

National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014



The National Office for the Prevention of Domestic, Sexual and Gender-based Violence
An Oifig Náisiúnta um Fhoréigean Baile, Gnéasach agus Inscnebhunaithe a Chosc



DEPARTMENT OF JUSTICE, EQUALITY AND LAW REFORM
AN ROINN DLÍ AGUS CIRI, COMHIONANNAIS AGUS AITHCHÓIRITHE DLÍ

Foreword



Mr Dermot Ahern, TD

**Minister for Justice,
Equality and Law Reform**

Domestic, sexual and gender-based violence are crimes that can occur in all social classes, all ethnic groups and cultures and among people of every educational background. These crimes affect men and women, children and older people. They are often hidden crimes that can have devastating physical, emotional, physiological and financial consequences for the victims as well as for society as a whole.

Many organisations in the State and voluntary sectors are working to deliver a system that prevents and responds effectively to domestic, sexual and gender-based violence. However, lack of co-ordination between these different bodies and the absence of an overall guiding policy and a framework within which to operate has proved to be an obstacle in achieving an effective system of prevention and response. There is a need for a clear direction for all this activity and a collective vision for all bodies and agencies involved.

This strategy aims to correct the lack of co-ordination to date and to provide a clear vision for all government-related action on domestic, sexual and gender-based violence in the period 2010-2014. The Government is committed to tackling domestic, sexual and gender-based violence. The establishment of Cosc in 2007, as an executive office within the Department of Justice, Equality and Law Reform, was a clear demonstration of this commitment. Cosc's key task is to ensure the delivery of a well co-ordinated 'whole-of-government' response to domestic, sexual and gender-based violence against women, men and older people in the community. In order to achieve this, Cosc was given a remit to address domestic, sexual and gender-based violence from a cross-government perspective rather than solely from that of the justice sector.

This strategy has been developed by Cosc and is a major advance towards achieving a co-ordinated response to domestic, sexual and gender-based violence. It will contribute to my Department's long-term objective of creating a society that is intolerant of violence of any form, but especially of violence that occurs in what should be the safest place for people – the home.

The strategy is being published during a time of great economic difficulty for this country. However, the actions included in this strategy do not involve a great financial outlay but rather a new approach to working and inter-agency co-operation. Indeed, a successful implementation of this strategy will help to reduce the financial burden to the State that arises as a result of domestic, sexual and gender-based violence, in addition to the horrific human cost.

It is the aim of this strategy that by the end of 2014 in Ireland all incidences of domestic, sexual and gender-based violence will be understood and recognised, and will be unacceptable to society. The strategy further aims to ensure that by 2014 there will be increased safety for victims together with an improved level of service provision and increased accountability of perpetrators.

The implementation of this strategy will help to improve the current system of prevention and response, and ensure safer lives at home and in our community. Successful implementation will depend on effective co-operation and commitment by all bodies involved to the actions set out within this document. I commend all those individuals and organisations within both the State and the non-State sectors who have contributed to the development of this strategy. The outcome from their work is much more than this document – it is a meaningful demonstration of 'joined-up thinking' and sharing of expertise. The implementation of this strategy will be built on the foundation of these collaborative efforts. I would like to thank all those who continue to work constructively to prevent and respond effectively to domestic, sexual and gender-based violence in Ireland. Working together, we can create a better society.

Preface



Éimear Fisher

**Executive Director, Cosc
March 2010**

Domestic, sexual and gender-based violence are a cruel reality for thousands of people in Ireland. In spite of the valiant and courageous efforts by victims and survivors of this violence, there is a need for society to intervene to prevent this behaviour, to support victims, to provide effective responses both to the victims and to those who perpetrate these crimes.

This strategy is an expression of concern and of action. It has been drafted by Cosc – The National Office for the Prevention of Domestic, Sexual and Gender-based Violence – with the assistance of a broad range of partners across the state and non-governmental sectors. It is the product of deep consideration, vision, energy, courage and trust by many organisations and individuals. The strategy development process was, in itself, an exercise in collaboration towards a common goal. There were many challenges along the way – identification of that common goal, clarification of the role of various parties, and the building of workable structures to deliver the strategy. The key characteristics of the success of this project have been courage and trust. Organisations and individuals were brave enough to concede on long-held positions to realise a common vision which may in the long run produce better results for our society than individual visions could ever achieve.

It was deeply gratifying to witness organisations, some of which had not been actively involved in this area previously, embrace co-ordinated action, volunteer to lead action and to suggest even better ways of reaching the vision. Many organisations with a long history of action in this area were generous in providing advice, support, and practical assistance based on their valuable experience. This collective work has built a strong foundation of knowledge, commitment, respect and trust on which the strategy's actions will be delivered.

A special word of thanks must go to the victims and survivors of domestic, sexual and gender-based violence who met with me to explain their experiences and to provide the benefit of their insights into what helped and what hindered their recovery from this horror. Their voices and faces helped to drive the process forward during challenging times and will continue to drive implementation.

The launch of this strategy is not the beginning of action. Action has been taken for many years to address these crimes. The difference is that this is the first statement of national policy on domestic, sexual and gender-based violence, incorporating an evidence-based plan of collective action for the next five years. The plan sets out commitments to be achieved by state bodies and supported by a broad range of non-governmental organisations. The government has established Cosc to co-ordinate this work and to help all those involved to achieve the vision of safer lives at home and in our community. We look forward to working constructively with all our partners to achieve this task.

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EXECUTIVE SUMMARY

INTRODUCTION

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Executive summary

Domestic and sexual violence are not identical... They share the sinister element of being hidden crimes, frequently perpetrated by persons in a position of supposed trust or complicated by close relationships.

Introduction

This strategy is a statement of Government priority actions to address domestic, sexual and gender-based violence in Ireland in the five-year period from early 2010 to the end of 2014. The Government is concerned at the consistent prevalence and the high level of non-disclosure or non-reporting of incidences of domestic, sexual and gender-based violence. The strategy sets out a plan for 'whole-of-government' action for a more effective system to prevent these types of violence. Six government departments, their agencies and up to 100 non-governmental organisations (NGOs) are involved in work relevant to the prevention and alleviation of abuse. The strategy aims to provide a strong framework for sustainable intervention to prevent and effectively respond to domestic, sexual and gender-based violence.

The strategy focuses on action to address domestic, sexual and gender-based violence perpetrated against adult men and women, including older people. It presents evidence to help understand the complexities of domestic, sexual and gender-based violence and to inform the development of responses. It has been drafted by Cosc – the National Office for the Prevention of Domestic, Sexual and Gender-based Violence – in consultation with a broad range of stakeholders in government and non-governmental organisations.

Three different dimensions of abuse characterise domestic violence: physical, sexual and emotional abuse. Behaviours that commonly occur in situations of domestic violence include various forms of physical violence such as kicking, punching, slapping, smothering or choking, biting, throwing, and threatening with an object. The use of isolation can be a key device, for example where the abuser restricts communication between the victim-survivor and those who are close to the person. Domestic violence

often includes the use and abuse of children, as well as economic abuse. Controlling and intimidating behaviour, including threats and blaming the victim, are common forms of emotional abuse. Older people can experience abuse by carers and those in a position of trust.

Sexual violence refers to assaults that have an explicit sexual content and includes a variety of forms including rape, sexual assault and sexual harassment. These forms of sexual violence can be perpetrated by family members, current and former sexual partners, other relatives and friends, acquaintances (including colleagues and clients), those in a variety of authority positions, and strangers. The many possible combinations of location and relationships mean that sexual violence can be in private or public locations, and in terms of rape, for example, can include many forms – marital rape, familial/incestuous rape, acquaintance/date rape, stranger rape, gang rape, custodial rape, and rape as a war crime.

Domestic and sexual violence are not identical. Domestic violence may include physical, sexual and emotional abuse. Sexual violence often occurs in the domestic context but may also be committed against a stranger. However, while they are not identical, the similarities invite parallel, and often identical, preventative and responsive action. They share the sinister element of being hidden crimes, frequently perpetrated by persons in a position of supposed trust or complicated by close relationships. Implementing action to tackle these crimes must take due account of the circumstances where the perpetrator is known, or is a stranger to the victim. The strategy focuses on domestic and sexual violence, recognising that they are forms of gender-based violence, but takes account of the similarities and differences between these forms of abuse.

Strategy vision

The National Strategy vision is that:

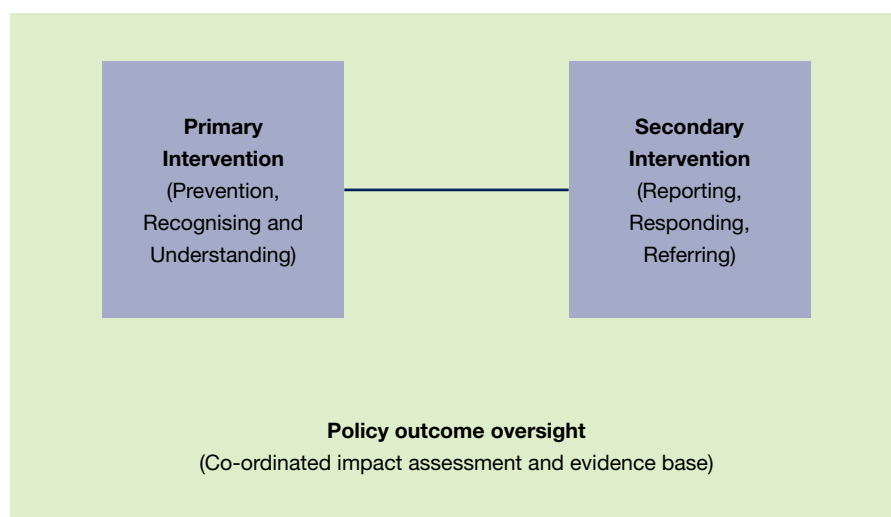
By the end of 2014 in Ireland, there will be:

- » *Clearer societal acknowledgment of the unacceptability of domestic, sexual and gender-based violence*
- » *Greater recognition and a broader understanding of domestic, sexual and gender-based violence*
- » *Greater confidence in high-quality and consistent services*
- » *Increased safety for victims*
- » *Increased accountability of the perpetrator*
- » *Structured and improved planning and monitoring to ensure continued effectiveness.*

Through the development of this framework and the commitment of government departments and State bodies, working in partnership with all relevant services, this strategy will deliver a strong foundation for an improved system of prevention and response – Safer lives at home and in our community.

Strategy model

The model chosen for this strategy focuses on primary and secondary intervention while placing an emphasis on co-ordinated impact assessment and the generation of evidence on which policy and service planning is firmly based. It is not enough that one action in the strategy is progressed. It is not enough that one organisation or one sector is making advancements. The key difference is that activity is planned and undertaken with a conscious regard to impact and outcome. With a reasonable level of evaluation and monitoring and a systematic approach to data, it will be possible to assess the overall impact of the strategy and of our national approach to these problems.



Using this model, the strategy is constructed to achieve the overall objective: the development of a strong framework for sustainable intervention to prevent and effectively respond to domestic, sexual and gender-based violence.

High-Level Goals

The four High-Level Goals of the strategy are:

- 1** To promote a culture of prevention and recognition through increased understanding of domestic, sexual and gender-based violence
- 2** To deliver an effective and consistent service to those affected
- 3** To ensure greater effectiveness of policy and service planning
- 4** To ensure efficient and effective implementation of the strategy.

The High-Level Goals cascade down into detailed 'on the ground' activity through objectives, actions and activities.

Primary interventions

High-Level Goal One deals with the actions to be taken under primary interventions.

Primary interventions are those that aim to prevent a problem from occurring or, when it has taken place, to prevent its recurrence. In the context of domestic and sexual violence, primary interventions are those used to raise awareness, increase understanding and recognition, educate people about the dynamics of the problem and its impact, and equip people to better respond to the problem. In the long term, incidences of domestic and sexual violence will be reduced or prevented through raising awareness of the problem and changing attitudes.

The first action aims to increase recognition and understanding of domestic and sexual violence throughout society as a whole, within high-risk groups and within specific audiences such as health-care professionals, the justice system and other front-line staff. Primary interventions also involve developing and implementing training programmes to ensure that front-line staff and professionals provide an effective response. Further activity under this action is to be carried out through the inclusion of suitable material in the curricula of third-level courses such as medicine and social science, and through continuing promotion of issues relevant to domestic and sexual violence in training on student care among school professionals.

The final action under this objective is targeted at children and young people and aims to promote healthy relationships and develop among young people an intolerance of domestic, sexual and gender-based violence. The activities under this objective are aimed at both second- and third-level students as well as young people involved in youth programmes outside of the school context such as Youthreach and similar programmes. The Department of Education and Science will lead work with curriculum support services and Cosc to strengthen the emphasis on awareness of issues of

domestic and sexual violence. Practical information and guidance material will be developed for third-level institutions and student unions in order to inform students of the risks of domestic, sexual and gender-based violence, and to provide them with practical information on how and where to get help.

Secondary interventions

High-Level Goal Two deals with secondary interventions. Secondary interventions arise once an incident has occurred and there is a direct role for services to deal with a report, to respond, or to refer on for needs to be met by a more specialised service. In the context of domestic and sexual violence, secondary interventions are mainly the services offered to victims. Secondary interventions therefore range from routine enquiry in hospital or GP settings which aim to facilitate disclosure, to direct service provision to victims, such as assistance with accommodation, counselling and medical attention, to relief provided through the civil and criminal justice process.

A basic first step in increasing confidence in service provision for those affected by domestic and sexual violence is making sure that information on services is available to victims in user-friendly formats. Action is also planned to improve opportunities for disclosure in the health and non-health sectors.

This section also includes action promoting high-quality standards in service delivery for victims and perpetrators of domestic and sexual violence; action strengthening intra- and inter-organisational co-ordination with a view to improved service effectiveness and consistency; and action supporting and enabling collaboration across State agencies and NGOs. Work at regional level will be further strengthened through support for

Secondary interventions arise once an incident has occurred and there is a direct role for services to deal with a report, to respond, or to refer on for needs to be met by a more specialised service.

Management of risks posed by perpetrators is to be tackled through improvements to the vetting process, further developing policy and provision for pre-sentence risk assessments for sexual violence offenders, and further developing risk management arrangements for convicted sexual violence offenders.

to the vetting process, further developing policy and provision for pre-sentence risk assessments for sexual violence offenders, and further developing risk management arrangements for convicted sexual violence offenders. Through the establishment of a Domestic Violence Perpetrator Programme Committee, Cosc will develop and implement a plan to strengthen perpetrator programmes by improving intra- and inter-organisational co-operation, co-ordination and data collection.

The final actions in this area aim to address the accountability of offenders and strengthen the protection of victims through review and any necessary improvement of legislation on sexual and domestic violence.

Policy and service planning

The first and most fundamental action required is the development of a systematic approach to data capture and collation. The lack of consistent information about the number of people affected by domestic and sexual violence limits our ability to respond to the problem. Improving data on domestic and sexual violence will involve working with the relevant organisations to develop and improve data, including realising the statistical potential of data collected for administrative and research/policy purposes. With an improved approach to data, Ireland will be in a better position to evaluate effectiveness. The aim is to develop an evidence-based approach to assessing effectiveness of activity and impact.

Strategy implementation and review

In order to ensure the effective progress of the strategy a Strategy Oversight

Committee has been established and will meet twice yearly. In advance of these meetings a report will be prepared by Cosc on the implementation of the strategy actions. The Oversight Committee will report progress to the Secretaries General of government departments and to the Government.

A comprehensive review of the strategy will be carried out midway through the five-year duration of the strategy, and a report will be submitted to the Oversight Committee. A similar review will take place in 2014 to take full account of the experience of this strategy and to determine further action.

Headline indicators

The key headline indicators for this strategy are:

- » A reduction in the prevalence of domestic, sexual and gender-based violence
- » An increase in the level of disclosure and reporting, as a result of improved opportunities for disclosure and confidence in the response system
- » That people in the community and in service provider organisations are better informed about how to respond to disclosures of domestic, sexual and gender-based violence.

the effective functioning of the Regional Advisory Committees which will play an important role in developing collaboration and in the implementation of this strategy at local level.

Specific actions are included to improve protection and support for victims of domestic and sexual violence through improvements to counselling, ensuring effectiveness and consistency in housing responses and the co-location of services in a one-stop-shop setting.

The strategy includes a specific action to minimise attrition levels in domestic violence and sexual violence cases, where appropriate. This will include examining recent research with a view to making proposals for implementation to improve the situation.

Management of risks posed by perpetrators is to be tackled through improvements

Outline of National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014

Overall Strategic Objective:

The development of a strong framework for sustainable intervention to prevent and effectively respond to domestic, sexual and gender-based violence

Primary interventions

High-Level Goal 1:

To promote a culture of prevention and recognition through increased understanding of domestic, sexual and gender-based violence

Key Objectives

- 1** To increase understanding, recognition and practical information on domestic, sexual and gender-based violence throughout society in Ireland
- 2** To increase understanding and recognition of domestic, sexual and gender-based violence in State-sector organisations
- 3** To raise awareness among young people of domestic, sexual and gender-based abuse

¹ Apart from Actions 6, 8, and 9, all HSE actions and indicators are directly taken from the current draft of the HSE policy on domestic violence and sexual violence.

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
1 Promote and develop an understanding and recognition of domestic, sexual and gender-based violence among the general public and specific audiences	1.1 Undertake a range of activities including engaging national, local and journal media in delivering articles to the general public, and to specific audiences (including professionals, vulnerable or high-risk groups, older people etc), » to challenge myths » to confront offending behaviour » to increase understanding and recognition, and » to provide practical information on domestic, sexual and gender-based violence and services available	Cosc (Lead)	1.1 (a) Targeted Annual Information Programme 2010-2014 developed by Q2 2010 and by Q1 each year thereafter 1.1 (b) Annual Programmes implemented by end of programme year	Cosc (with NSC, RAC and NGO participation)
	1.2 Develop guidance on practical steps to increase personal safety for those most at risk from domestic, sexual and gender-based violence	Cosc (Lead)	1.2 (a) Guidance and dissemination plan developed by Q4 2010 1.2 (b) Implement plan from Q1 2011 to 2014	Cosc (with NSC, RAC and NGO participation)
	1.3 Agree in partnership with the NGO networks and Cosc a national awareness training pack for all community groups and organisations that receive funding from the HSE ¹	HSE	1.3 Number of groups trained by LHO by Q4 2010	HSE

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
2 Promote and develop understanding and recognition of domestic, sexual and gender-based violence across the State sector	2.1 Agree and deliver a suite of national training packs for all front-line staff in different health-care settings, from agreed existing materials	HSE	2.1 Number of front-line staff trained by each LHO by Q1 2011	HSE
	2.2 (a) Conduct an analysis of training needs for all relevant justice sector organisations including identification of areas suitable for cross-sectoral training 2.2 (b) In the light of the training needs analysis, develop and implement training programmes	Cosc (Lead), Garda, Probation, Courts Service, Legal Aid Board, IYJS	2.2 (a) Justice sector training needs identified by Q1 2011 2.2 (b) Identification or development of suitable training programmes by Q2 2011 2.2 (c) Implementation of training programmes by Q4 2011 2.2 (d) Number of staff trained each year	Cosc-led training committee and/or service-led committees
	2.3 Work with third-level institutions to include understanding and recognition of domestic, sexual and gender-based violence in curricula including social services and legal studies curricula	Cosc, HSE, OOP, Institutions concerned	2.3 (a) Develop pilots in some institutions by end Q2 2011 2.3 (b) Implement pilots from end Q4 2011 to Q1 2012 2.3 (c) Review pilots by end Q3 2012 2.3 (d) Extend to other institutions from end Q4 2012	Cosc with NSC and NGO participation
	2.4 Continue to promote issues relevant to domestic, sexual and gender-based violence in training on student care among school professionals	DES	2.4 Number of school professionals trained	No specific structure needed

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
3 Embed domestic, sexual and gender-based violence content in second- and third-level educational institution action on healthy relationships	3.1 Develop and implement sustainable second-level educational programmes, applying learning from Cosc research on schools programmes and from the experience of programmes provided in this area	DES (Lead), Curriculum support services, Cosc	3.1 (a) Develop enhanced programme content by Q2 2011 3.1 (b) Number of schools/teachers who have availed of training in enhanced programme each year	Education committee
	3.2 Develop and implement programme for young people attending Youthreach and similar education programmes	As above	3.2 (a) Develop content for delivery in Youthreach and similar programmes by Q2 2011 3.2 (b) Number of schools/teachers who have availed of training in enhanced programme each year	As above
	3.3 Work with third-level institutions and student media to increase understanding and practical information on domestic, sexual and gender-based violence	Cosc (Lead), Third-level institutions, Student health services	3.3 (a) Practical guidance for third-level colleges on risk of domestic, sexual and gender-based violence and services available by Q4 2010 3.3 (b) Number of colleges involved each year	Cosc with NSC and other NGO participation

Secondary interventions

High-Level Goal 2:

To deliver an effective and consistent service to those affected by domestic and sexual violence

Key Objectives

4 To increase confidence in service provision for those affected by DV and SV

5 To promote high standards in service provision

6 To strengthen intra- and inter-organisational co-ordination to improve service effectiveness and consistency

7 To improve protection and support for victims

8 To address offending behaviour by perpetrators of domestic and sexual violence

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
4 Ensure information on services is available to victims in user-friendly formats	4.1 Promote effective dissemination to victims of accessible and consistent information on domestic and sexual violence provided by State organisations	Cosc (Lead) and all relevant State services	4.1 Accessible and consistent information effectively disseminated by State organisations	No specific structure needed. Cosc to drive
	4.2 Continue to encourage and support effective dissemination of information on domestic and sexual violence services provided by non-State organisations	Cosc (Lead) and all relevant NGO services	4.2 (a) Effective and strategic support provided to NGOs to deliver service information to victims 4.2 (b) Improved service awareness levels among victims	
5 Ensure reasonable opportunity is provided for disclosure of domestic and sexual violence	5.1 Agree and implement an assessment form with domestic violence questions for routine use for all staff in different health-care contexts/environments with specific target groups	HSE	5.1 (a) Assessment form agreed by Q1 2010 5.1 (b) Number of staff who received assessment forms at training by LHO by Q4 2010 5.1 (c) Number of screening forms completed	HSE Justice and Tripartite Committees ²
	5.2 Identify and promote best practice to encourage disclosure of domestic and sexual violence in relevant sectors including justice, housing, and education sectors	Cosc (Lead), local authorities, DEHLG, DES	5.2 (a) Proposals for non-health sector disclosure (including suitable pilot) developed by Q4 2011 5.2 (b) Pilot implemented by Q2 2012 5.2 (c) Pilots reviewed (including number of forms completed) by Q2 2013 5.2 (d) Action taken in light of review by Q4 2013	

² Cosc facilitates inter-agency co-ordination across the justice sector through the Justice Committee; and inter-agency co-ordination across State bodies responsible for justice, health and housing policy through a committee known as the Tripartite Committee.

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
6 Promote clear, high-quality standards in service delivery for victims and perpetrators of domestic and sexual violence	6.1 Publish a new edition of the <i>Victims Charter and Guide to the Criminal Justice System</i> , outlining the commitments to victims generally, and victims of sexual, domestic and gender-based violence in particular, made by the eight State criminal justice agencies	Victims of Crime Office (Lead) and all relevant bodies	6.1 <i>Victims Charter</i> published by Q1 2010	Victims of Crime Office, Cosc
	6.2 Identify best practice models for service delivery for victims and perpetrators of domestic and sexual violence	Cosc (Lead) and all relevant bodies	6.2 Information on best practice models identified and circulated to service providers by Q3 2010 and regularly thereafter	No specific structure. Cosc to drive
	6.3 Encourage improvements to service delivery based on consideration of suitable best practice models	Cosc (Lead)	6.3 At least 2 best practice models considered annually	
	6.4 Identify and promote suitable State service responses in relation to domestic and sexual violence for vulnerable or high-risk groups (including Travellers, people with a disability, older people, migrants, and young people)	Cosc (Lead), OOP	6.4 Development of intervention responses for the most vulnerable groups by Q4 2011	
	6.5 Work in partnership with the national NGO networks to develop standardisation within specialist domestic violence services	HSE (Lead)	6.5 Number of standards in place in all HSE-funded services by Q4 2010	HSE
	6.6 Implement the recommendations on standardisation of sexual assault services as set out in the National Review of SATUs	HSE (Lead)	6.6 SATU review report implemented by Q4 2010 (funding dependencies)	HSE
	6.7 Ensure that the requirements in <i>Children First: National Guidelines for the Protection and Welfare of Children</i> are being adhered to by all specialist domestic violence services	HSE	6.7 Child protection policies in place in all HSE-funded services, based on requirements of <i>Children First: National Guidelines for the Protection and Welfare of Children</i> and Duty to Care Q3 2010	HSE

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
6 Promote clear, high-quality standards in service delivery for victims and perpetrators of domestic and sexual violence (cont'd)	6.8 Develop and disseminate guidelines on working with children in domestic violence situations	HSE	6.8 Best practice guidelines outlined, disseminated and covered in service level agreements Q4 2010	HSE
	6.9 Ensure the assessment form for children at risk will contain key questions about domestic violence	HSE	6.9 Number of children identified at risk re domestic violence are followed up	HSE
	6.10 Ensure the assessment form for children at risk regarding domestic violence contains questions regarding children's welfare	HSE	6.10 As above	HSE
7 Promote inter-agency co-ordination through multi-agency projects	7.1 Promote and further develop practices and protocols on inter-agency referrals and co-operation based on best practice	Cosc (Lead), HSE, Garda, Courts Service, Probation	7.1 (a) Assess extent to which specific referral protocols required by end Q4 2010 7.1 (b) Agree protocols in 3 key areas by end Q4 2011 7.1 (c) Agree further protocols required by end Q4 2012 7.1 (d) Implement by end 2014	Justice and Tripartite Committees
	7.2 Provide guidance on data protection implications of information sharing across services	ODPC	7.2 (a) Guidance developed and disseminated by Q4 2010	ODPC
		DJELR	7.2 (b) Provide for any necessary legislative change	DJELR

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
8 Improve collaboration and information sharing in relation to service provision	8.1 Promote opportunities for networking, sharing information and best practice across State agencies	Cosc (Lead)	8.1 (a) Effective meetings of NSC and related committees (ongoing) 8.1 (b) Conduct annual reviews of collaboration activity at regional/national level	No specific structure necessary
	8.2 Regular liaison between Cosc and the HSE Assistant National Director for Children and Families Social Services and the HSE Assistant National Director for Older Person's Services regarding progress on all HSE-related action on domestic and sexual violence	Cosc and HSE	8.2 Progress made on HSE-related domestic and sexual violence actions	No specific structure necessary
	8.3 Support Regional Advisory Committees to improve collaboration and the implementation of national policies on domestic and sexual violence	HSE	8.3 Effective meetings of RAC and related committees (ongoing)	No specific structure necessary
	8.4 Explore areas of work to identify those suitable for cross-border co-operation to address domestic and sexual violence	Cosc (Lead), DFA, HSE, Garda, Courts Service, Probation Service	8.4 (a) Areas of work to be identified by Q3 2010 8.4 (b) Consider setting up projects to take forward suitable areas of work by Q1 2011	Cosc (with advice from NSC, RAC and NGOs)
9 Ensure reasonable accessibility to counselling services for victims of domestic and sexual violence	9.1 Review the availability of counselling services as part of its work on standardisation and improved data collection within HSE-funded services for victims of domestic and sexual violence	HSE	9.1 Review completed by Q1 2011	HSE and HSE-funded services for victims of domestic and sexual violence
	9.2 Develop proposals for improvement		9.2 Proposals for improvement developed and implemented by services and the HSE by Q2 2011	

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
10 Ensure effectiveness and consistency in housing responses	10.1 Develop policy guidance for local authorities on their housing remit in relation to domestic violence, setting out a clear understanding of domestic violence and the importance of housing as a homelessness preventative and responsive action. The guidance would also cover the range of accommodation options to be considered and implemented by local authorities covering preventative, emergency and long-term accommodation solutions with related housing supports, as necessary, ³ to help persons maintain their new housing tenancies	DEHLG (Lead), Cosc, local authorities, HSE	10.1 (a) Policy guidance to be developed through the Cross-Departmental Team on Homelessness with Cosc, in consultation with the National Homeless Consultative Committee, as appropriate. This guidance will be supported by research on relevant aspects, experience, and best practice internationally 10.1 (b) Policy Guidance developed by Q4 2010, to address matters relating to: 1. Assessment of housing need and consistent application of 'homelessness' 2. Housing allocation policies 3. Nature and extent of provision of emergency accommodation	Cross-Departmental Team on Homelessness, in consultation with the National Homeless Consultative Committee, as appropriate
	10.2 In the context of minimising the extent of victim homelessness arising from domestic violence, evaluate approaches and experiences of initiatives such as safe rooms, security support, etc., and consider role in Irish context	DEHLG (Lead), Cosc, local authorities, HSE	10.2 Evaluation completed by Q4 2011 with consequential programme of action developed	Cross-Departmental Team on Homelessness, in consultation with the National Homeless Consultative Committee, as appropriate

³ Supports to help the successful transition from homelessness to living in mainstream housing, tapering off in line with this progression.

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
11 Examine a one-stop-shop option for greater accessibility to services for victims of domestic and sexual violence	11.1 Develop proposals for multi-agency one-stop shop for victims of domestic and sexual violence 11.2 Implement pilot of one-stop shop 11.3 Review pilot and implement outcome of review	Cosc (Lead), HSE, Garda, FSA, DCRGA	11.1 Proposals developed by Q4 2010 11.2 Pilot implemented by Q3 2011 11.3 (a) Pilot reviewed by Q3 2012 11.3 (b) Proposals revised and implemented by Q3 2013	Implementation structure to be part of proposals for one-stop shop
12 Minimise attrition in domestic and sexual violence cases, where appropriate	12.1 Develop a greater understanding of the extent and nature of attrition in domestic and sexual violence cases 12.2 Develop proposals to minimise attrition in domestic and sexual violence cases, where appropriate, including an examination of the feasibility of pre-trial hearings in sexual violence cases	Cosc (Lead), Garda, Courts Service, DJELR Cosc (Lead), Garda, Courts Service, DJELR	12.1 Justice Committee to consider attrition research and to make proposals to Cosc by Q4 2010 12.2 Proposals considered and implemented on a phased basis if necessary	Justice Committee Justice Committee
13 Use vetting arrangements to provide greater protection for victims of domestic and sexual violence	13.1 Improve legislative provisions on vetting 13.2 Strengthen vetting arrangements for those who may come into contact with potential victims of domestic and sexual violence	DHC, OMCYA, DJELR	13.1 Vetting legislation improved and brought into operation by Q4 2011 13.2 Legislation effectively enforced (ongoing)	No specific structure necessary

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
14 Strengthen measures to manage the risks posed by sexual and domestic violence perpetrators	14.1 Provide for pre-sentence risk assessments for the courts in relation to convicted sexual violence perpetrators	DJELR, IPS, Garda	14.1 Policy formulated in light of finalised Report of Management of Sex Offenders Group by Q4 2010	Management of Sex Offenders Group
	14.2 Further develop current risk management arrangements for convicted sexual violence perpetrators	DJELR, IPS, Probation Service	14.2 Implementation (including bringing into operation of legislation) by Q4 2011	Management of Sex Offenders Group
	14.3 Explore the feasibility of multi-agency risk management arrangements for unconvicted sexual violence perpetrators	Cosc (to facilitate)	14.3 Feasibility of multi-agency approach explored by Q2 2013	
	14.4 Develop and implement risk management arrangements for high-risk domestic violence perpetrators	Cosc (to facilitate)	14.4 Domestic violence perpetrator risk management model developed and implemented by Q4 2013	Justice Committee
15 Strengthen measures to deal with sexual violence perpetrators	15.1 Monitor and review implementation of new prison treatment programme for convicted sexual violence perpetrators	DJELR, IPS	15.1 Sexual violence programmes reviewed by end 2013	IPS
	15.2 Integrate custodial and community intervention programmes for convicted sexual violence perpetrators	DJELR, HSE, Probation Service, Garda, IPS	15.2 Review operation of community programme provision by end 2012. Implement review outcome by end 2013	DJELR
	15.3 Develop best practice actions for dealing with sexual violence perpetrators in the community and outside the criminal justice system	Cosc (to facilitate), Garda, HSE	15.3 Identify best practice suitable for implementation by end 2013	

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
16 Strengthen measures to deal with domestic violence perpetrators	16.1 Strengthen Domestic Violence Perpetrator Programmes to ensure their greater effectiveness	Cosc (Lead)	16.1 (a) Plan (including mechanisms for co-ordination with victim support services and capture of victim feedback) developed by Q3 2010 16.1 (b) Plan implemented from Q2 2011 16.1 (c) Increased co-operation and co-ordination with victim support services	Domestic Violence Perpetrator Programme Committee
17 Update the law on sexual offences	17.1 Review and improve legislative provisions on sexual offences	DJELR	17.1 (a) Sexual offences legislation brought into operation by Q4 2011 17.1 (b) New legislation effectively enforced (ongoing)	DJELR with Cosc
18 Update the law on domestic violence to give further protection to victims	18.1 Improve legislative provisions protecting victims of domestic violence	DJELR	18.1 (a) New domestic violence provisions brought into operation by Q4 2010 18.1 (b) New legislation effectively enforced (ongoing)	DJELR with Cosc

Policy planning

High-Level Goal 3:

To ensure greater effectiveness of policy and service planning

Key Objectives

9 To improve the effectiveness of policy planning through improved data capture and data co-ordination

10 To ensure that policy development and service provision planning are evidence-based and take account of the

experience of victims

11 To ensure greater co-ordination between relevant organisations

12 To provide a solid foundation for future actions on domestic and sexual violence

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
19 Improve data on domestic and sexual violence	19.1 Work with all relevant organisations to develop and improve domestic and sexual violence data (including data collected for administrative and research/policy purposes)	Cosc (Lead), HSE, Garda, Probation Service, Courts Service, CSO, OOP	19.1 (a) Data plan developed by Q4 2010 19.1 (b) Data plan implemented by Q2 2011	Cosc-led data committee
20 Ensure improved impact evaluation	20.1 Develop an evaluation framework for assessing cross-organisational strategic impact to ensure maximum system effectiveness 20.2 Encourage consultation with representative groups in the development of policy and services	Cosc (Lead), HSE, Garda, Probation Service, Courts Service, OOP Cosc (Lead)	20.1 Effective arrangements to monitor and review organisational response in place in all key State organisations by Q4 2012 20.2 Consultation held with representative groups on development of policy and services – ongoing	Independent external organisation Cosc (with NSC and NGO participation)
21 Promote the design of planned research to ground policy development and service planning	21.1 Encourage the development of a co-ordinated research programme	Cosc (Lead), HSE, OOP	21.1 (a) Co-ordinated research programme planned and implemented each year 21.1 (b) Research disseminated and policy implications followed up – ongoing basis	No specific structure needed. Cosc to drive

Strategy implementation and review

High-Level Goal 4:

To ensure efficient and effective implementation of the National Strategy

Key Objectives

13 To ensure that all actions within this strategy are monitored and progressed in a timely and comprehensive manner

14 To ensure that due account is taken from the lessons learned of the implementation from this strategy

Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
22 Monitor progress in the implementation of this strategy	<p>22.1 Collate bi-annual reports on strategy progress</p> <p>22.2 Liaise on draft progress reports</p> <p>22.3 Submit progress report, including material derived from liaison process, to Oversight Committee</p>	Cosc (Lead)	<p>22.1 Bi-annual reports collated on time</p> <p>22.2 Liaison takes place bi-annually on draft progress reports</p> <p>22.3 (a) Reports, including material derived from liaison process, submitted to Oversight Committee on time</p> <p>22.3 (b) Strategy Progress report submitted to Government on time</p>	Cosc and on to Oversight Committee
23 Ensure effectiveness of strategy implementation	<p>23.1 Review effectiveness of strategy to prepare for future work</p>	Cosc (Lead)	<p>23.1 (a) Conduct comprehensive first review of progress by end Q2 2012 and second review by end Q2 2014</p> <p>23.1 (b) Prepare review reports for Oversight Committee by end Q3 2012 and by end Q3 2014</p>	Cosc to drive. No specific structure needed

Part One PRESENTING THE PROBLEM

INTRODUCTION



Chapter One INTRODUCTION TO THE STRATEGY

CHAPTER 1

CHAPTER 2

CHAPTER 3

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Chapter One Introduction to the Strategy

There is a need for a clear direction for all this activity, a collective vision and a common view of effectiveness.

1.1 Introduction

This strategy is a statement of the Government priority actions to address domestic, sexual and gender-based violence in Ireland in the five-year period from early 2010 to the end of 2014. Action is being taken to prevent and to respond to this violence. However, a key problem is the disjointed nature of current action. Six government departments, their agencies and up to 100 non-governmental organisations (NGOs) are involved in work relevant to the prevention and alleviation of abuse. There is a need for a clear direction for all this activity, a collective vision and a common view of effectiveness. This strategy aims to meet that need and to provide a clear vision for all government-related action on domestic, sexual and gender-based violence in the period 2010-2014.

There are real and practical reasons for addressing the disjoint in the current system. A disjointed system does not provide adequate protection to the victim⁴ nor does it properly confront and deal with the perpetrator. Families suffer, communities suffer and society in general suffers. A disjointed system contributes to duplication and gaps in action, lack of confidence in the system and lack of confidence between organisations. Furthermore, it lessens the impact of the work of individual organisations. This strategy sets out a plan for 'whole-of-government' action that would provide a more effective system.

Three different dimensions of abuse characterise domestic violence: physical, sexual and emotional abuse. Behaviours that commonly occur in situations of domestic violence include various forms of physical violence such as kicking, punching, slapping, smothering or choking, biting, throwing, and threatening with an object. The use of isolation can be a key device, for example where the abuser restricts communication

between the victim-survivor and those who are close to the person. Domestic violence often includes the use and abuse of children, as well as economic abuse. Controlling and intimidating behaviour, including threats and blaming the victim, are common forms of emotional abuse. Older people can experience abuse by carers and by those in a position of trust.

Sexual violence refers to assaults that have an explicit sexual content and includes a variety of forms including rape, sexual assault and sexual harassment. These forms of sexual violence can occur in a wide range of relationships and locations. They can be perpetrated by family members, current and former sexual partners, other relatives and friends, acquaintances (including colleagues and clients), those in a variety of authority positions, and strangers. Sexual assaults commonly involve one assailant, although multiple offenders are not uncommon. The ages of the perpetrator and the victim may be similar or vastly different, and many combinations of race, ethnicity, class, status, and sexual orientation can occur. Sexual violence can be in private or public locations, and in terms of rape, for example, can include many forms – marital rape, familial/incestuous rape, acquaintance/date rape, stranger rape, gang rape, custodial rape, and rape as a war crime.

The strategy focuses on domestic and sexual violence, recognising that these are forms of gender-based violence. The gendered nature of domestic and sexual violence, the fact that perpetrators are predominantly men and victims mostly women and children, has led to the recognition of domestic and sexual violence as forms of 'gender-based violence' by the United Nations and in international discourse (World Health Organisation, 2005). In 1993 the United Nations General Assembly defined violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical,

⁴ There is much debate over what is the most appropriate term to identify a person who has experienced domestic and/or sexual abuse. Terminology ranges from 'victim', 'victim/survivor' to 'survivor'. From a legal point of view the term 'victim' is often used as a statement of fact, i.e. the person being a victim of a crime. The use of this term is often criticised for its negative labelling and disempowering of those who have experienced abuse. The term 'survivor' is often used by individuals and agencies to describe a person who has survived domestic and/or sexual abuse, recognising the person's strength in living through and recovering from those events. These terms are not to be confused as being synonymous with one another and for this reason the strategy has opted generally for the term 'victim', capturing as it does both the legal point of view highlighted above and the active role of the perpetrator of such abuses and its impact on the abused. Similarly, there is debate over the use of the terms 'violence' and 'abuse'. The strategy generally uses the term 'violence' to reflect the seriousness of the behaviour involved.

sexual or psychological harm or suffering to women' (United Nations, 1993). The term gender-based violence acknowledges that such violence is rooted in gender inequality and that the majority of severe and chronic incidents are perpetrated by men against women and their children.

Gender-based violence includes domestic violence and sexual violence but also encompasses forms of violence that are not readily recognised as occurring in Irish society. These include honour-based violence, female genital mutilation, forced marriage, female infanticide, and sexual violence as a weapon of conflict. However, it may be that some people living in Ireland have encountered these or other forms of gender-based violence in other countries. While they have not been raised as a significant issue in Ireland at the moment, these problems may become more salient in the future.

Implementation of the strategy's actions will have regard to the primarily gender-based nature of this violence, while acknowledging and addressing the fact that men are also victims of these crimes. Furthermore, the strategy recognises that domestic and sexual violence may be perpetrated against those with particular needs such as older people, young people, members of ethnic minorities, people with disabilities and members of the Traveller community. To ensure a consistent approach to all victims, the strategy takes a mainstream approach but the implementation of actions will consider the specific needs of particular groups.

Domestic and sexual violence are not identical. Domestic violence may include physical, sexual and emotional abuse. Sexual violence often occurs in the domestic context but may also be committed against a stranger. However, while they are not identical, the similarities invite parallel, and often identical, preventative and responsive action. As will be seen in Chapter Two, they

are often, though not always, overlapping problems. They share the sinister element of being hidden crimes, frequently perpetrated by persons in a position of supposed trust or complicated by close relationships. Measures to tackle these crimes must take due account of the circumstances where the perpetrator is known, or is a stranger to the victim. This strategy addresses both domestic and sexual violence and is an opportunity for action that takes account of the similarities and differences between these forms of abuse.

Recent revelations have highlighted in the strongest terms the need for action to take more seriously the criminal nature of sexual and domestic violence, to unearth these hidden crimes and to provide increased demonstration of strong societal support of the victim and unambiguous accountability of the perpetrator. The Report by the Commission of Investigation into the Catholic Archdiocese of Dublin clearly expressed the need to support victims, to provide reasonable opportunities for disclosure, to increase understanding and recognition of sexual abuse and to be prepared to take appropriate and informed action.

This chapter explains the background to the development of the strategy and the need for a new approach, outlines the policy and legislative context informing this work and introduces the structure of the strategy.

1.2 Listening to victims

It is not easy to explain the often hidden phenomenon experienced by people in Ireland today – by people in our family circles, in our social circles, in our work situations and in our communities. The following people who related their experiences of domestic and sexual violence provide an insight that may help to understand these crimes.

A disjointed system does not provide adequate protection to the victim nor does it properly confront and deal with the perpetrator.

I put up with an awful life. I was afraid to go to the Gardaí. I was afraid it would get out and he'd kill me altogether (Survivor of domestic violence, as quoted in Watson and Parsons, 2005).

If the husband was taken away like, the children would not have anything to feed on as he is the breadwinner; a lot of times when women tend to cope with domestic violence [it] is sheer poverty (Survivor of domestic violence, as quoted in Watson and Parsons, 2005).

[Society's] view of rape is like a dark alley. The minute alcohol is mentioned people see it differently. My mother did not believe me, so I buried it. I did not want to upset other people (Survivor of rape by college classmate, as told to Cosc, November 2008).

These are the words of people living in Ireland who are or have been victims of domestic and sexual abuse. Their stories are replicated on a daily basis in our communities. This government strategy listens to those voices and sets out specific actions which will be taken by State bodies to ensure that the possibility for such violence is reduced and that, where it does occur, those voices are understood and given the support and services necessary to rebuild their lives.

The following scenarios are drawn from recent interviews with victims/survivors of domestic and sexual abuse. They provide an understanding of the impact of the current system.

Jenny⁵ is a survivor of domestic abuse. She has three small children. She lived on an isolated farm without a phone. Her family were aware of the violence, but Jenny said she felt she couldn't get away from him; he had a hold on me.' She saw a poster on domestic abuse once but she said she 'felt that my

situation was too far down the road; that was for women who can get away.' Jenny felt unable to tell anyone. Her journeys to the children's school were closely timed and the mileage on the car was routinely checked. After years of severe abuse, involving sexual abuse as well as physical abuse which on one occasion resulted in her suffering a broken leg, with the help of her family she contacted support services. Jenny is rebuilding her life and hopes that her story will help others.

Anna came to Ireland and met and married a man from her home country. She was the victim of very severe, ritual, physical abuse and sexual abuse. She was not fluent in English and did not know how to get help. Her social circle was comprised exclusively of friends of her husband and she was frightened to tell them of her situation in case they would not believe her or would not help her. In any event, Anna said she felt that if she told them they would see it as a betrayal of her husband. She couldn't tell her GP as her husband accompanied her to all consultations. After a particularly severe beating, she escaped from her situation through the assistance of her employer. Her child had been so traumatised by the violence witnessed that he never smiled. After six months of intensive assistance he began to smile and behave like a normal toddler. Anna is still terrified that her husband will find her.

Joe was married with three young teenagers and held a very responsible, high-profile job. He experienced years of severe emotional abuse by his wife. Then his wife began to physically abuse him. Joe said he felt unable to continue with his job. He is devoted to his children but was afraid to seek help in case he lost custody. He felt he could not tell anyone and would be seen as 'a wimp' if he sought help. After years of misery he sought help from support services and through the courts. He was awarded custody of the children and is now in a new job. He said he

'I put up with an awful life. I was afraid to go to the Gardaí. I was afraid it would get out and he'd kill me altogether.'

⁵ The names of the individuals are altered for the purposes of anonymity.

‘... I got justice in court but not in society. The community haven’t accepted his guilt.’

is very sad that for his children a ‘huge part of their childhood has been lost’.

Norah had lived by herself since her husband passed away, eight years ago. She describes herself as a sociable person, liking company and getting out and about as much as she can. However, in the last nine months her life has changed dramatically. One of her three children returned home with his partner, daughter and grandson after spending most of his adult life abroad. Her other two children keep in intermittent contact with her but she does not see them very often. It was decided that her son and his family would move in with her because they had nowhere to live. They spoke about making some adaptations to the house to facilitate the larger family. But within a short space of time arguments started about who would pay the cost of the home improvements, and her son and his partner expressed an expectation that she should cover the cost. Norah said she did not think this was the agreement and refused to pay. The arguments became verbally abusive and on more than one occasion her son pushed and shoved her. She had bruises along her arms, but she was too afraid to go to her GP. Norah contacted support services as she did not know where to turn or who to talk to. She says she was embarrassed about speaking to her friends and felt too threatened to talk to other family members about what was happening.

The last time there was an argument, she called the Gardai and a restraining order was placed on her son. She says she has received a number of threatening phone calls, from her son’s partner and more recently from her grand-daughter. She is still afraid and does not go out anymore. She also has unpaid bills from the work carried out on her house.

Helen was raped by a family friend. Her family were unsupportive and did not want to discuss the crime. She describes going

to court as ‘nearly as bad as it happening all over again ... I felt as if I was on trial, not him ... I got justice in court but not in society. The community haven’t accepted his guilt.’ Helen says she felt that ‘there was a hate agenda for a 25-mile radius.’ She used to drive 40 km to buy milk and eventually had to sell her house and her business and move away from her community.

Denise (aged 17) explained, ‘Mammy was a really strong woman. She was able to cope, like not drowning her sorrows, that kind of way. Mammy used to say, “Don’t worry about me.” I used to say, “Ah come on, Mammy, you don’t have to live like this.” I did turn around and say, “Mammy, you don’t have to live like this.” That’s when we started not getting on ‘cos Mammy thought I was trying to rule her, like Daddy ... But I wasn’t prepared to go on with it. I knew there was a lot going on and, you know, she knew that I knew. Then it hit a certain point when I couldn’t cope any more and Mammy and myself were arguing, like. We weren’t always arguing; only when Daddy came around we’d start, you know that kind of way. Because I was so fed up of the way he was going on.’

1.3 Government response

The Government is concerned at the consistent prevalence, and the high level of non-disclosure or non-reporting of situations such as these. The current critical problems of lack of overall policy direction and co-ordination across the system create real and practical obstacles for people such as Norah and Helen. Their needs may involve a broad range of organisations with differing levels of understanding of, and response to, domestic and sexual violence. This five-year strategy aims to counter these critical problems and sets out specific actions which will improve our approach to prevention and response. It has been developed through a structured process of consultation across government departments, State agencies

The strategy 'cuts across' the remits of several government departments and key agencies such as the HSE, An Garda Síochána, the Courts Service as well as local authorities.

and non-governmental organisations. It is strongly based on evidence drawn from national and international research, including research carried out specifically to inform the development and implementation of the strategic actions. This evidence-based approach is a feature of the strategy and it will continue in the implementation of the actions by government departments and State agencies in conjunction with broader partners.

The National Strategy vision is that:

By the end of 2014 in Ireland, there will be:

- » *Clearer societal acknowledgment of the unacceptability of domestic, sexual and gender-based violence*
- » *Greater recognition and a broader understanding of domestic, sexual and gender-based violence*
- » *Greater confidence in high-quality and consistent services*
- » *Increased safety for victims*
- » *Increased accountability of the perpetrator*
- » *Structured and improved planning and monitoring to ensure continued effectiveness.*

Through the development of this framework and the commitment of government departments and State bodies, working in partnership with all relevant services, this strategy will deliver a strong foundation for an improved system of prevention and response – Safer lives at home and in our community.

1.4 The need for a new approach

The 1997 report of the Task Force on Violence against Women provided a solid base for many of the achievements since that time. However, Ireland has changed hugely

in the past thirteen years. The population has increased by approximately 22 per cent, and the age profile of the population has changed. The over-65 population has increased by 54,000 in the past ten years and is expected to double over the next twenty years. The population of those aged 80 years and over is projected to more than double by 2026. While levels of inward migration have slowed considerably in recent times, migration had grown steadily since the mid-1990s. The 2006 Census figures recorded 420,000 non-Irish nationals (excluding 'not-stated') from 188 countries and from a wide range of cultural and religious backgrounds.

Key response organisations have also changed greatly. For example, since 1997 the health service has moved from eleven health boards to a combined Health Service Executive; An Garda Síochána has undergone substantial restructuring; and the Courts Service has been established, with adjusted administrative structures.

Technology has also developed from a situation where internet usage has more than doubled in the period from 2000 to 2008. Mobile phone subscriptions in Ireland have increased by 34 per cent since 2005 (www.comstat.ie). While technological developments bring advantages of increased access to information and possibilities of reduction in isolation, for victims of domestic and sexual violence they may play an important part in the perpetration of the abuse. Technology may be abused to groom or stalk or even terrorise victims.

In view of the changed situation, the consistent prevalence and the low levels of reporting of these crimes, it is clear that a new approach is required. In order to correct the disjointedness in the system, the situation requires a national, comprehensive, research-based strategy to provide a clear roadmap by which all

organisations might find their way to a common destination.

The strategy ‘cuts across’ the remits of several government departments and key agencies such as the HSE, An Garda Síochána, the Courts Service as well as local authorities. It has been drafted by Cosc – the National Office for the Prevention of Domestic, Sexual and Gender-based Violence – in consultation with a broad range of stakeholders in government and non-governmental organisations. Through the development of a cross-governmental strategy, all relevant departments and bodies have a common collective vision of what is to be achieved, and of what is expected from and committed to by each organisation.

This strategy concerns action to be taken against abuse and violence occurring in Ireland. It does not deal with activities being carried out by the Department of Foreign Affairs on domestic and sexual violence occurring in the international context, such as the implementation of UN Security Resolution 1325 ‘Women, Peace and Security’⁶, the National Action Plan to implement Resolution 1325, Irish Aid’s Gender Equality Policy, the White Paper on Irish Aid, and international work undertaken under the National Women’s Strategy (2007-2016). However, there is ongoing co-operation and contact between Cosc and the Department of Foreign Affairs on work of mutual interest.

The strategy focuses on action to address domestic, sexual and gender-based violence perpetrated against adult men and women, including older people. It recognises that over the past few years, following the Report of the Working Group on Elder Abuse, *Protecting Our Future*, the Department of Health and Children and the HSE have put in place mechanisms and dedicated structures, including a unified data system, to address

elder abuse. In addition to Cosc’s key role in co-ordinating activity in relation to domestic and sexual violence, the Office for Older People, an office within the Department of Health and Children, has a key role in relation to strategic, cross-departmental and health sector issues relating to elder abuse. The recent review of *Protecting Our Future* noted that the establishment of dedicated implementation structures has been critical to the development of the elder abuse service. The considerable efforts to strengthen protections for older people in residential settings through the development of national policies, legislation and standards and independent inspections are also noted.

Current data indicate that while there are similarities in the primary and secondary interventions in instances of elder abuse and instances of domestic and sexual violence across the population generally, there are also significant differences in the preferred interventions. This strategy recognises such differences while enabling strategic links between action to be taken to address domestic and sexual violence across the population generally and the work of the elder abuse service. In practice, the elder abuse perspectives of actions to be taken under this strategy will be facilitated through ongoing contact and collaboration between Cosc and the Office for Older People and the HSE. This contact is recognised as essential and should continue and be developed wherever possible; for example Cosc is represented on the HSE National Steering Committee on Elder Abuse.

Similar links are in place with the Office of the Minister for Children and Youth Affairs and the HSE concerning the child abuse perspectives of actions to be taken under this strategy. While recognising the differences between these issues, there is now, for the first time, a strategic high-level connection between work on child abuse, adult abuse and elder abuse. Through these

Current data indicate that while there are similarities in the primary and secondary interventions in instances of elder abuse and instances of domestic and sexual violence across the population generally, there are also significant differences in the preferred interventions.

⁶ UNSCR 1325 promotes a gender perspective and women’s involvement in all peace-making and peace-building, seeks to ensure that women are involved at all leadership levels and highlights the need to enhance the protection of women in conflict situations.

links, duplication and gaps are avoided and co-ordination is improved.

This is not a strategy for one organisation. It is the clear expression of State policy. However, while it is a government approved and supported plan, it has been strengthened by the dedicated and energetic involvement of many large and small NGOs across the country. The range of individuals and organisations involved is indicated by the list of those who made submissions on what should be contained in the strategy (see Appendix 1). This co-operation continues in the willingness of these NGOs to assist in the implementation of the strategy. Through such partnership all those involved in the prevention of, and response to these crimes are working towards a common goal.

1.5 Policy context

A number of important international and domestic policies and instruments form a significant reference base for this strategy.

Internationally, the European Union (EU), the Council of Europe (CoE) and the United Nations (UN) have been actively encouraging progress in relation to domestic and sexual violence. This work focuses on exchange of the experience of various interventions, comparative analysis, encouragement of best practice and agreement on common standards. For example, the UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW), particularly general recommendation 19, is a legally binding international obligation. Other policy statements and legal instruments which are relevant include:

- » The Beijing Declaration and Platform for Action (UN Commission

on Status of Women CSW) 1995

- » The Universal Declaration of Human Rights 1948

- » The International Covenant on Civil and Political Rights 1966

- » The Convention on the Rights of the Child 1989

- » The United Nations Millennium Declaration 2000

- » The UN International Covenant on Economic, Social and Cultural Rights 1966

- » The UN Convention on the Rights of Persons with Disabilities 2006

- » Council of Europe Recommendation 5 (2002) on the protection of women against violence, 2002

- » The European Convention for the Protection of Human Rights and Fundamental Freedoms 1950

- » The EU Plan on Best Practices, Standards and Procedures for Combating and Preventing Trafficking in Human Beings 2005

- » The Council of Europe Convention on Action against Trafficking in Human Beings 2005

- » The European Council Framework Decision on Combating Trafficking in Human Beings 2002

- » The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons especially Women and Children supplementing the UN Convention against Transnational Organised Crime 2000

- » The Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse 2007

- » The EU Roadmap for Equality between Women and Men 2006-2010

- » The European Union Charter of Fundamental Human Rights 2007

- » EU guidelines on Violence against Women and Girls 2008

- » The Council of Europe Disability Action Plan 2006.

This is not a strategy for one organisation. It is the clear expression of State policy.

This co-operation continues in the willingness of these NGOs to assist in the implementation of the strategy. Through such partnership all those involved in the prevention of, and response to these crimes are working towards a common goal.

These policies and conventions encourage and promote action on prevention as well as on response interventions and the sharing of best practice. While the general approach to tackling domestic and sexual violence has focused on violence against women, there is increasing recognition of the fact that men are also victims of these crimes and that strategies to assist male victims need to be in place.

Against the backdrop of this international activity, Irish domestic policy has developed through various strands of approach. As set out in Chapter Three, a range of policies has been applied across the justice, health, education, and community sectors.

It is important to note that victims of domestic and sexual violence may also be victims of trafficking. Some of the indicators used to identify persons who have been trafficked for the purposes of sexual exploitation are similar to those used to identify victims of sexual violence, e.g. having to work long hours, having few items of clothing and having no cash of their own. The National Action Plan to Prevent and Combat Trafficking of Human Beings in Ireland 2009-2012 sets out the measures the Irish Government is putting in place for victims who are trafficked for both sexual and labour exploitation.

There have been significant advancements in the achievement of gender equality, well recognised as an important factor in violence against women, through the implementation of national policies including:

- » Towards 2016, 2006-2015
- » National Development Plan 2007-2013
- » National Women's Strategy 2007-2016
- » National Anti-Poverty Strategy (NAPS) 2002

- » National Action Plan on Social Inclusion (NAP Inclusion) 2007-2016
- » National Action Plan to Prevent and Combat Trafficking of Human Beings in Ireland 2009-2012.

Other relevant national policies include:

- » *Protecting Our Future*, the Report of the Working Group on Elder Abuse 2002 and the 2009 Review of *Protecting Our Future*
- » Responding to Allegations of Elder Abuse (HSE, 2008)
- » *The Way Home*, A Strategy to address adult homelessness in Ireland, 2008-2013
- » The Agenda for Children's Services, A Policy Handbook
- » National Action Plan against Racism 2005-2008
- » National Disability Strategy 2004
- » The Report of the High Level Group on Travellers 2006
- » National Men's Health Policy 2008-2013
- » Traveller Health, A National Strategy 2002-2005

National and international developments that occur during the lifetime of this strategy will also be considered in the implementation of the strategy. In Ireland, these would include developments such as the forthcoming Positive Ageing Strategy, the Garda Strategy for Older Persons and the Housing Strategy for People with Disabilities. Internationally they would include developments such as the outcome of the fifteen-year review in 2010 by the UN Commission on the Status of Women of the implementation of the Beijing Declaration and Platform for Action, the proposed new European Union Roadmap on Gender Equality for beyond 2010, and the proposed Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.

Irish and international material on the subject of domestic, sexual and gender-based violence has been an important source of reference and information for the strategy.

1.6 Legislative context

National policy is also reflected in legislation. The Domestic Violence Act 1996 gave authority to District Court Judges to issue Civil Orders designed to provide protection to victims of domestic violence. An applicant (victim) can apply to the Family Law Court for Orders (Safety, Barring, Interim Barring and Protection Orders) against a respondent (perpetrator). Breaches of any of these Court Orders constitute a criminal offence which gives the Gardaí the power to arrest and take the respondent before the issuing court to be dealt with as appropriate under criminal law. All criminal law relating to assault, stalking, harassment and threatening behaviour may be brought to bear against a perpetrator of such violence.

Legislation enacted in relation to sexual offences includes the following:

Offences Against the Person Act 1861
Criminal Law Amendment Act 1885
Punishment of Incest Act 1908
Criminal Law Amendment Act 1935
Criminal Law (Rape) Act 1981
Criminal Law (Rape) (Amendment) Act 1990
Criminal Law (Sexual Offences) Act 1993
Criminal Justice (Public Order) Act 1994
Criminal Law (Incest Proceedings) Act 1995
Sexual Offences (Jurisdiction) Act 1996
Non-Fatal Offences Against the Person Act 1997
Child Trafficking and Pornography Act 1998
Children Act 2001 (Part 12)
Sex Offenders Act 2001
Child Trafficking and Pornography (Amendment) Act 2004
Criminal Law (Sexual Offences) Act 2006
Criminal Law (Sexual Offences) (Amendment) Act 2007

Criminal Law (Human Trafficking) Act 2008.

The existence of legislation with strong measures and heavy sentences provided therein is an indication of the seriousness with which Ireland views domestic and sexual violence. However, this legislation can only be applied when there is a case before the court. Research referred to in Chapter Two shows there is a reluctance to disclose, to report and to seek help. There may be valid and understandable reasons for this, but there are also actions which can be taken to make our system of preventing and responding to domestic and sexual abuse more accessible, stronger, clearer and more effective.

1.7 Strategy development methodology

Aware of the relevant policy background and working with key stakeholder organisations, the following touchstones were considered as fundamental to the production of an effective strategy:

- » A clear understanding of domestic, sexual and gender-based violence
- » Robust fundamental research grounding the strategic actions
- » The opportunity for building trust, co-ordination and collaboration through the development of the strategy
- » Recognition of the responsibilities and experience of the stakeholders
- » The need to take into account the experiences of victims and those affected
- » The recognition of the specific needs of particular 'at risk' groups such as people with disabilities, older people, members of the Traveller community, and migrants.

Irish and international material on the subject of domestic, sexual and gender-based violence has been an important source of reference and information for the strategy. To this end, the foremost and prominent research in both national and international contexts has been used. The scope of material included scientific and other literature such as major research, key journal articles and published statistics. This provided a valuable overview of and input from both of these perspectives. Due to the shortage of research in Ireland, a baseline research programme was developed, taking account of suggestions from the public and from key stakeholders. This programme included applying quantitative and qualitative research methodologies and examining the current situation regarding service provision in Ireland, with a specific emphasis on co-ordination across service providers.

Research work was also carried out on public attitudes to domestic abuse in the general population, second-level schools programmes on healthy relationships, relevant data collection systems, and interventions in the justice sector. This work has informed the development of the strategy and will continue to inform the implementation of the strategy actions as well as assisting in the identification of measurements of effectiveness of the strategy actions.

The first major step in the development of the strategy was the invitation to the public and to relevant stakeholder organisations for submissions on what should be included in the strategy. Views were invited under the following themes:

- » Strengthening the preventative mechanisms
- » Support services for victims
- » Dealing with offenders
- » Protection of victims
- » Effectiveness of action.

In order to assist in the preparation of submissions, Cosc organised a conference, in Waterford Institute of Technology, in May 2008 to consider the theme 'Stopping domestic violence – what works?' The theme was addressed from a variety of different perspectives. A number of the presentations focused on improving and evaluating the responses of specific services such as housing, policing, the justice system and the health-care system. Others presented strategies that could be applied to improve co-ordination between these services and to enhance prevention, including 'one-stop shops', risk assessment models, and strategic performance management frameworks. The conference provided a valuable opportunity for key stakeholders to come together to exchange information and to forge a common vision of the way forward.

The conference was followed by a forum on domestic and sexual abuse hosted by President Mary McAleese at Áras an Uachtaráin on 1 October 2008 to discuss the issues of domestic and sexual abuse against women and men, including older people, and to explore the reasons why victims find it difficult to seek help or report their abuse. Over 100 people working at local and national levels, leading academics and professionals across the health, housing, justice and NGO sectors attended the forum. The primary purpose of the day was to stimulate a national debate around these issues and to highlight the role of civic society in challenging these abusive and indeed criminal behaviours.

Key messages arising from the discussion were:

- » The need for greater co-ordination and co-operation
- » The need to increase awareness of these issues, and more importantly to improve society's understanding of these issues

Due to the shortage of research in Ireland, a baseline research programme was developed, taking account of suggestions from the public and from key stakeholders. This programme included applying quantitative and qualitative research methodologies and examining the current situation regarding service provision in Ireland, with a specific emphasis on co-ordination across service providers.

- » The need to focus on the responsibility and accountability of perpetrators
- » The key role played by the criminal and civil justice system in challenging an abuser to change his/her behaviour
- » The need to continue and enhance programmes in schools
- » That there is no single solution, that the needs and wishes of each victim may not be the same, and that most importantly those needs and wishes must be recognised and respected.

A total of 48 responses was received to the call for submissions, from a range of organisations and individuals including statutory bodies, the public sector and non-governmental organisations. A list of those who made submissions is at Appendix 1. A report was produced and published providing a summary of the observations and recommendations made in the submissions received. The aim was to give voice to the full range of positions expressed. Having considered the material submitted, Cosc arranged for national and regional consultations, inviting individuals and organisations who had made submissions as well as other key stakeholders.

The breadth of consultations extended across health, housing, justice, education, social services and the non-governmental sectors including professionals, government officials, researchers, individual victims and survivors, and other interested parties at national and international level. The consultations considered the material submitted so as to ascertain prioritisation and gaps, and particular questions were posed to ensure a deeper understanding of particular problem areas. Continuing the process of transparency and consultation, a report of the material gathered from the consultations was produced and published.

The conference, the President's forum, the

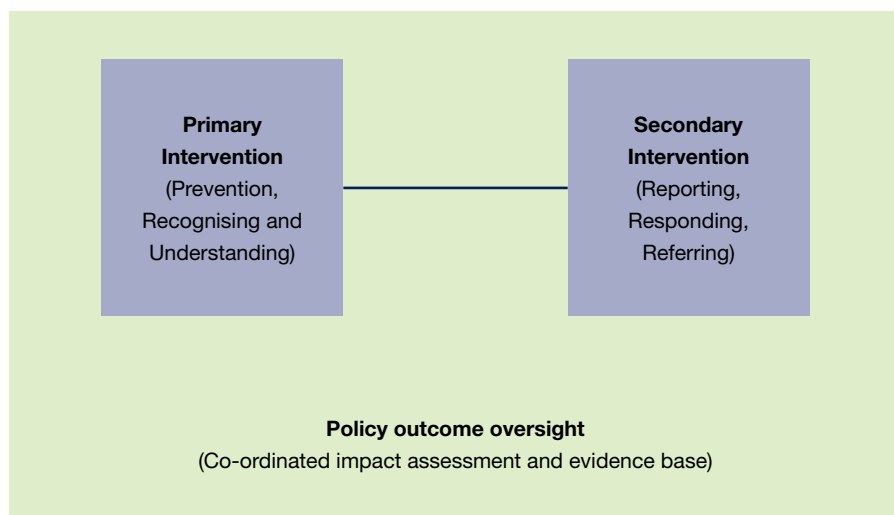
submissions, the national and regional consultations, and the research delivered a wealth of material informing the strategy. The material was analysed thematically and sectorally. This information formed the basis of discussions with government departments and relevant public sector bodies to identify the goals, objectives and actions required. These actions were incorporated in a draft strategy outline which formed the basis for a further round of consultations with State and NGO stakeholders. This round of consultations aimed to ensure that the proposed actions were reasonable and feasible, and would provide a solid basis for the building of a common direction.

In addition to the normal process of circulation prior to submission of the strategy for government consideration and approval, the final draft of the document was also provided to State and NGO stakeholders at national and regional level for any further observations to inform implementation. The ongoing consideration of the views of all participants – State, NGO, professional, research and victims – assisted greatly in the formulation of the strategy.

1.8 Strategy model

During the development of the strategy, consideration was also given to the conceptual model suitable for the strategy. A conceptual model is usually a visual representation of the structure of the strategy. The purpose of the model is to provide an overview of the links between the various actions to be taken under the strategy. There are various types of models such as the life stage model which organises the actions to be taken according to the age category of the people affected by the strategy, i.e. child stage, young person, adult, older person, etc. The ecological

The breadth of consultations extended across health, housing, justice, education, social services and the non-governmental sectors including professionals, government officials, researchers, individual victims and survivors, and other interested parties at national and international level.



model considers the strategy through the lens of the individual, his/her community and broader society, etc. These models were considered for the purposes of the strategy, as were various World Health Organisation (WHO) models and the approaches taken in strategies in other jurisdictions.

Of all the domestic and sexual violence strategies studied, no two are identical. Each country has differences in its administrative, health, housing, social service, justice and legal systems. The Constitutional position is also not identical. The role of NGOs and the relationship with government can vary. Critically the availability of reliable data and the scale of co-ordination between, and level of progress within relevant State and non-governmental organisations is different in Ireland. It was very important to bear these points in mind when considering the transferability of strategies to Ireland.

Consideration was also given to producing two separate strategies – one for domestic and one for sexual violence. However, cognisant of the parallel and sometimes overlapping issues as mentioned in paragraph 1.1 above, it was felt that there was scope for confusion and competing priorities between two strategies. In addition the advice from several other

jurisdictions was strongly in favour of a combined strategy. Nevertheless, implementation of the actions must be grounded in an understanding of the complexity of these problems, and of the fact that not all domestic violence is sexual violence, and not all sexual abuse is committed by those in a close relationship to the victim. This is dealt with further in Chapter Two.

Given the current state of development of interventions in Ireland, and recognising economic challenges, it became increasingly clear that the most sensible approach would be to aim for the development of a solid framework which would deliver a strong foundation for more expansive work in the future. This strategy expresses a common direction. It is important to embed it in the work being undertaken across a wide range of organisations.

The model chosen is one which is capable of making a significant impact on prevention, cohesion of activity, as well as basic improvements in services. The strength of the model is in its simplicity and its emphasis on impact.

Primary intervention is essential. It is possible to reduce the incidence of abuse through prevention, awareness raising and changing community attitudes (Shepard and Pence, 1999; Jenkins and Davidson, 2001). Prevention can be maximised through enhanced recognition of these crimes and a better understanding of the complexity, consequences and impact. This recognition and understanding is important for victims, perpetrators, extended families, the broader community and society. It is equally important for those who come into contact with those affected by these crimes in the provision of services. For example, the ability of doctors, nurses, social workers, Gardaí, housing officials, teachers, lawyers and those working in

Using this model, the strategy is constructed to achieve the following overall objective: the development of a strong framework for sustainable intervention to prevent and effectively respond to domestic, sexual and gender-based violence.

the courts to recognise and understand domestic and sexual abuse can provide substantial relief to those affected.

Secondary intervention arises when an incident has occurred and there is a direct role for services to deal with a report, to respond or to refer. Accessible, effective and consistent services are critical to the cessation of the abuse and recovery from these crimes. While domestic and sexual violence are multi-sectoral and multi-dimensional problems, there are core factors in any effective response – available information on services, informed services, high standards in service delivery, and inter-agency co-ordination and co-operation.

The model's strong point is that all action on primary and secondary intervention is surrounded by, and interwoven with, a clear emphasis on co-ordinated impact assessment and the generation of evidence on which policy and service planning is firmly based. It is not enough that one action in the strategy is progressed. It is not enough that one organisation or one sector is making advancements. The key difference is that activity is planned and undertaken with a conscious regard to impact and outcome. With a reasonable level of evaluation and monitoring and a systematic approach to data, it will be possible to assess the overall impact of the strategy and of our national approach to these problems.

Using this model, the strategy is constructed to achieve the following overall objective: the development of a strong framework for sustainable intervention to prevent and effectively respond to domestic, sexual and gender-based violence.

1.9 Strategy structure

As will be explained in the following

chapters, the key actions required at this time in Ireland can be summarised as:

- » Action to increase understanding of this abuse
- » Effective, consistent and accessible services
- » Development of a common vision with which all stakeholders can identify and recognise their role
- » Central leadership and an integrating strategy
- » Collaboration and co-ordination across relevant services
- » Reliable and systematic data
- » Policy and service planning based on robust research and evidence.

These key actions are reflected in the four High-Level Goals set out in the strategy.

The High-Level Goals are:

- 1 To promote a culture of prevention and recognition through increased understanding of domestic, sexual and gender-based violence**
- 2 To deliver an effective and consistent service to those affected**
- 3 To ensure greater effectiveness of policy and service planning**
- 4 To ensure efficient and effective implementation of the strategy.**

The High-Level Goals cascade down into detailed 'on-the-ground' activity through the objectives, actions and activities that are set out in the following chapters. The development of the strategy has involved consideration of the precise objective of each element of activity, the actual activity envisaged, and the key bodies to be involved in the delivery of the activities. The strategy also includes progress indicators and sets out the relevant implementation structures.

Similarly, implementation will itself be an exercise in collaboration and new ways of working. The process to be undertaken to achieve the strategy is set out in general terms in Part Two of this document. This broad approach was chosen to provide flexibility in the implementation of the actions rather than promoting a prescribed process that might stifle initiative. All of this has been achieved through ongoing and detailed consultation with partner State and NGO bodies at national and regional level. The development of the strategy has been an important exercise in collaboration and co-ordination, and lessons learnt in this process will be carried through into the implementation of the strategy.

The strategy will be delivered through the implementation structures delineated in the following chapters. Insofar as is possible existing committees will be used, thus limiting the need for new structures. Cosc will play a key role in leading, facilitating and promoting many of the activities and will liaise with stakeholder groups to ensure that the voice of those affected by these crimes is taken into account in the implementation of the strategy and in the development of policy and services.

1.10 Headline indicators

The overall success of the strategy will be measured by headline indicators. As will be seen in the following chapters, the problems with data in this area are well documented. This is one critical area identified for strategic action.

The key headline indicators for this strategy are:

- » A reduction in the prevalence of domestic, sexual and gender-based violence

» An increase in the level of disclosure and reporting, as a result of improved opportunities for disclosure and confidence in the response system

» That people in the community and in service-provider organisations are better informed about how to respond to disclosures of domestic, sexual and gender-based violence.

Effective implementation of this strategy will improve these levels. It is important to note that an increase in disclosure and reporting⁷ may not necessarily be driven by an increase in prevalence but by improved opportunities for disclosure and a more accessible and effective system of response. Progress on implementation will be closely monitored and a specific structure has been devised to ensure cross-government monitoring. This is further dealt with in Chapter Seven.

1.11 Conclusion

The development of this strategy provides a major opportunity to radically improve Ireland's prevention of and response to domestic, sexual and gender-based violence. Listening to the voices of victims, recognising the response landscape and working in partnership with a broad range of State and non-governmental bodies, it is now clear which actions are required and will be taken over the coming five years. These are set out in the following chapters.

Part One of the strategy, comprising Chapters Two and Three, presents the problem to be addressed. Chapter Two sets out an understanding of domestic and sexual violence. Chapter Three describes the current system of prevention and response in Ireland.

Part Two of the strategy, comprising Chapters Four, Five, Six and Seven, sets

The development of the strategy has been an important exercise in collaboration and co-ordination, and lessons learnt in this process will be carried through into the implementation of the strategy.

⁷ 'Disclosure' is the term used to refer to when the victim reveals his/her experience of domestic or sexual abuse to a service provider, for example a person operating in the health sector. 'Reporting' is the term usually applied when a formal allegation of a criminal offence is made to An Garda Síochána.

out the actions to be undertaken in order to tackle the problem more effectively. Chapter Four explains action to be taken under primary interventions; Chapter Five deals with secondary interventions; Chapter Six deals with policy and service planning and Chapter Seven deals with strategy implementation and review.

The following chapter outlines the problem to be addressed in this strategy. It presents evidence to assist in understanding domestic, sexual and gender-based violence. Through understanding, we recognise the voices of the victims and survivors and are in a better position to develop more effective responses to their needs.



Chapter Two

UNDERSTANDING DOMESTIC, SEXUAL AND GENDER-BASED VIOLENCE

Chapter Two Understanding domestic, sexual and gender-based violence

Domestic, sexual and gender-based violence are global health, human rights and developmental problems. These problems have profound, immediate and long-term consequences involving physical, psychological and social effects.

2.1 Introduction

In order to tackle the subject of domestic, sexual and gender-based violence, it is necessary to have a clear understanding of the problem. What is domestic violence? What is sexual violence? What is gender-based violence? When does this violence occur? What types of behaviours are generally covered by these terms? How extensive is the problem and what are the barriers to its resolution?

Drawn from an examination of international and Irish research, this chapter sets out the key characteristics of the problem of domestic, sexual and gender-based violence. Consideration is given to prevalence, risk factors, impact and consequences, reporting and disclosure and the overall implications of the characteristics for the development of solutions. With an understanding of the problem, later chapters examine the responses to the problem, the current interventions applied in Ireland and the solutions to be implemented in Ireland in the period 2010-2014.

This chapter may appear to concentrate more on domestic violence than on sexual violence. This is simply because the breadth and reliability of what we know varies: of the two, domestic violence has been the most researched issue, with sexual violence subject to far less scrutiny. Consequently studies of the prevalence of rape and sexual assault are less common. Nevertheless, it should be noted that the actions set out in this strategy apply equal priority to domestic and sexual violence.

Where distinctions between domestic and sexual violence are made, the fact that these may be considered by some to be analytical rather than experiential needs to be acknowledged. For example, rape is often an element in domestic violence and may also occur in the contexts of sexual

harassment and trafficking. However, the danger of emphasising distinctions is that connections between domestic and sexual violence – such as woman and child abuse in families – as well as the accumulation of individual, lifelong experiences and consequences may be neglected. That said, in some instances it may be more appropriate to consider domestic and sexual violence as distinct phenomena, with separate causal and risk factors. Consequently where possible due recognition must be given to the particularities of the issues involved.

2.2 A general understanding of the violence

Domestic, sexual and gender-based violence are global health, human rights and developmental problems. These problems have profound, immediate and long-term consequences involving physical, psychological and social effects.

Despite the various forms of domestic and sexual violence worldwide, there is one clear pattern in the occurrence. A growing body of international research examines the extent and patterns of gender-based violence across a range of countries. This work indicates that these forms of violence and abuse are universal, occurring in all countries of the world. It also reveals that, generally, the perpetrators are well known to their victims. A ten-country study on women's health and domestic violence sheds light where few data were previously available (WHO, 2005). The study finds that, depending on the country, between 15 per cent and 71 per cent of women reported physical or sexual violence by a husband or partner and that significant numbers of women experience more than one form of abuse. In fact women most often describe patterns of abusive behaviour and repeat victimisation in these relationships. The most common patterns are women experiencing physical abuse only,

or physical abuse and sexual abuse, and both patterns are accompanied by the controlling behaviour of their intimate partner.

The studies that are available consistently indicate that domestic and sexual violence are experienced by both women and men (see Coker et al, 2002; Schafer et al, 1998 for the international context; Gadd, 2000 for Scotland; McGee et al, 2002 and Watson and Parsons, 2005, for Ireland). To date the emphasis, particularly in large-scale research, has been on men's violence towards women. This inclination has severely limited the extent to which issues relating to domestic and sexual violence are addressed for both women and men. Gradually, however, prevalence studies are beginning to cover the extent of domestic and sexual violence among both men and women.

In the UK,⁸ the most recent data on the experience of intimate violence by men and women since the age of sixteen indicate that 30 per cent of women and 20 per cent of men experienced some form of intimate violence. Abuse by a partner (non-sexual) was the most common type experienced by women (27 per cent) and by men (16 per cent). The differences between men and women are less marked in relation to experiences they had in the year prior to the survey (i.e. last year or point prevalence) (Finney, 2006). Abuse by a partner was again the most commonly experienced type, with 5 per cent of women and 4 per cent of men reporting having experienced it in the last year. Approximately 3 per cent of women and less than 1 per cent of men had experienced a sexual assault by any person including a partner or family member. The majority of this is accounted for by less serious sexual assault. Less than 1 per cent of women and men reported experiencing a serious sexual assault (Povey et al, 2009).⁹

In terms of the nature of abuse experienced, women are more likely than men to be killed

by their partner, ex-partner or lover (48 versus 13 per cent) while men are at a considerably greater risk of being killed by an acquaintance or stranger, than by an intimate (Hoare and Povey, 2008). For female victims of serious sexual assault, the most common perpetrator is their partner,¹⁰ while for male victims, the most common perpetrator is someone else known (e.g. date, friend, acquaintance or colleague) (Roe, 2009). Women are more likely to experience multiple forms of domestic abuse (Povey et al, 2009) and to suffer repeat victimisation (Roe, 2009), while men are more likely to experience one type of abuse (Povey et al, 2009).

There are other less well documented vulnerable groups, most notably children, the elderly and people with a disability, who exhibit an increased risk of experiencing many forms of domestic and sexual violence. In one area in the UK alone, it was estimated that approximately 5,000 children are directly affected by domestic violence (Stanko et al, 1998). With regard to older people, the bulk of the research undertaken in this area is international, and perhaps closest to home is a study of prevalence of mistreatment among older people in England, Scotland, Wales and Northern Ireland. The UK Study of Abuse and Neglect of Older People (2007) finds that overall 2.6 per cent of people aged 66 and over, living in private households, reported that they had experienced mistreatment/abuse involving a family member, care worker or close friend during the previous year. Over half (51 per cent) of abuse experienced in the previous year involved a partner or spouse, 49 per cent another family member, 13 per cent a care worker and 5 per cent a close friend (Figure A).

As can be seen from Figure B, last year prevalence for different types of abuse were: neglect (1.1 per cent), financial (0.7 per cent), psychological (0.4 per cent), physical (0.4 per cent) and sexual (0.2 per cent).

The studies that are available consistently indicate that domestic and sexual violence are experienced by both women and men.

⁸ Data from the British Crime Survey for England and Wales 2007/08.

⁹ Including attempts.

¹⁰ Includes both current and former partner.

Of those who had experienced mistreatment in the previous year, 6 per cent reported experiencing more than one form of abuse. Far more abuse (physical, psychological and sexual abuse combined) was perpetrated by men (80 per cent) when compared to women (20 per cent). The split for financial abuse was more equal (56 per cent by men and 44 per cent by women) (O'Keeffe et al, 2007). Men aged 85 and over are more likely to have experienced financial abuse than men in the younger age groups, whereas older women are more likely to report neglect (O'Keeffe et al, 2007). In the general population having a limiting disability or illness is strongly associated with domestic abuse for women but not for men (Povey et al, 2009; Finney, 2006; Coleman et al, 2007). Particular factors such as social and physical isolation, dependence on carers and communication difficulties may place people with a disability at greater risk of domestic abuse (British Medical Association, 2007).

2.3 The prevalence of the violence: the Irish context

The evidence available on physical, sexual and emotional forms of domestic and sexual violence in Ireland reflects the global picture. In Ireland the definition of domestic violence adopted by the Government Task Force on Violence against Women refers to '... the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships' (Task Force on Violence against Women, Report, 1997:27). The report makes clear that domestic violence covers a broad range of behaviours and goes beyond actual physical violence (e.g. punching, slapping, hitting, shoving and other forms of physical and sexual assault). Domestic violence can also involve emotional abuse: 'the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to

Abuse experienced involving Partners/Spouses, Other Family Members, Care Workers and/or Close Friends

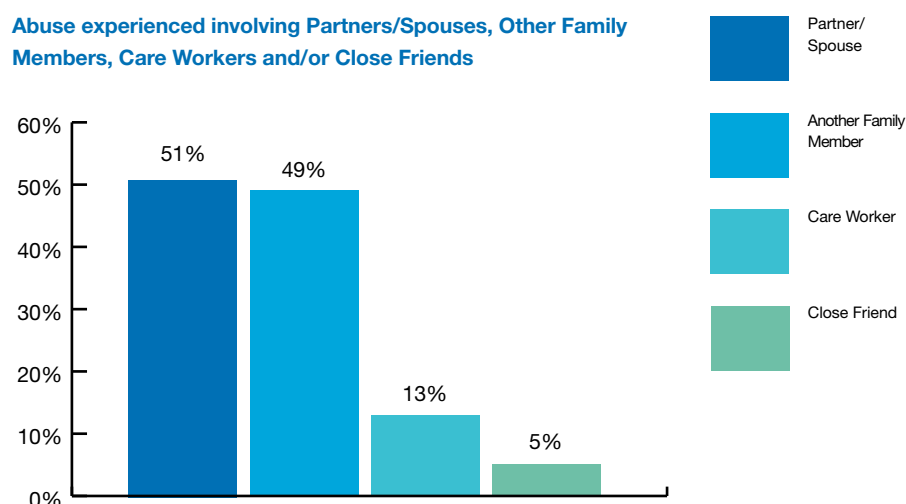


Figure A*

Source: O'Keeffe et al, 2007

*Respondents could mention more than one person and so percentages need not sum to 100.

Last year prevalence for different types of Abuse and Neglect of Older People

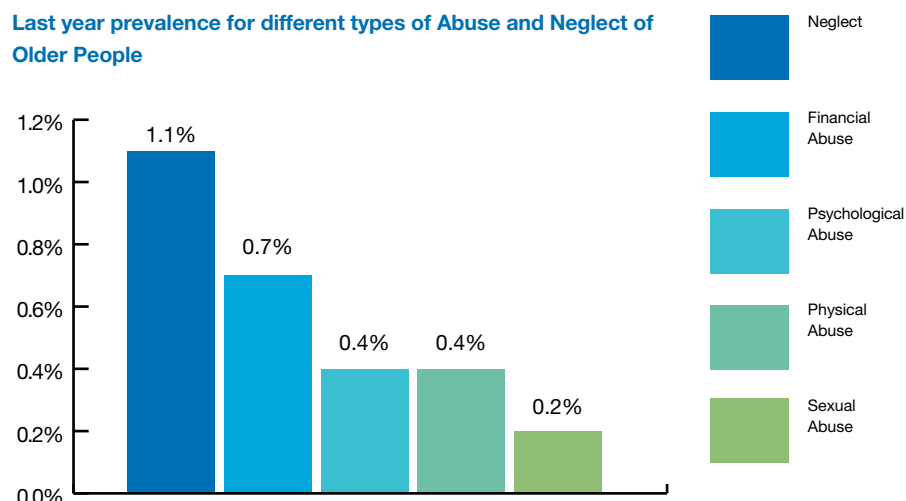


Figure B

Source: O'Keeffe et al, 2007

Whether or not the Abuser was Known or was a Stranger to Women who have experienced Sexual Violence

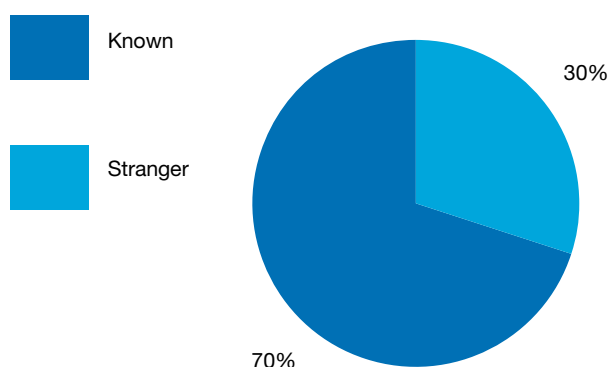


Figure C

Source: McGee et al, 2002

money, personal items, food, transportation and the telephone' (1997:27).

The Sexual Abuse and Violence in Ireland (SAVI) study (McGee et al, 2002) finds that 42 per cent of women and 28 per cent of men experienced some form of sexual abuse or assault in their lifetime. Furthermore, 20 per cent of girls and 16 per cent of boys in Ireland reported contact sexual abuse in childhood.

The report¹¹ finds that in the case of both women and men who experienced sexual violence, the abuser was most often a person known to the abused person rather than a stranger (70 per cent versus 30 per cent for women and 62 per cent versus 38 per cent for men) (see Figure C for breakdown for women and Figure D for men).

Almost one-quarter of the perpetrators of violence against women as adults were intimate partners or ex-partners. This was the case for just over 1 per cent of abused men (1.4 per cent) (McGee et al, 2002:98).

The National Study of Domestic Abuse (NSDA) (Watson and Parsons, 2005) provides the most recent nationally representative picture of the nature, prevalence and impact of domestic abuse of women and men in Ireland. This study makes a distinction between those experiencing severe abuse and minor incidents of abuse. Severe domestic abuse is defined in the report as '... a pattern of physical, emotional or sexual behaviour between partners in an intimate relationship that causes, or risks causing, significant negative consequences for the person affected' (p. 23). The results show that, in Ireland, 15 per cent of women and 6 per cent of men have experienced severely abusive behaviour of a physical, sexual or emotional nature from a partner at some

Whether or not the Abuser was Known or was a Stranger to Men who have experienced Sexual Violence

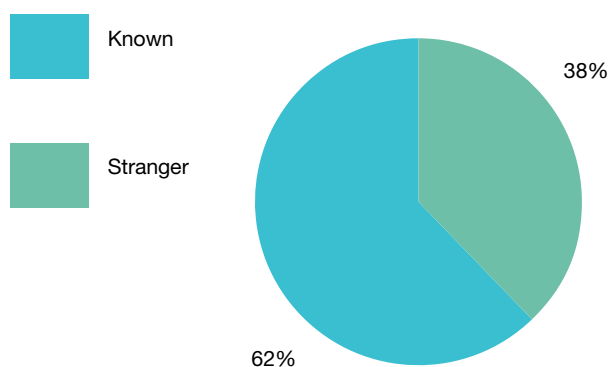


Figure D

Source: McGee et al, 2002

¹¹ Based upon telephone interviews of 3,120 respondents.

Girls and young women are more likely to experience sexual abuse. Women with physical or learning disabilities are particularly vulnerable to sexual abuse, although among older people the risk of abuse also increases with declining health status, particularly those living with a limiting long-term illness.

time in their lives. Nine per cent of women experienced severe physical abuse, 8 per cent experienced severe sexual abuse and 8 per cent experienced severe emotional abuse.

The study found that men, in contrast, are less likely than women to experience severe abuse of either a physical, emotional or sexual nature: 4 per cent of men experienced severe physical abuse and 3 per cent experienced severe emotional abuse. The numbers who experienced severe sexual abuse are much smaller, at 1 per cent (Watson and Parsons, 2005).

Prior to 2007 there was little comprehensive data on the incidence of elder abuse in Ireland. However, with the establishment of the dedicated structures to implement the recommendations of *Protecting our Future*, this data gap has now been addressed in relation to cases of elder abuse reported to the HSE. Non-mandatory reporting on elder abuse to the HSE since 2007 has resulted in over 4,000 cases of alleged abuse being documented.

There were 1,840 referrals of elder abuse to the HSE in 2008. The indications are that the 2009 data on allegations of elder abuse referrals to the HSE will follow similar patterns to those for previous years. While 2007 data (927 referrals) did not reflect a full calendar year of reporting, the data nonetheless show a significant increase. In 2008 there were 2,479 alleged abuse referrals, with 36 per cent of referrals including more than one type of abuse. Excluding cases of self-neglect, psychological abuse is the most common form of alleged abuse cited (26 per cent), followed by neglect (19 per cent), financial abuse (16 per cent) and physical abuse (12 per cent). It is important to note that sexual abuse only represented 1 per cent of cases.

The alleged victim of abuse was female in 67 per cent of total referrals. In the case of sexual and physical abuse, the alleged victim was

likely to be female by a larger margin: sexual abuse (female 75 per cent: male 25 per cent) and physical (male 32 per cent: female 68 per cent). The alleged perpetrators are most commonly those with the closest relationship to the client – son/daughter and partner/husband/wife. In 35.6 per cent of cases, older people report more than one abuse type.

Over half of all cases referred related to individuals with at least one possible/suspected health issue. These were predominantly mental and physical health factors. As explained in the HSE report (HSE Elder Abuse Service Developments 2008, *Open Your Eyes*, Feb 2009) in relation to physical health, this corroborates research evidence which has shown that older people in poor health and who have functional limitations are at heightened risk (Beach et al, 2005; Fischer and Regan, 2006). In addition, with regard to mental health, research has found that victims are likely to experience mental health problems, including depression, low self-esteem and substance abuse (Dyer et al, 2000; Fischer and Regan, 2006). The latter, regarding substance abuse, is not borne out in these results.

2.4 Risk factors

The risk of experiencing domestic and sexual violence is heightened at particular stages along the life cycle. Girls and young women are more likely to experience sexual abuse. Women with physical or learning disabilities are particularly vulnerable to sexual abuse, although among older people the risk of abuse also increases with declining health status, particularly those living with a limiting long-term illness, experiencing a lower quality of life and suffering from depression (O’Keeffe et al, 2007). An analysis of the 2008 referrals to the HSE shows that the incidence of allegations of elder abuse rate per 1,000 population increases with age, from 2.3 in the 65-79 age

bracket to 6.91 in the 80+ age bracket (HSE, 2009). Older women are more likely than older men to be abused by their carers (UN, 2006). We do not have comparable evidence for Ireland, but in Canada, Australia and the UK the highest rates of both lethal and non-lethal domestic violence are experienced by the youngest women (Daly and Wilson, 1988; Wilson et al, 1995). However, while young men are in general the most violent in terms of age-sex class (Daly and Wilson, 1990), a young woman is actually more likely to be killed if her spouse is much older than her (Wilson et al, 1995).

Although the relationship between substance use and domestic and sexual violence is complex, there are clear indications that alcohol use, particularly heavy drinking and binge drinking, not only complicates the extent and nature of violence against women, particularly among intimate partners (Brown et al, 1998; Brecklin, 2002; Schafer and Fals-Stewart, 1997; Brookhoff et al, 1997; Feinerman, 2000), it also increases the likelihood of re-assault (Hamberger and Hastings, 1990; Gondolf and White, 2001; Jones and Gondolf, 2001) and reduces the likelihood of perpetrators of domestic violence completing treatment (Bouffard and Muftić, 2007).

Several international studies have found that minority ethnic women and women living in poverty are at higher risk for violence of all types, particularly for severe and life-threatening violence (Greenfield et al, 1998). In Ireland, the Women's Health Council examined the experiences of gender-based violence among minority ethnic women living in Ireland. This study reports that 13 per cent of users of gender-based violence services were non-indigenous minority ethnic women. Traveller women comprised 15 per cent of service users. This study also found that among a sample of GPs, just less than one-third said that gender-based violence had been disclosed to them by a minority ethnic woman in the previous twelve months.

Pregnancy is associated with an increased risk of current physical abuse from a partner (Richardson et al, 2002) and results arising from the British Crime Survey indicate that the presence of children is associated with nearly double the risk of domestic violence for women (Walby, 2004). Social isolation has been found to increase the risk of domestic abuse. Similarly, older people with a poor social network have a significantly higher risk of being abused (Lach and Pillemer, 2004). In the UK, those who live alone with no regular contact with friends or family report a notably higher level of neglect among both older men and older women (66 years and over); and those who lived in rented housing (social or private) tended to have higher prevalence rates of abuse than owner-occupiers (O'Keeffe et al, 2007).

While there has not been similar prevalence work undertaken in Ireland, information from reports of alleged or suspected elder abuse to HSE senior case workers in 2007 and 2008 have been examined and reported (HSE, 2009). In both years, there were more referrals involving alleged abuse against women than against men. For both years the types of alleged abuse reported were, in descending order,¹² psychological abuse, neglect, financial abuse and physical abuse. It should be noted, however, that the statistical analyses undertaken by the HSE are based on cases with very different outcomes.¹³

There has been a substantial accumulation of reliable research regarding the short- and long-term developmental implications for children who live with domestic violence. This work underlines the potentially harmful impact involved (see below). Moffitt and Caspi (1998) estimated, from their review of the effects of domestic violence on children, that two-thirds of physical attacks were witnessed by children. The evidence is clear that children are at an increased risk of being assaulted when they live with domestic violence. For example, Osofsky (1999) concludes from her research that children who are exposed

The evidence is clear that children are at an increased risk of being assaulted when they live with domestic violence.

¹² Excluding self-neglect.

¹³ In 2007, of the 668 cases for which an outcome was available, 35 per cent were substantiated, 23 per cent were not substantiated and 42 per cent were inconclusive. For clarity, separate statistical analyses should be undertaken for substantiated cases, not substantiated and inconclusive cases. Of the 1,840 referrals made in 2008, on investigation (excluding self-neglect cases), 23 per cent were substantiated, 31 per cent were not substantiated and 47 per cent were inconclusive (HSE, 2009).

Whether Anyone was told about Partner's Behaviour or Help Sought

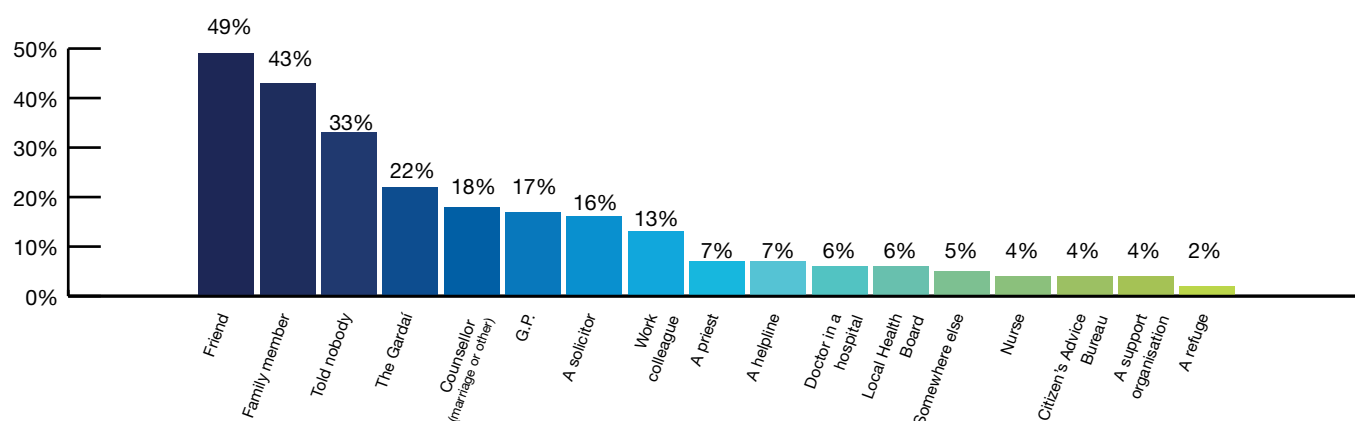


Figure E*

Source: Watson and Parsons, 2005.

*Includes cases experiencing any severe abuse. Note that more than one person/organisation may have been told about the abuse and so percentages need not sum to 100.

to domestic violence are 15 times more likely to be physically abused and neglected than children without such exposure.

The NSDA provides evidence with regard to some of the risk factors that are relevant in Ireland (Watson and Parsons, 2005). The study finds that in the majority of cases, abusive behaviours from partners tend to start when the affected woman is quite young (Watson and Parsons, 2005).

Domestic and sexual violence are associated with poor health and disability in Ireland. Among those with ongoing disabilities, the odds of having experienced severe abuse are 60 per cent higher than among those without health problems (Watson and Parsons, 2005). This study also shows that risk is substantially higher where victims and survivors are isolated from close family and neighbourhood supports (see below).

research, the risk of ever having experienced abuse is appreciably higher for women in Ireland who have children and slightly higher for men who have children (Watson and Parsons, 2005). Pregnancy has also been highlighted as a time of risk for women in Ireland (Ryan, 2003). Moreover, children are often present during domestic altercations. In a study in Ireland (Kelleher et al, 1995) 64 per cent of abused women said that their children routinely witnessed the violence. In a survey of GP waiting rooms, Stanko et al found that 64 per cent of women had children and 26 per cent of these experienced abuse in the past year. In fact 2 per cent of women surveyed in GP waiting rooms reported a miscarriage they believed to have been caused by a violent partner (Stanko et al, 1998).

2.5 Reporting and disclosing the violence

domestic and sexual violence, taking the first steps to secure help – either a professional input or more informal support – can be enormously difficult. In some cases, it may take years before a victim starts to challenge or question the abuse and violence and even longer before help is sought (Landenburger, 1989). For the victim-survivor, many reasons can be involved. Feelings of embarrassment and shame, fearing that the abuse may not be taken seriously, or is too trivial to tell someone else, often result in many not telling anybody, and this seems to be particularly the case where sexual violence is involved (McGee et al, 2002). In Ireland, of those who experienced instances of sexual abuse, nearly half (47 per cent) had never told another person before being surveyed (McGee et al, 2002). For older people, in many instances the abuse may be perpetrated by a close family member, and older people may be fearful of destroying the relationship if the abuse is reported (Teaster et al, 2006).

Reflecting findings from international

Despite the very serious consequences of

What did the Person do about Abusive or Violent Behaviour?

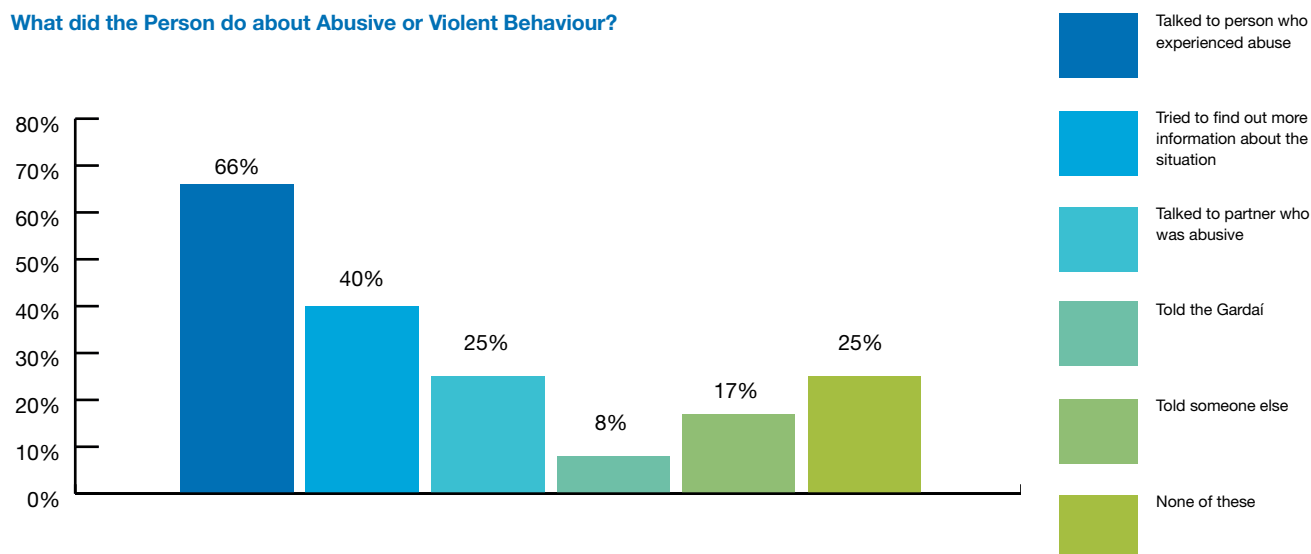


Figure F

Source: Horgan et al, 2009.

2.5.1 Reporting:

Research consistently shows that in general reporting domestic and sexual violence to professionals is strikingly low. For example, victims-survivors generally do not report their initial experiences of abuse, but typically suffer multiple assaults and/or related abuse before they contact authorities and/or apply for protection orders (Felson et al, 2005). In Ireland, the NSDA reports that of those who experienced severe domestic abuse, over two-fifths (42 per cent) did not tell anyone until more than a year after the behaviour began. As can be seen in Figure E, over one in six of those affected by domestic abuse confided in a GP, with about one in 20 confiding in a nurse or a hospital doctor. Just over one in eight told a work colleague. A little under a quarter of those severely affected by abuse told the Gardaí (Watson and Parsons, 2005).

Among the other types of organisations approached, the most frequently consulted were solicitors (16 per cent) and counsellors (18 per cent). Fewer than one in ten approached a Health Board,¹⁴ helpline

or support organisation for help.¹⁵ Only a small proportion of either women or men approached support organisations or contacted help lines.¹⁶

Regarding experiences of adult sexual assault, only 1 per cent of men and nearly 8 per cent of women had reported their experiences to the Gardaí¹⁷ (McGee et al, 2002).

Furthermore, this reluctance to tell someone may also apply to friends and family who become aware that abuse is happening to those close to them. As can be seen from Figure E, of those who learned that a friend/family was being abused, only 8 per cent reported the domestic abuse to the Gardaí, while the most common response was to talk to the abused person (66 per cent) and to the perpetrator (25 per cent) (Watson and Parsons, 2005).

2.5.2 Informal support:

Immediate family and friends are most likely to be the first point of disclosure for all those involved. Research in Ireland finds as

¹⁴ Former health boards are now incorporated into the HSE.

¹⁵ Apart from counsellors, men and women do not differ significantly in terms of the probability that they will approach support organisations or contact helplines.

¹⁶ Men are less likely than women to avail of counselling (22 per cent versus 9 per cent).

¹⁷ The pattern was similar for child sexual abuse (McGee et al, 2002).

Likelihood of Respondents to intervene if a Friend, Neighbour or Stranger became a Victim of Domestic Abuse

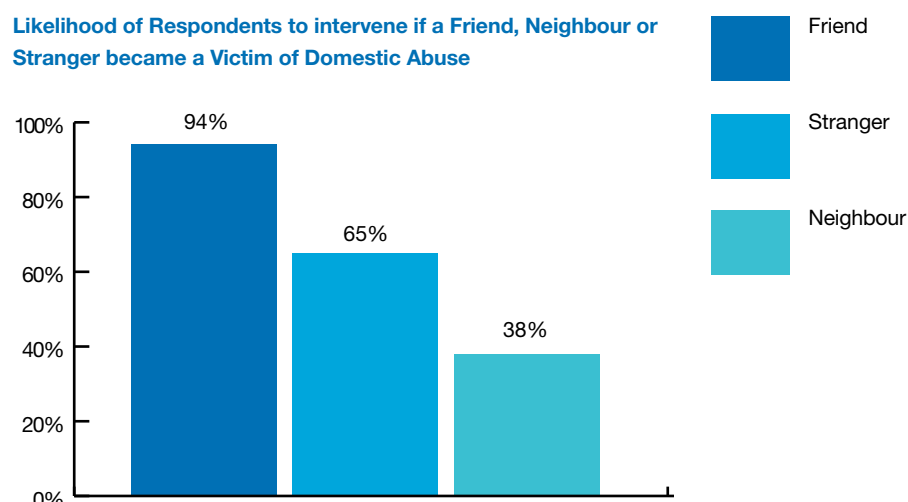


Figure G

Source: Horgan et al, 2009.

follows: In the mid-1990s women who had reported experiencing domestic abuse were most likely to have disclosed to a friend (50 per cent) or a relative (37 per cent) (Watson and Parsons, 2005). Of those who disclosed sexual violence to others, over half first told an immediate family member, with over a quarter telling friends (McGee et al, 2002). The NSDA also highlights this point – most often a friend (49 per cent) or family member (43 per cent) is the first to be told about the problem (Watson and Parsons, 2005).

Societal or public attitudes also play an important part in determining the extent of support a person can hope to receive. For example, victim-blaming attitudes, general misunderstandings about the causes and effects of domestic and sexual violence, and concerns about how cases will be handled by professionals, i.e. that they will be taken seriously and dealt with in confidence, all underpin our thinking and beliefs around domestic and sexual violence. For dependent older people, public attitudes may play an even greater role in determining the extent of support they receive, particularly where

neighbours or other family members may perceive the support that the person receives from the abuser as sometimes outweighing the seriousness of the abuse.

Recent research indicates that even when we consider domestic and sexual abuse to be a serious problem, our willingness to help those other than close family and friends may be adversely affected by a reluctance to become involved in private matters. The Survey on Perceptions and Beliefs of Domestic Abuse among the General Population of Ireland (Cosc, 2009) finds that domestic abuse – involving physical and emotional abuse, rape and sexual assault – is generally perceived as a crime in Ireland. While most respondents (94 per cent) were prepared to help a friend, fewer (65 per cent) said they would help a stranger and fewer again said they would help a neighbour (38 per cent) (see Figure G). Such a reluctance to help those beyond our inner circle of friends and family underlines how dependent people can be on their closest and immediate network ties. The next section explains, however, that in some communities, discussing domestic and sexual violence can be more problematic than in others, further compounding the problem of isolation and vulnerability.

2.5.3 Domestic and sexual violence and isolation in communities:

As discussed earlier, physical and emotional isolation are among the most serious obstacles to securing help for victims of domestic and sexual violence. Particularly where the perpetrator and victim live together, a pattern of coercive control is typically established by the perpetrator. This control pervades all areas of the victim's life, from regulating possessions, control over money and pensions, and control over access to employment, to limiting contact with family and friends. This permeates the individual's personal and social life, rendering visits to services of any kind for

help or advice regarding his/her situation enormously difficult.

The strength of impact of this control is stronger in certain communities than in others. For example, in communities where the status of men is dominant or where violence against women is considered acceptable, challenging these norms is complicated and doing so will entail a high degree of risk of being rejected by members of one's own community. Barriers to talking about domestic and sexual violence present disproportionately among women in the Traveller community (Watson and Parsons, 2005). Belonging to a community where members experience certain barriers in relation to the wider community means that women, in order to cope, are strongly dependent on informal and mutual support from other women (Watson and Parsons, 2005). Similar problems are faced by immigrant women from gender unequal cultures (Watson and Parsons, 2005).

Living in rural communities brings additional difficulties, such as access to transportation or to appropriate services. Often in a small community the professionals that one would approach may know the family well or could live nearby. Thus, because of the professional's familiarity with both the abuser and the victim, victims-survivors and their children can be reluctant to approach them. In fact children in all communities learn that the abuse in families is something that is not talked about, either at home or outside. This makes it harder for them to seek explanations or to ask for help.

Some people, for example people with disabilities, may have few if any contacts outside the domestic situation and no means of contacting people to report abuse. People with disabilities may feel disempowered from making complaints, may find it more difficult to communicate, or to be taken seriously if they do complain. A particular

difficulty can arise, as the SAVI report noted, where symptoms of sexual abuse and assault may be attributed to a person's disability, and thus overlooked.

2.6 The impact of violence: financial costs incurred and opportunities lost

The impact of domestic and sexual violence is diverse, ranging from relatively minor to fatal effects. There are consequences both for the individual victim and for the wider society. Domestic violence drains the resources of public and voluntary services and of employers. The direct financial costs include the costs of providing a range of facilities, resources and services to victims-survivors as a result of being subject to domestic and sexual violence. Examples are the costs of crisis services, accommodation services, legal services, income support and health/medical services.

The cost of domestic violence reflects the enormous burden such violence places on both victims and the wider society. To establish the direct costs of domestic and sexual violence, the extent to which services are used is an important source of information. In the UK¹⁸ the total annual cost of domestic violence services (direct costs include the criminal justice system, health (including mental health), social services, housing, civil legal services) has been estimated to amount to £3.1 billion (Walby, 2004). Based on the UK study the Council of Europe in 2006 estimated the per capita cost as €555¹⁹ (Hagemann-White et al, 2006). Studies conducted in Ireland do not provide extensive information on the various aspects of domestic violence, sexual violence or the interaction between the two. None has addressed the issue of any of the broader costs mentioned above. The magnitude of the figure for the UK, however, is indicative of the burden in financial terms.

In any case, it is also crucial to bear in mind

The cost of domestic violence reflects the enormous burden such violence places on both victims and the wider society.

¹⁸ The costs are for England and Wales, centred on 2001.

¹⁹ This figure aims to cover domestic violence experienced by persons aged 15-59 years.

that even within this limited approach, any assessment is likely to be an underestimate due to the fact that many victims never present to services and that those who do are often reluctant to disclose any abuse they might be experiencing.

Apart from the use of services, there is also lost economic output as a result of the disruption of employment. Male and female victims of domestic violence have a more disrupted work history and this cost is borne both by employers and by victims-survivors themselves. Victims-survivors of domestic violence are consequently on lower personal incomes, have had to change jobs more often and are employed to a greater extent in casual and part-time work (Pocock, 2003). The estimated loss to the UK economy is reported to be in the order of a further £2.7 billion, which is the cost of time off work due to injuries. It is estimated that around half of the costs of such sickness absences is borne by the employer and by the individual in lost wages. Family and friends may also experience absenteeism through caring for the victim (or the victim's children) or by lending support to the victim or perpetrator at court hearings. Employers lose profit as well as incurring management and administrative costs (Access Economics, 2004).

Apart from direct costs, indirect costs are also incurred. Indirect costs are predominantly borne by individuals – mainly victims and their families – and represent the decrease in quality of life experienced by individuals and their children, their community and society, as a result of domestic violence and the restraints on human potential and activities resulting from these forms of violence (Zuckerman and Friedman, 1998). The indirect and opportunity costs include the pain, fear, suffering and loss borne by adults and children who live with domestic and sexual violence (Laurence and Spalter-Roth,

1996), and many studies suggest that these social and psychological impacts represent the highest proportion of indirect costs. Some argue further that these indirect costs are often significantly higher than the direct costs to support services, communities and governments (e.g. Miller et al, 1996). In the UK the costs to victims in human and emotional terms have been estimated to be £17 bn per year (Walby, 2004).

2.7 Immediate and long-term consequences

In general, abused women are more likely to have poorer health than women who have never been abused (Garcia-Moreno et al, 2005) and may suffer health consequences of violence long after the abuse has ended (Campbell, 2002). The physical health consequences include both injury and a broader range of impacts such as poor nutritional, sexual (Golding, 1996), reproductive (WHO, 2000), and maternal health (Lathrop, 1998), including increased risk of high blood pressure, risk of miscarriage (Kishor and Johnson, 2004) and mental health problems including post-traumatic stress disorder, depression (McGee et al, 2002) and suicide (Dutton et al, 2006). Around the world, mental health problems, emotional distress, and suicidal behaviour are common among women who have suffered domestic and sexual violence (Krug, 2007). If these problems are not acknowledged and support not provided at an early stage, there can be prolonged consequences for the health and well-being of those affected.

From the perspective of the victim-survivor of domestic and sexual violence, a serious source of stress and worry is to secure and provide safety for oneself and one's children. To this end, maintaining safe and secure accommodation can be an ongoing struggle. While all incidents of domestic violence are traumatic, not all will result

Children who witness violence in the home are at a higher risk of a whole range of emotional and behavioural problems, including anxiety, depression, poor school performance, low self-esteem, and sleeping and eating problems.

in the victim-survivor leaving the family home. Moving from accommodation may impact on employment – while moving may increase accommodation safety, the workplace is likely to remain known, and may force the victim to leave the job for safety reasons. For victims-survivors, leaving may mean losing their only financial support, losing their children, and losing their home and/or possessions. They may also fear moving away from family, friends and their own communities and social networks. For older people, there is a fear of being placed in long-term institutional care in a nursing home, resulting in further loss of independence, loss of social contacts and reduced control over their own lives and choices.

However, moving is often the only safe option. The process of leaving may take many months or years and, furthermore, it may involve leaving and returning several times. In the short-term, victims

Policy and service planning must consider the needs of all victims and potential victims.

may stay somewhere such as a refuge or other temporary accommodation and this may be done several times. In the process, employment, social lives and education opportunities become disrupted, disjointed and jeopardised (Kolbo et al, 1996). The process and cost of setting up a new home can be significant, with enormous practical difficulties. The usual pressures of establishing a new home – finding suitable accommodation, furnishing it, settling children into a new school, providing books, uniform, etc. – are all exacerbated where there is the added tension of escape from an abusive relationship and worry about safety. For older people, the option of moving presents the fear of ending their lives outside their own home in long-term care.

For those victims with little support, homelessness may occur. Remaining safe from domestic violence may necessitate ‘disappearing,’ severing not only their lives but that of their children from the community in which they have lived. In the UK, on average, between 10 per cent and 25 per cent of the total number of households acknowledged as homeless each year by local authorities are women who are homeless as a result of domestic violence.²⁰

As regards children in violent families, the impact extends to their health and well-being in many ways. Children who witness violence in the home are at a higher risk of a whole range of emotional and behavioural problems, including anxiety, depression, poor school performance, low self-esteem, and sleeping and eating problems (Hague et al, 1996; Riger et al, 2002). Children are likely to be affected by the fear, disruption and distress in their lives (Kitzmann et al, 2003). Growing up with violence and abuse in the home environment critically threatens children’s personal, social and educational progress, the cumulative effect of which may be carried into adulthood (Fantuzzo and Lindquist, 1989).

The links between domestic violence and possible physical harm to children and other related adversities are beginning to be documented in Ireland (Buckley et al, 2006; Holt et al, 2008). In order to explore the issues experienced by women in marginalised communities, Watson and Parsons (2005) report the results from focus groups undertaken with marginalised women (from the Traveller community and immigrant women). The women interviewed reported being concerned about the impact of domestic and sexual violence on their children and the consequences for their children’s later lives. Specific mention was made of the effects of disruption and absenteeism from school. A recurring theme in the interviews was the differing effects and consequences that domestic abuse can have for children. These discussions centred around four general areas: the effects of domestic abuse upon children, the complications that can occur with refuge use when children need to be cared for, the fear women have of their children being taken into care, and the fear of losing legal custody of their children (Watson and Parsons, 2005).

2.8 Implications for policy and service planning

While domestic and sexual violence affects men and women, people of all ages, socio-economic groups and cultural backgrounds, and it is predominantly a problem of violence against women, policy and service planning must consider the needs of all victims and potential victims. For many, physical, sexual and emotional abuse dominate their lives at home, as the perpetrator is most often known to them – usually their spouse or partner, or for older people, a son or daughter. There is a heightened risk among some groups such as younger women, pregnant women, women with children, disabled women, and women from marginalised communities.

²⁰ See ODPM, *Quarterly returns*, cited in C. Davis, *Housing Associations – Re-housing Women Leaving Domestic Violence: New Challenges and Good practice*, The Policy Press, 2003.

A key to organisations working together in this way, to protect domestic and sexual victims-survivors, is to develop good practice in relation to data-gathering and information-sharing. It is also important that reliable information is used for the development and implementation of policies and services.

These characteristics suggest key areas of intervention for addressing domestic and sexual violence in Ireland. The first of these relates to the need to stem the occurrence or incidence of domestic and sexual violence in Ireland. Primary prevention measures that develop and strengthen people's understanding of the nature of domestic and sexual violence are vital, particularly among high-risk groups.

A second area relates to providing protection and support to all those who have been affected by domestic and sexual violence. Incidents of domestic and sexual violence in Ireland are very prevalent, implying that the range of services serving these groups is very likely to encounter them on a routine basis. However, the evidence shows that victims are not reporting or disclosing and that their trauma is not being adequately identified by key services. It is important that victims-survivors are provided with adequate protection. Hence the importance

of implementing a range of measures such as routine enquiry, risk assessment and signposting, to enable the detection and appropriate referral of individuals as they come to light at various points throughout the State and non-State system. Such measures would help to identify domestic and/or sexual violence cases at the early stages as well as those presenting with long-term consequences.

Research on the costs of domestic and sexual violence leaves no doubt that these problems undermine human and economic progress. There is a range of health, legal, economic, social and human rights consequences. The negative effects of these forms of violence on victims, particularly on the potential opportunities for children, are enduring and require more than a once-off intervention. A strategy is required that operates across a broad range of areas, having regard to the inputs that are necessary to rebuild the lives of victims-survivors including economic, accommodation, health/medical, legal and many other areas. Providing victims-survivors with access to wide-ranging services emphasises the need for co-ordinating and integrating policy responses, enhancing partnerships between stakeholders, setting up mechanisms for monitoring and evaluating programmes and policies, and reforming and implementing existing legislation.

A key to organisations working together in this way, to protect domestic and sexual victims-survivors, is to develop good practice in relation to data-gathering and information-sharing. It is also important that reliable information is used for the development and implementation of policies and services. Understanding the problem is the first step, but recognising successful and unsuccessful interventions is also important in ensuring that domestic and sexual violence is addressed effectively.

2.9 Conclusion

Chapter One opened with a description of the experiences of individual victims-survivors – Jenny, Anna, Joe, Norah, Helen and Denise. It is important to remember that the statistics represent real people. It is equally important to examine and study robust research on the lives of real people in order to build a scientific picture of domestic and sexual violence. The strategy has been developed using an evidence-based approach while respecting the human voices behind the statistics.

This chapter set out the key characteristics of the problem of domestic and sexual violence, considering prevalence, risk factors, impact and consequences, reporting and disclosure and the overall implications of the characteristics for the development of solutions. It provided a general picture of the complex problem of domestic and sexual violence – a multi-dimensional problem requiring multi-sectoral and multi-disciplinary solutions.

With the echoes of the voices of the victims/survivors fresh in our minds, we recognise the importance of primary prevention measures that increase people's understanding of domestic, sexual and gender-based violence, particularly among high-risk groups. We know that, given the prevalence of this violence, services are encountering such voices on a frequent basis but that particular service interventions are needed to encourage and support disclosure and safety.

The following chapter provides an overview of the current context of the response or solution landscape in Ireland. An understanding of this landscape is critical to the identification of improvements and meaningful solutions. Further chapters set out the actions to be taken to implement these solutions.



Chapter Three
**CURRENT INTERVENTIONS
IN IRELAND**

Chapter Three Current interventions in Ireland

The overall aim of the Government decision – the enhanced leadership and co-ordination of the State response to these crimes – requires major national, organisational and individual change.

3.1 Introduction

Chapter Two presented a broad understanding of domestic, sexual and gender-based violence. It showed that it is a multi-dimensional problem, requiring multi-sectoral and multi-disciplinary solutions. There are barriers to recognising and understanding the issues, and difficulties with accessing help.

Before deciding on a response to the problems identified in Chapters One and Two, it is necessary to understand the complexity of the current intervention context and to appreciate the current level of co-ordination between organisations working to prevent and respond to this violence. Such information helps in understanding the current 'system' and the key problems to be addressed to achieve the vision of the strategy.

This chapter sets out a brief overview of the existing response in Ireland. It is not intended as a comprehensive report on the current services but it provides a broad illustration of the nature and range of services delivered by State and non-governmental organisations. It explores the challenges to 'joining it all up' and sets the scene for the actions to be taken in the strategy.

3.2 Background

The past two decades have seen an increasing understanding of the extent and impact of domestic and sexual violence. In the early 1990s a number of reports highlighted the widespread incidence of violence against women and its prevalence in all social classes and regions. A Women's Aid study in the 1990s contributed significantly to raising awareness of the scale of the problem of domestic violence in Ireland (Kelleher et al, 1995). Cases reported to the Dublin Rape Crisis Centre

in 1995 suggested that up to 75 per cent of attackers were known to the woman concerned. Garda figures showed that, in 1994, the proportion of cases reported to them which resulted in convictions was approximately 19 per cent.

In 1996, in recognition of the growing concern about these crimes, the Government set up the Task Force on Violence against Women. The purpose of the Task Force was to develop a co-ordinated response and strategy on the problem of mental, physical and sexual violence against women – with a particular focus on domestic violence. The Task Force report was published in April 1997 and concluded that there was a clear need to improve services. The report presented short-term and long-term recommendations, including the setting up of a National Steering Committee on Violence against Women (NSC) to co-ordinate services and policies at national level. Services were then, and continue to be, provided through several government departments, State agencies and non-governmental organisations. The NSC was established by the Government in 1997 to oversee national, regional and local activity and to provide a multi-disciplinary supportive and planning role.

Following publication of the Task Force report, progress was made in the development of services and in the enactment of necessary civil and criminal legislation. Civil law remedies were provided for by the Domestic Violence Acts 1996 and 2002, and the criminal law was strengthened by the Non-Fatal Offences against the Person Act 1997 which allows for the prosecution of domestic violence incidents including stalking and harassment.

Notwithstanding the extent of services and activity in response to domestic and sexual violence as Ireland moved into the new millennium, it was clear that problems

persisted. Although much was being done, the activity was, to a great extent, being carried out independently of other organisations and may have been counter-productive and confusing for victims.

The NSC recognised that there was a need to plan strategically and in 2003 began work on the development of a Strategic Plan. The work led to a recommendation in December 2006 that the Government's commitment to the co-ordination of the sector be strengthened.

During the intervening period, representatives of government departments on the NSC had also been asked to examine the funding needs of the violence against women sector, the resources currently available and the co-ordination of funding across departments. The inter-departmental sub-committee of the NSC recommended:

- » Co-ordination of decisions on service delivery and funding
- » Co-ordination of assessment of service needs and plans
- » Increased information on funding levels and availability
- » The establishment of clear budget lines for addressing violence against women across relevant government departments.

It was clear that there was a need for change: change at organisational level for those organisations involved in tackling domestic and sexual violence; change at individual level for the relevant employees of those organisations to ensure that they are fully aware of the best methods of dealing with such tragic cases; change at societal level so that all people in Ireland would recognise the unacceptability and criminality of domestic and sexual abuse; and change at national policy level so that countrywide action directly by the State and via NGOs would be clear, consistent

and coherent in order to produce the most effective response at best public value.

In March 2007 the Government approved the National Women's Strategy 2007-2016. This included a commitment to combat violence against women and, in that context, a primary action was to be the establishment of an 'Executive Office under the aegis of the Department of Justice, Equality and Law Reform to ensure delivery of a well co-ordinated, whole-of-government response to violence against women and domestic violence'. The Government decided that the executive office should be established within the Department of Justice, Equality and Law Reform, but gave the office authority and responsibility to drive co-ordination across the whole of government.

The overall aim of the Government decision – the enhanced leadership and co-ordination of the State response to these crimes – requires major national, organisational and individual change. The new office would be responsible for refocusing efforts and raising the quality of response, for ensuring that the policies and actions of each organisation are complementary and that the best possible result is being achieved and monitored according to known best practice. Change of this magnitude entails careful planning and is a long-term undertaking.

As a result of the Government decision, Cosc – the National Office for the Prevention of Domestic, Sexual and Gender-based Violence – was established in June 2007. It is an executive office of the Department of Justice, Equality and Law Reform, with the key priority to ensure co-ordinated and effective whole-of-government action on domestic and sexual violence against women, men and older people living in the community. Cosc works closely with State organisations as well as with NGOs which

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support victims of domestic and sexual violence and treat perpetrators. This work includes the following tasks:

- » Developing strategies for preventing and dealing with these crimes in line with best international practice
- » Further developing standards for service delivery and for training programmes
- » Putting in place positive actions which work with perpetrators
- » Facilitating the implementation of internationally established best practice throughout the sector
- » Working with relevant bodies to put together a body of research that will inform future policy directions
- » Raising awareness about the level and impact of these crimes and of local services that are available for victims
- » Representing Ireland at international fora
- » Proposing legislative and policy change.

Current policy to address and prevent elder abuse derives from the report of the Working Group on Elder Abuse, *Protecting Our Future* (Department of Health and Children, 2002). The report identified six types of elder abuse: physical, sexual, psychological, financial/material, neglect/action of omission, and discriminatory. While the report excluded self-neglect from its definition of abuse, self-neglect was cited as the main type of abuse in 20 per cent of cases reported to the HSE elder abuse service in 2008. The report defined elder abuse as 'a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates his/her human rights.' It made a number of recommendations in relation to tackling elder abuse in the health and non-health sectors.

The Elder Abuse National Implementation Group (EANIG) was established in 2003 by the Minister for Health and Children to oversee the implementation of the recommendations of *Protecting Our Future*. Since then structures and systems have been put in place in the health sector to progress the recommendations of *Protecting Our Future*. This has included the establishment of dedicated elder abuse structures and the development of the HSE's elder abuse database.

A review of the implementation of *Protecting Our Future* was carried out in 2009 by PA Consulting from which institutional abuse and financial abuse have emerged as areas of concern. The Office for Older People and the HSE are actively seeking to progress the implementation of the recommendations of the review, beginning with strengthening the institutional arrangements. Activity indicators for the elder abuse service will be included in the HSE 2010 Service Plan.

The following sections outline the services provided by State bodies and NGOs. The final section of this chapter shows the challenges to co-ordinated activity and sets the scene for the actions to be taken over the five-year period of the strategy.

3.3 Services provided by State organisations

There are many State organisations involved in providing services to those affected by domestic and sexual violence. The State organisations directly and indirectly involved include the following:

- » The Health Service Executive
- » The Department of Health and Children
- » Local authorities

The Office for Older People and the HSE are actively seeking to progress the implementation of the recommendations of the review, beginning with strengthening the institutional arrangements.

- » The Department of the Environment, Heritage and Local Government
- » The Legal Aid Board
- » An Garda Síochána
- » The Office of the Director of Public Prosecutions
- » The Courts Service
- » The Probation Service
- » The Irish Prison Service
- » Victims of Crime Office
- » Cosc
- » The Central Statistics Office (CSO)
- » The Department of Justice, Equality and Law Reform
- » The Family Support Agency
- » The Department of Social and Family Affairs
- » The Department of Education and Science
- » The Department of Community, Rural and Gaeltacht Affairs.

All Gardaí are trained to deal with domestic violence and must do so in accordance with the Garda Síochána Policy on Domestic Violence Intervention.

The direct services provided by these organisations range from services provided by general practitioners, medical personnel in Accident and Emergency Departments and Sexual Assault Treatment Units (SATUs), counselling and family services within the child welfare and protection and family support sectors, and accommodation provided by local authorities, to legal advice and assistance on civil and criminal matters, criminal investigation, and prosecution and offender management in the justice sector. State organisations are also involved in the development of policy that indirectly impacts on those affected by domestic and sexual violence. The nature of their involvement is influenced by the extent to which their overall remit explicitly includes those affected by domestic and sexual violence.

The following sections outline the work of key organisations in the State sector and indicate the recorded level of activity specifically associated with domestic and sexual violence.

3.3.1 The justice sector

An Garda Síochána

All Gardaí are trained to deal with domestic violence and must do so in accordance with the Garda Síochána Policy on Domestic Violence Intervention. This policy was introduced in 1994 and was reviewed in 1997 and 2007. It specifies the approach as pro-arrest where an arrestable offence has occurred. The Domestic Violence and Sexual Assault Investigation Unit (DVSAIU) is the national unit with responsibility for developing and implementing that policy by co-ordinating and monitoring the Garda Síochána response to domestic violence incidents throughout the State. There is also a Garda Inspector nominated in each Garda Division to ensure the proper implementation of the policy.

Likewise all Gardaí are trained to properly investigate sexual offences. The DVSAIU conducts and co-ordinates the more complex or sensitive investigations and provides advice and operational assistance to local Gardaí involved in such investigations. Specialist victim interviewers are available throughout the State to conduct witness interviews with (mainly child) victims of sexual or violence-related offences.

In terms of co-ordination-related activity in the sector, at a national level An Garda Síochána are members of the NSC. At regional level the organisation has participated in the former Regional Planning Committees, currently participate in Regional Advisory Committees and are also involved in some local-level Local Area Network (LAN) activity.

Currently no figures are available for situations where the abuse suffered by an individual who has been the victim of domestic violence has resulted in a prosecution for a criminal offence. Nor are figures available for the level of Garda activity responding to domestic violence incidents which do not result in a formal crime report. Nevertheless, figures in relation to breaches of domestic violence orders provide some indication of Garda activity in this area.

In terms of breaches of domestic violence court orders, the CSO reports incidents recorded and detected²¹ by An Garda Síochána, and those which result in criminal court proceedings and convictions. For the years 2003 to 2007, detection rates were almost 100 per cent. The share of recorded breach incidents that proceeded to court exceeded the 85 per cent level in each year between 2003 and 2007. Expressed as a share of relevant court proceedings, the rate of conviction ranged from 34 per cent (2007) to 37 per cent (2003).

²¹ In terms of breaches of domestic violence court orders, the CSO reports incidents recorded and detected by An Garda Síochána and those which result in criminal court proceedings and convictions. A criminal offence is recorded at the time it is entered on the PULSE system. In the vast majority of cases this happens very soon after the incident becomes known to a member of An Garda Síochána. Recorded crimes are followed by an investigation or detection, during which more information becomes available and this will also be entered into PULSE.

The Director may advise investigators in relation to the sufficiency of evidence to support nominated charges and the appropriateness of charges or in relation to legal issues arising in the course of investigation.

1,407 cases of sexual offences were recorded by An Garda Síochána in 2008, a reduction of 29 per cent from the number recorded in 2003. Apart from a slight increase between 2004 and 2005, the numbers of offences recorded were declining between 2003 and 2007, but they increased slightly, by 3 per cent, between 2007 and 2008. In 2003, 62 per cent of the sexual offences recorded were detected. In 2007, 55 per cent were detected. Of the total number of 1,986 sexual offences recorded in 2003, 478 offences led to convictions before October 2008. This is a conviction rate of 24 per cent relative to the number of recorded offences and a conviction rate of 61 per cent relative to the offences with 'relevant court proceedings commenced'. These figures cannot easily be compared with figures for later years as incidents (cases) may take a period of months or years before they are concluded and closed.

The Office of the Director of Public Prosecutions

The investigation and prosecution of offences are separate and distinct functions within the criminal justice system. The Office of the Director of Public Prosecutions (ODPP) was established by the Prosecution of Offences Act 1974. The Director of Public Prosecutions (DPP) as a general rule has no investigative function and no power to direct An Garda Síochána or other agencies in their investigations. The Director may advise investigators in relation to the sufficiency of evidence to support nominated charges and the appropriateness of charges or in relation to legal issues arising in the course of investigation. While the DPP is not responsible for the conduct of investigations, he is free to indicate what evidence would be required to sustain a prosecution.

The DPP is independent in the performance of his functions. He enforces the criminal law in the courts on behalf of the people of Ireland; directs and supervises public prosecutions on indictment in the courts; and gives general direction and advice to An

Garda Síochána in relation to summary cases and gives specific directions in such cases as specified in General Direction Number 2 (this includes all cases of a sexual nature).

The Chief Prosecution Solicitor is the Director's principal solicitor and acts on behalf of the Director in courts in Dublin. The 32 State Solicitors, engaged on a contract basis, provide a solicitor service to the Director in all Circuit Courts and some District Court matters outside Dublin.

The DPP prosecutes all serious crimes and sometimes less serious crimes. The most serious cases are heard before a jury in the Circuit Court or the Central Criminal Court or without a jury in the Special Criminal Court.

The Gardaí may prosecute less serious crimes. However, the prosecution is still taken in the name of the DPP and the DPP retains the right to direct the Gardaí as to how to deal with a particular case.

The total number of files relating to sexual offences received by the Office of the DPP from 2000 to October 2008 was:

2000 – 934
2001 – 898
2002 – 998
2003 – 1,083
2004 – 995
2005 – 1,055
2006 – 1,084
2007 – 997
2008 – 799²²
Source: ODPP, 2009

For reasons of classification the number of files received by the ODPP in respect of domestic violence is not available.

The Courts Service and the Legal Aid Board

Neither the Courts Service nor the Legal

²² A new case management system was installed in October 2008.

Aid Board has a formal policy document in relation to domestic or sexual violence. Each of these organisations seeks to retain strict impartiality, aiming to provide a comprehensive and objective service to both victims and aggressors of domestic violence.

The Courts Service meets and interviews people on a daily basis in relation to domestic violence, and while it will provide assistance it cannot provide advice to these people. Additionally, if clients are unable to afford a solicitor it is policy to inform them of the services offered by the Legal Aid Board. One of the main challenges faced by the Courts Service is to ensure that the assistance provided to applicants is consistent and standardised across all regions. The effective referral of domestic and sexual violence victims from organisations operating in the sector has significant repercussions for the effective processing of cases through the system. Inappropriate referrals result in delayed procedures, unrealistic expectations and confusion for both service providers and service users.

The Courts Service data refer to processing applications for domestic violence orders. The change in the total number of applications for domestic violence orders between 2001 and 2008 follows no clear trend. The overall sum of applications indicates a decline between 2001 and 2005 from 12,795 to 9,573; 11,394 applications for protective orders were made in 2007 and 10,401 applications were made in 2008. The data show enormous jumps in the number and share of refused applications in 2008 for long-term orders and in 2007 for short-term orders. It is not clear whether differences in methodology or court practice underlie this atypical development.

In 2008, 6,153 domestic violence orders were granted. Overall, between 2001 and 2008 the number of orders granted declined by 23 per cent. When the effects are differentiated, it

is clear that the decline in domestic violence orders granted is mainly explained by the change in the number of applications made. Table A in Appendix 2 shows that of the 1,864 fewer orders granted in the period, 1,486 (80 per cent) of these arose from the declining number of applications for court orders. It is noteworthy that the propensity of the courts to grant all types of domestic violence orders has been relatively stable at 60 per cent over the period.

As regards criminal courts, in 2008, 78 cases of rape and sexual assault were received and 72 disposed of in the Central Criminal Court. During that same year, 2,017 cases relating to sexual offences were disposed of at District Court level (Source: Courts Service Annual Report, 2008).

The Legal Aid Board is responsible for the provision of legal aid and advice on matters of civil law to persons unable to fund such services from their own resources. The vast majority of the Legal Aid Board's activity is in family law/ civil matters, including legal representation to those who have been affected by domestic violence. The Board also provides legal aid or advice to a complainant in certain criminal cases involving prosecution for a range of sexual offences, including rape, aggravated sexual assault and incest, where sexual history is called into question. In 2007 the Legal Aid Board was involved in court proceedings in almost 1,000 cases where domestic abuse was an issue.

The Probation Service

Since the enactment of the Sex Offender Act 2001, the Probation Service has taken specific and progressive steps to ensure best practice in its management of sex offenders.

The National Sex Offender Management Office was established in 2002. Its purpose is to track the movement of sex offenders, subject to direct or post-custody supervision

The Probation Service has taken specific and progressive steps to ensure best practice in its management of sex offenders.

orders, from prison into the community and within both. That office now manages relevant data on those offenders under Probation supervision. In 2004 the Service put in place a set of internal protocols to ensure the effective management by the Service of sex offenders under its supervision in custody and on release. The Service signed an agreement with the Probation Board for Northern Ireland in 2006, to facilitate the more effective supervision of sex offenders moving between the two jurisdictions.

As part of the Service's restructuring in 2007, a national Prisoners, Risk and Resettlement Region was established. The region has overall responsibility for the development of effective practice, both in the community and in prison, in the management of sex offenders. This includes forming strategic linkages with other key agencies. The Service commissioned Dr Ethel Quayle and Dr Seán Hammond, Dept of Applied Psychology, UCC, to produce a manual for staff to promote best

professional practice in the supervision of sex offenders. Training in the manual's use was rolled out to all staff in 2007 and 2008 to ensure effective implementation.

Similarly, in 2007, under the re-structuring of the Probation Service, and within the Prisoners, Risk and Resettlement Region, the High Risk Offender Management Team was established. Its brief is to contribute to policy developments in relation to sex offenders and high-risk offenders and to develop good practice models for managing offenders who pose particular concerns in relation to public safety.

As part of the Homeless Agency's Care and Case Management structure, a thematic sub-group on homeless sex offenders is in place. This group, chaired by the Probation Service, is known as the Multi-Agency Group on Homeless Sex Offenders (MAG). It has twelve statutory and voluntary agencies represented and has secured funding from the Department of Justice, Equality and Law Reform to employ a Policy Development and Implementation Officer. MAG is preparing an Implementation Plan which will facilitate a multi-agency approach to sex offender accommodation.

The Probation Service, the Irish Prison Service, Business in the Community (Linkage) and FÁS have agreed a process to respond to the work and training needs of sex offenders. It is anticipated that this will come into effect from the second quarter of 2010. Close working relationships have been developed with the Garda Domestic Violence and Sexual Assault Unit, and with the NBCI, with ongoing work being undertaken to advance effective joint risk assessment and risk management arrangements.

In conjunction with An Garda Síochána, the Probation Service has begun a process of introducing, at a national level, a system for assessing and managing risk posed

by sex offenders. The system involves the use of two assessment instruments, Risk Matrix 2000 (Static/Actuarial) and Stable and Acute 2007 (Dynamic). This model is currently being piloted in Northern Ireland, in Scotland and in some other areas of the UK. There has been joint training with colleagues in Scotland and joint training with Garda personnel in Risk Matrix 2000. Ultimately it is intended to validate the use of the instruments on an all-Ireland basis.

The major advantages of using a common risk assessment instrument by the different criminal justice agencies within and across jurisdictions are:

- » It gives us a common language with which to speak when we talk about the risk posed by a particular sex offender
- » It clarifies that not all sex offenders pose a high risk, thus allowing the agencies to concentrate resources on those who most require them.

In 2002 the Probation Service, in partnership with the Granada Institute, established The Lighthouse Programme. The Lighthouse Programme is a community-based programme which provides individual and group-based psychotherapeutic interventions to individuals convicted of sexual offences to enable them to live offence-free lives. The objective of the programme is the protection of victims from further assault by reducing the risk of recidivism by the perpetrators. This is in line with the mission of the Probation Service and the Granada Institute which is to bring about safer communities through respect, accountability, restoration and social inclusion. The Lighthouse Programme currently provides assessment and treatment programmes in Dublin and Cork, principally in a group setting, but also where needed on an individual basis. Those attending are assessed before and after treatment, are reviewed with their Probation Officers in

In conjunction with An Garda Síochána, the Probation Service has begun a process of introducing, at a national level, a system for assessing and managing risk posed by sex offenders.

the course of their attendance, and undergo actuarial risk assessment.

The Probation Service also works with perpetrators of Domestic Violence who have been before the criminal courts on offences such as breach of a barring/protection order, or assault of a spouse or partner. The Service has taken specific and progressive steps to ensure best practice in its management of perpetrators of domestic violence cases.

The Service revised its policy and procedures in 2009 and has provided agreed 'Protocols for Practice' in relation to the assessment and management of perpetrators of domestic violence in the community. The protocols will have the dual functions of ensuring that perpetrators are held accountable and have the opportunity to change their abusive/violent behaviours and that victims are safeguarded. In addition, the policy

The policy forms an integral part of wider criminal justice policies designed to ensure a joined-up approach by the Irish Prison Service, the Probation Service and An Garda Síochána, working with community-based agencies, in supporting convicted sex offenders to resettle into society and reduce the risk of further offending.

document will increase the understanding and capacity of all probation staff to intervene appropriately when the issue of domestic violence arises in all aspects of working with service users.

The Probation Service is currently introducing a structured risk assessment process, the Spousal Assault Risk Assessment (SARA), for use with domestic violence perpetrators. SARA will underpin accurate assessment and intervention and facilitate the focusing of higher levels of intervention on high-risk perpetrators.

The Irish Prison Service

In 2009 the Prison Service introduced a new policy for the management of sex offenders in prison. The policy, entitled Sex Offender Management Policy – Reducing Re-offending, Enhancing Public Safety, is aimed at bringing about changes in offenders' lives that reduce the risk of re-offending and enhance public protection.

The main innovations in the prison policy are:

- » New initiatives to increase the range and availability of therapeutic interventions in prison and increase participation rates and effectiveness – these are described in Chapter 5
- » Greater emphasis on individual assessments and integrated sentence planning and on offenders with higher need and risk profiles
- » The establishment of a National Centre at Arbour Hill Prison with a full range of interventions and an increase in the number of sex offenders accommodated in the prison
- » The accommodation of sex offenders also in two Satellite Centres (the Midlands and Wheatfield Prisons) where a narrower range of interventions will be available
- » The transfer of offenders into and out of the National Centre in accordance with sentence planning, demand for interventions and security imperatives
- » The establishment of a Sex Offender Unit in the Prison Service Headquarters to monitor sentence planning and liaise with other criminal justice agencies
- » Greater emphasis on the transition from prison to community.

The policy seeks to enhance public safety by ensuring that, while in prison, sex offenders will participate in therapeutic interventions relevant to their needs and risks. It is designed to ensure, as far as possible, that higher risk sex offenders will not simply serve out their sentences without engaging with relevant services.

The policy forms an integral part of wider criminal justice policies designed to ensure a joined-up approach by the Irish Prison Service, the Probation Service and An Garda Síochána, working with community-

based agencies, in supporting convicted sex offenders to resettle into society and reduce the risk of further offending. It builds on themes developed in the Department's Discussion Document 'The Management of Sex Offenders' and will be consistent with recommendations that emerge from the on-going consultation on that document.

3.3.2 The health sector

The Health Service Executive (HSE) through its primary care and hospital services manages the significant impact of domestic and sexual violence on the health and well-being of its victims. HSE staff and allied health professionals, e.g. Primary Care Teams, Practice Nurses, General Practitioners, Family Support Workers, Social Workers, Community Welfare Officers, Public Health Nurses, etc., provide a range of services to women and children and families experiencing domestic violence. The health burden from violence against women aged 15-44 years is considered to be comparable to diseases such as HIV, tuberculosis, cancer and cardiovascular disease (Heise et al, 1994). There is only limited Irish data available for health costs in relation to domestic and sexual violence. This is because of inadequate data collection mechanisms and the difficulty in estimating hidden personal and social costs.

As part of the continuum of service response to domestic and sexual violence, the HSE directly funds a significant range of voluntary sector service provision. For example, it funds 20 Refuges, 25 Support Services, 16 Rape Crisis Centres nationally as well as the National Network of Women's Refuges and Support Services (NNWRSS known as Safe Ireland) and the Rape Crisis Network of Ireland (RCNI). The total funding allocation from the HSE to the sector is €20.5 million.

Senior Case Workers for Elder Abuse are employed within local health offices. They assess and manage cases of suspected abuse referred to the HSE.

The HSE has developed a policy on domestic and sexual violence and is in the process of developing an implementation plan for this. Key actions in the HSE policy dovetail with the actions within the Cosc national strategy.

In 2008 the HSE published the policy document *Responding to Allegations of Elder Abuse*, which was developed on foot of recommendations outlined in *Protecting Our Future: Report of the Working Group on Elder Abuse* (DHC, 2002). Structures and systems have been put in place in the health sector to progress the recommendations of *Protecting Our Future*. This has included the establishment of dedicated elder abuse structures and the development of the HSE's unified elder abuse database.

In October 2007 the HSE set up a National Elder Abuse Steering Committee and four Area Steering Groups with multi-agency representation. The National Elder Abuse Steering Committee was set up to 'oversee and ensure a nationally consistent approach in the provision of elder abuse services by the HSE in relation to its detection, reporting and response' (HSE, 2009). The Committee is multi-disciplinary and multi-agency, and includes a representative of Cosc. Each administrative area has approval to appoint a Dedicated Officer for Elder Abuse (DEAO). The DEAOs work with all relevant stakeholders, and are responsible for the development, implementation and evaluation of the HSE's response to elder abuse. They also support other agencies to develop policies and guidelines in relation to elder abuse.

Senior Case Workers for Elder Abuse are employed within local health offices. They assess and manage cases of suspected abuse referred to the HSE, working within the framework of existing policies and legislation. The HSE reports that 927 referrals of allegations of elder abuse were

received in 2007. On investigation, 35 per cent were substantiated, 23 per cent were not substantiated and 42 per cent were inconclusive (HSE, 2009).

Under the Child Care Act 1991 the HSE has a statutory duty to promote the welfare of children who are not receiving adequate care and attention. In line with this duty the HSE provides a wide range of child and family services nationally. Child protection and social work services are in place to provide front-line response to children who are not receiving adequate care and protection. Other services provided include early years services, family support services, alternative care (foster/relative care and residential care) and services for homeless youth, etc. The protection of children is the primary concern for the HSE's children and family services. As set out in the Child Care Act 1991, the HSE regards 'the welfare of the child as the first and paramount consideration'. In the assessment of any risk to a child consideration should also be given to family circumstances and the overall safety and security of the family.

Additionally, the HSE has issued guidelines for the referral, forensic examination and support of victims of alleged rape and sexual assault. These guidelines were developed to facilitate a high-quality service provision and to enable the HSE and the criminal justice system to develop the infrastructure required for the delivery of an appropriate, integrated, inter-agency response and care at a local, regional and national level.

Sexual Assault Treatment Units (SATUs), normally based in a clinical/hospital setting, offer services to any victim of an alleged rape/assault. Examples of services they provide include: forensic medical examination of recent victims of sexual violence/assault,²³ treatment for sexually transmitted infections (STI) where possible, and referral for STI screening

²³ Such an examination is necessary if the case is to be processed by the criminal justice system.

and emergency contraception. The main sources of referral to SATUs are Rape Crisis Centres and An Garda Síochána.

There is now a total of six SATUs in Ireland, growing from one in 2000. This amounts to one SATU for every 290,075 women aged 15 years and over. These Units are located at Rotunda Hospital, Dublin; Letterkenny General Hospital, Donegal; South Infirmary/Victoria Hospital, Cork; Waterford Regional Hospital, Waterford; Midland Regional Hospital, Mullingar; and Parkmore, Galway. There is also a part-time, partial sexual assault treatment service in Limerick, run by Shannondoc, which sees about 40 people a year.

The most recent overview indicating SATU activity levels is from 2006.²⁴ At this time, the Rotunda Hospital SATU conducted an average of 300 forensic medical examinations per annum, with approximately 35 per cent of victims accessing the service coming from outside of Dublin. The service is described as being accessible 24 hours a day, 365 days a year. In 2006 the Cork SATU, established at the South Infirmary/Victoria Hospital in 2001, received an average of 115 clients per annum of which an average of 33 per cent were from outside of Cork County. The SATU at Waterford Regional Hospital, established in 2004, saw 52 victims of rape/sexual assault in its first year of operation.

A Health Service Executive community-based sexual violence perpetrator programme is delivered by the Donegal-based COSC Sex Abuse Treatment and Prevention Service. COSC contributes to child protection by providing a risk assessment and treatment service for adults who:

- » Have sexually abused children; and/or
- » Are considered by others to be at risk of sexually offending, or where

there are concerns about aspects of their sexual behaviour in relation to children; and/or

- » Have accessed child abuse images on the Internet; and/or
- » Consider themselves to be at risk of sexually offending against children.

The service is available to those convicted and those not convicted of sexual offences against children. COSC also provides a therapeutic support and educational service for the family members of those who have perpetrated abuse. The services delivered by COSC are for those in the Donegal, Sligo and Leitrim area of Health Service Executive West.

3.3.3 The Department of the Environment, Heritage and Local Government

The general policy on homelessness under the Government's Homeless Strategy,²⁵ applies to victims of domestic and sexual violence. One of the aims of the strategy is to prevent homelessness occurring among high-risk groups, and domestic violence is suggested in the Strategy as one of the areas in which preventative measures could be taken. To this end, the strategy emphasises the importance of homeless services working with other relevant organisations, to build capacity for the purpose of recognising and intervening with at-risk groups.

A Priority Action has been developed in the Implementation Plan for the Homeless Strategy to co-ordinate the provision of guidance and monitor actions on issues relevant to the occurrence of homelessness among specific groups, e.g. in relation to family problems. A specific action listed in this context is to reduce homelessness caused by domestic violence, including work by Cosc in that regard and engagement with the Cross-Departmental

A Priority Action has been developed in the Implementation Plan for the Homeless Strategy to co-ordinate the provision of guidance and monitor actions on issues relevant to the occurrence of homelessness among specific groups, e.g. in relation to family problems.

²⁴ O'Shea, *Sexual Assault Treatment Services – A National Review*, Dept of Health and Children.

²⁵ *The Way Home: A Strategy to Address Adult Homelessness in Ireland (2008 2013)*, Department of the Environment, Heritage and Local Government, August 2008.

Team on Homelessness and its constituent organisations, with the aim of reducing the occurrence of such homelessness, minimising its duration and facilitating provision of long-term accommodation for victims.

The Department of the Environment, Heritage and Local Government (DEHLG) provides funding to local authorities for homeless accommodation, including facilities used to accommodate persons who have become homeless as a result of domestic violence. This funding covers the costs relating to accommodation, while the HSE is responsible for the remaining costs relating to refuge service provision. There are no statistics available to indicate the total level of activity involving local authorities on the entire range of housing matters relevant to domestic and sexual violence.

3.3.4 The education sector

The primary involvement of the education sector in tackling this violence is in the promotion of healthy relationships through Social, Personal and Health Education (SPHE) and Relationship and Sexuality Education (RSE) programmes. Some coverage of domestic and sexual violence is provided in third-level social science courses.

While the themes of domestic and sexual violence are not dealt with explicitly in the curriculum, there is significant provision within the mainstream primary and post-primary curricula for relationships and life skills education which is of relevance in this area.

Primary level

SPHE is one of the seven curriculum areas in the revised primary school curriculum that was introduced in 1999. It is designed to

be taught through discrete time of one half hour per week throughout primary level, as well as being reinforced through a positive and supporting whole-school environment. SPHE has been implemented in all schools since September 2003, supported by a comprehensive national programme of professional development for all teachers. It is taught to pupils from junior infant class upwards to sixth class. It provides particular opportunities to foster the personal development, health and well-being of the individual child, to help the child to create and maintain supportive relationships and to become an active, responsible citizen in society.

The SPHE curriculum deals with issues such as making decisions, developing self-confidence, growing and changing, personal safety, relating to friends, family and others, being assertive, handling conflict, respecting difference and awareness of bullying. The curriculum includes a specific Safety and Protection strand unit which applies from junior infant classes through to sixth class.

This means that pupils from the beginning of their primary schooling learn, in an age-appropriate way, how their bodies develop, the importance of caring for one's body and that of others with dignity and respect, how to identify people, places and situations that may threaten personal safety, knowing when and how to ask for help, what to do if asked to keep a difficult secret, etc.

Stay Safe is a resource which is used at primary level to implement the safety and protection aspects of the curriculum, and all schools (teachers and management) have been offered training in this area provided by the Child Abuse Prevention Programme. In the current year, the 266 schools that have not availed of Stay Safe training are being targeted for support. The document *Children First: National Guidelines for the Protection and Welfare of Children* has been

The primary involvement of the education sector is in the promotion of healthy relationships through Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) programmes.

National curriculum support services provide ongoing support, training and advice to schools. The second-level support service operates in collaboration with the HSE.

issued to all schools, and training seminars on the guidelines have been provided.

Post-primary level

SPHE has been compulsory in the junior cycle of post-primary schools since September 2003, and is designed to be taught in one class period per week over the junior cycle, as well as being supported by a positive ethos throughout the school. The SPHE curriculum framework comprises ten modules, two of which are Relationships and Sexuality and Personal Safety. The modules at junior cycle deal specifically with belonging and integrating, handling conflict constructively, dealing with peer pressure, influences on decision-making, relationships and sexuality in terms of values, the reproductive system, tackling myths about sex and pregnancy, personal safety, substance use and the impact of teenage pregnancy.

A specific personal safety strand is featured in each year of the programme which explores procedures with students for protecting their personal safety along with appropriate responses when their safety is threatened. In third year, an awareness on the specific theme of violence, along with knowledge of help agencies, is promoted, and students' skills for obtaining access to them are developed.

In addition, all schools are required to have an agreed school policy and a suitable Relationships and Sexuality Education (RSE) programme in place for senior-cycle pupils. The RSE programme at senior cycle deals with pregnancy, contraception, sexually transmitted diseases, sexual harassment, sexual assault, and accepting sexual orientation. The RSE programme is supported by comprehensive manuals setting out lesson plans including learning outcomes, role play, discussion and other activities and resources for each aspect of the programme. The senior cycle manual deals with specific

lessons on sexual harassment, consent and sexual assault, and it places a strong emphasis on dealing with feelings and emotions, and encouraging positive relationships, decision making and assertive communications. The lessons deal with: issues of protection, dealing with a sexual assault, common reactions to and common myths about rape, supporting a friend who has been assaulted, and where to get help. The manuals are available at www.ecdruimcondra.ie under the Relationships and Sexuality Education programme.

National curriculum support services provide ongoing support, training and advice to schools. The second-level support service operates in collaboration with the HSE.

The Department of Education and Science has developed two sets of resource materials that are particularly relevant to this area for use with Transition Year and senior-cycle students as part of an SPHE programme. They are: *BALANCE – Who cares?* and *Exploring Masculinities*. These resources use a variety of materials and strategies to explore and discuss issues of gender equality. They pay specific attention to addressing both sexual harassment and domestic violence. Also included in the *Exploring Masculinities* resource are materials on bullying and child sexual abuse.

In 2004 the Department of Education and Science developed Child Protection Guidelines based on *Children First* for use in post-primary schools. Since 2004 a two-day programme of training for designated liaison persons (DLP) and deputy designated liaison persons (DDL) has been offered to post-primary schools. To date 5,187 personnel from 714 schools have attended training courses. The training continues to be offered to all newly appointed DLPs and DDLs and to one additional member of staff.

The purpose of the training is to inform

While this is a government strategy and therefore a strategy for public services, the NGO sector is often the point of critical interaction for those affected by domestic and sexual violence.

participants about *Children First*, to increase their awareness and understanding of the different kinds of abuse and to ensure that procedures consistent with *Children First* are in place in all schools. The DLP is responsible for ensuring that all staff members have a good understanding of the guidelines and that parents and students are aware of them.

The three post-primary management organisations, in conjunction with the RSE and SPHE support services, deliver information evenings on child protection to members of Boards of Management.

Finally, all post-primary schools provide a guidance and counselling service for their students and they receive ex-quota hours from the Department for this service. Guidance counsellors are qualified to provide counselling support to students who may have suffered abuse and to assist them in accessing appropriate help when needed.

3.3.5 The Department of Community, Rural and Gaeltacht Affairs

The role of the Department of Community, Rural and Gaeltacht Affairs in assisting victims of domestic and sexual violence is largely to provide core funding and support to NGOs under the Community Development Programme, including support for the provision of advice, guidance and training. Other projects provide information on the issue.

The information in Section 3.3 above provides an indication of the level of activity by State organisations in addressing domestic and sexual violence. It does not provide comprehensive data on State intervention on domestic and sexual violence. This is a major gap to be closed in the current system and is addressed under

High-Level Goal Three of this strategy. The material set out above points to the level of policy development on domestic and sexual violence within State organisations, and reinforces the need for an overall strategy. The following section looks at the services provided by NGOs.

3.4 Services provided by non-governmental organisations

It is important to understand the value of the role of NGOs in the provision of services to victims of domestic and sexual violence. Funding for a significant range of service provision within the Community and Voluntary sector is provided through the Health Service Executive, as part of its continuum of service response. It is vitally important for the NGO sector and the statutory sectors to have similar aims and objectives. While this is a government strategy and therefore a strategy for public services, the NGO sector is often the point of critical interaction for those affected by domestic and sexual violence.

Research demonstrates that individuals working with advocates learn more about the criminal justice system within a supportive context (Bennett et al, 2004). In the USA, women who receive advocacy services are more likely to see and follow through with legal remedies (Weisz, 1999) and report greater success in obtaining resources and support than women who did not receive advocacy (Sullivan et al, 1994). Advocacy workers accompany and support people as they navigate the legal, medical and social systems, proffering an important link between individuals seeking assistance and service providers (e.g. An Garda Síochána, the courts, medical personnel, housing organisations).

In addition to a variety of preventative and educational services for the community

at large, NGO support services typically provide some combination of the following services to victims of domestic and sexual violence: crisis helpline, refuge or shelter, counselling, advocacy, information, court accompaniment and accompaniment to Sexual Assault Treatment Units and Garda stations for victims of sexual violence. A crisis helpline can be staffed by volunteers, para-professionals and professionals who have received intensive training and have experience of crisis intervention and legal procedures.

Refuges are a source of shelter and safety, largely for women and their children, providing respite, a time to think, review their options and begin to rebuild their lives with social, legal and medical assistance if needed. These services and the facilities made available mean that abused people, their families and friends can speak to qualified counsellors, advocates and others about abusive experiences and secure information and resources to address a range of issues. Counselling services can be offered individually as well as in support-group settings. The structure and content of counselling services can vary from organisation to organisation (e.g. cognitive restructuring therapy, assertive communication, problem solving, body awareness, gender socialisation, self-esteem building, trauma therapy, grief-resolution-oriented counselling).

3.4.1 NGO sexual violence services

In 2009, 17 sexual violence support services provided support, information and advocacy for victims of sexual violence/abuse in Ireland. This figure is composed of 14 Rape Crisis Network Ireland (RCNI) members and three non-network organisations, i.e. Sexual Violence Centre Cork, The Dublin Rape Crisis Centre

(DRCC), and One in Four. Sexual violence support services are provided mostly during normal business hours. However, the DRCC offers in addition early morning and late evening as well as all-day Saturday services. A 24-hour National Helpline 1800 778888 is operated by the DRCC and refers victims to all the local services where appropriate. Other than this, there is a total of 16 regionally located sexual violence support helplines operating at varying times. These include: 14 RCNI member organisations, Sexual Violence Centre Cork and One in Four. Advocacy, general advice, information,²⁶ counselling and support are also available. In 2007 a total of 3,230²⁷ individuals, 714 of whom were men, received face-to-face support from a sexual violence support service.

In 2007 accompaniment to court, to a Garda station, to a hospital or to SATUs for victims of sexual violence/abuse was a key support offered by all 17 sexual violence support services. In that year, support services allocated the equivalent of 272 days to accompanying victims of sexual violence to court, and 35 clients were accompanied to An Garda Síochána. In 2007, four Rape Crisis Centres provided SATU accompaniment to a total of 366 victims of sexual violence. Currently, both the Dublin Rape Crisis Centre and Sexual Violence Centre Cork offer a 24-hour on-call support service to victims of rape or sexual assault who attend their locally-based SATUs in the Rotunda in Dublin and the South Infirmary in Cork respectively.

Awareness raising and education/training also feature as part of the services provided by all rape crisis centres and One in Four. In total, 4,472 individuals received training from RCNI member organisations (excluding DRCC) in 2007. DRCC's education department provided 2,392 participant days in 2007. This training included a number of participants from a

A 24-hour National Helpline 1800 778888 is operated by the DRCC and refers victims to all the local services where appropriate.

²⁶ General advice and information issued by support services relates to social welfare entitlements; legal entitlements; reporting to the Gardaí; Legal Aid; community welfare; school and after-school support; and other local support services available.

²⁷ This figure excludes any outreach support offered away from the sexual violence services' main centre(s).

variety of organisations including Women's Aid, An Garda Síochána, the HSE, and domestic violence services. Groups also covered in this training included general practitioners, second- and third-level students, teachers, youth groups, community groups, homeless groups, refugees, nurses, Traveller health workers, young mothers and other women's groups.

As well as providing support services at their main facilities, a number of sexual violence services offer outreach support to marginalised groups, i.e. those who experience multiple barriers to accessing services. Unlike domestic violence support services, none of the sexual violence/abuse support services provides accommodation. However, many can and will refer victims who present with accommodation needs to the appropriate service provider.

3.4.1.1 NGO sexual violence services – perpetrator programmes

There is a small number of community-based programmes for sexual violence perpetrators. For example, One in Four has been offering a sex offender risk assessment and treatment programme since 2004. In 2008, 22 men exhibiting sexually harmful behaviour towards children participated in the programme. Risk Assessment and the Treatment Programme are conducted by One in Four staff psychotherapists, all of whom are fully accredited. Rigorous, regular external supervision is provided. Participants in the Sex Offender Programme are referred by the HSE, the Courts Service and a number of NGOs. Each year over 30 per cent of participants are self-referred and have never previously come to the attention of the authorities for their offending behaviour. One in Four automatically informs the HSE child protection services when an offender enters

the treatment programme. Following assessment, the majority of participants are offered a place in the group therapy treatment programme, which normally continues for one year.

3.4.2 NGO domestic violence services – refuge facilities

Refuge facilities in Ireland are provided by SAFE Ireland network members. There are 19 domestic violence support services providing refuge facilities in Ireland, 18 of which are full members of the SAFE Ireland network.²⁸ For an overview of the organisations involved, see Table B in Appendix 2. Every region in Ireland has at least one SAFE Ireland refuge available providing crisis/emergency accommodation. All but one (located in the Western region) is accessible on a 24-hour basis.

The number of support services providing refuge facilities increased from 15 to 19 between 2000 and 2007.²⁹ In total, 6,205 admissions were made to refuges in 2007. This total number was comprised of 2,262 women and 3,943 children. The Eastern sub-region had the highest (2,172) number of admissions: 738 women and 1,434 children. This was followed by the South East sub-region (932): 385 women and 547 children. The North West sub-region had the lowest number of admissions in 2007 with 81 recorded: 37 women and 44 children.

3.4.2.1 NGO domestic violence services – support, information and advocacy services (non-refuges)

In 2007, in addition to the 19 refuges, another 30 domestic violence support services provided support, information and advocacy to women and in some cases their

A national freephone helpline 1800 341900 is operated by Women's Aid.

²⁸ As it is not an NGO, Rathmines Women's Refuge is not a full member of SAFE Ireland.

²⁹ This figure includes those admissions to Rathmines Women's Refuge.

AMEN provides a confidential helpline (046) 902 3718 and support service.

children, generally during business hours on Monday to Friday. This figure is composed of 21 SAFE Ireland members and nine non-network affiliated organisations (Table C in Appendix 2). None of these services provides accommodation. The number of support services available in Ireland has increased from 16 in 2000.

Most domestic violence support and advocacy services open on normal business hours. Some can also be accessed during the evening and at weekends. Of these, seven provide a service on a 24-hour/7 days per week basis. Services include provision of information, emotional support, court and other forms of accompaniment and/or advocacy, support groups, and aftercare services (Table D in Appendix 2). A national freephone helpline 1800 341900 is operated by Women's Aid. Some organisations also provide support on an outreach basis. Support services can also offer a range of different forms of support for accessing accommodation, including crisis accommodation referral/sourcing and 'move on'³⁰ accommodation. There is one national support service in Ireland for male victims of domestic violence. AMEN, founded in 1997, provides a confidential helpline (046) 902 3718 and support service which includes support group meetings, court accompaniment, counselling and legal information. AMEN also provides training for other service providers dealing with male victims.

In total 21 organisations provide counselling services and 22 provide counselling referral. Other work includes facilitating support groups, training and education, awareness raising, linkage with perpetrator programmes and inter-agency activity.

Services specifically for children are provided by many domestic violence support services. Therapeutic support, individual support, group support programmes for children, access to

education/school placements, homework and learning supports, and facilitation of supervised access are also provided.

3.4.2.2 NGO domestic violence services – perpetrator programmes

Currently, there are 12 domestic violence perpetrator programmes in Ireland offering group work with men who use or have used domestic violence against a female partner. Seven programmes are co-ordinated by the Men Overcoming Violence network (MOVE Ireland) and four by the South East Domestic Violence Intervention Project (SEDVIP) managed by the Men's Development Network. The one remaining perpetrator programme is the North East Domestic Violence Intervention Project (NEDVIP) and this is managed by the Probation Service.

SEDVIP's group programme, which aims to help men to stop their violent/abusive behaviour, is referred to as 'Men Ending Domestic Abuse' (MEND) and, like MOVE, also provides a support service for the partners or ex-partners of the men on the programme. The integrated partner support service in each local programme does important work with victims of the perpetrators. Regardless of the outcome of work with the perpetrator, help is provided to the partners or ex-partners to draw up safety plans, learn about the nature of domestic abuse and become more empowered to make important decisions regarding their own and their children's lives. If her partner leaves or completes a programme, the partner support continues for another three months at a minimum.

A one-to-one service is provided by these programmes to a significant number of women, often facilitating them to stay in their homes and get on with their lives,

³⁰ The aim of the service is directing individuals to sustainable accommodation offering or referring to appropriate services in the community.

One specific gap identified is the need to promote the role of general practitioner as key 'first port of call' for those affected by domestic and sexual violence.

supported by the risk management and safety planning undertaken as part of the work of the intervention programme. Significant time and resources are put into training, supervising and line-managing these partner support workers.

Both MOVE and SEDVIP programmes accept clients who are referred or self-refer, and their partners are linked to other support services.

NEDVIP is not a member of either network. This programme is also unique in that those attending the programme must be mandated to do so by either the courts or the HSE.

Seven of the programmes operate on a fixed-term basis, with closed programmes normally lasting 26 weeks, generating waiting lists or 'holding groups/sessions' for men assessed as being suitable for the programme(s). Rolling or open programmes are provided by four programmes, thereby providing access on an ongoing basis.

In 2007 a total of 235 men attended a domestic violence intervention programme for abusive men, the primary aim of which is to promote the safety of women and children. While all of the above-mentioned programmes aim to operate according to a series of specified standards and principles of programme delivery, in practice the exact nature of each programme varies with location, as each separate programme operates independently, making its own decisions about programme content and case management. Programme manuals currently in use across the sector in Ireland include: CHANGE, MOVE, DVIP, the Men Overcoming Domestic Violence Programme, and Ahimsa. Each programme assesses men and their partners/ex-partners for programme suitability and levels of risk. Each carries out individual and group work with male perpetrators of domestic violence and undertakes case/risk management with women.

Information on national and local support services is available on www.cosc.ie

3.5 'Joining it all up' – gaps and challenges encountered

The content and level of current activity, as well as the need for co-ordination, has been taken into account in considering the actions required under this strategy and which are set out in the following chapters.

In order to understand the current level of co-ordination and to inform thinking on inter-agency solutions, Cosc supplemented the general consultation process by conducting a qualitative study examining the experiences of service providers. The aim of this study was to identify gaps as well as challenges encountered in the current response to domestic and sexual violence. The study was based on a collection of in-depth interviews with various State organisations and NGOs operating in the domestic and sexual violence sector. Three different types of interviewees (key informants) were selected for this study. Each provided important perspectives and observations from the sector as well as from the vantage point of different levels of the sector – local, regional and national levels.

One specific gap identified is the need to promote the role of general practitioner as key 'first port of call' for those affected by domestic and sexual violence. In addition, there was a general recognition of the need for all health-care professionals who have contact with patients to be aware of the risks of all forms of domestic and sexual violence; to be alert to possible indicators of its occurrence; and to be informed of services provided by other organisations to assist victims, so that appropriate referrals can be made if necessary. It is interesting to note here that elder abuse did not feature as a significant issue in responses to this

study. This may support a perception of lack of awareness of elder abuse or a difference of understanding of elder abuse and domestic abuse.

There is widespread recognition that the health service alone cannot meet all the needs of victims of domestic and sexual violence. However, the development of a general victim-centred focus is seen by some to risk undermining the impartiality and objectivity of court proceedings.

The value of co-ordination work, expressed particularly by front-line service providers, is that it helps both with identifying a common vision and with informing the parties involved of when, where and how to call on the most appropriate organisations on a case-by-case basis. Respondents identified specifically: awareness raising, information sharing and updating on developments as some of the purposes for their inter-organisational work. In some regions, co-ordinated working also facilitated organisations to expand the capacity of local service provision as they worked together to develop and hold outreach clinics in different parts of what was a large geographic area.

Respondents indicated that co-ordination occurs more easily among organisations that are horizontally connected, i.e. organisations that are operating at the same levels – local, regional or national.

Reports of intra-regional organisational co-ordination activity were mixed. On the one hand respondents said that organisations operating in the same locality can develop good working relationships. It seems this may happen particularly well in areas that are small enough to allow regular contact. Such localised activity sees organisations meeting on a regular basis, including both formal and informal methods of working together, with the development of formal protocols rarely being mentioned by respondents.³¹

It was felt that horizontal co-ordination is more successful among those located in the same 'discipline', e.g. located in the criminal justice system or among those in the health system. Greater difficulties in co-ordination arise for organisations that are located in different systems, e.g. efforts to co-ordinate activities between the criminal justice and health systems.

Many respondents indicated that vertical co-ordination, i.e. between local, regional and national levels, tends to be more problematic for organisations generally. When describing these connections, respondents indicated that they often involved weaker and/or more formal relationships, for example involving (and largely confined to) governance/fund management.

In terms of similarity in background or discipline, respondents generally indicated that, on the whole, non-governmental organisations work well together. However, some respondents also said that, where there are issues of competition for funding, there can be a struggle among these same organisations for status in the sector. The lowest levels of co-ordination were perceived to be between the State and non-governmental organisations.

In summary, co-ordination activity seems to develop more easily among organisations that are similarly located in their respective environments. This means that organisations working in the same localities/regions, in the same disciplines or systems or in the same sector were more likely to work together in a co-ordinated way. This would suggest that regional committees involving organisations working under a common goal or statement of national policy are likely to be particularly effective in building inter-organisational co-ordination.

In terms of the problems with co-ordination, the main obstacles include: the competition

The value of co-ordination work, expressed particularly by front-line service providers, is that it helps both with identifying a common vision and with informing the parties involved of when, where and how to call on the most appropriate organisations on a case-by-case basis.

³¹ The only exception to this related to co-ordination work with hospitals.

that has prevailed among organisations to secure funding and to establish their status and service reach in their respective environments; the lack of development of domestic and sexual violence policies and of their integration in the overall work of organisations – in particular for organisations not primarily dedicated to domestic and sexual violence, priorities in relation to such violence are sometimes unclear and their commitment likewise can be unclear; a history among many organisations of some difficulties in relation to working relationships and low levels of co-operation.

Overcoming these obstacles requires establishing a common vision. This involves understanding the role, scope and limitations of other stakeholder organisations. It involves recognising and, where relevant, accessing the expertise of other organisations and an openness to see things from other perspectives. This vision is more likely to be sustained through central leadership and an integrating strategy, ensuring that arrangements for organisations working together are established and developed on an ongoing basis.

3.6 Conclusion

This chapter has presented a picture of the responses to the problem of domestic, sexual and gender-based violence in Ireland.

It reinforces the point that responses are multi-dimensional, requiring multi-sectoral and multi-disciplinary solutions. It also displays the complexity of the response situation in Ireland.

It is no wonder that victims experience difficulty navigating this complex landscape. It must be improved primarily for people like Jenny, Anna and Joe, whose experiences were recounted in Chapter One, but it also must be improved to ensure best public value. All of this activity must make the best collective impact.

The strategy is informed by the current context which is composed of the prevalence of domestic and sexual violence, the evidence of how and when it occurs, risk factors and their impact, the current intervention system and the policy background.

As a significant foundation strategy, it is important to bear in mind all of these contextual factors. The development of this strategy provides a major opportunity to radically improve Ireland's prevention of and response to domestic, sexual and gender-based violence. Listening to the voices of victims, recognising the current landscape and working in partnership with a broad range of State and non-governmental bodies, it is now clear which actions are required and will be taken over the coming five years. These are set out in the following chapters.

The main obstacles include: the competition that has prevailed among organisations to secure funding and to establish their status and service reach in their respective environments; the lack of development of domestic and sexual violence policies and of their integration in the overall work of organisations.

Part Two

TACKLING THE PROBLEM MORE EFFECTIVELY

INTRODUCTION

CHAPTER 1

CHAPTER 2

CHAPTER 3

CHAPTER 4

CHAPTER 5

CHAPTER 6

CHAPTER 7



Chapter Four

PRIMARY INTERVENTIONS

Chapter Four Primary interventions

Primary interventions are those that aim to prevent a problem from occurring or, when it has taken place, to prevent its recurrence.

4.1 Introduction

Previous chapters have presented the problem to be addressed by this strategy and have outlined the activity and challenges of the current situation. Studies of the current system and consultations with stakeholders have pointed to the need for a common vision delivering improved outcomes through collaboration and co-ordination across relevant services. This need underpins every action in the strategy. Part One introduced the strategy model comprising primary and secondary interventions surrounded by, and interwoven with, a clear emphasis on co-ordinated impact assessment and evidence on which policy and service planning is based. Part Two of the strategy sets out the actions to be taken, over the period 2010 to 2014, to tackle the problem more effectively. This chapter deals with primary interventions.

Primary interventions are those that aim to prevent a problem from occurring or, when it has taken place, to prevent its recurrence. In the context of domestic and sexual violence, primary interventions are those used to raise awareness, increase understanding and recognition, educate people about the dynamics of the problem and its impact, and equip people to better respond to the problem.

Primary interventions are an essential element of any strategy to combat domestic, sexual and gender-based violence. In the long term, incidents of domestic and sexual violence will be reduced or prevented through raising awareness of the problem and changing attitudes.

4.2 High-Level Goal 1

To promote a culture of prevention and recognition through increased understanding of domestic, sexual and gender-based violence

The objectives of this High-Level Goal are:

- » To increase understanding, recognition and practical information on domestic, sexual and gender-based violence throughout society in Ireland
- » To increase understanding and recognition of domestic, sexual and gender-based violence in State-sector organisations
- » To raise awareness among young people of domestic, sexual and gender-based violence.

4.2.1 Action 1

Increasing understanding and recognition of domestic, sexual and gender-based violence is an ongoing objective that requires several supporting activities. General recognition and understanding of the issues involved need to be raised throughout society as a whole. Cosc's 2009 report on attitudes to domestic abuse in Ireland showed that while just over 70 per cent of the population consider domestic abuse against women to be common, far fewer people see domestic abuse against men as a problem. The survey also showed that people are unsure about how to respond to domestic abuse, they are uncertain about how to help a family member who is a victim of domestic abuse, and they are reluctant to become involved if the victim is a neighbour or someone they don't know well.

Campaigns need to be developed carefully, on the basis of robust research and with sensitivity to unintended impacts. It is important to note that leaving a violent relationship can be a particularly dangerous time for the victim. Research has shown that only 11.5 per cent of women survivors of domestic abuse interviewed reported that they did not

experience further abuse after leaving. The vast majority reported some form of continued abuse (Davies et al, 2009).

Developing, implementing and sustaining national and local awareness-raising campaigns that challenge myths and increase understanding of the issues are key tools in the process of increasing recognition and understanding of domestic and sexual violence, and need to be supported by related activity. It is not intended that this work will result in passive intolerance, rather that it encourages the development, in Irish society, of an informed capacity to

take appropriate action. Any awareness-raising campaign needs to be supplemented by practical information for victims, their families and friends as well as for front-line service workers, about how victims can increase their safety, where to look for help, what kind of services they should expect and the risks involved in taking action. Campaigns also need to be supported by a strong media interest and engagement in the issue by persons with a high profile or influence in society.

Action 1 aims to increase recognition and understanding of domestic and sexual

³² Apart from Actions 6, 8, and 9, all HSE actions and indicators are directly taken from the current draft of the HSE policy on DV and SV.

Table 1				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
1 Promote and develop an understanding and recognition of domestic, sexual and gender-based violence among the general public and specific audiences	1.1 Undertake a range of activities including engaging national, local and journal media in delivering articles to the general public, and to specific audiences (including professionals, vulnerable or high-risk groups, older people etc), » to challenge myths » to confront offending behaviour » to increase understanding and recognition, and » to provide practical information on domestic, sexual and gender-based violence and services available	Cosc (Lead)	1.1 (a) Targeted Annual Information Programme 2010-2014 developed by Q2 2010 and by Q1 each year thereafter 1.1 (b) Annual Programmes implemented by end of programme year	Cosc (with NSC, RAC and NGO participation)
	1.2 Develop guidance on practical steps to increase personal safety for those most at risk from domestic, sexual and gender-based violence	Cosc (Lead)	1.2 (a) Guidance and dissemination plan developed by Q4 2010 1.2 (b) Implement plan from Q1 2011 to 2014	Cosc (with NSC, RAC and NGO participation)
	1.3 Agree in partnership with the NGO networks and Cosc a national awareness training pack for all community groups and organisations that receive funding from the HSE ³²	HSE	1.3 Number of groups trained by LHO by Q4 2010	HSE

violence throughout society as a whole, within high-risk groups and within specific audiences such as health-care professionals, the justice system and other front-line staff.

The activity to be undertaken is framed to ensure that appropriate and targeted communication is made with particular high-risk or marginalised groups such as people with disabilities, migrants, members of the Traveller community and older people. This activity will be driven by Cosc through targeted annual information programmes and will be carried out with the assistance of State and non-governmental partner organisations. The work will include determining messages, audiences and communication routes for inclusion in the Annual Information Programme; and the engagement of the media and target audiences through, for example, round table meetings, seminars and conferences.

Material aimed at increasing understanding and recognition will be supplemented by guidance for those most at risk on practical steps to increase personal safety. This will be carried out by determining target audiences and suitable means of communication, preparing content based on best evidence, consulting with relevant State bodies and NGOs, and agreeing and implementing a dissemination plan.

4.2.2 Action 2

The second step in increasing understanding of domestic and sexual violence is developing and implementing training programmes to ensure that front-line staff and professionals provide an effective response. Previous chapters referred to the critical problem of disclosure and confidence in services. It is vital that relevant front-line staff and professionals recognise the signs of domestic and sexual abuse, and are skilled to provide a suitable

response through their direct action and/or through correct and speedy referral to meet the needs of the victim.

The HSE is committed to agreeing and delivering a suite of national training packs for all front-line staff.

In order to improve both sector-specific training and multi-agency training, a Training Committee will be established which will identify training needs across the justice sector, relevant to domestic and sexual violence, identify current training gaps, and scope, develop and implement training programmes to meet these needs.

A further activity under this action is to be carried out through the inclusion of suitable material in course curricula in third-level courses such as medicine and social science, through increased, targeted training and continuing professional development of front-line State-sector workers. This will involve working with the institutions concerned in relation to determining the courses relevant to domestic and sexual violence, identifying content gaps and the process for curricular inclusion of suitable material, agreeing a pilot programme for trial purposes, and extending the programme following a review of the pilot. The HSE is already making efforts to include the issue of elder abuse as part of the core curriculum for nursing and medical training.

The Department of Education and Science will continue to promote issues relevant to domestic and sexual violence in training on student care among school professionals.

4.2.3 Action 3

The final objective of High-Level Goal 1 is targeted at children and young people and aims to promote healthy relationships

and develop among young people an intolerance of domestic, sexual and gender-based violence.

Recognising that schools have a key role in educating young people about healthy relationships and raising awareness of domestic and sexual violence, Cosc undertook a study of the current situation regarding domestic and sexual abuse awareness-raising activities among students attending post-primary schools in Ireland. The study also identifies the main obstacles experienced by schools in carrying out this work. The results of the study are intended to inform future work on the development of awareness-raising on domestic and sexual abuse in post-primary schools in Ireland. The study is based on a nationally representative sample (n=82) of all types of post-primary schools in Ireland. The school Principal/Head and the SPHE Co-ordinator were the main respondents interviewed.

Notwithstanding the material provided in schools as set out at section 3.3.4 above, the majority of schools reported that the broader curriculum at both senior and junior post-primary level does not help explicitly to raise awareness about domestic and sexual abuse. A small proportion of schools have used outside facilitators for the purpose of raising awareness of abuse. A significant majority reported that they would prefer material on such abuse to be delivered by both teachers and outside facilitators. The principal difficulties reported by schools in delivering awareness-raising on sexual abuse to senior and junior cycle students include the pressure of examinations, an overcrowded curriculum and the possibility of parental opposition.

The activities under this objective are aimed at both second- and third-level students as well as young people involved

Table 2				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
2 Promote and develop understanding and recognition of domestic, sexual and gender-based violence across the State sector	2.1 Agree and deliver a suite of national training packs for all front-line staff in different health-care settings, from agreed existing materials	HSE	2.1 Number of front-line staff trained by each LHO by Q1 2011	HSE
	2.2 (a) Conduct an analysis of training needs for all relevant justice sector organisations including identification of areas suitable for cross-sectoral training 2.2 (b) In the light of the training needs analysis, develop and implement training programmes	Cosc (Lead), Garda, Probation, Courts Service, Legal Aid Board, IYJS	2.2 (a) Justice sector training needs identified by Q1 2011 2.2 (b) Identification or development of suitable training programmes by Q2 2011 2.2 (c) Implementation of training programmes by Q4 2011 2.2 (d) Number of staff trained each year	Cosc-led training committee and/or service-led committees
	2.3 Work with third-level institutions to include understanding and recognition of domestic, sexual and gender-based violence in curricula including social services and legal studies curricula	Cosc, HSE, OOP, Institutions concerned	2.3 (a) Develop pilots in some institutions by end Q2 2011 2.3 (b) Implement pilots from end Q4 2011 to Q1 2012 2.3 (c) Review pilots by end Q3 2012 2.3 (d) Extend to other institutions from end Q4 2012	Cosc with NSC and NGO participation
	2.4 Continue to promote issues relevant to domestic, sexual and gender-based violence in training on student care among school professionals	DES	2.4 Number of school professionals trained	No specific structure needed

in youth programmes outside of the school context such as Youthreach and similar programmes. The Department of Education and Science will lead work with curriculum support services and Cosc to strengthen the emphasis on awareness of issues of domestic and sexual violence.

Under this strategy, practical information and guidance material will be developed for third-level institutions and student unions in order to inform students of the risks of domestic, sexual and gender-based violence, and to provide them with practical information on how and where to get help. Cosc will: lead a review of

information and advice available to third-level students, work with partner organisations to consider the scope for improved material, and work with student services to increase the availability of high-quality, accurate information.

Table 3				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
3 Embed domestic, sexual and gender-based violence content in second- and third-level educational institution action on healthy relationships	3.1 Develop and implement sustainable second-level educational programmes, applying learning from Cosc research on schools programmes and from the experience of programmes provided in this area	DES (Lead), Curriculum support services, Cosc	3.1 (a) Develop enhanced programme content by Q2 2011 3.1 (b) Number of schools/teachers who have availed of training in enhanced programme each year	Education committee
	3.2 Develop and implement programme for young people attending Youthreach and similar education programmes	As above	3.2 (a) Develop content for delivery in Youthreach and similar programmes by Q2 2011 3.2 (b) Number of schools/teachers who have availed of training in enhanced programme each year	As above
	3.3 Work with third-level institutions and student media to increase understanding and practical information on domestic, sexual and gender-based violence	Cosc (Lead), Third-level institutions, Student health services	3.3 (a) Practical guidance for third-level colleges on risk of domestic, sexual and gender-based violence and services available by Q4 2010 3.3 (b) Number of colleges involved each year	Cosc with NSC and other NGO participation

4.3 Conclusion

This chapter covers actions that will be taken to improve primary interventions addressing domestic, sexual and gender-based violence. Actions are aimed at increasing understanding, recognition and practical information among the general public and among specific audiences such as professionals, front-line staff and those at high risk of domestic and sexual violence.

Particular attention is paid to the opportunities for multi-agency training to develop and support links between State organisations. Activity will also be undertaken to inform our young population and to increase their understanding of domestic and sexual violence in order to reduce the risk among that sector and to change cultural attitudes of future adults.

The above three actions combined aim to create a society in Ireland that understands

the problems of domestic, sexual and gender-based violence, recognises these crimes when they occur, and is confident about disclosure, knowledgeable about services, and intolerant of these forms of violence. The overall goal of the actions is the creation of a strong culture of prevention and recognition through increased understanding of domestic, sexual and gender-based violence.

The following chapter deals with actions to improve secondary interventions.



Chapter Five **SECONDARY INTERVENTIONS**

Chapter Five

Secondary interventions

Secondary interventions arise once an incident has occurred and there is a direct role for services to deal with a report, to respond, or to refer on for needs to be met by a more specialised service.

5.1 Introduction

The previous chapter outlined the activity to be undertaken to enhance and further develop primary interventions.

Secondary interventions arise once an incident has occurred and there is a direct role for services to deal with a report, to respond, or to refer on for needs to be met by a more specialised service. In the context of domestic and sexual violence, secondary interventions are mainly the services offered to victims. The enhancements required in this area relate to the standard of these services, the co-operation and co-ordination between service providers and the levels of support offered to victims.

Effective secondary interventions inspire confidence in victims, provide a high standard of support and reduce the possibility of violence recurring. Thus, secondary interventions also include measures to address offending behaviour by perpetrators, e.g. domestic violence intervention programmes and sex offender programmes. The interventions reflect the complexity of needs of those affected by these crimes.

Secondary interventions responding to these crimes therefore range from routine enquiry in hospital or GP settings which aim to facilitate disclosure, to direct service provision to victims, such as assistance with accommodation, counselling and medical attention, to relief provided through the civil and criminal justice process.

The response to a victim immediately after an incident of violence has taken place, or disclosure of a series of violent incidents, and the level of care she or he receives at this stage will impact greatly on progress towards recovery. For many, leaving an abusive relationship means raising children alone and struggling financially to survive.

Through interviews with women who have experienced domestic violence in 1999, Kelleher and O'Connor found the following factors to be critical for women when attempting to leave abusive relationships:

- » Safety and protection
- » The support of family and friends
- » Access to support agencies
- » Access to a sympathetic solicitor and Gardaí who understand the dynamics of domestic violence
- » Sanctions to control the perpetrator.

Providing the right supports and services to victims needs to be accompanied by measures that focus on perpetrators and seek to address offending behaviour. Effective action in the justice system and through perpetrator intervention programmes reduces the risk of re-offending and increases the safety of victims.

5.2 High-Level Goal 2

To deliver an effective and consistent service to those affected by domestic, sexual and gender-based violence

The objectives of this High-Level Goal are:

- » To increase confidence in service provision
- » To promote high standards in service provision
- » To strengthen intra- and inter-organisational co-ordination to improve service effectiveness and consistency
- » To improve protection and support for victims
- » To address offending behaviour by perpetrators.

These objectives will be achieved through the implementation of Actions 4-18. Some actions are relevant to several of the above objectives.

Table 4				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
4 Ensure information on services is available to victims in user-friendly formats	4.1 Promote effective dissemination to victims of accessible and consistent information on domestic and sexual violence provided by State organisations	Cosc (Lead) and all relevant State services	4.1 Accessible and consistent information effectively disseminated by State organisations	No specific structure needed. Cosc to drive
	4.2 Continue to encourage and support effective dissemination of information on domestic and sexual violence services provided by non-State organisations	Cosc (Lead) and all relevant NGO services	4.2 (a) Effective and strategic support provided to NGOs to deliver service information to victims 4.2 (b) Improved service awareness levels among victims	

5.2.1 Action 4

A basic first step in increasing confidence in service provision for those affected by domestic, sexual and gender-based violence is making sure that information on services is available to victims in user-friendly formats. Clear, accessible and easy to understand information on State services and the process involved in reporting a crime and the ensuing steps in bringing a complaint through the criminal justice service will encourage more victims to report to the Gardaí and to remain in the criminal justice system until the end of the process.

Cosc will continue to promote effective dissemination of accessible and consistent information on domestic violence and sexual violence among State organisations. Cosc will review information on domestic and sexual violence and relief or services available as currently provided to victims by State organisations. It will consider the accessibility and clarity of this information including the scope for joint information material. It will work with

State organisations and support services to increase the availability of high-quality information material for victims. All materials produced by Cosc and other State organisations will be in user-friendly formats and will have due regard to diversity and particular needs of vulnerable groups such as migrants, Travellers, people with disabilities, etc.

Through the awareness grant scheme, Cosc will also continue to encourage and support NGOs in creating and distributing effective and consistent information on the services they provide for victims and perpetrators of domestic and sexual violence. In conjunction with partner organisations, Cosc will consider and implement improvements to the awareness grant scheme, having regard to the outcome of evaluation of activities carried out under the scheme.

5.2.2 Action 5

Accessible service information is just the beginning of the work to increase confidence in the system. It is known

that, in general, reporting of domestic and sexual violence to professionals is strikingly low. Research shows that on average a victim of domestic violence will be assaulted 35 times before disclosing (Yearnshire, 1997). Ensuring reasonable opportunity for disclosure and promoting routine disclosure is vital for effective service response.

This strategy incorporates the HSE policy on domestic and sexual violence in many areas. The HSE policy includes an action to increase the opportunity for disclosure in different health-care contexts and environments and with specific target groups. In order to ensure a co-ordinated approach, the HSE action is incorporated within this strategy.

Promoting disclosure is also vital in other areas apart from health, such as the justice, housing and education sectors. Through existing cross-departmental structures, Cosc will identify opportunities for disclosures and best practice disclosure actions applied in other jurisdictions in sectors other than the health sector.

Table 5		Indicative list of key bodies	Progress indicator	Implementation structure
Action	Activities			
5 Ensure reasonable opportunity is provided for disclosure of domestic and sexual violence	5.1 Agree and implement an assessment form with domestic violence questions for routine use for all staff in different health-care contexts/environments with specific target groups	HSE	5.1 (a) Assessment form agreed by Q1 2010 5.1 (b) Number of staff who received assessment forms at training by LHO by Q4 2010 5.1 (c) Number of screening forms completed	HSE
	5.2 Identify and promote best practice to encourage disclosure of domestic and sexual violence in relevant sectors including justice, housing, and education sectors	Cosc (Lead), local authorities, DEHLG, DES	5.2 (a) Proposals for non-health sector disclosure (including suitable pilot) developed by Q4 2011 5.2 (b) Pilot implemented by Q2 2012 5.2 (c) Pilots reviewed (including number of forms completed) by Q2 2013 5.2 (d) Action taken in light of review by Q4 2013	Justice and Tripartite Committees ³³

For example, there may be undeveloped opportunities for disclosure in the justice or housing sectors, etc. Cosc will facilitate consideration of the feasibility of the application of best practice actions in Irish State services and the development and implementation of pilot schemes for disclosure in these sectors. The pilot schemes will be reviewed periodically by the sectors and organisations involved with a view to further development.

5.2.3 Action 6

Action 6 is the promotion of clear, high-

quality standards in service delivery for victims and perpetrators of domestic and sexual violence. The Council of Europe defines minimum standards as the lowest common denominator or basic standards that all States and services should aim to achieve. Good practice is not just about minimum standards but rather should be aspirational and aim to maximise access to services and develop the quality of these services.

One step taking place in the justice sector is the promotion of high-quality standards in service delivery through the implementation of the new *Victims Charter*. The *Victims Charter* describes the criminal justice system

³³ Cosc facilitates inter-agency co-ordination across the justice sector through the Justice Committee, and inter-agency co-ordination across State bodies responsible for justice, health and housing policy through a committee known as the Tripartite Committee.

Table 6				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
6 Promote clear, high-quality standards in service delivery for victims and perpetrators of domestic and sexual violence	6.1 Publish a new edition of the <i>Victims Charter and Guide to the Criminal Justice System</i> , outlining the commitments to victims generally, and victims of sexual, domestic and gender-based violence in particular, made by the eight State criminal justice agencies	Victims of Crime Office (Lead) and all relevant bodies	6.1 <i>Victims Charter</i> published by Q1 2010	Victims of Crime Office, Cosc
	6.2 Identify best practice models for service delivery for victims and perpetrators of domestic and sexual violence	Cosc (Lead) and all relevant bodies	6.2 Information on best practice models identified and circulated to service providers by Q3 2010 and regularly thereafter	No specific structure. Cosc to drive
	6.3 Encourage improvements to service delivery based on consideration of suitable best practice models	Cosc (Lead)	6.3 At least 2 best practice models considered annually	
	6.4 Identify and promote suitable State service responses in relation to domestic and sexual violence for vulnerable or high-risk groups (including Travellers, people with a disability, older people, migrants, and young people)	Cosc (Lead), OOP	6.4 Development of intervention responses for the most vulnerable groups by Q4 2011	
	6.5 Work in partnership with the national NGO networks to develop standardisation within specialist domestic violence services	HSE (Lead)	6.5 Number of standards in place in all HSE-funded services by Q4 2010	HSE
	6.6 Implement the recommendations on standardisation of sexual assault services as set out in the National Review of SATUs	HSE (Lead)	6.6 SATU review report implemented by Q4 2010 (funding dependencies)	HSE
	6.7 Ensure that the requirements in <i>Children First: National Guidelines for the Protection and Welfare of Children</i> are being adhered to by all specialist domestic violence services	HSE	6.7 Child protection policies in place in all HSE-funded services, based on requirements of <i>Children First: National Guidelines for the Protection and Welfare of Children</i> and Duty to Care Q3 2010	HSE

Table 6 continued				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
6 Promote clear, high-quality standards in service delivery for victims and perpetrators of domestic and sexual violence	6.8 Develop and disseminate guidelines on working with children in domestic violence situations	HSE	6.8 Best practice guidelines outlined, disseminated and covered in service level agreements Q4 2010	HSE
	6.9 Ensure the assessment form for children at risk will contain key questions about domestic violence	HSE	6.9 Number of children identified at risk re domestic violence are followed up	HSE
	6.10 Ensure the assessment form for children at risk regarding domestic violence contains questions regarding children's welfare	HSE	6.10 As above	HSE

from the perspective of a victim of crime and sets out a victim's rights and that person's entitlements to the services provided by the various State agencies. The Charter includes statements of commitments in relation to victims of crime by An Garda Síochána, the Courts Service, the Prison Service, the Probation Service, the Director of Public Prosecutions, the Coroner Service, and information on the Criminal Injuries Compensation Tribunal.

In addition to the implementation of the *Victims Charter*, work is also required to encourage and promote high-quality service delivery through the identification and application of best practice models. International conventions and organisations such as CEDAW (Convention on the elimination of all forms of discrimination against women) and the Beijing Platform for Action, provide some guidance on the types of services that are required to combat domestic and sexual violence. The Beijing

Platform strategic objectives state that services must be linguistically and culturally accessible to migrant victims, must cater for victims with disabilities, for victims who become displaced due to conflict and for those living in rural areas.

Some work has been done in Ireland in relation to best practice models and standards for services. For example, Rape Crisis Network Ireland has worked closely with RCC managers and Board members to develop a Quality Framework for RCCs, and Minimum Quality Assurance Standards (QAS) for RCCs in Ireland. The Quality Assurance Framework includes 26 minimum standards which must be implemented by RCCs. The RCNI provides a researched and referenced template for each of the QAS (Source: RCNI, 2009). The HSE is considering the applicability of these standards to the services it provides to victims of sexual violence. Cosc will work with partner organisations to source

information on evaluated models for service delivery, inform relevant service providers and encourage consideration and implementation of best practice models and standards.

The needs of particularly vulnerable, marginalised and high-risk groups need to be taken into account in this work. Cosc will work closely with service providers and other bodies such as the National Disability Authority (NDA) in order to identify other models of best practice and standards to meet the particular needs of these groups and to promote and encourage improved responses.

Finally, the 2009 HSE policy on domestic and sexual violence includes specific actions to develop standardisation within specialist domestic violence services as well as actions to implement the recommendations on standardisation of sexual assault services as set out in the National Review of Sexual

Table 7				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
7 Promote inter-agency co-ordination through multi-agency projects	7.1 Promote and further develop practices and protocols on inter-agency referrals and co-operation based on best practice	Cosc (Lead), HSE, Garda, Courts Service, Probation	7.1 (a) Assess extent to which specific referral protocols required by end Q4 2010 7.1 (b) Agree protocols in 3 key areas by end Q4 2011 7.1 (c) Agree further protocols required by end Q4 2012 7.1 (d) Implement by end 2014	Justice and Tripartite Committees
	7.2 Provide guidance on data protection implications of information sharing across services	ODPC	7.2 (a) Guidance developed and disseminated by Q4 2010	ODPC
		DJELR	7.2 (b) Provide for any necessary legislative change	DJELR

Assault Treatment Units (SATUs). The HSE policy also includes actions to ensure that the guidelines in *Children First: National Guidelines for the Protection and Welfare of Children* are adhered to by all domestic and sexual violence services as well as actions to develop and disseminate guidelines on working with children in domestic violence situations. As noted earlier in this chapter, to ensure a co-ordinated approach, the aforementioned HSE actions are being incorporated into this strategy. It is important that the domestic and sexual violence services and the child protection services of the HSE work closely together to ensure that appropriate measures are taken where a child has been identified as being at risk.

Through their close interaction with pupils, those working in the education sector have the potential to become aware of children at risk of domestic and sexual abuse. It is critical that the requirements in *Children First: National Guidelines for*

the Protection and Welfare of Children are fully implemented and that all relevant staff understand the need for integration across the health, justice and education sectors.

5.2.4 Action 7

Overviewing the inter-activity of organisations is particularly valuable in inter-agency co-ordination. Not every activity demands co-ordination and it is important to identify where co-ordination is required and will produce the best outcomes. Ad hoc development of co-ordination between agencies may ignore key parties, duplicate structures and limit impact. Cosc's examination of the current system indicates that there is a recognised need and an appetite for co-ordination and inter-agency work. The knowledge gathered through the study informs the implementation of the actions below. Vertical and horizontal co-ordination at

national, regional and local level will be developed through these actions. This work promotes opportunities for networking, sharing information and best practice across State agencies, and where relevant may also include NGOs.

Emphasising the joined-up approach to strategic action taken across the strategy, Action 7 aims to achieve the objective of strengthening intra- and inter-organisational co-ordination with a view to improving service effectiveness and consistency. Previous chapters have noted that responding to domestic and sexual violence is a complex process that requires the involvement of both State services and NGOs across a wide range of sectors. Dealing with such a vast array of service providers is a very daunting and complicated task for a victim. Research carried out in the UK in the 1980s found that women on average had to make contact with between five and twelve different service providers in order to get the help

Table 8				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
8 Improve collaboration and information sharing in relation to service provision	8.1 Promote opportunities for networking, sharing information and best practice across State agencies	Cosc (Lead)	8.1 (a) Effective meetings of NSC and related committees (ongoing) 8.1 (b) Conduct annual reviews of collaboration activity at regional/national level	No specific structure necessary
	8.2 Regular liaison between Cosc and the HSE Assistant National Director for Children and Families Social Services and the HSE Assistant National Director for Older Person's Services regarding progress on all HSE-related action on domestic and sexual violence	Cosc and HSE	8.2 Progress made on HSE-related domestic and sexual violence actions	No specific structure necessary
	8.3 Support Regional Advisory Committees to improve collaboration and the implementation of national policies on domestic and sexual violence	HSE	8.3 Effective meetings of RAC and related committees (ongoing)	No specific structure necessary
	8.4 Explore areas of work to identify those suitable for cross-border co-operation to address domestic and sexual violence	Cosc (Lead), DFA, HSE, Garda, Courts Service, Probation Service	8.4 (a) Areas of work to be identified by Q3 2010 8.4 (b) Consider setting up projects to take forward suitable areas of work by Q1 2011	Cosc (with advice from NSC, RAC and NGOs)

they required (Binney et al, 1982). Therefore it is essential that all service providers try to co-ordinate their work in order to lessen the burden on the victim.

In conjunction with partner organisations, Cosc will identify best practice on inter-agency referrals and co-operation, identify current practice and scope for inter-agency referrals and improved co-operation, including the needs for specific referral protocols. Cosc will, where necessary,

facilitate the preparation of protocols. Guidance on information sharing will be provided by the Office of the Data Protection Commissioner.

5.2.5 Action 8

Greater co-ordination between service providers and a multi-agency approach to service provision are concepts that have been widely accepted over the past 20 years.

Indeed research indicates that a co-ordinated approach reduces further incidences of violence (Shepard and Pence, 1999). In the United States the formation of 'co-ordinating councils' has been encouraged and promoted. Co-ordinating councils are committees that are created to lead the co-ordinating effort. The membership consists of representatives from agencies, departments and community groups dealing with domestic violence. The aim of co-ordinating councils is to increase communication and improve co-ordination

Table 9				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
9 Ensure reasonable accessibility to counselling services for victims of domestic and sexual violence	9.1 Review the availability of counselling services as part of its work on standardisation and improved data collection within HSE-funded services for victims of domestic and sexual violence	HSE	9.1 Review completed by Q1 2011	HSE and HSE-funded services for victims of domestic and sexual violence
	9.2 Develop proposals for improvement		9.2 Proposals for improvement developed and implemented by services and the HSE by Q2 2011	

so that incidences of domestic violence are reduced and prevented (Gamache and Asmus, in Shepard and Pence, 1999). To some extent the co-ordinating council approach is being taken in Ireland through the work of new Regional Advisory Committees.

The purpose of Action 8 is to support and enable collaboration across State agencies and NGOs. Cosc will continue its work, leading activity to promote opportunities for networking, sharing of information and best practice across State agencies. This will be implemented through encouraging and monitoring the functioning of the NSC and related committees to maximise constructive working and collaboration. Cosc will promote opportunities for seminars, conferences and discussion on best practice.

Work at regional level will be further strengthened through support for the effective functioning of the Regional Advisory Committees which will play an important role in developing collaboration and in the implementation of this strategy at local level.

Under the Inter-Governmental Agreement

on Co-operation on Criminal Justice Matters, co-operation between North and South is being taken forward across a number of criminal justice areas, including registered sex offenders, public protection and victim support. This work provides a good model for successful cross-border co-operation. Where appropriate, Cosc will seek to link in with the structures already in place in order to develop programmes that address domestic and sexual violence in the cross-border context.

5.2.6 Action 9

The actions to date in this chapter (Actions 4-8) aim to increase confidence in service provision, promote high standards in service provision and strengthen co-operation and co-ordination between services. All of these actions combined, together with Actions 9, 10 and 11, aim to improve protection and support for victims of domestic and sexual violence.

In addition to general improvements across service provision, there are specific areas which are targeted in this strategy.

Counselling is an important part of the holistic approach that many support services offer to victims of domestic and sexual violence. The need for counselling and psychological services is set out in a number of international documents. Many agencies in Ireland, both State and non-State, provide counselling services to victims of domestic and sexual violence. The Council of Europe 2008 study on minimum standards for support services recommends minimum standards that should be adopted by all domestic and sexual violence services that provide counselling, as well as by general counselling practices (Kelly and Dubois, 2008). These standards cover training for counsellors, the creation of individual action plans for clients that address safety, support and practical needs, and the issue of referrals. Counselling and mediation are the most often used supports for proven instances of elder abuse. Further research is needed to judge their effectiveness as a response to elder abuse.

In the context of this strategy, counselling refers to one-on-one counselling with either the victim or the perpetrator or sometimes group therapy with victims or with perpetrators. This definition of counselling does not include counselling of a couple, family counselling or any form of mediation. Indeed there is a broad body of evidence to suggest that couple counselling or mediation is not suitable for either victims or perpetrators of domestic or sexual violence.

Action 9 of this strategy aims to ensure reasonable accessibility to counselling services for victims of domestic and sexual violence. The HSE will examine the provision of counselling services within HSE-funded services for victims of domestic and sexual violence, as part of its work on standardisation and improved data analysis. This will be followed by the development and implementation of proposals to improve the current situation.

5.2.7 Action 10

Another specific action to achieve the objective of improving protection and support for victims is ensuring effectiveness and consistency in housing responses. While it may be preferable for a victim to remain in the family home, it is not always safe or possible to do so. The violence may be so acute as to afford no alternative but to leave the family home urgently. Some victims move, with or without children, to family or friends, seek emergency accommodation from local authorities or move to refuges. In order to prevent once-off or repeat homelessness and to support the safety and long-term recovery of the victim, a range of safe, accessible and holistic solutions is required.

While there may be differences in practice by local authorities in relation to the handling of domestic violence as a valid reason for homelessness, research has shown that domestic violence does lead to homelessness in some cases. In 2006 the Fitzpatrick Review³⁴ noted that 'domestic violence was a key factor in the homelessness of women and children and should be recognised as such' (p.134). The review recommended that victims of domestic violence should be recognised as an at-risk target group. While women are more than twice as likely as men to be victims of severe abuse (15 per cent compared to 6 per cent) (p.53),³⁵ it is likely that men are also at risk of homelessness due to domestic violence either as victims or perpetrators. There is also evidence that repeat victimisation can occur and that domestic violence is a factor in repeat homelessness. In Scotland, local authorities cite domestic violence as a main cause of repeat homelessness (Pawson, 2001; ODPM, 2003).

In order to ensure effectiveness and consistency in responses, policy guidelines for local authorities will be developed through the Cross-Departmental Team on Homelessness in consultation with the National Homeless

Policy guidelines for local authorities will be developed through the Cross-Departmental Team on Homelessness in consultation with the National Homeless Consultative Committee and Cosc.

³⁴ Fitzpatrick Associates Economic Consultants (2006), Review of the Implementation of the Government's Integrated and Preventative Homeless Strategies. Dublin: Stationery Office.

³⁵ Watson and Parsons (2005).

Table 10				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
10 Ensure effectiveness and consistency in housing responses	10.1 Develop policy guidance for local authorities on their housing remit in relation to domestic violence, setting out a clear understanding of domestic violence and the importance of housing as a homelessness preventative and responsive action. The guidance would also cover the range of accommodation options to be considered and implemented by local authorities covering preventative, emergency and long-term accommodation solutions with related housing supports, as necessary, ³⁶ to help persons maintain their new housing tenancies	DEHLG (Lead), Cosc, local authorities, HSE	10.1 (a) Policy guidance to be developed through the Cross-Departmental Team on Homelessness with Cosc, in consultation with the National Homeless Consultative Committee, as appropriate. This guidance will be supported by research on relevant aspects, experience, and best practice internationally 10.1 (b) Policy Guidance developed by Q4 2010, to address matters relating to: 1. Assessment of housing need and consistent application of 'homelessness' 2. Housing allocation policies 3. Nature and extent of provision of emergency accommodation	Cross-Departmental Team on Homelessness, in consultation with the National Homeless Consultative Committee, as appropriate
	10.2 In the context of minimising the extent of victim homelessness arising from domestic violence, evaluate approaches and experiences of initiatives such as safe rooms, security support, etc., and consider role in Irish context	DEHLG (Lead), Cosc, local authorities, HSE	10.2 Evaluation completed by Q4 2011 with consequential programme of action developed	Cross-Departmental Team on Homelessness, in consultation with the National Homeless Consultative Committee, as appropriate

³⁶ Supports to help the successful transition from homelessness to living in mainstream housing, tapering off in line with this progression.

Table 11		Indicative list of key bodies	Progress indicator	Implementation structure
Action	Activities			
11 Examine a one-stop-shop option for greater accessibility to services for victims of domestic and sexual violence	11.1 Develop proposals for multi-agency one-stop shop for victims of domestic and sexual violence	Cosc (Lead), HSE, Garda, FSA, DCRGA	11.1 Proposals developed by Q4 2010	Implementation structure to be part of proposals for one-stop shop
	11.2 Implement pilot of one-stop shop		11.2 Pilot implemented by Q3 2011	
	11.3 Review pilot and implement outcome of review		11.3 (a) Pilot reviewed by Q3 2012	
			11.3 (b) Proposals revised and implemented by Q3 2013	

Consultative Committee and Cosc. These guidelines will set out a clear understanding of domestic and sexual violence and the importance of housing as a homelessness preventative response. The document will also cover the range of accommodation options to be considered and implemented by local authorities, covering preventative, emergency and long-term accommodation solutions with related housing support.

are the Gardaí, legal advice services, and community-based support services. The easy accessibility of a broad range of services, or of information about such services, on one site, is a practical support to a victim at a traumatic time. A secondary outcome of the one-stop-shop model is that it can engender confidence between agencies offering their services and improve co-ordination and the sharing of information in individual cases.

5.2.8 Action 11

In addition to these specific improvements, a broader perspective is necessary to address the often complex needs of victims. This complexity may present practical difficulties for a victim when attempting to access the range of services working in this area. A possible solution to this is the establishment of one-stop shops.

The primary purpose of the 'one-stop-shop' model of service provision is to reduce the number of locations and organisations that victims of domestic and sexual violence must visit to receive basic support services. This model of service provision provides access to the appropriate service at the right time in a safe and trusted environment. The main partners identified in such a resource

There is potential for the one-stop-shop model to provide great benefit to victims of domestic and sexual violence and to also benefit the support services contributing to the project. The victim is the focus of the work of a one-stop shop. Other models of inter-organisational working may retain the tension between internal organisational focus and joint working. In a one-stop shop, each organisation is clearly committed to putting the victim at the centre and jointly working to support the person to overcome the trauma involved with the experience of domestic and sexual abuse. Some models include specific follow-up of offender behaviour which strengthens working between support services and agencies in the justice sector. Outcomes have been demonstrated in relation to reduced rates of repeat victimisation and increased rates of

Table 12		Indicative list of key bodies	Progress indicator	Implementation structure
Action	Activities			
12 Minimise attrition in domestic and sexual violence cases, where appropriate	12.1 Develop a greater understanding of the extent and nature of attrition in domestic and sexual violence cases	Cosc (Lead), Garda, Courts Service, DJELR	12.1 Justice Committee to consider attrition research and to make proposals to Cosc by Q4 2010	Justice Committee
	12.2 Develop proposals to minimise attrition in domestic and sexual violence cases, where appropriate, including an examination of the feasibility of pre-trial hearings in sexual violence cases	Cosc (Lead), Garda, Courts Service, DJELR	12.2 Proposals considered and implemented on a phased basis if necessary	Justice Committee

reporting (Robinson and Tregidga, 2005). Clarity of purpose and clear protocols must be established in order to ensure that the model works. Action 11 of this strategy involves the development of proposals for multi-agency one-stop shops for victims of domestic and sexual violence and the implementation of a pilot of a one-stop shop. In conjunction with partner organisations, Cosc will draft proposals for one-stop shops and will scope the feasibility of a pilot programme. The pilot will be reviewed and evaluated. Proposals for further development of one-stop shops will take into account the outcome of the review and will be implemented accordingly.

5.2.9 Action 12

All of the actions in this chapter aim to achieve High-Level Goal Two – to deliver an effective and consistent service to those affected by domestic and sexual violence. As we have seen above, Actions 5-11 focus on the victim: on supporting and protecting the victim and on improving service provision. However, in order to achieve an effective and consistent service to those affected by domestic and sexual violence, it is also necessary to consider services provided to address offender behaviour.

Actions 12-18 fall under the final objective of High-Level Goal Two: to address offending behaviour. These actions are divided between those aimed at perpetrators of domestic violence and those aimed at perpetrators of sexual violence; and they address not just perpetrator programmes but also attrition rates, risk management and legislation.

Attrition, in cases of domestic and sexual violence, relates to the lack of progress on to completion of criminal cases, and more specifically, to the stages at which cases drop out from the criminal justice system, that is, from the initial report stage to the final stage of court proceedings. It should be noted that cases may not be progressed through the system due, for example, to insufficiency of evidence. This is not a decision that an incident did not take place, but rather that the evidence in the case was not strong enough from a prosecution perspective. While there is some debate about the specific level of attrition in court cases arising from domestic and sexual abuse, there is no doubt that attrition is a problem to be tackled. Considerable effort has been invested in examining this problem in Ireland in recent years. The strategy includes a specific action (12) to minimise attrition levels in domestic

Table 13				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
13 Use vetting arrangements to provide greater protection for victims of domestic and sexual violence	13.1 Improve legislative provisions on vetting	DHC, OMCYA, DJELR	13.1 Vetting legislation improved and brought into operation by Q4 2011	No specific structure necessary
	13.2 Strengthen vetting arrangements for those who may come into contact with potential victims of domestic and sexual violence		13.2 Legislation effectively enforced (ongoing)	

violence and sexual violence cases, where appropriate. This will include examining recent research with a view to making proposals for implementation to improve the situation.

5.2.10 Action 13

The purpose of vetting is to protect vulnerable individuals. Vetting mainly entails the carrying out of Garda checks on applicants for jobs which involve access to vulnerable individuals. Having in place an effective vetting process is one method of reducing the risk of re-offending by abusers. The process will be strengthened by underpinning legislation and enforcement. This is reflected in Action 13 of this strategy.

5.2.11 Action 14

Actions 14-16 cover activities to manage and reduce the risks posed by the perpetrators of domestic and sexual violence. Domestic and sexual violence are complex issues and therefore programmes addressing the offending behaviour of perpetrators of such violence must be carefully designed and implemented, and be based on a solid awareness and understanding of the

issues and their impacts. Apart from the consequences for perpetrators, developing and improving these programmes also has extremely important consequences for the safety of victims. The actions are primarily focused on convicted offenders. However, situations arise where for a variety of reasons sexual violence perpetrators remain outside the criminal justice system. There may be opportunities to manage the risks posed by such individuals and Action 14 includes an exploration of intervention in such cases.

Action 14 aims to strengthen measures to manage the risks posed by sexual and domestic violence perpetrators. As set out in Chapter Three, work is underway on the development of a system for assessing and managing the risk posed by convicted sex offenders. The Management of Sex Offenders Group will build on its recent report by developing policy and provision for pre-sentence risk assessments for sexual violence offenders, and further develop risk management arrangements for convicted sexual violence offenders. There are significant complexities associated with risk management of unconvicted sexual violence perpetrators but action will be taken to explore a feasible system to tackle this problem.

The Management of Sex Offenders Group will build on its recent report by developing policy and provision for pre-sentence risk assessments for sexual violence offenders.

Table 14				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
14 Strengthen measures to manage the risks posed by sexual and domestic violence perpetrators	14.1 Provide for pre-sentence risk assessments for the courts in relation to convicted sexual violence perpetrators	DJELR, IPS, Garda	14.1 Policy formulated in light of finalised Report of Management of Sex Offenders Group by Q4 2010	Management of Sex Offenders Group
	14.2 Further develop current risk management arrangements for convicted sexual violence perpetrators	DJELR, IPS, Probation Service	14.2 Implementation (including bringing into operation of legislation) by Q4 2011	Management of Sex Offenders Group
	14.3 Explore the feasibility of multi-agency risk management arrangements for unconvicted sexual violence perpetrators	Cosc (to facilitate)	14.3 Feasibility of multi-agency approach explored by Q2 2013	
	14.4 Develop and implement risk management arrangements for high-risk domestic violence perpetrators	Cosc (to facilitate)	14.4 Domestic violence perpetrator risk management model developed and implemented by Q4 2013	Justice Committee

The multi-agency approach to risk assessment of sexual violence offenders will prepare some ground for work in relation to domestic violence offenders. In the UK the multi-agency approach to domestic violence has been greatly advanced through the use of Multi-Agency Risk Assessment Centres (MARACs). MARACs were pioneered in Cardiff in 2003 and involve key agencies such as police, probation, education, health, housing and the voluntary sector, working together on an individual victim's case. The aim is to increase victim safety in high-risk cases through sharing relevant information and agreeing action. An evaluation of the MARAC system, carried out by Cardiff University in 2005, found that 47 per cent of women had not been re-victimised in the year following the MARAC (Robinson and Tregidga, 2005). Cosc will lead work

on the development of a model suitable for application to perpetrators of domestic violence in Ireland.

5.2.12 Action 15

In relation to interventions for perpetrators of sexual violence, two recent studies have found that intervention programmes have resulted in reducing recidivism rates. The Collaborative Outcome Data Committee (Hanson et al, 2002) reported on a meta-analysis of 43 independent studies dating from 1980 to 2000. The study found that the general recidivism or re-offending rate for those who had participated in programmes was 32.3 per cent compared with 51.3 per cent for those in untreated control groups. In 2003 McGrath et al

Table 15		Indicative list of key bodies	Progress indicator	Implementation structure
Action	Activities			
15 Strengthen measures to deal with sexual violence perpetrators	15.1 Monitor and review implementation of new prison treatment programme for convicted sexual violence perpetrators	DJELR, IPS	15.1 Sexual violence programmes reviewed by end 2013	IPS
	15.2 Integrate custodial and community intervention programmes for convicted sexual violence perpetrators	DJELR, HSE, Probation Service, Garda, IPS	15.2 Review operation of community programme provision by end 2012. Implement review outcome by end 2013	DJELR
	15.3 Develop best practice actions for dealing with sexual violence perpetrators in the community and outside the criminal justice system	Cosc (to facilitate), Garda, HSE	15.3 Identify best practice suitable for implementation by end 2013	

demonstrated a significantly lower rate of sexual re-offending in offenders who completed a prison-based programme (5.4 per cent) compared with offenders who did not attend a programme (30 per cent).

Therefore interventions in prison have the potential to reduce the risk posed by sexual offenders. A new programme of group interventions, entitled 'Building Better Lives', is being introduced in Arbour Hill Prison. The programme comprises three modules: Exploring Better Lives, Practising Better Lives and Maintaining Better Lives. The first module commenced in January 2009, the second in May 2009 and the third later in the year. The suite of group interventions replaces the Sex Offender Programme initiated in 1994 and concluded in 2008. Individual therapeutic interventions will also continue.

The group interventions are estimated to reach about 60 prisoners in a full year. This level of intervention will ensure that, when the programme is fully operational, all sex offenders who are serving sentences of at least one year and who are willing and suit-

able to engage with the therapeutic services will be able to avail of interventions.

Initiatives to improve offender participation rates include motivational work and regime enhancements. Prisoners unwilling to engage will be transferred out of Arbour Hill Prison to make way for other prisoners. For suitable prisoners in the latter stages of their sentence, the policy envisages that consideration will be given to transfers to open prisons and, possibly, periods of supervised early release subject to strict conditions. These measures constitute strong incentives to participate in interventions but, equally important, they can play a vital role in helping offenders resettle in their communities after imprisonment. Decisions in individual cases will take full account of the concerns of victims where known.

The Department of Justice, Equality and Law Reform will work closely with the Prison Service in order to monitor and review the implementation of the new prison treatment programme for sexual offenders.

Table 16		Indicative list of key bodies	Progress indicator	Implementation structure
Action	Activities			
16 Strengthen measures to deal with domestic violence perpetrators	16.1 Strengthen Domestic Violence Perpetrator Programmes to ensure their greater effectiveness	Cosc (Lead)	16.1 (a) Plan (including mechanisms for co-ordination with victim support services and capture of victim feedback) developed by Q3 2010 16.1 (b) Plan implemented from Q2 2011 16.1 (c) Increased co-operation and co-ordination with victim support services	Domestic Violence Perpetrator Programme Committee

5.2.13 Action 16

The evidence in relation to the effectiveness of domestic violence perpetrator programmes is mixed, and criteria for effectiveness have been widely debated and disputed (Babcock et al, 2004; Babcock et al, 2008). Some evaluations have apparently demonstrated that programmes have no effect but these are supported by tenuous evidence. On the other hand, other evaluations appear to demonstrate strong programme effect but do not take into account all the other possible sources of impetus to change. Most evaluations have failed to consider the full range of possible contributions to victim safety.

However, evidence suggests that looking at the overall effectiveness of perpetrator programmes is not the correct approach. Some evidence shows that programmes are successful for some people and can result in changed behaviour and a reduction in recidivism and therefore can significantly increase a victim's safety. However, domestic violence perpetrators are not homogenous

and some may have multiple problems and complex needs. These multiple problems complicate their ability to respond to interventions and/or their motivation to change (Scott, 2004). Therefore evaluations of perpetrator programmes should focus on what kind of interventions work best and for whom.

Domestic Violence Perpetrator programmes in Ireland are delivered through a combination of NGOs and the Probation Service. Since the 1980s, a network of perpetrator programmes has developed around the country. Whilst some facilitators adhere to a specific programme, others select different elements from different programmes when appropriate (Debbonaire, 2009). Preliminary work by Cosc suggests that there is now a need to clarify what types of perpetrators are accessing programmes, to identify who is benefiting from these programmes and to examine which approaches work best with different perpetrators.

Through the establishment of a Domestic Violence Perpetrator Programme Comm-

Table 17				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
17 Update the law on sexual offences	17.1 Review and improve legislative provisions on sexual offences	DJELR	17.1 (a) Sexual offences legislation brought into operation by Q4 2011 17.1 (b) New legislation effectively enforced (ongoing)	DJELR with Cosc
18 Update the law on domestic violence to give further protection to victims	18.1 Improve legislative provisions protecting victims of domestic violence	DJELR	18.1 (a) New domestic violence provisions brought into operation by Q4 2010 18.1 (b) New legislation effectively enforced (ongoing)	DJELR with Cosc

ittee, Cosc will develop and implement a plan to strengthen perpetrator programmes through measures including in particular:

- » Strengthened co-operation and co-ordination between programmes and other relevant service providers
- » The development of a Perpetrator Programmes Outcome Study
- » The implementation of results from the Perpetrator Programmes Outcome Study.

5.2.14 Actions 17 and 18

The final actions in this area aim to address the accountability of offenders and strengthen the protection of victims through review and any necessary improvement of legislation on sexual and domestic violence.

5.3 Conclusion

Secondary interventions are those that are applied once an incident has occurred and there is a direct role for services to deal with

a report, to respond, or to refer to a more specialised service. We know that there are problems with disclosure, reporting, attrition and effective response. The central aim of the actions set out in this chapter is to deliver an effective and consistent service to those affected by domestic and sexual violence.

Through an examination of research, international responses and material gathered from submissions, conferences and consultations, actions have been identified to improve service provision. Improved service provision will increase confidence in disclosure and reporting. The challenges to intra- and inter-organisational co-ordination have been examined.

In addition to increased multi-agency working and improved collaboration, this chapter sets out specific action to improve the safety of victims through effective and consistent housing responses, as well as improvements in the area of counselling and vetting.

Actions focusing on offender behaviour are also covered, with activity to be undertaken

and further developed by a range of actors including the Irish Prison Service, the Probation Service, the Department of Justice, Equality and Law Reform and An Garda Síochána.

These actions, together with the primary interventions set out in Chapter Four, are key building blocks in the framework for sustainable intervention envisaged by the strategy. The following chapter deals with the underpinning of the two levels of intervention through structured overview and strategic, evidence-based planning.



Chapter Six

POLICY AND SERVICE PLANNING

Chapter Six Policy and service planning

The lack of consistent information about the number of people affected by domestic and sexual violence limits in several ways our ability to respond to the problem.

6.1 Introduction

Previous chapters have referred to the range of activity currently happening in Ireland to counter domestic, sexual and gender-based violence. Chapters Four and Five set out actions to be taken to deliver improvements in primary and secondary interventions. This strategy builds on current activity and aims through the various actions to realise a co-ordinated, cohesive and effective system. As we plan future developments, we need to know which activities are having the greatest impact and whether activities are meeting identified needs. We need to understand better how to plan both policy and service developments. While activity may have impact, we know that co-ordinated and strategically planned activity is required for greater impact.

This strategy is the culmination of a combined effort by a broad range of organisations and individuals. It is important that all this effort leads to a successful conclusion. But, far more importantly, it is critical to people's lives that the actions are effective and that the strategy works. Because this strategy is the foundation for future developments, it must deliver positive impact.

With this in mind, High-Level Goal Three is overarching and strongly supports the actions on primary and secondary intervention.

6.2 High-Level Goal Three

To ensure greater effectiveness of policy and service planning

The objectives of this High-Level Goal are:

- » To improve the effectiveness of

policy and service planning through improved data capture and data co-ordination

- » To ensure that policy development and service provision planning are evidence-based and take account of the experience of victims
- » To ensure greater co-ordination between relevant organisations
- » To provide a solid foundation for future actions on domestic and sexual violence.

The first and most fundamental action required is the development of a systematic approach to data capture and collation. The lack of consistent information about the number of people affected by domestic and sexual violence limits in several ways our ability to respond to the problem. First, it limits our ability to gauge the extent of these forms of violence. Second, it limits our ability to identify those groups at highest risk who might benefit from focused intervention or increased services. Third, it limits our ability to monitor changes in the incidence and prevalence of violence over time. This in turn limits our ability to monitor the effectiveness of violence prevention and intervention activities. Higher quality and more timely data have the potential to be of use to a wide audience, including policy makers, researchers, public health practitioners, victim advocates, service providers and media professionals.

In Ireland we rely on multiple and disparate sources of data to obtain incidence, prevalence and background information regarding domestic and sexual violence. A key source of data is the system of administrative records in Ireland. The criminal justice system is highly organised, with mechanisms for regular statistical reporting, e.g. the reporting of PULSE (Garda Síochána) data, and the courts Criminal Case Tracking System

Table 18		Indicative list of key bodies	Progress indicator	Implementation structure
Action	Activities			
19 Improve data on domestic and sexual violence	19.1 Work with all relevant organisations to develop and improve domestic and sexual violence data (including data collected for administrative and research/policy purposes)	Cosc (Lead), HSE, Garda, Probation Service, Courts Service, CSO, OOP	19.1 (a) Data plan developed by Q4 2010 19.1 (b) Data plan implemented by Q2 2011	Cosc-led data committee

(CCTS). The health sector is another source of statistics on various forms of violence. Victims who sustain injuries and require treatment may go to hospital emergency services or other health-care providers. NGOs who provide front-line services to victim/survivors of violence are increasingly collating, processing and reporting data.

Some types of violence are more likely to be reported to An Garda Síochána than to other bodies. People using refuges may not be representative of all abused victims, and records kept vary considerably in range of information and quality. These systems, over time, have developed separately and in different ways. Data systems are not usually developed on an intra-organisational basis, rather solely for internal organisational purposes. Inconsistent recording practices and, for example, different classification systems between agencies and across sectors are, not surprisingly, commonplace, resulting in a lack of consensus on definitions and practices around data aggregation. Such inconsistencies not only prevent the analysis of disparate sources of data but can result in a wide variety of conclusions on the incidence and prevalence of domestic and sexual violence.

6.2.1 Action 19

Action 19 of the strategy is aimed at improving data on domestic and sexual violence. This will involve working with the relevant organisations to develop and improve data, including realising the statistical potential of data collected for administrative and research/policy purposes. Much of these data is gathered for internal organisational purposes but, in a controlled and planned system of co-ordination, would be of immense benefit for broader effectiveness.

This action involves adhering to best practice around data management. Its implementation will have regard to the confidentiality, anonymity and privacy requirements. Foundation work on this action has already begun with the progressing of a data project, currently being carried out by Cosc, aiming to:

- » Identify and examine the specific operational difficulties (such as definitional differences) in existing systems of data collection
- » Align with best (international) practice for data collection, collation, analyses and reporting

Action 19 of the strategy is aimed at improving data on domestic and sexual violence.

Table 19		Indicative list of key bodies	Progress indicator	Implementation structure
Action	Activities			
20 Ensure improved impact evaluation	20.1 Develop an evaluation framework for assessing cross-organisational strategic impact to ensure maximum system effectiveness	Cosc (Lead), HSE, Garda, Probation Service, Courts Service, OOP	20.1 Effective arrangements to monitor and review organisational response in place in all key State organisations by Q4 2012	Independent external organisation
	20.2 Encourage consultation with representative groups in the development of policy and services	Cosc (Lead)	20.2 Consultation held with representative groups on development of policy and services – ongoing	Cosc (with NSC and NGO participation)

» Develop recommendations for building domestic and sexual violence data. This relates to changes required to improve the data collection, data analysis and reporting of domestic and sexual violence data arising from administrative and other sources of relevant data in Ireland.

The outcome from this work should contribute to informing policy development in the area of domestic and sexual violence, while including the experience of clients in a secure and confidential manner. The definition or specification of what information should be collected should be demand-led and based on real need. Furthermore, data collection, collation and analyses should go beyond the estimation of prevalence and should provide a broader range of information to inform policy development in the field.

6.2.2 Action 20

The output from Action 19 leads directly into Action 20. With an improved

approach to data, Ireland will be in a better position to evaluate effectiveness. The aim of Action 20 is to develop an evidence-based approach to assessing effectiveness of activity and impact. Chapter Three outlined the variety of stages of development of services and organisational policies in Ireland. Some organisations delivering services do not have a policy on domestic and sexual violence, some are quite advanced in policy development, but few are co-ordinating with related organisations.

Co-ordination of activity will bring improvements for victims, but co-ordination with a view to increasing strategic impact is the acid test. It is not enough that one organisation is producing positive impact if another related part of the system is weak. The aim is to build confidence among those affected that the system is understanding, supportive, positive and clearly responding to needs. It is vital to be able to measure, assess and evaluate the broader system in order to understand the overall impact of all this activity.

Table 20				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
21 Promote the design of planned research to ground policy development and service planning	21.1 Encourage the development of a co-ordinated research programme	Cosc (Lead), HSE, OOP	21.1 (a) Co-ordinated research programme planned and implemented each year 21.1 (b) Research disseminated and policy implications followed up – ongoing basis	No specific structure needed. Cosc to drive

Impact cannot be assessed solely by data. All the activities in this strategy involve human responses to complex interpersonal relationships. This is why the true picture of impact also requires the taking into account of the experience of victims in policy development and service planning. Consultations with victims during the development of this strategy proved an invaluable source of information on areas such as barriers to disclosure, attitudes in service provision, fear for safety and opportunities for recovery. Their experience has informed this strategy and will also help in assessing activity effectiveness and impact.

6.2.3 Action 21

It is obvious that there is a need for robust evidence to underpin service and policy planning. Until recently, research on domestic and sexual violence in Ireland has generally been developed on an ad hoc basis. There has been little co-ordination between stakeholders and the potential eventual implementers of

research recommendations. It is important that research is strategic and achieves maximum benefit. There is little value in research on a particularly specific area if the overall picture is vague.

Since its establishment in 2007, Cosc has worked with its stakeholders to develop a more co-ordinated approach to research and evidence gathering. The basic aim of this work has been to develop a solid baseline for the situation in Ireland. Through this programme, as the basic picture becomes clearer, research on specific areas can be added. This does not limit the commissioning or carrying out of research to any one organisation. It aims to encourage the development of co-ordinated research so that the full, clear picture is available to all as quickly as possible. At best, separate, unrelated efforts will delay that clarity. At worst, the research effort will not be effective in grounding or influencing service and policy planning. Through the development of a co-ordinated research programme, efforts in this area will have greater impact.

At the end of this five-year strategy, we will have a better understanding of the impact of various actions and activities. With this knowledge we will be in a better position to plan a further improved system for those affected by the horrific crimes involved.

6.3 Conclusion

The purpose of High-Level Goal Three is that action is targeted towards maximum, co-ordinated impact in order to provide a solid foundation for the future development of action on domestic and sexual violence.

At the end of this five-year strategy, we will have a better understanding of the impact of various actions and activities. With this

knowledge we will be in a better position to plan a further improved system for those affected by the horrific crimes involved. The implementation of actions under High-Level Goal Three complements and strengthens the actions to improve primary and secondary interventions under High-Level Goals One and Two.

The following chapter focuses on the final High-Level Goal which deals with strategy implementation and review.



Chapter Seven
**STRATEGY IMPLEMENTATION
AND REVIEW**

Chapter Seven Strategy implementation and review

The improvement of policy and services is to be achieved through a co-ordinated approach towards the development of a strong framework for sustainable intervention to prevent and effectively respond to domestic and sexual violence.

7.1 Introduction

Earlier chapters demonstrated the problem of domestic and sexual violence in Ireland, the response to date, the challenges to progress and the actions to realise improvements. Implementation of these actions is not an easy task but, through combined commitment, it is deliverable. The development of this strategy has been an exercise in cross-organisational understanding, co-operation and collaboration. The structures built during the strategy development will be key vehicles to further develop co-operation and collaboration.

The critical impetus for this strategy was concern at consistent evidence of the high level of prevalence and low level of disclosure and reporting of domestic and sexual violence. A comprehensive examination of the system, along with a consideration of research, extensive consultation, and a high level of engagement from all relevant stakeholders, have contributed to the first national statement of policy on domestic and sexual violence. The progress indicators for the various actions are set out in previous chapters. However, the strategy must deliver overall impact.

7.2 High-Level Goal 4

To ensure efficient and effective implementation of the National Strategy

The objectives of this High-Level Goal are:

- » To ensure that the implementation of this strategy is effectively monitored
- » To ensure that the lessons learned from the implementation of this strategy are taken into account in the preparation of the second national strategy on domestic, sexual and gender-based violence.

This is a national strategy. It is a plan of action on how State services in Ireland will address domestic and sexual violence in Ireland for the coming five years. The improvement of policy and services is to be achieved through a co-ordinated approach towards the development of a strong framework for sustainable intervention to prevent and effectively respond to domestic and sexual violence. Implementation of the strategy will be overseen by a Strategy Oversight Committee.

The Strategy Oversight Committee was established in June 2009 and its first meeting took place on 23 June 2009. To date, the purpose of the committee has been to review progress on the development and finalisation of the National Strategy. Following government approval of the strategy, the role of the committee is to monitor its implementation. The committee will also assist in identifying solutions to any delays in implementation.

The Committee is chaired by Mr Seán Aylward, Secretary General, Department of Justice, Equality and Law Reform, and the other committee members are as follows:

- » Mr John McCarthy, Assistant Secretary, Department of the Environment, Heritage and Local Government
- » Mr Derek Byrne, Assistant Commissioner, An Garda Síochána
- » Mr Phil Garland, Assistant National Director, Child and Family Social Services, HSE
- » Ms Margaret Kelly, Principal Officer, Department of Education and Science
- » Ms Geraldine Luddy, Principal Officer, Department of Health and Children
- » Ms Éimear Fisher, Executive Director, Cosc.

Table 21				
Action	Activities	Indicative list of key bodies	Progress indicator	Implementation structure
22.0 Monitor progress in the implementation of this strategy	22.1 Collate bi-annual reports on strategy progress	Cosc (Lead)	22.1 Bi-annual reports collated on time	Cosc and on to Oversight Committee
	22.2 Liaise on draft progress reports		22.2 Liaison takes place bi-annually on draft progress reports	
	22.3 Submit progress report, including material derived from liaison process, to Oversight Committee		22.3 (a) Reports, including material derived from liaison process, submitted to Oversight Committee on time 22.3 (b) Strategy Progress report submitted to Government on time	
23.0 Ensure effectiveness of strategy implementation	23.1 Review effectiveness of strategy to prepare for future work	Cosc (Lead)	23.1 (a) Conduct comprehensive first review of progress by end Q2 2012 and second review by end Q2 2014 23.1 (b) Prepare review reports for Oversight Committee by end Q3 2012 and by end Q3 2014	Cosc to drive. No specific structure needed

The Committee meets twice yearly. In order to ensure that the Oversight Committee is fully briefed on progress, a report will be prepared by Cosc on the implementation of the strategy actions. The material for this report will be drawn from information supplied by relevant organisations and from consultations which will be held bi-annually with NGOs. The Oversight Committee will report progress to the Secretaries General of government departments and to the Government.

A comprehensive review of the strategy will be carried out midway through the five-year duration of the strategy, and a report will

be submitted to the Oversight Committee. The purpose of this review is to assess progress and effectiveness, and to provide a foundation for future national work on domestic and sexual violence. A similar review will take place in 2014 to take full account of the experience of this strategy and to determine further action.

7.3 Conclusion

The development of this national strategy is a positive action by the Government of Ireland to make substantial improvements to the lives of many people living in our

society. Domestic and sexual violence affects all types of people in Ireland – women, men, children, and older people – regardless of age or socio-economic class. There are particular challenges among marginalised groups such as people with disabilities, members of the Traveller community, migrants and others who are isolated.

The intention of this strategy is to set out a clear understanding of the complex problem of domestic, sexual and gender-based violence in Ireland, the response to date, the challenges to progress and the actions to realise improvements. The development of the strategy has been an exercise in cross-organisational understanding, co-operation and collaboration. This positive partnership approach will be further harnessed to implement the strategy and to deliver results.

Through this continued energy and commitment it will be possible to achieve the overall strategic objective – the development of a strong framework for sustainable intervention to prevent and effectively respond to domestic and sexual violence. The vision can be realised.

By the end of 2014 in Ireland, there will be

- » *Clearer societal acknowledgment of the unacceptability of domestic, sexual and gender-based violence*
- » *Greater recognition and a broader understanding of domestic, sexual and gender-based violence*
- » *Higher-quality and more consistent services with greater confidence in service delivery*
- » *Increased safety for victims*
- » *Increased accountability of the perpetrator*
- » *Structured and improved planning and monitoring to ensure continued effectiveness.*

Through the development of this framework and the commitment of government departments and State bodies, working in partnership with all relevant services, this strategy will deliver a strong foundation for an improved system of prevention and response – Safer lives at home and in our community.

The intention of this strategy is to set out a clear understanding of the complex problem of domestic, sexual and gender-based violence in Ireland, the response to date, the challenges to progress and the actions to realise improvements.

Bibliography

- Access Economics** (2004), *The Cost of Domestic Violence to the Australian Economy: Part I and Part II*, Partnerships Against Domestic Violence – an Australian Government Initiative, Commonwealth of Australia. Available at <http://www.accesseconomics.com.au/publicationsreports/>
- Babcock, J.C., Green C.E. and Robie, C.** (2004), 'Does batterers' treatment work? A meta-analytic review of domestic violence treatment', *Clinical Psychology Review*, 23:1023-1053.
- Babcock, J.C., Green, C.E. and Webb, S.A.** (2008), 'Decoding deficits of different types of batterers during presentation of facial affect slides', *Journal of Family, Violence*, 23(5):295-302.
- Barron, J.** (2002), *Five Years On: A Review of Legal Protection from Domestic Violence*, Bristol: Women's Aid Federation England.
- Beach, S.R., Schulz, R. and Williamson, G.M.** (2005), 'Risk Factors for potentially harmful informal caregiver behavior', *Journal of the American Geriatrics Society*, 53:255-61.
- Bennett, L., Riger, S., Schewe, P., Howard, A. and Wasco, S.** (2004), 'Effectiveness of hotline, advocacy, counseling and shelter services for victims of domestic violence: A statewide evaluation', *Journal of Interpersonal Violence*, 19(7):815-829.
- Binney, V., Harkell, G. and Nixon, J.** (1985), 'Refuges and Housing for Battered Women', in Pahl, J. (ed.), *Private Violence and Public Policy*, London: Routledge and Kegan Paul.
- Bouffard, J.A. and Muftić, L.R.** (2007), 'An Examination of the Outcomes of Various Components of a Coordinated Community Response to Domestic Violence by Male Offenders', *Journal of Family Violence*, 22:353-366.
- Brecklin, L.** (2002), 'The role of perpetrator alcohol use in the injury outcomes of intimate assaults', *Journal of Family Violence*, 17(3):185-197.
- British Medical Association Board of Science**, *Domestic Abuse: A report from the BMA Board of Science*, BMA June 2007.
- Brookhoff, D., O'Brien, K.K., Cook, C.S., Thompson, T.D. and Williams, C.** (1997), 'Characteristics of participants in domestic violence: Assessment at the scene of domestic assault', *Journal of the American Medical Association*, 277(17):1369-1373.
- Brown, T.G., Werk, A., Caplan, T., Shields, N. and Seraganian, P.** (1998), 'The incidence and characteristics of violent men in substance abuse treatment', *Addictive Behaviors*, 23(5):573-586.
- Buckley, H., Whelan, S. and Holt, S.** (2006), *Listen to Me! Children's Experience of Domestic Violence*, Dublin: Children's Research Centre, Trinity College Dublin.
- Campbell, J.C.** (2002), 'Health consequences of intimate partner violence', *Lancet*, 1331-1336.
- Coker, A.L., Davis, K.E., Desai, S., Sanderson, M., Brandt, H. and Smith, P.** (2002), 'Physical and mental health effects of intimate partner violence for men and women', *American Journal of Preventative Medicine*, 23(4):260-268.
- Coleman, K., Jansson, K., Kaiza, P. and Reed, E.** (2007), *Homicides, Firearm Offences and Intimate Violence 2005/06* (Supplementary Volume 1 to Crime in England and Wales 2005/06), Home Office Statistical Bulletin 02/07, London: Home Office.
- Cosc** (2009). See Horgan et al (2009).
- Daly, M. and Wilson, M.** (1988), 'Evolutionary social psychology and family homicide', *Science* 242:519-524.
- Daly, M. and Wilson, M.** (1990), 'Killing the competition', *Human Nature* 1:83-109.
- Davis, C.** (2003), *Housing Associations – Rehousing Women Leaving Domestic Violence: New Challenges and Good Practice*, The Policy Press, UK.
- Davies, L., Ford-Gilboe, M. and Hammerton, J.** (2009), 'Gender Inequality and Patterns of Abuse Post Leaving', *Journal of Family Violence*, 24(1):27-41.
- Debbonaire, T.** (2009), *Final Report for Cosc, Review of Perpetrators Programmes*, Unpublished report.
- Dutton, M.A., Green, B.L., Kaltman, S.I., Roesch, D.M., Zeffiro, T.A. and Krause, E.D.** (2006), 'Intimate partner violence, PTSD and adverse health outcomes', *Journal of Interpersonal Violence*, 955-968.
- Dutton, D.G. and Corvo, K.** (2006), 'Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice', *Aggression and Violent Behavior*, 11:457-483.
- Dyer, C.B., Pavlik, V.N., Murphy, K.P. and Hyman, D.J.** (2000), 'The higher prevalence of depression and dementia in elder abuse or neglect', *Journal of the American Geriatrics Society*, 205-208.
- Edwards, S.** (2000), 'Domestic Violence and Harassment: an assessment of the civil remedies and New Directions in Prosecution', in J. Taylor Browne (ed.), *What Works in reducing domestic violence*, London: Whiting and Birch.

Fantuzzo, J.W. and Lindquist, C.U. (1989), 'The effects of observing conjugal violence on children: a review and analysis of research methodology', *Journal of Family Violence*, 4(1):77-94.

Feinerman, M. (2000), cited in Bennett and Oliver, (2003) 'Substance abuse and men who batter', *Violence Against Women*, 9(5):558-575.

Felson, R., Ackerman, J. and Gallagher, C. (2005), *Police Intervention and the repeat of Domestic Assault*, Washington DC: US Department of Justice, 2002, National Institute of Justice.

Finney, A. (2006), *Domestic violence, sexual assault and stalking: findings from the 2004/05 British Crime Survey*, Home Office Report 12/06, London: Home Office.

Fischer, B.S. and Regan S. (2006), 'The Extent and Frequency of Abuse in the Lives of Older Women and Their Relationship with Health Outcomes', *The Gerontologist*, 46:200-209.

Gadd, D. (2000), 'Masculinities, Violence & Defended Psychosocial Subjects', *Theoretical Criminology*, 4(4):429-50.

García-Moreno, C., Jansen, H.A., Watts, C.H., Ellsberg, M. and Heise, L. (2005), *WHO Multi-Country Study on Women's Health and Domestic Violence against Women Study Team: initial results on prevalence, health outcomes and women's responses*. Geneva: WHO.

Golding, J. (1999), 'Intimate Partner Violence as a Risk Factor for mental disorders: A meta-analysis', *Journal of Family Violence*, 14(2):99-132.

Golding, J.M. (1996), 'Sexual assault history and women's reproductive and

sexual health', *Psychology of Women Quarterly*, 20:101-121.

Gondolf, E.W. and White, R.J. (2001), 'Batterer Program Participants Who Repeatedly Reassault: Psychopathic Tendencies and Other Disorders', *Journal of Interpersonal Violence*, 16(4):361-380.

Gracia, E., 'Unreported cases of domestic violence against women: towards an epidemiology of social silence, tolerance, and inhibition', *Journal of Epidemiology and Community Health*, 58:536-537.

Greenfield, L.A., Rand, M.R., Craven, D., Klaus, P.A., Perkins, C.A., Ringel, C., Warchol, G., Maston, C. and Fox, J.A. (1998), *Violence by intimates*. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Hagemann-White, C. (with assistance from **J. Katenbrink and H. Rabe**) (2006), *Combating violence against women. Stocktaking study on the measures and actions taken in Council of Europe Member States*. Strasbourg: Directorate General of Human Rights, Council of Europe.

Hague, G., Kelly, L., Malos, E., Mullender, A. and Debonnaire, T. (1996), *Children, Domestic Violence and Refugees: A study of Needs and Responses*, Women's Aid Federation of England.

Hamberger, L.K. and Hastings, J.E. (1990), 'Recidivism following spouse abuse abatement counseling: Treatment program implications', *Violence and Victims*, 5.

Harne, L. and Radford, J. (2008), *Tackling Domestic Violence: theories, policies and practice*, New York: Open University Press.

Hart, B. (1993), 'Battered women and the

criminal justice system: the impact of arrest on domestic violence', *The American Behavioral Scientist*, 36(31):634-638.

Hanson, K., Gordon, A., Harris, A., Marques, J., Murphy, W., Quinsey, V.L. and Seto, M.C. (2002), 'First Report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders', *Sexual Abuse: A Journal of Research and Treatment*, 14(2):169-194.

Health Service Executive (2009), HSE Elder Abuse Service Developments 2008, *Open Your Eyes*, Feb 2009, available at <http://www.hse.ie/eng/Publications/services/Older/>

Heise, L., Pitanguy, J. and Germaine, A. (1994), *Violence against Women: The Hidden Health Burden*. World Bank Discussion Paper 225. Washington DC.

Hoare, J. and Povey, D. (2008), 'Violence and sexual crime', in *Crime in England and Wales 2007/08: Findings from the British Crime Survey and police recorded crime* (Kershaw, Nicholas and Walker eds), Home Office Statistical Bulletin, London: Home Office.

Hogan, F. and O'Reilly, M. (2007), *Listening to children: Children's stories of domestic violence*, The National Children's Strategy Research Series.

Holt, S., Buckley, H. and Whelan, S. (2008), 'The Impact of Exposure to Domestic Violence on Children – A Review of the Literature', *Child Abuse and Neglect*, 32:797-810.

Horgan, J., Mühla, P., McCormack, P. and Röder, A. (2009), *Attitudes to Domestic Abuse in Ireland: Report of a survey on perceptions and beliefs of domestic abuse among the general population of Ireland*, Dublin: Cosc.

Jenkins, P. and Davidson, B.P. (2001), *Stopping Domestic Violence: How a community can prevent spousal abuse*, New York: Kluwer.

Jones, A.S. and Gondolf, E.W. (2001), 'Time-Varying Risk Factors for Reassault among Batterer Program Participants', *Journal of Family Violence*, 16(4):345-359.

Kelleher, P., Kelleher, C. and O'Connor M. (1995), *Making the links: Towards an integrated strategy for the elimination of violence against women in intimate relationships with men*, Dublin: Women's Aid.

Kelly, L. and Dubois, L. (2008), *Combating Violence Against Women: minimum standards for support services*, Strasbourg: Council of Europe.

Kishor, S. and Johnson, K. (2004), *Profiling domestic violence: a multi-country study*, Calverton, MD: ORC Macro: 141.

Kitzman, K.M., Gaylord, N.K., Holt, A.R. and Kenny, E.D. (2003), 'Child witnesses to domestic violence: a meta-analytic review', *Journal of Consulting and Clinical Psychology*, 71(2):339-352.

Kolbo, J.R., Blakely, E.H. and Engleman, D. (1996), 'Children who witness domestic violence: A review of empirical literature', *Journal of Interpersonal Violence*, 11:281-293.

Krug, E. (2007), *Violence prevention: A global public health challenge*. Presented to the Workshop on Violence Prevention in Low- and Middle-Income Countries: Finding a Place on the Global Agenda, Board on Global Health, Institute of Medicine, June 26-27, Washington DC.

Krug, E.G., Dahlberg, J., Zwi, M.A. and Lozano R. (2002), *World report on violence and health*, Geneva: World Health Organisation.

Lach, M. and Pillemer, K. (2004), 'Elder Abuse', *Lancet*, 364:1263-1272.

Landenburger, K. (1989), 'A process of entrapment in and recovery from an abusive relationship', *Issues in Mental Health Nursing*, 10:209-227.

Lathrop, A. (1998), 'Pregnancy Resulting from Rape', *Journal of Obstetric, Gynaecologic and Neonatal Nursing*, 27(1):25-31.

Laurence, L. and Spalter-Roth, R. (1996), *Measuring the cost of domestic violence against women and the cost-effectiveness of interventions: An initial assessment and proposals for further research*, Washington DC: Institute for Women's Policy Research.

Laurence, L. and Spalter-Roth, R. (1996), *Measuring the Costs of Domestic Violence against Women and the Cost-Effectiveness of Interventions: An initial assessment and proposals for research*, Washington: Institute for Women's Policy Research.

McGee, H., Garavan, R., De Barra, M., Byrne, I. and Conroy, R. (2002), *The SAVI Report – Sexual Abuse and Violence in Ireland*, Dublin: Liffey Press.

McGrath, R.J., Cumming, G., Livingston, J.A. and Hoke, S.E. (2003), 'Outcome of a treatment program for adult sex offenders: From prison to community', *Journal of Interpersonal Violence*, 18:3-17.

Miller, T.R., Cohen, M.A. and Wiersema, B. (1996), *Victims, Costs and Consequences: A New Look – National Institute of Justice Research Report*, Landover, Maryland: National Institute of Justice, US Department of Justice, Office of Justice Programs.

Moffitt, T.E. and Caspi, A. (1998), 'Annotation: implications of violence between intimate partners for child psychologists and psychiatrists', *Journal of Child Psychology and Psychiatry*, 39:137-144.

O'Keeffe, M., Hills, A., Doyle, M., McCreadie, C., Scholes, S., Constantine, R., Tinker, A., Manthorpe, J., Biggs, S. and Erens, B. (2007), *UK Study of Abuse and Neglect of Older People: Prevalence Survey Report*, Department of Health, June 2007.

Osofsky, J.D. (1999), 'The impact of violence on children', *The Future of Children*, 9(3):33-49.

Pawson, H. (2003), *Perpetuating Polarised Neighbourhoods? Rehousing Outcomes in the Housing Association Sector*. Paper to: Housing Studies Association Conference: Community, Neighbourhood, Responsibility, University of Bristol, September 2003. <https://www.york.ac.uk/inst/chp/hsa/papers/autumn03/Pawson.pdf>

Pawson, H. (2001), *Repeat Homelessness in Scotland*, Edinburgh: Scottish Homes.

Pocock, B. (2003), *The work/life collision: what work is doing to Australians and what to do about it*, NSW: Federation Press.

Povey, D., Coleman, K., Kaiza, P. and Roe S. (2009), *Homicides, Firearm Offences and Intimate Violence 2007/08*, (D. Povey, ed), Home Office Statistical Bulletin, 02/09, London: Home Office.

Richardson, J., Coid, J., Petruckevitch, A., Chung, W.S., Moorey, S. and Feder, G. (2002), 'Identifying domestic violence: cross-sectional study in primary care', *British Medical Journal*, 324.

- Riger, S., Raja, S. and Camacho, J.** (2002), 'The radiating impact of intimate partner violence', *Journal of Interpersonal Violence*, 17:184-205.
- Robinson, A. and Tregidga, J.** (2005), *Domestic Violence MARACS (Multi-Agency Risk Assessment Conferences) for Very High-Risk Victims in Cardiff, Wales: Views from the Victims*, Cardiff University. www.caada.org.uk/research/WSU8.pdf
- Roe, S.** (2009), 'Intimate Violence: 2007/08 British Crime Survey', in D. Povey (ed), *Homicides, Firearm Offences and Intimate Violence 2007/08*, Home Office Statistical Bulletin, London: Home Office.
- Ryan, S.** (2003), 'Pregnant Women Assault Fears', *Irish Medial Times*, 37/50.
- Schafer, J., Caetano, R., and Clark C.L.** (1998), 'Rates of Intimate Partner Violence in the United States', *American Journal of Public Health*, 88/11:1702-1704.
- Schafer, J. and Fals-Stewart, W.** (1997), 'Spousal violence and cognitive functioning among men recovering from multiple substance abuse', *Addictive Behaviours*, 22(1):127-130.
- Shepard, M.F. and Pence, E.L. (eds)** (1999), *Co-ordinating Community Responses to Domestic Violence: Lessons from Duluth and beyond*, California: Sage.
- Scott, K.L.** (2004), 'Stage of Change as a Predictor of Attrition Among Men in a Batterer Treatment Programme', *Journal of Family Violence*, 19(1):37-47.
- Stanko, E., Crisp, D., Hale C. and Lucraft H.** (1998), 'Counting the Costs: Estimating the Impact of Domestic Violence in the London Borough of Hackney', *Crime Concern*.
- Sullivan, C.M., Campbell, R., Angelique, H., Eby, K.K. and Davidson, W.S.** (1994), 'An advocacy intervention program for women with abusive partners: Six month follow-up', *American Journal of Community Psychology*, 22(1):101-122.
- Teaster, P.B., Otto, J.M., Dugar, T.D., Mendiondo, M.S., Abner, E.L. and Cecil, K.A.** (2006), *The 2004 Survey of state Adult Protective Services: Abuse of adults 60 years of age and older*. Report to the National Center on Elder Abuse, Administration on Aging, Washington, DC.
- The Task Force on Violence Against Women** (1997), *Report of the Task Force on Violence Against Women*, Dublin: The Stationery Office.
- United Nations** (2006), Secretary General's in-depth study on Violence against Women, A/61/122/Add 1.
- United Nations** (1993) *Declaration on the elimination of violence against women. Proceedings of the 85th Plenary Meeting, December 20th, 1993*. Geneva: United Nations General Assembly. [http://www.unhchr.ch/huridocda/huridoca.nsf/\(Symbol\)/A.RES.48.104.En?Opendocument](http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/A.RES.48.104.En?Opendocument)
- Walby, S.** (2004), *The Cost of Domestic Violence*, London, Women and Equality Unit, Department of Trade and Industry. http://www.womenandequalityunit.gov.uk/research/cost_of_dv_Report_sept04.pdf
- Watson, D. and Parsons, S.** (2005), *Domestic Abuse of Women and Men in Ireland: Report on the National Study of Domestic Abuse*, NCC/ESRI, Dublin: The Stationery Office.
- Weisz, A.N.** (1999), 'Legal advocacy for domestic violence survivors: The power of an informative relationship', *Families in Society*, 80:138-147.
- Wilson, M., Johnson, H. and Daly, M.** (1995), 'Lethal and nonlethal violence against wives', *Canadian Journal of Criminology* 37:331-361.
- Women's Health Council** (2009), *Translating Pain Into Action: A Study of Gender-Based Violence and Minority Ethnic Women*. www.whc.ie/documents/40_MEW_Full_Report.pdf
- World Health Organisation** (2005), *WHO Multi-Country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses*, Geneva: World Health Organisation.
- World Health Organisation** (2000), *Multi-country survey study on health and responsiveness*, Geneva: World Health Organisation.
- Zukerman, D. and Friedman, S.** (1998), *Measuring the Cost of Domestic Violence against Women: A Summary of the Findings of the Costs of Domestic Violence Project*, The Institute for Women's Policy Research, Victim Services and the Domestic Violence Training Project.

Appendix 1 Submissions received

Number	Organisation/Individual
1	Kristian Miccio
2	Eastern Regional Planning Committee on Violence Against Women
3	Muriel McQueen Fergusson Centre for Family Violence Research
4	Miltown Institute of Theology, Philosophy and Spirituality
5	Tearmann Domestic Violence Services
6	The National Women's Council of Ireland
7	Women's Aid
8	Southill Domestic Violence Services
9	Iris Elliott
10	The Senior Helpline
11	Longford Women's Link
12	Barnardos
13	Protection Services for older people (social worker HSE)
14	South East Domestic Violence Intervention Programme (SEVIP)
15	National Traveller Women's Forum
16	The National Disability Authority
17	Meath Women's Refuge/ North Eastern Regional Planning Committee on Violence Against Women
18	Mayo Rape Crisis Centre
19	Hilary Scanlon
20	Patricia Daly
21	Church of Scientology
22	Stop It Now Ireland
23	Law Department UCC
24	One in Four
25	SAVE (Southside Addressing Violence Effectively)

Number	Organisation/Individual
26	Aengus Ó Snodaigh, T.D., Sinn Féin
27	Dublin Rape Crisis Centre
28	Letterkenny Women's Centre
29	Sonas Housing Association
30	Domestic Violence Response Galway
31	AkiDwa
32	The National Network of Women's Refuges and Support Services
33	AMEN
34	Rape Crisis Network Ireland
35	The HSE
36	Family Planning Association
37	The Probation Service
38	Immigrant Council of Ireland
39	Domestic Violence Advocacy Service
40	Irish Association of Social Workers
41	Law Society of Ireland
42	Legal Aid Board
43	Pavee Point
44	Office of the Director of Public Prosecutions
45	Sexual Violence Centre Cork
46	Sligo Social Services
47	The Women's Health Council

Appendix 2

Table A: Decomposition of change in domestic Violence court orders granted (2001-2008)

Number	Observed change in number of court orders granted	Rate of DV court order applications granted (r1) %	Relative change (% of baseline)	Effect due to change in number of applications (d1)	Effect due to change in rate of court orders granted (d2)	Interaction between d1 and d2 (d3)
2001-2	-1,136	.60	-14.2	-867.80	-300.75	32.55
2002-3	-853	.60	-12.4	-922.09	79.78	-10.69
2003-4	-332	.61	-5.51	-187.90	-148.74	4.64
2004-5	-222	.60	-3.90	-30.94	-192.10	1.04
2005-6	493	.57	9.01	231.70	250.69	10.61
2006-7	830	.60	13.91	883.87	-46.92	-6.95
2007-8	-644	.60	-9.47	-592.37	-56.56	4.93
Total 01-05	-2,543			-2,008.70	-561.80	27.50
Total 05-08	+1,323			523.20	147.21	8.59
Total 01-08	-1,864			-1,486	-415	36
Change 2001-08 perc'tage (total = 100%)	100%			80%	22%	- 2.0

Table B: Refuge facilities in Ireland ³⁷

	West			North East		Mid-Leinster	South	
Region	North West	West	Midwest	North East	Eastern	Midlands	South Eastern	Southern
Name of Refuge	Donegal Women's Domestic Violence Service	COPE – Waterside House Women's Refuge Mayo Women's Support Service	Adapt House Clare Haven Services	Drogheda Women's Refuge Meath Women's Refuge and Support Service Women's Aid (Dundalk)	Aoibhneas Women's Refuge Bray Women's Refuge Rathmines Women's Refuge Saoirse Women's Refuge	Esker House Refuge	AMBER, Kilkenny Women's Refuge Cuan Saor Women's Refuge and Support Service Oasis House Refuge Wexford Women's Refuge	Adapt Services Cuanlee Refuge

³⁷ The vast majority of refuges in Ireland, while providing crisis emergency accommodation for women and their children who have experienced domestic violence, also provide other services such as information, advocacy, counselling, court accompaniment, referral services, etc., some of which are provided on an outreach basis.

Table B: Support services provide support, information and advocacy for victims of domestic violence in Ireland

	West			North East		Mid-Leinster	South	
Region	North West	West	Midwest	North East	Eastern	Midlands	South Eastern	Southern
Name of Domestic Violence Support Service	Domestic Violence Advocacy Service Inishowen Women's Outreach Letterkenny Women's Centre	Achill Domestic Violence Services Domestic Violence Response Family Life Centre, Boyle Vita House	Ascend Women's Support Service Southhill Domestic Abuse Project	AMEN Tearmann Domestic Violence Services	Dublin 12 Domestic Violence Service Inchicore Outreach Centre SAVE – Southside Addressing Violence Effectively Senior Helpline Sonas Housing Association SWAN (Southside Women's Action Network) Teach Tearmainn WOVE Women's Aid	Laois Support Service Against Domestic Abuse Longford Women's Link Offaly Domestic Violence and Support Service Westmeath Support Service Against Domestic Abuse	Carlow Women's Aid	Mná Feasa OSS Cork Tralee Women's Resource Centre West Cork Women Against Violence Project Yana, North Cork DV Project

Table D: Components of a support and advocacy service provided by support services

	West			North East		Mid-Leinster	South		
Region	North West	West	Midwest	North East	Eastern	Midlands	South Eastern	Southern	
Information Provision	3	4	4	4	7	3	5	5	35
Emotional Support	3	4	4	4	7	3	5	5	35
Court Accompaniment	3	4	4	4	7	3	5	5	35
Other Accompaniments	3	4	4	4	7	3	5	5	35
Advocacy	3	4	4	4	7	3	5	5	35
Aftercare	2	4	3	3	6	3	5	4	30
Counselling Referral Service	3	4	3	4	7	3	5	5	34
Support Groups	3	2	3	4	2	3	1	1	19

Appendix 3 Glossary

CCTS	Criminal Case Tracking System	FÁS	Foras Áiseanna Saothair
CEDAW	UN Convention on the Elimination of all forms of Discrimination Against Women	FJCA	Family Justice Centre Alliance
CoE	Council of Europe	FNE	Forensic Nurse Examiner
CRC	The Convention on the Rights of the Child	FSA	Family Support Agency
CSO	Central Statistics Office	GBV	Gender-based Violence
Cttee	Committee	GP	General Practitioner
DCRGA	Department of Community, Rural and Gaeltacht Affairs	HEA	Higher Education Authority
DEAO	Dedicated Officer for Elder Abuse	HIQA	Health Information and Quality Authority
DEHLG	Department of the Environment, Heritage and Local Government	HIV	Human Immunodeficiency Virus
DES	Department of Education and Science	HSE	Health Service Executive
DHC	Department of Health and Children	ICCPR	The International Covenant on Civil and Political Rights
DJELR	Department of Justice, Equality and Law Reform	IPS	Irish Prison Service
DLP	Dedicated Liaison Persons	IYJS	Irish Youth Justice Service
DRCC	Dublin Rape Crisis Centre	LAN	Local Area Network
DV	Domestic Violence	LHO	Local Health Officer
DVIP	Domestic Violence Intervention Programme	LISC	Legal Issues Sub-Committee of the National Steering Committee on Violence Against Women
DVPIP	Domestic Violence Perpetrator Intervention Programme	MAG	Multi Agency Group on Homeless Sex Offenders
DVSAIU	Domestic Violence and Sexual Assault Investigation Unit	MARAC	Multi-Agency Risk Assessment Centre
EANIG	Elder Abuse National Implementation Group	NAP	National Action Plan
ECHR	The European Convention for the Protection of Human Rights and Fundamental Freedoms	NAPS	National Anti-Poverty Strategy
EU	European Union	NBCI	National Bureau of Criminal Investigation
		NCAOP	National Council on Aging and Older People
		NDA	National Disability Authority

NEDVIP	North East Domestic Violence Intervention Project	SPHE	Social, Personal and Health Education
NGO	Non-Governmental Organisation	STI	Sexually Transmitted Infection
NNWRSS	National Network of Women's Refuges and Support Services (SAFE)	SV	Sexual Violence
NSC	National Steering Committee on Violence Against Women	UN	United Nations
NSDA	National Study of Domestic Abuse	UDHR	The Universal Declaration of Human Rights 1948
ODPC	Office of the Data Protection Commissioner	VCO	Victims of Crime Office
ODPP	Office of the Director of Public Prosecutions	WHO	World Health Organisation
OMCYA	Office of the Minister for Children and Youth Affairs		
OOP	Office for Older People		
PASC	Public Awareness Sub-Committee of the National Steering Committee on Violence Against Women		
Q 1/2/3/4	Quarter 1/2/3/4		
QAS	Quality Assurance Standards		
RAC	Regional Advisory Committee		
RCC	Rape Crisis Centre		
RCNI	RAPE Crisis Network Ireland		
RPC	(former) Regional Planning Committee		
RSE	Relationships and Sexuality Education		
SARA	Spousal Assault Risk Assessment		
SATU	Sexual Assault Treatment Unit		
SAVI	Sexual Abuse and Violence in Ireland Report		
SEDVIP	South East Domestic Violence Intervention Project		
SLA	Service Level Agreement		

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ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ón
OIFIG DHÍOLTA FOILSEACHÁN RIALTAIS,
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