

The Community Practitioners' and Health Visitors' Association's (CPHVA) response to "Tackling Violence at Home", the Government's proposals on Domestic Violence in Northern Ireland.

Introduction

The CPHVA welcomes the opportunity to comment on the Government's proposals on "Tackling Domestic Violence at Home".

The CPHVA is the UK professional body that represents registered nurses and health visitors who work in a primary or community health setting. The CPHVA is an autonomous section of Amicus trade union. With over 19,000 members, it is the third largest professional union and is the only one with public health as its foundation.

The CPHVA views the proposals set out in 'Tackling Domestic Violence at Home' as a significant step in tackling domestic violence in Northern Ireland. In particular we welcome the Government's proposals set out under the three key elements; **prevention, protection and justice and support.**

Health professionals, particularly health visitors already play a key role in identifying, supporting and referring women who suffer from domestic violence. Other health professionals for example: midwives, school nurses, practice nurses and Accident and Emergency nurses also have a key role to play in this area. However, their role in prevention and support is given very little cognisance within the report.

Throughout the report there is not enough emphasis placed on the short and long term detrimental effects on children's social and psychological health and development as a consequence of domestic violence occurring in the home environment. Domestic violence wherever it occurs in our society is unacceptable. However, where there are children involved, it is incumbent on society that all the necessary support systems are put in place to help reduce the potential harm to them and break this cycle of dysfunctional behaviour.

Question 1. Definition

The definition outlined in the document is necessarily comprehensive but it needs to contain at the outset, the potential negative impact on children and the family unit as a whole. There is also a need to reflect the power/control element of the perpetrator that is a central theme in the cause of domestic violence.

Question 2. Performance Indicators

Each key stakeholder needs to have a means of obtaining baseline data of current arrangements before any new measures are put in place to manage domestic violence. Following on from that there is a need to ensure that systems are in place to

accurately record and collate activities in this area in relation to reporting, arrests, protection and supporting victims.

Question 3.

The development and implementation of the strategy should encompass all the key stakeholders in health and social services, education, housing, PSNI and the various voluntary agencies involved with domestic violence. All of these agencies should work in partnership to clearly articulate their contribution to the process to avoid duplication and identify any gaps in service provision in this area. Within individual services this will no doubt mean a need for awareness raising, training of staff and some increase in resources to implement the strategy effectively.

Part 2 Prevention

Question 4.

Citizenship education should become a key component within the school curriculum throughout the school life of the child. Issues to be addressed should include effective relationships, acceptable behaviour, bullying, domestic violence, self-esteem and confidence building, effective coping skills and general life skills. A designated teacher, school nurse or social worker could teach these skills. However, there should be a consistent approach employed throughout the country to ensure that all children avail of this education.

Question 5. Raising awareness

Training at all levels within organisations is necessary. Professional working with potential victims should receive initial and ongoing training on domestic violence.

Raising public awareness could be achieved by:

- designating an annual national day to highlight domestic violence
- a high profile media campaign depicting the causes and consequences of domestic violence
- health education material e.g. domestic violence posters and credit card size information cards could be placed in areas frequented by potential victims including antenatal clinics, baby clinics, public transport, GP surgeries and post offices.

Question 6.

Yes- as above.

Question 7.

This could be achieved by reducing the stigma of domestic violence. Women are routinely asked by health visitors about postnatal depression without it appearing to cause any difficulties for the woman. Because the woman knows that it is routine to be asked question about their psychological wellbeing they don't generally see it as an intrusion of their privacy. In some Trusts Health visitors are already routinely

broaching the subject of domestic violence, as part of their health needs assessment. The “Ask Me” project piloted in South & East Health & Social Services Trust found routine discussion at home visits helpful in encouraging disclosures and in increasing health visitor confidence in the management of Domestic Violence.

Other health professionals e.g. GP’s, practice nurses, midwives and A&E nursing and medical staff need to be aware of domestic violence and also have protocols in place so that they are clear about their role when they encounter a suspected case.

Question 8.

Raising general public awareness of domestic violence may have the effect of going some way to de-stigmatising it. The provision of information in public areas on how to get help in range of languages appropriate to the racial mix in a geographical area should also help to encourage victims to seek help.

Question 9.

Alcohol and drug misuse has important links with the severity of physical violence towards women. However, it would be wrong to place too much emphasis on this aspect because of the potential for it to be viewed as a cause with the result of minimising this unacceptable behaviour for the offender and the victim. All too often we read in the papers of solicitors, in defending domestic violence perpetrators, putting the argument of excess alcohol as a plea for leniency. Nevertheless any alcohol and drugs misuse education programme should incorporate information on the potential for these substances to escalate violence whatever the circumstances.

Question 10.

Agencies involved in drug and alcohol treatment and domestic violence should work closely around areas of training, awareness raising and both perpetrator and victim support and monitoring to help reduce the potential of future incidents. They need to adopt a care pathway approach to the management of domestic violence with clear lines of responsibilities so that so that overlapping of roles and gaps in service provision can be reduced. Clear policies should be put in place and communicated to staff, other stakeholders and potential victims.

Question 11.

As above. They need to work in partnership with relevant stakeholders to develop a package of care that covers a broad range of measures around staff training, prevention, protection and support. Each agency need to have at least one designated person to act in a co-ordinating/liason role to ensure that there are clear lines of responsibility for the implementation of a domestic violence strategy.

Question 12.

The small credit card size information card currently used by Woman’s Aid is very discreet and contains very useful advice and contact details of relevant services. This type of information could also be put on the *Birth to 5 Baby Book*, which is produced by the Health Promotion Agency, and given to new mothers by health

visitors. This information could also be put in the **Parent Child Health Record** (Red Book) which is given to all new mothers 2 weeks following the birth of their baby.

Question 13.

The information should be simple and clear and take the form of a crisis plan.

Some of the advice could include:

- keep aside some money for a taxi/bus
- know where to access a telephone in an emergency and have coins/card if needed
- pack a small container of essential clothing in readiness for a quick exit including school uniforms if applicable
- know essential telephone numbers e.g. women's refuge, emergency telephone numbers
- keep essential family medicines in a place where they can be easily accessed
- Keep important documents together i.e. cheque books, benefit books, medical cards, passports and birth certificates
- leave at a time when the perpetrator is not at home

Question 14.

Training should be mandatory for all resident magistrates and solicitors working on family law.

Question 21.

Yes. Reporting restrictions could help reduce the trauma particularly for those women who work in high profile jobs in society and would be reluctant to report incidents in case it would affect their future career prospects. Children of all ages could experience bullying at school and within their neighbourhood if their circumstance relating to domestic violence was widely known.

Question 22.

Yes

Question 28.

There is a need for the recognition in law for crimes relating to domestic violence as distinctly different from other crimes against the person.

Question 35.

Some type of formal information sharing system should be set up to ensure a more structured approach for recording and determining level of risk between appropriate agencies.

Question 41.

Courts dealing with domestic violence cases should be family friendly, flexible and the solicitors and resident magistrates working within this service should receive mandatory training in domestic violence.

Question 45. 46.

No. There is a need to review and prioritise protection arrangements for the victim and children in relation to child contact with the perpetrator. In the circumstances where there is a potential for further violence against a victim it is necessary for more secure arrangements to be made in relation to:

- specifying the venue for contact
- monitoring contact visits to ensure that this contact is not used as a means to get access to the victim to intimidate or inflict further violence.

Question 47.

Some form of register should be established which the key stakeholders on a need to know basis could access. However there is potential for this system to be abused and the human rights of individuals to be infringed if the system is not equality proofed.

Question 48.

Victims of domestic violence should always be kept informed about who may be given access to their information. Permission to pass on details on a need to know basis should be sought but there will be occasions that in the interest of the child, details may have to be passed to other relevant agencies despite permission not been given.

Question 49.

Information on domestic violence, particularly given clear and simple advice on what to do in an emergency, should be made widely available in public areas. All health professional and relevant other agencies having frequent contact with women should be well informed about this topic and have clear guidelines in place to inform women about legal and support services available to them.

Question 58.

NO. More needs to be done in terms of prevention, early identification and effective intervention both for the victim and any children involved.