

# **Domestic Violence in South Tyneside: Incidence, Provision and Good Practice**

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*in association with*  
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## CHAPTER ONE - INTRODUCTION

South Tyneside is an area characterised by social deprivation, high unemployment and little ethnic diversity. Data gathered by the Office of Population Censuses and Surveys (1991) shows that South Tyneside has a total population of 154,697, of whom 48% are male and 52% are female. Most of the residents are white (98.4%), and unemployment is higher than in its surrounding areas, at almost double the national average. Around a quarter of the unemployed are young people between 18 and 24 years old. Until now, no research has been conducted that has focused specifically on domestic violence in South Tyneside.

The South Tyneside Domestic Violence Forum states as one of its major Strategic Objectives a reduction in the number of incidents of domestic violence. Information on current incidence and prevalence of domestic violence as well as effectiveness of services in place is an essential pre-requisite to the achievement of this objective. Domestic violence accounts for one quarter of all violent crime (Mirrlees-Black, 1999), and is estimated to effect one in four women at some point in their lives (British Medical Association, 1998). On average, one woman every three days in England and Wales is killed by a violent partner or ex-partner (Mirrlees-Black, 1999).

The responsibility of local authorities to provide adequate services for women experiencing domestic violence has increased since the introduction of the Human Rights Act (1998). Relevant sections include Article 2 (Right to Life) and Article 3 (Prohibition of torture). Wilson (2001: 3) highlights how these may be used:

*'Victims of domestic violence who have gone to the authorities for help should now expect public authorities, the police and local authority to take more effective action to safeguard their right to life'.*

The onus on service provision and adequacy has never been placed as firmly on the shoulders of local authorities as it is today, hence evaluation and accountability has an inevitable place regarding the rights of survivors of domestic violence in the 21<sup>st</sup> century.

### **The Report**

This report is divided into eleven chapters. Chapter One introduces and provides an outline of the research approach. Chapter Two examines the incidence and related prevalence of domestic violence in South Tyneside based on police figures. Chapter Three uses the quantitative data to outline services offered in South Tyneside for victims and perpetrators of domestic violence. The following six chapters (Chapters Four to Nine) examine each of the main areas of provision in detail, taking into consideration responses from service users. Chapter Ten discusses examples of good practice, and Chapter Eleven concludes the report and outlines recommendations for further development of good practice in South Tyneside.

### **The Research**

This research was commissioned by South Tyneside Domestic Violence Forum and funded by Tyne and Wear Health Action Zone (HAZ). It was carried out between

February and July 2001. The research was developed in relation to current national thinking and policy development with regard to domestic violence where domestic violence is seen as a crime and support to survivors as a priority – as reflected by *Living Without Fear*, (Women’s Unit, 1999), the Home Office Crime Reduction programme, and the Department of Health initiatives concerning both health and child protection.

The research consisted of a mapping survey (Phase One), and an in-depth follow-up study (Phase Two). Phase One involved the mapping of services and provision primarily in South Tyneside,<sup>1</sup> including the gathering, collating and analysing of quantitative and qualitative data through telephone interviews, statistical and documentary analysis. Thirty agencies which provide statutory (n=16, 53%) and voluntary (n=14, 47%) services within South Tyneside were surveyed (see appendix 1 for participating agencies). It was decided to include a broad range of services as victims of domestic violence in particular, but also perpetrators, may be in contact with many different agencies. Women experiencing domestic violence have been found to contact numerous agencies before being able, or feeling safe enough, to disclose their experiences (Hanmer and Saunders, 1993; Hester, Pearson and Harwin, 2000). The ability of a wider range of agencies to respond effectively to domestic violence is thus an important consideration.

Phase Two used intensive interviews and further documentary analysis to provide an in-depth study of a sub-sample of the agencies from Phase One. This aspect of the research examined professional approaches to domestic violence, the perceived needs of victims and or perpetrators, and examined good practice. A total of twenty-four professionals from fifteen agencies were selected for interview based on information gained from Phase One.

It was deemed important to incorporate the voice of the users of support services in the research in order to determine actual need. Consequently, in Phase Two twenty women and one man who had experienced domestic violence were asked to comment on services they had used in South Tyneside in relation to domestic violence. This sample of service users was drawn via the agencies involved in the mapping survey. The researchers were aware of the emotional distress that survivors of domestic violence feel when discussing their experiences, and every effort was made to make this process less traumatic. The interviews were survivor-led whereby survivors only disclosed information they felt comfortable discussing, and anonymity and confidentiality were assured.

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<sup>1</sup> A couple of agencies immediately outside the area were also included as they provide support for domestic violence victims/survivors in South Tyneside. These are not identified separately.

## CHAPTER TWO - INCIDENCE OF DOMESTIC VIOLENCE IN SOUTH TYNESIDE

While half (n=15, 50%) of the agencies participating in Phase One of the research reported that they monitored and recorded domestic violence incidents, only nine agencies (30%) were able to provide us with this information. The remaining agencies explained that this information had never been collated and were not able to collate it specifically for the purposes of this research. This raises questions over the effectiveness of the monitoring and recording procedures in these agencies. Monitoring and recording procedures are of little use if this information is not collated and used to improve practice. Similarly, questions must be raised when agencies record domestic violence without a definition (see chapter 10).

The agencies that collated their data did so in different ways, over different time periods, and using different definitions of domestic violence (see table 2.1 below).

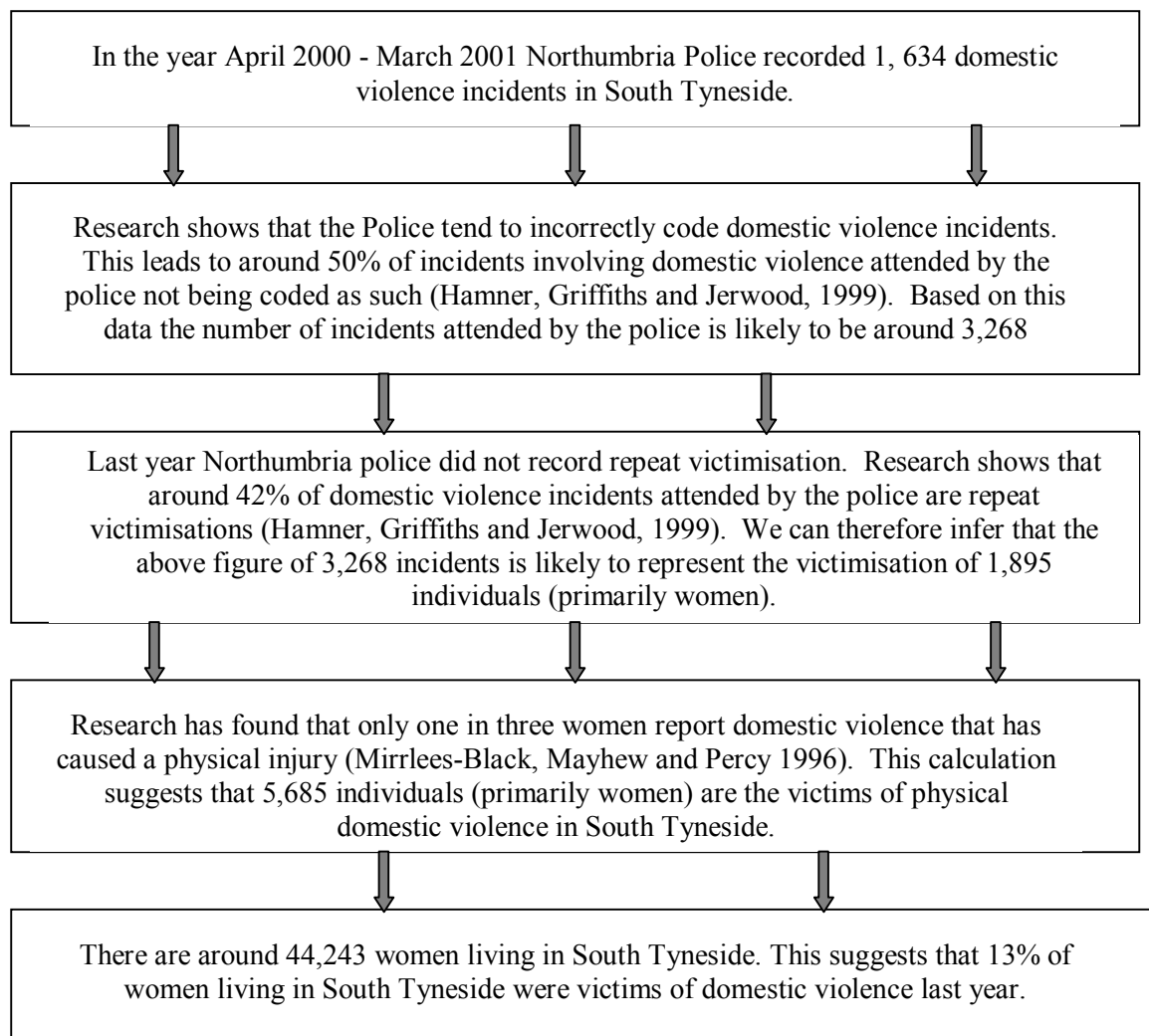
**Table 2.1 Incidence of domestic violence**

<i>Agency</i>	<i>Definition</i>	<i>Incidence</i>	<i>Time period</i>
<b>Women's Aid</b>	Physical., emotional., sexual and other abuse by someone (usually but not always a man) of a person (usually but not always a woman) with whom they have or have had some form of intimate relationship such as marriage, in order to maintain power and control over that person. It may include threats to kill or harm the woman and/or her children or other family members.	232 referrals made	2000-2001
<b>Police</b>	Physical, sexual or emotional abuse by partners and ex-partners, whether married or not.	1,634 incidents	2000-2001
<b>Probation</b>	Any violence between current/former partners in an intimate relationship wherever or whenever the violence occurs. The violence may include physical., sexual., emotional or financial abuse.	Up to 40 women.	At any one time.
<b>Housing Dept</b>	No definition	44 women	1999-2000
<b>Victim Support</b>	The physical., sexual., emotional and mental abuse of women by partners or ex-partners.	98 women	2000-2001
<b>New Leaf</b>	No definition	Less than five women	Average year
<b>Crown Prosecution Service</b>	Any form of physical., sexual or emotional abuse, which takes place within the context of a close relationship. In most cases the relationship will be between partners (married, co-habiting or otherwise) or ex partners.	30 cases in N'land (23 proceeded)	April-June 2000.
<b>REACH</b>	Records rape (including male rape), attempted rape and indecent assault regardless of relationship between perpetrator and victim/survivor.	234 women 25 men	1999-2000
<b>Children's Society/Inline</b>	No definition	Less than five women	Average year

The most comprehensive incidence data available for South Tyneside is that recorded by Northumbria Police. As demonstrated in table 2.1, during the year leading up to the research (April 2000 to March 2001) they recorded 1634 cases of domestic violence in South Tyneside. This is an average of 4.5 incidents per day, and just over 30 incidents per week. Offences were most likely to be reported in December or January (160 and 159 respectively), with the first week in January seeing the most reports (65 incidents; nearly 10 women per day).

Geographical areas of concern due to the high concentration of reported domestic violence were identified as being Leygate, Whiteleas, Biddick Hall and Hebburn. Saturdays and Sundays were the days of the week that the most domestic violence incidents were reported. Incidents were most likely to occur between midnight and one a.m. None of the three murders last year in South Tyneside were domestic violence related.

It is possible to provide a tentative estimation of the number of individuals (primarily women) victimised by domestic violence in South Tyneside by reference to research in other areas of the UK. This is detailed below:



**We therefore estimate that as many as one in seven women in South Tyneside (a prevalence of 13%) had experienced at least one incident of physical domestic violence within the last year.** This is similar to research in other areas of the UK, for example in North London 12% of women were victims of domestic violence within

the previous year (Mooney, 1994) and one in nine experienced domestic violence serious enough to require medical attention (Stanko, Crisp, Hale and Lucraft, 1998). If other forms of domestic violence are taken into account this figure is likely to be significantly higher.

## CHAPTER THREE– SERVICE PROVISION IN SOUTH TYNESIDE

### *Client Groups*

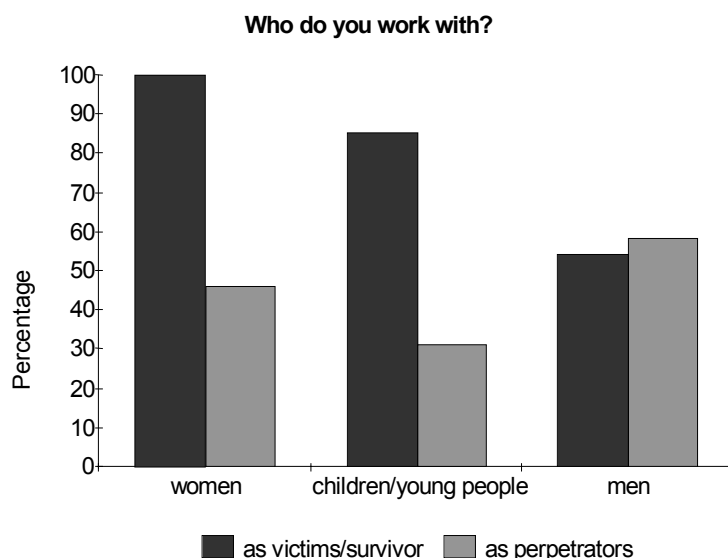
Four of the agencies surveyed provided no direct services to clients and are therefore excluded from the analysis of service provision. These were: the Domestic Violence Forum, Primary Care Group, Health Authority, and Youth Homelessness Forum. The remaining 26 agencies could be divided into seven categories based on the type of work in which they were engaged:

- Specialist
- Criminal justice
- Family and children
- Education
- Housing
- Health, and
- Miscellaneous (see Appendix 1 for complete list of agencies)

Of these twenty-six agencies, most reported that domestic violence is identified as an issue for some of their service users (n=22, 73%), while more than one in ten reported that domestic violence was identified as an issue for all of their service users (n=4, 13%). No one believed domestic violence was not an issue in relation to the clients they worked with.

As graph 3.1 below shows, all twenty-six agencies reported working with women who are victims/survivors of domestic violence (n=26, 100%).

**Graph 3.1 Percentage of Agencies working with Client Groups**



Over three-quarters (n=22, 85%) worked with children and/or young people and around half (n=14, 54%) worked with men who are victims/survivors of domestic

violence. Regarding perpetrators of domestic violence, agencies were most likely to report working with men (n=15, 58%). As might be expected, children/young people were the group least likely to be worked with as perpetrators of domestic violence (n=8, 31%).

### *Services offered*

The question of service provision was not relevant for the four agencies that had no service users. Of the twenty-six remaining, most reported offering some form of service for victims/ survivors of domestic violence (n=24, 92%). Those that did not offer services for domestic violence (n=2, 8%) reported that this was because they referred victims/ survivors to other organisations.

Table 3.1 shows the wide range of services for victims/ survivors of domestic violence offered by agencies in South Tyneside and the number of providers.

**Table 3.1 Services available for victims/survivors of domestic violence**

Service provision	Service availability				
	24 hrs	Office hrs and evenings	Office hrs	Total	
				N	%
<b>Safe accommodation</b>	4	1	1	6	25
<b>One to one support</b>	4	2	9	15	63
<b>Group-work programme</b>	0	1	3	4	17
<b>Advocacy</b>	2	2	7	11	46
<b>Financial assistance</b>	2	1	2	5	21
<b>Practical assistance</b>	3	1	6	10	42
<b>Outreach services</b>	1	2	5	8	33
<b>Drop in sessions</b>	1	1	1	3	13
<b>Telephone help-line</b>	6	1	2	9	38
<b>Medical assistance</b>	2	0	0	2	8
<b>Counselling</b>	1	1	4	6	25
<b>Legal assistance</b>	0	0	2	2	8
<b>Removal of violent partner</b>	1	0	1	2	8

One to one support was provided by most agencies, and this was usually only available during office hours. Advocacy, practical assistance and telephone help-lines were also often provided. The removal of the violent partner, legal assistance and medical assistance were less frequently provided, which may be due to the specialised nature of these services. Less specialised, however still rarely provided, were drop in sessions, which only three agencies provided.

Of the twenty-six agencies that provided services relating to domestic violence, four agencies (15%) provided services for the rehabilitation of perpetrators of domestic violence as part of their general work. Each of these agencies worked on a one-to-one basis with the perpetrator, and one also ran a group-work programme. Only one agency had programmes aimed specifically at perpetrators of domestic violence.



## *Referrals*

Of the twenty-six agencies with service users, nearly all made domestic violence referrals to others (n=23, 88%), with 91% of the referrals being to Women's Aid/refuges. Table 3.2 shows where referrals were directed.

**Table 3.2 Agencies referred to.**

<i>Agency referred to</i>	<i>Number of agencies making referrals</i>	
	<i>N</i>	<i>%</i>
<b>Police</b>	15	65
<b>Women's Aid/Refuges</b>	21	91
<b>Health-care services</b>	18	78
<b>Legal services</b>	15	65
<b>Social Services</b>	17	77
<b>Contact Services</b>	11	48

## CHAPTER FOUR – SPECIALIST SERVICES IN SOUTH TYNESIDE

‘...feminists in many western countries have argues for, and have established, refuges so that women may leave violent male partners and obtain a place of safety.’ (Hester, 2000: 161-162)

The importance of specialist service provisions for women experiencing domestic violence and their children has been highlighted by feminist organisations since the early 1970’s. Safe spaces are needed for women to be empowered if they are to leave violent relationships, and these services should be for women only where possible. Similarly, ongoing support is needed for women after they have left a violent relationship, and this support may be needed for a substantial amount of time.

### WOMEN’S AID

Women’s Aid is the largest British organisation to support women leaving domestic violence. Since the opening of their first refuge in 1972 National Offices have been opened in Wales, Scotland and Ireland as well as England. In England alone there are now over 400 Women’s Aid refuges housing nearly 20,000 women and 30,000 children. Additionally, there are over 250 domestic violence projects that are currently being co-ordinated by Women’s Aid (WAFE, 2000).

South Tyneside Women’s Aid have been providing safe accommodation for women and children leaving domestic violence since 1977. The South Tyneside Women’s Aid refuge (hereafter the Refuge) is currently staffed by a full time project manager with three project workers. It is managed through a Management Committee which is made up of women volunteers from the surrounding area. While the Refuge is staffed from 9am until 8pm Monday to Friday, staff can also be called out at any time of the night or at the weekend, either by residents or by women wanting to organise safety and accommodation within the Refuge. They have a comprehensive definition of domestic violence, all staff have extensive training and experience and they have clear and comprehensive guidelines and policies.

#### *Number of women and children staying at Refuge*

In the year leading up to the research (April 2000 to March 2001) there was an increase of 25% on the previous year in the number of families who stayed at the Refuge, with 96 women and 125 children being accommodated. Over half came from outside of South Tyneside (56 women and 71 children) while the remainder had previously resided in the area (40 women and 54 children). In addition to the 125 children who entered the Refuge with their mother, a further 4 children were born during the time that the mother stayed in the Refuge.

Referrals to the Refuge came from a variety of agencies, with other refuges and self-referral being most frequent. A total of 232 referrals were made, with 132 of these accepted and 100 declined. Out of those accepted, 36 individuals/families did not arrive at the Refuge.

### ***Children and domestic violence***

Along with their comprehensive definition, the Refuge also have a children's policy, which states that:

*'South Tyneside Women's Aid aims to make provision for every child in its care, being mindful of their emotional, physical and educational needs, independent to the needs of the child's mother.'*

Certain gaps in provision including the need for further facilities for children were highlighted. For example, there is an urgent need for a safe area for the children to play outside. Other, more general services, are also needed but cannot be provided at present due to under-funding. This includes one to one counselling for children who have been abused and/or witnessed their mothers experiencing domestic violence. One child staying in the refuge had been sexually abused as a baby and, despite social services involvement, had never received counselling. Although the children's worker is currently developing a 'welcome pack' for children arriving at the Refuge which explores the surface of the children's experiences they are unable to provide the in-depth counselling that is so desperately needed. At the same time the seaside location of South Tyneside was considered a big plus, as many children viewed their stay at the Refuge as a holiday.

### ***Family pets and domestic violence***

One issue that is often overlooked when researching domestic violence is that of family pets, who are often threatened, injured or killed by violent men in an attempt to exert more power. A survey of women in refuges carried out by 'Paws for Kids' (see website) found that 66% said their abusers had threatened to harm their pets, while 38% had actually harmed them. South Tyneside Refuge is able to take small caged animals, while other pets may be allowed with prior arrangement.

## **SURVIVORS' VIEWS of Women's Aid<sup>2</sup>**

Fourteen (70%) of the women who were interviewed had stayed in a Women's Aid Refuge, and three of them had stayed in Refuges in a different areas. Of the eleven women who had used South Tyneside Refuge ten (91%) women said they had been helpful and one (9%) had mixed views. Some of the women described the Refuge as an invaluable form of support:

*'I couldn't of got through the first couple of weeks without the help of [the refuge staff].'* (Service User)

### ***Refuge expectations***

Many of the women were worried at the thought of staying at a Refuge, however found it was not what they expected:

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<sup>2</sup> Survivors' views are throughout the report primarily based on analysis of the experiences of the female victim/survivors interviewed. As the perceptions and experiences of female and male victims/survivors may differ we have clustered the women's responses separately from that of the male respondent.

*'I was really frightened and I was thinking its going to be full of druggies, and people sitting doing self-harming and it wasn't. I was just totally shocked when I walked in and they're all canny lasses, and the staff are nice'* (Service User)

*'I thought you'd be put into the refuge, you'd get your room, they'd give you a hand for the first day or two ... but that wasn't the case. [I was supported] from the day I came in even to the day I left. I mean it was [the manager] who helped me to move. She took me in her own car with all my bags and everything to the new house. She's fantastic.'* (Service User)

### ***Helpful staff***

The kind of help most frequently mentioned was the personal support given by staff:

*'Whatever help I needed, if I just needed someone to talk to, they were there. Even if they had gone home I only needed to pick up the telephone on the landing; there's free-phone telephones on the landings. Pick the telephone up and you could talk to them at home.'* (Service User)

*'There was absolutely ... nothing they wouldn't help me with.'* (Service User)

### ***Ongoing support***

The women who had moved out of the refuge valued the ongoing support that was made available to them:

*'There's always someone at the end of the telephone even though I've moved out now ... if I need one of them I've just got to phone.'* (Service User)

## **VICTIM SUPPORT**

Domestic violence is defined in the National Victim Support Code of Practice as:

*'The physical, sexual, emotional and mental abuse of women by partners or ex-partners'*

In the year prior to the research (1st April 2000 – 31<sup>st</sup> March 2001) South Tyneside Victim Support had contact with a total of 98 women who had experienced domestic violence. They have two full-time paid members of staff and twenty-three volunteers who have all received training on domestic violence.

### ***Services offered***

Victim Support offer one to one support, advocacy and practical assistance for women who are experiencing domestic violence. One of their main areas of practical assistance is related to criminal injuries compensation, whereby staff ensure that women know exactly what they are entitled to and will offer assistance with filling in the forms.

They also play an important role supporting victims in court. They explained that this can be used in two different circumstances, either if a victim has been supported up to the court date or if a referral is specifically made for a victim who is wary about going to court.

### ***Screening and Referral***

Screening for domestic violence is not conducted by Victim Support because they work purely on a referral basis. Referrals most often come from the police or are self-referrals. The volunteers explained that if they needed any specialist skills they would refer to other agencies that had more training:

*'I don't have any qualms about referring victims on to other agencies if I feel I can't deal with it myself.'* (Victim Support volunteer)

REACH is one of the agencies they frequently refer women to, and NECA is also often used.

### ***Length of support***

The length of time that victims are supported depends upon the needs of the individual, and it is left to the volunteer's discretion to determine the amount of individual support that is needed. One survivor of domestic violence had been supported for a year, although the time period is not usually this long. Deciding when to stop seeing a victim can be difficult:

*'Its very hard to work out just when to step back.'* (Victim Support co-ordinator)

### ***Inter-agency work***

Victim Support has good relationships with other agencies in the area and work most closely with police. They described their relationship with the police as 'excellent' most of the time, although were concerned that they were often not given adequate information at the referral stage. Probation is another agency that Victim Support work very closely with.

## **SURVIVORS' VIEWS of Victim Support**

Seven (35%) of the women interviewed had used Victim Support in South Tyneside, and of these women five (71%) said they had found them helpful, while two (29%) reported that they had not been helpful.

### ***Someone to talk to***

The women who found them useful explained:

*'They were there. Basically any time you needed them, they were there'* (Service User)

*'If I needed her I just had to pick the phone up and she was there she would listen. If I cried she didn't judge me'* (Service User)

### ***Criminal injuries compensation***

Victim Support frequently helps women who have experienced domestic violence apply for criminal injuries compensation. While this was helpful for some women, the two women who reported that Victim Support had not been helpful explained that they felt there was an overemphasis on this side of the support that was offered:

*'Victim Support sent us a letter. It was a form for criminal injuries and that was not what I wanted really ... No one has talked to us about mine or her [child] safety or about how to protect us.'* (Service User)

## **REACH**

Women who have been sexually assaulted may need specialist services both for immediate support and to help them with the added problems of the criminal justice system. Despite rape in marriage being made illegal in 1991, few cases of marital rape are reported to the police and even less lead to convictions for rape (Harris and Grace, 1999).

REACH stands for 'Rape Examination, Advice, Counselling, Help' and has been running for nearly ten years. They have bases in both Newcastle and Sunderland which cover the South Tyneside area. They run rape examination suites and counselling for women and men who have been sexually assaulted. They differ significantly from both refuges and Rape Crisis Centres in that REACH provide immediate, short term counselling rather than the ongoing long-term support offered by refuges and Rape Crisis Centres.

In an independent evaluation of REACH, Maddock and Scott (1995) found that support for the service was virtually unanimous. They cite one service user who told them *'without REACH I could never have lived'*. The evaluation also praised the longstanding women-only doctor scheme for rape examinations.

### **SURVIVORS' VIEWS of REACH**

Only one (5%) of the women in this research had used REACH and she had mixed feelings about the service, feeling that she needed someone to talk to who had been through experiences similar to her own. However, it is clear from this and other research that REACH plays a key part in the crisis counselling of women who have been raped and/or sexually assaulted. This is reflected by some of the women who answered their questionnaire and were quoted in their annual report (1999/2000):

*'It was helpful for me to talk to someone I didn't know'* (Service User)

*'It drew a lot of things out that I did not know I felt, and also that I was allowed to feel these things helped me come to terms with what happened to me'* (Service User)

*'Good to be believed, friendly and very understanding'* (Service User)

## **OPTIONS**

'Options' is the re-launched domestic violence project run by South Tyneside Council for Voluntary Service (CVS). With the new launch and appointment of an experienced co-ordinator, the project is hoping to raise the awareness of domestic violence in South Tyneside, work closely with other agencies while increasing the options made available to women who are experiencing domestic violence or who have left violent relationships.

### ***Inter-agency work***

Options already have close links with other agencies, and work most frequently with the police, social services, the housing department and Women's Aid. Recently, along with Women's Aid, they have been involved in raising the awareness of domestic violence with the police in South Tyneside.

### ***Future plans***

The next stage for Options is the development of a training scheme for the recruitment of volunteers. It was clear from the interview with the co-ordinator that Options will soon become an important service for women experiencing domestic violence in South Tyneside.

## **SURVIVORS' VIEWS of Options**

Although two of the women had used the old domestic violence project it was not felt appropriate to include their comments as an analysis of Options. It is therefore not possible as yet to evaluate how helpful women will find Options.

## CHAPTER FIVE – CRIMINAL JUSTICE SERVICES IN SOUTH TYNESIDE

*'Violence against women is a crime ... our aim is to make Britain a place where we can live our lives without fear.'* (Women's Unit, 1999: 6)

The last decade has seen a major policy shift in the importance associated with domestic violence, with domestic violence increasingly criminalised and a positive action approach adopted by many police forces. The 'just a domestic' attitude has thus been replaced with the acknowledgement that *'assaults within private relationships are no less criminally serious than violence that takes place between strangers'* (Home Office website). Since 1990 when central government provided guidance to local police forces in dealing with domestic violence in the form of a circular (60/1990), most forces now have a domestic violence unit or have appointed a domestic violence officer.

Research continues on the effectiveness of the police in the tackling of domestic violence, with recent work focusing on interventions to prevent repeat victimisation. This is a relatively recent concern, following the work of Hanmer, Griffiths and Jerwood (1999) who developed 'The Killingbeck Model', so called because it was piloted in the Killingbeck Division of West Yorkshire Police. The model is based upon a three-tier system, whereby the level of police intervention is determined by the amount of times the police have attended domestic violence incidents and/or the level of risk involved. The model was deemed successful in reducing the amount of repeat victimisation, with the percentage of incidents that were one off increasing from 66% to 85%. It also encouraged women to ask for assistance, while identifying chronic offenders and reducing the likelihood of them re-offending.

### NORTHUMBRIA POLICE SERVICE

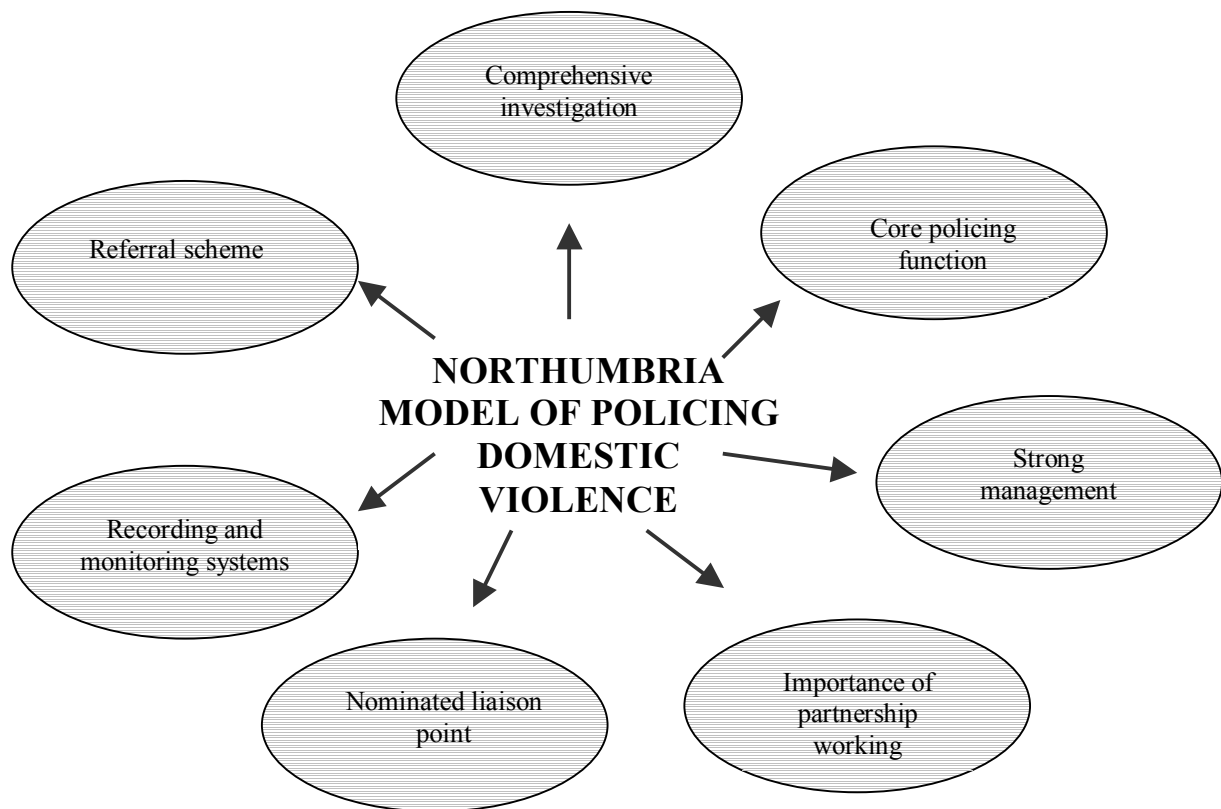
On the 1<sup>st</sup> April 2001 Northumbria Police introduced their revised domestic violence policy which is made up of seven key areas, as indicated in the model overleaf. This involves positive policing in domestic violence incidents, and incorporates a version of the Killingbeck Model. The new policy states that *'police action will include a prompt response and will take into account the impact of repeated abuse'*. This is incorporated into practice through incident priorities. As one officer explained:

*'The call 'jumps up a notch' in terms of seriousness coding if there has been a note attached saying the address has a record of serious DV and we can update that information as it changes.'* (Police officer)

At the same time a new database was set up to record domestic violence incidents. This will make it possible to track both victims and perpetrators, it indicates the level of risk associated with a particular case and also allows referrals to other agencies to be followed.



**Model 5.1 Key features of Northumbria Model of Policing Domestic Violence**  
(Reproduced with permission of Northumbria Police)



***Referrals and inter-agency work***

The police have good relationships with other agencies in South Tyneside, and liaise especially closely with other criminal justice services and Victim Support.

**SURVIVOR'S VIEWS of Northumbria Police**

All twenty (100%) of the women had used the police at least once and the overall picture is positive. Six (30%) of the women had used the police outside of the South Tyneside area. Out of the fourteen women who had used the police within South Tyneside seven (50%) women reported that they had been helpful, three (21%) said they had been unhelpful, while four (29%) women had mixed experiences.

One of the women who had been helped by the police described them as ‘fantastic’.

***How the police were helpful***

Some of the women explained the ways in which the police had helped them:

*‘they’ve put panic buttons and everything in my mothers and my sisters house, they took photos inside the house, outside the house. They had to have special passwords. They’ve just been absolutely fantastic, and it was all done within the space of three days of me being here, so they arranged it so quick.’* (Service User)

*'they actually listened to what you were saying, it wasn't just a case of you said this and he said that they actually sat and listened to everything I said. They basically took it in. They didn't just write it down and forget about it.'* (Service User)

### ***The police as unhelpful***

The women who thought the police were unhelpful explained:

*'Since I've started seeing [new partner] we've had our car smashed up - £3,500 worth of damage, they know it was him but they've done nothing, just warned him. Then we had wer tyres slashed, then we had wer windows put out. It was all down to him. I know it was.'* (Service User)

*'This was the first time I used the police. I'd been too frightened before and to be honest I don't think I'd use them again. I've had more hassle for getting them involved and then for them not doing their job properly'* (Service User)

*'The police just kept saying we will try to arrest him but we can't find him. I said what do you mean can't find him? He's kicking the door down'* (Service User)

### ***Not taking domestic violence seriously***

There was still evidence that some police officers did not take the women's experiences as seriously as other assaults and that the 'just a domestic' attitude was still prevalent:

*'He'd actually broken my ribs so he didn't have a choice - they took him away but I didn't agree with them letting him out at 4 o'clock in the morning ... They said that you can only hold them for so many hours ... that's not protecting me. That might be doing their job but at the end of the day what would have happened if he'd killed me? They would have kept him then because they would have charged him with murder, so breaking my ribs is no different from somebody going out there and committing a murder. He still intended to do what he did.'* (Service User)

*'I don't think they take a lot of it as serious. It's ok for them sitting on the end of the phone saying it's another domestic but when you are in that situation and you're terrified of somebody and you want somebody just to come out and take you out of that situation and they don't do that for you it's not being very helpful to me.'* (Service User)

## **THE PROBATION SERVICE**

Research shows that although all criminal justice responses (i.e. fines, probation and prison) may reduce the likelihood of re-offending, greater success in the reduction of domestic violence occurs when combined with re-education programmes (Dobash, Dobash, Cavanagh and Lewis, 1996; and see Hester et al., 2000). This is the insight underlying the South Tyneside probation approach.

South Tyneside probation service uses the DIVERT programme for perpetrators. This is based on the Duluth Model of offender re-education involving a pro-feminist cognitive behavioural model. The aims of DIVERT are to

- Challenge the offender's attitudes that promote and sustain violent behaviour.
- Protect women and children by assisting the offender to accept responsibility for his violent behaviour.
- Increase the offender's awareness of the link between domestic violence and a need for power and control.

A crucial aspect of the DIVERT programme (as in the Duluth Model) is a Victim Worker who works with the male perpetrator's partner as a means of checking his progress and in order to ensure safety for the victim. The Victim Worker on the DIVERT programme is seconded by Wearside Women in Need. Her primary role is to support the partners of the men who are on the DIVERT programme, however some women are also supported if their partners are not suitable for DIVERT. Additionally, partners of men who are in prison are also supported if it is thought that their lives may be in risk when the men are released. For example, one of the women being supported by the Victim Worker was coming to terms with the fact that her life was in serious danger when her ex-partner was released and was living with her family under new names and identities. Under these circumstances intensive support is needed from the Victim Worker.

At any one time the Victim Worker can be supporting up to forty women, and children are also supported where necessary. She explained that working with children could be quite frustrating because of the lack of services designed to support the children of violent men. One to one support in schools and therapeutic work for younger children were identified as being particularly limited in South Tyneside. The Victim Worker has been working for eleven years in various roles in South Tyneside supporting women who have experienced domestic violence, and she explained:

*'Of all of the women I've worked with over the years only two have returned [to live with their violent partner] so its quite successful in a way' (Victim Worker)*

This is an invaluable support for women in South Tyneside, and although the Victim Worker interviewed for this research has since left her post to work with children who have experienced domestic violence, it is essential that this good practice be continued.

### **SURVIVORS' VIEWS of Probation**

Comments were generally about the Victim Worker as she was the member of staff survivors had been in contact with. Four women (20%) were supported by the Victim Worker at the probation service and they all reported that they found the service extremely helpful. One woman described the Victim Worker as being *'just like Jim 'll Fix It!'* and another as *'excellent'*.

### *Concern for women's safety*

The probation service were clearly conscious of the safety issues that women who have experienced domestic violence face, even after the perpetrator has been sentenced:

*'If it wasn't for [the Victim Worker] I'd probably be six foot under by now'* (Service User)

This is particularly an issue for women whose partners or ex-partners are on the DIVERT programme.

## CHAPTER SIX – HOUSING SERVICES IN SOUTH TYNESIDE

*'The importance of housing cannot be overestimated. Along with economic independence and viability, it ranks as one of the crucial factors affecting women's ability to find viable alternatives to a violent relationship'* (Dobash and Dobash, 1992: 93)

The importance of adequate, affordable housing for women who want to leave violent relationships has been highlighted by feminists since the beginning of the refuge movement in the early 1970's. Morley (2000) points out that women who are leaving violent relationships are likely to have to rely upon social housing - housing provided by local authorities or housing associations because they are systematically disadvantaged from independent incomes. Wilcox (2000) highlights that women may have already incurred debts during the violent relationship, which are further compounded by the costs of setting up a new home.

It is the loss of a home, as opposed to the loss of a house that compounds the traumatic experience for women and their children of leaving domestic violence. This is particularly pertinent if clothes, photographs, children's toys and other personal belongings have been left behind (Malos and Hague, 1997).

### ***Housing, safety and policy***

Safety has been identified as the most important basic requirement for women leaving domestic violence (Malos and Hague, 1997) and this is particularly important when considering suitable housing.

These issues are reflected in Government policy and local authorities are deemed responsible under the Housing Act 1996 to provide assistance. Women seeking re-housing due to domestic violence are generally registered as being homeless. In the year 2000, local authorities were responsible for the re-housing of 110,790 homeless households and in nearly a quarter of these cases (23%) the reason for homelessness was due to a relationship breakdown (DETR, 2001).

Section 177 of the *Housing Act* 1966 specifies that;

1. It is not reasonable for a person to continue to occupy accommodation if it is probable that this will lead to domestic violence against the person, or against –
  - A person who normally resides with them as a member of their family, or
  - Any other person who might reasonably be expected to reside with them

For this purpose 'domestic violence' in relation to a person means violence from a person with whom they are associated, or threats of violence from such a person which are likely to be carried out.

## SOUTH TYNESIDE HOUSING DEPARTMENT

There are five separate area offices that make up South Tyneside Housing Department. In the year ending April 2000 they saw 44 women (and no men) who disclosed that they were homeless due to leaving violent relationships. Despite the important role of housing services in assisting women who have experienced violence South Tyneside Housing Department was given a low rating (under 25%) with regard to Good Practice. They did not have a definition of domestic violence, had no specific guidelines or policies and none of the staff had had any training related to domestic violence.

### *Inconsistent practice*

Research shows that housing departments between and within local authorities often have vastly different policies and guidelines in relation to domestic violence (Malos and Hague, 1997). This was also the case for South Tyneside with regard to practice. Practice clearly varied between and within area offices and the housing officers agreed there was no consistent approach given to women who had fled domestic violence in South Tyneside. One housing officer highlighted:

*'I think it's down to the individual office, or even the individual officer. And that I would think would be because we haven't all been trained together. It's teach yourself.'* (Housing Officer)

Another officer pointed out that although there was no consistent approach, there was some accountability:

*'Because there aren't any hard and fast rules laid down I think it is up to the individual as to how you handle it, but you've got to consider that there is always a senior officer looking through the papers.'* (Housing Officer)

### *Training*

The need for training was highlighted, as one housing officer's only had knowledge of one service (Women's Aid), while another commented *'I think I've gained more from programmes on television'*. There was also concern that untrained housing officers may be unintentionally insensitive to women survivors, as one housing officer commented:

*'I mean we could just blunder in. I mean I hope we don't. Well we try not to but we could just blunder in, y'know, ask insensitive questions perhaps.'* (Housing Officer)

While another officer felt that without training her job efficiency was reduced:

*'It's quite worrying because of the fact that you want to do your job as well as you can and you do feel some compassion obviously for the person sat in front of you.'* (Housing Officer)

One housing officer believed the way forward was to have a designated member of staff who could handle all cases of domestic violence:

*'I think there should be someone who is trained and specialised in that area, then even if she wasn't there she could pass the information on to other members of the team.'* (Housing Officer)

### ***Evidencing violence – searching for corroboration***

In direct contradiction to Government policy guidance, which states *'It is not good practice ... to expect evidence of violence'* (DETR 1999, para 11.17; cited in Morley, 2000), the housing officers in South Tyneside explained that they would seek corroboration rather than accept the woman on face value:

*'I must admit, perhaps wrongly, we usually ask for some kind of evidence. I mean obviously if a woman's so obviously distraught you don't need evidence...if they don't seem to be pushing that they've got to get out there and then we'll tend to ask for some kind of evidence, y'know have you been to the police? Have you had to flee the home and stay at the Women's Refuge? Are social workers involved because of the children? ... we do obviously prefer some kind of corroboration for the story'* (Housing Officer)

Yet searching for corroboration often resulted in the process being lengthened:

*'If you're writing to other agencies you're relying on them to answer you and you wait and see if you are going to get a response. But at the end of the day you're supposed to make a decision within the 28 days and the only time any of us go over that is if there is some stuff that is missing.'* (Housing Officer)

Some women had their credibility questioned further if they refused offers of accommodation due to them being inappropriate for their needs. They were described as *'refusing help'* and being *'picky'*. One housing officer described a particular example and concluded that *'if it was that bad she would go'*.

Even so, there was acknowledgement that not all women who have experienced domestic violence had documented evidence of their experiences:

*'I think if they're stating that they've been subjected to domestic violence even if you've tried to get the evidence and you can't or if they have never reported it or been too frightened to report it, if they've never had a social worker then I think basically you just have to accept it.'* (Housing Officer)

### ***Gender***

The gender of the housing officer was an issue that had not been acknowledged. For one housing officer this was not deemed of relevance, as all of the re-housing officers in her office were female, while a housing officer in another office said that provisions would be made if a request to change officer were made.

### ***Recording domestic violence***

Although housing officers do not routinely screen for domestic violence, there is a requirement to log (for statistical reasons) whether a relationship breakdown is due to violent or non-violent reasons. This is problematic with no specific definition of

violence being in place. The housing officers explained how they approached this question if they suspected that violence might have been a factor:

*'I'd try to do it as diplomatically as possible, you know, how bad are things at home? ... is it mentally distressing? I would try and find out, really to determine the urgency.'* (Housing Officer)

*'if they're a little hesitant about it or if they say well I cant go back then you'd start to think well is there a reason you cant go back are you, because I don't think you should be saying you've got to go back if you don't know the reason why. So I would ask if there was a reason why they couldn't go back.'* (Housing Officer)

### **Organisational structures**

Additionally, housing officers often felt that they had their hands tied by ineffective legislation, job roles and responsibilities, and one concluded:

*'There's quite a bit of it [domestic violence] going on but we're not always in a position to help to be quite honest. It's not always within your jurisdiction.'* (Housing Officer)

Another criticised provision for domestic violence survivors within legislation, and described the Homelessness Act as *'a real hotch potch of a legislation'*.

### **SURVIVORS' VIEWS of Housing Department**

Three quarters (n=15, 75%) of the women had been to a local authority housing department, however five had used (or were using) a department outside of South Tyneside. Of the ten women who had used (or were using) South Tyneside housing department, four (40%) described positive experiences, three had negative experiences (30%) and three (30%) had mixed views.

The women who reported positive experiences of the housing department explained *'they've been very good'* while another reported; *'They were lovely with me, I don't know what they're like with anyone ... but they were marvellous with me'*. The house she was allocated after leaving the women's refuge was appropriate for her needs and she described both the property and its location as being *'absolutely fantastic'*. Other women, however, had severe criticisms of the housing department suggesting that these women's experiences of the housing department were unusual. After discussing her experiences with the other women in the Refuge she commented *'Everyone in here says it's the first time they've known somebody get a decent house'*.

### **The housing interview: Re-living emotional pain with strangers**

Some of the women reported that telling the housing officer about their personal experiences was distressing, as they were strangers to them. One woman reported that although her overall experience of the housing department was *'quite good'*, she found it difficult telling them about her personal experiences. Another woman had moved to South Tyneside from another area after being raped by her ex-partner and was not prepared for the amount of detail she was expected to disclose:



*'I had to say what had happened, which I was a bit put out about, because, just with it being so personal. It was upsetting really ... They wanted to know what had happened, when it had happened, and I wasn't prepared for that. I thought it would just be a straight-forward go in and fill the forms in. But obviously not.'* (Service User)

She explained that this distress was further compounded by the gender of the housing officer and said she had not been offered the option of seeing a female officer and that if she had she would probably have felt more comfortable.

Other women felt uncomfortable but accepted the housing interview as being inevitable.

### ***Ambiguity and uncertainty***

There were complaints that the housing officer did not seem helpful:

*'They said you might not get accepted as homeless and I said and then what would I do and they said 'well I dunno''.* (Service User)

Additionally, questions were raised over arrears procedures:

*'I was getting my housing benefits paid here [Refuge] so I'll not be getting it for the other house – the one I'm packing in so I'll be on full rent and be in about 200 pounds arrears when I get a new house so she says you might not get another council house with you being in arrears and all this and I thought 'well?' I could pay it off'* (Service User)

One of the women felt that she was being personally blamed for her circumstances, and wished that the housing officer would understand that *'its not my fault that I've had to come here and be homeless.'*

### ***Housing offers***

There were also complaints regarding the types of property offered to women. One woman described her feelings when she went to look at the first house that she was offered:

*'It was the pits ... we stopped and asked two lads where it was and they asked us where we were from. And they looked at us and they looked at the car and said right, take my advice get back in the car and get back to xxxx what the heck are you going there for? Well when we got there we could understand ... It was boarded up, music blasting out from down the road, the metro rushing past in front of yer face, dogs and kids outside of the flat'* (Service User)

They felt that the housing department was taking advantage of their vulnerability and desperation to move into the area by offering them unsuitable accommodation, and explained *'I rang someone up and I says I know I'm desperate but I'm not that desperate'*.

One woman had a fifteen mile round journey twice a day with four young children in order to keep her children in the school they enjoyed. Others highlighted the

unfairness of the system whereby having to leave meant they were being punished, for example one woman could no longer visit her fathers' grave as the cemetery was close to where her ex-husbands family lived.

### ***The wider picture***

There were also wider questions raised, for example one woman asked '*Why is it that we have to move away out of the area? It's them who should have to move*'. There was the feeling that wherever they lived and whatever they did they would never be safe and many were afraid to go out of the house even when they had moved out of the area and their ex-partners were in prison. Concerns were raised over friends and family of the perpetrator seeing them out shopping and one woman highlighted that, regardless of where she lived '*I'll never feel completely safe*'.

## CHAPTER SEVEN – HEALTH SERVICES IN SOUTH TYNESIDE

*'It is clear that a significant proportion of the women who live with men have their health diminished or even destroyed by violence' (Doyal, 1995: 54)*

The involvement of health care professionals in the identification of domestic violence has been relatively recent, despite the seemingly obvious link between violence and injuries. The medical profession is beginning to recognise the physical and psychological effects of domestic violence on women's lives (Department of Health, 2000a; British Medical Association, 1998). Health care professionals are likely to come into contact with many women who are experiencing domestic violence, for example in America domestic violence has been found to account for three times as many emergency room visits for women as car crashes and muggings combined (Hyman and Chez, 1995).

There are also secondary health implications for women who have experienced domestic violence. Research shows that women who have survived domestic violence are more likely to abuse alcohol and drugs, suffer from depression and attempt suicide (Stark and Flitcraft, 1996). Additionally, they are more likely to show signs of Post Traumatic Stress Disorder than women who have not experienced violent relationships (Fischbach and Herbert, 1997).

Even if women do not use healthcare services this does not imply that they do not need them, as Williamson (2000: 11) highlights:

*'Many women will require healthcare services, whether they utilise them or not, for a diverse range of injuries (both physical and non-physical) which are caused by domestic violence'.*

The fact that healthcare services do not report seeing large numbers of women with domestic violence injuries therefore suggests that something, or indeed someone, may be acting as a barrier to their use.

### GP SURGERY

A General Medical Practice was chosen which South Tyneside refuge identified as the main one they referred women to and a GP and practice manager were interviewed. Despite their apparent link with the local refuge, the GP surgery did not have any definition of domestic violence, nor any policies or guidelines. None of the domestic violence guidelines given by the Department of Health were adhered to, and they had not been read nor implemented in this particular surgery. The practice manager explained that a definition of domestic violence was not necessary because *'we have not had a lot of domestic violence incidents'*. The GP explained how he personally would define domestic violence:

*'Well if a woman comes and tells me that she's been beaten up or smashed against the wall then I call that domestic violence.'* (GP)

With the exception of the women who used the surgery on a temporary basis from the Refuge, the GP and practice manager said that they had seen no women who had experienced domestic violence. No screening for domestic violence was conducted, and this is likely to have underlined the belief that the surgery did not see women who had experienced domestic violence.

The GP and practice manager reported that while they would treat the woman for the symptoms she displayed, they tended not to delve any deeper if no information about domestic violence was volunteered. Even if the injuries seemed inconsistent with the explanation, few questions were raised:

*'I would ask if she had been to accident and emergency or whether she had called the police. But if she hadn't done these things I'd just leave it.'* (GP)

The idea that a GP would see no women (beyond those from the refuge) who had experienced domestic violence seems unrealistic. Research shows that GP's frequently underestimate this figure, and Stark and Flitcraft (1995) found that in the US physicians estimated that 1 in 35 of their patients experienced domestic violence. Stanko et al (1998) found that while a total of 60% of the women in her research had experienced some form of abuse, one in nine reported that it was serious enough to require medical attention.

Most American States now have mandatory reporting policies whereby a GP must report domestic violence injuries to the police, in a similar way to Child Protection laws in the UK. The GP thought that this was not a suitable health care response to women experiencing domestic violence in the UK, explaining *'women are considered mature adults and they know what they are doing.'* He was also concerned about the possible repercussions of such an approach, *'because the husband might come and smash my head in'.*

## **SURVIVORS' VIEWS of GP Surgery**

Sixteen of the women interviewed (80%) had been to their GP for injuries relating to domestic violence, however two of these (10%) had used GP's outside of the area. Of the fourteen women who had used GP's within South Tyneside just over half (n=8, 57%) reported that they were pleased with the response they were given. Four women (29%) reported negative experiences, while two (14%) held ambivalent views.

### ***Hidden violence***

Violent men typically physically abuse women in places that are not visible to others, and one woman explained that this was the reason why her GP did not realize that she was experiencing domestic violence until she told him. She explained:

*'He would never hit me in the face where people could see, just all over my body. The ones on my legs are just starting to be just faint marks now, and that's from three weeks ago.'* (Service User)

Additionally, most women make numerous visits to their GP before disclosing domestic violence. This was also found to be the case in South Tyneside. One woman

reported that she had experienced violence for around a year before telling her GP about it.

### ***GP as helpful***

One woman explained how her GP had been helpful:

*'I start getting the flashbacks and pacing the floor all night and I went to the doctors and he's done counselling himself so I had a good talk with him and he's given me some sleeping pills, which was really helpful. He also advised me about counselling groups.'* (Service User)

Similarly, the male service user described the prescribing of suitable medication as the most helpful aspect, explaining *'they helped with tablets and things when I was drinking.'* (Service User)

One woman explained that although she had a male GP this was OK because he was *'excellent ... he understood ... he was quite helpful'* (Service User). Another woman felt that even though she had not disclosed the reason for her injuries the GP seemed to understand:

*'I went in half blaming myself more than anybody else. I think he knew, because he even said you know, it's nothing I haven't heard before, you know type of thing. And that it's only going to benefit yourself if you say.'* (Service User)

### ***Negative experiences***

One of the women interviewed in the local Women's Refuge had attempted to use the local GP surgery. She explained that when she had left her home to go to the Refuge she did not have anything with her. All she and the children took were the clothes they were wearing. When she arrived at the Refuge she started feeling irritable and realised that she had none of her HRT tablets with her. She described the GP surgery she attended as *'terrible'* because they refused to give her a repeat prescription even though they knew it would be dangerous for her to return home for them. She explained:

*'I thought it was absolutely ridiculous that I couldn't get a prescription for HRT. I really did ... I mean I've been loaded with flu and that but I thought no, I'm not going to the doctors here. And I wouldn't, I mean I wouldn't go again.'* (Service User)

Other women also reported problems with the GP they visited:

*'The GP surgery was absolutely horrible. He was ignorant, he didn't even look up from the desk ... he was a horrible, horrible man.'* (Service User)

*'I stood in the doctor's surgery with two black eyes a broken nose and black hand marks around my neck where he had tried to strangle me and I sat for an hour and a half I wasn't referred anywhere'* (Service User)

## HEALTH VISITORS

Health visitors taking part in the research similarly had no definition of domestic violence, no training, and no guidelines or policies on the subject. A more commonsensical approach appeared, however, to be used with regard to domestic violence. The two health visitors interviewed for this research utilised their training on Child Protection issues and applied and amended them to provide a safe and considerate approach to women who they suspected were experiencing domestic violence.

### *Looking for signs*

While the health visitors did not routinely screen for domestic violence they did actively, though discreetly, look for signs that may be suggestive of an abusive relationship:

*'Sometimes maybe just the way she is when the partners about. Sometimes you just get the feeling that one partner is very dominant and controlling, though it doesn't always follow that there's violence there. But if there's just something about the set up I suppose. If children are particularly quiet and controlled when they're around as well. But then again that's all very vague isn't it. You couldn't just go on that.'* (Health Visitor)

The other health visitor looked for signs in the physical environment that may be indicative of violence:

*'I would sometimes look for broken furniture, fists punched through doors and things like that. I would definitely ask about these things.'* (Health Visitor)

Whether or not a health visitor would act on such signs was up to the individual:

*'Its very much left up to the individual practitioner if you feel comfortable enough to broach the subject.'* (Health Visitor)

### *Safety concerns*

Concern for women's safety was clearly considered before asking any questions about violence, for instance, the difficulties of having male partners in the same room was considered. They explained that if they suspected domestic violence they would offer women an appointment at the surgery on their own. If this was not possible one option was to *'surreptitiously slip them the domestic violence help-line number or something'* (Health Visitor). Another talked about the difficult choices that had to be made in some circumstances:

*'I will ask people if it is a safe situation for them you know because it would feel like the right thing to do ... but it depends on peoples thresholds really and like how they rate it as well'* (Health Visitor)

*'While you want to show that you are interested in them ... you don't want to inflame the situation in the household.'* (Health Visitor)

### ***Routine screening***

They felt generally positive about routine screening as a possible policy in South Tyneside, seeing this as an extension to their existing child protection approach:

*'I don't think it would be a bad thing.'* (Health Visitor)

*'If it's a standard question then everyone would be asked, like in the ante natal ... it gives them the chance to talk doesn't it. It might be the first time someone's asked them.'* (Health Visitor)

*'Certainly most health visitors, because of the kind of training they have around child protection, would feel reasonably comfortable to ask'* (Health Visitor)

### **SURVIVORS' VIEWS of Health visitors**

Although many of the women had used health visitors, none had discussed domestic violence with them. Often it was clear that domestic violence was an issue because the women were visited in the Refuge. All views of health visitors were positive, and one woman emphasised the supportive role that was offered to her:

*'She told me that if I ever needed her or for the kids to just go down to the clinic to see her.'* (Service User)

It was clearly the offers of support and knowing that the health visitors were there if needed that the women most valued.

## **SOUTH TYNESIDE DISTRICT HOSPITAL**

South Tyneside District Hospital define domestic violence as:

*'Any type of violence that occurs within the home, whether male to female or female to male, whether physical or verbal, which may incur children being present'*

Hospital staff accepted women on face value if they disclose that their injuries are due to domestic violence, but did not screen directly for domestic violence. They explained:

*'We have 50,000 new attendees per year in the A&E department and we have to screen for so many things. If a story didn't ring true then the triage nurse should pick it up.'* (Member of hospital management)

### ***Evidencing Injuries***

Although they have the equipment available to take photographs to evidence injuries for use in the courts, they most often advise women to get their own photographs arranged. Similarly, the use of body maps to document injuries is not advised.

## ***Referrals***

Referrals are most frequently made to other health care services. Social services and the police are also used, however the police will only be called if this is agreed with the patient.

## **SURVIVORS VIEWS of South Tyneside District Hospital**

Twelve of the women (60%) had been to a hospital due to domestic violence, while some had used hospitals outside of the area or found it difficult to recall their experiences thus making further statistical analysis problematic.

### ***Safety issues***

One of the women was released from hospital on the night she was attacked, and explained that after stabilising her injuries they were not helpful because they did not ask if she had anywhere safe she could stay, despite her disclosure of domestic violence:

*'I could have gone back home and he could have come back and ended up killing me.'*  
(Service User)

### ***Disclosing violence***

Women who seek assistance to leave violent men are most at threat of being murdered in the period immediately after seeking help (Campbell, 1995; Daly and Wilson, 1993), and this fear was undoubtedly one reason for non-disclosure:

*'I've lied to doctors, hospitals, basically that was out of fear because if he found out what I'd said ... it's out of fear why you lie and you don't want anybody to know because you just get hit all over again.'* (Service User)

One woman's GP sent her to the RVI in Newcastle because she had severe head injuries. The response was not as supportive as that she received from her GP:

*'They asked me how I did it and I just said that I fell, and they said oh OK then, fine.'*  
(Service User)

She said that if she had been directly asked by the hospital whether her injuries were due to domestic violence she would have probably told them. Although she could not remember all the details of her overnight hospital stay due to concussion, she was sent home with no questions raised over domestic violence or her safety once she returned home. She explained that in retrospect:

*'I think the hospital., even if I had told them, I don't think they would have been bothered. I mean I understand they're busy and they've got other people, you know with a lot more injuries than meself. But they're not helpful at all the hospital.'*  
(Service User)



## CHAPTER EIGHT – CHILDREN AND FAMILY SERVICES IN SOUTH TYNESIDE

*‘Domestic violence has a significant impact on children’s lives and on their current and future well-being. We know that many women experience domestic violence and that when a woman is being abused not only is her parenting capacity likely to be affected, there is also a high probability that her children may be abused’ (Hester, Pearson and Harwin, 2000:9)*

Government policies and guidelines have in recent years increasingly recognised that there are links between domestic violence and possible harm to children. Policy directives from the Department of Health have been produced that emphasise support for mothers experiencing domestic violence is a positive response to child protection. Use of the ‘children in need’ approach to support mothers and their children has been highlighted in this respect (Hester et al., 2000). At the same time the family courts have also made some acknowledgement of links between violence to mothers and possible harm to their children. Recent case law concerning children's contact with violent fathers have considered the detrimental effect on the children concerned of witnessing violence to their mothers, and any direct abuse the children may also have experienced from their fathers (see the Appeal Court cases: Re: L (A Child), Re: V (A Child), Re: M (A Child) and Re: H (Children), 2000).

In this chapter we examine the practice in South Tyneside of services providing direct social support to families, and also the agencies related to the family courts.

### FAMILY SUPPORT SERVICES

The Family Support Services focused on statutory provision within South Tyneside. The aim of interviewing workers from a range of provision within this sector was not possible. However, staff from a Family Centre which provides both care and education and support to children and their families, were interviewed.

A domestic violence co-ordinator has recently been appointed within the Borough of South Tyneside and although she was included in the first phase of this research it is too early for any impacts to be assessed.

Some sections of the Social Services Department used a definition of domestic violence, but this was not the case within the Family Support Services. Guidelines and policies were available within the organisation in relation to children and domestic violence, although these were stated not to be part of a wider domestic violence strategy. The situation was further compounded by the Family Support Services not having comprehensive routine screening across the service, which may prevent domestic violence being appropriately identified. This, and the lack of systematic monitoring and recording of domestic violence, has far-reaching implications within the statutory childcare environment including the prevention of a clear assessment of the potential risks to the child (O’ Hara, 1994). It is anticipated that these gaps will be addressed by the new Domestic Violence Co-ordinator.

### ***Services provided***

The services offered through the Family Centre were provided for both children and their carers, with referrals primarily coming from Social Workers, Health Visitors and Child and Family Psychiatry:

*‘[we provide] day care with education, an educational group-work programme for parents as well as outreach support’* (Family Centre worker).

There was also specific support for service users in relation to domestic violence. One service user had been supported by a member of staff both in reporting domestic violence to the police and throughout her subsequent interviews. The Family Centre also shared other case studies identifying good practice within this setting. It was acknowledged that a specific group for survivors of domestic violence would be beneficial., although service users often openly discuss these issues within the day centre.

### ***Training***

While the Phase One of the research showed that all workers have access to training on domestic violence, Phase Two indicated that not all workers felt up-to-date in this area:

*‘It’s some years ago now...but now the [domestic violence] co-ordinator is in post we have a half day a week dedicated to training, so this is the ideal time....we have invited her to come and talk to the team about her role and what we can do in the future’* (Family Centre worker).

### ***Inter-agency work***

There appeared to be excellent multi-agency and partnership working within the Family Centre with referrals being made to and from a wide range of organisations, and some group-work programmes (including ‘Parenting 2000’) were delivered in conjunction with a local College. Regular reviews with the parent(s) and referrer were also a regular feature of the work undertaken. This open approach enabled information to be appropriately shared between different organisations.

Service users had access to a range of leaflets with even the placement of this literature being considered in order to ensure privacy:

*‘The leaflets board is now in the porch, we have never had loads of leaflets, we have many books and posters though’* (Family Centre worker).

### ***Feedback***

They were also consulted in relation to the three main services provided by the centre, which enabled staff to develop good quality, informed practice:

*‘Parents have been involved in deciding the opening hours [of the Family Centre] over the holiday period’* (Family Centre worker).

Safety planning was an area that needed to be developed within the family support services. This may serve to empower women to protect their children and themselves from risk of further harm from domestic violence

## **SURVIVORS' VIEWS of Social Services Family Centre**

The comments received from service users included those relating to the wider Social Services Department as well as in relation to the Family Centre.

### ***Helpful response***

One woman explained how she was helped to gain accommodation at the refuge:

*'Social Services gave me directions [they rang and] ... they got straight back to me and said yes there is- they're expecting you within the next couple of hours – they were quite good really.'* (Service User)

One service user who had faced violence while pregnant, only became involved with the Social Services department when police advised Social Services that a schedule one offender had been visiting her. The service user appreciated the input:

*'My social worker was brilliant.... I mean Social Services are actually pretty good ... although I still do have to see my ex husband they understand if I scream and shout and they understand that I have to get up and walk out of the room'* (Service User)

Service users gave extremely positive comments in relation to the Family Centre:

*'Everybody have just been brilliant I can talk about things and they have offered to get me counseling ....this lot are here to listen. If any part of the domestic violence affects me I can come in here get a cup of tea and scream and shout and they listen they don't make or pass judgement'* (Service User)

*'If they weren't here half of the time I don't know what I would have done'* (Service User)

*'It's brilliant support I mean this place has given me...there has been times when I've felt I was falling apart through everything in my life and this place has given me an outreach worker they've given me practical support as well as emotional support.'*(Service User)

*'This centre is really good we share all sorts of things the general feeling is that this place is great...It was purely by chance that my health visitor referred me here.'* (Service User)

### ***Not so helpful***

A service user outlined circumstances where Social Services involvement was not so helpful, not least because they did not actually do what they said they would:

*'... they said they would do a seven day assessment and that they would ring and they didn't it was the not knowing...They weren't really helpful 'cos they would do*

*everything I was already doing so there was nothing else they could offer' (Service User)*

The male service user was surprised at the help and support he gained from the centre and from social services as a whole, however highlighted that the services were often inconsistent in practice:

*'I had that many different social workers. The most I had one for was 4 weeks and then they left and I got another one.'* (Service User)

### **CHILD AND FAMILY COURTS ADVISORY AND SUPPORT SERVICE (CAFCASS)**

During the period of this research, the Family Court Welfare Service became part of a larger umbrella organisation, CAFCASS, under the Lord Chancellor's Department. The purpose of this merger being to bring together the work of Family Court Welfare Officers, Guardians ad Litem and the children's department of the Official Solicitors to provide a more efficient and effective service to children and their families.

These changes have been viewed positively within the CAFCASS organisation:

*'With a united response to everything affecting children, their development and their needs, hopefully this will be a more effective, efficient and credible service.'* (Children and Family Reporter, CAFCASS)

And domestic violence is very much part of the local agenda:

*'...all I can say at the local level is that domestic violence and the way we respond to it is high on our agenda and I can't see it ever not being there'* (Children and Family Reporter, CAFCASS)

#### ***Policies and Guidelines***

Within CAFCASS, the agency policies were under development in relation to a large proportion of the work of the organisation, including domestic violence. As previously in the Family Court Welfare Service, a clear definition of domestic violence was in use along with routine screening undertaken by fully trained staff, with information given accepted on face value:

*'Information is always put before the courts if someone discloses they are the victims or perpetrators of domestic violence ... That information is always placed before the Court for the Court to take a view upon that ... it is important for us to say that this is what this person has said has happened to them so that the Court gets as full a picture as possible.'* (Children and Family Reporter, CAFCASS)

*'I think there is an increase now in Children and Family Reporters putting the onus back on the court to establish the level of violence that someone's experienced before any consideration is given to anything like contact/residence. ... In cases of sexual abuse where allegations have been made there is no concrete evidence and the allegations are refuted by the alleged perpetrators, Courts have for years been*

*making findings...Well that practice is now encouraged with domestic violence.'*  
(Children and Family Reporter, CAFCASS)

This was seen as a very positive step within CAFCASS.

### ***Awareness***

Leaflets were clearly available to all users of the service. Staff stated that they were aware of the extent of domestic violence, and although no current training programme was established within CAFCASS staff would participate in current training available via their link with the Domestic Violence Forum.

Staff stressed the importance of the strong links held with other organisations on both an agency and individual level. Links are particularly good with Social Services, the Courts, the Domestic Violence Forum and the Probation Service. Referrals can be made to the Probation Service's Domestic Violence Victim Support Scheme. Staff also played a wider role with other organisations, an example being one member of staff appointed to a working party to develop contact services in the South Tyneside area (this work is also discussed under the Contact Services section).

Although the Family Court Welfare Service did not systematically monitor and record incidences of domestic violence, a variety of records in relation to a range of processes were noted to contain information in relation to domestic violence. It was hoped that monitoring and recording along with evaluation in relation to domestic violence would be a priority for CAFCASS:

*'Those sort of systems will come with the development of the organisation, I think it is hard to predict at this stage what form they will take but I think one of the things about the Government and has been heard from a talk by a member of our Chief Executive this is clearly an importance place on information and statistics on which to base the development of the service...'* (Children and Families Reporter, CAFCASS)

*'we have already had an inspection looking at the quality and quantity of our work'*  
(Children and Families Reporter, CAFCASS)

Other good practices were discussed during this process including procedures used to maintain the safety of service users both within the CAFCASS building and within the Court. The use of up to date research was also seen as crucial to the development of evidence-based quality practice. Children and Families Reporters were utilising findings in relation to domestic violence including work on use of gender balancing and planned co-working of staff where domestic violence is an issue (see Hester, Pearson and Radford, 1997).

Staff were also encouraged to address currently identified gaps. They were being encouraged to see the potential of the recent Department of Health 'Framework for Assessment' in child protection (Department of Health, 2000b), in relation to private law. This might assist the organisation to *'focus on the needs of children and families where there is potential conflict'* (Children and Families Reporter, CAFCASS).

## **SURVIVORS' VIEWS of South Tyneside Family Court Welfare Service/Child and Family Courts Advisory and Support Service (CAFCASS)**

Due to the re-structuring of the services it was not possible to interview any service users who had used CAFCASS.

### **FAMILY MEDIATION CENTRE**

This voluntary sector organisation works under the same management structure as the Contact Service and covers two specific geographical areas. It is a member of a domestic violence forum outside of South Tyneside. Family Mediation uses a clear definition of domestic violence, citing the National Family Mediation (NFM) organisation as a source.

#### ***Screening***

The process of screening, which is routinely undertaken, was described as taking place as follows:

*'Right from the referral stage with information provided by solicitors, by completing a willingness test prior to mediation commencing... by checking out whether a joint appointment is wanted... and at the first intake appointment, because even if both parties have come [to the same appointment] an individual session is always offered...before both parties being seen together.'* (Family Mediation Worker)

This follows the National Family Mediation guidelines, with direct and indirect questions used by the worker in this screening process, and emphasis on the importance of clients being seen individually in the first instance (see Hester et al., 1997). The approach taken was described:

*'[I use] a gentle approach to find out what went on...any evidence of domestic violence exempts [survivors of domestic violence] from the first mediation meeting'* (Family Mediation Worker).

Information provided was accepted on face value, although solicitors were often used to corroborate the information given. The importance of recording and monitoring of information given was also seen as key to the Family Mediation Service good practice.

#### ***Referrals***

Women's Aid/Refuges, Legal Services and Relate were the main agencies that Family Mediation referred service users to, with the latter used in relation to both relationship counselling and children's counselling.

#### ***Power imbalances***

Power imbalances were also recognised to be a key feature in mediation where domestic violence was an issue. An example was given where the male party even

attempted to control the mediation worker (female). The setting of clear ground rules, including not speaking when the other party is talking were practical solutions given to this type of situation and one family mediation worker explained '*we try to generate solutions to the problem*'. The practice of 'shuttle-mediation' (see Hester et al., 1997) was another example given of workers creating safer solutions.

## **SURVIVORS' VIEWS of Family Mediation Centre**

None of the survivors interviewed for this research had used the family mediation centre.

## **CHILD CONTACT SERVICES**

Contact services within South Tyneside are currently provided, in conjunction with those of another local area, in primarily group form on a Saturday morning and through individual sessions during the week.

The Contact Service interviewed in this research was trained by and affiliated to National Family Mediation (NFM). Following NFM guidelines, the Service had a clear definition of domestic violence, supported by an apparently strategic approach. Screening for domestic violence was also seen as an element in the setting up of contact and occurred (although not systematically) at the point of referral, with information frequently coming from the referrer:

*'I get the [referral] form, but I always speak to both parents and the child alone...before contact goes ahead...because if it is a perpetrator's solicitor who refers I probably won't be given that information ... Listening to the individual's situations and needs is vital.'* (Contact Services Worker)

The Service is classed as a '*supported not a supervised contact service*' and was thus generally unable to deal with domestic violence situations, although some of these still ended up at the centre:

*'We are often asked [by social workers] if contact can happen here...the mum's don't really want to use a group contact session in [out of area locality].... here's not always the best place though. Once, during a contact session, a man started shouting... it frightened the mums and the kids here...we only provide the premises but not everyone who runs the sessions knows what's good [practice]'* (Family Centre Worker).

### ***Referrals***

Indeed 52% of all South Tyneside referrals in June 2001 involved allegations of domestic violence, and the Service did not appear to screen these out despite the lack of a suitably high level of supervision available. It was noted that domestic violence may lead to people travelling out of the area to avoid difficult and unsafe situations, and this was helped by the link with the other area:

*'A mum didn't take her child to contact last week [because] she would have had to pass her ex's house. She's too frightened to do that so she goes to [another area] which is much further away...but she feels safer'* (Contact Services Worker).

When families do have to go out of the area the need for staff to be aware of relevant services, and one worker explained *'we need to have information at our fingertips to refer people on'*.

Another problem was that cases might be referred to the Service from the courts without enough information about the circumstances of the referral being made available:

*'Sometimes the courts order contact to go ahead here ...it's not really right...people have turned up on the doorstep without us knowing why they were coming.'* (Contact Services Worker)

### ***Safety measures***

Some safety measures were in place where domestic violence was an issue for the parties:

*'We try to have staggered arrival and departure times ...a third party may bring a child along...Some parents...also want to stay as close as possible to their child and we do weekday contact...and one of the parents will be in one room with [a worker] and I will be in the adjacent room with the other parent.'* (Contact Services Worker).

### ***Training***

Training was given a key role within this organisation, and had led to changes in workers' views:

*'I am on my third stage of training now...when I started... I used to think that contact was always right, but it isn't for the children. I have seen this very clearly...even if the parents feel as though it is'* (Contact Services Worker).

### ***Information and monitoring***

The impartial nature of the service was highlighted, with recognition that, despite parents' requests, information cannot be passed to and from different parties, even though the Contact worker may have made a wide range of observations in relation to how contact affects the child.

Statistics were collated and presented to the management committee on a monthly basis, with monitoring and recording deemed vital to this Service. The agency had also recently begun to develop ways of incorporating service user views into their work, which had included close work with a local organisation for fathers.

## **SURVIVORS' VIEWS of Child Contact Services**

None of the survivors interviewed for this research had used child contact services.



## CHAPTER NINE – EDUCATION SERVICES IN SOUTH TYNESIDE

‘... children have said school is the place where they want to talk about domestic violence, as well as seeing school as safe space.’ (Hester with Scott, 2000: 24)

The need for the Education Service to play a significant role in the prevention of domestic violence on a primary, secondary and even tertiary basis in relation to children has been recognised for some time:

*‘Schools hold a unique position within communities. More and more, it is at school that children are demonstrating or acting out their anger, fear and hurt related to witnessing woman abuse at home. Schools present opportunities to identify many of these children, to create an environment that is safe and secure, and to begin chipping away at some of the root causes of woman abuse.’* (The Children’s Subcommittee of the London Co-ordinating Committee to End Woman Abuse, 1994).

### THE SOUTH TYNESIDE EDUCATION DEPARTMENT

Within South Tyneside the Education Department is a member of the local domestic violence forum. However, their role is viewed primarily as one of referring to and working with a range of other agencies:

*‘we don’t try to deal with domestic violence ourselves’* (Head Teacher)

*‘we are a small authority geographically with a significant amount of inter-agency work, good partnership work with other agencies such as Social Services and the Police. We feed off the lead agencies in terms of domestic violence.’* (Education Officer)

This reason was also provided in relation to the lack of either a departmental definition of domestic violence or specific policies available for use within the department:

*‘I would seek advice from either the Education Welfare Officer, the Senior Assistant Education Officer or the School Nurse’* (Head Teacher)

So how do individuals working within the Education Department know what circumstances require a situation to be referred on? It is apparent that whilst information flows readily from this agency once domestic violence has been identified, this is not always a two-way communication:

*‘[we] feed information to Social Services, but we get very little information back unless a child protection meeting goes ahead’* (Head Teacher)

### ***Screening and recording***

The lack of routine screening and systematic recording or monitoring may in part account for the lack of knowledge that schools have about the numbers of children affected by domestic violence:

*'we don't know directly [the] families where domestic violence is an issue...although this may be happening the school may not be necessarily aware...but we keep our ear to the ground'* (Head Teacher)

Some good practices were beginning to be developed by providing relevant information when a child moved within the school system. These contacts, however, appeared to be somewhat ad hoc and reliant on the individual school. The development of a mixed age-range pastoral care group was also recognised as a positive step as younger children frequently discussed their problems with older children within this setting.

### ***Training***

Some workers received training on domestic violence for one day or less, although it was recognised by the Department that all officers and senior workers needed a higher level of training in this area. The importance of a wider training agenda was highlighted:

*'The supervisory assistants...are very good at getting to know the children...and are a good source of information [in relation to difficulties that the children are having]'* (Head Teacher).

This positive recognition was thought unlikely to be transformed in practice to a fully and appropriately trained workforce given conflicting training priorities within the Education setting, with domestic violence not designated as a high priority. The agency was focusing primarily on the National Curriculum, with consequent lack of acknowledgement of the links between domestic violence and child protection. Moreover, the training that a head teacher had received in relation to the role of nominated child protection liaison had not focussed on domestic violence at all.

## **SURVIVORS' VIEWS of the Education Department**

Nine women (45%) had used either the services provided by South Tyneside Education Department in relation to domestic violence or the Social Services' run Family Centres incorporating nursery education. Eight of these women (89%) described positive views, while one woman had felt unable to disclose domestic violence.

### ***Positive views of Nursery Education***

A number of women were extremely positive about the nursery education that their children received and the supportive nature of the staff

*'This place is brilliant'* (Service User)

*'[My eldest daughter] gets her education here [at the Family Centre], it's brilliant support here for her and me' (Service User)*

### ***Positive views of Education Department***

The Education Department received a wider range of views, demonstrating the difficulties service users faced in accessing school places;

*'...I went to the Education Welfare Officer, and I also went to another school in the area – [names the school] but there were no places there anyway. So the Education Welfare Officer says well I'll get in touch with the school and see if anything can be done, and a couple of days later I had a letter to say he had a place in reception class.... But I think if I hadn't gone to the Education Welfare Officer I wouldn't have had that place.'* (Service User)

*'... they've been really helpful. They like reassured us that if anything does happen they'll be straight on the phone. If he's, like hanging about or anything like that... they've actually said they wouldn't even phone me up, they'd just put her in the back of a car and they would just take her to wherever I was, they've got my mobile number and that.'* (Service User)

### ***Concern about disclosing domestic violence to the Education Department***

The woman who had not felt able to tell the Education Department about her children witnessing domestic violence explained:

*'I didn't want to tell them. The only thing I did tell the Education Department was about our [male child] because erm he has behavioural problems ... he had a psychologist have a look at him ... I think his behaviour is [related to witnessing violence].'* (Service User).

## CHAPTER TEN – GOOD PRACTICE IN SOUTH TYNESIDE

Good practice in relation to services for women experiencing domestic violence and their children is essential to ensure consistency and safety across services. A recent UK-wide survey has shown that good practice varies immensely both between and within geographical areas (Humphreys and Hester et al. 2000). In recent years the major financial implications for local authorities and services have also emerged (Stanko et al., 1998), highlighting that domestic violence has far reaching consequences which need to be taken into consideration in the planning and development of services.

This analysis is based on the eight indicators of good practice developed by Humphreys and Hester et al. (2000) for the Joseph Rowntree Foundation. These eight indicators or ‘benchmarks’ are designed to help professionals and the agencies in which they work to deal with domestic violence on a practical, everyday basis. An additional ninth indicator has emerged and been developed specifically for this research.

### ***Good Practice Indicator 1: Definitions – setting the parameters.***

Organisations need a clear and detailed definition of domestic violence to provide an efficient and effective service, to allow monitoring and screening to take place, and to be able to work effectively in a multi-agency setting. Humphreys and Hester et al. (2000) identify a number of sub-indicators that a coherent definition of domestic violence should ideally include:

- different types of abuse
- diversity of experience
- the wide-ranging effects of domestic violence
- the fact that it may impact upon children in the family
- the gendered nature of domestic violence
- the power and control element of domestic violence

Half of the organisations in the South Tyneside research (n=15, 50%) reported that they had a definition of domestic violence. Two of these also included the sub-indicators specified above (see Box 10.1).

Of the fourteen organisations that did not have a definition, four (29%) reported that it was not appropriate to use a definition because they were not involved with service users or because they relied upon another organisation to define domestic violence. Comments included:

*‘It would not be appropriate because from a legal perspective we do not distinguish between ‘violence’ and ‘domestic violence’. If we treat violence as ‘domestic’ it has to be identified from elsewhere, for example by the police, as such.’ (Service Provider)*

*‘We don’t find definitions necessary or useful – if a client identifies it as domestic violence then it is domestic violence ... but we don’t want to label people.’ (Service Provider)*

**Box 10.1 Example of good practice – defining domestic violence**

*'The use, or threat of, physical., sexual., emotional or economic violence and abuse or any other forms of behaviour that might hurt, frighten, injure or be forced by one person (usually but not always a man) over another (usually but not always a woman) with whom they have or had a marital or similar close relationship or with whom they have children, by using power in order to exert control over that person.'* ( Family Link – Children North East)

*'physical., emotional., sexual and other abuse by someone (usually but not always a man) of a person (usually but not always a woman) with whom they have or have had some form of intimate relationship such as marriage, in order to maintain power and control over that person. It may include threats to kill or harm the woman and/or her children or other family members.'* (Women's Aid)

A further four organisations (29%) reported that a definition of domestic violence was not necessary because they relied upon the service users' definition of domestic violence. Others did not know why their organisation did not have a definition of domestic violence (n=4, 29%). Of the remaining two agencies one said they did not have a definition because there was no staff responsible for domestic violence and therefore nobody had developed a definition, the other that they were a general agency that did not focus on domestic violence.

***Good Practice Indicator 2: Monitoring and Screening – knowing the extent of the problem.***

Screening for - that is, asking about - domestic violence is important in assisting the 'naming' of violence (Humphreys and Hester et al., 2000), and routine enquiries are important in ensuring that women know there is someone to turn to when they are ready to disclose that they are being abused. 17 organisations met the criteria for this Good Practice Indicator, based on whether they monitored and recorded or routinely screened for domestic violence.

The organisations were asked if they routinely screened for domestic violence. Eight deemed the question not relevant. These organisations had no service users (n=4), or knew that domestic violence was being experienced by all their service users due to the nature of their organisation (for example refuges) (n=4) and therefore did not have to screen for it. Out of the twenty-two organisations for which the question was of relevance, most (n=14, 64%) did not routinely screen for domestic violence. The most frequent reasons given for this were that it was perceived to be intrusive, that the staff were not adequately trained/did not have the right attitude, or that they did not wish to 'push' the client into reporting something they were not ready to report.

The eight organisations who reported routinely screening for domestic violence were asked whether their staff were trained in this procedure. Routine screening carried out by untrained staff can damage women rather than benefit them, as highlighted by the Department of Health:

*'The introduction of routine enquiries without the necessary protocols and guidelines is not only poor practice, it can be dangerous. Questioning by untrained staff, however well intentioned, can be damaging and leave the woman open to further violence.'* (2000a: 25)

Despite this, only five of the eight organisations who routinely screen had trained staff, one reported that they 'partly' trained their staff, while two had untrained staff screening women for domestic violence.

***Good Practice Indicator 3: Policies and Guidelines – guiding the work to be done.***

Half of the agencies (n=15, 50%) reported having guidelines and/or policies regarding domestic violence, and these were generally part of a wider domestic violence strategy (87%). Humphreys and Hester et al. (2000) itemise as a sub-indicator of good practice regarding guidelines, confidentiality policy which clearly stresses the boundaries and is available to service users. An example of such practice in the South Tyneside research comes from REACH, whose confidentiality policy is published in a leaflet that is clear and available for all service users and also those deciding whether to use the agency (see Box 10.2).

**Box 10.2 Example of good practice – policies and guidelines**

*We offer a confidential service, with the following exceptions;*

- a) Counsellors' supervision where counsellors can discuss issues raised by clients, but without revealing the client's identity.*
- b) Where there is concern that the client or others may be at risk.*
- c) In cases where there is a prosecution, there is a rare possibility that the counselling notes may need to be disclosed to the Crown Prosecution Service.*

(REACH)

***Good Practice Indicator 4: Safety Measures and Safety-orientated Practice – safety from violence, the underlying principle.***

Ensuring safety is crucial for both staff working with women experiencing domestic violence and for the women themselves. Safety planning consists of developing practical, strategic information with the survivor and where necessary their family, such as where to go in an emergency, packing a small bag with essential items and fitting adequate security devices such as door and window locks. Safety planning must also be carried out with children who may experience abuse or be needed to call for assistance for their mother, however it must be emphasised that it is not their responsibility to intervene (Humphreys and Hester et al., 2000).

Nine agencies (35%) had specific safety policies within their overall domestic violence strategy and most of these did safety planning with women, although safety planning with children was rare.

***Good Practice Indicator 5: Training – raising awareness, exploring values, developing skills.***

One fifth (n=6, 20%) of the agencies had at least one member of staff who was primarily responsible for women who were experiencing domestic violence, while the remainder reported that they had no staff responsible or that all staff shared responsibility (n=24, 80%). The majority reported that this was adequate for their agency (83%).

Staff training on issues surrounding domestic violence is becoming more frequent, and was relatively high within South Tyneside. Nearly half of the agencies reported that all of their workers were given training on domestic violence (n= 3, 43%), and a similar number reported that some workers were trained (n=11, 37%). One fifth (n=6, 20%) did not have any staff trained on domestic violence, although these had little or no contact with service users.

Most agencies reported that the number of staff trained was appropriate (n=21, 70%), while others thought too few staff were trained (n=8, 27%) and one was not sure.

The length of training varied both between and within agencies. For most of the twenty-four agencies the length of training had only been one day or less (n=11, 46%). Some training lasted two days (n=3, 13%), others were more than two days in duration (n=5, 21%) and some reported that it varied within the agency (n=5, 21%).

The level of training was thought to be adequate by over half of the agencies (n=17, 57%), while others thought it was not enough (n=12, 40%) and one was not sure.

Three-quarters (n=22, 73%) of the agencies also had support systems in place for staff who were themselves experiencing domestic violence. This was always within a general staff support system and was generally informal.

***Good Practice Indicator 6: Evaluation – ensuring effective responses.***

Independent evaluations of practice and performance are necessary in all services, and they are particularly important when working with women who have experienced domestic violence. Agencies without good practice can potentially put women and children at further risk, and this risk may ultimately be fatal. However, the vast majority of agencies (n=26, 87%) had never had their work with domestic violence evaluated. One had had an independent evaluation carried out in 1995, while a further three had previously had internal evaluations completed.

It is also important that client feedback is considered, and of the twenty-six agencies with service users, over half (n=15, 58%) reported asking for feedback. This was generally incorporated into the work of the agencies through line managers and/or staff meetings.

**Good Practice Indicator 7: Multi-agency Co-ordination – working together.**

Multi-agency co-ordination is essential in the development of consistent service provision for survivors of domestic violence. This co-ordination most frequently takes place via a domestic violence forum.

Most of the agencies were members of the South Tyneside Domestic Violence Forum (n=20, 67%), while some were members of Domestic Violence Forums in other areas (n=4, 13%). A fifth were not members of any Domestic Violence Forum (n=6, 20%).

As Humphreys and Hester et al. (2000), among others, have highlighted domestic violence forums must not be used simply as ‘talking shops’ or ‘smokescreens’. Three-quarters of the agencies (n=20, 66%) worked closely with others. Forum members were more likely than non-forum members to engage in work with others, however some of the forum members (n=5, 17%) reported that they did not work closely with other agencies.

**Good Practice Indicator 8: Good Practice with Women and Children – how to do it.**

Listening to the voices of women and children who have experienced domestic violence is important in the development of anti-discriminatory policies and services. It is imperative that services are accessible to all women and children and take into account differences between women.

Eight agencies (21%) with service users carried out specific work with women and children experiencing domestic violence, which included a range of support and activities (see Box 10.3).

**Box 10.3 Example of Good Practice – Women and Children**

Women’s Health in South Tyneside (WHIST) was originally set up in 1985 and has grown and improved significantly over the years. Their mission statement is *‘Working with women to help women feel well’* and they offer a vast range of services for women such as aromatherapy, homeopathy, basic computer training and keep fit. They run a crèche and have excellent facilities for children. It is a woman only space, for women, run by women, and even the new building was designed by a group of female architects!

(WHIST)

Only three agencies (12%) reported providing services for women from ethnic minorities, non-English speaking women and women refugees and/or asylum seekers (see Box 10.4 for example). Only one had facilities for women with physical disabilities, learning disabilities and mental health problems.



#### **Box 10.4 Example of Good Practice – Reflecting language diversity**

In addition to our English leaflets, we have information available in eight languages:

Hindi ~ Greek ~ Somali ~ Gujarati ~ Urdu ~ Turkish ~ Arabic ~ Bengali.

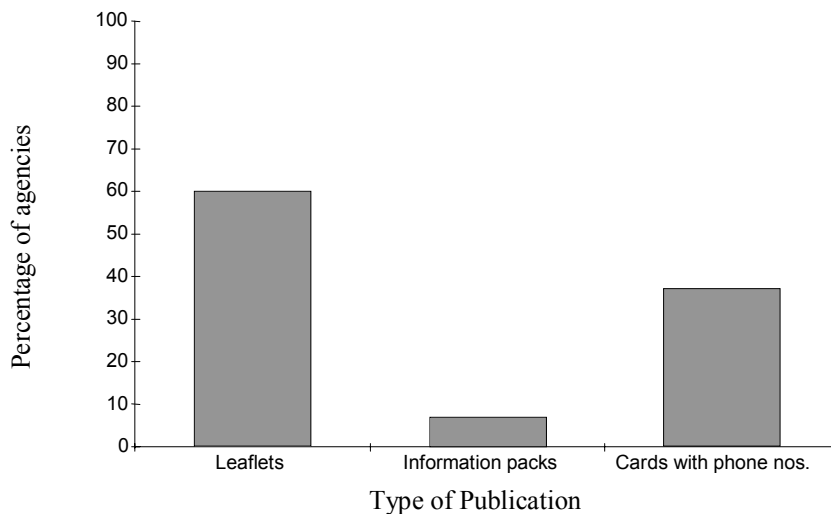
(Women's Aid)

#### ***Good Practice Indicator 9: Publications and Awareness Raising***

Individuals needing to use services relating to domestic violence must be made aware of what is available and how to contact them. Five agencies (17%) had run their own campaigns, while a further seven (23%) had been involved in campaigns organised collaboratively with other agencies in the area. But most agencies (n=18, 60%) had not run any campaigns designed to raise awareness of domestic violence.

As shown in Graph 10.1 below, leaflets were most likely medium to be used to publicise agencies.

**Graph 10.1 Percentage of agencies distributing publications.**



#### **OVERALL ANALYSIS**

Each agency was given a score out of nine based on whether they met each good practice indicator. This was calculated into a percentage score and amended accordingly for organisations with no service users or those for whom certain questions were not relevant.

***Evaluation of general service areas.***

The agencies were categorised into general service areas and their rank position and mean score was calculated.

**Table 10.1 Overall analysis of service areas.**

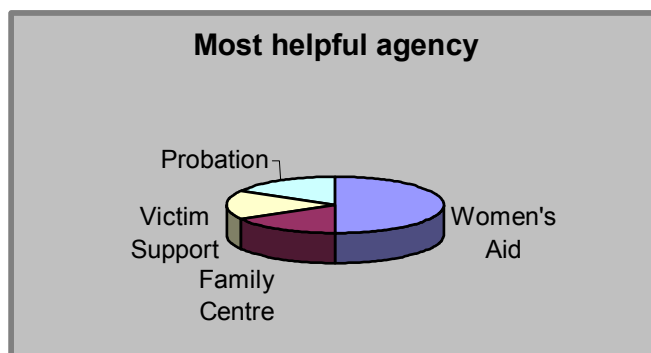
<b>General service area</b>	<b>Agencies</b>	<b>Rank position</b>	<b>Mean %</b>
<b>Specialist</b>	REACH, Victim Support, Women’s Aid, PANAHA, STMBC Domestic Violence Unit, Options.	1	83%
<b>Criminal Justice</b>	Police, Probation, Crown Prosecution Service, ST Magistrates Court.	2	67%
<b>Family and children</b>	Family Mediation, Child Contact Centre, STMBC Children’s Fieldwork Dept, Family Court Welfare, Family Link, STMBC Family Support Dept, The Children’s Society/Inline.	3	54%
<b>Health</b>	Palmers Hospital., WHIST, G&ST Health authority, ST District Hospital., ST Primary Care Group.	4	34%
<b>Miscellaneous</b>	Streetlevel, NECA, North East Refugees Service, The Samaritans.	5	25%
<b>Housing</b>	New Leaf, STMBC Housing Dept, Youth Homelessness Forum.	6	23%
<b>Education</b>	STMBC Education Department	7	22%

Agencies which were specifically designed to work with victims and survivors of domestic violence unsurprisingly had the best scores in this evaluation, for example REACH, Victim Support, Women’s Aid Refuge and PANAHA (Black Women’s Refuge).

***Survivors' responses - services considered most and least helpful***

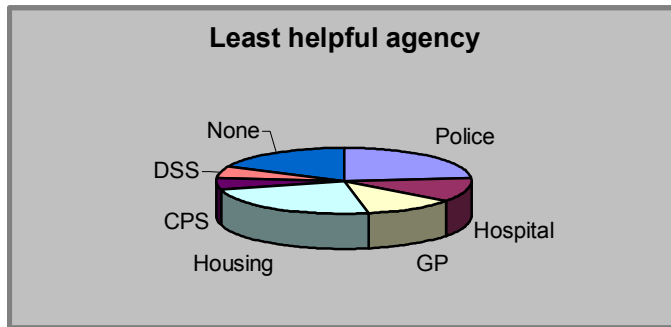
Three quarters of the women reported that their overall experience of the services in South Tyneside had been positive. Comments ranged from ‘marvellous’ and ‘fantastic’ to ‘some good, some bad’ and ‘very poor’. Women’s Aid were identified as the agency which women had found the most helpful (see graph 10.2), while the family centre, victim support and the probation service were also highly praised.

**Graph 10.2 Agency that women identified as being most helpful**



The police and the housing department were identified as being the least helpful agencies in South Tyneside, with health care services also reported to be least helpful. Some women said that all of the agencies had been of assistance and hence none of the agencies had been least helpful (see graph 10.3).

**Graph 10.3 Agency that women identified as being least helpful**



## **CHAPTER ELEVEN – CONCLUSION**

During the past 30 years women's organisations in the UK, and increasingly other agencies as well, have been developing ways of attempting to support victims of domestic violence, and to attempt to stop or eliminate men's violence from women and children's lives. These developments include:

- Refuges to enable women and children to escape from violent men, and provide them with safe housing
- Other support services – via social services, children's organisations, housing etc, again mainly with the aim of enabling women and children to leave violent men
- Involvement of the police and criminal justice agencies
- Perpetrator programmes to challenge and change men's violent behaviour
- The acknowledgement that human rights are women's rights.

Other professionals may also come across domestic violence in their work, such as general practitioners and other health professionals, court welfare officers working in the context of the family courts and housing officials.

This range of developments and agencies are also reflected in South Tyneside, and there is evidence of good practice in relation to domestic violence. However this is patchy at best. Multi-agency co-ordination must also be developed further, and it may be necessary for the agencies with higher levels of good practice to assist those with lower levels in the development of appropriate policies and guidelines.

### **Incidence of Domestic Violence in South Tyneside**

One in seven women experiencing physical violence in the previous twelve months should be seen as a major problem for South Tyneside as a whole. Service provision needs to be reconsidered in light of these findings, and the implications should not be minimised nor ignored. All agencies, regardless of area of speciality, can no longer afford to argue that domestic violence is 'not their problem'.

Given that the figure one in seven is only referring to the previous twelve months, and that in most cases of domestic violence children are in the house (Hester et al., 2000) it is likely that domestic violence has some affect on most individuals lives in South Tyneside. The effect may not always be overt, and will more often be concealed, but this report has highlighted that it is there.

### **Service Provision in South Tyneside**

Agencies in South Tyneside clearly acknowledged that domestic violence was an issue in relation to their service users, however the level of commitment and assistance varied substantially. Around half of the agencies offered one to one support, and in some circumstances this was available on a 24 hour basis. Advocacy and practical assistance were often provided by agencies, and these services were highly valued by service users.

Although many of the agencies provided some form of service for children and/or young people these services were rarely specialised. As in other areas of the UK, specific services for children and/or young people remain scarce in South Tyneside.

## Good Practice in South Tyneside

### Specialist agencies

Specialist agencies were given the highest good practice evaluation (83%) in the first phase of this research, and it is clear from the second phase that the services offered by Women's Aid, REACH, Victim support and Options are invaluable resources for women experiencing domestic violence in South Tyneside. It is essential that funding is increased and made more secure to allow these agencies to continue and further develop their work.

#### *Recommendations*

- Increased and more secure funding is needed for all of these agencies to continue to provide the important services they give to South Tyneside.
- Funding is urgently required to provide better services for children who have witnessed domestic violence.
- Criminal injuries compensation should be discussed only when the women are ready to deal it and have had time to recover and adapt to new circumstances.
- Future funding should be considered to enable South Tyneside Refuge to be wheelchair accessible.

### Criminal Justice Services

Improvements in the way the police respond to domestic violence have undoubtedly been made over the years. Criminal justice services scored 67% in the good practice aspect of the research making it the second highest general service area in terms of good practice indicators. Even so only half of the service users interviewed in this research found the police helpful. A very individualistic approach was reported whereby the police response was primarily determined by the attitudes of the attending officers. Kelly (1999: 115) names this the '*domestic violence lottery*'. However, the women who participated in this research had all used the police before the new policy was introduced by Northumbria Police on the 1<sup>st</sup> April 2001. The police are all in the process of being trained regarding domestic violence and the new policy. Eliminating the individualistic response was one of the main aims of the policy and it is hoped that a more consistent response will now be given to women in South Tyneside who call the police to report domestic violence.

There was a wholly positive response from the women who had used the Victim Worker at the Probation Service, and although the worker who had supported these

women has now changed post it is hoped that the new Victim Worker will carry on the excellent work.

#### *Recommendations*

- Evaluative research is needed with Northumbria Police once the new policy has been properly embedded into practice.
- A more consistent response is needed for women reporting domestic violence.
- Time and funding is needed for the Victim Worker in the Probation service to develop good practice with children who have experienced violence or have been traumatised through the witnessing of domestic violence.

## **Housing Services**

Housing services in South Tyneside were ranked sixth in this study (23%). While steps forward have been made in some areas of service provision for victims and survivors of domestic violence over the last decade, it appears that housing services and legislation have taken a step backwards (Malos and Hague, 1997). Although some positive comments were made regarding South Tyneside Housing Department it was apparent that adequate training, policies and procedures are yet to be designed and implemented. As long as this remains the case women leaving domestic violence in South Tyneside are unlikely to see an improvement in housing provision.

#### *Recommendations*

- Women should be informed at the start of the initial housing interview that they have the option of seeing a female officer if they feel uncomfortable speaking to a male officer.
- A definition of domestic violence is necessary to enable consistent practice and recording of relationships classified as being violent.
- Guidelines and policies should be developed in order to ensure a consistent approach to housing and domestic violence within South Tyneside.
- All staff should be given training regarding housing issues and domestic violence. Training should particularly focus on sensitive and empathic interview skills.
- The attitude held by housing authorities that women would take any property if they were 'desperate enough' should be eliminated.

## Healthcare Services

While domestic violence has now been widely acknowledged as being a healthcare issue (British Medical Association, 1998; Department of Health, 2000a), it appears that many healthcare professionals in South Tyneside still do not to treat it as such, with a good practice evaluation in this research of only 34%. Individual practice clearly varies substantially and this is not in the best interests of women and children who have experienced domestic violence.

### *Recommendations*

- A definition of domestic violence should be developed and used by all health care professionals working within South Tyneside.
- Appropriate guidelines and policies are needed to improve health care practice for women experiencing domestic violence in South Tyneside. These are also needed in order to gain consistency within and between health care settings.
- Women experiencing domestic violence should be made aware that they could seek assistance from health care professionals within South Tyneside. This can be done through leaflets and posters in surgeries and hospitals and through the introduction of routine screening.
- Women should be offered the chance to see a female GP if possible if domestic violence is suspected.
- Screening for domestic violence should be implemented, but only following full training.

## Family and children services

The family and children's services included in the research ranged across both statutory and voluntary organisations and across social services and well as civil law approaches. Although they received the third rank position (with 54%), the level of information available to the organisations about domestic violence issues for the families referred to them was worrying. This was compounded by lack of systematic screening for domestic violence. Only the Family Mediation Service carried out systematic screening.

### *Recommendations*

- Clear definitions, guidelines and policies must be developed by all these services to ensure a consistent service is provided within South Tyneside.
- Systematic screening for domestic violence needs to be introduced by all the services.
- Funding and time needs to be made available within agencies for the implementation of such guidelines and policies.
- To ensure that accurate data is available and that practice continues to be developed systems need to be developed to ensure that monitoring, recording and evaluation of domestic violence are undertaken systematically.
- Safety planning must be prioritised in all agencies concerned with families and children.

## **Education**

Education can provide 'Education for Prevention' (Mullender, 1994) as a primary prevention approach. Currently such a positive approach is unlikely to be incorporated within the school curriculum in South Tyneside, with the South Tyneside Education Department obtaining the bottom rank position (with 22%) in the good practice evaluation. Fears of both being unable to 'fit it in' to the school curriculum and the view that awareness may lead to an increase in 'the problem' mean there is a great deal of work that needs to be done.

### *Recommendations*

- Clear definitions, guidelines and policies regarding domestic violence must be developed and time must be allocated to implement these to ensure a consistent service is provided within South Tyneside.
- Attention needs to be given to the implementation of a far-reaching and comprehensive training programme concerning domestic violence and implications for children across all levels of the Education Department.
- Parents need to be clearly and routinely informed about the processes that will occur if a disclosure of domestic violence is made. This will assist in developing trusting relationships with the Department.



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*Participating Agencies: Appendix One*

South Tyneside Magistrates Court  
REACH  
WHIST  
Social Services DV Unit  
Northumbria Police  
Probation Service  
STMBC – Education Department  
Victim Support  
NECA  
Gateshead and South Tyneside Health Authority  
Palmers Hospital  
Samaritans  
STMBC – Housing Department  
Women’s Aid  
Family Mediation  
Child Contact Centre  
STMBC – Children’s Fieldwork  
Family Court Welfare  
Streetlevel  
STMBC – Family Support  
South Tyneside District Hospital  
Crown Prosecution Service  
Gateshead and South Tyneside Primary Care Group  
Options  
IN-LINE (Children’s Society)  
Youth Homelessness Forum  
New Leaf – Ingham Project  
PANA  
Family Link  
NERS