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***Women, Violence and Poverty in the West of Ireland: exploring Economic Abuse***

A research study  
by  
O'Connor Wilson Associates

**Edited by Noirín Clancy and Eilís Ward**

May 2005

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## **EXECUTIVE SUMMARY**

This research examines the relationship between violence against women and poverty and, in particular, economic abuse. It was commissioned by the Community Response to Domestic Violence Network (CRDVN), a network of Community Development Projects and the Regional Support Agency, in the west of Ireland.

The research was carried out in 2004 based on desk research and a combination of qualitative and quantitative primary research. For this, assistance was provided by four frontline services in the region: Waterside House, Galway; Mayo Women's Support Services, Castlebar; Mayo Rape Crisis Centre, Castlebar and Connemara Domestic Violence Response, Letterfrack.

The research builds on existing knowledge of frontline services for violence against women in Ireland. It goes on to focus specifically on the relationship between violence against women, impoverishment and economic well being as experienced by clients of these services. Listening to women's own experiences of violence and the impact of economic abuse will contribute to a deeper understanding of the problem. It will also impact on how we deal with it as a society.

### **Key findings**

#### **Forms of violence**

The women whose case histories are cited, or who were interviewed, for the study all experienced multiple and overlapping forms of violence. These included physical violence, threats of physical violence, sexual violence, emotional and verbal abuse, economic abuse and intimidation.

#### **The effects of the violence**

All of the women reported that the violence had affected their physical, psychological and mental health. The most common impact reported by women was the shame and stigma associated with the violence.

The majority of women suffered economic deprivation to some degree. This included the use by partners or husbands of money and other resources as a form of control. It also included the appropriation and control of the family income leaving women unable to provide for their essential needs and those of their children. Women spoke of the stress they experienced as a result of this.

The women provided evidence of the complex overlap between violence against women and economic dependence, poverty and structural poverty. For example lack of access to private or public transport compounded the difficulties facing women subjected to violence. It exacerbated their sense of isolation and restricted their access to support services.

Work was seen as the most important way out of poverty for women including those women subject to violence. The majority of the women identified gainful employment, or the return to gainful employment, as important. Lack of childcare was the most significant barrier to women entering or remaining in employment.

### **Accessing supports**

The research studied women's experiences of accessing relevant supports within the voluntary and statutory sector. These supports were sought specifically by women experiencing violence. Findings here indicate that:

- The support provided by frontline services in the region is vitally important, including supporting the woman to gain an increased understanding of violence against women;
- The understanding of violence against women shown by frontline workers and transmitted by them is equally important;
- Feelings of shame and stigma can make women reluctant to access support services. This is particularly the case among middle class women;
- A greater diversity of women access outreach services than refuges;
- The provision of safe, supported crisis accommodation in the form of a refuge is still vital;
- One of the most depressing experiences for women was the community silence and collusion they experienced;
- This sometimes resulted in women being very isolated and inhibited them from seeking help earlier in the abusive relationship;
- Community organisations can play an important role in combating violence against women through training and education;
- While the response of the Gardaí has improved, women's experience of the Garda response to incidents of violence against women was mixed;
- Fears about the lack of anonymity can prevent women in rural areas from reporting violent episodes to the Gardaí;
- Frontline service workers are concerned that the focus on child protection by the Health Board (Health Services Executive) may be a barrier to a more comprehensive understanding of the dynamic of violence against women.

### **Community development organisations**

The research identified seven specific roles that community organisations can play in combating violence against women. These are:

1. Facilitating disclosure and referral;
2. Supporting the development of outreach services;
3. Creating awareness of violence against women;
4. Engaging in skills enhancement to support re-entry into the workplace;
5. Focusing on 'women only' programmes;
6. Working in partnership for wider change;
7. Representing community development responses on the Regional Planning Committees.

## **Recommendations**

Arising from the findings of the research and discussions, this report makes nine recommendations. These can be taken on board by community organisations and frontline services to enhance and develop the provision of supports and activities to combat violence against women in this region. Implementing the recommendations should include:

- Addressing issues of women's poverty through training and education;
- Providing public transport in rural areas;
- Developing an understanding of the dynamics of economic abuse in violent relationships by organisations working in the area of violence against women. This understanding should impact on their response and services when dealing with women who have experienced violence.

## SECTION 1

### INTRODUCTION

#### 1.1 Background

Violence against women exists in all communities, across all cultures and is not determined by class or social status. In recent decades, Ireland, like most states has come to recognise the prevalence of violence against women and its implications for individuals, families and society. The growing awareness of violence against women and its prevalence has resulted in changes in legislation, the development of policies and state supports and the provision of funding for agencies dealing with the issue.

It is important, however, to recognise that women's experience of the phenomenon of gender-based violence can be very different. Women living in poverty face particular challenges in dealing with or recovering from violence. This violence can, in turn, make some women more vulnerable to impoverishment or further impoverishment. Recent research carried out across the EU illustrates the need for policy makers and service providers to pay particular attention to the relationship between women's poverty and violence. Irish women are at greater risk of poverty than their counterparts in any other EU member-state, according to the Report on Gender Equality between Men and Women. The Report found that 23% of Irish women are at risk of poverty, compared with 19% in Britain, 16% in France and 12% in Germany.<sup>1</sup> The complexities of the relationship between gender based violence and poverty have been captured in an Irish context by the Task Force on Violence against Women which recognised that:

‘the effects of violence can be all the more traumatic for women living in poverty, women with physical or mental disabilities, women from different cultures and Traveller women. The cumulative effects of living in poverty, isolation and poor environmental conditions in themselves damage women's health. When these difficulties are combined with physical, mental and emotional abuse, the effects are enormous’.<sup>2</sup>

For the purposes of this study economic abuse is taken to mean the control by male perpetrators of their female partners' access to economic resources, household budgets, financial resources and disposable income. It is a form of control that exacerbates women's vulnerability and dependency. Increasingly, it is understood as a form of violence in itself. This study focuses on economic abuse as a component and an outcome of violence against women. Economic abuse can be part of the pattern of violence against women and can also be an outcome with significant negative impact on women's economic well-being.

This piece of research emerged largely in response to the need for a better analysis of the relationship between violence against women and poverty. The research was commissioned by the Community Response to Domestic Violence Network (CRDV) a

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<sup>1</sup> *Irish Women at Greatest Risk of Poverty in EU*. Irish Times article. 15.02.2005.

<sup>2</sup> Office of the Tainaiste, *Report of the Taskforce on Violence Against Women*, Dublin 1997.

network of Community Development Projects (CDPs) and the Regional Support Agency in the west of Ireland. The network was established in 2000 with a view to helping the CDPs involved to develop responses to violence against women that would become an integral part of their day-to-day work. The CRDVN actively supports the implementation of a number of the recommendations from the (national) Report of the Task Force on Violence against Women. The research has a particular focus on the west of Ireland – more specifically Galway and Mayo.

The main aims of the research can be summarised as follows:

- To examine the nature and relationship of women's experience of poverty, economic abuse and domestic violence;
- To identify the ways in which poverty impacts on women who seek support, services and protections when experiencing domestic violence.

This research focused on women who experienced violence from a male partner, women who were economically dependent, experienced poverty and had to mediate with the state for their rights and entitlements. The findings are intended to inform statutory and voluntary organisations, including CDPs, on a way forward in responding to the overlap of violence, poverty and economic abuse in women's lives. It is also hoped that the findings will stimulate further co-operation between CDPs and frontline services in the region that provide a range of services directly to women experiencing violence.

## **1.2 Methodology**

The research was carried out using a number of methods. These included desk research of case reviews along with quantitative data collection from primary sources, namely the files of frontline services. The methodology also included interviews with clients of the services, frontline staff and a focus group discussion. The research was conducted in an ethical manner with particular attention paid to the safety of the women who participated and to the issue of confidentiality in relation to qualitative data.

### ***Case Reviews***

Case reviews on the files of forty seven women were carried out with the help and support of four frontline services in the region. These were: Mayo Women's Support Services (15 cases), Mayo Rape Crisis Centre (6 cases), Waterside House Galway (18 cases) and Connemara Domestic Violence Response (8 cases).<sup>3</sup>

The researchers did not have direct access to the files; instead staff in each organisation collated and provided the necessary data. Background information was recorded on the women, on the form of violence they suffered, on the impact this violence had on them and any child protection issues that arose. In seeking to capture some picture of the socio-economic circumstances of the clients, information was sought on the income levels and kinds of income of the women and men concerned. Other information was collected on the accommodation situation of the clients along with the women's access to the family income.

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<sup>3</sup> It was not possible within the time frame of the research to carry out case reviews of the fifth frontline service in the region – Galway Rape Crisis Centre.

### ***Interviews***

Interviews were carried out with ten women who had accessed services through the four frontline services already mentioned. Prior to being interviewed, these women were informed about the focus of the research and how their input would be used to further the overall aims. They were assured that the choice to participate and share any information always remained with them and that they would have an option to remove or change any part of their input before the final report was agreed. Confidentiality was assured and maintained.

These interviews sought to establish qualitative information on women's experiences of violence particularly as they related to issues of economic well-being.

Interviews were also carried out with seven workers in the frontline services on their knowledge and experiences of working with women at risk. They were also asked about their observations on women accessing supports from statutory agencies.

### ***Focus group discussion***

At the end of the field research, a focus group discussion was conducted with members of the CRDVN in order to discuss the preliminary findings and identify a clear role for community organisations in responding to violence against women. Groups who participated in this focus group were Tuam Community Development Resource Centre, Galway Travellers Support Group and West Training and Development.

### ***Issues regarding data collection***

Over the course of carrying out the research, inadequacies in data collection emerged as an issue. While all frontline services keep records on each woman, the records are kept differently. In some cases the information sought was not available. For example, information on the relationship between a woman's economic circumstances and the length of time she stayed in a violent relationship was not easily available. In most cases this information was not recorded so no analysis could be drawn here. Also, while the different forms of violence are recorded, the severity and frequency of the violence and abuse, the injuries incurred, other effects and the overlapping nature of the multiple forms of violence were not recorded. Frontline workers reported that all women who contacted their services experienced some form of emotional and psychological abuse along with economic abuse. However, if these were not the main, or presenting, issues for the woman they may not have been recorded.

It must also be noted that there was an information gap on the profiles of women accessing the services. While some information is kept in case files, only two frontline services recorded annual statistics on the background of women in relation to income, housing and accommodation status. Only one service recorded the woman's ethnic origin or nationality. While there are ethical issues to be considered in recording such information, this lack of information made it more difficult to paint an accurate profile of the women accessing frontline services. This information gap becomes particularly important when attempting to draw conclusions about specific support needs for different women such as disabled women, ethnic minority women or women living in situations of

rural isolation. This gap also has implications for drawing conclusions about the complex relationship between violence against women and poverty.<sup>4</sup>

### **1.3 Report Structure**

The report hereafter is divided into five sections:

Section Two describes the wider context within which the topic is located and outlines some key issues for violence against women at global and national levels. This section concludes with a summary of current services and community initiatives in the west of Ireland.

Section three examines the policy context and reviews some of the literature in relation to the forms, prevalence and effects of violence against women. The diversity of women's experience of violence is explored. The chapter concludes with a discussion on the links between poverty, violence and economic abuse.

Section Four presents the findings from the research and focuses particularly on the issue of economic abuse in the context of violence against women and poverty.

Section Five outlines key roles which community organisations, namely Community Development Projects (CDPs), can play in addressing the issue of violence against women with particular reference to issue of poverty.

Section Six presents the conclusion and recommendations.

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<sup>4</sup> This information gap is also nationally recognised and in recent years there have been two specific initiatives to address it. The National Network of Women's Refuges and Support Services is developing a data base system designed to collect and collate information from frontline services and The Rape Crisis Network Ireland launched a system in January 2004. These systems will standardise data collection in each of these sectors and hopefully enable a more accurate and comprehensive review across a number of areas including the forms of violence against women, impacts, disclosure and access patterns and interventions.

## SECTION 2

### VIOLENCE AGAINST WOMEN – GLOBAL, NATIONAL AND REGIONAL CONTEXTS

#### Introduction

This section briefly outlines the international and national policy context. It also outlines the framework within which all responses to violence against women are embedded and goes on to focus on the context and responses within the Western region.

#### 2.1 The Global Context

The responses to violence against women, which emerged during the 1970s and 1980s, developed within the context of the wider international women's movement. A growing consciousness and analysis of the experience and position of women began to inspire and inform collective action for women's economic, social, cultural, sexual and political liberation. Within this movement, violence against women was identified not only as one of the most crucial mechanisms whereby male power was maintained, but as one of the most urgent areas for action and change. Women's testimonies throughout the past thirty five years of activism against male violence have provided the knowledge base that informs the vast majority of responses to violence against women. At the core of this knowledge is the understanding that the purpose of men's violence against women is to gain and maintain power and control over them. Feminists have always understood men's control over, and appropriation of, income and other resources to be both a tactic and an outcome of their violence and abuse to women. It is understood to be a mechanism by which men maintain an unequal access to resources in both the private and public spheres. This view can be best encapsulated in the following:

*“When a husband uses violence against his wife, people often view this as a random, irrational act. In contrast, feminists define wife abuse as a pattern that becomes understandable only through examination of the social context. Our society is structured along the dimension of gender: Men as a class wield power over women. As the dominant class, men have differential access to important material and symbolic resources, while women are devalued as secondary and inferior.”<sup>5</sup>*

The women's movement internationally began to make an impact on inter-governmental organisations and in particular the United Nations (UN). Here, we saw women's specific experience of male violence being included into the UN's widening understanding of human rights. Violence against women came to be seen as a human rights issue. The UN Declaration on the Elimination of Violence against Women (1993) and the Beijing Platform for Action (1995) clearly reflects the impact of the women's lobby.

The United Nations Declaration against Violence against Women states that:

*“Violence against women is a manifestation of historically unequal power*

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<sup>5</sup> Yllo, K., and Bogard, M., (eds) *Feminist Perspectives on Wife Abuse*, Sage, 1998

*relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of their full advancement, and that violence against women is one of the crucial mechanisms by which women are forced into a subordinate position with men.”*<sup>6</sup>

The Beijing Platform for Action,<sup>7</sup> which was agreed and signed by the world’s governments at the 4<sup>th</sup> UN Conference on Women in 1995, defines violence against women as:

*“Any act of gender based-violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life.”*

The Women’s Convention or CEDAW (the Convention on the Elimination of All Forms of Violence Against Women) defines discrimination against women. The definition includes:

*“gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.”*<sup>8</sup>

This changed perspective at a global level has filtered back down into policy at a national level and Ireland has been part of this change. Thus, the responses to violence against women at a local level can be seen as emanating both from international frameworks (and must be seen as part of this wider global response) and national frameworks. The next section goes on to examine, in brief, that national framework in Ireland.

## **2.2 The National Picture**

In Ireland there have been significant policy developments in recent years. Much focus has also centred on the development and delivery of frontline services. The provision of such services recognises that women’s basic rights to shelter, money and physical safety are denied by male intimates when and where violence against women occurred.

Major policy developments have included:

- The establishment of the Task Force on Violence Against Women (1996), the National Steering Committee and the Regional Planning Committees (1997).<sup>9</sup> These bodies can be said to constitute the primary national infrastructure;

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<sup>6</sup> UN Declaration on the Elimination of Violence Against Women adopted by the General Assembly in 1993

<sup>7</sup> The Beijing Declaration and the Platform for Action, Department of Public Information, United Nations, New York, 1996.

<sup>8</sup> International Women’s Rights Action Watch, The CEDAW Convention, General Recommendation No. 19 – Violence against women (Eleventh session 1992). (See website: [www.iwraw-ap.org](http://www.iwraw-ap.org))

<sup>9</sup> Office of the Tainaiste, *Report of the Taskforce on Violence Against Women*, Dublin, 1997.

- The introduction of the 1996 Domestic Violence Act and the development of a policy on Domestic Violence by the Garda Síochána to support the Act;<sup>10</sup>
- Rape, sexual assault and domestic violence were addressed by the Second Commission on the Status of Women (1993)<sup>11</sup>, the National Anti Poverty Strategy (1995)<sup>12</sup>, the Report of the Working Party on the Legal and Judicial Process for Victims of Sexual and Other Crimes of Violence Against Women and Children (1996.);<sup>13</sup>
- Two partnership agreements, *Partnership for Prosperity and Fairness*<sup>14</sup> and *Sustaining Progress*<sup>15</sup> contained specific objectives to tackle violence against women in intimate relationships, rape and sexual assault.

### ***Frontline Services***

Responses to violence against women mainly take the form of the support and refuge offered by the frontline services. These services provide refuge for women in crisis, but they also have a critical role to play in advocacy, lobbying and public education. Frontline services usually provide refuges that also encompass support and information services to women, both resident and non-resident alike.<sup>16</sup> The findings of an independent study of Domestic Violence Matters in Islington in London, found that change was most likely to happen where frontline services engaged in consistent advocacy and relationship building over a number of years.<sup>17</sup> Responses that focused on agency and institutional change have traditionally been based in training initiatives and, in the majority of cases, are not found to be effective.<sup>18</sup> Therefore the position of frontline services, as agents for institutional change, must be protected, supported and enhanced.

Women's Aid is the primary Irish organisation that has been working on the issue of violence against women for the last twenty five years. It has published a model of work based on feminist principles and practice guidelines. Women's Aid describes the response of frontline organisations as:<sup>19</sup> providing quality services; campaigning for state

<sup>10</sup> An Garda Síochána, Policy on Responding to Domestic Violence, 1994  
Domestic Violence Act, 1996.

<sup>11</sup> Second Commission on the Status of Women, 1993, Report to the Government, Government Publications.

<sup>12</sup> Government of Ireland, National Anti Poverty Strategy, 1995, Government Publications.

<sup>13</sup> National Women's Council of Ireland, Report of the working part on the legal and judicial process for victims of sexual and other crimes of violence against women and children, 1996..

<sup>14</sup> Programme for Prosperity and Fairness, Department of the Taoiseach, 2000.

<sup>15</sup> *Sustaining Progress, Social Partnership Agreement 2003-2005*. Department of the Taoiseach. 2003.

<sup>16</sup> Dobash, Rebecca and Dobash, Russell, *Women, Violence and Social Change*, 1992.

<sup>17</sup> Kelly, Liz with Bindel, Julie, Burton, Sheila, Butterworth, Dianne, Cook, Kate and Regan, Linda, Domestic Violence Matters: an evaluation of a development project, Child and Women Abuse Studies Unit, University of North London. 1999, Home Office Research Study 193.

<sup>18</sup> Hague, G., Malos E and Dear, W. (1996) Multi agency work and domestic violence; a National Study of Interagency Initiatives . Bristol: The Policy press.

Humphreys, C., Hester, M., Hague, G., Mullender, A., Abrahams., and Lowe, P. (2001) From good intention to good practice: Mapping Services working with families where there is domestic violence, Policy Press.

<sup>19</sup> Women's Aid, *Vision, Action, Change – Feminist Principles and Practice Guidelines on Responding to Violence Against Women*, Women's Aid Model of Work, 2002.

intervention to maximise women's safety; promoting men's accountability while lobbying for political and social change for the elimination of violence against women. At the heart of frontline service work therefore is a focus on women's economic disadvantage and the economic inequality they experience with men. Services work to develop close working relationships with local authorities and social welfare agencies to ensure that not only can they advocate successfully for individual women, but also that their work changes policy and practice.

There are now eighteen refuges and approximately twenty four community based outreach services for women experiencing violence within intimate relationships in Ireland.<sup>20</sup> The community based services provide outreach support, information and advocacy. Again, within the provision of their services, particular needs of different women need to be taken into account. For instance, existing research has identified a number of factors that influence women's use of refuges in Ireland. They include:

- The communal element of living in a refuge can be difficult for women and children. If other options are available, many are more likely to choose them;
- Older boys are not accepted by some refuges;
- The perceived shame and stigma associated with using a refuge can act as a barrier. Availing of a refuge can make a woman visible as a victim of domestic violence to the local community;<sup>21</sup>
- Many Traveller women do not seek legal remedies but will use refuges frequently. They are less likely to leave a violent husband than settled women.<sup>22</sup>

In recognition of the different needs and issues that arise for women a number of national organisations have developed a range of responses that address issues specific to different individuals or groups. Such issues include Traveller issues, the needs of disabled women and the housing needs of women experiencing violence. Three particular initiatives can be referred to here:

- Pavee Point Traveller Centre, a national organisation of Traveller and settled people initiated 'Pavee Beoirs' a programme aimed at breaking the silence about domestic violence. It sought to do this by supporting the capacity of Traveller women themselves to address the issue within their own communities and develop culturally appropriate and effective responses;
- Women's Aid carried out a consultation process with disability activists on the needs of disabled women who experience violence.<sup>23</sup> The findings were used to

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<sup>20</sup> Department of Justice, Equality and Law reform. *Going Forward, National Directory*, Service for women who have experienced violence or the threat of violence.

<sup>21</sup> Kelleher Associates, *A Framework for developing and effective response to women and children who experience male violence in the Eastern Region*, Eastern Regional Planning Committee on Violence Against Women, 2001.

<sup>22</sup> There is anecdotal evidence from refuges and support services that there is a small increase in the number of Traveller women accessing legal remedies. No documentation about this is available and further study would be useful.

<sup>23</sup> Wilson, N., 2001. *Violence Against Disabled Women*, Report on a consultation process carried out by Women's Aid on the feasibility of carrying out research. Women's Aid Community Development Support Agency, Annual Report to the Department of Community, Rural and Gaeltacht Affairs, 2003.

raise awareness of the issue within their own sector and how best they can respond. As a result measures have been implemented to make services more accessible to deaf women and currently funding is being sought by Women's Aid to make their building in Dublin accessible;

- Sonas Housing is an organisation that responds to women's housing needs and has fifty transitional housing units in Dublin city. The organisation supported three refuges outside of Dublin to establish supported transitional housing and negotiates with local authorities to ensure women are offered permanent housing in areas that suit them. This ensures that unsafe and unsuitable housing does not act to deter women from leaving violent partners and husbands.

These examples illustrate the need for an approach to violence against women that takes into account the fact that women's experience of violence can be very different depending on their own particular circumstances.

It is also possible to develop best practice throughout an organisation in its general provision and general response. Two illustrations can be cited here:

- St Michael's Estate Family Resource Centre has become nationally and internationally renowned for raising awareness about violence against women and mobilising condemnation of it through the use of art and creativity. When women began to identify the Centre as a safe place in which to disclose experiences of abuse an integrated community response to violence against women was established. This initiative involved bringing together key agencies and organisations that had a role in responding to the overlap of poverty and violence in women's lives. The work is directed by women from the community who combine knowledge and expertise on the overlapping issues of poverty, discrimination and violence to ensure that their responses meet the needs of women experiencing violence in their community;
- Northern Ireland Women's Aid Federation<sup>24</sup> researched the needs of women experiencing violence from three ethnic minority groups and highlighted the specific cultural factors that impacted on their options. The research resulted in the organisation implementing a number of changes that included the formulation of an anti racist policy, recruitment of ethnic minority women to the help line and cultural awareness training.

### **2.3 The Western Region**

In the location for this research, counties Galway and Mayo, the frontline services are the primary organisations responding to the needs of women experiencing violence. Community organisations also play a role, in particular Community Development Projects (CDPs). Certain actions they have taken in addressing violence against women in their own communities are discussed later. Firstly, we give a brief description of the five frontline services that participated in this research.

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<sup>24</sup> European Women's Lobby, *Towards a Common Framework to Monitor Progress on Combating Violence Against Women*, Observatory on the European Policy Actions Centre on Violence Against Women, 2001

### **2.3.1 Mayo Women's Support Service (MWSS)**

MWSS was established in 1994 and has developed a broad range of services. An extensive outreach programme provides support, information and advocacy. Like most outreach services MWSS provides support at the organisations' office base or at a location of the woman's choice. Support includes information and court accompaniment through legal or other processes related to the violence. Workers estimate that about 25-30% of their outreach clients are women who come from middle class/professional backgrounds. While there is a crisis refuge in Castlebar it is not staffed on a full-time basis. Transitional housing has also been established which is available to women and their children in a housing crisis.

### **2.3.2 Domestic Violence Response (DVR)**

Domestic Violence Response is a rural-based, community led project responding to the issue of domestic violence in the Connemara area in County Galway. The work of the project includes an outreach support service for women who experience domestic violence, education and awareness-raising work, campaigning and lobbying. Two training programmes, one in Tuam and the other in the Recess area, resulted in the development of educational resource materials including a good practice manual and a drama production.

### **2.3.3 Waterside House**

Waterside House, based in Galway city, provides the only full-time staffed refuge for women and their children in the region. It also provides a limited outreach service since it only has one outreach worker for the county. With demands in this service growing steadily, research is currently being planned on the development of further outreach supports. Since refuge is an option that Traveller women will choose above any other option, Waterside House has a high percentage of Traveller women accessing its service. At the time of writing, Waterside House is carrying out a consultation process evaluating the refuge service from a Traveller woman's perspective and exploring outreach as an option for Traveller women.

Women accessing refuge in Waterside House are in the vast majority of cases living in poverty and/or experiencing disadvantage. Figures for 2003 show that 84% of the women were dependent on social welfare and only 6% of the women were waged. In terms of profile, 45% of their clients were settled Irish women, 49% were Irish Traveller women, 2% were asylum seekers and 3.5% had refugee status. These figures clearly demonstrate that in Galway, refuge is an option chosen largely by women who are economically disadvantaged and/or who belong to the Traveller community. Similar figures have been found in annual statistics from services across Ireland.

### **2.3.4 Galway Rape Crisis Centre (GRCC)**

GRCC has been in operation since 1984. It has developed from a service run by volunteers into a service that employs nine women part time and a full-time coordinator. The Centre mainly services the area of Galway city and county. Priority is given to clients who are in crisis, or were recently attacked/raped and to clients who have an

impending court case in relation to sexual violence / abuse. Services include a telephone help line, drop-in service, 24 hour emergency call out service, crisis and long term counseling, support groups, advocacy, legal advice and court accompaniment. GRCC is an active member of the Network of Rape Crisis Centres Ireland and the Regional Planning Committee of the Taskforce on Violence Against Women.

With regard to their client base, out of one hundred and ninety two new clients in 2003, seven were known to be homeless; twenty two were asylum-seekers; eleven were known to be in receipt of unemployment benefit or disability benefit. Out of thirty two new cases of incest reported, nine women were in receipt of unemployment or disability benefit.

### **2.3.5 Mayo Rape Crisis Centre (MRCC)**

MRCC provides services to any woman, sixteen years or over, who has experienced sexual abuse, incest, sexual assault, or rape at any time in the past. Services include immediate crisis counselling, phone hotline, counselling, accompaniment of clients to medical exams and through the legal process, research and advocacy and networking with other rape crisis centres.

## **2.4 Community Development Responses**

This section concludes by presenting some detail of the community development responses to violence against women in the region. Community based groups can play an important role in addressing the issue at a local level. Research carried out in Cork city underlined the importance of community-based groups in challenging the isolation experienced by many women experiencing domestic violence. By expressing and providing solidarity they make a very significant contribution to tackling violence against women and alleviate much stress through help lines and other services.<sup>25</sup> CDPs, in particular, since they largely focus on women who are additionally marginalised because of poverty, rural isolation or discrimination can have a very important role to play. Many community development groups, particularly those within the Community Development Programme (CDP)<sup>26</sup> position themselves in solidarity with those people experiencing oppression and discrimination. As such they have been identified by women as safe spaces in which they can disclose experiences of male violence.

In recognition of the role that CDPs play in responding to violence against women, Women's Aid was appointed as a specialist support agency to the CDP in 1998. Much of the learning over the past decade on the role and responses of CDPs has been documented by Women's Aid in annual reports to the Department of Community, Rural and Gaeltacht Affairs.

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<sup>25</sup> Meade, Rosie, "Domestic Violence; An Analysis and Response from Community Activists" in Byrne, Anne and Leonard, Madeline (eds), *Women and Irish Society*, Beyond the Pale Publications, Belfast, 1997.

<sup>26</sup> The Community Development Programme was established in 1990 in recognition of the role of community development in tackling poverty and disadvantage. The Programme is currently under the Department of Community, Rural and Gaeltacht Affairs which funds CDPs to provide a range of supports, development opportunities and services to disadvantaged communities. Members of the community are represented on the management committee of CDPs.

Since a number of CDPs have been working on the issue of violence against women, the Community Response to Domestic Violence Network (CRDVN) was established in 2000 to support the development of a community response to the issue. To date, the range of activities of the Network has included:

- A poster campaign;
- Awareness raising seminars and workshops;
- Submission made to the National Plan for Women on violence against women;
- Training of workers and volunteers on the dynamics of violence against women;
- Development of a Code of Practice.<sup>27</sup>

As part of an attempt to streamline responses in the region, training programmes for staff and voluntary workers within CDPs has taken place. The training has facilitated CDPs to clarify their role in responding to violence against women in their local communities. It has also helped the Network to identify the following seven conditions that facilitate appropriate responses from its members:

1. Explicitly naming violence against women as part of their work;
2. Ensuring that their response is knowledgeable and informed;
3. Prioritising safety, confidentiality and anonymity;
4. Consistently delivering a good practice response;
5. Working to create equality of access, outcomes and conditions for a diversity of women;
6. Being accountable for how their response impacts on women;
7. Ensuring that their work addresses inequalities and barriers.

Many of the CDPs have undertaken specific actions in relation to addressing violence against women. They include:

- *Forum CDP, Letterfrack* – supported the establishment of Connemara Domestic Violence Response, a support, information and advocacy service;
- *Tuam Community Development Resource Centre* – carried out research into rural women's experience of violence and of seeking protection and support;
- *Kiltimagh and Louisburgh CDPs* – participate in a Local Area Network in County Mayo that focuses on integrated responses to violence against women;
- *Galway Travellers Support Group* – coordinates a primary health care programme that employs 11 Traveller women as community health workers. Their work promotes the frontline services that are available and also represent Traveller women's issues in decision-making arenas.

These examples illustrate that both frontline services and CDPs have developed responses that are focused on the needs of women who are further marginalised because

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<sup>27</sup> The Code of Practice highlights the importance of developing a range of responses to meet the needs of diverse women; the CDSP National Advisory Committee has recommended that this Code of Practice be implemented at national level

of poverty and other forms of discrimination. The outreach nature of these services has clearly met the needs of numerous rural women, many of whom live at great distances from refuges. While fears about confidentiality, safety and anonymity may be greater in a rural area, it is clear that when a woman is confident that the service will protect her in this regard she will come forward to disclose and seek support, information and advocacy.

## SECTION 3

### VIOLENCE AGAINST WOMEN – RESPONSES AND ISSUES FOR IRELAND

#### Introduction

The focus of this research is on the relationship between violence against women and poverty and in particular on economic abuse. Put simply, male perpetrators often use economic dependence and their economic position to trap women in violent and abusive relationships. While some literature documenting this experience is contained in wider studies, there is little Irish research available on this relationship. It is partly because of this lack that this research was commissioned.

There is considerable information on the forms and prevalence of violence against women, the effects of violence on women and the diversity of women's experiences of violence with a particular focus on Ireland. This section explores this information to provide a context for the research findings.

#### 3.1 Forms of violence against women

Violence against women takes many different forms and has been described by Amnesty International as one of the greatest human rights scandals of our time.<sup>28</sup> International studies<sup>29</sup> reveal that many women and girls experience different forms of violence throughout their life cycle.<sup>30</sup> For the purposes of this report, we are focusing on violence against women within intimate relationships.

Violence against women is characterised by a pattern of coercive control over all of the key aspects of the woman's life. Women are subjected to multiple and overlapping forms of violence and abusive tactics are employed systematically by the perpetrator to ensure compliance. They can include:

- Physical violence;
- Sexual violence;
- Emotional abuse;
- Threats of physical and sexual violence;
- Threats to harm others;
- Financial control;
- Controlling some or all of the woman's movements;
- Constant surveillance;
- Destruction of property and pets.<sup>31</sup>

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<sup>28</sup> Amnesty International, *It's in Our Hands, Stop Violence Against Women*, Amnesty International Publications, 2004.

<sup>29</sup> United Nations Declaration on the Elimination of Violence Against Women adopted by the General Assembly in 1993.

<sup>30</sup> Violence Against Women, World Health Organisation, 1997

<sup>31</sup> Women's Aid. *Vision, Action, Change – Feminist Principles and Practice Guidelines on Responding to Violence Against Women*, Women's Aid Model of Work, 2002.

Men's use of violence against intimate partners occurs across a spectrum of sexual abuse and violence, ranging from being coerced and denied choice by the perpetrator to rape, assault on sexual organs and other forms of violent sexual assault. However, research studies have traditionally indicated that low numbers of women disclose experiences of sexual abuse or violence.<sup>32</sup> The distress and trauma created by this form of violence often impacts on a woman in such a way that she has to distance herself from the experience as sometimes it can be too painful to speak about.<sup>33</sup> Therefore it is unlikely that the experience of sexual violence and abuse will be disclosed, or spoken about in any length, in an interview with a researcher. Another factor effecting disclosure is the difficulty women have in identifying what they are experiencing as sexual violence.<sup>34</sup>

### **3.2 The prevalence of violence against women**

Prevalence surveys from across the world indicate that between 20% and 50% of women experience violence from intimate partners, or domestic violence as it is commonly known.<sup>35</sup> Violence against women is the single biggest reason for the admittance of women to accident and emergency units in the United States.<sup>36</sup> A national prevalence study on the extent of violence against women within intimate relationships in Ireland was carried out in 1995.<sup>37</sup> This study found that:

- Of 677 women surveyed, 18% experienced domestic violence;
- Of 240 women attending five doctors' surgeries in Dublin's Northside, 36% (twice as many as in the national survey) reported that they had experienced violence from a male partner.

In a national survey on the prevalence of sexual violence in Ireland, the following data emerged:

- Of approximately 500 women, 42% reported having experienced some form of sexual violence in their lifetime;
- 25% of the perpetrators of these crimes are male partners including husbands.<sup>38</sup>

Further studies regarding medical services also highlight the prevalence of violence against women:

- A study of 1692 women who attended their G.P. practice in Ireland found that almost two-fifths had experienced domestic violence and 69% reported

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<sup>32</sup> Painter, Kate, *Wife Rape, Marriage and the Law*, Manchester University Press, 1991.

<sup>33</sup> Lewis Herman, Judith, *Trauma and recovery – from domestic abuse to political terror*, Pandora (1992).

<sup>34</sup> Kelly, L., *The Continuum of Sexual Violence in Women in Violence and Social Control*, eds., Hanmer J., and Maynard, M., Humanities Press International, 1987.

<sup>35</sup> UNICEF (2000), *Innocent Digest, Domestic Violence Against Women and Girls*, No.-6-June 2000.

<sup>36</sup> Koop, Evertt. *Violence Against Women, A Global Problem*. Surgeon General of the US Public Health Service, Washington DC, May 1989.

<sup>37</sup> Kelleher Associates and O'Connnor, M., *Making the Links*, 1995. Women's Aid.

<sup>38</sup> McGee, H., Garavan, R., de Barra, M., Byrne, J., Conroy, R, *The SAVI Report: Sexual Abuse and Violence in Ireland; A National Study of Irish Experiences, Beliefs and Attitudes Concerning Sexual Violence*. Dublin Rape Crisis Centre and the Liffey Press. 2002.

- controlling behaviour by their partners;<sup>39</sup>
- In a study in a Dublin hospital in 1993, women admitted to the accident and emergency unit because of assault by male partners incurred a range of different injuries including multiple bruising, lacerations, fractures, burns and blackouts.<sup>40</sup>

Since 1995, 109 women have been murdered in Ireland.<sup>41</sup> Where cases have been tried and a conviction gained, 70% of the perpetrators were known to the woman and 47% of them were partners/husbands or ex partners/husbands. Frontline services report that many women who are seriously injured do not report to the police because they go directly to accident and emergency units in hospitals. At the same time, a number of studies have indicated that the civil and criminal justice systems are failing to keep women and children safe and to hold men accountable for their violence.<sup>42</sup> Injury as a result of physical and sexual assault was recorded in 26.4% of domestic violence call outs to Gardaí two research sites in Ireland.<sup>43</sup>

Violence against women within intimate relationships cuts across all social, cultural and economic backgrounds. For example, the national prevalence study found that there was only a difference of 1% in the numbers of rural and urban women experiencing domestic violence (17% and 18% respectively) and women from all social backgrounds experienced domestic violence.<sup>44</sup>

### **3.3 The effects of violence against women**

The effects of violence on women are multiple and varied and can vary from woman to woman. Emotional and psychological wounds can be as devastating as the physical injuries. Again the complexities of the effects are dependent on the different situations of women for instance, their socio-economic status or their emotional health. Health problems and illnesses are also an outcome of male violence against women. These can include gynecological problems, pelvic inflammatory disease, irritable bowel syndrome, skin conditions, asthma, constant headaches, back pain and in some cases, permanent disabilities. Sexual abuse and violence can lead to miscarriage, infertility and unwanted pregnancy.<sup>45</sup> In a study in the United States, women and children who experience domestic violence were found to be eight times more likely to visit their doctor than other families.<sup>46</sup>

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<sup>39</sup> Bradley, F et al, "Reported Frequency of Domestic Violence: Cross-Sectional Survey of Women Attending General Practice. British Medical Journal, Vol. 324, 2002.

<sup>40</sup> Cronin J and O'Connor M, *The Identification and Treatment of Women Admitted to an A&E Department as a result of assault by spouses/partners*, Women's Aid and St. James Hospital, 1993.

<sup>41</sup> Women's Aid, Media Archive Murder File, 2004

<sup>42</sup> Kelleher and Associates and O'Connor, Monica, *Safety and Sanctions*, Women's Aid, 1999. Kelly, L and Regan, L (2003) *Rape: Still a Forgotten Issue*, Rape Crisis Network Europe

<sup>43</sup> Kelleher and Associates and O'Connor, M. *Safety and Sanctions*, Women's Aid, 1999.

<sup>44</sup> Kelleher and Associates and O'Connor, M. *Safety and Sanctions*. Women's Aid, 1999.

<sup>45</sup> Garcia-Moreno, Claudia, Global Keynote speech at Women's Aid Conference *Casualties of Violence*, April 2000.

<sup>46</sup> Stark, Evan and Flitcraft, Anne, *Women at Risk, Domestic Violence and Women's Health*, Sage Publications, 1996.

Healing from the impact of violence and abuse can be a lengthy and complex process, particularly for women whose associated health problems can include depression, trauma, anxiety and eating disorders. The full spectrum of long term emotional, psychological and health impacts that women experience have been documented by the World Health Organisation.<sup>47</sup> One commentator, Judith Herman points out that healing from trauma cannot take place unless the basic needs of food, shelter and security are taken care of.<sup>48</sup>

Women can experience multiple forms of emotional and psychological trauma and distress as a result of violence and abuse. Low self esteem and lack of confidence is an effect of violence and abuse that is commonly experienced. Women can develop coping strategies such as disassociating themselves from their feelings and their memories of the violations, inhibiting their movements and social interaction with others and using medication or alcohol.<sup>49</sup> Emotional and psychological impacts on a woman are often treated as the problem, or as a mitigating factor in the man's violence, rather than as the result of a man's violence and abuse towards a woman. Responses which focus on the woman's emotional and psychological state, or drug or alcohol issues as the problem and not the man's violence, further compound and strengthen the power of the perpetrator and the negative impact of the abuse.

Evan Stark and Ann Flitcraft who have studied institutional responses to women experiencing domestic violence have stated that:

*“The medical, psychiatric and behavioral problems presented by battered women arise because male strategies of coercion, isolation and control converge with discriminatory structures and institutional practices to make it extremely difficult, sometimes impossible, for women to escape from abusive relationships when they most want or need to.”*<sup>50</sup>

### **3.4 The diversity of women's experiences of violence**

As international research underlines, different groups of women experience violence differently. Moane points out that women have different degrees of vulnerability and that the state may respond differently depending on a number of factors.<sup>51</sup> Below we present some of the small qualitative studies carried out on the diversity of women's experience of violence and overlapping discriminations in the Irish context.

#### ***Disabled women***

A consultation with disability equality activists highlighted a number of experiences, needs and issues for women with disabilities. These included issues such as the increased vulnerability of some women with disabilities if targeted by a perpetrator of violence and

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<sup>47</sup> World Health Organisation, *Violence Against Women: A Priority Health Issue*, Geneva. WHO, 1997

<sup>48</sup> Lewis Herman, Judith, *Trauma and recovery – from domestic abuse to political terror*, Pandora (1992)

<sup>49</sup> Lewis Herman, Judith, *Trauma and recovery – from domestic abuse to political terror*, Pandora (1992)

<sup>50</sup> Stark, Evan and Flitcraft, Anne, *Women at Risk: Domestic Violence and Women's Health*, Sage Publications, 1996.

<sup>51</sup> Moane, Geraldine, *Gender and Colonialism*, Macmillan, 1998

abuse. This perpetrator can also be the woman's main carer.<sup>52</sup>

### ***Homeless women***

Homeless women can be targeted by sexual perpetrators and may then face the additional trauma of not being believed or responded to appropriately because of their marginalised status in society.<sup>53</sup> In cases where women experience additional discriminations, there is also likely to be increased risk of isolation and lack of access to resources that may provide the woman with the possibility to take some action.

### ***Women working in prostitution***

As with homeless women, the marginal status of women working in prostitution, and the particular nature of their work, can render them further isolated by the experience of violence.<sup>54</sup>

### ***Traveller women***

Research has been carried out on Traveller women's experience of violence within intimate relationships by Pavee Point,<sup>55</sup> the Northern Ireland Women's Aid Federation<sup>56</sup> and as part of the National Women's Council Millennium Project.<sup>57</sup> These studies revealed that while Traveller women experience the same forms of violence and abuse as settled women, the options open to them in terms of accessing safety, protection and support are different. The vast majority of Traveller women who participated in these studies did not consider legal remedies as options and the need for culturally appropriate responses was highlighted.

A consultation process carried out by the National Traveller Women's Forum for submission to the Garda Human Rights Working Group highlighted the intersection of sexism and racism in the state's response to violence against Traveller women.<sup>58</sup> In particular, it is recommended that the Garda Síochana Domestic Violence Policy must be accompanied by a number of specific measures to acknowledge this intersection. In her report Fay restates the need for policies that are sensitised to racism.<sup>59</sup>

### ***Rural women***

Women experiencing violence and living in rural areas may face many additional barriers. Research in this area has highlighted a number of issues that illustrate the complexities they face. The interdependence of families in rural areas may make it

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<sup>52</sup> Wilson, N. *Violence Against Disabled Women*, Report on a consultation carried out by Women's Aid, 2001.

<sup>53</sup> O'Connor, M and Wilson, N *Experiences and needs of women living in the North Inner City who experience violence*, North West Inner City Women's Network. (To be published)

<sup>54</sup> O'Connor, M. and Wilson, N. as above citation.

<sup>55</sup> Pavee Beoirs, *Breaking the Silence*, Pavee Point, 2001

<sup>56</sup> Morton, S., *Violence on the Edge: providing effective support for minority ethnic women at risk of domestic violence*, Northern Ireland Women's Aid, 1998.

<sup>57</sup> National Women's Council of Ireland, *The Heart that Bites, Violence Against Women*, Report of the National Women's Council Millennium Project, 2001.

<sup>58</sup> National Traveller Women's Forum, Submission to the Garda Human Rights Working Group on Garda Policy and Domestic Violence Intervention, 2002.

<sup>59</sup> Pavee Beoirs, *Breaking the Silence*, Pavee Point, 2001.

unlikely for anyone to intervene to support the woman; neighbours may collude with the husband's abuse and she may experience intimidation if living in close proximity to his family; Gardaí may be friendly with the husband, therefore making it impossible for women to seek protection from them. Women may also have fears concerning the lack of confidentiality or anonymity, particularly if a service provider knows the man and his family or friends. A lack of public or private transport can make it difficult to access services. Traveller women living in rural areas may experience even greater isolation from services. Farmwomen experience particular barriers if the farm is in the man's or family's income, making barring orders difficult to implement.<sup>60</sup>

All of these studies highlight the barriers that more vulnerable women face within their own communities such as shame and stigma, fears of isolation if they moved away and pressure from their families to drop barring orders or to return to their husband.

For such women in crisis situations, the Gardaí may be the first point of contact and their individual response is vital to an effective strategy to deal with the issue of domestic violence.

### **3.5 The Garda Response**

The majority of women who seek the intervention of the Gardaí are social welfare recipients living in urban areas. The Safety and Sanctions research in 1999 found that women in Dublin were four times more likely to call the Gardaí as women in rural areas.<sup>61</sup> When women in rural areas called the Gardaí, they were twice as likely to be injured as a result of assault as women living in the Dublin area. The figures from Safety and Sanctions imply that women in rural areas are more likely to call the Gardaí in more serious domestic violence incidents. Garda intervention as a possible prevention for more serious violence is less likely to be a chosen option for rural women.

Accounts from Traveller women in three small-scale studies in Ireland indicated that some Traveller women do not see the Gardaí as a viable option for two main reasons.<sup>62</sup> Firstly, some women said that they would feel guilty for bringing the Gardaí into a site or area when others in their community had experienced discrimination at the hands of the Gardaí. Secondly, women reported that when the Gardaí were called to a domestic violence incident, they used the opportunity to check on car tax and insurance on other Travellers' vehicles in the site or estate and that the women were blamed for this.

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<sup>60</sup> Liz Power, *Towards a Community Response to Domestic Violence*, Tuam Community Development Resource Centre, 1998.

<sup>61</sup> Kelleher and Associates and O'Connor, Monica, *Safety and Sanctions*, Women's Aid, 1999.

<sup>62</sup> Pavee Beoirs, *Breaking the Silence*, Pavee Point 2001  
National Women's Council of Ireland, *The Heart that Bites, Violence Against Women*, Report of the National Women's Council Millennium Project, 2001.  
Morton, S., *Violence on the Edge: Providing effective support for minority ethnic women at risk of domestic violence*, Northern Ireland Women's Aid, 1998.

### 3.6 The Legal System

There is some evidence to show that the response of the legal system can be influenced by the status of the victim or the perpetrator. In *Safety and Sanctions*,<sup>63</sup> the researchers found that the vast majority of men who received a custodial sentence already had a criminal record at the time of conviction for domestic violence. The Rape Crisis Network of Ireland has commissioned the Legal Department in NUI, Galway to undertake a three-year attrition research project on cases of rape and aggravated sexual assault. It is hoped that the outcome of this research will demonstrate why we experience the highest level of attrition in such cases compared to nineteen of our European neighbours and make recommendations on the said rate.<sup>64</sup>

### 3.7 Violence, Poverty and Economic Abuse: a ‘double ‘burden’

There is no evidence to show that women living in poverty in Ireland are more likely to experience domestic violence. However, there is evidence from elsewhere that women on social welfare may experience higher than average rates of domestic violence.<sup>65</sup> Whether women on adequate, independent incomes are less vulnerable to men’s violence than women living in poverty, or whether they simply have more options and are therefore able to leave earlier, is an area that needs further research. *Making the Links*, the national prevalence study in 1995, documented the economic and social background of the 18% of women who said they had experienced violence and abuse within an intimate relationship. Of this percentage, there was no evident pattern of a relationship between social class and prevalence and the study found that violence and abuse from men towards female intimate partners had no relation to education.<sup>66</sup>

The literature produced in Ireland and overseas points to a clear relationship between women’s experience of violence and economic abuse. In other words, control and access to financial resources, household budgets and disposable income can be a source of abuse. In *Silent no More*, eight women who had experienced domestic violence documented their experiences of violence and abuse and the impact that leaving the violent relationship had on them. All of the women had experienced some form of economic abuse from their husbands.<sup>67</sup>

In *The Making the Links* study, the majority of women identified material barriers as amongst the main reasons why they could not leave their violent husbands:

- 88% of women said that one of the main reasons that they did not leave was that they had nowhere to go;
- 77% of women said they did not leave because they were financially dependent on their abuser.

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<sup>63</sup> Kelleher and Associates and O’Connor, M. *Safety and Sanctions*, Women’s Aid, 1999.

<sup>64</sup> Kelly, L. and Regan, L. *Rape – The Forgotten Issue? A European Research and Networking Project*, London. CWASU. (available through [www.cwasu.org](http://www.cwasu.org))

<sup>65</sup> Gurr, J., Mailloux, L., Kinnon, D., and Doerge, S., *Breaking the Links Between Poverty and Violence, A Resource Guide*, Family Violence Prevention Division, Health Canada, 1996.

<sup>66</sup> Kelleher Associates and Monica O’Connor, *Making the Links*, Women’s Aid, 1995.

<sup>67</sup> Mulvey, C. O’Neill, A. Rooney, I. Ryan T. and Yousfi, C. *Silent No More; the experience and support needs of women who have left abusive relationships*, Women’s Aid, 1994.

Poverty and lack of access to resources compounded by rural isolation was found to be a key barrier to women living in rural areas.<sup>68</sup>

Women's participation in paid employment is also affected. This can be as a result of the perpetrator intentionally targeting the woman's paid work or as a consequence of the violence and abuse that the woman has experienced. Such tactics have a very negative impact on women's employment, Women may report:

- Being prevented from going to work
- Missing days from work
- Ongoing health problems
- Being harassed in the workplace by men
- Being emotionally stressed<sup>69</sup>
- Choosing safety over work.<sup>70</sup>

It is evident that violence can impact hugely on women's ability to gain economic independence and security for themselves and their children. The risk of impoverishment in the post-separation period can also be a deterrent for many women leaving violent relationships.<sup>71</sup> As we know, women headed households are at greater risk of poverty in Ireland today.<sup>72</sup> However, it is also the case that on leaving abusive relationship women can report feeling 'rich' because they control their income for the first time.<sup>73</sup>

In conclusion, despite an increase in research, documentation and analysis on the relationship between violence against women and women and poverty, there is still a deficit of information in Ireland. There are many dimensions to the issue of poverty and economic abuse both in terms of identifying particular vulnerabilities and providing assistance in times of crisis. In the longer term, addressing the prevalence of violence against women in Irish society must take serious account of that relationship between poverty and violence against women. In turn, we need to explore and document how this relationship impacts on women who are further on the margins of Irish society or, for instance, belong to ethnic minority groups.

The next section will address aspects of that relationship from our research findings.

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<sup>68</sup> Liz Power, *Towards a Community response to Domestic Violence*, Tuam Community development Resource Centre, 1998.

<sup>69</sup> Women Battering, High Costs and the State of the Law, Joan Zorza, 1994, Clearing House Review, Special Issue, Vol.28 No 4.

<sup>70</sup> Brush, L.D., *Effects of Work on Hitting and Hurting, Violence Against Women*, Volume 9, No. 10, October 2003, Sage Publications

<sup>71</sup> Kelleher Associates and Monica O'Connor, *Making the Links*, Women's Aid, 1995.

<sup>72</sup> Nolan, Brian & Watson, Dorothy, *Women and Poverty in Ireland*, Combat Poverty Agency, 1999.

<sup>73</sup> Mulvey, C. O' Neill, A. Rooney, I. Ryan T. and Yousfi, C. *Silent No More; the experience and support needs of women who have left abusive relationships*, Women's Aid, 1994.

## SECTION 4

### OUR RESEARCH – THE WOMEN’S VOICES

#### **Introduction**

In this section we present our findings from research. Firstly, we profile the women who were interviewed and whose cases were reviewed. The nature and affects of the violence women experienced is described with a particular focus on the impact of economic abuse. Secondly we discuss women’s experiences of accessing support from both the voluntary and statutory sector including health services and the Gardaí.

The research draws a distinction between the form of the violence experienced by women and the nature of the impact. This distinction will highlight the different responses required. The emphasis is on the economic impact since the main focus of this research is an exploration of the relationship between poverty and violence against women within intimate relationships.

#### **4.1 Profile of participants - Interviewees and Case Studies**

For this research a total of forty seven cases were reviewed and ten women were interviewed. The background information that is presented here was not available for all of the women that were interviewed.

The majority of women whose cases were reviewed were in the 18-35 years age group. However, the actual age span of service users is of course wider. The youngest woman to contact the services was twenty and the oldest was in her seventies.

The majority of women were married (forty), nine were single and seven divorced. In one case marital status was not recorded. Fifty four of the women had children ranging in ages from a few months to adulthood. In fourteen cases there were reported or recorded concerns about child abuse. In nine cases the Health Board (Health Services Executive) was involved and in four cases the Health Board (Health Services Executive) had taken children into care. In terms of location, twenty four women were living in a rural area and thirty-two lived in an urban area. In one case this information was not recorded

In terms of accommodation, nineteen of the women shared ownership of the home while seven were renting from the private sector and eleven from the local authority. Ten women were in other accommodation, four of which included mobile homes. The living arrangements for ten of the women were unknown.

Information on women’s ethnic origins is not kept by frontline services. Although the country of origin is recorded in the case reviews, such information is not included in this report in the interests of confidentiality. No refugee or asylum seeker women were interviewed for this research. However, in three case reviews women were identified as such.

### ***Economic Status***

Six women were working part time, mostly in the services sector. Another six women worked full time, mostly in professional areas. For example, two women were health professionals, one woman worked as a teacher and another woman worked in the voluntary and community sector. One woman ran her own business on a seasonal basis and another woman worked full time in the family business.

In identifying the economic status of the women that were interviewed, we recorded their status at the point at which they sought to leave, or left, their husbands or partners. In interviews the women talked about changing economic circumstances throughout their relationships. For example, four of the women had both worked and been dependent on social welfare payments when still with their partner or husband. The Traveller women that were interviewed, or whose cases were reviewed, were all dependent on social welfare.

### ***The women's relationship to the perpetrator***

In all but two of the cases, the perpetrator was either an existing or an ex partner of the woman. Fifty one women were abused by existing spouses or partners while six women were abused by an ex partner or spouse. Two women reported being abused by more than one perpetrator. One woman was abused by her husband and a partner in a subsequent relationship. Another woman was abused by her partner and her partner's family. One woman was being abused by her brothers. Twenty six of the perpetrators were employed and their occupations ranged from solicitor, ship's captain, labourer, businessman, farmer, university lecturer to taxi driver.

## **4.2 The Violence experienced by the women**

All of the women that were interviewed or whose cases were reviewed experienced multiple and overlapping forms of violence. These included physical violence, threats of physical violence, sexual violence, sexual coercion, emotional and verbal abuse, economic abuse and intimidation. A description of the different forms of violence that the women experienced is outlined below.

### ***Physical violence***

In forty one out of forty seven case reviews, women had experienced different forms of physical violence. These included:

- Being beaten all over the body with a lump hammer;
- Being kicked and assaulted while pregnant;
- Being tied to a chair with an electric wire and beaten;
- Attempted strangulation;
- Bashing the woman's head off the floor.

### ***Threats of violence***

Women also described ongoing threats of violence from partners and husbands:

- Digging a grave and telling the woman she would be in it soon enough;

- Consistently threatening to have the woman killed and having her followed by unknown men in cars;
- Smashing up the house.

### ***Risk of serious injury or homicide***

Many women were at real risk of serious injury and/or homicide. The workers in the frontline services and the researchers identified known risk factors in nineteen of the case reviews and for four of the women interviewed. Women identified fear of being killed or serious injury as one of the reasons why they did not leave the perpetrator.

### ***Sexual violence***

In eleven of the case reviews documentation of the women's experience of sexual violence was included. Some of the experiences described were of an extremely violent nature. Women referred to the experience of sexual violence and coercion briefly, while more explicit details were documented in the case files. Women will not disclose such details until they have built up a trusting relationship with a key worker. In two cases women reported that their husbands repeatedly and over many years attacked their breasts and genitals.

### ***Emotional abuse***

Workers in the frontline services reported that emotional abuse is present in every case of domestic violence. However, it may not be recorded in a case file because it may not be the presenting issue. In all of the interviews women reported ways in which they were emotionally abused:

- Being constantly put down, told they were "no good" and that they were to blame for everything that went wrong;
- Being rejected by their partner and told they were ugly and undesirable;
- Being constantly told they were mad;
- Being told that they were no good as a mother;
- Husbands and partners having open affairs with other women, sometimes bringing other women into the house.

### ***Economic abuse***

Regardless of their economic status, women commonly experienced economic abuse at the hands of their husbands or partners. In twenty of the case reviews, and in eight out of ten interviews, women reported that the perpetrator targeted money and access to other resources as a form of control over the women. This was not only used as an abusive tactic but was intended to benefit the perpetrator. Tactics used by perpetrators included:

- Giving up work and insisting the woman work to provide for the family's needs and his social life;
- Giving up work when he moved in with the woman or at some stage during the relationship, taking the woman's income for his own use while contributing nothing or very little to the family;
- Claiming social welfare for the family and handing over insufficient money to the woman for household necessities;

- Insisting the woman account for everything she spent;
- Refusing to pay for medical treatment for a child;
- Running up rent arrears and not paying bills resulting in services being cut off;
- Forcing the woman to hand over social welfare payments or earned income;
- Preventing the woman from getting a job by telling people who called to arrange an interview that she did not live there;
- Refusing to do childcare therefore making it very hard for the woman to work;
- Not contributing anything to the daily living expenses for the children or household expenses when the woman was on split payments;
- Expecting the woman (who was working) to cover all household expenses while the perpetrator kept his income for himself;
- Giving little or no income to the woman working in a family business.

*“I didn’t realise it at the time but looking back now I can see that that was probably what he wanted. I paid all the bills and bought all the things we needed. He was out all the time socialising and drinking. He was probably happy to have me at home taking care of the house and paying for everything.”*

*“I got a part time job waitressing in the town. He was supposed to mind the children but he never came home. I had to pay a local girl to mind them. I was working really hard to balance the demands of my employer and being a parent. He didn’t contribute in any way.”*

Women who had a history of work before they were in a relationship experienced a drop in living standards because of the perpetrator’s appropriation of their income or because he did not contribute to family expenses.

*“I let my partner move back into the house after a period of separation. He gave up his job and started to claim social welfare for himself, the children and me. This meant I had to give up my Lone Parents Allowance, which I had accessed when I was apart from him. He never gave me anything. He used most of the money for himself and bought some food for the house. I know for a fact that he had about 600 euro before Christmas because his parents sent him money but he gave me nothing. I bought one present for each of the children with the domiciliary benefit I got for my daughter. “*

Women’s experience of economic abuse was sometimes further compounded by poverty and a lack of information. Examples of this included women being ill-informed about their social welfare entitlements and being unaware of the possibility of getting split payments. The man received all of the social welfare payment for the family and controlled all expenditure, often giving little or none to the woman. Even if the woman did know about split payments the uneven distribution of social welfare payments between men and women was considered unfair.

*“I don’t understand how my husband gets €147 for himself and I only get €182 for the me and the three children. I have to pay for everything. When women have children they should get at least a €20 top up to buy things like nappies, cream and formula. Its not manageable on what I get. I am always having to borrow*

*money to survive and he goes out drinking on his.”*

### ***Obsessiveness and jealousy***

In both case reviews and interviews, women reported that their partners or husbands were possessive and obsessively jealous. The following examples illustrate this:

- Not letting the woman out of the house to see anyone;
- Stalking and harassing the woman by constantly ringing her house;
- Constantly accusing the woman of having affairs and flirting with men.

The woman that was being constantly stalked by her ex partner described how he rang the house forty eight times in one day.

### ***Fear of further violence***

Ending a relationship does not mean ending the violence. In six of the case reviews and three of the interviews, where women had left their abusive partners or husbands, the women remained in fear for their lives. Case reviews reported women being terrorised, fearful and always looking over their shoulder. Children too were often terrorised by the perpetrator. In all cases where there were ongoing threats from the perpetrator to harm and/or kill the woman, workers in the frontline services assessed that the women were in danger of further violence, serious injury and possibly homicide. One woman can never be alone because of the threat her husband poses to her.

*“I hope for a day when I can get in my car and go for a drive and a walk on my own and not be looking over my shoulder. I cannot be on my own for the moment and I love solitude and to take off by myself. I don’t know if the day will ever come when I can do that.”*

### ***Isolation, loss of community and restriction of movements***

Women talked about how the isolating nature of the abuse impacted on their ability to socialise, communicate and mix with others in their community. While sometimes the perpetrator directly prevented them from engaging in community life, they were also prevented from doing so by the shame they felt about the situation and by the emotional and financial impacts of the violence and abuse. Four of the women that were interviewed left their communities to get away from the perpetrator. However, for some women, particularly rural women, a lack of public transport is a major barrier to their gaining access to support or information services. It can also prevent them getting away from the perpetrator to a place of safety.

For rural women the isolation can be very acute. Some decide to leave the perpetrator and move away from their community. Staying in the area is not always an option due to experiences or fears of being socially ostracised. While women experience isolation and the loss of their community, the perpetrator, on the other hand, often may have a lot of community support. Gossip and criticism from neighbours and family can give rise to women wishing to leave their community. They can also act as a deterrent to the women leaving.

*“I had to get away so I rented a house in the town. When I was with my husband, I had a lovely house overlooking the sea. I loved living there but I have lost all of that now. I am afraid to go for a separation to get the house because I know it is*

*the one thing he will really fight for. I don't think I will live there again"*

Women also experienced a restriction in their movements. Sometimes, this was imposed by the threat of further violence from the perpetrator but sometimes it was because of the fear, shame and trauma that was associated with a particular place. For example, one woman cannot go back to a town because of the vicious nature of the violence she experienced from her ex husband there. Another woman that got a barring order against her husband cannot sleep in the bedroom because of the sexual violence that she was subjected to in that room.<sup>74</sup>

The following cameos from the case reviews illustrate the nature and severity of the violence and abuse that women were subjected to. They also demonstrate the overlapping nature of the violence and the abuse.

Mary was physically assaulted by her partner while breast-feeding. The primary form of abuse she experiences is extreme possessiveness, obsession and jealousy. He has stalked and harassed her constantly since she left him. His abuse results in sleep deprivation as he calls all the time. He called her forty eight times in one day. She has changed her phone number three times and each time he gets it. She is very scared of him.

Pauline experiences emotional and verbal abuse from her husband. He calls her abusive names. He has always had affairs with other women and when she was pregnant he brought other women home. He goes to a sex tourism location a number of times each year. Pauline developed a medical condition, which is quite incapacitating and since then he has completely controlled her. She is financially dependent on him as she had to give up work and he controls all of the money. He will often go shopping and get what he wants but never gets her what she needs. She feels completely trapped and controlled.

Clare's husband was extremely physically and sexually violent from the beginning of their marriage. The levels of sexual violence were horrendous. It started on their wedding night and Clare did not know if this was normal or not. He also tried to kill her. He had a high lifestyle and insisted she work to fund this. All of the money she made was used for food and all of the money he made he kept for himself. Clare left and came to the refuge because she thought he was going to kill her.

Jane's husband is very intimidating. He bangs things, screams at her and doesn't give her money. He physically assaulted her and she is totally exhausted, as he doesn't contribute anything to childcare. She is terrified about the possible economic consequences if she leaves him.

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<sup>74</sup> The experience and needs of children witnessing and experiencing domestic violence and of women as mothers is outside the remit of this research. However the researchers recognise that that the impacts of domestic violence on children can be long term, deeply felt and of a devastating nature. For women, these impacts can be some of the most difficult for them to deal with. Some frontline organisations have developed specific responses to children, however this is an area that is grossly underfunded in Ireland.

### **4.3 The effects of the violence and abuse**

As illustrated above, the levels and forms of the physical and sexual violence that the women experienced were often severe. Such violence impacts severely on women and the consequences include obvious physical effects, such as injuries, to psychological effects such as shame and stigma, low self esteem, depression and alcohol addiction.

Injuries as a result of physical violence were recorded in ten of the case reviews and were judged to be severe in three of these cases. One woman had bruising all over her back to such an extent that her skin was completely black. Another woman sustained serious bruising, burns and fractures and another woman almost died when her husband tried to strangle her.

The most common impact reported by women was the shame and stigma associated with the violence. They felt ashamed of what had happened to them and blamed themselves in some way for the violence and the abuse of their husband or partner. Frontline service workers acknowledged that such feelings were amplified for professional women who had jobs and status in their community. Such women often went to great efforts to prevent anyone knowing about the violence. Feelings of shame and stigma can also be amplified for rural woman living in a small community, in addition to the difficulties they face in disclosing or in seeking support or protection.

Specific health impacts that were recorded included skin conditions, hair falling out, illness as a result of eating disorders and chronic pain exacerbated by stress. In one case a woman developed an eating disorder and was hospitalised as a result. Four of the women interviewed reported that they experienced depression. Depression was not recorded as an impact in many of the case reviews. However, it may be that it is only noted as an impact when a woman has been diagnosed with depression by the medical profession. Workers in the frontline services were careful to stress the importance of not labeling a woman as depressed, recognising that that feeling stressed, distressed, depressed and sad are normal reactions to violence and abuse and to the ending of relationships and marriages.

In two of the case reviews and one interview, women used alcohol as a way of coping with the impacts of violence and abuse. They had developed an addiction as a result. In all cases, the woman's alcohol addiction was used against her by her partner/husband and was also seen as the problem by some professionals when the woman was seeking help

It is evident from the above section that all of the women that were interviewed, or whose cases were reviewed, experienced multiple and overlapping forms of violence. These included physical violence, threats of physical violence, sexual violence, sexual coercion, emotional and verbal abuse, and economic abuse. The effects of such abuse impact severely on the women. Since the focus of this research is on the relationship between women's experience of violence, poverty and economic abuse, the dynamics of this relationship and its effects is discussed in more detail below.

#### **4.4 Poverty, Economic well-being and Violence**

When women left violent men, the change in their economic circumstances varied. Tracking women through the various stages of their experiences of violence indicated how their economic status pre-separation did not change, either in the period immediately post separation, or at a later stage when they participated in the research.

It is important to note that not all case reviews contained information on economic impacts. However, the women that were interviewed and the workers in the frontline services confirmed that in almost all cases, women experienced economic hardship. Economic impacts were recorded in nineteen case reviews and for nine of the ten women that were interviewed. Such impacts involved having to give up work, continuously struggling on social welfare to pursuing employment options.

##### **4.4.1 Giving up work**

Two women whose cases were reviewed and four women interviewed had to give up work because of their husband's violence and abuse. In all cases this resulted in hardship and in most cases economic deprivation. Women reported that they were unable to provide for essential needs, either for themselves or for their children, and spoke of the stress they experienced as a result of this.

*“I am stressed all the time. It makes me feel as if I have nothing to live for, nothing to look forward to”*

One woman had to give up work when her partner came back to live with her after a period in prison. While he was in prison, his family minded the children when she was working. However, once he was out of prison they expected him to mind the children and he refused to do this.

Three women that were interviewed had to give up their work as a result of leaving their husbands. One woman gave up her share in the business and moved away from her area. She accessed a lone parent payment and got rent allowance. The experience of having to survive on this money was a constant struggle. Two women gave up work because they had to leave the community where their work was located. Six of the women that were interviewed lost their home as a result of having to leave their violent partner.

##### **4.4.2 Struggling on social welfare**

For women who had been accessing social welfare payments in their own right, their experience of poverty and struggle continued after separating from their partner. Some women were forced to hand over all, or some of, their payment to the perpetrator pre separation. In such cases some of the women's economic situation improved. However, the income they received was still inadequate to meet the needs of the family. In other cases, women experienced increased deprivation because their partner or husband did make some financial contribution to family costs prior to separation. One woman who was in receipt of a disability allowance along with her husband did not experience economic abuse from her husband. Although she had experienced some forms of structural poverty such as lack of adequate accommodation and no access to education, she reported that she always had access to an adequate income.

Two of the women reported that they had more control over their income because they were away from their perpetrator. One woman found it harder to cope financially even though her husband had rarely contributed to the family. In her new situation she was away from her network of family and friends whom she could rely on for loans.

Of the six women who worked when they were with their husbands or partners, five of them ended up dependent on social welfare payments in the immediate aftermath of separation. All experienced economic hardship and deprivation as a result. One woman worked in the family business but never had access to the income derived from it. Post separation, she relied on her family for help and a small stipend from the business.

At the time of interview five of the women were in a refuge and all of these women were on social welfare payments. The other five women were living in private rented accommodation or in transitional housing. All but one of these five women had part time jobs and reported that being able to work while remaining on lone parents payments had given them a more adequate income. The four women reported that they have little money for extras. However, they do not experience the level of hardship and deprivation that those women relying entirely on social welfare do. One of the women who worked before separating from her partner is still living on social welfare and has fears about how she is going to survive long term on this.

#### **4.4.3 Paying of maintenance**

When ex husbands or partners paid maintenance regularly, the economic situation obviously improved for the women. However, while eight of the women had dependent children, only one received regular maintenance payments from her ex partner. Four received no payments and two received irregular payments. In this way, abusive men and partners continued to exert economic control and use economically abusive tactics against their ex wives and partners.

#### **4.4.4 Future employment prospects**

As highlighted in the findings above, women struggling on social welfare saw the possibilities of work as a way out of poverty. Of the ten women that were interviewed, four wanted to work and said that they would prioritise getting a job in the immediate future. Women saw work not only in terms of creating economic well-being but also in terms of creating mental wellness. Two of the women said that working would help to overcome the effects of domestic violence.

*“I really miss work and ended up losing my job because my partner would not mind the children. I had to go back on lone parents. My main priority when I get back to \_\_\_ is to get a job. I have been for two interviews for CE jobs but did not get either. I can only go for CE because I have no childcare for the children. If I could get the children minded I would go for a factory job right away. The money is good and I love working. I hate being in the house all day thinking of everything that has happened. It gets in on me and makes me depressed. When I am working I don’t have to be thinking about it all the time and I am making enough money. All I want so to get a job so that I can do up my house nicely and get things for the children that they need.”*

All eight of the women that were interviewed and working, or saw themselves working in the near future, had a history of employment and were settled women. The two Traveller women did not see themselves working in the future. One was in her sixties and had worked as a young woman and the other woman wanted to stay at home and parent her three children full time.

Women with no childcare needs saw no problems in accessing employment in the future - other than a lack of suitable jobs. In terms of support to access work again, one felt that she would need substantial emotional support to overcome the impacts of the violence and abuse. Two women with young children saw lack of childcare as the most significant barrier preventing them from accessing or keeping employment. One woman was reluctant to look for work as she felt she needed to be with her children as much as possible to minimise the detrimental effects of their father's access to them.

#### **4.5 Support and Information: what works and what doesn't?**

The research sought to establish women's experiences of accessing supports within the voluntary and statutory sector. This section focuses on the voluntary sector, namely the frontline services and women's experiences of accessing information and levels of community supports. In terms of statutory agencies, women's experience of the Gardai, the legal system, Health Boards (Health Services Executive) and the mental health services is discussed.

##### **4.5.1 Accessing frontline services**

Women highlighted a number of key factors that they found to be particularly important in terms of support from frontline staff. These included the workers having an understanding of their situation, their non-judgemental attitude, and their support role in terms of providing information, safety and accompaniment to court. The importance of a trusting relationship with a worker is crucial in supporting women who have been abused. The women experienced this consistently with frontline workers even if they had contact with more than one worker in the service.

In the findings a number of factors emerged which can influence women accessing services. Workers in frontline services reported that feelings of shame and stigma are particularly strong among middle class women and can act as a deterrent to disclosure and to these women accessing support services. Women experiencing poverty are more likely to have contact with state services and with voluntary and community groups who in turn may facilitate disclosure or at least refer them on to the frontline services that are available.

Annual figures from the five frontline services, and an analysis of case files for new admissions for one month in 2002, reveal that the majority of women accessing frontline services in Galway and Mayo come from economically disadvantaged backgrounds. Figures from Waterside House for 2003 show that 45% of the women that were admitted to the refuge were settled Irish women, 49% were Irish Traveller women, 2% were asylum seekers and 3.5% had refugee status. 84% of the women were dependent on social welfare and only 6% of the women were waged. These figures clearly demonstrate

that in Galway refuge is an option chosen largely by women who are economically disadvantaged and/or belong to the Traveller community.

While evidence suggests that a greater diversity of women access outreach services, the provision of safe, supported, crisis accommodation in the form of a refuge is still a vital option for the most marginalised of women who have no other options. Workers from MWSS estimate that 25% to 30% of their clients come from middle class/professional backgrounds. The outreach nature of these services has clearly met the needs of many rural women. While fears about confidentiality, safety and anonymity may be greater in a rural area, it is clear that when women are confident the service will protect them in these regards, they come forward to disclose and seek support, information and advocacy.

The need to develop appropriate outreach and information services for Traveller women was highlighted by frontline workers. Traveller women are disproportionately represented in Waterside House since they are less likely to choose legal remedies. A number of additional barriers were identified for asylum seekers and refugees. These included immigration policies that do not regard the threat of sexual violence in a woman's home country as a valid reason for seeking asylum. Waterside House, MWSS and MRCC reported a drop in the number of women refugees, asylum seekers or migrants contacting their services from 2002 to 2003. The reasons for this are unknown.

Frontline services have a unique role to play in that their services combine advocacy with ongoing emotional support and education. They work to undermine the impacts of the abuse and support women to see the reality of their husband's or partner's behaviour. Their core purpose is not only to support the woman and to acknowledge what she has experienced but also to undermine the intention of the perpetrator who has sought to blame the woman, undermine her, degrade her and ultimately have complete control over her. This educational/consciousness raising role with women is a central element of the work of frontline services and part of what makes them unique as a response to violence against women.

*“The service was able to describe it for me. They knew it all before I knew it myself, it all fell into place then. They really understand and know what it is all about. That was the most helpful thing they did for me, help me understand what was going on and I began to realise that it was not my fault and that no matter how I tried I was not going to change him.”*

*“The fact that he does not know who they (workers accompanying woman to court) are gives me more power when I go to court. I can see him looking at them and wondering who they are. He stays away from me in court and keeps his head down.”*

#### **4.5.2 Accessing information on rights and entitlements**

Workers in the frontline services reported that many women were unaware of information regarding social welfare entitlements. Having access to information regarding supplementary welfare, carer and lone parent payments was vital since it was a significant factor in enabling some women to leave their partners. Of the women who returned to work, continuing on lone parents payments was a very important security net

as all of them were in part-time work and four of them on short-term contracts. Women spoke of their specific experiences in relation to accessing information on welfare entitlements, as illustrated below:

- Not being informed of the possibility of getting split payments;
- Being told by a Community Welfare Officer (CWO) that she would have to come back with a protection order before he would give her a payment;
- Being told she was not eligible for a payment because she had ‘a grand big house’ to live in and didn’t need help from the state.

However, in Mayo women have fewer problems accessing their welfare entitlements. The workers at MWSS consistently advocate with, and for, women and work on their relationships with CWOs. This has resulted in the practice gradually improving.

#### **4.5.3 Community supports**

The positive and negative roles that a community can play, in both supporting a woman experiencing violence and inhibiting her from leaving a violent relationship, was clearly illustrated in the findings.

One of the women that was interviewed described how her participation in a community development and enterprise course enabled her to leave her husband. The most helpful elements of the course were the personal development component and the support and friendship from the other women. Her participation was aided by a weekly payment of £35 along with childcare and travel expenses.

On the other hand, the lack of community supports for abused women was also highlighted. Community silence and collusion were identified by two of the women as some of the main barriers to their leaving a violent husband or partner. All of the women talked about feelings of shame or embarrassment. Four of the women said they did everything they could to hide the fact that they were being abused as they felt that they would not be believed. When asked what they would like to change in the response to violence against women, these women named community support for abused women and condemnation of the perpetrator as the primary areas that needed to change.

*“I never told anyone. I didn’t think they’d believe me. He was so popular with everyone, they thought he was fabulous. He’d do anything for anyone in the community but nothing for the children and me. Now I wish I had spoken out. If there had been just one person who said that what he was doing was wrong it would have made a difference.”*

The lack of public transport was also identified as a barrier for rural women preventing them from accessing support and enabling them to leave a violent relationship

#### **4.5.4 Response from the Gardaí**

Our findings indicate that women’s experiences of Gardaí responses are mixed. One woman had a positive experience because the Garda in question took her case seriously, advised her of her rights and called back to her three times to check on her safety. Another woman felt that at first the Garda did not take the situation seriously. However,

later he recognised the danger she was in and responded immediately to any calls. In four of the interviews an inadequate Garda response was identified and the response prevented the women from accessing safety. The women's negative experiences of dealing with the Gardaí included them:

- Taking a long time to come to the scene;
- Refusing to take a statement from a woman and an adult child who was a witness to an abusive incident because the man was not present;
- Not arresting a perpetrator or offering to take the woman and children to a place of safety even though the perpetrator had broken a door and threatened the woman and her children.

The majority of women (9) who sought Garda intervention were from urban areas, six were dependent on social welfare and four women were waged. In nine out of the twelve cases where women called the Gardaí, no action was taken against the perpetrator. In three cases, the men were arrested and charged. Two of the perpetrators received a custodial sentence and one was released on bail. There was no evidence to suggest that the women's social class or background impacted on the response of the Gardaí.

As highlighted in the last section, rural women face additional barriers in their contact with the Gardaí. The lack of numbers of Gardaí in rural areas can also result in less protection for women. It can create a barrier to them getting court orders as the women know there will be no regular Garda presence to enforce the order should the perpetrator break it. Workers from the frontline services reported that the lack of anonymity prevents some women from reporting to the Gardaí or seeking their intervention during a violent episode. Such barriers also affected women from economically advantaged backgrounds. Only four of the women who were waged sought a Garda response. According to workers, the shame and stigma that women perceive that Garda intervention will bring to their family is a greater deterrent for middle class women. Such intervention can often be quite public with squad cars and uniformed officers calling to the home.

Overall, workers in some of the frontline services felt that the response of the Gardaí had improved. We suggest that a larger study tracking the response of the Gardaí over a greater period of time would be needed to ascertain whether or not the response of the Gardaí was affected by the socio-economic status of the victim and/or of the perpetrator.

#### **4.5.5 Legal options and socio-economic status**

Access to legal representation is a significant issue for women who seek to avail of a legal remedy and is very much dependent on economic resources. In two of the interviews and in two of the case reviews it was reported that women who had access to economic resources, either of their own or through family support, were able to pay for a private solicitor and able to access legal remedies with greater speed.

For those women on low incomes who rely on legal aid, waiting times for an appointment for a separation varies between ten to twelve months in Galway. In Mayo there is a waiting time of two to three months. Farm women are often not in a position to access legal remedies such as barring or safety orders as the perpetrator could continue to work

around the family home, thus leaving the woman in a vulnerable and dangerous situation. Legal remedies were sought by twenty of the women whose cases were reviewed and by six of the women interviewed. In terms of economic or social status, it was not evident that there was any significant difference in applications for court orders. An equal number of women living on social welfare and who were waged sought the intervention of the courts through court orders. Hearings for court orders under the domestic violence legislation are *in camera*. This protects the confidentiality and anonymity of women seeking protection through the courts and acts as a factor in women's decision to pursue a civil remedy. Six women on social welfare and seven women who were waged sought protection and barring orders.

It is evident from the findings that the legal options for women experiencing violence are very much dependent on their economic circumstances.

#### **4.5.6 Health Boards (Health Services Executive)**

Workers in the frontline services expressed concerns at the response of the Health Board (Health Services Executive) to child protection issues, their understanding of the impacts of violence and in assessing the risk to the woman when taking action against the perpetrator. While one woman had a very positive experience of the Health Board (Health Services Executive) and found the childcare worker very supportive, another woman had grave concerns for her children's safety and tried numerous times to access protection for them.

*“My ex husband has been diagnosed as paranoid schizophrenic. He has threatened to kill the children a number of times and has told people, including a judge in court that the children would be better off in heaven than with me.”*

Despite this serious risk to the children's safety, the perpetrator in this case was granted supervised access to his children every fortnight. His sister supervises the access and the woman does not believe that she could protect her children if her ex husband decided to do anything. While the judge ordered that the perpetrator must be on treatment if he is having access to the children, no one is monitoring the situation or the level of risk to the children. A child psychologist recommended a risk assessment be done but to date none has been carried out. The woman is terrified that her children are going to be harmed or murdered by their father. Despite this fear, she has to force them to go on access every fortnight although they are clearly distressed when they do. She has pleaded with the Health Board (Health Services Executive) to take action but they have not responded. She is going to court for the seventeenth time about this case to try and get the access stopped.

While frontline workers recognise that there are examples of good practice among individual Health Board (Health Services Executive) employees they believe the organisational approach leaves a lot to be desired. They believe that, by focusing simply on child protection issues, the Health Board (Health Services Executive) often exposes women who are victims of violence to blame for not protecting their children. The woman is the primary target of the perpetrator and the lack of understanding of the protection needs of the women among Health Board (Health Services Executive) employees was expressed as a cause for concern.

The case reviews also highlighted incidences of women asylum seekers being referred to services, which were culturally inappropriate for them such as a male doctor for a physical examination after an assault. A lack of understanding on the part of Health Board (Health Services Executive) employees of the trauma they may have experienced in their own countries, or in transit to Ireland, was also raised along with the need for trained interpreters for women who do not speak English

#### **4.5.7 Mental health services**

In two interviews, responses from the mental health services were raised. This focused on the issue of inappropriate referrals to psychiatric services from GPs and hospitals. For example, one woman said:

*“I went to my GP for help and he wanted to refer me to a psychiatrist. I said there is nothing wrong with my head; I don’t need fixing I just need someone to talk to. Needless to say I didn’t go and now the refuge has given me a referral to a counsellor which is what I always wanted.”*

In another case, a psychiatrist never asked a woman who had a severe eating disorder and had become alcoholic whether abuse and violence was an issue. She had developed these disorders within the last four years of a twenty year marriage in which her husband had been violent and abusive throughout. Eventually one psychiatrist asked her had she been abused and that was the start of a way out of the relationship for her.

#### **Conclusion**

The findings presented in this chapter, albeit based on a modest research framework, highlight the overlap of poverty, violence and the impact of economic abuse on women. The stories told by the women themselves illustrate clearly how control over resources can be a form of abuse and is common where violence is taking place. In addition we have seen that there is a relationship between socio-economic status and the options that a woman faces in responding to or dealing with violence. Again our research data set is modest but the trend emerging is clear. We now need to look at how our findings can be used or inform the response of community and other organisations to violence against women.

## SECTION 5

### A COMMUNITY RESPONSE TO DOMESTIC VIOLENCE

#### **Introduction**

This section will now focus on the role for community organisations, specifically the role of CDPs in addressing issues of violence against women in their work. It is clear from previous chapters that this issue requires multi-agency, integrated and community level responses. A number of findings from this research have particular implications for CDPs in terms of how they can respond. The roles discussed include facilitating disclosure and referral, awareness raising, training and education and policy work. There is great potential for collaboration between frontline services, CDPs and other organisations working to combat violence against women. We have identified seven possible roles for CDPs that can be informed by the need to specifically address issues of poverty, impoverishment and economic abuse when dealing with violence against women at a community level.

#### **5.1 Facilitating disclosure and referral**

Facilitating disclosure is the first step in creating access to frontline services. The CRDVN has been working to create conditions to facilitate disclosure. These include providing transport for isolated women, ensuring women have money to access legal aid and providing emergency funding in crisis situations. Since CDPs already provide information and advocacy for women in such situations, this role could be further explored in order to target women experiencing violence. This could open up an access route to facilitate disclosure and referral to frontline services. (See Appendix I for a more detailed outline of the necessary conditions for effective responses to women experiencing violence). Because access to services is so vitally important for women experiencing violence, facilitating access to the frontline services should be the primary response of CDPs.

#### **5.2 Supporting the development of outreach services**

All of the frontline services recognise that there are women who cannot access their services, particularly rural women where there is no outreach, Traveller women, asylum seekers and refugees, migrant women and women with disabilities. Where there is a well-developed service in the county, CDPs could work in partnership with the frontline service towards developing appropriate outreach responses in their areas. The outreach response should not be merely to provide support to women who come forward, but should also be focused on making the issue of violence against women visible. This would involve them in the vital work of creating the conditions for disclosure. Campaigning for better rural transport is also key to facilitating improved access to services for women.

#### **5.3 Creating awareness of violence against women**

CDP's already have a clear remit in relation to education. They could address the issue of violence against women as part of their development education programme with the aim of raising awareness and building condemnation of violence against women as a human

rights abuse. A key challenge for CDPs would to:

- Make visible the violence and abuse some men inflict on their intimate partners;
- Communicate key messages about the unacceptability of violence and abuse;
- Raise awareness about the nature and impacts of abuse;
- Reach out to isolated women with messages of acceptance and support.

By taking a public stance in solidarity with women who have experienced abuse and speaking out against men's violence to women, CDPs have the potential to impact positively on the lives of women that they may never meet or have any contact with.

#### **5.4 Engaging in skills enhancement to support re-entry into the workplace**

In terms of addressing women's economic disadvantage and violence, CDPs could engage in skills enhancement with women to support them to re-enter the workplace. The diverse needs of women need to be considered when organising any skills enhancement programmes or support mechanisms. Initiatives aimed at the economic empowerment of all women would also benefit women experiencing violence, structural poverty and educational disadvantage.

#### **5.5 Focusing on 'women only' programmes**

Maintaining and strengthening the specific inclusion of 'women' in community development programmes was emphasized, particularly programmes that address social isolation and economic disadvantage. CDP's should ensure that all programmes and projects are gender audited. They could develop denominated, women-only training programmes. This raises the question as to whether such programmes be dedicated only to women survivors of domestic violence. An evaluation of training programmes carried out by Women's Aid, found that women were uncomfortable with participating in programmes which identified themselves so clearly with domestic violence. Their preference was for participation in programmes that were more generally addressing economic empowerment and training.<sup>75</sup>

#### **5.6 Working in partnership for wider change**

CDPs and frontline services are aware of the need for action to effect institutional, political and social change in relation to violence against women. Possible strategies could include building alliances with individual professionals such as the Gardaí and Community Welfare Officers, developing relationships with such agencies so that good referral protocols can be put in place and advocating and working to influence change in practice and policy.

Since CDPs have extensive experience in working for social change, particularly in anti-poverty and social inclusion measures, they could work with other organisations on a variety of campaigns. The National Network of Women's Refuges and Support Services, the Rape Crisis Network Ireland, Women's Aid and other NGOs lobby and campaign in relation to a number of key legal issues including child custody and access, changes to

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<sup>75</sup> Boyle, Adrienne, Women's Aid New Opportunities for Women Programme, Final Evaluation and Report. Women's Aid, 1998.

the *in camera* rule and the enforcement of legislation. CDP's are in an ideal position to lobby on such issues and be part of building a wider movement against violence against women in the west. They could work in solidarity with frontline services to address many of the oppressive conditions, structures and policies that both underpin the prevalence of men's violence to women and prevent women from realising their full human rights.

### **5.7 Representing community development responses on the RPC**

CDPs also have a role in representing community development responses on the Regional Planning Committee and in this regard a need to develop a collective strategy with frontline services was identified.

### **Conclusion**

The findings in this research contribute further evidence of the nature and impacts of men's violence against women within intimate relationships. The level of physical violence and the risk of serious injury or homicide were highlighted in a number of the case studies and interviews and alert us once again to the danger that many women face. The impact of men's economic abuse on women and the way in which structural poverty overlaps with men's violence has also been documented. Information on how women's economic status impacted on their access to essential services and protection was documented where available.

This research intended to have a specific focus on rural women and Traveller women's experiences and needs. However, as only two of the women interviewed were Travellers, a further study will be needed examine Traveller women's experiences and needs in relation to the overlap of violence, poverty, economic dependence and racism and discrimination. Practitioners in frontline services have many years experience of working with Traveller women at risk from violence and were interviewed to draw out some of the issues arising.

The findings demonstrate the responses that women have found most helpful and highlight the importance of access to frontline services responding to male violence. A number of other issues were documented in relation to the kinds of responses women need, not only in relation to their experience of violence, but also in relation to their economic rights.

## SECTION 6

### RECOMMENDATIONS

Building on the commitments to tackling domestic violence at a community level already given by the Community Response to Domestic Violence Network report and arising from the discussion in this report, the following recommendations are made:

1. That the primary response of Community Development Projects would be to facilitate greater access to frontline services for women that experience violence within intimate relationships;
2. Where relevant that community organisations prioritise women-specific training courses that are culturally appropriate and consider the diverse needs of women;
3. That community organisations would prioritise public transport provision given its role in minimising rural isolation and facilitating community and social engagement amongst women;
4. That community organisations continue to provide access to information on women's rights and entitlements as integral to their support and information work, to include, importantly rights and entitlements arising from issues of domestic violence;
5. That community organisations continue to work in partnership with frontline services in their role of providing services for women based on a continued recognition of the specialisation of expertise and roles between them;
6. That community organisations utilise the existing networks to raise general awareness and promote best policy practice in relation to the relationship between domestic violence and impoverishment;
7. That all service providers to include voluntary and statutory agencies incorporate an understanding of the dynamics of domestic violence and its impact on women's economic and psychological well being in their dealings with women, particular at the point of first contact;
8. That frontline services continue to work collaboratively with community organisations particularly in relation to their brief in tackling economic disadvantage;
9. That frontline services prioritise the development of outreach services particularly targeted at rural areas.

## Appendix 1

### Creating the conditions for an effective response to women experiencing violence.<sup>76</sup>

Explicitly naming violence against women as part of our work:

- Adopting a policy statement on violence against women;
- Clearly stating that violence against women is part of the organisations work;
- Including goals, objectives and actions in our strategic/work plan;
- Having a statement in relation to violence against women and our response included in our literature;
- Having material that is accessible relating to violence against women clearly displayed and available in our premises;
- Clearly stating that the organisation responds to violence against women at external events e.g. network meetings, conferences seminars etc;
- Carry out awareness work in the community breaking the silence about violence against women and telling people about our response.

Ensuring that our response is knowledgeable and informed:

- Identifying key areas of knowledge that relevant people should be familiar with;
- Collating key texts that would be useful for people to read;
- Organising training and education sessions aimed at increasing knowledge and understanding around the issue of violence against women;
- Gathering information about women's rights and options and making sure this is clearly filed and accessible to all;
- Providing opportunities for relevant people to attend development events such as conferences and seminars.

Prioritise safety, confidentiality and anonymity:

- Ensuring that the premises in which women may wish to access support and information is safe from intrusion;
- Providing a private space where women can disclose that they are being abused;
- Developing a protocol for all staff, volunteers in relation handling disclosure, requests for help;
- Developing a confidentiality policy and ensuring that this is in all worker and volunteer contracts;
- Displaying the confidentiality policy publicly;
- Ensuring that the space where women are supported is not identified as a "domestic violence" space;
- Liaise closely with Gardai and develop referral agreement with them;
- Work closely with dedicated frontline services.

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<sup>76</sup> These conditions were identified by the Community Response to Domestic Violence Network as part of a training process delivered by Women's Aid Support Agency and Waterside House Refuge Galway in 2003.

Ensuring we consistently deliver a good practice response:

- Adopting good practice principles and guidelines;
- Producing a document outlining these and making sure that all relevant personnel are familiar with this;
- Ensuring that all relevant people receive training in the delivery of a good practice response;
- People with responsibility for support and supervision should have experience of working with women;
- Ensuring that those responsible for providing support and supervision receive specific training on responding to issues relating to violence against women;
- Providing space for individuals and teams to reflect on practice, challenges and issues;
- Reviewing principles and practice on a regular basis;

Working to create equality of access, outcomes and conditions for a diversity of women:

- Ensure the participation of a diversity of women in developing your response to violence against women;
- Consult with other organisations working with women experiencing a range of discriminations;
- Read materials produced about overlapping issues that affect women;
- Include specific actions, which address additional issues and aim to create equal access. E.g. information accessible in varying formats, physical access to space, providing translation.

Being accountable for how our response impacts on women experiencing violence:

- Providing a mechanism for women to feedback to you their experience of accessing support and information;
- Conducting user surveys;
- Monitoring records and data on number of women accessing support and information, data re: age, location, ethnicity, disability etc., referrals, known outcomes.

Ensuring that your work addresses inequalities and barriers that exist for the woman in the community/society:

- Be informed about the responsibilities and roles of other agencies and organisations in responding to violence against women;
- Build relationships with relevant agencies locally and regionally;
- Develop a joint referral mechanism centred in maintaining safety, confidentiality and autonomy of the woman;
- Develop an advocacy policy for your organisation;
- Work closely with dedicated frontline services on violence against women;
- Collect data on women's experience of accessing services, rights, protection and support from these agencies;
- Use women's experience, data to influence change in these agencies and institutions.