
- That there are others in a similar situation, they are not alone
- Alcoholism and drug dependency problems
- Developing a safety plan in case domestic violence happens again in the future
- Self-esteem issues – child and mother are important, strong, worthwhile people

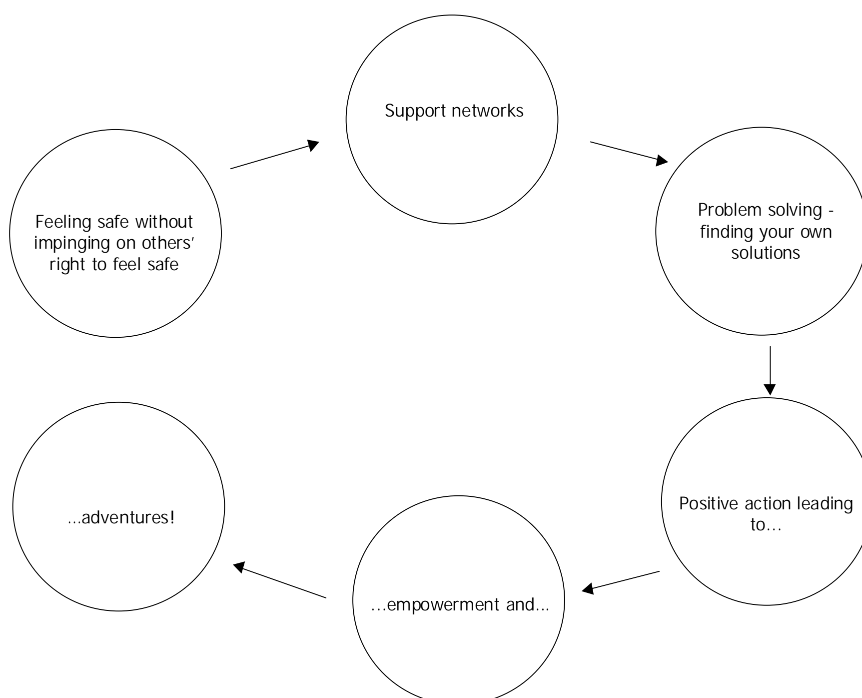
The assessment framework is defined as: -



Managing the Violence and the Risk

Penny Bassett, Protective Behaviours UK and
Joanna Fenstermacher, Victim Support, Oxfordshire

'Protective Behaviours' is about personal safety, and being safe 'from the inside'. It is about not locking oneself away, but getting out and taking risks.



Protective Behaviours encourage subjects to sort things out for themselves. It thus removes any blame from workers if anything goes wrong. And if there is a 'next time' the subject can adapt the approach to help solve new problems.

The idea of Protective Behaviours was started by Pegg West in America in the 1970s. It was a way to help children to help themselves to feel safer. The basis is intuitive self-protection and is about getting in touch with your feelings. Pegg West was subsequently invited to train the Australian police force before Protective Behaviours came to the U.K. in 1991.

Practical work looks at the interaction of feelings, behaviour and thoughts. Sometimes we have feelings; we squash them and then regret it. Protective Behaviours is to do with trusting our bodies to tell us what is right. It is about getting in touch with our feelings and trusting them. It is a personal thing and is about honouring it when someone says that they are afraid of something.

People often think that they have no choices, especially in domestic violence situations; Protective Behaviours is about believing that we have options, and choosing our response. Even the decision to do nothing is stronger than saying 'there's nothing I can do'. Deciding to do nothing is one step closer to choosing another option next time. The bottom line is that we all have the right to feel safe all the time. If we believe this, it is easier to challenge someone if they are doing something to make us feel unsafe.

People often go from their feelings straight to behaviour; that is they "lash out". On the other hand, sometimes people ignore their feelings; this may often be necessary in a work context. However, Protective Behaviours maintains that it may be necessary to tune into your feelings at some point, even in a work context. The key is to tune into your feelings, then think through the options, then respond.

For example there was a woman in a refuge in Oxford, who was told that she had to move out. The woman was initially elated, but this soon subsided when she became lonely, scared and insecure, because she was going to be moved to a new area where she had little support. The other women in the refuge asked her what she thought she could do. She was asked to think through her feelings, her options and the effect of taking each potential option. The options were: -

- She could stay in at her new home on her own, but the effect would be to make her feel more isolated and unhappy
- She could go out for walks. Then the woman thought that what she really wanted to do was to stop smoking. She realised that the effect of walking may be to stop her smoking. This would have a knock-on effect and she would feel proud and healthy
- The woman also wanted to learn computer skills. Another woman said that she would like to do some voluntary work, and the woman who was leaving decided that she could do some voluntary work too
- With the support from the second woman, the first woman decided to enquire about opportunities to volunteer in a charity shop near to her new home. She also gave herself dates, she decided to try and start work in the shop by Christmas, and to get on a computer course by March

By working this way the woman came to see that she had plenty of options, and she made an action plan that would change the direction of her life. She learned to take responsibility for herself, and was thus in a position to take the credit if things went well.

Women manage their abusive relationships by: -

- Not naming the relationship as abuse, or not realising that it is
- Developing personal coping methods, which may help or further increase her difficulties
- Focusing on the safety of her children and the efforts to protect them
- Giving out clues and hoping to be asked, which is passive help seeking
- Seeking protection to aid her personal coping methods which is active help seeking
- Wanting the violence to end so that the relationship can continue
- Exploring her options for help, protection and escape
- Seeking temporary respite in a crisis, through family, friends, refuges and hostels
- Planning to leave the relationship altogether
- Struggling to get away and cope on her own

It is essential to explore ways in which to gain clarity about the situation of risk in order to support a woman. It is necessary to identify action where she may feel there to be appropriate opportunities to improve her safety.

- Is the violence unpredictable or can she recognise the trigger?
- Has he ever smashed the phone, or pulled out the wires?

- Does he check the phone bill and quiz her about her calls?
- Does he intercept her calls?
- Can she go shopping etc when she wants?
- Does she have access to money?
- Can she go to visit family or friends and can they visit her?
- Are there any other ways in which she feels her actions are restricted?

Leaving this type of relationship is a dangerous time. Women tend to be aware that some men become more dangerous when they know the relationship has ended. Safety has therefore got to be a major factor in any problem solving strategy with a woman particularly if she is planning to leave and safety must continue to be a high priority after she has left. Men who have been very possessive and obsessive in a relationship can go on being dangerous for 18 months to two years or more after a relationship has ended.

Watford TurnAround

Tracey Boylan, Independent Consultant

Watford TurnAround began its existence as the Watford and District Domestic Violence Intervention Project on 22nd June 1995 and was subsequently renamed Watford TurnAround on 21st July 1999. The idea was conceived in 1995 through a number of organisations involved with the Watford Domestic Violence Forum including the Watford Women's Centre, Relate, Women's Refuge, Social Services, Probation and the Police.

The original project was eventually successful in obtaining a National Lottery grant of £150,000 in February 1998 to cover a three-year period. Great efforts were made to secure future core funding and they were fortunate to be awarded £163,585 for another three years again by the National Lottery Charities Board, (Community Fund), so continuation from February 2002 to February 2005 has been assured. In order to obtain this latest funding, the project was able to show diversity and adaptability.

Watford TurnAround is run by an executive committee, who appointed a project co-ordinator in February 1999. In the summer of 2000 the co-ordinator left and in August 2002 a project manager took up employment, later joined by a part-time administration officer. Independent consultants are employed to develop and run the programmes. They also provide training, conduct assessments and offer advice to the project manager. A number of volunteers assist in all aspects of the work of the project and without them the services, including groupwork, could not be provided.

TurnAround recognises that abusive relationships occur irrespective of age, class, gender, ethnic background, sexuality, religion or culture. Those involved may be married, single, cohabiting, separated or dating. Currently we provide free group programmes for women who have experienced domestic violence and for men to help them change their violent behaviour. Our current services are: -

The Men's Change Programme

The Men's programme was introduced in November 1999 and Groupwork began. There are currently two groups operating at full capacity on different nights and there is a lengthy waiting list for both. Assessment interviews to attend the programme are conducted by the consultant employees of Turnaround. This occasionally involves reports to the court in the case of probation referrals which involves a fee.

The Women's Empowerment Programme

In October 1999 TurnAround introduced the Empowerment Programme for women. This group runs once a week in the evening and a free crèche is provided. Assessments to attend this programme are conducted by the project co-ordinator and the women are invited to 'walk in' to an informal drop-in before the group.

For Children – 'OK To Talk'

This new project started in September 2002 to provide a service to support children who have witnessed domestic violence. The first series consisting of eight group sessions for four to seven years is a pilot scheme and it is anticipated that this will be followed in January 2003 by a second group for children eight to eleven years.

Counselling – One to One

This service is available to clients who have completed the Change Programme for Men.

Boys to Men

Funding has just been obtained to commence work on a preventative programme for boys who have grown up in households where violence and abuse is commonplace. The expected age range for attendees is 13 - 16yrs

Empowerment Programme - A Groupwork Programme for Victims and Survivors of Domestic Violence

The 'Empowerment Programme' is for female victims and survivors of domestic violence and abuse. It is designed to help women make sense of their experience, to enable them to discuss it openly and to offer practical support in a safe non-judgemental environment. Women whose partners or ex partners are attending the Change Programme are routinely invited to attend, but the programme also has a walk-in referral system. The same programme has also been implemented at the Watford Women's Centre, which has no formal links to a change programme. It follows the principles and good practice guidelines agreed by RESPECT, the national network for perpetrators programmes.

The primary objective of the Empowerment Programme is to improve the safety of its attendees. This is done by work in the following areas: -

- Consciousness raising
- Encouraging safety planning
- Reducing feelings of guilt
- Increasing self esteem
- Providing some answers to questions
- Expanding participant's networks
- Helping with associated problems

The programme operates on the premise that men exercise choice in the way they behave and they alone are responsible for their violence; it is not the result of uncontrollable rage or a 'lapse', but is one of the methods men use in order to dominate, control and punish their women partners. By taking a clear stance on this point and by never ever condoning the violence, the programme helps women to locate the 'problem' with their partner and not with themselves. In this way they can begin to rebuild confidence in themselves.

Research has indicated that the most dangerous time for a woman in a violent relationship is when she tries to leave, and in particular, leave the family home. It is not the purpose of the Empowerment Programme to persuade women to leave their relationships but if

this is a decision they make then there is a co-ordinated body of local resources to access in order to make this as safe as possible.

For those who do not leave, the effects of living in a violent relationship are far-reaching. A common method that men use to control their partners is to isolate them from their friends, families and social networks. Repeated abuse, fault-finding and intimidation can severely affect self-esteem and encourage women to blame themselves for their partner's violence. Isolation, guilt, low self-esteem and fear are all reasons why many women stay in violent relationships and are reluctant to bring charges when they suffer an attack. Many women are committed to their relationships and genuinely wish to move forward with their partners in the hope that they will change their behaviour.

The Empowerment Programme has at its core an acknowledgement that participants will be at different stages in their thinking and motivation. It uses an accepting, person-centred approach and borrows motivational interviewing techniques to help women to develop their ideas and make decisions. The different 'stages' that women tend to move through are as follows: -

- Managing the situation
- Distortion of perspective/reality
- Defining abuse
- Re-evaluating the relationship
- Ending the relationship
- Ending the violence

Within a group setting the motivational work is often most effective when done by a woman's peers.

The Women's programme is clearly distinct from the men's in that the focus is not on behavioural change but on supporting. The need is not for a lengthy, rigorous intervention programme but for a non-threatening, enabling and motivating experience.

There is no minimum number of participants in this programme, but the maximum number is 10. The programme runs for 15 weeks and is split into five three-week modules. The advantage of a modular programme is that it can 'roll' with members starting and leaving every fourth week. On completion of the programme a woman can opt to stay on the group if there are spaces, take up individual counselling or attend a weekly drop-in session, a less formal, more sociable adjunct to the group.

Each module has a broad theme and consists of a first session including formal input from group leaders. Participants are actively encouraged to take more control of the following two sessions exploring the theme further according to their own needs and experiences. Each session lasts for two hours and includes a 15-minute break. Experience has shown that women form good, supportive relationships with other group members and an informal break facilitates this process.

The modules are: -

- Why men are violent
  - Women's experiences
  - Intervention projects
  - How we change

- Why we stay in violent relationships
  - Women's feelings
  - How women are socialised
  - The impact of violence on children

- Where can I find help
  - Services for women
  - The law/legal system
  - Using professionals
  - Building support networks

- Self Esteem
  - Confidence building and assertiveness
  - Understanding the effect of violence on self
  - Participant's rights

- Using Substances
  - How we cope with distress
  - Where to get help
  - How substance use can increase vulnerability

Two women run the sessions and participants are assured that, whilst men are involved in the project they do not deal directly with female victims. Child care is provided for women in an on site free crèche.

Change Programme - A Groupwork Programme for Domestic Violence Perpetrators

The 'Change Programme' is for men who physically and/or emotionally abuse their partners. It is designed to help men understand and accept responsibility for their violence. It provides learning opportunities to help perpetrators stop the violence and replace it with non-violent, non-abusive behaviour. The programme now running in Watford is based on a programme created in the Berkshire Probation Service in 1994; that programme still runs in Reading and has recently been rolled out to Oxford and Aylesbury following the amalgamation of Berkshire with the Buckinghamshire and Oxfordshire Service. The Change Programme reflects the approach of the majority of programmes running in the UK, but in particular owes much to the work of the Men's Centre in North London and the Domestic Violence Intervention Project in Duluth, Minnesota. It follows the principles and good practice guidelines agreed by RESPECT, the national network for perpetrators programmes.

The programme operates on the premise that violent behaviour and abusive attitudes are learnt and can be unlearnt and changed. Men exercise choice in the way they behave and they alone are responsible for their violence; it is not the result of uncontrollable rage but

is one of the methods men use in order to dominate, control and punish their women partners. The focus is on understanding that violence is intentional behaviour, which is designed to maintain the man's control over the woman or to punish her. The vast majority of men who are violent to their partners are violent repeatedly and are often violent in successive relationships. The primary objective is to improve the safety of women by challenging the attitudes and expectations which men use to justify their violence and blame their partner. It is not only a question of persuading them to take responsibility for themselves; it is also about helping them identify different ways of behaving and sustaining them in their efforts to change.

The question is how effective is this approach and there are two pieces of relevant research.

The Research Evaluation of Programmes for Violent Men is the title of a three-year study undertaken by Dobash and Dobash and published by the Central Research Unit at the Scottish Office. The study compared the effects of various criminal justice sanctions and looked at two programmes, the 'CHANGE' programme in Edinburgh and the Lothian Domestic Violence Probation Project. The results show that a "considerable proportion of men participating in CHANGE and LDVPP, in contrast to men who experience other forms of criminal justice sanctions, have successfully reduced their violent and controlling behaviour over a one year period. The findings strongly suggest that well-managed projects delivering a structured programme focusing on the offender and the offending behaviour are more likely than other forms of criminal justice intervention to reduce or eliminate violence and intimidating behaviour." Dobash and Dobash go on to report that research based on a meta-analysis of hundreds of programmes for offenders reports that they are effective with medium to high-risk offenders when they "are cognitive and behavioural in approach and are aimed at changing the values, beliefs and actions of offenders".

Secondly an unpublished small-scale reconviction study was undertaken earlier this year on offenders who completed the probation programme in Reading during 1996 to 1998. It indicated a reconviction rate of 14% in respect of further assault charges since completion of the programme. There are of course considerable limitations in using reconviction rates as the arbiter for successful outcomes; however, most evaluations now include reconviction rates as the main measure of success or failure in probation programmes. By any standards, 14% represents a good indicator that the programme is having an impact.

The programme comprises three separate modules that cover violence, controlling behaviour and masculinity; men usually join at the beginning of a module. Each session lasts for two hours and the maximum number of participants is ten. Two facilitators, one woman and one man always lead sessions. A third member of staff acts as an observer. Exercises, handouts, OHP and video are used to help learning and deliver information.

Men attend the programme either voluntarily or as a condition of a community supervision order or a post-release licence following convictions for violent attacks on their female partners. It is also for offences which stop short of direct physical violence but that have the same intention either to intimidate, control, coerce or punish e.g. threats to kill, malicious phone calls, kidnap, harassment, threatening behaviour and criminal damage.

The Violence Module concentrates on the extent and severity of each group member's violent attacks on his partner(s). Denial and minimisation are challenged as are the perpetrator's view of themselves as victims of their partner's behaviour – "it's her fault, she provokes me" – and the numerous justifications men present for their violence.

The Controlling Behaviour module of the programme is about the nature of men's need to exercise power and control over their partners and the connection between their controlling behaviour and their violence. It is this need for control over a partner, the need to be in charge, to get their own way on the issues that are important to them, that is the source of the abuse. Physical violence is only one of the means used to gain this control. Others are the use of intimidation and fear, emotional abuse, isolation, denial, minimisation and blame, using the children, dumping responsibility of the partner, financial abuse, sexual abuse and threats and tantrums. All of these abusive behaviours are examined and alternative approaches promoted.

The Masculinity Module is concerned with masculinity i.e. where does this need to control come from? During this phase of the programme the belief systems and social values that contribute to abuse and violence are identified and challenged, as are attempts at self-justification or victim blaming. We endeavour to raise awareness of the experience of being male and examine and change the expectations many men have about both women and men.

In summary, the outcomes we are seeking to achieve when working with perpetrators in groups are: -

- A reduction in the risk of offending
- An acceptance that they exercise choice
- An understanding of the impact on their victims
- A sense of personal responsibility
- A relapse prevention plan

In trying to achieve these outcomes the programmes will: -

- Focus on the violent man taking responsibility for his behaviour
- Use confrontation to challenge attitudes/behaviours
- Have a structured format
- Use a directive approach by the group leaders
- Use a cognitive - behavioural approach
- Have a clear and consistent primary goal of ending the violence

The underpinning beliefs of the programme are that: -

- Violence is intentional behaviour
- Violence is designed to maintain power and control
- Whilst there is blame there is risk
- Individual men can change - there is always a choice
- Violence is the perpetrator's responsibility

Berkshire Services for Men

Steve Farrall-Hyder, Woodley Family Centre

The majority of recent work concerned with providing services for men has developed from work originally undertaken in America and more recently in the UK as a result of the work of Fathers Direct and has evolved alongside work with domestic violence.

It is important to set ground rules when working with any group, and this is so when working with men. They should be free of drugs and alcohol and be prepared to accept the rules of the group, which includes only challenging what someone has said not the individual, to take responsibility for what they say, to not make threats etc.

The workshop wished to address among others, such issues as the abuser perspective, support that is currently available to men, where help can be provided to both victim and perpetrator, understand why men are violent, what are the opportunities of working with men and examples of best practice.

The majority of the direct work undertaken with male perpetrators of domestic violence is based on the Duluth model, as is the current 'Anti-Violence Group Work Programme' used by the Probation Service. This work attempts to deal directly with male violence and get perpetrators to take responsibility for their behaviour. The World Health Organisation is currently reviewing different types of work across forty centres and a report is due soon. Currently work in Scandinavia in this field is much further advanced.

DOMESTIC ABUSE INTERVENTION PROJECT
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781

Other services are also available for men, which may be an opportunity to provide a more indirect response. The majority of male perpetrators are not prosecuted and there is perhaps a continuum of opportunities and resources, which could provide more helpful opportunities for intervention.

Examples of direct services that work with men include: -

- The Anti-Violence Group Work Programme – the Probation Service runs this programme and it is a cognitive behavioural model based on Duluth, which directly addresses issues of masculinity. These tools have been developed in USA and need to be adapted to an English audience. Practitioners need to be aware of the behaviours exhibited by perpetrators; otherwise it is easy to resort to 'denial'. Another example of this programme is the Watford TurnAround Project, which is a similar programme but takes referrals on a voluntary basis. It is an integrated programme, which also provides support for women and children. This project is currently being evaluated. It is important to review the outcomes of these programmes and assess the impact on later or longer-term behaviour. There is a requirement for more longitudinal research and on the type of maintenance systems that are needed for these programmes. These projects challenge the triggers in cycles of violence at each point and challenge any justification of abusive patterns of behaviour. It is important to remember that domestic violence is a process not a single incident. The language involved is important as often perpetrators de-humanise the assault and often society backs this process.
- Reading Safer Families – This is a family systemic therapeutic model and can be criticised in this context, as it reviews the whole family. Referrals to this service often start as concerns related to child abuse rather than domestic violence directly. This group follows Social Service guidelines for a framework of assessments and they complete the initial core assessment. Assessment deals with parenting capacity, family and environment and developmental needs. One of the standard questions now relates to domestic violence. This process does involve questions of dealing with both the perpetrator and victim and they are not expected to attend together if domestic violence is present, but this is part of the process in terms of Child Protection.
- Anger management courses – These are accessible via health services, local GP's and associated psychiatric hospitals. It should be noted that domestic violence is related to control rather than anger.
- Social services – Individual work associated with protection plans.
- Youth offending teams – Work with young people.
- Health service and counselling.
- Communication skills – Non-violent communication.
- Legal interventions.
- Relate and family mediation – Issues regarding these processes.

Indirect services include: -

- Fatherhood development
- Training and education
- Parenting Groups
- Life skills
- Conflict resolution and anger management

- Self-esteem building
- Men's groups
- Mental health support group
- Men stopping violence
- Attachment focussed work

It is important to use the opportunity to access men indirectly as a means of addressing issues of domestic violence. Men are more likely to engage if they have visibility of the benefit to them. They also provide an opportunity of looking at different ways of working with men with beneficial indirect effects.

A Community-up Response

Kate Calvert, Sure Start

It is widely recognised that domestic violence to both women and men is a largely hidden social issue, which has a significant impact on the whole family, the individuals concerned and on the social and emotional development of children. We also know that it is largely unreported and that perpetrators are in reality rarely prosecuted.

The local approach has therefore been to seek to address these issues from a community-based perspective, identifying clear points of contact and support, and raising the profile so that it becomes a whole community issue in terms of response.

Sure Start's objectives are: -

- Improving social and emotional development – child protection
- Improving health and children's ability to learn – impact in pregnancy and to young children
- Strengthening families and communities – developing a community based empowering tool

Domestic violence is part of our core business because: -

- One in nine women require medical attention for injuries
- One woman is murdered every three days by a current or ex partner
- Women will have been abused up to 30 times before contacting the police
- Other forms of abuse are likely to be occurring as well
- It has significant impact on children both physically and emotionally
- Men are also abused by their partners

Sure Start is seeking to take a holistic approach to supporting families, children with their families and the family within the community. Being a passive observer in the context of domestic violence can have a serious impact on the well being and emotional development of children. It is also clearly very damaging and disempowering for the adult concerned. In addition it may be culturally stigmatising and often remains unrecognised, thereby increasing the chances of social isolation for the whole family. It may also raise concerns in relation to child protection and the overall development and life opportunities of children.

The Local Model

Core aspects of the local model have been to develop a consistent response to these issues, which have involved: -

- Agreeing and publishing a local statement with all agencies/points of contact
- Offering multi-agency training
- Agreeing local policies and a consistent approach at all points of support
- Devising local publicity materials with a high profile launch
- Adopting a multi-agency group including involving parents

- Co-ordinating the work through a local multi-agency group, linked to wider city-wide strategic planning groups
- Supporting a local group of parents to use their stories to write a play, performed by local people at a local theatre, from which a training video has been developed which has been funded by Sure Start
- Involving appropriate agencies – police, housing, Relate, city council etc
- Leading a countrywide project to identify support to children of all ages – the Children's Intervention Project
- Identifying training for parents to support other parents and be part of the network and range of support services on offer
- Address cultural issues and barriers particularly within the Asian community

Developing Our Model as Part of Mainstreaming Strategy

We are keen that this model becomes part of our overall approach to mainstreaming and seek to address this in the following ways: -

- The links to wider groups and forums has led to the adoption of some aspects of the model in other communities and has been used to promote good practice
- The video is a powerful tool for raising awareness and can be used for training and workshops and allows a wider multi-media approach to tackling a taboo subject
- The Children's Intervention Project, led by Sure Start, is seeking to address the needs of children of all ages as part of a multi-agency countywide strategy

Our Locally Agreed and Published Statement

"We are seeking to create a safer and more secure community by bringing the issues for domestic violence out into the open and supporting the people involved. We want to raise awareness and set up supportive services. We will take all incidents seriously, by listening and offering help. Our aim is to reduce the damaging impact of domestic violence on children and the whole family".

The Effects on Children

90% of domestic violence happens in the presence of the child or with the child next door, which has a definite psychological and physical cost. The Children's Intervention Project has three strands: -

- Listens to children living with domestic violence
- Supports children living with domestic violence or who are living in a safe place eg refuge
- Raises awareness of the issues through training and assessment

Part of the solution is to include children in the problem solving. A key initiative involves children giving advice to one another. The three main pieces of advice are: -

- Tell an adult – don't take responsibility yourself
- Don't intervene or try to get physically between them
- Remember it's not your fault

Supporting Asian Families

The Asian community is very aware that domestic violence is an issue. In the white community a woman may sustain 35 attacks before contacting the police, in the Asian community it may be as high as 70 before she does so. Additional problems are cultural barriers and fears of social exclusion, isolation, stigma and shame.

Sure Start workers in Oxford have made great steps into this community, they often have to make many visits into women's homes to explain that they are part of the community. Often the extended family is present so that one to one contact is impossible. It is however possible to build up trust by attending and taking part in groups in nurseries and drop in playgroups, where the women go as a matter of course.

Violence in Single Sex Relationships

Petra Mohr, SOLA (Survivors of Lesbian Abuse)

SOLA (Survivors of Lesbian Partnership Abuse) was established in September 1994, to provide services for women who have experienced domestic abuse/violence within a lesbian relationship. It was started by women volunteers who were themselves, survivors of domestic abuse by a female partner. Initially it was a self-help group, but was then expanded to fill a much needed gap in services in this field. It now runs a national crisis phone-line, provides email support, organises self-support groups, campaigns and provides training and consultancy around the issues involved in same-sex domestic violence. The organisation deals with many calls from all over the country but there is always a constant issue of under funding. There were also hostile reactions from people who were uncomfortable with the topic. A conference organised in May led to the creation of the 'Broken Rainbow' forum.

The group discussed the implications of altering: -

"He beat me"
"He raped me"
"He wouldn't allow me to socialise"

to

"(S)he beat me"
"(S)he raped me"
"(S)he wouldn't allow me to socialise"

Immediate reactions often rely on preconceived stereotypes of the 'battered woman' and there are difficulties in making the mental adjustment required. The issue of rape is complex due to prevailing legal definitions, and how those definitions are interpreted. The concept of rape is difficult for even the victims to acknowledge, but it should be remembered that women can and do sexually abuse their children. Many who contact the help line are unsure whether they have approached the correct service. It should be remembered that the abuse still relates to issues of power and control, even if this is more difficult to visualise among women.

Women stay in these relationships for similar reasons as those in heterosexual ones, often because they believe that their partner will change. In single sex relationships it is even harder to overcome the barriers of telling someone.

Individual workgroups discussed these issues and drew the following conclusions.

The many barriers to leaving abusive relationships are all aggravated by being in a single sex relationship. Many don't leave because they are not taken seriously and are often already isolated. At the outset of a gay or lesbian relationship isolation can start because they are away from the mainstream of society, not accepted by the community and sometimes their families have disowned them. There are gay communities in London, but they are often very close knit, outside London there is very little support. The couples

become very dependent on each other, which can compound the isolation. There is much embarrassment in admitting that a woman is beating you and there are feelings that you should be able to defend yourself. Many have nowhere to go, cannot manage financially and stay out of misplaced 'love' or a sense of feeling a failure. Stalking is very common in gay relationships and there is always the threat of being 'outed' by your partner. The dynamics of power and control are the same, but overlaying this are other societal pressures.

The perception of the relationship among friends and family may cause further difficulties. The nature of the relationship may be secret; therefore disclosure could involve 'coming out' twice. Stereotypes may not allow them to understand the reality of the relationship or the dynamics. It may challenge their perceptions and make then feel uncomfortable. There is disillusionment by the victim and others, which may prompt the reaction that it is proof that they are living the 'wrong way' or there is the added pressure on the victim to prove they made the right decision, which may cause them to stay even longer. Families can add pressure by an attitude of 'lets not make it any more complicated than it already is' which further adds to the isolation. They may display denial or attach the problem to the sexuality rather than to the abuse. Social circles are often already small and as such friends do not want to hear the 'bad news' or mutual friends do not want to be seen to be taking sides. The lack of support from friends and family adds to this process of marginalisation.

Specialist support services are limited and there is still a stigma in society regarding these relationships. Often the only social networks are bars and clubs and the associated bar culture, which adds to the isolation. Society may regard these relationships as more transient and therefore take the problem less seriously. Women only places may not be viewed as safe havens. It is important that mainstream agencies address these issues and apply support policies to whoever may be abused. In approaching statutory agencies there is not only the hurdle of disclosing the abuse, but also the added dimension of disclosing the nature of the relationships, especially where homophobia may exist. The gay community often views the police as 'homophobic'.

Changing Direction – Where Next?
Panel and Discussion

Q: The majority of cases of domestic violence are not reported, what must we do to enable more people to ask for help. Could the Post Traumatic Stress Disorder results be used in court as 'independent evidence'?

A: The best evidence that is available is the testimony of a victim, but other evidence can be produced and may be taken into account e.g. doctor's letters. It is important to remember that evidence must be admissible or relevant. There is a broader question of ethics in such use, but it may in some cases enable the prosecution to proceed.

Q: Why was the PTSD assessment tool included in the conference pack, as reviews in recent forums have deemed it inappropriate for use in domestic violence cases?

A: There is a lack of adequate research into domestic violence and assessment tools, so it is important to be discerning about the use of such questionnaires. This PTSD should be used as an education tool not as a screening device, and used sensitively in this way it can be very useful. There is a need to look at the symptoms, recognize them and establish a formal diagnosis. It is intended that it should be used as a supportive tool to aid in communication and structure questions. The whole question of routine questioning is a hot topic and we have a long way to go to achieve this.

Q: How do we break the cycle? What about teenage boys who are still caught up in a domestic violence situation and are acting this out in their relationships at school, in their relationship with their mother and who may soon be doing so with a partner?

A: It is essential that we should start at this stage, if we leave it until later more serious interventions will be required. We possibly spend too much time analyzing and not enough time confronting these behaviours, which need to be challenged. Protocols often leave the situation for someone else to deal with it, but it is the duty of all citizens to confront these behaviours.

It is essential that we get joined up thinking; currently we are not joining events constructively.

The true causes of domestic violence need to be understood; it is often not seen as a direct cause of problems with young people. There is a need to proactively respond and challenge these issues.

Q: Often if domestic violence is disclosed in schools, teaching staff do not have the skills to deal with it, we need to provide support for education.

A: There are many areas in which support can be provided in schools including in-school drama – Theatre ADAD, encouraging teachers to attend seminars and conferences as

a means of raising awareness, counseling support services, the inclusion of these issues within the PHSE curriculum, leaflets and support cards for children, disclosure training for teaching staff - especially with regard to child protection, care mentoring schemes and the use of protective behaviours.

Q: What role does the influence of the media play? For example compare the different messages sent out to children from, for example 'Buffy the Vampire Slayer' and 'Eastenders'. Should gratuitous violence or the battering of children be used as entertainment?

A: These programmes deal with this topic in two very different ways, both may have their place. It is important that 'controlling' behaviour is not shown as sexy or attractive. A lot of young men would wish to have caring and respectful relationships, but they are often shown in one dimension, with the positive aspects not emphasized.

Q: The long term objective for preventing forced marriages is surely to work with the parents, rather than just intervene at crisis points i.e. removing the young person from the family home, to prevent a marriage. I believe if we do not work with parents we are failing both them and their children.

A: There is a need to work within the community and to have a multi-agency approach. The problem with this approach is to identify whose responsibility this would be. There is not a great deal of optimism of working with the fathers, but maybe the best hope for change is with the younger generation.

Q: Is it not time for domestic violence to be an offence in its own right? Currently we have aggravated offences, domestic violence could be considered an aggravating factor, which may result in policy changes with charges being pressed, whether the victim wished to proceed or not.

A: It is unsure whether this would be of benefit, it is currently under review, but there are no plans for any changes at the moment.

Q: Why is proven good practice researched by the Home Office, not implemented? Why can't the Home Office support the appointment of domestic violence coordinators?

A: There is sympathy for this view, but 'Living Without Fear' was not primary research and the Crime Reduction Programme is evidence lead. There is currently no legislation or funds to support this work. There are funds within community safety strategies, perhaps that is one route that exists.

Biographies

Sue Raikes

Sue Raikes is Chief Executive of the Thames Valley Partnership, a charity which brings people and organisations together to work for safer communities. The Thames Valley Partnership works with statutory and voluntary organisations and the business sector across the three counties of Berkshire, Buckinghamshire and Oxfordshire – an area which includes 18 local authorities and 16 community safety strategic partnerships.

Sue has a background in social policy research and in the probation service. She joined the Thames Valley Partnership on secondment from Oxfordshire Probation Service in 1993 and two years later became its Chief Executive. Sue has contributed to the work of the Audit Commission, the Home Office, the LGA and the Youth Justice Board, bringing wide ranging experience of partnership work and of the interface between the criminal justice system, local government and the community and business sectors. The Thames Valley Partnership has particular expertise in domestic violence and early intervention and has published in the BJCJ on community safety and community justice.

Dominic Carman

Dominic Carman was educated at Manchester Grammar School and Durham University. He worked in banking before beginning a publishing career at News International, and later joined Euromoney Publications in London and in Hong Kong. He then worked for the world's largest conference company before setting up his own business in 2000, publishing a quarterly magazine, London Business Review.

Dominic is married, has four children and lives in London.

Patrick Neil

Patrick Neil is an Independent Chair of Child Protection and Child Care conferences in Oxfordshire. He is a member of the Area Child Protection Committee, chairing one of their panels, and has managed a range of resources within Social Services. He is also an independent trainer of subjects such as domestic violence, substance misuse, child protection and corporate development. He has previously worked as a family therapist and also within the music, entertainment industry and the arts. He has a wife and two school age children.

Alana Diamond

Alana joined the Home Office's Research Development & Statistics Directorate in April 2000. She is Research Programme Director of the Violence Against Women Initiative, which is part of the national evidence-led Crime Reduction Programme, which aims to reduce the long-term rise in crime in England and Wales. Alana and a small team are responsible for the evaluation of the initiative.

Alana has a background in research, evaluation and policy. Before coming to the Home Office she worked as a Research Manager for the Health Education Authority, which is the national organisation, which is responsible for health education and promotion in England. She commissioned, and conducted several studies in relation to health and behaviour change especially in the field of physical activity. She also contributed towards the development and evaluation of policy in the area. Alana has also worked for the Office of National Statistics where she worked on the design, analysis and reporting of various large-scale government social surveys.

Michael Payne

District Judge at Oxford, 1998 to date.
District Judge, Oxford and London, 1996-98.
District Judge, Outer Manchester Group of Courts, 1995-96.
Solicitor and Litigation Partner, Bower and Bailey, Oxford 1978-1995.
    Member of the Law Society's Children Panel 1984-95.
    Member of the Legal Aid Area Committee 1991-95.
    Member of the Oxfordshire Guardian ad Litem Advisory Panel 1991-94.
Visiting lecturer in children's law, University of Oxford 1990-95.
Senior Prosecuting Solicitor, Sussex Police 1977-78.
Prosecuting Solicitor, Thames Valley Police 1975-77.
Solicitor 1974.
Ll.B, University of Exeter 1971.
Vice-Chair and Trustee, Oxfordshire Family Mediation 1998 to date.

Dr Fiona Duxbury

GP Principal, Blackbird Leys Health Centre, Oxford 1994 onwards. (GP in Bicester and Hackney, London, prior to that).

Publication

With Dr Susanna Graham-Jones, Dr Duxbury wrote: -

"Emotional Disorders" in "Women's Health", Eds: Ann McPherson and Deborah Waller, 4th Edition, Oxford University Press, 1997. This chapter is a guide for GPs on how to spot adults suffering the consequences of domestic abuse, past and present, and strategies to help such patients.

Current Research

Dr Duxbury's MSc in Evidence-based Health Care (Oxfordshire 2001), focused on whether the process of diagnosing Post-traumatic Stress Disorder (PTSD) in psychiatric in-patients was acceptable to them. By definition, this process involves identifying the *type* of trauma that has been the most problematic for the patient. Abuse within the family was the most commonly reported trauma. Over 40% of this tiny pilot sample had PTSD. (Paper unpublished).

COFAN

In 2000, Dr Judy Shakespeare, (another GP), and Dr Duxbury, set up a network of service users and service providers called the Consequences of Family Abuse Network, COFAN. We recognised that childhood abuse, which includes domestic violence, was the underlying cause of so many of our patients' / clients' problems. The aims of COFAN remain chiefly ones of: -

- Information about what existing services are useful to abuse survivors in Oxfordshire
- skill-sharing/training for service-providers
- developing "joined -up services"

COFAN remains unfunded and without a co-ordinator. Consequently these aims are unlikely to be realised. Mental Health Matters, Relate and Richard Shircore of Thames Valley Partnership helped organise the second COFAN conference in October 2002 called "Supporting Survivors of Childhood Sexual Abuse".

DCI Judith Johnson

Detective Chief Inspector Judith Johnson joined Thames Valley Police in 1985 after serving five years with Northumbria Police.

She has predominantly worked in uniform operational roles throughout Berkshire and Oxfordshire.

In 1998 she became involved in youth justice and led the police response to the introduction of Youth Offending Teams. This was her first taste of working in a multi-agency setting. Alongside this role, she also pioneered much of the restorative justice work that was going on within the service including the development and delivery of national training relating to Final Warnings from the Youth Justice Board.

She was promoted to Head of Child Protection & Sexual Crime Unit in April 2002 and now has responsibility for policy relating to child protection, serious sexual crime, sex offenders and domestic violence. Judith is the police representative on the Thames Valley Domestic Violence Intervention Steering Group.

Joanna Fenstermacher

Joanna has worked for Victim Support for 18 years, firstly with the Oxford branch and for the last three years as Area Manager for Oxfordshire. She currently chairs the domestic violence forum in Oxford.

Prior work experience was as an industrial psychologist in Canada for a number of years and then deputy manager of a rape trauma centre in Toronto.

Penny Bassett

Penny Bassett grew up in Australia, but has been living in Oxford for the last 20 years. She worked for Oxfordshire and Buckinghamshire Probation Service for 16 years and during that time gained experience of working with offenders in a number of different

settings. In the role of Community Projects Officer, she was first introduced to Protective Behaviours (PBs) at a training session in 1994. Convinced, she used the ideas with clients, and wanting to introduce them to other people, she became an accredited trainer in September 1997.

After accreditation she left the Probation Service to go on a Raleigh International expedition to Namibia where PBs was put to good use in her role as a project manager. Since returning to England in February 1998 she has worked as an independent PBs trainer in various parts of the country. She has worked with many inter-agency groups, NCH staff, domestic violence workers and the National Road Safety scheme. Currently she is working in several schools in Hemel Hempstead training Year 10 pupils as mentors to Year 7s.

Petra Mohr

Petra Mohr was one of the founder members of SOLA (Survivors of Lesbian Abuse) and has been involved with SOLA ever since.

Apart from her work with SOLA, Petra has been working with a wide range of client groups, including children with disabilities and/or emotional and behavioural difficulties, mental health service users, and women recovering from drug addictions, in various capacities and positions. For the last three years she has worked at the West Hampstead Women's Centre. The centre provides support, advocacy, crisis intervention and education services for women, particular those disadvantaged due to poverty, ill-health, language barriers, sexuality, refugee status, cultural prejudices, and women who have survived physical, emotional or sexual violence. Petra also practices as a counsellor and psychotherapist, working with a wide range of issues.

Petra holds a BSc in Social Science and Women's Studies, an MA in Integrative Counselling and a Diploma in Integrative Psychotherapy. Her BSc Thesis 'Caring and Equal? – Research Study on Lesbian Abuse' can be obtained from the University of North London, and her MA Thesis 'What's Love Got to Do With It? – An Integrative Approach to Domestic Violence' can be obtained from Middlesex University.

Annabel Mitchell

Annabel Mitchell is an independent consultant and trainer. She followed a medical degree with a Master of Science at Oxford, which focused on the psychological effects of war and trauma upon women and children. Her experience of working with children including initiating a community outreach programme supporting vulnerable children in Southern India, working at the Park Hospital for Children in Oxford and more recently with Oxfordshire Women's Aid, where she provided therapeutic support for children and their mothers who had been subjected to domestic violence and abuse. She was a contributor to the Women's Aid Federation of England resource manual entitled 'Safe and Sound' and is currently providing training courses for people working with children and victims of domestic violence.

Kate Calvert

Kate is the lead health visitor for Rose Hill and Littlemore Sure Start. Previously Kate has worked alongside Sure Start Weston, Southampton. Kate manages a team of midwives, health visitors, parent support workers and speech and language therapists. Much of Kate's role is about the promotion of partnership working; both in and beyond the Sure Start team.

Tan Lea

Tan has been the director of Rose Hill and Littlemore Sure start since August 1999. Her professional background is in both social work and teaching and she worked as a social worker and manager for Oxfordshire Social Services Department for eight years with children and families. She has also worked as a practitioner and manager for supported housing projects in the county for six years. She has always had a strong commitment to inter-agency working and inclusive practice and sees Sure Start as an excellent opportunity to move from crisis orientated models of care and support to developing a truly preventative approach at a time that really counts in families' lives.

Steve Farrall-Hyder

Steve Farrall-Hyder is the manager of Woodley Family Centre and works for social services at Wokingham District Council. He has worked as a social worker in childcare since 1984 in residential, field and family centres. He has run fathers support groups at Reading Family Centre as well as family support services. He is currently running a boys group for 12 year olds. He has also been involved in a men's mental health support group since 1999 now based at Resource in Reading.

Tracey Boylan

Tracey Boylan was a Probation Officer in the Thames Valley for 10 years. During that time she co-wrote the Anti-violence Groupwork Programme and subsequently spent five years co-leading the group. She is still involved with the group in a training and consultancy role. She now works as an independent consultant to various domestic violence projects in Hertfordshire, having co-designed and implemented the lottery funded project at Watford TurnAround.

Andalina Kadri

Andalina Kadri is the project manager for the Slough Services for Stonham Housing Association; she has worked for them for the past nine years. Her clients have included the elderly, young single people, victims of domestic violence who are Asian, young children and more recently asylum seekers and refugee groups.

She recently founded the Wise Women's Group in Slough, which seeks to empower Asian women to take control of their daily lives by enrolling for training and education. The group also provides activities and outings. Recently she was present at the launch of the official guidelines for the police on forced marriages presented by the Home Office. She is concerned about the treatment of young Asian females and males who are forced to either marry or who are taken abroad for marriage.

Narinder Sidhu

Narinder Sidhu currently works at Slough Police Station as an Acting Police Sergeant, in the Community Safety Unit. She has worked in the Police Service for twelve years. She has worked on a busy housing estate as an Area Beat Officer within the local community and as the community and race relations officer for the Slough area. She is currently in the domestic violence unit. She has maintained good relations with the local diverse community and has a particular interest in the local youth especially those who are victims of forced marriages. Recently she visited India and attended a conference in relation to forced marriages. In her current role she has dealt with many cases of forced marriage.

List of Participants

Ros Addicott, Health Visitor, Chiltern & South Bucks Primary Care Trust
Lola Adewole, Policy Developer, Department for Education and Skills
Caroline Baker, Domestic Violence Officer, Thames Valley Police, Aylesbury
Kaldip Bansal, Nursery Nurse, Slough Community Nursing
Ann Barker, Legal Executive, Spratt Endicott
Penny Basset, Protective Behaviours
Pauline Beckford, Children & Families, Oxfordshire Social Services
Tracey Boylan, Independent Consultant,
Joy Bruynseels, Education Welfare Officer, Slough Borough Council
Jane Buckby, Thames Valley Police, Milton Keynes
Debs Burnham, Senior Project Worker, Parents and Children Together
Maribel Cabresa, Social Worker, Oxfordshire Social Services
Simone Cadette, Sure Start Britwell – Northborough
Kate Calvert, SureStart
Gill Carey, Deputy Head Teacher, Northern House School
Dominic Carman
Iris Cassomini, Co-ordinator, Victim Support Dorset
Kim Chadwick, Senior Project Worker, Swindon Women's Refuge
Jan Collins, Community Support Unit, Thames Valley Police, Bracknell
Caroline Cooke, Health Visitor, Cherwell Vale Primary Care Trust
Stef Cooney, Area Manager (West Berks), Berkshire Women's Aid
Kirsty Craik, Executive Officer, Commission for Racial Equality
Tessa Cullen, Deputy Head of Student Services, Banbury School
Alana Diamond, Policing & Reducing Crime Unit
Fiona Duxbury, Blackbird Leys Health Centre
Anne Marie Ede, Project Worker, Oxfordshire Women's Aid
Victoria Effedua, Executive Officer, Commission for Racial Equality
Steve Farrel-Hyder, Woodley Family Centre
Joanna Fenstermacher, Co-ordinator, Victim Support Scheme Oxford & District
Susan Fisher, Social Worker, Oxfordshire Social Services
Janet Flawith, Leicestershire County Council
Julia Foskett, Systemic Family Therapist, Child & Adolescent Mental Health Service
Jayne Foster, ISSP Manager, Oxfordshire Youth Offending Team
Marilyn Francis, Health Visitor, Milton Keynes Primary Care Trust
Eileen Garvey, Project Administrator, Aylesbury Women's Aid
Emma Glanville, Children's Services Manager, Windsor, Maidenhead Primary Care Trust
Matthew Gray, Community Safety, Thames Valley Police
Jagjit Gurm, Oxford City Primary Care Trust
Sarah Halley, Oxfordshire Social Services
Pauline Hancock, Youth Justice Consultant, Crime Concern
Sally Hartley, Health Visitor, Oxford City Primary Care Trust
Simon Hendy, Domestic Violence Co-ordinator, Thames Valley Police, Oxford
Pat Herkes, Thames Valley Police, Milton Keynes
Dreena Higton, Abingdon Social Services
Dawn Hodson, Domestic Violence Co-ordinator, Thames Valley Police, Banbury
Suzanne Hosty, Victim Support Oxfordshire
Nancy Hunt, County Domestic Violence Response Co-ordinator, Victim Support
Jim Jenkin, Thames Valley Police, Slough
Judith Johnson, Child Protection & Sexual Crime Unit, Thames Valley Police
Iris Joyce, Senior Project Manager, Parents and Children Together
Andalini Kadri, Stonham Housing Association
Randip Kaur Gakhal, Project Officer - SAYA, Walsall Domestic Violence Forum
Tan Lea, Director, Sure Start
Ruth Lester, Solicitor, Faulkners
J Louise Littledale, Assistant Solicitor, Oxfordshire County Council
Jan Longhurst, Community Support Officer, Chiltern District Council
Usha Masih, Social Worker for the Asian Community, Oxfordshire County Council
Bridget McCarthy, Committee Member, Swindon Women's Refuge
Sylvie McKay, Children & Families, Oxfordshire Social Services
Arthur David McKee, Victim Support Bracknell & District
Lorraine Milburn, Administrative Assistant, Thames Valley Partnership
Annabel Mitchell, Independent Consultant,
Nahid Moghul, Community Safety Assistant, South Bucks District Council
Petra Mohr, SOLA
Siri Moorby, Community Safety Director, Thames Valley Partnership
Dot Morrison, Health Development Officer, Vale of White Horse District Council
Tony Mulvihill, National Probation Service: Thames Valley

Patrick Neil, Senior Worker, Abingdon Social Services
Sarah O'Farrell, Volunteer, North & West Oxfordshire Domestic Violence Forum
Nova Owen, Housing & Community Manager, Parents and Children Together
Vicky Paris, Volunteer, North & West Oxfordshire Domestic Violence Forum
Yaser Parvez, Oxford City Primary Care Trust
Kila Patel, Assistant Team Manager, Royal Borough of Windsor & Maidenhead
Judge Michael Payne
Bill Pennington, Domestic Violence Co-ordinator, Thames Valley Police, Oxford
Deirdre Philpott, Senior Crown Prosecutor, Crown Prosecution Service
Myriam Picha, Oxford City Primary Care Trust
Juliet Pleming, Committee Member, Parentalk, Windsor & Maidenhead
Beverley Polson, Project Manager, Oxfordshire Women's Aid
Sue Raikes, Chief Executive, Thames Valley Partnership
Fozia Raja, Sure Start - Milton Keynes
Kati Rankov, Health Visitor, South West Oxfordshire Primary Care Trust
Zahida Rehman, Social Worker, Oxfordshire Social Services
Lorraine Richardson, Health Visitor, Slough Community Nursing
Hilary Ritchie, Health Visitor, South West Oxfordshire Primary Care Trust
Sue Roscow, Co-ordinator, Victim Support Dorset
Diane Shepherd, Domestic Violence Co-ordinator, Thames Valley Police, Banbury
Richard Shircore, Community Safety Director, Thames Valley Partnership
Narinder Sidhu, Stonham Housing Association
Christine Smart, Public Law Manager, CAFCASS
Helen Smith, Area Manager (Reading & Bracknell), Berkshire Women's Aid
Greg Smith, Programme Manager, National Probation Service: Thames Valley
Karen Squibb-Williams, Domestic Violence Co-ordinator, Thames Valley, Crown Prosecution Service
Agnes Stanmore, Health Visitor, South West Oxfordshire Primary Care Trust
Jane Steele, Thames Valley Police
Debbie Swanborough, Assistant Project Worker, Parents and Children Together
Simone Taylor, Youth/Community Development Officer, Thames Valley Partnership
Alison Taylor, Co-ordinator, NCH/Milton Keynes Forum Against Domestic Violence
Nicola Taylor, Health Visitor, South West Oxfordshire Primary Care Trust
Tracy Toohey, Health Visitor, Oxford City Primary Care Trust
Patsy Townsend, Community Safety Director, Thames Valley Partnership
Janet Turner, Director, Relate Mid Thames & Buckinghamshire
Elizabeth Wade, Assistant Solicitor, Oxfordshire County Council
Sue Walker, Emergency Nurse Practitioner, Wallingford Minor Injuries Unit
Margaret Ward, Manager Witness Service, Victim Support Oxfordshire
Lisa Whareham, Bail Support, Oxfordshire Youth Offending Team
Debbie White, Senior Probation Officer, National Probation Service: Thames Valley
Tricia Wilkinson, Social Worker - Children's Assessment Team, Abingdon Social Services
Susan Willis, Health & Domestic Violence Liaison, Berkshire Women's Aid
Elizabeth Wincott, Trustee, Thames Valley Partnership
Sheila Woodhead, Connexions Local Manager (Milton Keynes), Connexions (Milton Keynes, Oxon & Bucks)
Julia Worms, Associate, Thames Valley Partnership
Nicki Wright, Community Support Unit, Thames Valley Police, Bracknell
Tracey Yeates, Assistant Allocations Manager, West Oxfordshire District Council
Linda York, Domestic Violence Co-ordinator, Thames Valley Police, Oxford
Caroline Yorke, Solicitor, Spratt Endicott