



Safety and Justice

A Joint Response to the Government's
Proposals on Domestic Violence from
the Black Londoners Forum and
Women's Resource Centre

September 2003

Introduction

The Black Londoners Forum (BLF) is a membership body that promotes issues of political, economic, cultural and social concern to Black and Minority Ethnic communities.

With over 1,500 members belonging to the business, faith, voluntary and the arts communities, BLF has a large number of members who focus on promoting the rights of women on society.

The Women's Resource Centre (WRC) is a co-ordinating and support agency for voluntary and community organisations that work to improve the status of women.

The majority of WRC's 150 member groups operate in Greater London, often working with some of the most marginalised communities in the capital. Twenty seven percent of members are Black and Minority Ethnic (BME) led. Of WRC's BME members, 29 percent work *specifically* in domestic and sexual violence against women, although many more are working, inadvertently, with domestic violence issues (e.g. women's centres, mental health organisations etc).

On 29th August 2003, BLF in partnership with WRC held a consultation event with domestic violence, women's and children's organisations to discuss the Government's proposals and direct the content of this response.

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Summary of Main Points and Recommendations

The primary issues identified were:

- Lack of proposals for comprehensive range of services to support women. The Strategy focuses on crisis services (mostly bed spaces) for victims/survivors. It makes no mention of the long term and various support services (such as programmes) needed by women over the 5-7-10 years it may take to live free of violence;
- Lack of equality proofing of the Strategy;
- No long-term commitment to funding the women's voluntary and community sector domestic violence providers (who are the predominant non-statutory, community based providers) to provide crisis services or on-going, long term support. None of the proposals will strengthen the women's sector to ensure this;
- Lack of proposals for dealing with perpetrators, including detail of programme provision.
- It is disappointing that the Strategy has not used international domestic violence models (both services and legal) more effectively, such as elements of strategies from New Zealand, Canada, Australia, the State of California and within Europe.

The main recommendations from the consultation were:

- Strengthening of the Strategy across all areas including the gender analysis and statistics and language used;
- Widening the definition of domestic violence used by the Home Office to include same sex relationships as well as the different types of relationships where domestic violence exists (e.g. siblings, other family relations, non-cohabitating relationships, child/parent, carer/disabled person, housemates etc). Getting the definition right will allow vulnerable people (who are currently ineligible for protective sanctions) access to legal remedies and protection;
- Diversity and equalities issues to be consistently and effectively addressed throughout the Strategy;
- Working with women's organisations in changing attitudes towards women and violence against women including prevention, education and legal remedies;
- Dedicated and increased funding for women's organisations to provide safe, appropriate and accessible services. Developing and implementing a funding structure which will promote BME groups to develop sustainable, local responses to domestic violence should be a priority;
- Addressing the discrimination faced by women without recourse to public funds and those whose immigration status is uncertain;

General Comments

BLF, WRC and consultation participants welcome the opportunity to respond to 'Safety and Justice'. We are pleased to see that the *"Government is committed to real improvements"* (Section 1: paragraph 13). However, we are mindful that the Strategy requires substantial strengthening and review and have noted that several critical issues have been omitted or require further comment, as outlined below.

Lack of Gendered Domestic Violence Analysis

We are concerned about the analysis permeating throughout the consultation document.

Paragraphs one of both the Executive Summary and Introduction states that *"one in six men will suffer [domestic violence] at some point in their lives"* yet only briefly notes in paragraph ten that *"domestic violence is predominantly violence by men against women"*. We question the appropriateness of this statistic given the criticism of the methodology used and the lack of context given, as referred to in Women's Aid and Greater London Domestic Violence Project's responses. While our comment is by no means intended to diminish, exclude or render invisible the domestic violence experienced by Lesbians, gay men or even heterosexual men (or the services and legal remedies that they should be entitled to), the statistics in this country and internationally, show that family violence is overwhelming perpetrated by men against women, yet this is not adequately illustrated.

The lack of gender analysis, and general understanding of domestic violence, is obvious throughout the document. The document does not mention power and control nor the benefit orientated, goal specific, intentional and purposeful nature of domestic violence.

We are very concerned that the references to *"marriage and relationship counselling"* (1:22), *"dispute resolution"* and *"anger management"* (2:3) may infer that domestic violence is caused through abusers' inability to express tension or anger appropriately, negotiate conflict or is due to 'difficulties' in a relationship. This analysis is certainly at odds with what is internationally, and amongst providers here in the UK, considered as best practise in both services to victims/survivors and programmes for abusers. We are unsure by what is meant by *"Domestic violence....occurs in relationships, where emotions may be high and loyalties divided"* (1:12).

'Safety and Justice' does not mention the structural issues impacting on domestic violence. The consultation document does not indicate that domestic violence is part of a larger picture regarding the status of women and power in society and that *"men's violence towards women [is] a political issue rather than a relationship problem, and therefore goes well beyond the rehabilitation of any one or small group of individuals"* (Balzer et al, 1997).

We are equally concerned with the "links" made between perpetrating domestic violence and alcohol and drug misuse (2:12). There is no in-depth evidence to suggest a firm relationship between the two. Neither does the Strategy outline any proposals for services to women with alcohol and drug issues, often used as a way of coping with the violence.

RECOMMENDATION	Greater emphasis on the gendered nature of domestic violence and less emphasis on the “links” between domestic violence and alcohol and drug misuse.
RECOMMENDATION	Inclusion of proposals for services for women with alcohol and drug misuse issues.
RECOMMENDATION	Removing of the references to “marriage and relationship counselling”, “dispute resolution” and “anger management”.

Definition

We do not believe that the current domestic violence definition used by the Home Office adequately recognises the range of relationships in which domestic violence occurs. We support the Greater London Action on Disability’s (GLAD) response which details the discrimination experienced by disabled women as domestic violence from carers and women in residential care are not included by this definition.

We acknowledge that this definition restricts the legal options available to victims/survivors such as BME women whose culture does not permit them to live together before marriage. Neither does it offer protection to young women despite the fact that many women first experience partner violence in adolescent relationships.

The New Zealand Domestic Violence Act 1995 (DVA) has an effective definition of the types of relationships where domestic violence exists. It includes current and former partners of same sex or heterosexual relationships, parents and grandparents, siblings, flatmates or anyone you share a house with, other family members, a child or a close friend. Additionally, you do not have to be living with the person for the relationship to be defined as a ‘domestic relationship’. This definition focuses on the *act* of domestic violence (i.e. benefit orientated acts perpetrated by a known abuser which seek to exercise power and control over another, predominantly women and children) and the *impacts* on victims/survivors (i.e. living in fear of violence). Most importantly, it allows a wide range of victims/survivors of domestic violence access to legal remedies and state funded support. The effectiveness of this definition is illustrated in the take-up of Orders under the Act: ‘other family members’ account for 10 percent of respondents in Protection Order applications.

The DVA defines domestic violence as including physical violence, sexual violence (including rape, sexual assault and unwanted exposure to pornography) and psychological violence (including intimidation, threats, harassment, stalking, damaging property). The DVA also considers allowing children to witness violence and act of domestic violence.

We question why the term ‘psychological violence’ has been omitted from definition. ‘Emotional violence’ on its own does not adequately convey the range of psychological behaviours used by abusers or the effects on victims/survivors, such as Post-Traumatic Stress Disorder, mental health issues or the mental ‘wearing down’/exhaustion.

A wide ranging, encompassing definition should be used across all Government agencies. This consistency would contribute to the development of a cohesive strategy and strengthen joint working and best practice.

Consultation participants developed the following definition:

“Domestic violence is any violence between current and former partners, family members (including and accepting cultural definitions of family) and others wherever, or whenever it happens, whether the people involved live together or separately”.

RECOMMENDATION

The development of a domestic violence definition, based on the New Zealand example to be implemented across all Government agencies to ensure access to justice for all and to address the current inequalities contained within the definition.

Equalities and Discrimination

Section one, paragraph 11 notes that domestic violence impacts differently on different communities, an acknowledgement we are pleased to see. However, we are disappointed that there is no analysis of how lack of, inappropriate or discriminatory services and support, especially from Government agencies, effects women. A negative experience with an agency can and does inhibit women from accessing justice and services again.

We are concerned with the analysis of domestic violence against BME women, in particular that the consultation document makes no references to racism and discrimination.

Little information exists about the experiences of BME women living with domestic violence and the intersections of racism and gender violence in this country. As studies in other countries have shown, racism has a direct impact on the experiences, and effects, of violence for BME women.

BME women may be afraid to report domestic violence to the Police due to previous experiences, or fear, of racism (such as their partner’s injury/death in custody), are less likely to have adequate resources to leave the abuser or may find it difficult to find organisations that can meet their needs as a BME woman. Many BME communities have experienced the justice system as one which *processes* BME peoples rather than serve them.

Regional or national statistical information on BME women living with domestic violence is difficult to find. The information exists, but has not been collated from the individual refuges and domestic violence projects. However, evidence suggests that acts of domestic violence are disproportionately committed against BME women. Thirty five percent of Camden Safety Net’s clients are BME women who are disproportionately represented compared to the percentage of BME women in the borough (Camden Safety Net, 2002). Thirty three percent of women approaching the Newham Asian Women’s Project have experienced domestic violence (Newham Asian Women’s Project, 2002).

Neither does the document address homophobia and the impact this has on women in same sex relationships reporting domestic violence.

One study has shown that 75 percent of Lesbians who had been assaulted felt unable to report the crime to the Police. In 2001 1,600 homophobic incidents were reported to Police yet only 18 percent were cleared up (Mayor, 2002). In June 2002, 120 incidents of homophobic violence were reported in London (Moran, 2002).

Reports of violence against Lesbian, bisexual and transgender women indicate that, like gender based violence, the *perpetrator is likely to be known* to the victim yet the clear up rate, when reported to the Police, is low and inconsistent across London boroughs.

In the workplace, 44 percent of Lesbian, gay men and bisexual trade unionists surveyed reported discrimination due to their sexuality (Mayor, 2002). This will have implications for workplace based domestic violence strategies.

Lesbians can feel unsafe disclosing their sexuality to their GPs, because of fear of their reaction. One study found that one in nine GPs perceived homosexuality as an illness, and 50 percent of medical students found homosexual activity unacceptable (Mitchell et al, 2001).

We are also concerned with Annex C: Race Equality and Diversity Initial and Partial Assessment and believe that this:

- a) Requires further detail across all of the equalities strands including sexual orientation, ethnicity, age and disability; and
- b) Needs to include how the Strategy would be monitored and evaluated in relation to equalities.

RECOMMENDATION Further detail on how the Government intends to ensure women from all sectors of the community will receive appropriate and effective support and services.

RECOMMENDATION Further 'equality proofing' of the Strategy including a thorough Race Equality and Diversity Assessment.

Support and Services for Victims/Survivors

Firstly, we believe it is critical to ensure that all strategies (including legislation) are congruent with international instruments such as the Convention on the Elimination of All Forms of Discrimination against Women and the Beijing Platform for Action, to which the UK is a signatory. This has been completed omitted from 'Safety and Justice'.

While we are pleased to see increasing bed spaces in the Strategy, we believe that the Strategy does not adequately address the ongoing support needs of women and that 'Safety and Justice' is victim not survivor focused.

We strongly acknowledge that one size does not fit all and advocate appropriate services to meet diverse populations e.g. sex workers, travelers, trafficked women, BME

women, Lesbians, disabled and younger and older women. Lesbians, for example, have sometimes escaped violence only to be met with hostility and homophobia.

Women need on-going support services over the many years it may take to live free of domestic violence. Women will need different support and services throughout this period.

Women should be able to access free programmes to help them process their experiences, learn about their legal rights, build support networks and develop safety plans.

Initial evaluations of women's programmes in New Zealand have been positive. An evaluation of Maori women's programmes found that "important aspects of the programmes are about being listened to, not being judged, being accepted and being able to share experiences with other Maori women who had similar experiences....[but] while the evaluation showed that Maori women were highly satisfied with these programmes, it has revealed barriers for some women wishing to attend them, such as transportation and child-care access. The need for long term, ongoing support for women was also highlighted" (Ministry of Justice, 2002).

Legal aid must be more accessible. All survivors of domestic violence should have the right to access justice. For women who are not eligible for legal aid, women's organisations must be adequately resourced and supported to be able to provide assistance to survivors, including the development of resources, as a safety net.

RECOMMENDATION

Proposals for a variety of crisis, medium and long-term strategies, especially programmes. Strategies should be appropriate and accessible to recognise that one size does not fit all.

RECOMMENDATION

Continuing to build on partnerships between sectors (e.g., health, mental health, employment, justice with the domestic violence sector).

Children

We question the statistic that approximately 1/3 of children are aware of domestic violence. From interviews with children on children's programmes in New Zealand, researchers found that *almost all* can describe detailed accounts of violent behaviour that their parents never realised they had witnessed. Children are often acutely aware of the insidious signs that indicate a violent episode.

As the unwitting victims of domestic violence, children may witness their mother's abuse, becoming fearful, anxious and unhappy. Child witnesses may feel the responsibility to become their mother's protector, may become withdrawn or act out or may imitate the behaviours of the abuser and blame their mother for the violence. Child witnesses learn that it is normal for men to behave violently towards their families and risk repeating the pattern of using violence to control others as they grow into adult life. Children may be threatened and bullied to keep secrets about violence in their family and live with feelings of shame and guilt.

Like adult victims/survivors, children require specific, on-going support services such as programmes. For example, the New Zealand DVA provides free programmes for children protected persons. Researchers who evaluated a sample of programmes, by interviewing providers, children and caregivers throughout New Zealand found that:

- The programmes were providing an effective educational programme; and
- Children and caregivers felt that the programmes helped the children to express their feelings about the impact the violence had on their lives, to better understand domestic violence and to consider strategies for keeping safe.

However, like the adult protected persons programmes, caregivers of children attending programmes stated that there was a dire need for follow-up support. Other issues highlighted in the evaluation included:

- Due to transience or relocation, many children are not able to complete programmes; and
- All children should be able to access free programmes. Currently, only children whose mother/caregiver has a protection order will be able to access free programmes. However, children's programmes are available free of charge by many refuges but its provision throughout New Zealand is not consistent and may not meet cultural needs.

It is important to ensure that systems established to improve child protection and support (e.g. the Identification, Referral and Tracking system) are developed and monitored by a group of both statutory and women's sector professionals to ensure that best practice prevails (e.g. no victim blaming).

RECOMMENDATION

Free and ongoing support and education programmes for children (age appropriate).

Perpetrators

The consultation paper mentions little about perpetrator programs. We would like to see the following issues thoroughly addressed:

- Best practice models;
- Research on appropriate and effective programmes; and
- Provision of appropriate (including appropriate to sexual orientation, gender and culture) programmes.

Consultation participants strongly acknowledged perpetrator programmes as being a vital step towards ending violence against women - ineffective programmes are at best useless and at worst damaging.

The debate as to whether programmes stop men battering or whether they produce better educated batterers is ongoing and there is concern that the cycle of abuse may simply be enhanced (e.g. psychological abuse) by attendance at programmes. Research from New Zealand, where stopping violence programmes are mandatory for

respondents of a Protection Order, has found that outcomes of men's/respondents' programmes have been mixed, but this is *largely determined by the model of the programme*. There is also evidence which suggests that generic 'one-size-fits-all' respondent programmes do not work for Maori men. Certainly, there needs to be greater provision of respondent programmes which are also culturally appropriate.

Evidence indicates that there are certain programme models that improve outcomes. Robertson (1999), in his evaluation of stopping violence programmes concluded that groups tend to give better results. They create a social context and encourage consciousness raising and accountability. A pro-feminist model has been evaluated as being the most effective and appropriate type of programme and includes key factors such as:

- Power and control analysis;
- The rights of women and children to safety and autonomy;
- Cognitive behavioural change;
- Responsibility for behaviour; and
- An educational framework based on cultural and social learning.

RECOMMENDATION

We would like to see all perpetrators of domestic violence have access to stopping violence approved programmes. This should be mandatory and enforced as such for respondents of domestic violence related Orders and those convicted of domestic violence related offences.

Supporting the Women's Voluntary and Community Sector

We welcome the Government's acknowledgement of "*specialist support and services*" (1:11). However, there is no indication in the consultation document how the Government intends to support women's organisations, particularly BME women's organisations, and there is very little focus on the role women's voluntary and community organisations play in providing services to victims/survivors.

Davis and Cook (2002), in their recent research on Black women's organising and their relationship with the State, found that:

- Black women's organisations form around issues that adversely affect the lives of Black women in Britain;
- "State induced obstacles, racism and lack of understanding" provide the immediate context within which Black women organise (p9);
- Local agencies are failing to fund long-term initiatives for BME women;
- Groups are relying heavily on volunteers;
- Core funding and grant aid is being reduced or has remained static despite increases in the range of services offered and workload;
- Groups are not given adequate reasoning and explanation about funding decisions;
- Services are being provided to meet funding criteria, despite the needs of the community. An example is given of an organisation who withdrew a service "...in

order to pay for the salary of a manager to facilitate the high level of development and administrative work now required to sustain the organisation” (p.27);

- Funding is inadequate and unstable. Of the groups that worked in domestic violence or health, only *two out of 13* groups had been able to *procure dedicated funding*;
- Funding applications are becoming more complex. Study participants discussed lack of capacity, staff and resources to develop and administer funding applications, which, therefore placed extra bureaucratic burdens on groups and detracted staff, time and resources from service provision;
- Local authorities interviewed described streamlining grant funding in line with national and local priorities, and that competitive funding meant organisations were no longer assured of funding;
- Some groups described local authorities as “myopic, sexist and racially discriminating when it came to the funding of black women’s organisations” (p32); and
- An atmosphere of competition amongst women’s groups is prevailing.

There is no strategy throughout Government regarding the women’s voluntary and community sector (many of whom are working specifically or partially with issues of domestic violence) and funding and development issues have been addressed over the last two decades in a piecemeal fashion. Riordan (1999) argues that “without targeted programmes to address the previous discrimination encountered by women’s organisations in accessing public funds, equality initiatives could be undermined simply because many women’s organisations do not have the capacity to respond to the opportunities of policy inclusion” (p16). This is becoming increasingly evident in the women’s sector and is most pronounced with groups working in domestic violence. Due to the nature of domestic violence work, organisations with very few or no paid staff frequently do not have the time or energy to participate in policy development.

WRC has received many comments from women’s organisations regarding relationships with local authorities. Across all levels of Government, policies related to relationships between the public sector and the voluntary and community sector should be strengthened to explicitly ensure the inclusion of women’s organisations, such as Local Strategic Partnerships (LSPs). Despite the vast number of women’s groups delivering community (domestic violence) services, very few are actively involved in community planning mechanisms such as LSPs.

Soteri’s (2001) profile study of women’s organisations in London found that:

- Seventeen different sectors existed and that the average number of sectors that an organisation spanned was eight;
- The largest sector was *BME women (28 percent)*, followed by *violence against women (11 percent)* and women’s health (11 percent);
- Forty one percent of organisations undertook work on a national and/or international level;
- Half operated on less than £100k and 19 percent on less than £10k per annum; and
- Eighteen percent of organisations had no paid staff.

Soteri’s (2002) funding study of women’s organisation in London revealed:

- Four percent operate on no funding;
- Fifty nine percent had experienced funding crises between 1996 and 2000;

- *BME women's groups* were disproportionately effected, with *73 percent experiencing funding crises*. The study also found that BME women's organisations were *more likely to close or move and experience a less secure existence* than other groups within the women's voluntary and community sector; and
- *67 percent* of groups working in *domestic and sexual violence* experienced *funding crises*.

The lack of investment into the women's violence voluntary and community sector, despite the enormous benefits to women and society, continues. While we acknowledge that the public purse has limited resources, consultation participants also acknowledged that tax payer money is spent in a way which is contradictory to ending violence. For example, it is estimated that the policing required for the DSEi Arms Trade Fair in Newham, from 6-12 September 2003, has cost at least £1 million. Not only could this money have been spent on domestic violence services or education but events such as this directly contribute to the situations which give rise for the need for people to seek refuge and asylum in this country and also send inconsistent messages regarding 'safer communities' (e.g. eliminating gun crime).

Riordan (1999) summarises the key concerns; "supporting women is a key intervention for tackling the problems of poverty and for providing sustainable foundations for economic regeneration....Crucial to investing in women is the strengthening of organisations run by and for women. They are the organisations with the appropriate expertise to respond to women's needs" (p15).

Many of the consultation participants expressed concerns over funding, not only lack of funding but the time and energy needed to fundraise and the lack of a joined up approach to Government funding pots. As one refuge worker stated, they are now having to engage in full time fundraising and feel as if they were "drowning in paper work", which in turn takes energy and resources away from actual service delivery.

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| RECCOMENDATION | Dedicated and increased funding including core costs for women's organisations to provide safe, appropriate and accessible services. Developing and implementing a funding structure which will allow and promote BME groups/organisations to develop sustainable, local responses to domestic violence should be a priority. |
| RECCOMENDATION | A joined-up, user friendly system, including face-to-face support, which allows easier access to information about and applying for funding. |
| RECCOMENDATION | Minimising the need for bureaucracy in funding. |
| RECCOMENDATION | Greater acknowledgement of the role of the women's sector. |
| RECCOMENDATION | Monitoring the inclusion of women's organisations at local level such as in LSPs. |

Prevention

1. How should the Government best measure the incidence of domestic violence and the success of its strategy to reduce it? (Page 11)

A common definition of domestic violence shared across Government agencies would be a useful starting point.

With consistent data collection (from victims/survivors and perpetrators) it will be possible to set benchmarks that scrutinise whether the Strategy is working. This data should be made available on an annual basis. This is a recommendation strongly expressed by a number of our sister organisations such as Women's Aid and the Greater London Domestic Violence Project.

2. Should the Government require CDRPs to formulate strategies for the reduction of domestic violence? (Page 12)

Domestic violence is already a priority in many CDRP strategies under Hate Crimes (along with Race hate crime and homophobic crime). However the extent to which CDRPs develop domestic violence strategies that effectively reach out to BME communities is unknown.

Currently BME sector representation on CDRPs is patchy and needs to be improved. Initiatives like BME Cracking Crime Project (led by Black Londoners Forum and London Action Trust) aims to nurture increased BME sector involvement in CDRPs and other crime reduction/prevention initiatives.

Preventing domestic violence and supporting victims of domestic violence in BME communities is a specialised skill often best delivered from within communities.

BLF and WRC believe that in formulating any strategy to reduce domestic violence, CDRPs need to ensure that organisations and groups (mainly women-led groups in the voluntary and community sector) receive the necessary funding.

The Home Office's Crime Reduction Unit (responsible for CDRPs) should promote good practice in this area and CDRP budget strategies should look to fund projects that replicate successful projects in BME communities. This also means that BME communities will be able to develop local responses to domestic violence and more can be learnt about domestic violence in BME communities.

3. What are the most effective ways of teaching young people about domestic violence, its hidden nature and above all, its unacceptability? (Page 17)

Information should be made available in community projects (e.g. peer mentoring and education, clubs, projects etc) in BME communities.

Face-to-face information dissemination should also be considered. For example, with sufficient training, 100 Black Men of London and Black Police Association, to name but two organisations, would be effective partners in delivering such awareness

course/talks. It would be a useful resource to have a centralised list of projects and particularly useful for spreading models of best practice.

Use high profile role models across a number of BME communities. The consultation document states using high profile male role models only. It is important to include women role models as domestic violence awareness is not just about preventing potential offenders but ensuring that all young people have access to necessary information.

In communities whose cultures state that males have a dominant role, it is all the more important for women, young and old, to not be isolated by their experiences of domestic violence.

It is imperative to acknowledge that many young women are experiencing domestic violence in their relationships. Appropriate information and support services need to be developed.

4. What are the most effective ways of raising awareness about domestic violence among the general public and key professionals? (Page 18)

Community groups are in a good position to be doing educative work in communities. The information that is delivered, from either the voluntary and community sector or the public sector, must be consistent.

Training from women's organisations would be beneficial to all statutory agencies.

We support building on the current initiatives to address domestic violence within the workplace.

A campaign highlighting the responsibility of all to hold abusers accountable for their behaviour and encouraging people (not involved) to call the Police (rather than ignoring the incident) would also be helpful.

5. How do we best reach particular groups, e.g. ethnic minority communities, the LGBT community, children, people with disabilities, the elderly, and those lacking mental capacity? (Page 18)

Firstly, we do not believe that the term "lacking mental capacity" is appropriate.

Community groups are best placed to be developing and implementing a variety of services. Community groups must be represented in other mechanisms used in planning such as LSPs and not just crime focused partnerships (such as CDRPs).

Issues were raised about at the consultation about services for BME outside of London. It would be useful to have a BME women's directory for the UK which would assist the building of networks BME women's organisations have developed.

Education is also a vital component of a prevention campaign. The Government should allocate funding to a broad range of education campaigns, and build on campaigns such as the one with black cabs. Teachers should be properly trained to run such education

campaigns in schools. Cultural issues must be taken into account. Education needs to happen in the workplace as well.

One consultation participant talked about supporting a woman who was in a relationship with an abusive male partner. This woman's mother was in an abusive relationship, and so was her sister, and the reasoning given by her family was that this was 'normal', and acceptable. This rationalisation of domestic violence as normal and acceptable is the initial barrier to accessing support and safety. Supporting women to overcome the prejudices within their own community is obviously vital.

Women from BME communities also face greater difficulties overcoming misogynist and sexist attitudes about women and violence if these attitudes are being perpetuated within their own communities. They encounter the double-bind of racism, as they have more barriers to overcome in stepping outside their communities to access support. It is very important that diverse communities are given the opportunity to fully participate in educative prevention work. Established Interfaith networks can act as another medium for messages to reach BME communities.

It was strongly voiced that educating the (predominantly male) leaders in BME communities about domestic violence was a main hurdle that could determine how domestic violence was viewed in various communities;

Consultation participants voiced the need for dedicated funding for the translation of resources into a range of languages, to ensure greater accessibility by the BME community. It must be noted that any translation work has to be done properly – one worker talked about how often she has seen material translated incorrectly into her community's language, which obviously renders it ineffective.

For women who have no literacy skills in their own language, face-to-face support is critical.

Another idea from the consultation discussion was a focused domestic violence media strategy extending beyond the usual BME media (The Voice, New Nation, Eastern Eye, ZTV and the new BBC 1Xtra etc). This media strategy could include a grants program for BME organisations that work with domestic violence – funded with some of this £60 million.

9. How can we best provide information quickly, safely and easily to victims of domestic violence? (Page 23)

Information could be provided in spaces used by women; supermarkets, public transport, in public toilets, educational establishments, libraries, housing offices, jobs centres, benefits office and through targeted press.

Funding should be prioritised to provide a 24-hour phone hotline services in a number of languages. This service should also be provided in mini-com.

10. What should this information cover? (Page 23)

- Definition of domestic violence;
- Legislation and rights;
- Hotlines;
- Support organisations (by area); and
- Signposting for perpetrators.

All basic information should be covered about where to get help and should stress that victims/survivors are not responsible for the violence and that their experiences are not isolated (i.e. domestic violence is widespread throughout all sectors of the community).

The types of domestic violence behaviour could also be mentioned such as: hitting, kicking, biting, punching, 'mind games', hurting pets, damaging property, forcing you to engage in sexual acts against your will, threatening you, your children, friends or family etc.

Protection and Justice

17. How should the success of specialist domestic violence courts be evaluated? (Page 29)

- More cases being dealt with in an efficient manner;
- Fewer withdrawals of domestic violence cases;
- Analyses of pleas and conviction rates;
- Analyses of sentences; and
- More sanctions for breaches of protection orders.

18. Is the best way to ensure that courts treat domestic violence as seriously as other offences to refer the issue to the Sentencing Advisory Panel for them to issue guidelines to courts dealing with domestic violence cases? (Page 30)

Yes, as long as it doesn't diminish the offence and that punishment will be proportional to crime.

This may be problematic because psychological violence (including threats and intimidation) not seen as 'real' violence. Also physical violence that is not injurious may not be seen within the context of a systematic, on-going pattern of behaviour.

19. Would allowing victims to apply for reporting restrictions encourage a greater reporting of domestic violence, or are further measures needed, for example granting reporting restrictions automatically on application? (Page 30)

Reporting restrictions may decrease fear of coming forward if this proposal is supported by other factors as well, e.g. sensitive handling of the case by Police and CPS.

For women in certain BME communities, for instance tight-knit Muslim communities, this reporting restriction may have greater significance.

If reporting restrictions were not granted automatically on application, how would the Government draw up measures? Consultation with key organisations would be required, including agencies that work with women from BME communities.

21. Should the Government amend the 'associated person' criteria of the Family Law Act 1996 to provide same-sex couples who are cohabiting with the same level of protection as cohabiting heterosexual couples? (Page 33)

Yes. Same sex couples need to be offered the same protection in regards to Orders.

22. Should the Government amend the 'associated person' criteria of the Family Law Act 1996 to include relationships where the parties have never lived together? (Page 34)

Yes. This would recognise non-cohabitating partners such as in BME communities where living together outside of marriage is not acceptable and young women.

23. Would changes to the law to allow police to arrest for breach of a non-molestation or occupation order be helpful? (Page 34)

We would welcome this however we believe that enforcement will still remain an issue.

Our response is to reiterate that although legal remedies are crucial, further resources into alleviating conditions that enable domestic violence are needed.

The Government's emphasis on extending Police powers has been noted in all recent amendment proposals to existing legislation (Crime and Disorder Act 1989, Criminal Justice Bill 2003 and Antisocial Behaviour Bill 2003).

24. How should "without notice" orders be handled? (Page 34)

From the New Zealand example, although the vast majority of Protection Orders are granted 'without notice', there are still problems with consistency throughout the Family Courts across the country due to Judge's discretion. It is interesting to note that there is a far higher withdrawal rate when the Protection Order is 'on notice'. There is also a tendency for Judges to place Protection Orders on notice when the application is based on the grounds of psychological violence.

25. How can the risk of applicants for orders being put under pressure to accept an undertaking be reduced? (Page 34)

All lawyers and women's advocates should clearly convey the implications of an undertaking to the women and refrain from promoting them.

33. Should the Government create a register of civil orders, and if so should the register include both current and expired orders? (Page 36)

We support Rights of Women on this issue. It is unclear if and how this would increase women's and children's safety. Resources could be more effectively used elsewhere.

We do however advocate for mandatory data collection on all Orders regarding ethnicity, gender, disability, and sexuality.

34. Should the Government create a register of domestic violence offenders? (Page 36)

It is unclear if and how this would increase women's and children's safety. Resources could be more effectively used elsewhere.

38. Do the current child contact arrangements provide the right level of support and safety for all family members and if not what else should be done? (Page 40)

No. We recommend that child access is based on the presumption that no party who has used violence against a child or someone else, such as the child's mother, will be granted unsupervised access to the child unless the Court is satisfied that the child would be safe (as in New Zealand's DVA). This is especially important given the high correlation between partner abuse and child abuse.

Support for Victims

39. What more does Government need to do to assist voluntary and statutory agencies to share information for the better protection of victims? (page 41)

All agencies involved:

- Need to be working with a consistent definition (as outlined in this response) of domestic violence;
- Should be given further funding to deliver services arising from the Strategy; and
- Must refer appropriately.

We believe that there should be greater clarity around the support that can be given to women with insecure immigration status leaving violent partners. Guidelines need to be developed on a multi-agency basis which clearly outlines the type and extent of support which can be given and funded in terms of accommodation and refuge, translation services, immigration status, etc. Lack of clarity across relevant agencies, such as social services and refuges, means that many women with insecure immigration status are not receiving adequate support and intervention.

41. Does the current framework of legislation and guidance provide a sufficient safety net for people who are vulnerable as a result of leaving their homes because of domestic violence? (Page 44)

Not necessarily. Anyone who falls outside of the current definition will be vulnerable. We believe that the current definition is inadequate. Extending the definition of domestic violence will give vulnerable people greater protection by allowing them access to sanctions and other legal remedies, whether they leave their home or not.

The Government must do more to support victims of domestic violence who do not have secure immigration status. This includes asylum seekers and immigrants with no recourse to public funds. This is an unacceptable situation and must be addressed.

We propose that the Government ring fence an adequate amount of funding for crisis funding, which could be accessed by women with insecure immigration status leaving violent partners, until their claim has been processed. Given the number of women affected, and how long it can take to process claims for leave to remain, we do not believe that poverty is an acceptable alternative.

43. What is the unmet need for support services and accommodation options, including for victims from ethnic minority communities, LGBT (lesbian, gay, bisexual and transgender), and male victims of domestic violence? How could this be met? Is specialist refuge provision the most appropriate support? (Page 44)

While we acknowledge that domestic violence is not unique to any one community, we also note that the *solutions* to domestic violence are often unique to a particular community.

We would support the increased provision of specific services and funding of specialist organisations. Specialist organisations are instrumental to the provision of support

services to specific communities, although all refuges should also be accessible and non-discriminatory.

One consultation participant mentioned that some women, for example Chinese community, wouldn't feel safe if it was 'Chinese women only' refuge, as this would make it easier for perpetrators to locate the refuge she would be staying in. This raises some issues around security for specialist refuges.

We support GLAD's response regarding access throughout refuges.

44. How can we support people to stay safely in their own homes? (Page 44)

Enforcing Occupation Orders and widening the definition of who can apply for Orders generally would contribute to this.

Consultation Participants

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Fiona Gaffa	Voluntary Action Westminster
Hattie Saglan	Central London Advice Services
Iman Achara	Genuine Empowerment of Mothers in Society
Johnette Brown	Camden Black Sisters
Kaveri Sharma	Newham Asian Women's Project
Lynda Dearlove	Providence Row Charity
Patrice Lawrence	National Children's Bureau
Rathy Alagaratnam	Murton Domestic Violence Bureau
Tanya Novick	Jewish Women's Aid

References

Balzer, Roma, Darrin Haimona, Maureen Henare and Vernon Matchitt. 1997. *Maori Family Violence in Aotearoa*. Te Puni Kokiri Ministry of Maori Development. Wellington.

Camden Safety Net. 2002. *Learning from the Past, Informing the Future. Annual Report*. London: Camden Safety Net.

Davis, Sonia & Veronica Cook. 2002. *Why Do Black Women Organise? A Comparative Analysis of Black Women's Voluntary Sector Organisations in Britain and their Relationship to the State*. London: Policy Studies Institute.

Mayor of London. 2002. *Equalities Framework*. London: Greater London Authority.

Ministry of Justice. 22/08/2002. *Maori Women Benefit from Protected Persons Programmes*. Press Release. Downloaded from www.moj.govt.nz.

Mitchell, M., P. Collins, G. Randhawa and S. Davis. 2001. *What are you like!? Understanding the health needs and improving services for lesbians, gay men and bisexuals in Buckinghamshire and Milton Keynes*. Report of the Lesbian, Gay and Bisexual 'Lifestyle' and Health Needs Assessment. Institute for Health Services Research, University of Luton. Report No. 515. (Commissioned by Buckinghamshire Health Authority).

Moran, L. Chairperson of GALOP. *Presentation at the London Conference*. London. 09/11/02.

Newham Asian Women's Project. 2002. *Women of the World: Annual Report*. London: Newham Asian Women's Project.

Riordan, Siobhan. 1999. *Women's Organisations in the UK Voluntary Sector*. London: Centre for Institute Studies, University of East London.

Robertson, Neville. 1999. *Stopping Violence Programmes: enhancing the safety of battered women or producing better educated batterers?* New Zealand Journal of Psychology. V 28 No. 2.

Soteri, Andri. 2002. *Funding in London Women's Organisations – A First Report*. London: Centre for Institutional Studies, University of East London.

Soteri, Andri. 2001. *A Profile Report on Women's Organisations in London's Voluntary and Community Sector*. London: Centre for Institutional Studies, University of East London.