

CORK CITY & COUNTY

Domestic, Sexual and Gender-Based Violence

Needs Analysis Project 2017



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PART 1

This Needs Analysis report is divided into two sections. Part 1 is the main report highlighting the findings from the Cork Needs Analysis Project. Part 2 contains appendices with supporting documentation which was gathered during the NAP process and which may be of use to stakeholders in the future.

Acknowledgements

The Cork Advisory Group (whose members are listed in Appendix I) gave significant time to this Needs Analysis Project. Members¹ were involved from the outset in designing, detailing and agreeing the approach and consultations required. Members also offered to attend sub editorial group meetings to assist with finalising the report. The Advisory Group members worked collaboratively and positively throughout the whole NAP process. The final report is the first step in that interagency journey of making the environment in Cork city and county a better and safe place for victims of DSGBV, an environment that encourages and supports services to expand and enhance their work, and facilitates greater collaboration across all public sector agencies to work together towards a common good and towards improving societal attitudes towards violence.

The consultants to the Cork NAP were Dr. Maria Power and Margaret McArdle, Community Consultants.

March 2018.

¹ Except representation from the Cork Sexual Violence Centre, which declined an invitation to sit on the Advisory Group.

Executive Summary

One in four people will experience domestic or sexual violence in their life time. Approximately 80% of victims do not report abuse and of those that do, in only 5% of cases there is a conviction of the perpetrator (FRA 2014). In Cork in 2016 (SATU and SVC annual reports) the level of sexual abuse reported by students was between 50% and 62% of all cases reported. These figures are concerning and they clarify the challenge for all of us to change societal attitudes and cultural norms. Research also tells us that while only 20% of victims report to the Gardaí, only 10% (FRA, 2014) access support services.

The Domestic Sexual and Gender Based Violence (DSGBV) services programme of Tusla, Child and Family Agency in line with its commissioning statement, undertook a Needs Analysis Project (NAP) with a view to evidencing need in a number of geographical/service areas within its remit. The Cork city and county DSGBV Needs Analysis field work was carried out between June and November 2017. 351 people (plus 4 email submissions) across DV and SV agencies, service providers and service users took part in the Cork NAP and a variety of research methods were utilised to engage participants and gather data.

Similar to what has been identified in previous reports (e.g. Task Force 1997 and the National Strategies on DSGBV), many of the same concerns were identified in the Cork NAP (2017). Concerns such as the need for accommodation for victims, services for children, effective legal sanctions for perpetrators, etc. are still evident today in Cork city and county. Given the pervasive nature of DSGBV, there is need for a whole of government approach to addressing and responding to needs. This will require partnerships, interagency collaboration around actions and planning and it will also require strong leadership and championing.

There are fifty-one recommendations made in relation to six thematic areas in the Cork NAP and these are summarised on pages 5-7. The following are the main findings:

- ❖ Because of the damage to victims and the high level of under-reporting of abuse, there is a need for on-going prevention work from early pre-school age, right through to second and third level educational (both formal and informal) settings. While there will always be a need for frontline/crisis services, the changing of cultural norms in relation to the tolerance of violence, requires sustained awareness raising campaigns, clear messaging, including wide-spread publicising of DSGBV services and pathways. Prevention will not only lead to healthier relationships, but will also result in cost savings in the long run. Prevention will reduce the number of victims ending up in Emergency Departments or other acute hospital services and will reduce the take up of Garda time and of legal services. A case study highlighting the high cost of one hospital admission case was given in the Cork NAP (Appendix V).

- ❖ Even though only 20% of victims report abuse to Gardaí and only 10% take up support services, DSGBV service providers in Cork city and county are at full capacity. Therefore there is no spare capacity to take on additional clients, develop prevention strategies or increase service provision, e.g. after-hours service, specialist services for men and minority groups, more after-care programmes or more outreach – all identified as needs. Investment in service provision is essential if support and clinical services are to respond appropriately to existing need. An increase in direct support services are required, but so too are those provided by HSE clinical services, local authorities, social welfare services, Gardaí and the judicial system.
- ❖ Interagency approaches to DSGBV work (locally, regionally and nationally) is needed and highly recommended in order to share knowledge, skills and ensure high professional standards and training are attained by all front-line staff and professionals.
- ❖ Accommodation options need to be available/accessible from every region of Cork county. Emergency and transitional accommodation is required at the point of victims exiting an abusive situation. Victims need to be reassured that such options are available to them (and their children) whenever they choose to leave. Many victims are at a high risk of poverty/homelessness when exiting an abusive relationship and require stability, as returning to the violent relationship can unfortunately become the only viable choice.
- ❖ The lack of services for children and young people, (including teenagers and young adults) was identified as a significant gap in relation to providing support to children who witness/experience abuse. Children require a range of supports from befriending, information and talking spaces, to therapeutic services. A policy framework and co-ordination of services to children affected by DSGBV needs to be agreed at national level. In addition, it was also identified that professionally supervised access is required in DSGBV related cases, as this will ensure the safety of the child and the victim.
- ❖ There is a need for law reform in addition to more and improved services from the legal professions. DV cases are currently administered under civil law and this needs to be changed to criminal law in order to facilitate the Gardaí in arresting the perpetrator immediately which will reassure victims of the seriousness of the crime. While the abolishment of the €130 charge for legal aid is a very welcome development, there are insufficient free legal aid services and the waiting times are long.
- ❖ All minority groups who took part in the research identified a lack of cultural awareness / competencies among service providers. Minority communities have their own particular needs and complexities. It is important that support services are aware and in tune with these complexities and respond appropriately to minority community needs. There were some minority groups, i.e. those living in Direct Provision Centres, where data was not available or accessible in this piece of work and this requires further research.

- ❖ Facilities across many service providers need to be improved, especially in potentially intimidating environments such as the courts, Garda stations and hospitals. Victims are often very vulnerable when approaching a service for the first time and require a suitable environment in which to be listened to, questioned appropriately and have their concerns dealt with satisfactorily.

The following table contains a summary of the recommendations from the Cork city and county DSGBV NAP.

RECOMMENDATIONS	
1. Prevention & Awareness-Raising	<ol style="list-style-type: none"> 1) Anti-violence/abuse education programmes to be delivered across the education system. 2) An overarching, national communication strategy in relation to DV and SV, delivering clear and succinct messages on zero tolerance of DSGBV. 3) All services should have prevention strategies in place. 4) Ensure perpetrators are held accountable for their actions.
2. High Quality Training	<ol style="list-style-type: none"> 1) The delivery of high quality, mandatory training in DSGBV for all health care, social care, legal and law enforcement professionals. 2) Training at interagency level should be considered for staff working in DSGBV services including counsellors. 3) Cultural competency should also be an integral component of DSGBV training by agreeing an overall training framework.
3. Service Provision	<ol style="list-style-type: none"> 1) Implementation of the Second National Strategy on DSGBV to promote clear pathways to all clinical and non-clinical services at county level. 2) National and local media campaigns are required to address the low level of awareness of available services. 3) Agree a plan for the ongoing continuous professional development (CPD) of the sector. <p><u>Tusla-funded services:</u></p> <ol style="list-style-type: none"> 4) Regular independent evaluation of all Tusla funded services to ensure continued service improvement and high standards of practice. 5) Increased funding for services, aimed at increasing capacity, services and accessibility, including provision of appropriate services to minority communities. 6) Outreach services are essential in rural areas. Tusla to review its funding allocation model to ensure the provision of adequate outreach by all rural services. 7) Invest in standardising data collection and analysis at national level under the 'Towards Evidence Informed Services'.

	<p>8) Structured support programmes/counselling to be available for victims who have exited DV and adult survivors of sexual abuse.</p> <p><u>Clinical Services:</u></p> <p>9) The development of a strategy among clinical services in Cork city that will address identified needs and gaps.</p> <p>10) The provision of mandatory training for all frontline staff to be provided by Tusla/national DSGBV services.</p> <p>11) The adoption of consistent screening tools and assessments based on best practice and developed in partnership with other services.</p> <p><u>Protection and Law Enforcement:</u></p> <p>12) Provision of mandatory high quality DSGBV training for all Gardaí.</p> <p>13) Consistent adherence to and implementation of policing policy and reporting procedures in relation to DSGBV, including improvements in the Garda recording/communication systems.</p> <p>14) The consistent enforcement of legal orders in response to DSGBV.</p> <p><u>Legal Services & Law Reform:</u></p> <p>15) Provision of mandatory high quality DSGBV training for all legal professionals.</p> <p>16) The Department of Justice and Equality to offer more appropriate family court sittings in Cork.</p> <p>17) The provision of additional funding for free legal aid services in order to increase availability to more clients.</p> <p>18) Continued lobbying for law reform in order that DV is considered a criminal offence rather than a civil offence.</p> <p>19) The court accompaniment role should be standardised across DSGBV services.</p> <p>20) The court practice model in county Durham, UK (see page 26) should be considered for adaptability to the Irish context.</p> <p><u>Minority Groups:</u></p> <p>21) All service providers to engage in relevant cultural awareness training.</p> <p>22) All minority communities to be asked to contribute to training modules/resource materials.</p> <p>23) Tusla social workers (child protection in particular) to build positive relationships with minority communities.</p> <p><u>Services for Men:</u></p> <p>24) OSSCork, in consultation with AMEN and Tusla, to consider expanding its services to offer a clear pathway to male victims from the city and the county.</p> <p>25) Ongoing separate promotion campaigns to highlight DSGBV for men across all media platforms.</p>
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	<p><u>Inter-Agency Co-Operation & Networking:</u></p> <p>26) Identify and support the development of an inter-agency network in each of the four regions (west, north, east Cork and Cork city) and the county as a whole.</p> <p>27) Clinical service providers² in Cork city to consider setting up their own network.</p> <p>28) Tusla to organise an annual conference for all DSGBV service providers and professionals.</p> <p><u>Outreach to the most marginalised, to rural areas and to east Cork:</u></p> <p>29) An outreach plan to be developed by local area networks and led by the local DSGBV services.</p> <p>30) Expand and resource existing DSGBV service provision, to include after-hours and travel.</p> <p>31) The provision of an information, advocacy and support service in east Cork to be explored with existing service providers and Tusla.</p>
4. Accommodation	<p>1) More emergency accommodation/safe housing spaces to be made available across the city and the county.</p> <p>2) The development of 'wrap around' services for victims of DV and joint working arrangements between support, housing, homeless, welfare and related services, including financial assistance.</p> <p>3) A review of the joint tenancy rule by the Local Authority/Department of Housing, Planning & Local Government.</p>
5. Children, Teenagers and Young Adults	<p>1) Address the lack of services and the lack of co-ordination of services for children who witness or experience DV and the lack of co-ordinated services for children who experience SV.</p> <p>2) Ring fence funding for therapeutic and other support services, including the consideration of a 'One Stop Shop' to respond to the needs of children and young people.</p> <p>3) The provision of Contact/Access Centres in Cork to be explored in order to address the issue of safety for children (and parents) during access in cases of DV.</p> <p>4) Identify the circumstances leading to high levels of SV in relation to students (age 18-23). See further research recommendation below.</p>
6. Further Research/work	<p>1) Specific research into the contexts of SV experienced by students and young people.</p> <p>2) Exploration of strategies to support middle-class victims to disclose abuse and access services.</p> <p>3) Specific research into the experiences of 'trafficking' and DSGBV for people living in Direct Provision Centres.</p> <p>4) Development of intervention strategies on the needs of parents who experience DV from their teenage or adult children.</p>

²SATU, the Family Centre St. Finbarr's, CUH/CUMH and Tusla DV Social Workers

	<p>5) Gaining a greater understanding of the relationship between mental health and DV (victims and perpetrators) would be very helpful to all stakeholders involved in the NAP.</p> <p>6) The development of models of rural outreach/accessible transport services.</p>
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Acronyms

CAMHS	Child and Adolescent Mental Health Services	LINC	Lesbians in Cork (Lesbian & Bisexual Women)
CDP	Community Development Project	MABS	Money, Advice and Budgeting Service
CIC	Citizens Information Centres	MOU	Memorandum of Understanding
CPSW	Child Protection Social Worker	NAP	Needs Analysis Project
CTWN	Cork Traveller Women's Network	Nasc	Nasc, the Migrant and Refugee Rights Centre
CUH	Cork University Hospital	NGO	Non-Governmental Organisation
CUMH	Cork University Maternity Hospital	OSSCork	One Stop Shop Cork
DA	Domestic Abuse	PEP	Post exposure prophylaxis
DPP	Director of Public Prosecutions	PHN	Public Health Nursing
DSGBV	Domestic, Sexual and Gender Based Violence	PSU	Protective Services Unit
DV	Domestic Violence	RCC	Rape Crisis Centre
DVSW	Domestic Violence Social Worker (Tusla)	SATU	Sexual Assault Treatment Unit (South Infirmary Victoria University Hospital)
EC	Emergency contraception	STHN	Southern Traveller Health Network
ED	Emergency Department	STI	Sexually Transmitted Infections
FGM	Female Genital Mutilation	SV	Sexual Violence
FRC	Family Resource Centre	SVCC	Sexual Violence Centre Cork
GMP	Gay Men's Project	TVG	Traveller Visibility Group
HIE	Higher Institute of Education	UCC	University College Cork
HSE	Health Service Executive	WCWAV	West Cork Women Against Violence
LGBT	Lesbian, Gay, Bisexual, Transgendered	YANA	You Are Not Alone

Table of Contents

Page No.

PART 1

Acknowledgements	2
Executive Summary	3
Acronyms	9
1. Introduction to the Research	
1.1 Background Information	11
1.2 Location of Needs Analysis Project	13
2. Methodologies	
2.1 Overview of Approach	15
2.2 Specifics to Cork	15
3. Needs Identified through Consultations & Documentary Review	
3.1 Prevention and Changing Cultural Norms	19
3.2 Training and Awareness Raising for all workers/professionals	21
3.3 Service Provision – DSGBV Support Services	22
3.4 DSGBV Related Service Provision	25
3.5 Expanding Service Provision	29
3.6 Accommodation	32
3.7 Children, Teenagers and Young Adults	35
3.8 Legal Services	41
3.9 Minority Groups	43
3.10 Service Users	49
4. Conclusions & Recommendations	
4.1 Prevention & Awareness Raising	53
4.2 High Quality Training for all professionals	54
4.3 Service Provision	54
4.4 Accommodation	61
4.5 Children, Teenagers and Young Adults	62
4.6 Further Research	63
References	65
PART 2 Supporting Documentation: Appendices I – XIII	67

1. Introduction to the Research

1.1 Background Information

Domestic and sexual violence is a pervasive phenomenon not only in Ireland but across Europe and the wider world. The Council of Europe Convention against violence against women and domestic violence was opened for signature on 11 May 2011, in Istanbul, Turkey (known as the 'Istanbul Convention'). This landmark treaty opened the pathway for creating a legal framework at pan-European level to protect women against all forms of violence, and prevent, prosecute and eliminate violence against women and domestic violence. The Convention is based on the understanding that violence against women is a form of gender-based violence that is committed against women because they are women. It is the obligation of each ratifying state to address violence fully in all its forms and to take measures to prevent violence against women, protect its victims and prosecute the perpetrators. Failure to do so would make it the responsibility of the state. The Convention leaves no doubt: there can be no real equality between women and men if women experience gender-based violence on a large-scale and state agencies and institutions turn a blind eye. The Istanbul Convention was signed by Ireland in 2015, but is not yet fully ratified.

In Ireland the Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021 (led by COSC, the National Office for the Prevention of DCGBV) seeks to build on its initial strategy of strengthening ties and promoting partnership across the public sector and with the community and voluntary sector to address DSGBV. An action plan to address the needs of victims and hold perpetrators of DV or SV to account has been developed. The Strategy seeks to bring about a change in societal attitudes and behaviours through awareness campaigns, training and education. It includes a focus on achieving changes in legislation and measures to improve policing responses. The overarching aim of the Strategy is to create a safer Ireland and calls for a whole of Government approach. This is in keeping with the Task Force report (1997), which identified that government departments and agencies need to take individual and collective responsibility for bringing about change.

The Safe Ireland 'National Framework and Standards for Domestic Violence Organisations in Ireland' (2015) is a significant step towards strengthening the DV sector in Ireland by setting evidence based standards for the sector to adhere to. In addition, Tusla, Child and Family Agency, has a department specifically dedicated to National DSGBV Services and in 2017 this department commissioned DSGBV needs analyses across several counties in Ireland, including Cork city and county.

The DSGBV services programme team of Tusla, Child and Family Agency in line with its commissioning statement, has undertaken a Needs Analysis Project with a view to evidencing need in a number of geographical /service areas within its remit. This work will contribute directly to the development of DSGBV services for 2018 and beyond, by evidencing need through a process which will include community, service provider and user engagement, as well as consultation and collaboration with other relevant partners, both internal and external to Tusla. The process of arriving at evidence for future developments is conducted both by staff internal to the DSGBV programme and by contracting external expertise where needed.

Domestic violence is defined as: the physical, emotional, sexual or mental abuse of one person by another within close, intimate or family relationship. In many situations the abuser uses a range of abusive behaviours to gain and ensure power and control over the other person and these abusive actions often get worse over time. In most cases women are the victims of domestic violence and male partners (husbands, boyfriends or ex's) are the perpetrators. Domestic violence can also occur between family members, between same sex couples and be perpetrated by women against men (www.Safelreland). The term domestic violence is used interchangeably with the term domestic abuse in this report.

Sexual violence is defined as: 'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work'. Coercion can encompass: varying degrees of force; psychological intimidation; blackmail; or threats (of physical harm or of not obtaining a job/grade etc.). In addition, sexual violence may also take place when someone is not able to give consent – for instance, while intoxicated, drugged, asleep or mentally incapacitated. (www.WHO).

Gender-based violence is generally used collectively to refer to forms of violence such as forced marriage, female genital mutilation, forced prostitution, in addition to domestic and sexual violence (Tusla, 2016).

The NAPs seeks to develop a set of recommendations that are based on the experiences and knowledge of those who use services, those who provide services and those who may need services in the future. Each NAP's set of recommendations will be used to inform planning, development, allocation of resources, outcomes and performance indicators within the DSGBV Services Programme of Tusla, Child and Family Agency.

NAPs were carried out in six locations country-wide: Cork city and county, the South East, Galway, the Midlands/Roscommon and two in Dublin. Each location had its own local

Interagency Advisory Group (Terms of Reference shown in Appendix II), to guide and finalise the research work and final report. The role of the Advisory Group was to provide practical support, information and guidance to the appointed external consultant (Community Consultants in Cork city and county) carrying out the needs analysis on the ground. The Advisory Group also assisted the external consultant to finalise key findings and recommendations for service development in the Cork DSGBV Services Programme of Tusla, Child and Family Agency.

Membership of the Cork city and county Advisory Group is listed in Appendix I and included five Tusla funded Domestic Violence Services. It is regrettable that the Sexual Violence Centre Cork (SVCC), one of the 6 Tusla funded service providers in Cork city and county, chose not to sit on the Advisory Group. SVCC is the only Rape Crisis Centre providing a direct service to victims of all types of sexual violence in Cork city and county. It should be noted that the non-engagement of this service in the Advisory Group and in the development of this NAP is a serious limitation to this piece of work and potentially to future collaborative work in the county.

The Cork city and county NAP was co-ordinated by Dr. Maria Power of Community Consultants. Community Consultants is a social research, evaluation and planning company. The organisation is a not-for-profit company and works exclusively in the community and voluntary sector and with agencies concerned with this sector. Community Consultants is located on the border of Cork/Waterford, has been providing consultancy services for over 25 years and is committed to community development principles and practices in its work.

1.2 Location of Needs Analysis Project

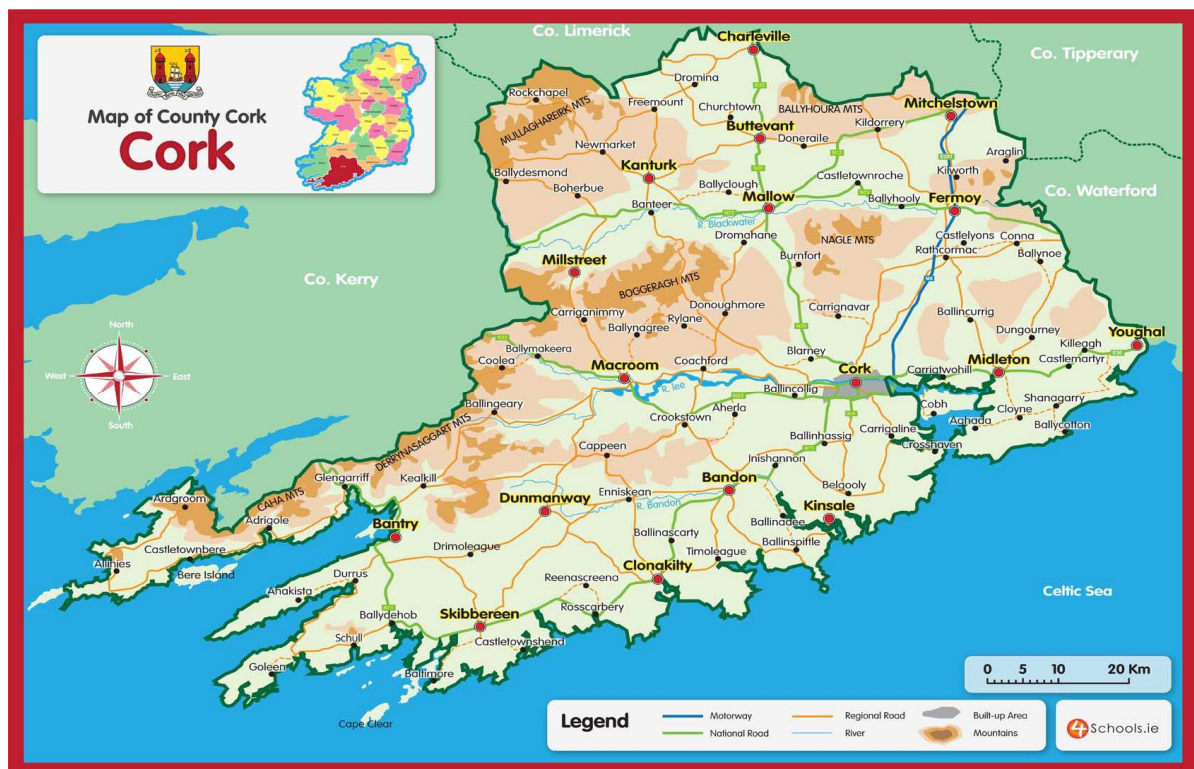
This DSGBV NAP relates to Cork City, County and Islands. Cork city (second largest city in the country) has a population of 125,657 and the county has a population of 417,211 which together totals 542,196 (2016), i.e. well over half a million people are living in this region. Cork is the biggest county in Ireland covering 7,460 square kilometres and is located on the southern coast of the Island of Ireland.

Currently there are six service providers (funded by Tusla) related to DSGBV in this region – four based in the city, one located in Bantry west Cork and one in Mallow north Cork. There are none in east Cork. In Appendix IV a profile of each of the service providers is given (including other DSGBV related services), all of whom participated in this research. In Appendix V a summary of service provider data is provided, which gives a flavour of the type and volume of work being carried out in each of the services.

Map of Cork County (Cotter, 2016, Cork County Council)



★ Location of existing DSGBV services



2. Methodologies

2.1 Overview of Approach

- This needs analysis was undertaken with DSGBV service providers, key target groups (Travellers, LGBT people and immigrants) and service users, taking the best approach for inclusion, participation and safety. A value based approach to equality and human rights outcomes – inclusion, participation, social justice and autonomy, ensured that this needs analysis was carried out in a thoughtful, meaningful, respectful and safe manner.
- A range of methods was used to identify the needs in relation to DSGBV services. This included; semi-structured interviews with key personnel from all stakeholders involved in the Advisory Group, focus group sessions with target groups and in four regions (west, north, east Cork and the city) and a general population survey to encourage participation from the public, those requiring confidentiality and those not currently using services.
- A service user survey was also administered by Community Consultants where service providers³ identified and sought the consent of users to participate. Service users were offered the option of a one-to-one telephone interview, email questionnaire or a face-to-face interview.
- Desk research was carried out and included a review of local literature, becoming familiar with local organisations' briefs, annual reports, strategies and reviewing any relevant local research that was made available.
- Reporting to the Advisory Group on the progress of the NAP was carried out approximately every six weeks.
- Analysis of all data/information received was carried out on a quantitative basis where statistical and survey data was available and qualitatively through a thematic analysis of all focus group notes and interviews.
- A presentation of initial findings was given to the Advisory Group and an editorial team was agreed to review initial drafts of this report.
- The editorial team met twice to review and advise on drafts.
- A final draft of the Needs Analysis Project Report was agreed and approved by the full Advisory Group prior to agreement of the final report and sign off on the work by Tusla in March 2018.

³Not the SVCC, as they did not participate on the Advisory Group.

2.2 Specifics to Cork

The fieldwork for this research was carried out between June and November 2017 and included the following:

Summary:

- Interviews were held with service providers and stakeholders (14 interviews completed)
- 4 regional focus groups completed as follows: west, north, east Cork and the city (68 people participated)
- Administration of a general population survey, open for the full month of September (205 respondents)
- Interviews with service users (20 completed). Consent obtained by service providers.
- 5 target group meetings/focus groups completed with: Travellers, LGBT, NASC and young people (44 participated)
- 4 email submissions reviewed
- Literature review of reports related to Cork based work (33 reports reviewed)
- A review of 2015 Tusla data and Service Provider's 2016 annual report data was completed

TOTAL of 355 participants engaged in the Cork NAP⁴

Consultation with Service Users

This Needs Analysis Project was underpinned by a commitment to good quality consultation processes with those who provide services, experts in the field of DSGBV and, importantly, users of services. Consultation with service users required thoughtful consideration prior to making contact. The topic of violence and experiences of service users can be very sensitive and traumatic. Therefore, approaching and interviewing service users required ensuring the following: safety, confidentiality and an awareness of the potential impact and reaction to the interview. With that in mind, service users were identified by relevant service providers (e.g. DV services, Tusla DV social worker, CIC's, etc.). Service users were contacted by service providers to request their input into the research. They were given written information about the project and, where they agreed to participate, they were asked to sign a consent form, (both are shown in Appendix VIII). Service users were offered a range of options for engaging in the research and these were:

⁴Further details are given in Appendix III.

- To anonymously complete a survey on-line (Survey Monkey).
- To complete a questionnaire via email, provided by the consultants or one of the services, e.g. HSE DVSW, DSGBV service providers.
- To take a phone call interview. This was the most popular method chosen by service users.
- To have a face to face interview with the consultant.

All users were informed of the confidential nature of the interview and data collected and were offered a contact at each of the services if further issues arose for them as a result of the interview.

Service users provided very personal and meaningful accounts of their experiences of services and the supports they needed and received. They also provided insights into the improvements required in order that a high quality DSGBV service is provided by Tusla services and other stakeholders with responsibility for responding to victims of abuse in Cork city and county.

Challenges

In the course of the Cork DSGBV NAP some challenges emerged along the way, in common with many pieces of social research. In this piece of work the following arose:

- The county of Cork is a very large county to travel (the largest in Ireland) and therefore accessing services, focus groups and service users was demanding of significant time and some remote locations were not reached.
- SVCC is the only Rape Crisis Centre in Cork city and county who provide direct services to survivors of rape, sexual assault and child sexual abuse. SVCC chose not to become a member of the Advisory Group, although did attend one interview with the consultant and emailed relevant reports. This limited participation affected the Cork NAP in that the interagency discussions/analysis at Advisory Group and focus group level were missing the input and knowledge held by the only Rape Crisis Centre for Cork city and county. In addition, there appears to be some tension between the SVCC and other service providers, making collaborative work difficult and strained.
- Access to the Direct Provision Centre in Cork city was not possible despite many efforts.
- Access to youth groups did not happen as planned, but focus groups with young people (teenagers and young adults) were held instead.
- Other commissioned pieces of research involving many of the same stakeholders took place at the same time as the DSGBV research resulting in research fatigue for some services and users.
- The participation level in the various consultation methods was very high and rewarding but put pressure on achieving a balance between the field work, including administering surveys, and analysis/writing up of the findings in order to produce a meaningful report within the resources allocated.

Finally, one the biggest challenges throughout the work was the deeply personal and troubling stories told to us by many victims (primarily women), many of whom are still in situations of abuse, how vulnerable some of these women were and how dark their world can become. What was reassuring were the stories told to us by those who had accessed services, received support and just how grateful they were, for some to be alive and for others to be believed and regain a new life, often both for themselves and for their children. We have made efforts to ensure the voice of the service user is heard, but believe more can be done to ensure this voice is strengthened, heard and championed in the world of DSGBV.

3. Needs Identified through Consultations & Documentary Review

The findings in this section are taken directly from the interviews, focus groups and surveys undertaken in the needs analysis and are presented in order of priority as identified across all consultations. This was the most extensive phase of the research and involved interviews with 14 service providers and 20 service users, 4 area-based and 4 targeted focus group sessions and the completion of 205 on-line questionnaires via Survey Monkey.

The documentary review for the Cork Needs Analysis Project (NAP) was defined as being local and not national or international, though this will be available at the consolidation phase of the Needs Analysis Project work nationally. All reports reviewed as part of the NAP for Cork are listed in the References on page 62. The current literature demonstrates that key topics and concerns, previously identified by the Task Force in 1997 and by the last two National Strategies on DSGBV (2002, 2016) continue to arise for service providers in Cork city and county.

To summarise, there are five Domestic Violence services and one Sexual Violence service funded by Tusla, and six other DSGBV related services in Cork city and county, serving a total population of 542,196 with 77% of these residing in the county. The following are the priority needs identified across all consultations:

3.1 Prevention and Changing Cultural Norms

Participants in all the area focus groups agreed that more needs to be done around prevention and changing attitudes towards violence. This includes the need for more work in schools, beginning at primary school level, to build self-esteem, learn how to set boundaries and understand personal space and consent. Some organisations suggested that this work should start at pre-school childcare service level. Such programmes should be built into the school curriculum and include healthy relationship programmes, consent workshops, building emotional intelligence, speaking out against violence, understanding the impact of DV/SV on victims and witnesses, and bystander prevention programmes.

Participants across all consultations talked about the secrecy associated with covering up domestic and sexual violence, and the shame and fear of dealing with it. European research (FRA, 2014) indicates that approximately 80% - 92%⁵ of victims do not report physical or sexual abuse. In line with this European research, it emerged that a large majority of

⁵21% report to the police and 8% go to a refuge/service (FRA, 2014) See page 3.

respondents in the online survey did not access a DSGBV service (79% of those who experienced DV and 73% who experienced SV). In two of the consultations it was suggested that more Human Rights and Equality training is needed for all DGSBV related workers to unpack the context in which domestic and sexual violence flourishes and discourages the challenging of same.

The SVCC focuses on prevention through the delivery of programmes in schools, colleges and TY year. However, they along with CUH and SATU feel very strongly that the public messages in relation to sexual behaviour and self-esteem of young people is key to any real change. This need is confirmed by the statistics of services in relation to young people (see Appendix V). There is still a strong culture of 'victim blaming' and there were many examples given of this attitude prevailing amongst society and victims. Approximately 80% of victims do not report SV (SVCC, 2016) and therefore greater levels of campaigning, advocacy and awareness-raising with young people is crucial. Prevention work needs to be on-going and is the responsibility of all government departments, agencies and communities.

Non-disclosure

Almost all reports nationally and internationally highlight that there is a systematic under-reporting of sexual and domestic violence to authorities (estimated at between 80% - 92%). Therefore, any hard data gathered is very limited and relates only to those (mostly women) who have reported abuse/violence. This can be for many reasons including: feeling shame within their community, fear of losing their children, losing their home, being financially dependent, and in some cases fearing an increase in violence and being totally disempowered. Addressing under-reporting will require an all of government sustained long term commitment to prevention strategies aimed at the general population/society. This should include ensuring services are accessible regardless of location, wide-scale promotion of services, and an analysis of gender and power dynamics through greater levels of public debate and discourse. All agencies and service providers with responsibility for DSGBV should have a prevention work strategy in place. Existing cultural norms and silences need to be challenged in order to change the behaviour of perpetrators, create safety and encouragement for victims to report and in the longer term reduce the number of victims of DSGBV.

Screening for DV/SV

Routine screening by key professionals such as Public Health Nurses, Midwives and frontline staff in ED departments can be a very effective tool in terms of early intervention. There is a comprehensive policy in Cork University Hospital⁶ on DV, a HSE policy on DV, and the social work department provides ongoing training and awareness raising on DV to all front-line

⁶In CUMH all women are routinely screened for DV by midwifery staff. Statistically it is reported that 1 in 8 women experience DV in pregnancy (thejournal.ie 2014).

staff at CUH. However, while the screening of patients for DV in CUH is proactively promoted, it is not always carried out unless patients present with physical signs. As highlighted in Appendix V, in addition to the detrimental effects of DV on a victim, the potential cost of not screening can result in very high in-patient costs down the line. At CUH those presenting with SV tend to be more motivated to seek medical attention/treatment because of the fear of pregnancy or contracting a disease. Responding to these presentations is more clearly defined within these parameters. Effective screening/risk assessment should also be carried out by the Gardaí.

3.2 Training & Awareness Raising for all Workers/Professionals

Across all consultations it was stated that high quality training for all professionals working in the area of DSGBV was required. Some stakeholders, i.e. CUH, UCC and the Family Centre St. Finbarr's, suggested that such training ought to be mandatory for all frontline social and health care staff. The training needs of professionals ranges from identifying, listening and responding appropriately to DV/SV disclosures, knowing how to interview/screen appropriately and how to respond particularly for agencies who are not direct DV/SV service providers, e.g. CWO, Housing staff, court/legal staff, Gardaí and CIC's. It was also identified that the provision of training in relation to diversity, human rights and equality, Traveller, LGBT and minority communities would greatly benefit all stakeholders.

Offering training in an interagency setting would assist with bringing a shared understanding, analysis, consistency and high quality standards to DSGBV work across the region. This could include greater opportunities to discuss theoretical frameworks and influences on the work in this sector, in addition to building partnerships and collaborative approaches to developing strategic responses.

At the outset it was highlighted by all service providers that ongoing awareness raising, training, media campaigns⁷ and advocacy were all required to heighten awareness of DV and SV related services. Awareness raising was also strongly identified as a need by service users and focus groups. Pathways to services are not clear, i.e. where to get information, how to proceed with a disclosure, what steps to follow and where to go for services. The city focus group suggested the provision of one⁸ national helpline/number for victims of DV and SV, and for professionals to contact when information is needed. The results of the online survey indicate that the preferred option for accessing information is online/social media (83%). However, many obtained information through their GP, local community organisation, social venues and CIC's and those who experienced SV strongly identified the hospital and Gardaí as sources of information. To conclude, access/information points are varied and not always connected across services, making it difficult to provide clear robust responses and pathways to victims.

⁷Services acknowledged the current COSC TV campaign.

⁸There are currently two national Helplines.

3.3 Service Provision – DSGBV Support Services

Current DSGBV service providers are at full capacity in their attempts to respond to existing need. While approximately only 20% of victims report abuse and there are many additional needs, there is no spare capacity within existing services to respond. From the interviews carried out with Tusla-funded service providers (WCWAV, OSSCork, YANA, Cuanlee, MnaFeasa and the SVC in the city), the following is an account of the priority needs for these service providers.

3.3.1 Staffing Levels

Other than Cuanlee and the SVCC, Tusla-funded DV services operate on minimal staff levels (average two whole-time-equivalents (wte) per service). Some service providers have Community Employment Scheme staff to support the operational running of the DSGBV service, but this type of employment is time limited and focused on training/support. This minimum staffing level means that all staff are required to cover each other's jobs, for example when one is out sick, away from the office for the day, away for training, taking annual leave or resigns. The service providers contend that two wte posts are insufficient cover to provide a full time weekly service or extend to include an out of hours service.

3.3.2 Roles

Generally speaking, Tusla services have one full-time co-ordinator, part-time support worker(s) and a part-time administrator (see table in Appendix IV). All roles require a specialised level of training but some roles require particular knowledge and skills, e.g. outreach and court accompaniment. It is very difficult to acquire high quality specialised skill sets in such a small team size and ensure that those skills are transferrable. It is notable that the respondents in the online survey highlight the top three service preferences as face-to-face support, phone help-line and counselling, all of which require specialised training and experience.

In recent times, the administrative requirements of service providers have increased significantly, requiring co-ordinators to spend a significant amount of time on administrative tasks/paperwork, which can take from the frontline services and strategic development work. This is causing stress in some services as the co-ordinator is less available to other staff and clients. In addition, some DV service providers said they would like access to more qualified counsellors and the SVCC, which has two counsellors working out of their centre, have 30 people currently on the waiting list for an average wait of four months.

3.3.3 Professional Development

Some DV services contend that the sector is not well defined or managed in terms of professional development and career progression for those who take up employment in the area. One service identified a difficulty in recruitment due to a lack of career pathways and professional recognition. In addition, the average age of workers is estimated to be in the

50-60 age bracket, indicating a lack of young people being attracted into working in this profession, which is a worrying fact for the future of the DV services sector.

3.3.4 Rural Service Provision

Accessibility to services is a big concern, especially for those living in remote areas of the county. Accessing services in Cork city from the periphery of the county can be a major challenge for those without private transport and relying on public transport, which is often infrequent or in some areas non-existent. While there are services in Bantry and Mallow, there is currently no service located in the east of the county and some rural towns/villages on the periphery, e.g. Ballyvourney and the islands have little or no information about services.

The geographic areas that the two rural DV services (WCWAV, YANA⁹) are covering are large, with poor road infrastructure and limited public transport. Therefore it takes a significant amount of staff time to travel across such a wide area and deliver services in a meaningful way. For example, it can take all day to get from Bantry to a remote location, including the islands, and return. Both rural service providers referenced the time involved in getting to district courts when accompanying a victim. District court services are scheduled around the judge's sittings in any one location within a geographic circuit. Therefore victims/clients can be scheduled to be heard at any of the court sittings within that circuit when the judge is sitting, e.g. a victim from Youghal could be scheduled to appear in Midleton, Dungarvan or Fermoy and currently will require the support of YANA (in Mallow) or one of the DV/SV services in Cork city.

There are added complexities facing rural based agencies and their clients when they identify DV or SV as a concern given that they involve residents of local communities knowing each other well and often being inter-related. This environment makes it even more difficult to disclose violence and can result in extreme isolation and alienation. Agencies (not DV specific) said that it is mostly, but not exclusively, women victims who disclose domestic violence to them and such disclosures are usually made after building trust with a woman where she is seeking other information or another service initially. Dealing with DV/SV is difficult in a small town/rural area where the victim and his/her family usually continue to live near the perpetrator and their extended families. It also makes moving on very challenging.

In east Cork, representatives of services said they did not have any direct relationship with DSGBV services, Garda Liaison Officers or the courts. The response of local community organisations such as Citizens Information Centres (CICs) is to refer clients to Cork city (phoning ahead) and by putting women and their children on a public bus with funding from the Society of St. Vincent de Paul. Some DV victims report that they 'do not want to travel to Cork with their children, it takes a few hours and increases the risk of being gone from home

⁹See detailed profiles in Appendix IV. WCWAV covers west Cork and YANA covers north Cork.

too long'. Therefore many women continue to stay in the violent situation. A representative of Public Health Nursing for east Cork also identified many women staying in the DV home, not leaving primarily due to fear of the impact on their children or their children being taken away. There was also a general discussion on how prevalent DV is in middle class homes and that this abuse is significantly under-reported. No matter what their background, victims require holistic, easily accessible supports for themselves and their children.

3.3.5 Inclusion of Island / Rural Residents

'West Cork Whisper' is a quarterly newsletter which is published and collated by WCWAV. In the WCWAV evaluation report (2016) this newsletter was identified by 40% of victims in west Cork as the source of the information they needed in order to take action regarding their circumstances. The newsletter, which is feminist in orientation, opens up discussion on a variety of topics such as rural homelessness and healthy relationships, in addition to highlighting existing services locally and elsewhere. Interagency communication and co-ordinated responses are a priority for any DSGBV service and this is of particular importance in rural locations where the identification of a DV concern may come via third party sources and where confidentiality and safety are critical. By sharing knowledge, work practices and tools, the capacity of all services in relation to DSGBV increases and thereby victims get a better quality, wrap-around response from all those who have a responsibility to safeguard citizens.

3.3.6 Importance of Support Groups & Outreach

Aftercare services (which are non-existent in some areas) offered frequently over a period of time, are crucial in supporting a victim's chances of full recovery from abuse. Support groups for women who have exited abusive relationships are highly effective at giving women the opportunity, tools and support to heal and rebuild their lives, including with their children. Four out of the five DV services offer weekly support groups in their locality. There is no equivalent support group in place for men experiencing DV or SV.

Three out of five services offer a limited outreach service. Both YANA and WCWAV offer weekly outreach services to key locations, such as Fermoy and Skibbereen, and these DSGBV services also meet victims in other locations if they wish. In Cork city Cuanlee offers an outreach service to families (114 outreach sessions in 2016 to 36 women and 39 children) and provide much needed support. While it is primarily a city based service, the Domestic Violence Social Work service in Tusla offers a limited outreach service to women in the county (within a 30 mile radius). Edel House primarily offers outreach within Cork city, but does now reach out further, as a response to the housing crisis with women being allocated housing in further parts of the county, e.g. west Cork and north Cork. Service users and service providers confirm the importance of after-care services and outreach to reduce isolation and maintain a positive pathway to full recovery.

3.4 DSGBV Related Service Provision

Outline information about each of the DSGBV related services is given in Appendix IV and V. The section below summarises the improvements/needs identified by these stakeholders.

3.4.1 Policing/An Garda Síochána

Gardaí from the North Cork Division and the Protective Services Unit (PSU) in the city took part in the research. The biggest issue for Gardaí is that they must obtain a statement from the alleged victim before they can process an assault claim, as there is no legal recourse without a statement. As part of normal duties, they do provide victims with information and contact numbers for support services. If a victim contacts them about SV, they arrange to take the victim to SATU immediately. From the experience of Gardaí in the city and the county, there is a high level of DV occurring within the community, but most of it goes unreported due to the stigma attached, fear of not being believed or if a statement is given it is regularly withdrawn for reasons such as 'he's stopped (the abuse) and promises to behave', or fear of suffering greater abuse. Gardaí report that many female victims will not report because of their children needing a home and financial resources, but some reconsider as their children become older and more independent. In relation to minority communities, the Gardaí find that victims engage well with them or another support service once it does not involve going to court or bringing legal proceedings against the perpetrator (often the husband).

The improvements/needs identified are:

- The need to change recording requirements on the PULSE system in relation to DV so that the number of call-out incidents to the same address is highlighted. Currently, in some areas when a Garda is called out to a DV incident s/he is unaware of any previous call-outs. Also, there is a need to highlight on the system if there are existing orders (e.g. Barring order or Protection order) in place relating to each address, as this is currently not clear. This would facilitate Gardaí to make a clearer assessment and refer to appropriate services.
- Training is needed in relation to DV interviewing, recording and supporting. In areas where there is no PSU, DV callouts are among many other callouts in a Garda's daily work and can make the provision of support and sensitivity very challenging. Throughout several meetings/consultations the Gardaí acknowledged that there are inconsistencies within the service between divisions and individual Gardaí, which they link to a lack of good quality training being available to all Gardaí. This issue of inconsistency was raised by other service providers also.
- Facilities at many local Garda stations are unsuitable settings for engaging with victims of DV or SV. Gardaí identified court buildings as often being unsuitable also for such cases.

- There is a lack of standardised procedures for dealing with people who breach DV orders. Some Gardaí stated they are told to always arrest the perpetrator in these circumstances, object to bail and then leave the matter to the court to resolve. However, this practice changes from area to area. It was suggested that arrest should be mandatory where orders are breached, however the law says 'may'.
- Similar to other DSGBV service providers (SATU, Family Centre, DVSW) the Gardaí would like to see their service develop 'under one roof' alongside other services, so that a one stop shop of all relevant services can be offered to the victim, where professionals could collaborate on cases and services could be available 24/7.

Policy

The 2014 *Crime Investigation* Report from the Garda Inspectorate outlines the existing Garda Síochána Domestic Violence policy and practices. The report highlights the issue of the incorrect recording of DV offences, exacerbated by the absence of distinct Central Statistics Office statistics in respect of acts of DV (which are currently included with all other assaults). In respect of DV cases, the Inspectorate was also critical of the practice of members of the Gardaí not recording incidents of assault where a victim who has suffered injuries is unwilling to make a statement, and instead categorising it as a "domestic dispute – no offences disclosed" with the matter "effectively closed and the assault is not recorded." The absence of a risk assessment with associated monitoring and interventions, coupled with the lack of recording of an offence in the absence of a victim statement, are serving to fail the victim in every respect and leave the way open for further victimisation.

At the time of the research it is understood that changes are underway and An Garda Síochána's Domestic Abuse Intervention Policy (2017 revised edition) highlights that domestic abuse crosses class, gender, race and religious belief and the injured party's attitude will no longer be the determining factor in respect of reporting or utilising the power of arrest. The policy was developed in consultation with the Director of Public Prosecutions and incorporates changes in legislation (contained in the Victims of Crime Act 2017 and the Domestic Violence Bill 2017), developments arising from the two National Strategies on the prevention of Domestic, Sexual and Gender-based Violence, all mandated by Ireland's obligation to comply with the Istanbul Convention and the EU Victims Directive (2012/29/EU). The new policy addresses the provision by An Garda Síochána of information, support and protection to victims. It encourages the making of an arrest, where appropriate, and addresses the actions expected to be taken by personnel within An Garda Síochána when dealing with reported incidents of DV, from the time of receipt of the initial report. The policy provides guidance regarding obtaining background information for first responders; gathering evidence even in the absence of a criminal complaint; providing advice to victims; the undertaking of follow-up actions; PULSE recording; liaison with Tusla, Child and Family Agency and intervention to prevent escalation of abuse. The policy stipulates that each Divisional Officer will ensure that a member of Inspector rank is

appointed within his/her respective area of responsibility and tasked with overseeing and monitoring the effective implementation of this policy. The policy further stipulates that training will be provided to relevant personnel within An Garda Síochána in respect of the implementation of this policy. The establishment of PSUs are a step towards the implementation of this policy.

3.4.2 Cork University Hospital (CUH), Cork University Maternity Hospital (CUMH) & Tusla Domestic Violence Social Work Services

The Acting Principal Medical Social Worker in CUH/CUMH and the HSE DV Social Worker took part in this research. The improvements/needs identified are:

- Safe discharge from hospital is the most significant challenge, as many of those who present in hospital experiencing DV are often already homeless and vulnerable.
- The attitude of professionals can be a barrier to providing appropriate services. The perception is that DV is more prevalent in certain socio-economic backgrounds and there is a stigma attached to disclosing DV as a professional and amongst the middle classes. This cohort was also identified by PHN's in east Cork.
- A dedicated set of collaborative guidelines needs to be developed to assist healthcare providers to provide optimal care to clients in need. Healthcare staff need to know where to refer to and that referrals will be responded to appropriately and quickly.
- Awareness raising for GP's, hospitals, PHN's, etc. in terms of how to recognise the signs of DSGBV and be able to ask the right question and offer the woman/man support.
- An increased DV Social Work service within Tusla could offer more group work, aftercare supports and deliver much needed services for children.

3.4.3 Tusla Family Centre St. Finbarr's (Child Sexual Abuse Assessment Unit)

The Acting Principal Social Worker and the Clinical Nurse Specialist in the Family Centre took part in this research. The improvements/needs identified are:

- More personnel are needed across the service. For example:
 - The Area Medical Officer (AMO) post on the team was not replaced upon retirement since 2009. While the Family Centre presently has access to two Consultant Paediatricians in Cork (Mercy University Hospital) and one in Kerry (Tralee General Hospital), there is a shortage of forensic examiners as there should be eight covering the county.
 - More nurses are needed as there is no nursing cover outside of office hours to assist in examinations.
 - Currently there is no psychological service in the Family Centre (the two clinical psychologist posts have been vacant for some time), which has reduced the multidisciplinary nature and capacity of the team to develop a therapy service. It also means that there is no opportunity for therapeutic work to be done or mental health assessments. Fortunately, the team has access to a Consultant Child & Adolescent

Psychiatrist and Senior Psychologist who alternate attendance at the weekly team meetings.

- The service could be more creative if there was a multi-disciplinary team in the Family Centre, e.g. training with foster carers could be done on managing sexualised behaviour. In addition, an enhanced staff team could look at how to respond creatively to that cohort of young people who put themselves at risk online and do not see themselves as being sexually exploited.
- The Family Centre discussed alternative successful models that should be considered for adaptation in Ireland:
 - The Family Centre proposed that it should be modelled on the Barnahus model in Iceland (which is also similar to the Sexual Assault Referral Centre (SARC) model in the UK), whereby all sexual abuse assessment services are under the one roof (for children, young people and adults), with 24/7 services, and include the Gardaí, social work and medical personnel and related clinical services. All children under 14 can be referred to the Family Centre for medical examination from Monday to Friday. Out of Hours these children are most often seen through A&E in the CUH. Occasionally they are examined by a Paediatrician as an inpatient, while others await Family Centre review after the weekend. They cannot be seen in SATU as it is a service for those aged over 14.

Barnahus is an innovative model that supports victims and investigates abuse, and has proved so successful in Iceland that the number of convictions of perpetrators has more than doubled. Importantly, the process significantly lowers the chances of children being re-traumatised by having to relive their experiences in open court. Translating literally as Children's House, Barnahus removes the child from the courtroom. Instead they are interviewed by a specialist Child Forensic Interviewers (mostly psychologists) in a child friendly environment. Cameras allow officials from other agencies, including child protection services, police and prosecutors to inform the interview. The model replaces the need for repetitive interviews by a range of professionals in different locations, which can be harmful or confusing for a child and can lead to inconsistent accounts, potentially damaging the quality of the evidence.

- Another noteworthy example is the establishment of a child advocacy project in County Durham and Darlington in the UK, which is to be merged with SARC to improve services to all victims of SV, regardless of age and gender. For example, in County Durham the judge requests the solicitors' questions in advance of a hearing and screens them for appropriateness and limits the number allowed. This has considerably reduced the time in cross examination for victims and is a good model of practice in relation to SV cases. Initiatives like these help to remove impediments which might prevent SV victims coming forward.

3.4.4 HSE Sexual Assault Treatment Unit (SATU)

Two Clinical Nurse Specialists (CNS) in SATU took part in this research. The improvements/needs identified are:

The provision of clinical supervision and support for CNS in SATU would help to retain staff in this profession (nationally only 8 out of the 20 originally trained currently remain in this area of work). This work is specialised and at advanced nurse practitioner level, e.g. they are the only nurses in the country trained for evidence giving in court in sexual assault cases, but this is not recognised in emolument scales, despite a Labour court agreement. SATU is resourced under the HSE budget for Acute Services, which means it is competing with A&E and therefore down the line in terms of priority.

- SATU in Cork could do with additional space to meet with clients on a follow up basis as the initial assessment room is not suitable.
- Cork SATU would like the service in Cork to develop along the lines of the SATU model in Galway or 'Rowan' in Antrim where all relevant services are under one roof, i.e. SATU forensic examination, Paediatrics, Counselling/Support services and Garda specialist services. This is in line with what the Family Centre St. Finbarr's and the Gardaí have identified, as it would allow any child under 14 to be seen in SATU, as well as over 14 year olds. Having services under the one roof would facilitate victims being questioned about their experiences only once and not have to repeat it over and over to several agencies.
- In other parts of the country CARI is a specialised service working with under-18 year old victims of SV instead of the Sexual Violence Centre. There is no 'CARI' service in Cork.

3.5 Expanding Service Provision

Below are the priorities requiring further consideration when developing a new action plan to respond to the Cork NAP.

3.5.1 Inter-agency Work

The contribution of inter-agency collaboration (including the Community and Voluntary sector) cannot be underestimated in terms of DV and SV work in order to ensure the cohesive and effective provision of services to service users. This can be achieved through joint working, joint training and increased awareness and understanding of each other's roles, thereby eliminating duplication and ultimately enhancing service response. All DSGBV service providers highlighted the benefits of interagency work at regional level, even where the opportunities to collaborate are limited. The exception to this was in Cork city between DV services and the SVCC. There needs to be more collaboration between these services, where currently co-operation is minimal, and all should be working together under the one national/county strategy.

There is a lack of consistent broad-based interagency approaches to DSGBV work, across clinical services and between agencies, and knowledge of existing services/pathways is minimal. As part of developing an implementation plan to respond to the NAP, resource time needs to be given to exploring how to improve and encourage more interagency work among all partners, but particularly those in the city where many of the core services are located. As identified in focus groups, the sharing of confidential data and information requires buy-in as well the development of agreed protocols and procedures.

Focus groups reported that the interagency networks that do currently exist (Family Support in west Cork, Homeless Forum in north Cork and the DV network in the city) are highly valuable and should be supported to develop and formalise further. It was suggested that a model similar to that led out by the Police Service of Northern Ireland (PSNI) around 'protective planning' should be considered in terms of agreeing a framework of roles, protocols and ultimately a model of excellence that can deliver the best wrap around service to victims of DV or SV. It was also noted that the good work of an agency can be personality based, but there needs to be a commitment to high quality good practice behaviour on a professional level across all service providers.

For some, however, changes in the location of statutory services have created a barrier. In Cork city, the movement of Rent Officers and Community Welfare Officers away from a community setting and into Abbeycourt house (Department of Social Protection Office, South Lee) has created a barrier where the advocacy efforts of agencies such as the OSSCork has been made more difficult, as well as making it more challenging for clients to access information and financial entitlements. The referral networks and contacts developed by OSSCork staff with Social Protection personnel have been erased. This highlights the need for all agencies to give consideration to interagency/collaborative working arrangements as it enhances services symbiotically and prioritises the client/victim.

3.5.2 Services for Men

It is widely accepted in Ireland that both men and women can be victims and perpetrators of violence in the home (COSC, 2016). Studies have found that although the majority of victims of DV/SV are women, men have a higher risk of minor domestic violence incidents, but a lower risk of severe abuse incidents (McKeown and Kidd, 2002; Watson and Parsons, 2005). This is confirmed by consultations carried out with a group of men and interviews with male service users. Services for male victims are limited and responding will require a new strategy to raise awareness of male DV and increasing the provision of appropriate services to men across the city and county.

Several stakeholders highlighted the difficulty for men in reporting abuse, the stigma attached to naming the abuse and the very few options in knowing what to do and where to go. Four out of the five DV services in Cork city and county are women only service provision, but these services do refer men directly to OSSCork. The four services that are

gender specific stated that they need a safe space for women (who make up 90% of victims) to attend. While services acknowledge the seriousness of domestic violence for men they state that combining both services in the one facility would be detrimental to their work with women. OSSCork, based in the city, provides support to women and also provides direct DV support services to men¹⁰ from the city and the county. However, their drop-in office space is very small and not suitable when both men and women present at the same time. Men also access services for SV at CUH, SATU and the SVCC. However, throughout this research, and voiced by some community service providers, there is a sense that men are treated differently by statutory services, for example that statutory services interpret the experience of DV or SV as being worse for male victims than for female victims. Male DV/SV experiences require attention in terms of raising awareness of the particular issues men face, staff training and work practice reflection in order to provide appropriate responses. CUH and SATU are seeing more men presenting to their services in the past few years (about 8 in every 100), but all services need to take reporting by men more seriously as research shows that men tend not to report SV for fear of not being believed. It was also suggested that after hours services are more likely to be accessed by men, but the question is how could these be made more available by existing DSGBV support services?

There are limited services available to men and male service users highlight that existing services are female orientated with no male workers visible at any of the services attended. One male victim stated that 'he felt judged by statutory service providers prior to going to court. Initially he did not know where to go and when he did many of the service providers, including the Gardaí and solicitors, advised him to stay quiet until he got his say in court'. Like many victims, he felt isolated and victimized even further.

3.5.3 After-Care

The way out of and away from domestic and sexual violence can be a long road to full recovery, regardless of gender. Support in the form of counselling, support groups and structured programmes are all an essential part of recovery and several Tusla funded service providers offer such services. However, more funding is required to support victims in both exiting violent situations and staying on the road to recovery, e.g. in one service there is a significant waiting list and wait time for after-care counselling services. It was noted by several participants across focus groups that Garda response times in rural areas is too long to protect victims from court order breaches. DV call outs must be given greater priority by Gardaí.

Staying safe after leaving a violent situation should be supported by more services through safety planning, group support and one-to-one supports. Supports for victims who choose to return to the violent relationship should also continue, e.g. by offering a helpline number

¹⁰ Some men stated that they access on-line services such as AMEN. At the end of 2017 AMEN commenced a new outreach service for men in partnership with Family Resource Centres.

and one-to-one support in a safe place or carrying out a safe home visit, which can continue to provide great insight and comfort to victims. Also, there is a need to provide (perhaps in collaboration with other local services) opportunities for social engagement and personal development particularly in remote rural areas where severe social isolation is a very real concern.

All stakeholders must respect the time needed for recovery, in that the provision of support should not be time limited, whilst at the same time support should be progressive and stepped down as appropriate. Counselling qualifications (e.g. the training provided by the Sexual Violence Centre, Cork) are essential in order to be able provide appropriate emotional support to move beyond trauma, understand the impact of trauma and make plans for moving forward.

3.5.4 Mental Health

The majority of services surveyed stated that many clients present to them with multiple issues, including mental health concerns. Many young people (age 15-16) present to SATU with anxiety, depression, suffering from panic attacks and other mental health conditions and many are already linked with CAMHS, GP or school counsellor. Yet DSGBV services do not have any specific access to public mental health services nor do they have a role in developing a strategy with Mental Health specialists to examine the impact of combined DV & MH issues. The relationship between mental health and DV requires further investigation and research. This in turn would inform the development of appropriate services and responses.

More investment in mental health resources and supports for families experiencing violence was suggested by the city focus group who acknowledged that existing mental health services are very over-stretched. Edel House refers women to mental health services, but they are not necessarily getting the level of support they need, e.g. they are presenting to A&E in the Mercy Hospital, but discharged on the same occasion following psychiatric assessment which identifies a behavioural issue not a psychiatric disorder. This can result in risk to the woman herself and to other residents in Edel House. A proposal has been submitted by Edel House for a part-time mental health worker and part-time addiction specialist to be part of the team to seek to address these issues.

3.6 Accommodation

All services identified accommodation, both short term and long term, as a priority need. Emergency accommodation for women and children is provided through Cuanlee Refuge (just six rooms available) or Edel House emergency shelter, both of which are in Cork city and constantly full. When these services are full, women and children are sometimes placed in hotels and B&B's, which is often just for a few nights, therefore families have to keep moving on from one B&B to another as rooms become available. This greatly adds to the

trauma of homelessness for both the victim and children and can act as an obstacle to exiting the relationship in the first instance. There is not enough crisis/transitional housing options available (or none at all in some rural areas, e.g. west Cork). In the current climate, finding alternative housing is extremely challenging and this is particularly the case for families on low income who may find themselves homeless after leaving a domestic or sexually violent situation. In many cases it was claimed that the lack of accommodation options is keeping the victim at home with the abusive partner and can result in women and men staying in unsafe situations or going home too soon. The lack of bed spaces and transitional accommodation for victims is at crisis point. The current housing crisis is compounding the problem even further across the city and county. All annual reports of DSGBV service providers have identified accommodation needs as a priority across the city and county, e.g. *‘Without doubt the issue of greatest significance facing the service and its clients through 2016 was that of Housing, continuing the trend from the previous year. This is affecting clients in both private ownership and council tenancy’ (OSSCork)*. The lack of accommodation options, both crisis and long term, are critical barriers to the work of services.

Rents are also very high, particularly in Cork city, and the welfare rent allowance has not been increased in line with market rent. There is also less flexibility now in terms of moving out of the county. For example, if there are available spaces, the Kerry refuge will only take a woman from Cork for two weeks respite, because she will not qualify for rent allowance as Kerry is not her original location of residency. Therefore a sustainable pathway out of the refuge can be very challenging to achieve. Where families move from another county, it can take weeks or even months, depending on city or county waiting lists, to satisfy stringent housing criteria and get on a housing list. For example, victims moving to Cork from another county must have connections in Cork with close family members in order for their housing application to be viewed favourably in the county. Only when families are on a council housing list, are they then eligible to apply for HAP (Housing Assistance Payment) in the local authority, which is replacing the rent supplement that was previously available to families through the Community Welfare Office. The next challenge for families after getting onto the housing waiting list and then qualifying for HAP, is to find affordable, private-rented accommodation, in an already distressed housing market.

In addition, services for homeless women and children are very un-coordinated, between Tusla services, HSE, Local Authority Housing Services and Social Welfare. Data Protection requirements can further exacerbate the lack of coordination between services, but in other jurisdictions specific protocols are agreed and implemented to address the Data Protection concerns (for example, the Barnhaus model in Iceland and the Child Advocacy Centres in the US, which have a memorandum of understanding with the Police). Making DV victims a priority for accessing social housing and having a dedicated housing office to deal with victims of DV would assist and encourage victims to exit abusive relationships.

Property Rights

A representative from the local authority noted that the local authority cannot take the perpetrator, who is subject to a Barring Order, off a joint local authority tenancy. If the perpetrator refuses to give up the tenancy, the local authority cannot force them off the tenancy. There is a lack of legal framework to address this particular issue. It is noted that a person who is named on a joint tenancy agreement cannot apply to re-join the housing list. If the victim leaves the local authority house with the children but is not taken off the joint tenancy agreement, they may be able to get interim HAP at the discretion of the Housing Section. Such situations may result in the abuser being left in a family home while the victim and children are in emergency or unstable accommodation. It was suggested that the relevant Local Authority be permitted to exercise discretion to remove a person convicted of a domestic assault, or who is subject to a barring order. Alternatively national guidelines for local authorities giving clear instructions to remove convicted perpetrators would again strengthen supports to victims and send out a clear message to perpetrators.

Finance

Service providers report that it can take up to two years for victims to feel safe and manage independently once they have left the abusive situation. Many victims fall into poverty once they leave their partner/home. Victims are faced with expenses immediately, e.g. accommodation, fees for legal services, child support, food and bills. Many need to apply for welfare assistance immediately, which requires a significant amount of paperwork and the process time can be lengthy, leaving victims in financial deprivation immediately after exiting a DV/SV situation which can continue for a considerable time. In some instances of litigation, the court requires a Section 47 report (a report by a mental health professional to determine what is in the best interest of a child or children) and this can cost up to €1,500, which in some cases the victim must pay.

In other cases the victim's payment is tied to the partner's (perpetrator) payment/income. Services will support the victim to apply for a separate payment but this can also take time. Initially s/he may be eligible for an emergency payment from the Community Welfare Office or vouchers or financial help from the Society of St. Vincent de Paul (this can be different for every individual and varies from location to location). Making DV victims a priority for accessing benefits, and having a dedicated Community Welfare Office to deal with victims of DV would help to alleviate high levels of stress when leaving a violent situation, which in itself requires courage and conviction. The risk of homelessness and poverty for women in particular leaving DV situations cannot be emphasised enough in this research. Problems with accessing accommodation, having an entitlement to housing, lack of resources and looking after dependent children put a huge strain on victims. Safe accommodation and financial independence is crucial to moving forward.

3.7 Children, Teenagers and Young Adults

Children witnessing DV is now widely recognised as a form of child abuse and forms part of the statutory context of Irish child protection legislation, i.e. Children First Act 2015 and Children First Guidance 2017. While Cuanlee offers limited therapeutic intervention to children, support work including therapeutic work with children and young people is an ongoing service need that requires resources and an overall framework. The harm and long term impact on children exposed to DV can lead to a greater risk of becoming homeless, suffering from physical and sexual abuse, jeopardising development, suffering from child neglect, mental health concerns, death and offending (Tusla, 2016). The CYPSE agenda in county Cork has prioritised the social and emotional wellbeing of children and young people and has identified the mental health of young people as a theme to be developed in the coming year.

3.7.1 Children

All service providers identified the lack of services for children who witness/experience domestic and sexual violence. Primary service providers to adult victims of DV/SV (and their children) have little or no access to CAMHS or other child support services. The provision of support including therapeutic services for children exposed to domestic/sexual violence and a dedicated sexual assault treatment unit for children are identified as key needs. This includes a recovery group for children, e.g. a Barnardos or Springboard type service, etc. CUH stated that a number of children and adolescents present with mental health issues, e.g. deliberate self-harm and emotionally instability, and SV / DV is a huge factor in these presentations. Child centred services would be more suitable and cost effective in these instances rather than placing a further burden on acute healthcare services. Women's Aid (2016) make specific recommendations in relation to improving protection for children experiencing domestic violence and these are:

- The Court should consider the safety and well-being of children when granting a barring order.
- Experts should be made available to the court to assess the risk the perpetrator poses to children.
- Funding should be made available for safe, supervised, child contact centres.
- Funding should be provided for training for all staff in DV related services to understand the impact of abuse on women (men) and children, and the risk of this continuing or escalating post-separation.

There is a system in place for social workers and PHN's to refer children to the Community Child & Adolescent Psychology service, however current waiting lists for this service and for CAMHS are currently very long. Children and young people who have lived with abuse are presenting with issues related to trauma and require an immediate, age appropriate

services. Some service providers (OSSCork, YANA, WCWAV) source additional funds to refer children to private therapeutic services locally, but it is ad-hoc and there is no policy or strategy in place to respond to this cohort of young people with needs. In one focus group, Barnardos highlighted that DV was present in almost all family cases they work with and yet the victims stay in the abusive situation, mainly because of the children.

Nasc state that there is a very poor immigration system in place for non-Irish children. While it was reported that Tusla social workers in many cases have a good interaction with Nasc services and workers, more needs to be done to obtain documentation and complete registration with the immigration services, especially as children come towards the age of 16.

Impact on victims

Since September 2016 Cuanlee Refuge instituted a change to their admission procedure in that a child protection notification is now submitted to Tusla for all children residing in the refuge. This is in line with Children First and in recognition of the impact of domestic violence on children. Unfortunately, this change in the Cuanlee procedure has negatively impacted on the numbers of Traveller women now accessing the refuge. This issue should be addressed by more proactive engagement and relationship building between Cuanlee, social workers and Travellers, perhaps through the various Traveller organisations in Cork.

While Cuanlee continues to submit notifications to Tusla, these referrals are often not followed up by the social work department, perhaps because there is a sense that the woman and child are safe from abuse once they are in the refuge. It is also the case that more and more families coming to the refuge already have social work involvement, which is an indication of the increasingly complex nature of the abuse. Cuanlee and OSSCork stated that in some instances of abuse, women have been given the choice by social workers to leave the abusive situation and go to a refuge or else have their children taken from them in order to address the child protection issues. In these cases it can make the provision of support for women in the refuge very difficult as they remain in denial about the abuse and/or their ongoing relationship with the perpetrator in order to retain their children. It seems that unintentionally, these changes in the child protection practices of Tusla social workers are having an immediate and sometimes negative impact on DV clients seeking support. Where the perpetrator is still in the home, there can be an emphasis on the victim applying for orders from the Court to ensure the safety of the child, or on encouraging the victims to remove themselves from the family home. This is placing a strain on the client and the Family Law Court, necessitating further demands on DSGBV support services. Conversely, where the child lives apart from the abusive parent (and technically the child protection issue has been resolved), it is extremely difficult to engage the child protection services even though contact is occurring through access (often court ordered) and this may be the point of contact where abuse continues to take place.

CUH noted that in recent times there is an increasing number of counter allegations by perpetrators and the rush to the courts to get a barring order. It can be a strategy of the perpetrator and a method of control, i.e. the threat of displaying the woman as a bad parent. There have been incidents of women taking an overdose due to DV and then the partner has custody of the child/ren because she is seen as not being a fit parent. Several of the service providers talked about perpetrator strategies of reporting child abuse/neglect by their partner (who is already in the process of exiting a domestic violence situation) but where the social worker inadvertently in his/her work targets and can victimise the women even further.

The negative impact of DV on their children was identified by 38% of those responding to the online survey as a primary turning point in their decision to seek help. There is a major change of lifestyle for women and children when exiting DV and therefore safe accommodation and aftercare structured supports are very important to sustain independent living and prevent repeat/returning to violent situations. In many cases women are left with the fallout (disturbed children) after making the major effort to leave the DV/SV situation and undoubtedly require supports for themselves and their children.

Intimidation at access

A constant issue highlighted by services (and confirmed by some service users) relates to where there is an access arrangement in place for the perpetrator of violence, permitting regular contact with their children. This is sometimes taken as an opportunity by the perpetrator to harass or emotionally abuse the victim and / or the children and sometimes to use the children as pawns in the power dynamic. In some cases access is supervised through the social work department, but in many cases access is court ordered and is facilitated informally by families themselves and can place victims and children at risk. The provision of a professional 'access or contact service' would address this issue, where access could be facilitated by an independent specialised service, thereby reducing or even eliminating the contact between perpetrator and victim, and appropriately supervising the contact between the perpetrator and their children. Unsupervised access to children was raised as a serious concern by many services, victims and agencies. The Women's Aid report (2016) states that there were 411 disclosures of abuse during access. Similar instances were reported to the researchers during the Cork NAP consultation process, but specific recordings were not available.

3.7.2 Young People

Two focus group meetings were held with young people (not all necessarily affected by DV or SV), one with young people attending Good Shepherd Cork and the other with first year students at UCC. The following are their contributions:

Teenage young women

A focus group was held with a group of 6 service users in Bruac (Good Shepherd Cork). These vulnerable young women were in the age bracket of 16 to 18. The following points emerged:

- Initially the group identified domestic abuse as a man hitting a woman. However, as the discussion progressed the young women themselves identified broader examples to include a woman hitting a man and same sex violence. As well as physical violence, they also identified mental abuse and gave examples of extreme jealousy in a relationship and being blackmailed to do something you did not want to do.
- As regards sexual violence the young women immediately identified rape, but also identified unwelcome sexual comments and being touched by someone when not wanting it. An example was given of 'having been touched/grabbed on the breast and bum in a night club' and how hard it can be to challenge this type of behaviour for fear of retaliation. There was also an awareness of the complexities of giving informed consent when under the influence of alcohol for example, whereby a person might be too drunk to make a decision about sexual contact.
- Some of the young women were aware that there were posters in the toilets in the Bruac facility giving information about services in general, but also specifically to do with DV and SV. However, the level of knowledge as to where to go if experiencing DV or SV was very limited. The group identified that for them and their peers the best way to get information about services would be to have a readily recalled phone number (like 999 or 121), information on RedFM and 96FM, or to have access to a Facebook page as their main method of getting information would be online.
- One of the young women brought forward a Women's Aid information leaflet (available on site in Bruac) on healthy and unhealthy relationships. This led to a broad discussion on how one might identify worrying signals in a relationship and they gave examples such as a boy posting nude photos on line of his girlfriend. In turn the discussion evolved on to why a person would stay in an abusive relationship and the young women spoke of how they might be embarrassed or afraid to leave, or too much in love.

SATU noted that there are an increasing number of children and adolescent mental health presentations, e.g. deliberate self-harm, emotionally unstable, psychosocial stresses and SV / DV is a significant factor in these presentations where there is a lot of pressure on young people to explore their sexuality. It is often the norm that young people will have access to sleeping tablets or anti-depressants and additionally many presentations are linked to excessive alcohol consumption. Anecdotally it was observed that for young people the easy and free access via social media to pornographic images is contributing to increased peer pressure about real life sexual experiences and those being imagined. In north Cork it was noted that teenagers are particularly vulnerable and that young men in particular find it very difficult to articulate their emotions and experiences. More effective preventative work

needs to take place with young people in many settings, e.g. school, sports clubs and youth centres.

While there is a lot of debate about the negative aspects of social media, the positive use of online information is less understood, often underestimated and needs further discussion. 'Until recently I was a clinical advisor for an online mental health website for young people and their parents, and found it reached young people who could or would not come to me. It was very effective for young people to open up and engage in conversation'. More research is required in this area as social media/internet are the dominant forms of access and communication for young people.

There is a need for a one stop shop for services for children/young people affected by DV. It should be community based, holistic and accessible with outreach to the community, both rural and urban. Children as victims in their own right should be acknowledged and supported across services. It was suggested by many service providers that CYPSC consider taking on a role in developing co-ordinated and holistic responses to children. Currently there is no DV service represented on CYPSE.

Young Adults

From the annual statistics we know that 62% of cases reported to the SVC in Cork city in 2016 were from students aged 18-23, and 50% of reports to SATU were aged 18-23. These numbers are a cause for concern.

'Say Something' - A Study of Students' Experiences of Harassment, Stalking, Violence & Sexual Assault was carried out in 2013 and the following was reported:

- *11% of women students had been subject to unwanted sexual contact*
- *5% were rape survivors, with a further 3% survivors of attempted rape*
- *31% of women reported feeling harassed, including just under 19% being physically groped*
- *17% of women had been photographed or filmed without consent, and 8% had these images circulated without consent online*
- *10% of women had experience of stalking or obsessive behaviour including online*

A focus group was held with students at UCC. Most of the students were in the age bracket of 18 to 23 years and they had limited experience of DSGBV. However, as the discussion progressed the following points emerged:

- It was stated and observed that some students do not know they are in an abusive controlling relationship. Some students discuss the controlling behaviour by their partners as part of everyday conversation but do not identify the behaviour as controlling or abusive, e.g. a male partner taking away her food, constantly commenting on her body image and breaking down her confidence.
- There was a suggestion that in some cases the perpetrators do not know they are abusive. That they have normalised their abusive behaviour.
- There was overall agreement that students did not know where to go for help or advice either on campus, off campus or online. It was clearer about where to go if sexually assaulted but it should not take 'rape' to avail of services. Like many participants in this research, students want easy access to support, like a drop-in space, before reaching a crisis point.
- There is only one welfare office for over 20,000 students in UCC and this person is often the first port of call for students with a wide range of concerns.
- It was agreed that better online access would help students significantly, but that any online site needed to be designed simply and robustly. Students also said that more awareness raising through apps, cards, toilet notices and helplines would improve responses and access for those who needed services. Students felt that other large national campaigns such as mental health, quit smoking and cancer screening have all made a big difference and therefore more varied campaigning about DSGBV should be continuous.
- Prevention is key: educate young people at secondary school, at third level continue sexual health workshops and continue to deliver the successful 'Bystander Intervention Programme' (described in more detail in Appendix VII).

3.8 Legal Services

3.8.1 The Legal System

The EU Council of Europe Convention on preventing and combating violence against women and domestic violence (to which Ireland is a signatory), also known as the Istanbul convention, was reviewed by Dr. Louise Crowley from UCC. She concludes, 'if Ireland is going to give meaningful effect to its international obligations, it is time to further invest in and develop comprehensive laws and structures to provide immediate emergency protection for vulnerable women and men, to tackle incidents of domestic violence with robust criminal prosecutions and to mandate perpetrator engagement with accessible intervention programmes'.

While it is argued that the legal remedies available to victims are improving, i.e. the option of an interim Barring Order while awaiting the outcome of a full Barring Order application irrespective of the property ownership of the applicant, the process for victims can be complex, demanding and intimidating. Of concern is the experience of those applicants outside of District area 19 (Cork City). For example, victims who reside in the Midleton area must make their application for the District Court at the Family Law Office situated at Court House Chambers in Washington St., Cork City. Those who are seeking Protection orders must then attend court in District area 20 (i.e. Mallow, Midleton or Fermoy). This means that whilst the Summons for a Barring Order or Safety Order hearing may be prepared in Cork City, in order to secure the Protection Order the client must follow the judge to whichever court s/he is sitting in within the following few days. This is compromising the safety and security of the victim. Whereas it is understandable that summons are prepared in the city and that hearings, for example for Maintenance or Access, and indeed the Safety and/or Barring Order are returned to their district, it is concerning that applicants would have to wait and travel to secure the interim Protection Order.

Many victims access the subsidised Legal Aid Service and the solicitors tend to work under significant pressure. This often results in a service that can be inconsistent and difficult to access across the city and county. Legal Aid Board solicitors do not always have the resources to provide a holistic service to clients. For example, they consult with victims (often without supports) at the last minute, resulting in the victim feeling nervous and even more fraught. The solicitor may only have a legal aid cert to provide representation on a Safety or Protection Order and not on a Maintenance or Custody Order. A major concern is that there are restrictions on the number of legal aid certs that a solicitor gets in one year and this may force a solicitor to choose between which issues to litigate.

The recent announcement by Charlie Flanagan, Minister for Justice and Equality that the charge of €130 for legal aid is to be removed (January 2018) is a very welcome development as this has proved to be a major barrier for many legal aid applicants.

3.8.2 Access to Information

The UCC Law School department representative to this Needs Analysis Project and the city focus group highlighted the need for information to be provided to service users in advance of entering the legal process. Information versus Advice versus Representation can be challenging for clients to understand the boundaries and distinctions between these. DV and SV advocacy groups may not be equipped to provide legal advice and can struggle to get this information for their clients. An example was given of a query that might take two minutes to reply to if they could simply speak with a legal expert on the phone and relay the information to the client, however the client may have to go on a waiting list to get to speak to a legal aid board solicitor and this may take weeks or months. Even when the client has a solicitor from the legal aid board assigned to them, the solicitor may take weeks to respond to a query. There is a need for a helpline for individuals and organisations to get accurate legal information and advice quickly and effectively. This could be an off-shoot of the Legal Aid Board, but an increase in funding for this would be required. Discussions on what a helpline could look like includes a Citizens Information phone line service or FLAC phone line service. A need was also highlighted for accessible information for non-legal practitioners, including medical staff and social workers.

Also, there can be gaps in information that DV victims get depending on which service provider they meet. This can happen in a Garda station where a Garda gives incorrect information or at court where clerks often function as gatekeepers, but they may not always have the correct up to date information. An example was given of women having been given incorrect information on whether they could apply for a Safety and Protection Orders at the same time. There are also issues when the law changes and the clerks may not be aware of the changes, which can result in a delay in getting that information out to applicants.

3.8.3 The Courts

The lack of family courts around the country, including Cork, is a serious disadvantage for victims of DSGBV. Several service providers stated that family courts are very good in terms of being efficient, especially for Protection Orders, but that there can be a long wait for Barring Orders. There is a huge disparity between judges in terms of their responses and understanding of DV/SV. In some cases, it was stated that judges of the court do not appear to know the legal remedies available to victims and they lack training in the area of domestic violence. Some have become judges having never worked in family law and may be unfamiliar with the relevant legislation.

There is a lack of standardisation of remedies and procedures from court to court. A great deal of discretion is allowed to judges by the legislation, which means that the procedures in court can vary significantly between the courts in the city and in the county. This limits the ability of legal representatives to provide their clients with detailed advice and determine when to apply for a Safety Order or a Barring Order or a Protection order. These practices and procedures can also change when a new judge is appointed.

Court proceedings are undermined by lack of enforcement of civil law orders. A court judge will make an order but does not take responsibility for ensuring orders are enforced. The majority of service providers said that enforcement of court decisions is very weak and in some cases non-existent. This requires attention by law enforcement agencies both the Gardaí and Department of Justice and Equality. As referenced earlier, in family law court proceedings a Garda cannot give evidence where no formal complaint/statement has been made. For example, Gardaí cannot give a statement to say that they had been called to a house on six occasions or give evidence as to what they witnessed at the scene. This could be easily resolved and would again show support for the victims in presenting their case.

Focus groups were highly critical of the court experience for victims of DV. Accessing court services for rural victims in particular can be very demanding and difficult. In some cases, e.g. a woman from Cobh or Midleton goes to Cork city for a Summons in order to get a Protection Order as this service is not available locally, and then must go to the District Court based on wherever the judge is sitting for the case to be heard. If the victim does not have a car, the requirement to travel is extremely onerous on the victim and the service trying to support her. Court sittings can be a long distance away for the victim, one can spend hours waiting to be heard, family cases are sometimes mixed in with criminal cases and the perpetrator is often in close proximity to the victim, which is very undermining. In short, court settings can be very intimidating experiences. This is confirmed by service users also.

Finally, focus groups made three additional suggestions: that there was a need for Law Reform in that DV should become a matter of criminal law rather than civil law; that Local Authorities should be given the authority to resolve issues relating to joint tenancies where there is a DV concern; and the Director of Public Prosecutions should review the Memorandum of Understanding with the HSE in relation to Gardaí seeking medical/therapy notes for use in criminal investigation (e.g. CAMHS files, psychology files, etc.), as this potentially puts victims at further risk.

3.9 Minority Groups

3.9.1 Immigrants

In research undertaken internally by Nasc with non-EU migrant parents who came into contact with child protection services (20), 40% reported to have suffered DV. The research highlighted the need for Tusla child protection social workers to be culturally competent and appropriate in their dealings with immigrants. This is acutely noticeable where the victim is dependent on their partner for legal status in this country (see Table in Appendix IX).

The Irish National Immigration Service developed guidelines in relation to supporting victims of DV. The Guidelines document sets out how the Irish immigration system deals with cases of DV where the victim is a foreign national and whose immigration status is currently derived from or dependant on that of the perpetrator of DV. It is aimed at explaining how a victim of DV, whose relationship has broken down, can apply for independent immigration permission in his/her own right. It states that 'Migrants may have additional vulnerability in this area in that the person committing domestic violence may say "if you report this you will lose your immigration status". This is not true. Domestic violence should always be reported and one does not have to remain in an abusive relationship in order to preserve entitlement to remain in Ireland.' The Guidelines also give advice on making an application for resident status in one's own right, advising victims of DV, regardless of status, to report any domestic abuse to the Gardaí and how to make an application to the courts for an order under the DV Act.

Having spoken with staff at Nasc, who work with immigrants on a daily basis, the issues that were identified (citing real examples) for immigrants suffering from DV can be one or more of the following: Immigrant victims of domestic violence feel in constant fear of being deported, particularly if their status is tied to their partner, making them even more vulnerable. Immigrants without official status cannot get welfare support, cannot stay in temporary accommodation and can end up homeless, which can result in their children being taken into care. Visas are often issued in the name of the husband (who may be the perpetrator) and this makes it very difficult to provide services to the woman and support her in feeling safe. Several service providers including Nasc, OSSCork and Edel House confirmed the above.

The commitment and attitude of Gardaí was questioned in several cases and it was highlighted that immigrant victims are not clear on where they stand and how/if they would be protected by the Gardaí. This is despite clear statements made in the 'Victims of Domestic Violence Immigration Guidelines' issued by the Department of Justice. There needs to be consistency in taking reports from victims who report abuse so that potential reporters and service providers can be clear and reassure victims that they should report and how the process will work.

Language barriers can also be a significant issue for clients who do not speak English. They face numerous issues in getting access to relevant information or where to go for support. If they attend court to seek a DV order they may not be able to complete the forms and the level of help they receive from court clerks can vary. While there is limited access to a Women's Aid translation service by phone, service providers do not have a sufficient budget for interpreters and often have to rely on victims' friends to translate. There is no qualification procedure for interpreters and there are concerns that there may be issues with the quality of interpretation and interpreters' understanding of providing non-judgmental and confidential information. As some minority communities are so small, the

woman coming forward to disclose abuse may be concerned that she knows the interpreter or that the interpreter knows her abuser.

Many immigrants live in rural areas of county Cork and getting to the city for services can be almost impossible and certainly not affordable. Therefore more staffing, training and locally based wrap around services, are required to respond to rural resident's needs.

3.9.2 Travellers

Focus group meetings were held with a group of Traveller women (12) and a smaller group of Traveller men (5), with interview input by the TVG co-ordinator and STHN co-ordinator. The following was reported from the focus groups:

All the women who spoke about domestic violence had experience of DV either directly, or indirectly by witnessing their sisters or daughters dealing with DV situations. Violence ranged from on-going emotional abuse, e.g. being monitored on facebook or taking their dole money, to extreme levels of violence being inflicted or threatened. It was felt that in the past there was an acceptance within the community of a level of violence (mainly attributed to alcohol and drug abuse by men who are angry and unemployed), but that this is changing because women are going out and becoming educated. Several women talked about their negative experiences of some DSGBV services and said 'they do not have a clue about our situation or about our culture'. They said 'all services should complete TCAT (Traveller Culture Awareness Training) training' and get to know us and how we live. In one example a lack of sensitivity was shown by Gardaí in dealing with a call-out to a halting site for a DV incident. On this occasion the Gardaí also checked tax and insurance of vehicles on site, which discourages victims from calling Gardaí for assistance in relation to DV.

One organisation spoke about supports being inadequate if a Traveller woman tries to leave her home. Travellers are a close knit community, and women can be blamed in many ways if they try to leave, i.e. children and extended families blame the women if she tries to leave. If Traveller women do leave and move into rented accommodation, it is almost impossible for them to find work and this reduces their financial independence and increases their isolation within the community. In addition, the constant and high level of discrimination and racism that Travellers face on a daily basis undermines their confidence. This coupled with DV, significantly compounds mental health problems within the Traveller community. Similar to other communities, Travellers feel ashamed to ask for help. However, they might confide and seek help through a priest and said they were becoming much more confident about going to a Traveller organisation for advice and information. Some had gone directly to YANA as a result of YANA providing training to the Traveller organisation.

Many young Traveller women are afraid to leave a DV situation for a variety of reasons such as: having male children over the age of 12 and not being able to take them to a refuge, afraid to go to their parents as it may involve them in the violence, afraid they will lose their husband and many believe that their children will be taken from them if they report

violence or go to the refuge or hospital. Participants (mostly mothers) in the consultation felt that there was a strong link between the experiences of young female victims and their poor mental health. Traveller organisations felt that some clinical DSGBV services do not take Traveller referrals as seriously as non-Travellers and do not understand that leaving their community is very complex for Travellers.

Traveller men felt that there are many challenges to their masculinity, including not knowing what “men’s work” is today, feeling useless, being unemployed and having their cultural identity eroded. Many turn to drink and drugs (see AITHS, 2010). Men suffer domestic violence primarily at a mental/emotional health level, which was reported as ‘their partners embarrassing them in front of other men, stopping them from going out and bossing them around’. Traveller men do not talk easily about their experiences or their feelings which in turn can lead to mental health struggles. Participants asked *‘where would they (men) go ... who would take them in ... they would end up homeless and go to Simon’*. Some of the men suggested that difficulties arise as many Travellers get married young, are immature and can be very jealous of one another. Travellers need a whole family support approach which keeps them together. One Traveller organisation said ‘they are worried about the health and well-being of Traveller men, the poor self-image they have and what is portrayed about them across all media;’ all of which pose real challenges in addressing DV among the male Traveller community.

More than half of repeat admissions to Cuanlee refuge in 2016 were Travellers. For 2017 Cuanlee report a drop in the number of Travellers accessing the service since the introduction of a policy of submitting a ‘Standard Reporting Form’ to the local Child Protection Social Work Department for all children residing in the refuge. This reduction in Traveller women accessing refuges is confirmed at national level by Women’s Aid (2016) and is an issue that needs to be explored further between services, Travellers and Tusla child protection social worker teams.

The Southern Traveller Health Network (STHN) developed a resource book in 2013 for everyone working in the area of violence against women entitled ‘Rings of hope: a story of the women who wear them’. It states that diversity within the Traveller community needs to be acknowledged and notes that it is essential that agencies and service providers with responsibility for providing DSGBV support services learn and develop culturally appropriate responses and understandings to gender-based violence. The resource book further states that more Traveller men should commit to anti-violence work, potentially through a Social Determinants of Health Framework. This resource should be made widely available to local projects.

Traveller Culture Awareness Training would assist all service providers to understand the history of Traveller life, how extended familial relationships work and the significant negative impact that high levels of discrimination and disadvantage have on the Traveller community over the past 40 years. The STHN adopts a position of promoting self-care and

awareness raising with women, which focuses on lifestyle, support groups and gender analysis. Perhaps this model could be documented further and supported to be rolled out by all Traveller projects.

4.6.3 LGBT

There are two specialised service providers to the LGBT community, both located in Cork city (none in the county although Cumann na Daoine in Youghal is currently in the process of establishing an east Cork LGBT network). LINC offers a service to lesbian and bi-sexual women and the Gay Men's Project (GMP) offers services to gay, bi or transgendered men. In relation to LGBT experience of DSGBV services, the key issues emerging from the consultations are detailed below:

According to LINC, lesbians are not sure if DSGBV services are LGBT-friendly, the DSGBV services say they are, but this is not obvious to potential users. More images, literature and cultural competency relating to this community are required and should be promoted. The lesbian and gay community does not always identify with domestic violence as the power imbalance is non-traditional. This is also the case with service providers who need to be more aware of the power dynamic, how this can be abused and manifest itself, e.g. threats of 'outing', blocking friends/socialising with other lesbians. From the outset, sexual orientation should be a question on the initial assessment form. As noted in the literature, violence in the lesbian community is sometimes referred to as 'intimate partner violence' (IPV). Similar to any minority community in Cork, the LBGT community is small and most people know of each other to varying degrees. Both perpetrator and victim can attend/use the services at LINC which is not safe for the victim. It would be preferred by LINC that those who require a service would go to those specialised DSGBV services where adequate awareness and training has been completed by those providers. LINC can offer such training to DSGBV services.

Research carried out in 2012 by Susan Minor confirms that LINC is the main community resource organisation for lesbian and bisexual women living in Cork city and county. LINC responds to domestic violence for members of their community and interacts with DV/SV service providers across the city and county. UK research estimates that approximately 17% of women in intimate relationships with women experience intimate partner violence (IPV) from their partners. The research highlighted that the majority of service providers who respond to DV/SV in the lesbian community wanted training and better links with each other. Specific service improvements requested by women experiencing IPV identified by Minor (2012) are listed in Appendix X.

Within the LGBT community, more awareness raising about DSV could be carried out through information provision, and inclusion in general health and wellbeing programmes. The LGBT community can be resistant to acknowledging that DSV occurs within the community, partially due to internalised homophobia and similar to other cohorts of people,

because they are embarrassed, ashamed and sometimes cannot believe it happens. Lesbians are afraid of being pathologised if they report abuse. For those LGBT who are not 'out', a sense of powerlessness can prevail. This is compounded by the experience of domestic or sexual violence, feeling silenced and can result in the abuse of alcohol and drugs as a means of escape. These individuals can become isolated within their own community and from the supports of the heterosexual community they have come from.

In recent months (2017) LINC has developed a training programme in relation to IPV within the LGBT community for delivery to the community and general DSGBV service providers. This is a new and welcome resource for the whole community and should be promoted and resourced by Tusla to ensure delivery to all DSGBV services.

In the case of SV, the GMP refers men to the SVCC mainly. A key concern of this project is the lack of support services around marriage counselling, resolving issues in same sex relationships and family support. Both LGBT organisations said that there should be an emphasis on young people engaging in healthy relationships.

4.6.4 Other Minorities

Elder Abuse

Cuanlee identified a cohort of older women (and some women with a disability) who cannot have their needs met because they are physically unable to live in a refuge due to their need for nursing assistance. They gave an example of a 77 year old woman who came to the refuge on an emergency basis but had to return home, although services were offered to her. Many women in their 50's, 60's and 70's and later have experienced DV and have used a helpline but have never accessed a refuge as this age cohort are more likely to stay in the home compared to their younger counterparts. This is confirmed by older service users, who tend to stay living in the abusive situation, but do want access to regular support sessions which help them cope. However, for rural dwellers from east Cork in particular, support services are located in the city and it is challenging/risky for them to get there on a regular basis. An outreach support service would be very welcome to such victims.

City focus groups also identified elder abuse as requiring further attention. It was claimed by service providers that there is a rise in suspected incidents of adult children (often caregivers) abusing elderly parents and includes concerns about financial abuse and sexual abuse. It was suggested at one focus group that the courts too easily grant Ward of Court applications, which are being used to access parents' property and assets. It was also highlighted that the medical assessments submitted in these applications are not by Geriatric Specialists. However, even where there are grounds for believing that abuse exists, elderly people who are reliant on their children may not want to discuss it or explore any options. Well trained professionals can assist reporting and appropriate interventions in this area.

Trafficked Women

Those professional workers with a direct link to sexual violence services said there was a strong need for specific SV services for trafficked women (Tusla, SVCC Gardaí). It was suggested that such services needed to be holistic and part of an overall framework for working with and supporting these victims, e.g. it should include direct one to one support into education/training/employment options, advocacy, personal development and counselling when clients are ready. While the Gardaí say reporting levels are low and SVCC identified that 3% of its victims related to trafficking, such clients, including those in prostitution, need specialised supports.

Female Genital Mutilation

There is minimum data available in relation to this emerging area of need. The SVCC provide accompaniment services to victims of FGM (to a very limited number of women), mostly to CUH. Good Shepherd report being poorly equipped in terms of training and cultural awareness to deal with this issue and many stakeholders agreed that awareness raising of the issues and context is needed across the board.

Direct Provision, Refugees and Asylum Seekers

As stated earlier the researchers were unable to get access to workers or clients at the Direct Provision Centre in Cork. However, collectively service providers identified this cohort as accessing their services and requiring specialist supports. The SVCC has initiated a special project with refugees called the 'trauma project' which is exploring best practice and responses to this grouping.

The most vulnerable people are often the last to reach out for information. The people who have the least capacity to find information and to advocate for themselves need the most help. Awareness raising about where to go, the types of supports and legal remedies available and how to go about applying/receiving them need to become part of widespread information campaigns.

3.10 Service Users

Service users, willing to engage with the NAP, were identified by service providers across a range of services¹¹. Those service users were requested to read and complete a consent form and provide their contact details and preferred method of consultation, i.e. telephone interview, email or face to face meeting. 20 out of 22 services users who provided their contact details completed the consultation process. This aspect of the Needs Analysis was very insightful, some stories were disturbing, many victims were still in abusive situations and others had stayed in the situation for years before leaving. All these victims were brave and courageous in agreeing to take part in this Cork NAP, in giving of their time and the

¹¹ Excluding the Cork Sexual Violence Centre.

telling of intimate details about their lives in order that it might help someone else and improve responses to victims. Violence makes victims feel worn down, useless, undermined, ashamed and fearful.

3.10.1 Profile

20 service users (17 female and 3 male) participated directly in this research, made up of 14 (70%) from the city and 6 (30%) from county Cork.

Summary Profile of Service Users who participated in the NAP:

Race	White Irish	75%	Highest	College	45%
	Black African	15%	Level of Education	Second Leaving Cert	10%
	White European	05%		Second Junior Cert	30%
	Asian	05%		Primary	15%
Marital Status	Separated	40%	No of Children	No children	15%
	Single	30%		1-2 children	45%
	Married	20%		3-4 children	40%
	Divorced	10%			
Experience of DSGBV?					
19 out of 20 experienced domestic violence (95%) with 6 (30%) reporting sexual violence also (only 1 reported sexual violence with no domestic violence).					
Perpetrator	Male	85%	Service Rating ¹²	Rated under 5	20%
	Female	15%		Rated 8 – 10	90%
Occupation	50% were in employment, 15% unemployed, 20% had a disability, 10% had retired and 5% were in full time education.				

3.10.2 Findings

The service users stated that they accessed a variety of services from Tusla funded support services such as FRC's, Barnardos and AMEN to the Gardaí, CUH, GP and Nasc and most victims went to several of these services. It is clear that victims access DSGBV support services from many different pathways. However, it emerged from interviews with service users that they initially did not know where to go when they needed a service. Most said

¹² Rating was 1-10 with 10 being excellent and 1 being poor. No one gave a rating of 6 or 7. Some rated several services which is why the total is over 100%

that they found a service through their GP, a friend, a solicitor or CUH. Feedback from the focus groups would suggest that some victims find their way into a DSGBV service by attending a different community service first, e.g. FRC's, Youth Club or women's group.

Being listened to in a Safe Space

Almost all victims (80%), women and men, said they went to a service for support, to be listened to in a safe place and be believed. At a later stage when a victim is ready, they sought additional services such as court accompaniment, counselling and assistance with immigration.

The (DV) service gave me my life back. They listened, gave me time and I felt welcome. They went above and beyond normal working. They saved me. They were 100% fantastic.

I go to a service in Cork for years. I am 67, was abused by my father at age 5, then by my drunken husband and then by my son now in his 30s. I will probably never leave but it helps me to cope ... the staff are great and they listen to me always.

Children

85% of the service users had children and it is evident from the literature review that the impact on children witnessing violence can be traumatising, life lasting and they can find themselves in situations where the violence is perpetuated in their adult lives.

I left eventually, after several attempts. I feel so happy now, my life is my own, my children are happy and we can plan for the future again.

Awareness of Services

'Not knowing where to go or what to do' was the biggest barrier identified for victims accessing services. This was followed by other barriers such as feeling ashamed and embarrassed about admitting that they are in an abusive situation. The lack of affordable transport was identified by rural victims, especially those in the peripheries of the county (Youghal, Skibereen, Ballyvourney, Newmarket, etc.).

I know loads of other women in abusive situations but they need somewhere they go safely and easily ... somewhere not too far away.

Tipping Point

The main two tipping points that victims identified as the point where they made a decision to go to a service was (i) the physical act of violence, e.g. 'he took a knife to my throat, he threatened me with a chain saw that was turned on and/or my son turned violent towards me' and (ii) when the victim saw or worried about the impact of the violence on their children. In two cases women spoke about 'now being able to leave as their children are

getting older'. These are the women who accessed a service. However, it is evident from the interviews with service users, from the focus groups and from the interviews with service providers, that over two thirds of victims (those who have been or are currently in an abusive situation) have not sought out a service. These findings are in line with the findings from the general population survey (see Appendix VI).

One woman in her email said *'It even got me thinking about all the women that don't even realise how bad a situation they are in. I can remember the Garda giving me your (service) number and thinking, are things really that bad?'*

Another woman said that *'her daughter didn't know she was being abused ... she thought her man loved her more when he was controlling her more'*.

Both these statements reflect the gendered nature of domestic violence and the tolerance of abuse towards women by society.

There was negative feedback about some services received. This included a poor experience of counselling and a couple of users said that some services need to be more professional and safe, i.e. more private for the individual coming in. There were also a few comments on the physical environment at some of the services, for example some being too small and others needing to be more welcoming, i.e. better inclusion of men and minority groups. Improved facilities were identified as a priority need also in relation to the courts, Garda stations and local authorities.

3.10.3 Priorities for Service Users

As part of an evaluation study of the WCWAV project (Crowley, 2016) service users identified the following priorities when asked how to improve the accessibility and quality of existing domestic violence services:

- Extend the hours of operation including out of hours and location of services, e.g. more outreach hours to be made available in different locations.
- The need for follow up with victims after exiting abusive relationships. The period of time after leaving an abusive relationship is often when victims feel very vulnerable, alone and exposed and is a critical time for the victim to re-establish independent life and social networks. Support around this time must be prioritised.
- Increased counselling supports need to be made available to service users when they request/agree to engage with supports.
- Greater advertising of all services: for many service users they were unaware of what services exist and how to avail of them. More promotion and awareness raising of services (all types) is required across the city and county.

4. Conclusions & Recommendations

The Cork Needs Analysis Project was extensive and included consultations with service users, service providers, targeted focus groups, interagency focus groups in north, west, east Cork and in the city, and the administration of a general population survey online. Across these consultations a range of needs and gaps were identified, from large-scale infrastructural barriers such as poor public transport, to local and individual needs such as, having a service available in local areas, e.g. east Cork, to needing therapeutic and other support services for children who witness or experience DV or SV.

The following recommendations have been listed in order of the priority given to them throughout the consultations and are grouped by thematic area. While some of the recommendations relate to expanding and improving existing service provision, some relate to gaps where there is no service or they are very underdeveloped.

4.1 Prevention & Awareness-Raising

All consultations identified 'Prevention' as essential work in tackling the pervasive power, control and abuse in DSGBV. This requires a change in cultural norms and at the Advisory Group it was agreed that a shift is required by all agencies of the state in relation to giving strong, clear and consistent messages which fully address the power and control issues inherent in DV and SV. While prevention work can be carried out at many levels, including locally, a national prevention strategy would go a long way towards setting shared objectives and actions for all stakeholders to follow. Such a national strategy is already proposed under the second National Strategy for the Prevention of DSGBV (2016-2021) and the following recommendations from the Cork consultation sessions should be taken account of in terms of improving prevention work and achieving the required change in cultural norms:

- ✓ The introduction of structured age appropriate, anti-violence education programmes into schools, from pre-school right up to third level. This should include education in relation to healthy relationships, boundaries, personal space and violence. This work must be included in the school curriculum and be led out by the Department of Education & Skills, in collaboration with all other relevant Departments and Agencies.
- ✓ At national level there needs to be one overarching communication strategy in relation to DV and SV. Messaging should be simple, clear and succinct and should include targeted campaigns, i.e. aimed at the general population (including addressing the issue of shame, which is a key barrier for DSGBV victims in accessing services) and other campaigns aimed at young people and minority groups. The national DSGBV office

should table this item for further discussion in relation to dovetailing its work with the 2016-2021 National Strategy¹³.

- ✓ Large scale campaigns should include condemning DSGBV and offering clear pathways to services and information via free phone numbers and on-line access. This should include GP's and Emergency Departments, as they are often the first port of call.
- ✓ Ensure the perpetrator is held accountable through clear messaging about zero tolerance of abuse in all circumstances, through the use of stronger and consistent sentencing in the legal system and by ensuring a greater level of public discussion about perpetrators' abuse of power.

4.2 High Quality Training for all Professionals

- ✓ The need for high quality training was identified by all stakeholders and service providers. All health care, social care, legal and law enforcement professionals should receive high quality training in DSGBV and it should be mandatory, including for all those who work in DV/SV services.
- ✓ Providing this training at interagency level should also be considered, as this would facilitate cross-learning, sharing of practice knowledge and exploration of theoretical frameworks for staff working in DSGBV services.
- ✓ Training in cultural competencies could also be an integral component of DSGBV training, if an overall training framework was agreed. It is recommended that Tusla would lead out on the development of high quality training for all professionals related to DSGBV.

4.3 Service Provision

Each year DSGBV service providers in Cork take thousands of phone calls, provide a multitude of one to one support to victims by listening, accompanying them to other services, referring them on for additional supports/services and by providing a safe space for victims to make their own personal journey towards recovery. Yet research tells us that only 20% of victims report abuse to the Gardaí and only 10% go to a specialised service (FRA 2014). The data in Appendix V of this NAP highlights the gendered nature of DSGBV with over 90% of victims being female, the high level of young people (especially students, 50% - 62% who reported in 2016) who are victims of sexual violence in particular, and the potential role that alcohol and social media can play in putting people at risk of abuse.

Almost all service providers report that they are under-resourced in terms of the human resources required to deliver a full and proper service, which should include after-hours

¹³It is acknowledged that a recent TV campaign co-ordinated by COSC is being delivered nationally.

services across Cork. In some cases, the facilities operated by both Tusla and non-Tusla funded services are inadequate to meet the needs, e.g. OSSCork, SATU, the Family Centre St. Finbarr's. The allocation of additional resources could be part of a Strategic Implementation Plan, following on from this Needs Analysis Project.

As mentioned earlier, the need for clear, accessible and well communicated pathways was identified across all consultations. Surveys completed both by users and those who have not accessed a service stated that many people do not know where to go or where to get information when they need it.

The following is recommended to enhance DSGBV service provision:

- ✓ The National Strategy (being led out the COSC) to address DSGBV needs should promote clear pathways to all clinical and non-clinical DSGBV services at county level. For example, one clear communication model is required, e.g. one national helpline number (and on-line access) to link back to all services in Cork county and which provides clear and correct information to callers.
- ✓ The low level of awareness of services must be addressed through local as well as national media campaigns. Throughout the research, the lack of knowledge about services, where to go and how to make contact was constantly highlighted. Awareness campaigns could be collectively designed and delivered by local networking of services and which would offer victims a number of choices on where to go or provide access to information safely.
- ✓ Continuous Professional Development (CPD) of the sector requires further consideration, i.e. the provision of high quality training/education, agreeing clear work definitions and roles¹⁴ and the identification of career pathways for workers in the DSGBV sector. New research in relation to education within the DV sector is currently underway at Maynooth University, by a student undertaking a PhD programme and a link with this work could be explored.

4.3.1 Tusla funded Service Providers

- ✓ The interviews with service users on service-user experience showed that four out of the six DV/SV services received a high score of 8-10, but two did not. The main weaknesses identified were: poor intercultural understanding by services, poor after-supports and, in some instances, direct support was rated as poor and unsuitable/inappropriate. All services should have their work independently evaluated on a regular basis. This would facilitate each service being critically reflective, ensuring high standards of operation and practice and assist with service planning and ongoing improvements.
- ✓ Increase funding to local services aimed at increasing capacity to take on more work, expand service offering and accessibility, including to minority communities, based on

¹⁴ See example of a Court Accompaniment job description in Appendix 12.

defined structured services and supports. Such investment would also increase the capacity (skills and tools) to measure outcomes.

- ✓ Servicing the rural areas is costly, but given that majority of the population in Cork (542,196 people, i.e. 77%) live in the county outreach services are essential. This must be taken into account in the funding allocation model. It is recommended that Tusla review its funding allocation for Tusla funded services, to include sufficient funds for travel/outreach by rural services.
- ✓ The definition of roles, data collection and analysis should continue at national level under the 'Towards Evidence Informed Services' Tusla national project. This will bring greater clarity to the work on the ground, quantify the number of victims being reached (or not) and assist with formulating good policy at national level across all services.
- ✓ Supports for victims who have exited DV and adult survivors of sexual abuse in terms of structured support programmes/counselling is available, but on an ad-hoc basis. Policy and structured programmes should be agreed by DV/SV providers working in these areas.

4.3.2 Clinical Services

Clinical services in Cork include SATU, the Family Centre St. Finbarr's, Hospitals and DV Social Workers based in Tusla. The main issues arising out of the NAP for these services is that DSGBV training should be mandatory for all frontline staff, protocols for sharing information should be agreed, high quality, evidenced-based screening tools and risk assessments¹⁵ should be agreed, there is a need for greater knowledge about other services and referral pathways, additional resources and the development of more integrated services based on models in Northern Ireland, the UK and Iceland is required. Besides the requirement for additional resourcing and staffing in these services, other recommendations include:

- ✓ The development of a strategy among clinical services that will address the needs and gaps identified above. The HSE should lead on this development, perhaps across the three services CUH, CUMH and SATU (as a structure already exists for bi-annual meetings).
- ✓ The delivery of mandatory training for all frontline staff to be provided by Tusla/national DSGBV services.
- ✓ The adoption of consistent screening tools and assessments based on best practice should be promoted. A review of existing and new screening tools being developed should be undertaken at HSE national level, e.g. a review of tools being developed in Limerick for the PHN service, tools being developed by An Garda Síochána PSU, and others that are available internationally.

¹⁵ These tools are required by other services also, e.g. Gardaí who are currently considering assessment models.

4.3.3 Protection and Law Enforcement

The awareness levels, lack of consistency in approach, sensitivity and sometimes lack of knowledge by the Gardaí and the legal profession in relation to dealing with DV and SV needs to be addressed. Similar to other professionals who come into contact with victims of DV/SV, the Gardaí require regular, high quality training and updating on new systems, procedures and approaches. The development of the PSU in Cork City and the development of clear reporting practices in key Garda documents¹⁶ and guidelines are positive, but these are not being consistently implemented. The following are the key recommendations for consideration by An Garda Síochána:

- ✓ High quality training in DSGBV to be made mandatory for all Gardaí.
- ✓ There should be consistent adherence and implementation of policy and reporting procedures in relation to DSGBV. This requires the attention of the Chief Superintendent in each district and agreed at national Assistant Commissioner level, as recommended by the 1997 Task Force Report. In addition, there is a need to enhance the PULSE system to record the number of DV call-outs to individual addresses and to take account of existing protection / barring orders.
- ✓ The consistent enforcement of legal orders is required if victims, services and wider society are to have confidence in legal responses to violence.

4.3.4 Legal Services & Law Reform

Legal aid services need more funding in order to respond robustly to DSGBV clients and expand the service to more victims. Currently the services are under-resourced, over-worked and under pressure. An increase in family law courts and judges with experience/training in family law is also required so that legal services are more client/victim centred. Similar to other sectors mentioned earlier, high quality training is required for all professionals working in this sector.

Many participants in this needs analysis reported that they find the court a very intimidating place for a number of reasons, and in some cases the victims may have to travel from one part of the county to another to get a hearing. In many cases victims are unprepared and not clear on the pathways and processes they face within the legal system.

The following recommendations are made for consideration by the legal services:

- ✓ The Department of Justice and Equality to be requested to ensure high quality DV/SV training is made available (and mandatory) for all professionals within legal services.
- ✓ The Department to be requested to offer more stand-alone family court sittings in Cork, in more appropriate and sensitive environments for victims.

¹⁶ Garda Domestic Abuse Intervention Policy (2017)

- ✓ Lobbying for additional funding for free legal aid should continue and services should be made more widely available to a range of clients. It is a welcome development that the current fee of €130 has been abolished.
- ✓ Lobbying for law reform is required in order that DV is considered a criminal offence rather than a civil offence as it currently is in Ireland. The law requires changing and could be based on the Portuguese model whereby DV reported by a victim is treated as an offence under criminal law.
- ✓ Many DSGBV support services offer court accompaniment. The court accompaniment role should be standardised across services and include: explaining legal pathways open to victims, preparing a victim for court proceedings, ongoing contact and accompaniment to court and other related legal services. An example of a job description for the role of court accompaniment is given in Appendix XII.
- ✓ The Director of Public Prosecutions should review the Memorandum of Understanding between Gardaí and the HSE in relation to all medical/therapy notes (CAMHS files, psychology files, etc.) being handed over to defendants for use in criminal investigations as this potentially puts victims at further risk.
- ✓ The court practice model in Durham UK should be considered in terms of good practice for its suitability and adaptability to the Irish environment (see section 3).

4.3.5 Minority Groups

All service providers (Tusla-funded and those funded by other sources) require a higher level of cultural competence in relation to DSGBV being experienced in minority communities. These communities, whether they are LGBT, Travellers or ethnic minorities, have additional specific needs that require a greater level of understanding by services. In order to reduce the potential for social exclusion of these groupings in service provision there needs to be a heightened awareness among service providers about the complexities faced by minorities. For example, an issue raised by all minority groups was the total lack of appropriate family support/marriage support specifically tailored to their needs. Progress in this area would contribute significantly to more appropriate service provision to minority groupings experiencing DSGBV.

In order to respond appropriately to the needs of minority groups it is recommended that:

- ✓ All service providers should engage in relevant cultural awareness training that takes account of all minority communities and their specific needs.
- ✓ All minority communities should be asked to contribute to the development of training modules/resource materials to be included in an overall training framework.
- ✓ Tusla social workers in particular need to build positive relationships with minority communities so that the role and complexities of each is understood. This is particularly relevant in relation to child protection work with Travellers and ethnic minorities.

4.3.6 Services for Men

The male victims of violence that participated in this research said they initially did not know where to go, did not feel they would be believed and felt that services were very female orientated. While OSSCork is positively disposed to offering services to men, their current facilities are inadequate. Like all victims, men need to feel safe, understood and encouraged to come forward. The following is recommended:

- ✓ That OSSCork consider expanding its services to offer a clear pathway to men from the city and the county. Any new developments should be designed in consultation with AMEN¹⁷ and Tusla. Additional/new facilities and a budget line for expansion and promotion would be required.
- ✓ Ongoing separate promotion campaigns to highlight DSGBV for men need to take place across all media platforms in order to reduce stigma, articulate the issues from a male perspective and let men know *'it's ok not to be ok'*.

4.3.7 Inter-agency Co-operation and Networking

The need for greater inter-agency co-operation and networking at local, regional and national level was prioritised by service providers and other professionals working in DSGBV related areas. The interagency Advisory Group to the Cork NAP and the focus groups provided a very useful platform for discussing complex issues, raising awareness about service provision, sharing information about specialist skills sets and the holistic approach required to respond to the effects of DV/SV on victims (although unfortunately the Cork Sexual Violence Centre did not participate). Examples of good practice in inter-agency work were given in both west and north Cork and included sharing of information, pooling of limited resources, better targeting of resources towards victims, as well as shared learning and practice knowledge.

The following is recommended in terms of inter-agency work:

- ✓ There should be an Inter-agency Network in each of the four regions¹⁸ of Cork city and county, which should meet quarterly or at least twice per annum. The organisation and agenda setting for this network meeting should be rotated between all partners, and supported and resourced by all agencies, including Tusla. Current networks such as the Homeless Forum in north Cork and CYPSE could provide a medium for such inter-agency work.
- ✓ Clinical service providers in Cork city (SATU, the Family Centre St. Finbarr's, Hospitals and Tusla DV Social Workers) should consider setting up their own network to share common concerns, collaborate on service enhancements and lobby for improved

¹⁷ AMEN commenced a new outreach service for men at the end of 2017 in partnership with Family Resource Centres.

¹⁸ West, north, east Cork and Cork city.

funding for strategic responses, e.g. the Barnahaus Icelandic model of service provision (see section 3).

- ✓ Tusla national/regional office should organise an annual Conference for all providers and professionals. This conference should be widely advertised well in advance and have a structured programme to include inputs on the latest evidence in relation to DSGBV, improvements in service provision, data collection and sharing, topical and theoretical reviews, e.g. legal/clinical updates, gendered and minority perspectives, etc.

4.3.8 Outreach to the marginalised, to rural areas and to east Cork

There are clear benefits to providing outreach services, including: providing support to victims who are very isolated or live in remote locations, reassurance and advice to victims on their road to recovery, independent and real insights into how victims and their families are coping. There is need for more outreach to be provided across the county and to isolated rural areas in particular.

The needs of victims from middle income families requires further study as this cohort of women and men are very hidden, marginalised, subject to shame and hard to reach. The PHN's and clinical hospital staff who took part in the research all confirmed the high level of DV they notice in their contact with these victims, primarily women.

Some services, e.g. WCWAV, DVSW, Edel House and Cuanlee, do a limited amount of outreach, but providing such a service is very time consuming and under-resourced. Setting up an outreach in collaboration with other service providers, e.g. FRCs, could provide greater anonymity for victims and encourage victims to take the first step and build relationships of safety and trust.

There is currently no DSGBV service in east Cork. Many of those who took part in a focus group in this area were unsure where to go for support and protection. People who required immediate information or support highlighted the risk of travelling to the city on public transport as it took too long and was difficult if taking children also. Victims who live in east Cork need a local service to get information, to be listened to and to get proper advice and confidential support.

The following is recommended to promote outreach to the marginalised, to rural areas and to east Cork:

- ✓ An outreach plan should be developed by area networks and led by the local DSGBV services. The DSGBV services could do outreach work on a scheduled basis and in collaboration with other service providers in that area (such as FRC's, CDP's, Youth Services, etc.). This could also include providing information in more non-traditional community settings in order to raise awareness for hard to reach groups, e.g. ICA, Flower/Art Clubs, Sports clubs and Choirs.

- ✓ Expand and resource existing DSGBV service provision to include after-hours in order to facilitate more people, including men, to access services at a time that suit.
- ✓ An information, advocacy and support service is required in east Cork, including widespread promotion. This could be explored further with existing service providers.

The lack of affordable, accessible transport is of real concern to those living in rural towns and hinterlands and often acts as a significant barrier to victims of abuse accessing any services. It is unlikely that the public transport policy will change significantly in the near future and therefore other options need to be considered by all services collectively. More models of outreach services could be developed, car sharing/pooling or Uber could be researched further to explore how to enhance responses in this area of need.

4.4 Accommodation

Accommodation options were identified as a major gap in the services available to victims and to the services who respond to victims' needs. A minimum requirement of providing accommodation to victims who require respite, transitional or safe housing for a period of time is compounded by the housing crisis which is currently pervasive in Cork and elsewhere in the country. Accommodation is the most basic and yet the most vital of services required when a victim makes a decision to leave a violent home. When this option is not appropriately or immediately available, it can result in victims staying in violent situations, living in their car, becoming homeless, feeling powerless and without options. This problem is even more complex when there are children involved. Service users highlighted that the breaking point/decision point for leaving a violent situation or moving on was often their need to protect their children or where their lives were under serious threat. Therefore victims and their children need somewhere to go immediately that is safe. When a victim leaves a violent situation, essential services such as housing, welfare and support need to give priority to victims of DV (similar to the Legal Aid service) so that they do not become homeless or impoverished overnight.

The following is recommended in relation to accommodation:

- ✓ More emergency accommodation/safe housing spaces need to be made available across the city and the county. This requires strategizing across service providers to seek out real options by geographic area.
- ✓ The development of 'wrap around' services for victims of DV and, in particular, joint working arrangements between the local authority services, social welfare and the DV support services is required. An exploration/development of a new approach between these partners could be considered at regional/national level and piloted out in 2–3 locations.

- ✓ Local Authorities should be requested to review the joint tenancy rule (where the victim, often the woman, cannot apply for housing while her name is on the tenancy agreement with the perpetrator) to respond more positively and offer victims more protection in line with the findings of this research. It is recommended that the national office for DSGBV write to the Department of Housing, Planning and Local Government who have responsibility for Local Authorities to request this review.

4.5 Children, Teenagers and Young Adults

Along with accommodation, the biggest gap identified throughout the NAP was the lack of services and the lack of co-ordination of services for children who witness or experience DV and the lack of co-ordinated services for children who experience SV. In many areas there are no therapeutic services for children available, and in other areas community based organisations find services on an ad-hoc basis by fundraising and paying privately. There are long waiting lists for public services such as CAMHS, psychological support, family therapy, etc. There is no national policy, strategy or framework in place to address this area of high need despite many pieces of research that highlight the negative impact and potential consequences of abuse on children, even long after coming out of the abusive situation.

The need for safe family access centres was raised by several service providers, social workers and service users. If not appropriately supervised, access time can facilitate further abuse (of the child or her/his parent) by the perpetrator and this is not always assessed by the courts prior to granting access.

A significant finding of this research, backed up by data from the SVCC, SATU and focus group meetings with young adult women (age 18–23) was the level of sexual violence perpetrated on students (SVCC 64% of new cases, SATU 50% of cases 2016), the role of social media in harassing women, their tolerance of peer pressure towards unwanted (and unconscious) sexual behaviour and in some cases their normalisation and lack of analysis of experiences of controlling behaviour towards them. However, young people did talk about how they use on-line sites to access information and socialise, they do read and appreciate the posters/notices in toilets/clubs etc., and would like more discussion on this topic in peer group settings.

The area of work with children, young people and young adults requires policy, planning and co-ordination. It is recommended that:

- ✓ Address the lack of services and the lack of co-ordination of services for children who witness or experience DV and the lack of co-ordinated services for children who experience SV. It is recommended that CYPSC consider taking the lead role on developing such pathways, structures and services in relation to children and young people over the medium term.

- ✓ In the meantime, funders could ring fence funding for therapeutic and other support services for children who need them – services which could be provided by FRCs, Childcare Centres, DSGBV centres and youth groups. As suggested by participants, the possibility of a ‘One Stop Shop’ to respond to the needs of children and young people should be explored.
- ✓ The provision of Contact/Access Centres in Cork should be explored in order to address the issue of safety for children (and parents) having access in cases of DV and this area requires investment. The Barnardos model could be explored in this instance (www.onefamily.ie/wp-content/uploads/Final-Child-Contact-Centre-Evaluation-December-20131.pdf).
- ✓ The phenomenon of students experiencing SV needs further research and examination. The data emerging from services and focus groups is deeply concerning and additional research should be carried out to identify the circumstances leading to abuse, the element of peer pressure or normalisation involved, etc., with the aim of developing strategies to respond and reduce the number of incidents.

4.6 Further Research

The key areas identified as requiring further exploration in terms of research are:

- Research into the experience of SV by students and young people (aged 18-23), including the role of social media.
 - Greater understanding of the issues facing middle-class victims and potential strategies to support this cohort to disclose abuse and access services.
 - Further research into ‘trafficking’ and with people living in direct provision centres is required in order to record those specific experiences and insights.
 - Research and intervention strategies in relation to the particular needs of parents who experience DV from their teenage or adult children. Existing domestic violence orders/remedies are not seen as suitable.
 - The relationship between mental health and DV requires further investigation and research.
 - Further exploration into the development/accessibility of more models of outreach/transport services in order to address the lack of affordable, accessible transport for those living in rural towns and hinterlands.
-

To conclude, the quality of service provision by DV/SV providers in Cork city and county is rated highly overall by users and professionals, when they access or collaborate with a service. There was a lot of positive feedback from service users on the existing services.

In the main, the current level of service provision in DV services in Cork is inadequate in that there is no spare capacity to respond to an increase in the number of users, engage in the promotion of services in new locations, or carrying out more outreach. Other than the Cuanlee refuge, there is no 24/7 or after-hours service. There is insufficient availability of emergency accommodation in most areas and reporting/contacting a service is at a very low level compared to the actual number of victims that exist. In most cases services are at full capacity and cannot deliver more without additional resources.

While many good practice examples exist (see Appendix VII), improvements and expansion of services is required in all services and these are captured in the above recommendations. Gaps have also been identified and recommendations have been made in relation to each gap. Some of the recommendations are aimed at national level and require consideration by Government Departments and related agencies. Recommendations are also made for attention at regional and local level. However, it is quite clear that addressing DSGBV is a national concern, requires interagency collaboration and a commitment towards making progress by all agencies/departments concerned with equality, social justice and families.

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CORK CITY & COUNTY

Domestic, Sexual and Gender-Based Violence

Needs Analysis Project 2017

PART2

Supporting Documentation



Ardsallagh (Youghal), Co. Waterford.
E-mail: communityconsultants.mp@gmail.com
Web: www.communityconsultants.ie
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APPENDICES

APPENDIX I	Members of the Cork NAP Advisory Group
APPENDIX II	Cork City and County NAP – Terms of Reference for Cork City and County Advisory Group
APPENDIX III	Cork NAP Consultations
APPENDIX IV	Profile of Service Providers
APPENDIX V	DSGBV Data & Statistics (Service Providers)
APPENDIX VI	General Population Survey
APPENDIX VII	Examples of Good Practice in relation to DV/SV
APPENDIX VIII	Service User Engagement in the DSGBV NAP (Cork City, County and Islands)
APPENDIX IX	Nasc Research
APPENDIX X	Services improvements for women experiencing IPV
APPENDIX XI	Sample of presenting issues from clients who recently attended a Cork city-based service
APPENDIX XII	Sample Job Description for Court Accompaniment & Development Worker
APPENDIX XIII	Feedback from the City Focus Groups

APPENDIX I

MEMBERS OF THE CORK NAP ADVISORY GROUP

	NAME	ORGANISATION
1	Allison Aldred*	GOOD SHEPHERD SERVICES CORK
2	Anita Clancy Clarke*	SV CO-ORDINATOR, TUSLA
3	Ann O'Mahony	MNA FEASA
4	Catherine Casey	YANA
5	Ciara Ridge	TVG
6	Dairine Cross*	DV CO-ORDINATOR, TUSLA
7	Deborah O'Flynn	OSSCORK
8	Fiona Geraghty	THE FAMILY CENTRE, ST. FINBARR'S
9	Fiona Hurley	Nasc IRELAND
10	Joan Murphy	TUSLA, DV SW
11	Katy Twomey	CUH/CUMH
12	Louise Crowley	UCC LAW DEPARTMENT
13	Marie Mulholland*	WEST CORK WAV PROJECT
14	Margo Noonan*	SATU
15	Mary Cullinane	CUANLEE REFUGE
16	Melanie Walsh	AN GARDA SIOCHANA
17	Thelma Blehein	SENIOR DV CO-ORDINATOR, TUSLA
18	Tracey Holt	CYPSC

* Those that participated on the NAP editorial group.

APPENDIX II

CORK CITY AND COUNTY NEEDS ANALYSIS PROJECT TERMS OF REFERENCE FOR CORK CITY AND COUNTY ADVISORY GROUP

Title:

Cork City and County Needs Analysis Advisory Group

Background:

The Domestic, Sexual and Gender Based Violence (DSGBV) services team of Tusla (Child and Family Agency) in line with its commissioning statement will undertake a Needs Analysis Project with local service providers with a view to evidencing need in Cork city and county. This work will contribute directly to the developments of DSGBV services for 2017/2018 by evidencing need through a process which will include, service users, community and service provider engagement as well as consultation & collaboration with other relevant partners both internal and external to Tusla. The process of arriving at evidence for future developments will be conducted by both staff internal to the DSGBV programme and by contracting external expertise where needed.

Purpose:

The role of the Advisory group is to provide practical support, information and guidance to an appointed external consultant to carry out a needs analysis in Cork city and county. The advisory group will also assist the external consultant in compile and submit key findings and recommendations for service development in Cork city and county to Tusla, the Child and Family Agency, DSGBV Services Programme.

Meetings:

The Advisory Group will determine dates. Meetings will be held a minimum of once a month for the duration of NAPS. It is expected that Advisory Group meetings will commence in May and finish in March 2018 once the NAP is completed. Attendance at other working group meetings or additional phone/email time may be required from members to enable the Advisory Group to carry out its functions. Minutes of each meeting will be prepared and circulated by the Tusla's Domestic Violence and Sexual Services

Coordinator or a deputy in their absence. Meetings will take place in X or as agreed by the Advisory Group. The duration of the meetings will be approximately 2hrs.

Authority:

The Advisory Group will report to Tusla, The Child and Family Agency's DSGBV Services Programme. Tusla, DSGBV Services Programme will authorise final versions of any reports etc. that arise from the work of the Advisory Group.

Role and Responsibilities:

- Contribute your expertise and thinking to the current Domestic & Sexual Violence service provision and the future service provision need.
- Accountable to each other
- Create awareness around the issue of DV/SV
- Contribute to pieces of work outside the advisory group i.e. focus groups etc
- Provide information and guidance and practical support to the external consultant undertaking the NAP
- Identify actionable emerging issues and related recommendations
- Invite external expertise into the advisory group when appropriate
- Provide direction and advice on DV SV issues and key themes emerging from the NAP
- Provide feedback, strategic advice, and issues resolution to help progress the NAPS
- Act as a problem solving forum which will identify strategies to address emerging issues that arise.
- Debate, comment and make recommendations on the key findings and recommendations
- Advise on the drafting of the NAP

APPENDIX III

CORK NAP CONSULTATIONS

The consultations for the Cork NAP were carried out between June and October 2017:

- Interviews with all DSGBV service providers and related services in Cork city and county (14 participating services): Cuanlee Refuge, MnaFeasa, OSSCork, WAV Project, YANA, CUMH/CUH, Good Shepherd Services, an Garda Síochána, SATU, Tusla DV SW, UCC law department.
- Targeted focus groups/interviews (44 participants): with Travellers hosted by TVG and STHN; Lesbian women through LINC; Gay Men through Cork Gay Men's Project; Immigrants through NASC, young people through UCC and Good Shepherd Cork.
- Regional focus groups (68 participants):
West Cork: Novas Homeless Services, Dunmanway FRC, WCWAV project, Principal Social Worker, Beara Community Services, PHN.
East Cork: PHN Ass Director for east Cork, CIC Midleton and Cobh, Barnardos, DV/SV counsellors, Community Health Project, Drug and Alcohol project, Cumann na Daoine CDP, YANA.
North Cork: Q Centre Mallow, Garda MW, Le Cheile FRC - Tenancy Sustainment Worker, County Counsellor, CDYS, YANA (4 reps).
Cork City: Held in a public venue (approximately 40 participants), the format was based on free-movement world café style consultation method. This required 4 facilitators, 4 note-takers, 1 co-ordinator and 1 host – all provided by the advisory group.
- General population survey (205 respondents): an on-line survey using Survey Monkey made available to the general population for the month of September 2017.
- Interviews with service users (20 participants): face-to-face interviews, telephone interviews and email contact with victims who had in the past or are currently attending services.

Total of 351 participants + 4 email submissions.

APPENDIX IV

PROFILE OF SERVICE PROVIDERS

(A) Brief description of Tusla funded DSGBV services:

The Tusla-funded DV sector in Cork city and county is made up of five professional services. Some of these have a focus on service provision only and others are committed to social change and social analysis as part of their work. Some services take a feminist approach to the work and others concentrate on a victim-centred approach. There is one Tusla-funded Sexual Violence Centre, formerly known as the Rape Crisis Centre, and this is located in the city, but serves the full county. All services are open to victims of violence, regardless of their socio-economic background, religious belief, ethnicity or sexual identity.

CUANLEE REFUGE	
<p>Cuanlee opened in 1979 and is a purpose built refuge for women and children experiencing domestic abuse. It provides crisis accommodation to women alone and women with children. Cuanlee encourages women to recognise their right to live free from violence, to develop their self-confidence and be enabled to live independently.</p> <p>The refuge can accommodate 6 families in self-catering apartments and has 1 emergency room. One of the apartments offers disability accessible accommodation. Cuanlee offers women and children accommodation for an initial 3 week assessment period and ongoing accommodation is reviewed regularly.</p>	
<p><u>Services (free):</u></p> <ul style="list-style-type: none"> • Provision of safe and secure refuge accommodation (20 beds) • Needs assessment and key working system • Helpline (24/7) • Drop in service • Support, advice, information, advocacy and court accompaniment • Access to Domestic Violence social worker and to public health nurse • Daily childcare programmes and liaison with local schools • Referral to counselling for women • Art therapy and one-to-one therapy in-house for children • Outreach programme for women and children who have left the refuge • Awareness raising on domestic violence 	
<p><u>Geographic remit:</u> Women and children primarily from Cork city and county. Also caters for emergency cases from around the country and abroad.</p>	<p><u>Staffing:</u> 6 FT staff</p>
<p><u>Opening hours:</u> 24 hour service, 7 days a week</p>	<p><u>Contact details:</u> Kyrils Quay, Cork Tel: 021-4277698 Email: cuanleerefuge@hotmail.com Website: www.cuanleerefuge.org</p>

MNÁ FEASA	
<p>MnáFeasa (Irish for 'Wise Women') is a women's domestic violence project established in 1991. MnáFeasa supports women victims who are currently in, or have been in abusive relationships. The aim of the project is to empower women to take back responsibility for their own lives through the quality of support and encouragement they receive and the role-modelling example provided to them through their contact with the project. This is achieved through:</p> <ul style="list-style-type: none"> • Ensuring that a woman puts her own safety and that of her children first. • The accessibility of a sympathetic, non-judgemental, confidential, helpline support. • Provision of all necessary information in terms of services and resources available to her to enable her to deal effectively with domestic violence situations. • Provision of practical support when requested for clients when dealing with Hospitals, Doctors, Garda Stations and the Court Service. • Encouraging her to access friendship and support through contact with the support groups. <p>MnáFeasa is a constituent group of the Cork Anti-Poverty Resource Network (C.A.P.R.N.) Ltd. The project is managed on a voluntary basis by members of the Cork Women's Action Group. Core funding is currently provided primarily by Tusla. MnáFeasa also receives funding from Victims of Crime.</p>	
<p><u>Services (free):</u></p> <ul style="list-style-type: none"> • Helpline • Accompaniment Service • Support Groups • Public Awareness • Health Programme • Schools Programme • Individual Appointments 	
<u>Geographic remit:</u> Cork city & county	<u>Staffing:</u> 4 PTstaff and a core group of 12 volunteers (who work 2 hourspw)
<p><u>Opening hours:</u></p> <p>Helpline: Monday to Friday 10am-4pm Individual appointments: by arrangement Support Group: weekly Tuesday 7-9pm and Thursday 10-12pm throughout the year</p>	<p><u>Contact details:</u></p> <p>Ionad na nDaoine, The Gate Lodge, St. Mary's Campus, Gurrabraher, Cork. Tel: 021-4212955 Email: mnafeasa@eircom.net Website: mnafeasa.com</p>

OSSCORK (DOMESTIC VIOLENCE INFORMATION AND SUPPORT SERVICE)
<p>OSSCork is a One Stop Shop for persons (male or female) over the age of 18 years who are or have been in domestically abusive relationships. OSSCork provides confidential information on a broad range of issues including legal, financial and housing, tailored to the needs and requirements of each person who contacts the Centre.</p> <p>OSSCork operates under the guidance of a voluntary Board of Directors and is a registered company and charity.</p>
<p><u>Services (free):</u></p>

<ul style="list-style-type: none"> • Provision of emotional support service to both male and female victims of domestic abuse, their concerned family members and friends (via walk-ins and appointments). • Information and advice to other stakeholders, e.g. professionals who deal with DV in the course of their work. • Accompaniment to Court, Garda Stations and other agencies as required by the client. • Referral to appropriate specialist services, including Legal Aid, Housing and Social Protection. • Advocacy on behalf of clients. 	
<u>Geographic remit:</u> Cork city and county	<u>Staffing:</u> 1FT & 2 PT
<u>Opening hours:</u> 9am–5pm Monday to Friday	<u>Contact details:</u> 94 Main Street, Cork Tel: 021-4222979 / Freephone: 1800 497497 Email: osscork@eircom.net Website: www.osscork.ie

WEST CORK WOMEN AGAINST VIOLENCE PROJECT	
West Cork Women Against Violence Project provides a free and confidential support, listening and information service to women who have experienced domestic abuse. Trained support staff provide relevant information, advocacy and a safe place to talk.	
<u>Services (free):</u> <ul style="list-style-type: none"> • Helpline • Drop in service • One to One Appointments • Outreach • Counselling Services • Quarterly magazine- West Cork Whisper • Court Accompaniment • Advocacy • Support for family & friends • Training for professionals agencies • Education programme for schools • Aftercare Support 	
<u>Geographic remit:</u> West Cork	<u>Staffing:</u> 1 FT co-ordinator 3 PT support workers
<u>Opening hours:</u> Helpline: Mon-Fri 9.30am-4.30pm Bantry Office: Mon- Fri 9am - 5.00pm Skibbereen Outreach: Fridays 11am – 2pm	<u>Contact details:</u> Tel: 027-53847 (Bantry) Tel: 028-23607 (Skibbereen) Freephone Helpline: 1800 203 136 Email: admin@westcorkwomensproject.ie Website: www.westcorkwomensproject.ie

YANA NORTH CORK DOMESTIC VIOLENCE PROJECT Ltd.	
<p>YANA (You Are Not Alone) supports women who are experiencing or have experienced domestic violence. YANA listens to women and gives support and information as required. YANA aim to provide a safe space for women to talk about their experience and feel respected, valued, supported and equal in that process. When supporting a woman they work with her to identify any emotional and practical supports that can be engaged as part of her safety plan. YANA is committed to providing a non-discriminatory domestic violence service for women. YANA supports the principle of empowerment and aims to break the cycle of domestic violence. YANA recognises the diversity of women's lives and aims to be accessible to all women providing a listening, supportive and non-judgemental service. A voluntary Board of Directors has responsibility for the Company.</p>	
<p>Services (free):</p> <ul style="list-style-type: none"> • Provision of listening, information, safety planning, advocacy and support service. • Face to face and telephone support • Outreach across North Cork • Accompaniment to Court, Garda, Solicitor and/or hospital appointments • Group Support • Access to counselling (IACP Accredited Counsellor) • Referral to specialist rape crisis services • Access to temporary crisis emergency accommodation in North Cork (1 House with 3 bedrooms) • Other services include networking, training and information giving 	
<p>Geographic remit: The YANA service is available to all women living in North Cork.</p>	<p>Staffing: 1 Full time Co-Ordinator/support 2 Part time Support Workers 1 part time Administrator</p>
<p>Opening hours: 9.30am to 5pm Monday to Thursday (Friday by appointment only)</p>	<p>Contact details: Tel: 022-53915 Email: yananorthcork@gmail.com Website: www.yana.ie</p>

SEXUAL VIOLENCE CENTRE CORK
<p>The Sexual Violence Centre (formerly known as the Rape Crisis Centre) has two main aims:</p> <ul style="list-style-type: none"> • To work towards the elimination of violence in society, and • To provide the highest quality of service provision to victims of sexual violence. <p>The Centre provides counselling and support to female and male victims of rape or sexual assault, child sexual abuse, domestic violence, sex trafficking, sexual harassment and FGM. The Centre provides services for teenagers from age 14years. The Centre also engages in education programmes, awareness raising campaigns and lobbying or changes in legislation. for adult</p>

<u>Services (free):</u> <ul style="list-style-type: none"> • Information and advice, e.g. legal or medical issues • Helpline (Monday to Friday, 9 to 5) • On call to the Sexual Assault Treatment Unit (SATU) 24/7 • Counselling (one to one, short term and long term) • Support for families • Referral to or liaison with other services or agencies on behalf of clients where appropriate • Accompaniment to GP services, hospitals, clinics, Garda stations or court • Provision of Victim Impact Reports • Training and awareness raising on sexual violence 	
<u>Geographic remit:</u> Cork city and county	<u>Staffing:</u> 3 FT, 5 PT & 6 volunteers
<u>Opening hours:</u> Monday to Friday 9am – 5pm The Helpline is answered Monday to Friday 9am – 5pm	<u>Contact details:</u> 5 Camden Place, Shandon, Cork. Freephone (Helpline): 1800-496496 Text: 087-1533393 Email: info@sexualviolence.ie Website: www.sexualviolence.ie

Summary Table of Tusla funded Service Provision

Name of Service	Opening Hours	Services Available					Staffing
		Drop In service	Refuge beds	Outreach ¹⁹	Court Acc	Helpline	
YANA	Mon-Thur 9.30-5 Fri: by apt only	Yes	Temporary crisis/ emergency House (3 bedrooms)	Yes	Yes	No	1 FT 2 PT 1 PT Admin
MnaFeasa	Mon-Fri 10-4	Yes	No	No	Yes	Yes	4 PT & 12 vols
West Cork WAVP	Mon-Fri 9-4.30	Yes	No	Yes	Yes	Yes	1 FT 3 PT
OSS Cork	Mon-Fri 9–1	Yes	No	No	Yes	Yes	1 FT 2 PT
Cuanlee	24 hours	No	6 apartments & 1 emergency	Yes	Yes	Yes	6 FT
Sexual Violence Centre Cork	Mon-Fri 9–5	No	No	No Offers training	Yes	Yes	3 FT 5 PT & 6 vols

¹⁹ While many services do some outreach work, most said it was very limited due to the demand for direct support services at their office base.

(B) Other DSGBV Services

CORK UNIVERSITY HOSPITAL – MEDICAL SOCIAL WORK DEPARTMENT	
<p>Cork University Hospital is the largest university teaching hospital in Ireland and the only Level 1 Trauma centre in the country.</p> <p>Cork University Maternity Hospital (CUMH), which is located on the CUH campus, opened in 2007 following the amalgamation of all maternity's service in the Cork area. CUMH provides a regional obstetrics, gynaecology and neonatology service.</p> <p>The Medical Social Work Department provides an on-site service to both hospitals. One of the key areas of Medical Social Work is working with victims of abuse. The Social Work Department provides staff education and training around domestic violence, undertakes direct case work with victims and their families and chairs the joint hospital domestic (CUH & CUMH) Domestic Violence multi-disciplinary committee every month. The Social Work Department has strong links with community domestic abuse support services across Cork.</p>	
<u>Geographic remit:</u> Cork city and county	<u>Staffing:</u> 17 WTE (CUMH & CUH)
<u>Opening hours:</u> The Social Work Department is open 8am – 4pm Monday to Friday	<u>Contact details:</u> Social Work Department Cork University Hospital, Wilton, Cork. Tel: 021-4922488 Website: www.cuh.hse.ie

CHILDREN AND YOUNG PEOPLE'S SERVICES COMMITTEES (CYPSC)	
<p>Children and Young People's Services Committees are a key structure led by Tusla under the Department of Children and Youth affairs to plan and co-ordinate services for children and young people aged 0-24 in every county in Ireland. The overall purpose is to improve outcomes for children and young people through local (county level) and national interagency working. 'Better outcomes Brighter futures' is the overarching policy framework for children and young people which sets out five National Outcomes. Cork CYPSC is prioritising Outcome 2.2: The Social and Emotional Wellbeing of Children and Young people, Under National Outcome 2: Achieving in all areas of learning and development. Cork CYPSC has a diverse group of agencies from the community & voluntary and the statutory sector. There are three sub-groups: 1. Children and Young People's Participation; 2. Supporting Parents; 3. Information and Research.</p> <p>Cork CYPSC is in the process of developing its first 3 year strategic plan for children and young people in Cork. As part of this process it is completing an audit of services to identify current services, needs and gaps. Consultations with children and young people will also be sought to inform the needs analysis and the final Children and Young People's Plan.</p>	
<u>Geographic remit:</u> Cork city and county	<u>Staffing:</u> 1 FT & 1 PT

Opening hours: Monday–Friday, 9am–5pm	Contact details: St. Finbarr's Hospital, Cork. Tel: 021-492 3220 Email: tracey.holt@tusla.ie Website: www.cypsc.ie/your-county-cypsc/cork
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DOMESTIC VIOLENCE SOCIAL WORK SERVICE (TUSLA)

The Domestic Violence Social Work Service is a designated service within Tusla for women who are experiencing or have experienced domestic violence. The service is for women between the ages of 18-65 years. Service contact can be brief or can extend over many months and sometimes years. The service is voluntary and confidential within the limitations of the Children First Guidelines and the Child Care Act 1991. Referrals come from Child Protection Teams, Hospitals, Community services, voluntary services, legal aid and other front-line service providers. Many women self-refer.

The Domestic Violence Social Work Service facilitates meetings of the Cork Domestic Violence Network group and co-operates with other services on awareness raising projects and exhibitions for the 16 Days of Action. Provision of the DSGBV training with Tusla Workforce Training and Development staff. Provision of social work student placements.

Services (free):

- By appointment following phone contact or through referrer
- Provision of advice and information on legal, financial and housing supports, and other domestic violence services
- Provision of support to women in developing safety plans, advocating with statutory services on her behalf, supports for children
- Provision of emotional support for women through the changes they are making
- Court accompaniment
- Outreach service whether they leave or not

Geographic remit: Cork city and county	Staffing: 2 PT Social Workers
Opening hours: Monday–Friday, 9am–5pm	Contact details: 18 Liberty Street, Cork Tel: 021-4921728 Email: Joan.Murphy2@Tusla.ie

THE FAMILY CENTRE – ST. FINBARR'S HOSPITAL

The Family Centre is the regional child sexual abuse assessment unit for counties Cork and Kerry. Referrals are received from Tusla child protection teams. The primary role of the Family Centre is the provision of an assessment service, including medical examination, to children where there are allegations / concerns of sexual abuse against an adult. Children are also seen in respect of alleged inappropriate/harmful sexual behaviour by another child or young person.

<p><u>Services (free):</u> Assessment of credibility (Family Centre does not provide therapy currently). Following assessment the Family Centre refers back to the Area Social Work case manager for the follow up of recommendations. The Family Centre provides a Consultative Service to other Professionals in the area of Child Protection. The Family Centre also provides training/education in the area of Child Sexual Abuse to other professionals, Foster carers, Social Work Students and Medical Students, and doctors in training.</p>	
<p><u>Geographic remit:</u> Cork and Kerry counties</p> <p>Medical referrals are accepted from An Garda Siochana, GP's and other medical professionals seeking a second opinion.</p>	<p><u>Staffing:</u> 1 FT Principal Social Worker, 3 FT Social Workers, 1 FT Senior Social Work Practitioner, 1.5 WTE Administration Officers, 1 FT Clinical Nurse Manager (CNM2). Access to 3 Consultant Paediatricians on a rota basis (1½ hours per week) for provision of medical services, e.g. forensic examinations and non-acute medicals. Basic Grade Clinical Psychologist and Senior Clinical Psychologist posts (both FT) are currently vacant.</p>
<p><u>Opening hours:</u> Monday to Thursday 9am-5pm and Fridays 9am-4.30pm.</p>	<p><u>Contact details:</u> The Family Centre St. Finbarr's Hospital, Douglas Road, Cork. Tel: 021-4923302</p>

GOOD SHEPHERD CORK	
<p>Good Shepherd Cork (GSC) is an independent charity. Core projects, e.g. Edel House, were originally established by the Good Shepherd Sisters and handed over to Good Shepherd Cork when it was set up in 1981. The service works with women, children and families who are homeless or at risk of homelessness. At any one time, Good Shepherd Cork typically works with over 250 women and children across the services. It is funded by Tusla, HSE, Cork ETB, City Council and local fundraising activities. Staff are represented on City and County Council Homeless Fora and also work closely with the team in Liberty house, North Lee and South Lee social work departments and the HSE Substance Misuse team.</p>	
<p><u>Services (free):</u></p> <ul style="list-style-type: none"> • <u>Edel House</u>: an emergency shelter for women and children (max 50 beds) plus outreach support to families in private emergency (B&B) accommodation • <u>Riverview</u>: short term accommodation for homeless girls and young women (6 beds) • <u>Ongoing Support and Advocacy (aftercare) service</u> for women who have moved on from Edel House and other GSC services • <u>Bruac</u>: An education and training facility for girls out of school (max 25) • <u>Baile an Aire</u>: long term supported housing (36 one-bedroom units) 	
<p><u>Geographic remit:</u> Cork city and county</p>	<p><u>Staffing:</u> 47 staff (full and part-time)</p>

<p>Opening hours: Edel House, Riverview and Baile an Aire are residential facilities, most referrals happen in office hours. Other services: 9am–5.30pm.</p>	<p>Contact details: Bruac, Redemption Road, Cork. Tel: 021-4391188 Email: info@goodshepherd Cork.ie Website: www.goodshepherd Cork.ie</p>
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NASC, THE MIGRANT AND REFUGEE RIGHTS CENTRE

Nasc (the Irish word for link) is a non-governmental organisation working for an integrated society based on the principles of human rights, social justice and equality. Nasc works to link migrants to their rights and to the wider Irish community. Nasc works to realise access to justice, services and equality of opportunity for migrant communities. Nasc, the Refugee and Migrants Rights Centre based in Cork city offers services ranging from advice, support with gathering documentation, translation and linking clients to other services that may be required. Nasc provides services to immigrants at their centre on a daily basis but do not have an outreach service which can be very problematic for those living in rural or isolated areas of the county.

Migrants seeking to leave abusive relationships are often reluctant to do so as they may hold an immigration status that is dependent on an abusive partner, meaning that the sponsor's cooperation is required each time the spouse or partner needs to renew a residence permit. Without a residence permit, the abuse victim/survivor does not have a right to reside in the state or the right to work or apply for social welfare or housing supports making securing the residence permit a priority.

Services (free):

Nasc provides a front line legal information and advice service to over 900 migrants, refugees and asylum seekers annually in Ireland. Nasc uses the evidence base from direct service to promote positive policy and legislative change. It is the only organisation of this type operating in Cork city or county. Nasc works closely with domestic violence support services locally and nationally to support victims of domestic abuse.

Clients can self-refer and attend walk-in clinics or can be referred by refuges, domestic and sexual violence support organisations or social workers. Nasc's legal service advocates on clients' behalf with the Irish Naturalisation and Immigration Service for immigration renewal, regularisation or an independent immigration residence permit.

<p>Geographic remit: Based in Cork City but work with clients throughout Ireland</p>	<p>Staffing: 4 FT & 2 PT, plus 3-8 volunteers</p>
<p>Opening hours: Monday to Friday, 9am–5:30pm Walk-In Service: Monday 2pm; Tues – Thurs: 9.30am</p>	<p>Contact details: Ferry Lane, off Dominic Street, Cork Tel: 021-4503462 Email: info@nascireland.org Website: www.nascireland.org</p>

SEXUAL ASSAULT TREATMENT UNIT (SATU)	
<p>There are six sexual assault treatment units in Ireland funded by the HSE. The unit in Cork was set up in 2001 and is located in the South Infirmary Victoria University Hospital, Cork. The Sexual Assault Treatment Unit is a dedicated unit where clients who have experienced rape or sexual assault can be examined and treated in a holistic way.</p>	
<p>Services (free):</p> <p>SATU provides a comprehensive and co-ordinated forensic and medical aftercare service to both males and females aged 14 years and upwards, who have experienced rape or sexual assault. It is free and confidential service. The service can be accessed via the Gardaí, GP, Cork Sexual Violence Centre, emergency centre, GP or self-referral. There is no time restriction for clients attending the unit and they can attend with or without Garda involvement.</p> <p>SATU is committed to providing the highest quality service to all clients in a sensitive, appropriate and non-judgemental way. The focus is on the safety and physical and psychological needs of clients and their right to privacy and confidentiality. Their informed decision is respected at every stage of the process and their sense of personal control is supported and encouraged.</p> <p>Interpreters can be provided for non-English speaking clients if needed.</p>	
<p>Geographic remit: No geographical boundary. Within 3 hours of an assault a SV victim can reach a SATU as there are 6 units throughout the country.</p>	<p>Staffing: 6 Forensic Examiners, 5 Support Nurses, plus Volunteers from Cork Sexual Violence Centre</p>
<p>Opening hours: Service available 24 hours a day 365 days a year</p>	<p>Contact details:</p> <p>Located in the Victoria wing of the South Infirmary Victoria University Hospital Tel: 021-4926100 Email: satu@sivuh.ie Website: sivuh.ie</p>

THE TRAVELLER VISIBILITY GROUP Ltd.
<p>The Traveller Visibility Group (TVG) is a Traveller-led organisation that works in solidarity with Travellers and settled people to facilitate community development for the Traveller community. Travellers are a small indigenous minority group that have been part of Irish society for centuries.</p>
<p>Services (free):</p> <p>TVG works to support Travellers to gain access to services, and provide awareness to services and the wider community around Traveller culture and identity. TVG runs the following:</p> <ul style="list-style-type: none"> ○ A health programme ○ A drug and alcohol support programme ○ A crèche ○ Community Employment Schemes ○

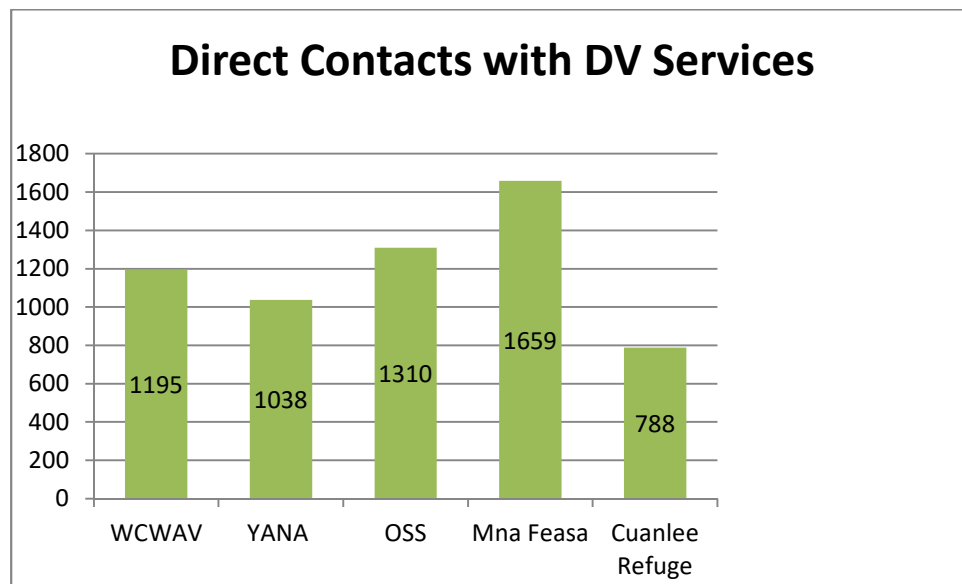
<u>Geographic remit:</u> Cork City	<u>Staffing:</u> 17 staff (6 FT & 11 PT) both Settled and Traveller, including a Community Employment Scheme with 10 spaces.
<u>Opening hours:</u> Monday–Friday, 9.30am-5pm	<u>Contact details:</u> 25 Lower John Street, Cork Tel: 021-450 3786 Email: tvgcork@gmail.com Website: www.tvgcork.ie

APPENDIX V**DSGBV DATA & STATISTICS (SERVICE PROVIDERS)**

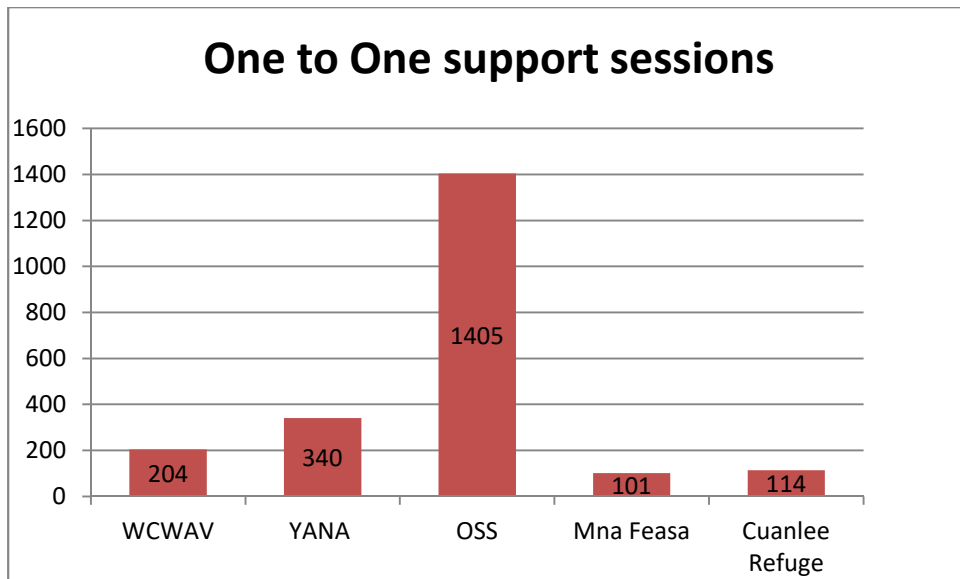
Data was not captured consistently across Tusla funded DV services until 2015 when Tusla requested the completion of templates as part of a national project entitled 'DSGBV Information Project'. A working report on 2015 services, activities and use: 'Towards Evidence Informed Services' was produced by Tusla and reviewed as part of this NAP. Data for 2016 is currently being compiled and analysed. As a result of the DSGBV Information Project it is expected that 2017 data set will provide a more accurate and detailed picture of the services being provided in Cork and other areas. For the purposes of this NAP, the annual report of each service was reviewed and key headings were taken to provide a summary. However, the data and charts provided here are indicative only, as not all services report using the same definitions and therefore cannot be relied upon for full accuracy. However, the data gives very good insight into service provision and service users in the Cork area.

1. Tusla funded Domestic Violence Services

In 2016 there were a total of 5,990 service user contacts with all five DV services in Cork city and county:



In 2016 there were a total of 2,050 one to one sessions provided by DV services in Cork city and county:



All services are at maximum capacity in terms of service delivery over a day / week period.

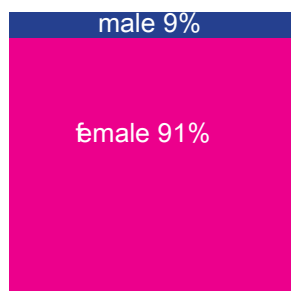
2. Tusla funded Sexual Violence Centre Cork

There is one Sexual Violence Centre located in Cork city, which serves both city and county.

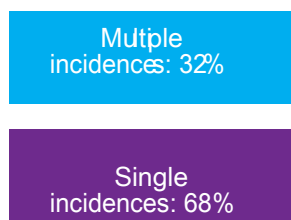
Service provision:

In 2016, the Centre provided services to 310 victims of sexual violence. 248 of these clients presented for the first time that year.

Gender of clients



Incidences of abuse



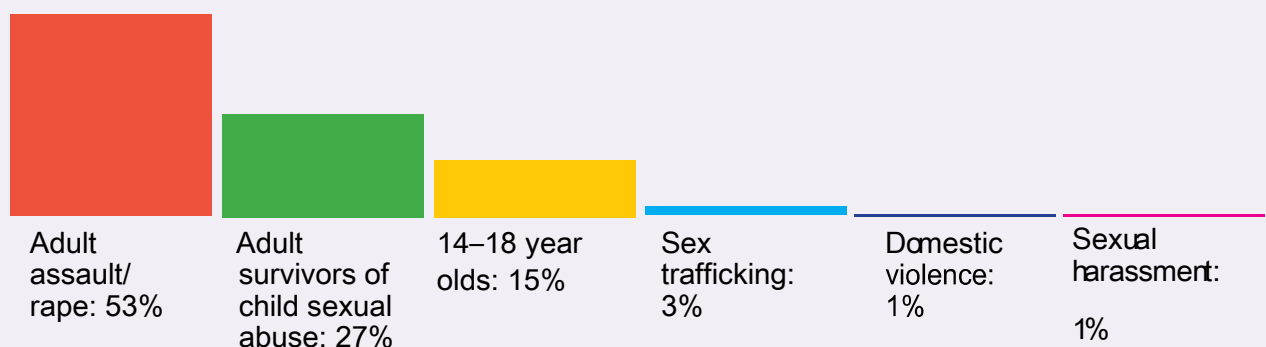
The following analysis refers to new clients in 2016:

- 91% of clients were female, 9% male
- In cases of adult rape/assault, 50% were aged 18–23
- 62% of clients were students
- 3% declared a disability
- 6% of clients were homeless
- 3% of clients reside in direct provision
- 5% of clients identified as GSD
- 1% of clients were members of the Travelling community
- 74% of perpetrators were known to the victim, 26% of perpetrators were strangers
- 20% of perpetrators were within the family, 20% were not.

In addition,

- The sexual violence centre in Cork offered 1,633 counselling sessions in 2016 (74% attendance rate)
- 71% of perpetrators are between age 18 and 39
- The centre provided services to 155 family members and friends of victims
- Information and support provided to 180 professionals
- SVCC currently has a waiting list of approximately 30 clients with average waiting time of four months for a counselling service
- 62% of new clients in 2016 were students

Type of sexual violence



3. DSGBV Data from other Service Providers

Data in relation to DSGBV is also provided below by five additional service providers ranging from the District Court, CUH, SATU, An Garda Síochána and Good Shepherd Cork. All these services are located in Cork city/county but record their data independently sometimes using different definitions.

3.1 DISTRICT COURT DATA

Topic: Domestic violence

Court: District Cork

Category: Family

YEAR: 2015

Domestic violence legislation protects spouses/civil partners and children and offers legal remedies to dependent persons and persons in other domestic relationships where their safety or welfare is at risk because of the conduct of the other person in the relationship. It also gives An Garda Síochána powers to arrest without warrant, where there is a breach of a court order.

Incoming Applications	Resolved	
	by court	out of court
14,374	13,400	0

Barring order:

A barring order requires the respondent to leave the family home and stay away from the family home of the applicant and/or dependent children. It may also include terms prohibiting the respondent from using or threatening to use violence. A barring order can be made for up to three years.

Once a summons has been issued for a safety order or a barring order, the applicant can apply for a protection order or an interim barring order while waiting for the application to be heard in court.

Barring orders:	
Applications	2,638
Orders granted	859

Protection order:

This is a temporary safety order. It gives protection to the applicant until the court decides on a safety or barring order application. It is intended to last until the case is heard and a decision made. It does not oblige the respondent to leave the family home.

Protection orders	
Applications	5,108
Orders granted *	4,225

* Some interim barring orders were granted on foot of applications for protection orders.

Safety order:

A safety order prohibits the person against whom the order is made (the respondent) from engaging in violence or threats of violence. It does not oblige that person to leave the family home. If the person does not normally live in the family home, it prohibits them from watching or being in the vicinity of where the person applying for the order (the applicant) and dependent children lives. A safety order can be made for up to five years.

Safety orders	
Applications	5,626
Orders granted	1,917

Interim barring order:

This is a temporary barring order. It is intended to last until the barring order application is heard in court and a decision made. Under the Domestic Violence Act 2002 a full court hearing must take place within eight working days of the granting of an interim barring order. The court must be of the opinion that there are reasonable grounds for believing there is an immediate risk of significant harm to the applicant or any dependent person if the order is not made immediately and the granting of a protection order would not be sufficient to protect the applicant or any dependent person.

Interim barring orders	
Applications	731
Orders granted	563

Other applications	
Applications	261
Orders granted	263

In total there was 7,564 orders in place in 2015 (and this is a typical year) and given the low percentage of victims that report and go to court, and the vulnerability of victims, it highlights the absolute necessity for DSGBV services and supports.

3.2 CORK UNIVERSITY HOSPITAL (CUH) DATA

CUH is the busiest hospital in Ireland, outside of Dublin city. Statistics from 2016 show that CUH had 63,444 Emergency Department presentations, 209,947 out-patient attendances, 45,493 inpatient discharges and 80,938 day cases. CUMH (on the grounds of CUH) had 14,716 inpatient discharges and 4,090 day cases. CUMH has in excess of 8,580 births annually, making it one of the busiest maternity hospitals in the country.

The Medical Social Work Department provides an on-site service to both hospitals, including training for staff in dealing with domestic violence and working with victims of abuse. The social work department has 7 social workers in CUH and 7 in CUMH. As well as responding to DV and SV, social workers are also responsible for safeguarding vulnerable adults, child protection & welfare, end of life care and homelessness. The primary role of the social worker is to signpost people to the appropriate service in the community, e.g. MnaFeasa, Cuanlee or the refuge in Tralee or Limerick (as Cuanlee and Edel House are generally full) or the homeless unit for B&B accommodation. In the case of SV where a victim is under 14 years of age, s/he is referred to the Family Centre at St. Finbarrs and if over 14 the victim is referred to SATU.

The figures below for the years 2013-2016 show that domestic abuse referral of patients has been steadily increasing. These figures relate only to immediate presenting issue and do not include those who suffer domestic violence, but present with other immediate issues.

Referral of Domestic Abuse on initial presentation only:

Year	Female Victims of Abuse		Male Victims of Abuse		Total
2013	91	80%	22	20%	113
2014	150	95%	8	5%	158
2015	116	85%	20	15%	136
2016	152	88%	21	12%	173

In the on-going training of staff in both hospitals, the Social Work Department tries to raise awareness of the importance of screening for domestic violence upon initial presentation by the patient. There is a screening tool in place in CUMH as part of the NM-CMS (National Maternal Newborn Clinical Management System) which prompts questions regarding DV and SV. The questions are:

Do you feel safe in your current relationship? (Yes / No)

Have you ever been emotionally, physically or sexually abused by your current partner or someone in your current home? (Yes / No)

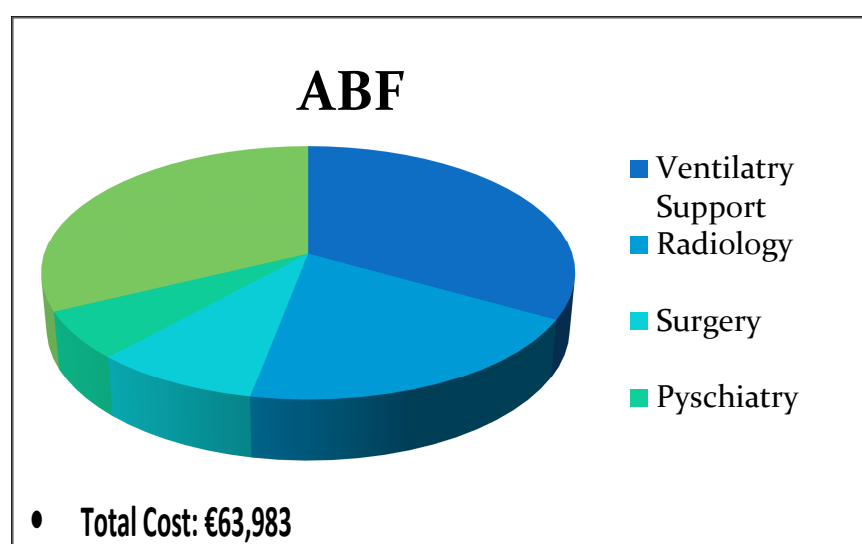
****If woman answers no to the first question, and/or yes to the second question, please explore and refer to the Medical Social Work Department / Maternity Social Worker placing appropriate referral form.****

While screening by nursing staff in CUH continues to be ad hoc, the SW department has noted a direct increase in identification of DV/SV in line with training / awareness raising delivered to staff. The case study below of a 36 year old female patient has been used internally within the hospital system to highlight the total cost of treating one victim of domestic abuse in a hospital setting (€63,983) through costly medical interventions (see

overleaf). In the long run the funding of early interventions, education, healthy relationship programmes and DSGBV services would reduce the number of victims requiring intensive, crisis or life-saving treatments.

Case Study: 36 year old female - Cost of Care at CUH

- History of alcohol misuse, post-natal depression, previous referral to Tusla
- History of 2 previous concerning presentations to the Emergency Department
- Admitted after serious life threatening assault
- Inpatient for 112 days
- Input from Emergency Department, ITU, Orthopaedics, Surgery, Neurology, Radiology, Social Work, Speech & Language Therapy, Occupational Therapy, Physiotherapy, Liaison Psychiatry



3.3 HSE DOMESTIC VIOLENCE SOCIAL WORK SERVICE

The HSE Domestic Violence Social Work Service in Cork has been in place since 2002 (originally funded by the Department of Justice to respond to the recommendations of the 1996 Task Force Report). There is flexibility in the social work role and the work is focused on meeting women on a one-to-one basis, assessing needs and risks and any issues in relation to their children, awareness raising and advocacy / links to other supports. There is a broad spectrum of cases and many are complex, e.g. victims suffering from additional problems such as mental health concerns/depression, addiction, physical ill-health, etc.

Referrals come from Cuanlee, Gardaí, the hospitals, other social workers, NASC, etc. and in 2016, there were 32 cases, including 8 referrals from Child Protection. The DV SW service is based in the city centre, close to District court in Washington Street and other services.

3.3 HSE SEXUAL ASSAULT TREATMENT UNIT (SATU) DATA (See also page 79 and 94)

Statistics from 2016:

Attendance at SATU

- There were 107 new cases at the Cork SATU, an increase of (7%) of cases compared with 2015
- In 100 cases (93%), the sexual assault incident took place within the Republic of Ireland

Attendance re: Month, Notable Date or Event, Day and Time of Day

- October was the busiest month with 13 cases (12%) presenting
- Sunday was the busiest day with 26% of clients presenting
- 8 cases (7.5%) occurred on a notable date or event, e.g. Patrick's Day
- The majority of assaults, 89 (83%) occurred between the hours of 9pm-9am

Type of Alleged Sexual Crime, Assailant, Relationship to Assailant

- 85 cases (79%) were recent sexual assaults
- 85 cases (79%) involved a single assailant; 6 cases involved two assailants and 1 case involved three assailants. In 15 cases the number of assailants was unknown
- In 27 cases (25%) the alleged assailant was a stranger / unknown to the client

Gender, Age Profile, Referral Source

- 98 clients (91.5%) were female, 9 were male (8.5%)
- The average age was 26 years (youngest was 14 years; eldest was 87 years)
- 63 (58.8%) of cases were referred by An Garda Síochána, 26 (24%) were self-referred, and 10 (9%) were referred by their GP. The remainder were referred by other agencies e.g. the Sexual Violence Centre in Cork (SVCC) or HSE Emergency Department.

Patients Reporting to An Garda Síochána / Time Frame from incident till SATU

- 64 clients (59.8%) reported the incident to An Garda Síochána. Of these 89 (83%) attended within 7 days, 15 (14%) within 1 month and 3 (3%) after 1 month

Support Worker in Attendance

- In 91 cases (85%), a Support Worker from the Sexual Violence Centre was in attendance

Physical Trauma

- 22 clients (20.5%) had physical trauma and 3 (2.8%) attended the Emergency Department with minor trauma and 1 client attended the ED with major trauma

Alcohol and Drug Use

- 73 (68%) of clients had consumed alcohol in the previous 12 hours prior to assault. Of these:
 - 69 (95%) of clients had consumed ≥ 4 units of alcohol
 - Of these: 20 (27%) of clients had consumed at least 10 units of alcohol

- 6 (8%) of clients had consumed more than 15 units of alcohol
- The average number of units of alcohol consumed in the previous 12 hours prior to the alleged assault was 8 units
- 66 clients (62%) had consumed \geq more than 4 units of alcohol in the previous 12 hours
- 1 client (1%) had taken prescribed medication, 9 clients (8.4%) had taken illegal drugs
- 6 clients (5.6%) had taken both alcohol and drugs
- 2 clients (1.8%) were concerned that drugs had been used to facilitate sexual assault
- 23 clients (22%) were unsure if a sexual assault had occurred

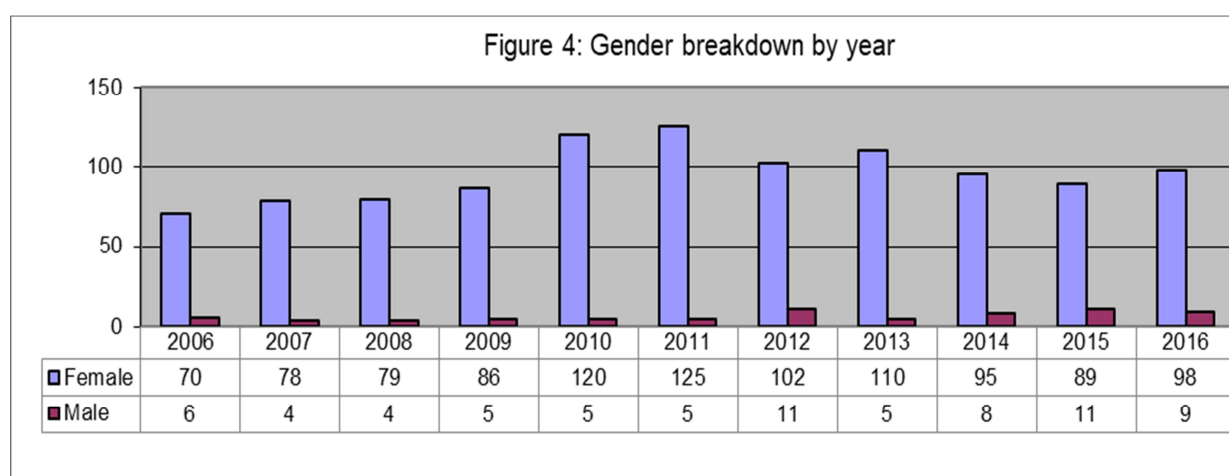
Emergency Contraception (EC)

- 83 female patients (77.5%) were seen within 5 days of the incident and 39 (47%) of these were given emergency contraception

Sexually Transmitted Infection Prophylaxis and (STI) Screening

- 56 clients (52%) received Chlamydia prophylaxis, 53 clients (49.5%) had Hepatitis B immunisation programme commenced and 1 client received PEP for HIV.
- 78 clients (73%) were given an appointment for follow-up in SATU, of these 53 (49%) returned for first screening appointment.
- 11 (20%) out of 53 clients screened had an STI diagnosed

Over 90% are female victims with men generally reporting historical abuse.



Occupation (n =107)

- 53 (50%) of clients were students
- 34 (32%) of clients were unemployed
- 20 (18%) of clients were in employment

Age profile:

- >14-<16=11 Females
- >16-<18=13 Females
- >18-<25=36 females and 5 males.

Therefore 24 school age and 41 in college.

Similar to data gathered by other services such as the SVCC, over 90% of victims were female, the average age was mid-twenties and 50% were students. It is noteworthy that 32% of clients were unemployed and the role that alcohol plays is concerning and requires further investigation.

At a strategic level a point of concern is the fact that SATU services are not included in the Department of Health National Sexual Health Strategy 2015 – 2020. This appears to be a total anomaly in terms of achieving any long term objectives in relation to prevention or enhanced services for victims.

3.4 AN GARDA SIOCHANA – PROTECTIVE SERVICES UNIT (PSU)

In 2016 a Garda Special Protective Services Unit (SPSU) was established within An Garda Siochana in Cork city. This unit which has two sergeants and ten Gardaí attached is responsible for all crimes against women and children; domestic, sexual, trafficking, child abuse, child pornography and the monitoring of sex offenders. Personnel in this unit undertake additional training at Templemore which includes specialist interviewing skills. Since its establishment the SPSU has seen an increase of 100% in the reporting of sexual crimes year on year. The Protective Services Unit²⁰ (PSU) in the city is responsible for all crime against women and children; domestic, sexual, trafficking, child abuse, child pornography and the monitoring of sex offenders. It is planned that all Divisions will have a PSU within the coming years commencing with North Cork.

A key priority for the Unit is the development of a dynamic Garda risk assessment tool for domestic abuse call-outs, which is much needed and would finally bring policing into line with many other European forces. These risk assessment tools need also to complement existing risk assessment methods used by service providers including health care professionals.

3.5 GOOD SHEPHERD CORK DATA

Good Shepherd Cork provides services for women, children and families who are homeless or at risk of homelessness, many of whom have experienced domestic, sexual or gender based violence. Edel House provides emergency accommodation for a maximum of 50 women and children and Riverview provides short term accommodation for homeless girls and young women (6 beds). The tables below give details of admissions to Edel House and Riverview in the years 2015 and 2016. Due to the complexity of issues that service users present with, domestic or sexual violence is often not the primary, presenting issue for them (especially where they do not recognise an experience as intimate partner violence or as sexual assault, e.g. verbal abuse, control, intimidation and financial abuse would generally not be recognised by the women as abusive behavior). This issue of documenting and reporting around DV and SV is an area that is being currently addressed across the services within Good Shepherd. For example, the Riverview reporting format does not specifically identify DV or SV as a cause for admission. The Director of Good Shepherd Cork Services took part in this research. There are currently limited staff resources to adequately support victims of abuse and not all staff have received specialist training to deal with DV/SV issues. In addition, with an increasing number of non-Irish nationals using the service,

²⁰ PSU in Cork city only deals with SV reports currently but there are plans to include DV in the coming year.

staff feel ill-equipped to deal with different cultural attitudes to violence and in particular issues of female genital mutilation. In addition, there is no designated support for the children who have experienced trauma and it is virtually impossible to find affordable or accessible Play or Art Therapy.

EDEL HOUSE

	2015		2016	
Total admitted	200 women & 81 children		193 women & 65 children	
Total not accommodated	375 women and 281 children		284 women and 164 children	
Primary cause for admission	DV related	Family conflict	DV related	Family conflict
Edel House	11	53	12	47

RIVERVIEW

	2016		
Primary cause for admission	Family conflict	Personal Safety	Sexual health
Riverview	13	14	2

SUPPORT & ADVOCACY

The Support & Advocacy Team works with women across Cork city and county when they move from Edel House into the community. In 2015 and 2016 the service worked with 35 women where DV was the primary issue and it is estimated that DV was a secondary issue affecting a further 40 women during this time frame.

3.6 CUANLEE DATA

The figures below relate to the admission of women and children to Cuanlee in 2016. Apart from these admissions, 49 women and 61 children were refused admission because the refuge was full. A further 86 women and 108 children were refused admission for other reasons, for example because there is no family room available or because the presenting issue was homelessness.

Number of Individual Women/Families Admitted		Number of Children Admitted	
Settled women alone	10	Settled children	30
Settled women with children	12		
Traveller women alone	2	Traveller children	21
Traveller women with children	10		
Non-Irish national women alone	7	Non-Irish national children	15
Non-Irish national women with children	11		
TOTAL WOMEN	63*	TOTAL CHILDREN	66

**Of the 63 admissions, some were repeat admissions*

Referred by	Number of Women
Self	35
Social Worker	6
Edel House	3
Hospital	1
Gardaí	10
OSSCork	1
St. Vincent de Paul	1
NY Project	1
Community Welfare Officer	5
Total	63

Number of Admissions	
One time only	47
Two admissions	4
Eight admissions	1

Number of Individual Women	New Admissions	Repeat Admissions
Settled women	15	7
Traveller women	2	10
Non-Irish national women	16	2

No of days/weeks/months	Duration of stay
1-3 days	26
4-7 days	13
1-2 weeks	5
3-6 weeks	7
7-12 weeks	6
13 weeks to under 6 months	5
6-12 months	1

Outcome for Women	
Returned to Family Home	34
HAP Housing	1
Returned to Family/Friends	5
Returned to Hospital	1
Did not Return/Unknown	4
Discharged (unsuitable)	1
Discharged to Homeless Unit/CWO	5
Referred to Edel House	2
Referred to other Refuges	4
Referred to Shanaway House	1
Still in Refuge	5
TOTAL	63

In 2016 Cuanlee provided a total of 114 outreach sessions to 36 women and 39 children, including 8 accompaniments. Other accompaniments (e.g. to court, etc.) were provided to 42 Cuanlee residents. In the same year Cuanlee had a total of 788 calls to its 24 hour helpline.

Accommodation/Bed Spaces/Safe Houses

Cuanlee, based in Cork city, is the only refuge in Cork city and county with 6 family rooms and it is full all the time. In 2016, 49 women and 61 children were refused accommodation in Cuanlee because it was full and they had to be diverted to other services such as B&B accommodation. Of the 63 women (most of them with children) admitted to the unit in 2016, 5 resided in the unit up to 6 months. By virtue of its size, structure and age, the Cuanlee facility is not adequate in meeting the need for refuge accommodation.

While not solely a domestic violence service, Edel House, also based in Cork city, provides emergency shelter for women and children and has a maximum of 50 beds. Edel House generally has ongoing occupancy of 100%, and has also had to refuse accommodation to women and children and refer to B&B accommodation. Having recently secured a capital grant, there are plans in place to renovate Edel House early in 2018 on the current site and adjoining car park. This overall upgrade will ensure more appropriate accommodation but will not provide any additional beds.

YANA in North Cork has access to one 3-bedroom house to accommodate clients but this facility can only take one family at a time. WCWAV accesses B&B accommodation, as do other services such as SATU and the SVC in Cork city. CUH also identified the need for appropriate accommodation in order to ensure safe discharge from hospital.

THE FAMILY CENTRE ST. FINBARR'S HOSPITAL, CORK (see page 76 also)

The Family Centre provides an assessment service in response to allegations of child sexual abuse (for children between the age of 3 and 18 years). The Family Centre does not currently provide therapeutic support, although this may change in line with evolving national plans as the provision of therapy in child centres is one of the recommendations of the Ferns Report (2005). Referrals to the centre are made by Tusla child protection social workers. While the Family Centre has a good professional working relationship with these teams, the turnover of Tusla social work staff presents a challenge in terms of new staff being familiar with the service and consulting and referring cases of sexual abuse. The Family Centre attends three (South Lee, North Lee and North Cork areas) monthly strategy meetings with Tusla and the Gardaí (Liaison managers, Investigating Garda and Garda Specialist Interviewers) regarding child sexual abuse cases. This forum decides where each child will be assessed (i.e. the Family Centre or the Garda specialist interviewers in the Protective Services Unit). There is an increased tendency to refer cases to the Garda

Specialist Interviewers, however children under the age of 5 are usually referred to the Family Centre for assessment.

Some disclosures by children of sexual abuse are made at a later date due to many factors, i.e. fear, grooming process. About 10% of medical examinations undertaken are forensic in nature. There are clear procedures in place for forensic examination of children (with Gardaí always present for chain of evidence purposes). Facilities are very good, and include a new Colposcope to illuminate and magnify the area, are forensically clean and private at St. Finbarr's Hospital.

In recent years the cases being dealt with in the Family Centre have become much more complex and intricate (e.g. intergenerational abuse, complexities regarding blended families, male predators around single mothers, cyber/online abuse of young people, etc.). There is a need for increased sexual health education for children and adolescents due to early exposure to pornography, on-line negative behaviours, e.g. sexting, and issues of consent in peer relationships. Adolescents in general are a challenging cohort because of early sexualisation, early exposure to pornography (from age 11 or lower), peer pressure, etc. and in some cases can involve the use of drugs/alcohol, or the presentation of mental health concerns.

SATU at the South Infirmary Victoria University Hospital

The SATU service responds to people over 14 years of age. The majority of service users are aged 16-24. S.A.T.U. has access to a team made up of two forensic examiner specialist nurses, four medics and close-by medical services. Clients who are met by appointment are responded to within 30 minutes to one hour for a forensic examination, with 3-4 follow up visits offered to victims (vaccinations 1 month later, then 3 months, then 8 months). A staff member from the Cork Sexual Violence Centre attends the initial appointment and each victim is offered a referral to the SVCC. Other onward referrals can be to the Emergency Department, e.g. for treatment of wounds, or other services in Cork (HIV service, OSSCork, Pieta House, etc.). SATU has an excellent relationship with the Gardaí and with the Garda Protective Services Unit in particular.

APPENDIX VI

GENERAL POPULATION SURVEY

Part of the research for the Cork NAP involved an online survey seeking feedback from the general population in Cork city and county as to their knowledge, access and experience of domestic violence and / or sexual violence services. The survey was open for the month of September 2017 and a link to access the survey was circulated widely among the services in Cork. In total 205 people logged in and, while not every respondent completed the survey in full, the responses provide valuable feedback for the purpose of this research.

The first section of the survey sought profile information from respondents in terms of gender, age, education, etc. All 205 respondents completed this section, the majority of whom were female (83%), with 17% being male. Most were in the age range of 36 to 65 (70%). Most respondents identified as White Irish (88%), although other ethnicities were represented (Other (non-Irish) White, Traveller, Black, Asian, Irish American/Mexican and North African). Most were married (55%), with 22% being single, 14% co-habiting, 5% divorced and the remaining 4% being separated or widowed. 28% of respondents had no children while 72% had children (43% had 1 or 2 children, and the remaining 29% had between 3 and 6+ children). In terms of the level of education achieved, a significant number had a post graduate qualification (38%) or a degree (32%), while 21% had a third level qualification (non-degree). 6% had Leaving Certificate or equivalent, while the remaining 2% had Junior Certificate or left school before or after primary level. In terms of employment status, the majority were either employed or self-employed (86%). 7% were either unemployed, in training or studying, while the remaining 7% were at home, volunteering, carer or on disability/sick leave. 65% of respondents lived in an urban (city or town) location, with the remaining 35% living in a rural (countryside) location. 40% lived in Cork city, 24% in south or east county Cork, 18% in north county Cork and 16% in west county Cork. While the survey was targeted at Cork city or county, 2% of those who completed the survey lived elsewhere in Ireland or outside Ireland.

Domestic Violence

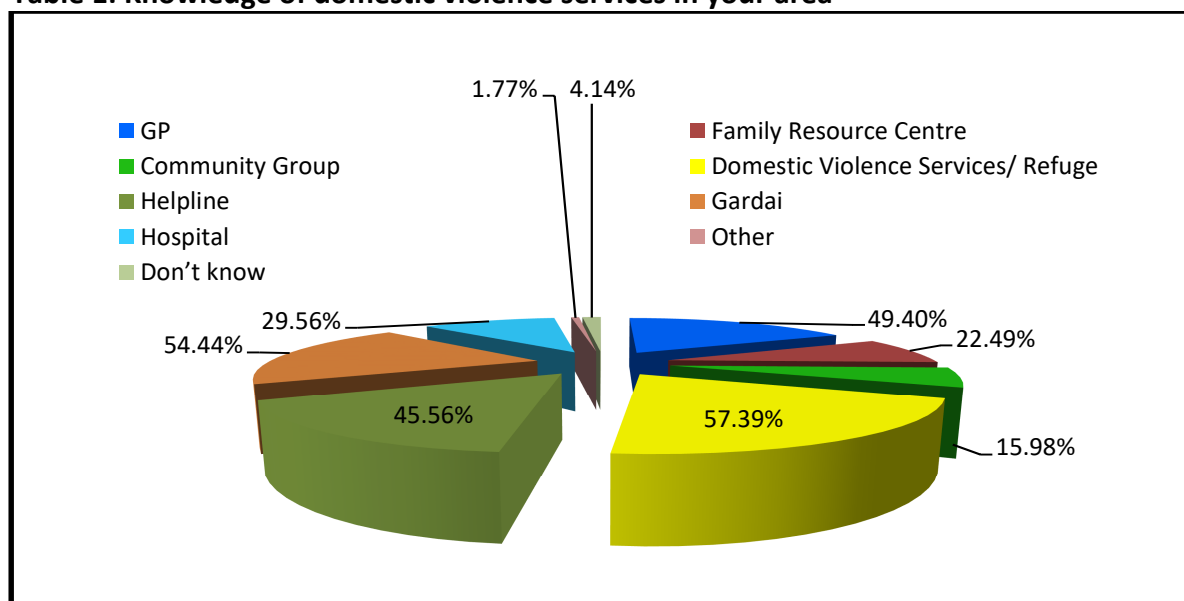
The second section of the survey focused on DV services. A maximum of 173 out of the 205 overall respondents completed this section. Of the 173 respondents 54 of them (31%) experienced DV. In the majority of these cases (84%) the perpetrator was male, 14% was female and in 2% of cases the perpetrators were identified as both male and female. It is noteworthy **that a majority of 79% of those who experienced DV did not access a DV service**. In response to being asked what might stop them from accessing a DV service, these respondents primarily identified shame (46%) and secondly the fear of their children being taken away (41%). Other types of fear were identified as a barrier by about one third of respondents (such as fear of negative reaction from the perpetrator, fear of negative

reaction from others, fear of losing their home). Lack of independent finances and lack of support were also identified as barriers.

In this section all respondents were given a range of possibilities for how they might get information about DV services and many ticked several options. It emerged that the major source for information would be online or through social media (83% ticked this option). Over a third would go to their GP for information if they needed it, and a similar number indicated they got information from posters. Other sources identified were the Hospital, Gardaí, a friend, newsletter, family member, colleague, Citizen's Information Centre, court and library.

Respondents were asked if they knew of DV support services in their area and were given several possible options to select. In response to this question respondents primarily identified the following services in the Cork area: a domestic violence service or a refuge, the Gardaí, GP and a helpline. Respondents were less aware of other services such as the hospital, community group or family resource centre as possible sources of support and some identified the Citizens Information Centre and the Legal Aid Board as support services.

Table 1: Knowledge of domestic violence services in your area



Respondents were then given a range of options that might be categorised as DV (Table 2). All of the options in the chart below were ticked by most respondents, showing an understanding of the extent and complexity of DV, and some added control over children. One respondent highlighted the term 'gaslighting', an expression referring to the manipulation of a person's perception of reality. (The term gaslighting comes from the systematic, psychological manipulation of a victim by the main character in the 1938 stage play *Gas Light*, which was subsequently made into a film *Gaslight* starring Ingrid Bergman in 1944).

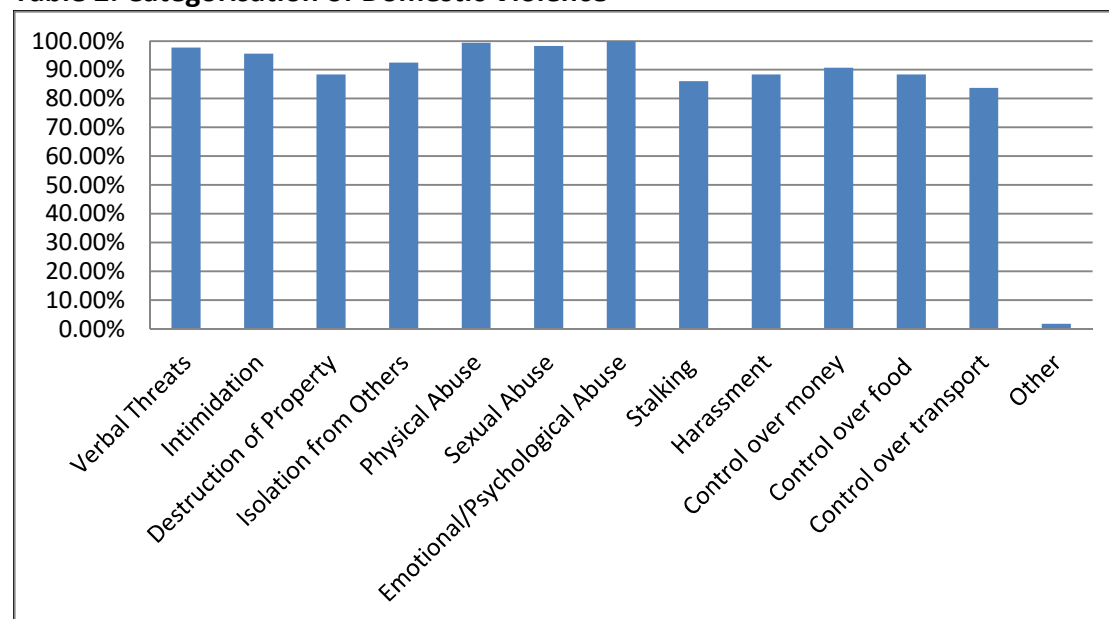
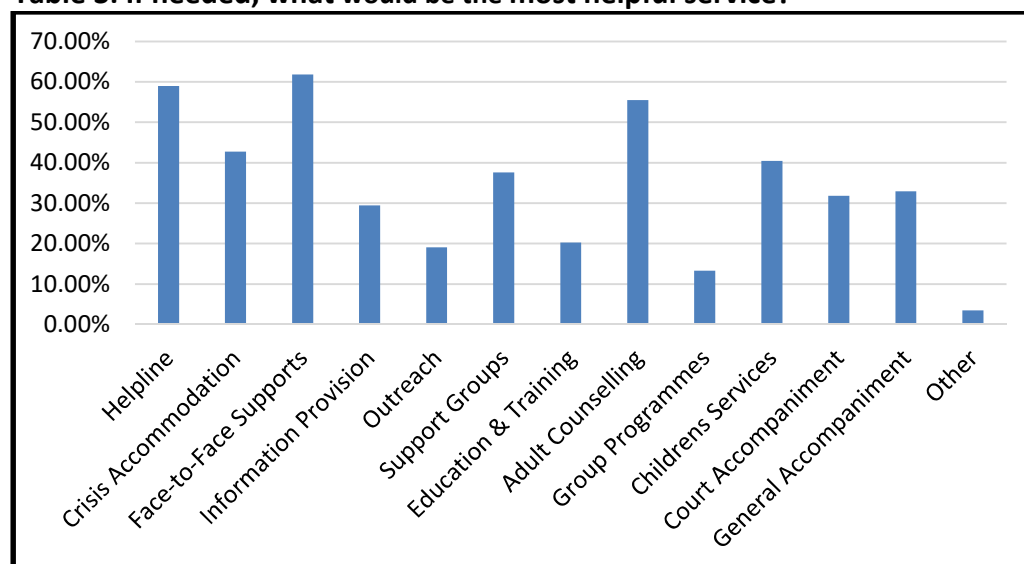
Table 2: Categorisation of Domestic Violence

Table 3 refers to what would be the most helpful DV service to respondents if they needed one. Again, respondents were given the option to select many or all the possibilities presented. The supports that were selected by the most respondents were face-to-face supports (62%), a helpline (59%), adult counselling (55%) and children's services (40%).

Table 3: If needed, what would be the most helpful service?

The survey sought information as to what might be the turning point for respondents to access a domestic violence service if they needed one. **The majority of respondents (38%) selected concern about the negative impact on their children as being a primary turning point.** Having one's personal safety at risk was the second most selected option and thirdly being physically abused. 2% indicated they would not access a service. These findings are in line with direct service user interviews (as detailed earlier in this report).

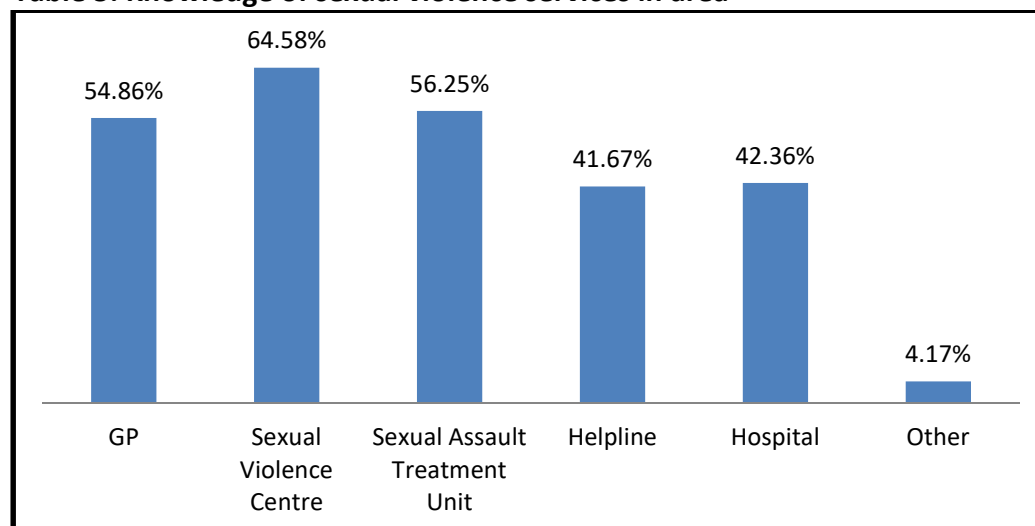
On a scale of 1 to 10 respondents were asked how likely it would be that they would access a DV service if they needed one (with 10 being most likely). It is noteworthy that the majority of respondents responded that it would be unlikely.

In terms of where respondents would access a DV service if they needed one, in the main the answers tally with the geographic spread of respondents. The caveat is east Cork where there are currently no specific DV services. The majority of respondents indicated it would be Cork city (72%), while 12% indicated Mallow and 9% indicated Bantry. 2% indicated they would not access a service.

Sexual Violence

The third section of the survey focused on SV services. A maximum of 151 out of the 205 overall respondents completed this section. Of these, 34 (23%) indicated that they had experienced sexual violence. In the majority of these cases (94%) the perpetrator was male, 3% was female and 3% identified both genders as having been perpetrators. It is concerning that 73% of these respondents indicated that they had not accessed any SV services. In response to being asked what might stop them from accessing a SV service, these respondents overwhelmingly identified shame (73%) and fear (68%). Lack of support was identified by 41%, isolation by 27%, transport by 18% and lack of childcare by 5%. This left a **minority of 27% of the 34 respondents who accessed SV services**. They listed the Rape Crisis Centre (Sexual Violence Centre), private counselling/psychotherapy services. When asked to rate the services only a minority of respondents did so, with the following spread of results: SVCC: 34, 54, 79, 84, 86, 96, 96, 98, 99, 100. In terms of what could be improved in the services, respondents suggested more availability of appointments and a shorter waiting time, improved solution focused life skills and outreach to rural areas: *"It's tough making the journey home on a bus, it's very emotional."*

All respondents were given a range of possibilities for how they might get information on SV services and many ticked several options. The major source for information would be online or through social media (over 82% ticked this option). Two thirds (66%) would go to their GP for information if they needed it and 46% would get information in the hospital, while 43% indicated the Gardaí. Nearly a third (33%) indicated they got information from posters and 15% from a newsletter. A small number of respondents indicated they would get information from a friend, a family member, the Rape Crisis Centre, Citizens Information Centre, community services or the library. Respondents were asked if they knew of SV support services in their area and again were given several possible options to select. In response to this question (see table 5 below), respondents primarily identified the Sexual Violence Centre and the Sexual Assault Treatment Unit in Cork city. Respondents also identified the GP, hospital and helpline as known services. A small number of respondents also identified YANA, the Gardaí, OSSCork and MnaFeasa, although these are not technically SV services.

Table 5: Knowledge of sexual violence services in area

Respondents were given a range of options that might be categorised as SV. All of the options in table 6 below (particularly rape and sexual assault) were ticked by most respondents, showing an understanding of the extent and complexity of SV.

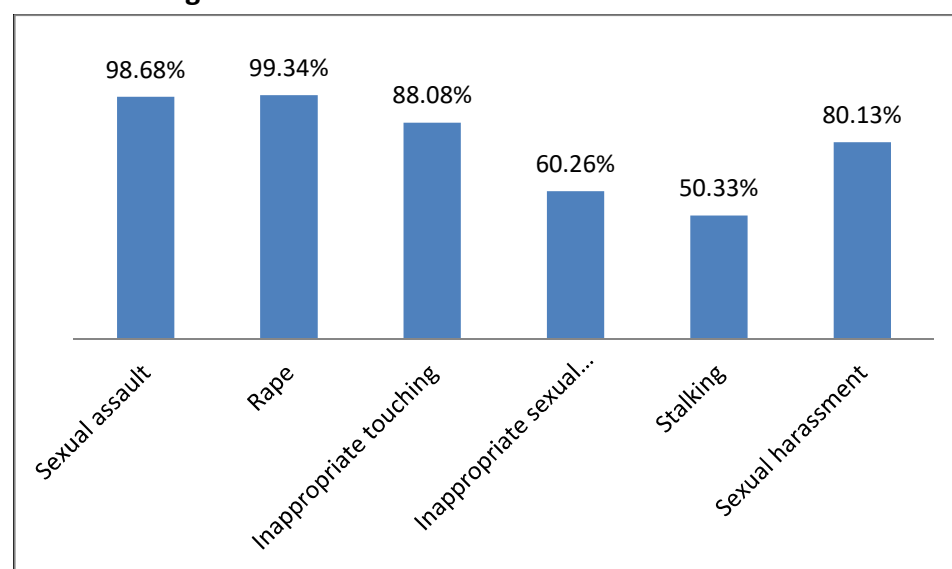
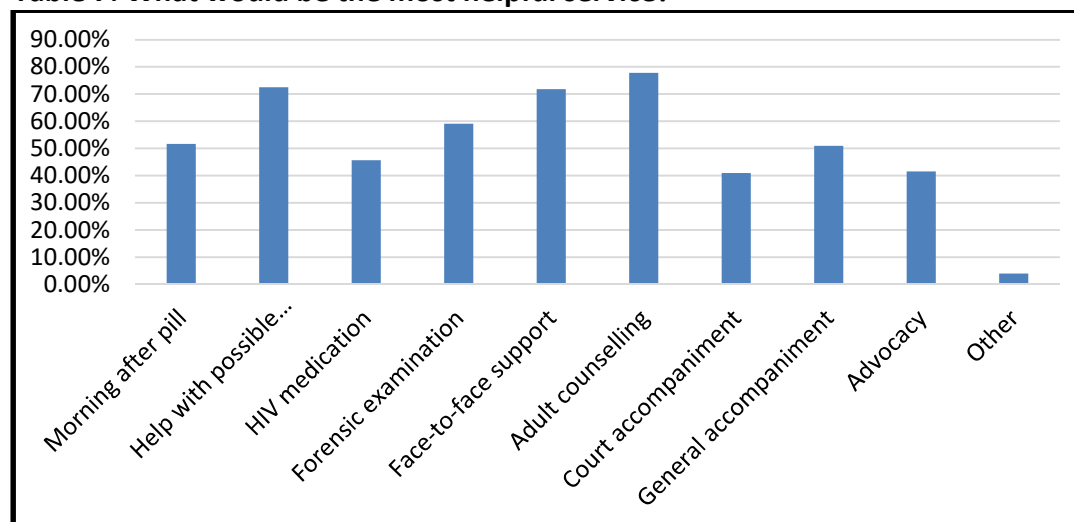
Table 6: Categorisation of Sexual Violence

Table 7 below shows responses to the question of what would be the most helpful service to respondents if they needed a SV service. Again, respondents were given the option to select many or all the possibilities presented. The supports that were most selected by the respondents were adult counselling, help with possible sexually transmitted disease and face to face supports. Other supports cited were forensic examination, the morning after pill, general accompaniment, HIV medication, court accompaniment and advocacy. Also identified were a helpline, a safe abortion service and the Gardaí as being helpful services.

Table 7: What would be the most helpful service?

The survey sought information as to what might be the turning point for respondents to access a SV service if they needed one. The majority of respondents (41%) cited sexual assault as being a primary turning point, while 29% identified rape. Concern about negative impact on child/ren was identified by 16%. 2% of respondents indicated they would not access a service. On a scale of 1 to 10, respondents were asked how likely it would be that they would access a SV service if they needed one (with 10 being most likely). Once again it is concerning to note that a majority of respondents responded that it would be unlikely.

Similar to the previous section on DV, in answer to the question as to where respondents would access a SV service the vast majority of respondents indicated it would be Cork city (91%), where in fact the services are situated. However, 4% indicated they would go outside Cork and 2% indicated they would not access a service.

The last section allowed for open commentary and here we see really helpful insights:

- The need to highlight the intimidation of men was noted, including being threatened with court and with not being able to see their children again. While there are services for women (and more are needed), there is little support for men's experience of partner violence. Also noted was the need for a service for women who are abusive (perhaps similar to the MOVE model).
- The importance of training and awareness raising for front line personnel (GP's, Gardaí, staff in domestic abuse centres, etc.) was highlighted as inexperienced staff should not be the first point of contact/liaison with a person who has suffered the trauma of a life changing violation.
- The way that domestic and sexual violence is viewed by society in terms of victim-blaming was challenged. It is never the victim's fault and there should be no shame attached to the victim coming forward. This is very important in light of the fact that a key barrier to accessing services is shame.

- Education on sexual violence is needed as, unless it is rape, the victim may not recognise s/he has been sexually assaulted.
- Funding is needed for helpline Services to be available 24/7, similar to the Samaritans.
- There are limited (but excellent) services in county Cork, but rural areas need more services and outreach.
- Maternity services/midwives are in a unique position to identify and support victims of domestic abuse and sexual assault.
- Teenagers in school should be given advice about violence in all its formats and it is very important to educate young people from an early age about consent, STIs, inappropriate touching, drugs and drink and effects on behaviour, etc.
- More long term therapy needs to be available for victims (abuse is not sorted with 6 therapy sessions).
- More media coverage is needed on how to access services and TV adverts help raise awareness of the issues.
- Current support ignores the help that affected children need, both in terms of their emotional needs and regarding perpetuating abuse in the next generation.

APPENDIX VII

EXAMPLES OF GOOD PRACTICE IN RELATION TO DV/SV

All service providers were asked about what worked well in DV/SV services and what was valuable to their users. Here are their responses:

- Our ability to make women feel safe and empowered. *'Women in or exiting violent relationships often have poor self-esteem – making it even more difficult to access homeless and other services. They need support to build confidence and self-esteem. We service providers tend to talk about systems and processes and institutional issues – but the reality for women experiencing violence is often harrowing.... we often struggle to retell the real stories of women's difficult realities'.*
- Offering Court Accompaniment (for example when seeking a protection, safety or barring order). This is rated as a very valuable service in all locations. Carrying out this work in the city where the court is nearby to services is very different compared to the experiences of rural DV services, who have to travel around the county to court sittings. This role is specialised, requires good training and a relationship with court clerks. A sample job description for this role is given in Appendix XII.
- Advocacy work and giving victims a voice Most services provide advocacy to service users to some degree and they identify it as an essential support to victims of violence. Advocacy can take the form of liaison with schools for short term school placements when families are in emergency accommodation or accompaniment to appointments with a Community Welfare Officer when a service user is applying for a One Parent Family Payment.
- Linking²¹ or referring to other services to provide additional responses to women who need them, e.g. link to accommodation, link to social welfare, link to Citizens Information Centres, link to MABS. While all service providers rated partnership working highly, e.g. the annual 16 Days of Action and linking with others services, the city services found this easier to achieve.
- The location of the services is important in terms of anonymity and safety This was identified by service providers in all regions and examples were given where services collaborated with each other around clients who needed more anonymity. The exception to this was east Cork where victims have to travel to the city for a service. Stakeholders who work in the area identified the need for an accessible service in the region where victims could drop in safely.
- Age appropriate therapeutic work with children and young people and pockets of excellent practice (e.g. the Edel House/springboard Youth Club, ISPC initiative)

²¹Linking means having a working relationship with another person/organisation, i.e. working in partnership.

supporting the most vulnerable children with a dedicated Childcare Worker focused on building the resilience of children.

- Use of the Barnardos information pamphlets on DV which are age appropriate tools to help adults, children and young people understand and talk about domestic violence (*Parenting Positively*, etc.)
- A model of interagency work that is effective is the DV Inter-Agency Group meetings, which are held in the city and similar fora in west Cork and north Cork. Network meetings take place every 2-3 months and are very effective in promoting communication, co-ordinating responses and providing support to each other in the work. This arrangement facilitates support to families in a manner that is more collective and holistic. It was also suggested that high quality standards for service provision can be agreed and delivered upon when shared in an interagency setting.
- Access to the Women's Aid translation service is an excellent facility when dealing with foreign nationals with little or no English.
- The care and professionalism shown by staff to service users is in most services at a very high standard.

During the Cork NAP process, we examined three models of good practice among DV services in Cork city and county. Below is a summary of the three models:

1. Working in Partnership/Interagency Working

Rural Areas: The West Cork Child & Family Support Network was established in 2016 and meets every 6-8 weeks. Members include WCWAV and five family resource centres (Dunmanway, Bandon, Skibbereen, Caha and Castletownbere), Community Well-Being Centres, West Cork Carers, Citizen Information Services, Education & Welfare Officer, Schools Completion Programme, Principal Social Worker (Tusla Child Protection Service), NOVAS Initiative (Homelessness & Tenancy Sustainability), Team Leader of Mental Health Social Work (HSE), West Cork Development Partnership (SICAP), Family Support Worker (Tusla), Bantry YMCA and a representative from An Garda Siochána West Cork Division. Cork regional CYPSC (Tusla) also attend when requested.

'WCWAV has been involved with the development of the West Cork CFSN from the earliest stages. For our organisation it provides a network of information, facilitates collaborative problem-solving, knowledge-sharing and provides a platform from which to identify the many service gaps in our region and to collectively devise ways of highlighting and addressing those needs. It has greatly assisted in cementing relationships between partner organisations, both statutory and community & voluntary services and in developing relationships of respect for our various approaches and remits'.

YANA in North Cork participates in a similar arrangement under the Homeless Forum, which meets every two months and membership includes: an Independent Councillor, Tenancy Sustainment Worker with Le Cheile FRC, the Society of Vincent de Paul, Community Welfare Office, Housing Section of Cork County Council, North Cork Traveller Network, Cloyne Diocesan Youth Service, Q Centre, Gardaí, TUSLA and YANA.

Both Domestic Violence Services find these local network meetings very useful and supportive in providing responses to victims, building positive working relationships and understanding of the work.

The Cork City Network: This comprises the three Domestic Violence Services in Cork City (OSSCork, Cuanlee Refuge and MnaFeasa), Edel House, the DV Social Worker, Liberty St and occasionally Legal Aid and the District Court Clerk. The Network meets informally every six weeks or so to share local information or to invite in a guest speaker for learning purposes. Over the years the group has worked collaboratively to commemorate the '16 Days of Action Against Violence Against Women' with COSC funding. This has included an Arts project with former clients, the '*In Her Shoes*' exhibition and a poster exhibition. The network has been on hold this year because of all the Tusla meetings/needs analysis, etc. but they would like to see it resume early in 2018.

2. The Handbag Project: Togher Traveller Women's Group

In 2015 Togher Traveller Women's Group co-ordinated a project on domestic violence and potential responses. The group wanted to raise awareness of DV and inform Traveller women what supports are out there for Traveller women in this situation.

The group started by looking at the STHN *Rings of Hope* book and used a focus group discussion to explain that domestic violence is where a partner uses power and control and it includes:

- Physical, mental, sexual violence
- Intimidation
- Emotional abuse
- Isolation
- Denying and blaming the woman for the abuse
- Using children
- Treating the woman like servant and making all the decisions
- Economic abuse - denying her money

The group made a link with the OSSCork, who gave an information session on supports, how to get a Protection Order/Barring Order and what to do if a woman needs to get out of a dangerous situation in a hurry.

After their research phase, the group then worked with artist Leanne McDonagh to create new art pieces (handbags) expressing their views and issues around domestic violence and this became known as '*The Handbag Project*'. The Handbag theme was picked by the group because every Traveller woman carries a handbag, the outside of the bag says a lot about who you are and it is often inside a handbag that a woman keeps her personal private details. Women in the group went about creating handbags which reflected their own personality, concerns and thoughts about how to be prepared to leave a DV situation. The bags were displayed at CUH for the month of August 2016.

The bags on display symbolised:

- The importance of personal empowerment for Traveller women - know your rights, always believe in yourself.
- Highlighting that no woman should ever have to live in a violent situation.
- Highlighting the fact that violence against a woman is never her fault.
- Highlighting the need for personal supports for a woman experiencing violence - you don't have to be alone.
- Acknowledging that leaving a violent partner is not easy but with support, it can be done and it is worth it.

On a practical level the bags also show what a woman needs to keep near her if she needs to get away from a dangerous situation, including: keys, medical cards, essential medicines for family members, emergency money, phone numbers for Gardaí, taxi, numbers of women's refuges and support services, and directions to refuges.

3. Bystander Intervention Programme at UCC

The Bystander Intervention programme at UCC seeks to address issues of sexual and relationship violence amongst students, by encouraging an understanding of the dangers of the social normalisation of abusive behaviour and the related capacity of a bystander to intervene. The workshop-based method of delivery presents students with a safe environment to better understand the pressures of inter-personal challenges and to rehearse pro-social interventions and cultivate a campus culture of positivity and support.

Modelled on *The Intervention Initiative* (Fenton, Mott, McCartan & Rumney, 2014), the bystander intervention approach is premised upon the fact that, as members of society,

every person is a bystander and thus often positioned to act and/or intervene. In order to adapt the Intervention Initiative programme to suit an Irish university context, a review of the relevant literature and national statistics was conducted. In order to satisfy university curriculum demands, six 1-hour workshops (as one module) were developed, with content being edited to reflect the Irish context. In advance of delivery, the draft module was trialled on a pre-pilot basis with members of the Students' Union and the facilitators of the module, with changes being made to the module content as appropriate.

The intervention is a programme-based, credit-bearing academic module. It was developed by Dr. Louise Crowley in the School of Law and Dr. Michael Byrne, Head of Student Health, UCC. It was piloted amongst all first year law students in UCC in early 2017. The module ran over the course of 6 workshops and was delivered to 163 law students in small student groups by suitably trained and supported UCC-based facilitators. It incorporated 4 weeks of information based facilitated workshops, followed by two weeks of "role play" whereby students articulated their learning in fact-based scenarios, allowing them to express their reactions in a safe and controlled environment. Whilst the first role plays were scripted to support the students in rehearsing such interventions, the latter encounters allowed them to independently verbalise their acts of pro-social intervention, allowing the development of confidence and capacity in articulating their objections and interventions. In 2017/18 the programme will be a compulsory module for all first year law and first year nursing students at UCC.

Preliminary analysis of the pilot programme indicates that it was a hugely positive and effective student learning experience. There will be ongoing reviews of the pilot programme, including focus groups amongst participating students and facilitators; and a broader university-wide survey on student perceptions and understanding of social norms.

APPENDIX VIII

SERVICE USER ENGAGEMENT IN THE DSGBV NEEDS ANALYSIS PROJECTS (CORK CITY, COUNTY AND ISLANDS)

Background:

The Tusla DSGBV Services Programme seeks to implement an approach to service planning, delivery and oversight that is informed by the needs and preferences of victims and survivors of Domestic and Sexual Violence, through the use of participation and empowerment mechanisms that involve both listening and responding. In order to achieve better outcomes for children and families in the future, it is essential to engage services users in a process of identification of needs and gaps in current Domestic/Sexual Violence service provision and in conversations around what could make things better for survivors/victims. The aim of the Needs Analysis Project is to develop and improve understanding of current and future needs of those experiencing domestic and sexual violence and to identify local and national responses.

The Values:

The Needs Analysis Projects being used by DSGBV as a commissioning tool understands the values and objectives for engaging service users as follows:

1. ***Shared Humanity*** is about the innate dignity of each human being, the treatment of people with respect and compassion, listening to people with empathy, and the promotion of their wellbeing and safety.
2. ***Social Justice*** is about challenging inequalities, increasing accessibility of services, ensuring a fair distribution of resources, and securing people's chance to live lives free of violence and abuse.
3. ***Inclusiveness*** is about acknowledging people's differences, taking account of this difference across the nine grounds of our equality legislation²² and of socio-economic status, and responding to the specific preferences and needs that can accompany this difference.
4. ***Participation*** is about people being empowered to participate in meaningful ways in making decisions about their lives and about the service they require so as to affect change across personal, organisational and societal levels.

²²Gender including Gender Identity, Civil Status, Family Status, Age, Disability, Sexual Orientation, Race, Religion or Belief, and Membership of the Traveler Community.

Cork City and County NAP

The Process for Engaging Service Users:

1. Organisations/Professionals will identify, invite and request permission from the service user for their participation in the Needs Analysis Project.
2. Taking the values associated with Equality and Human Rights into account, the Service User will be offered a variety of methods for participating e.g. 1:1 via phone, or email; anonymous online; face to face; focus group or as such means as they may identify or choose. The researchers 'Community Consultants' will make direct contact with service users.
3. The decision of the Service User to participate or otherwise along with the method of their choosing will be fully respected by the NAP.
4. No Service User will be identifiable in the writing up of the NAP and confidentiality will be maintained at all times.
5. Information emanating from Service User participation will be recorded in the third person and will be objectified in any follow up or resulting analysis.

Review of final NAP:

Where feasible, Service Users who agree to participate in the NAP will be offered the opportunity to review their input in written form to ensure that their view is recorded accurately.

- | | |
|------------------------|--------------------------|
| 1:1 via phone | <input type="checkbox"/> |
| Email contact | <input type="checkbox"/> |
| Anonymous online | <input type="checkbox"/> |
| Face to face interview | <input type="checkbox"/> |
| Focus/support group | <input type="checkbox"/> |

Agreed by Service User:

Date:

APPENDIX IX

NASC RESEARCH

Domestic Violence - referenced			
Interviews	Number of children impacted	Number of mothers/women impacted	Comments
Parents	Children/Young people	Parents	
Respondent B	4	1	
Respondent C	1	1	referenced immigration status used as form of control
Respondent J	5	1	
Respondent M	4	1	
Respondent R	1	1	referenced immigration status used as form of control
Respondent S	3	1	
Respondent P	4	1	
Respondent D	4	1	
Total	26	8	
Overall no.	51	19	
	51%	42%	
Social Workers*		No. of Accounts	
Respondent 1		1	mentions that DV is a huge issue for many migrant families
Respondent 2		1	
Respondent 3		1	linked DV to reason for possible overrepresentation of migrant families in services
Respondent 4		1	
Respondent 5		1	referenced immigration status used as form of control
Respondent 6		1	mentions poverty and migration trauma linked to DV
Respondent 7		1	referenced immigration status used as form of control
Respondent 8		1	
Respondent 9		1	
Respondent 10		1	
Respondent 11		1	says dv is "epidemic among ethnic minorities"; dv is difficult to identify amongst smaller migrant communities
Respondent 12		1	
Respondent 13		1	says dv is an issue that comes up a lot in their work (esp. in relation to gender roles)
Respondent 14		1	mentions dv in relation to cultural differences
Respondent 15		1	mentions dv in relation to cultural differences
Total		15	DV was referenced by 15/29 SW (55%)
<i>*Overall unable to gauge how many families/children social workers referenced in their accounts</i>			

APPENDIX X

Service improvements for women experiencing IPV **(Recommended by Linc research – Susan Minor)**

Intimate Partner Violence services were asked what they thought would increase the number of lesbian and bisexual women who use their services. The question format was multiple choice, with options for multiple responses and additional comments. Overall respondents said:

- 80% improving relationships with LGBT organisations
- 65% joint work with LGBT organisations
- 45% specific training for IPV staff and volunteers
- 40% different service advertising
- 25% policy to enable distinction between perpetrator and victim
- 15% lesbian and bisexual staff and volunteers

One IPV service which said they have a really good relationship with the local LGBT service is in an area where a joint LGBT and IPV leaflet has been designed and published. The LGBT service is in consultation with MOVE – an IPV perpetrator programme for men about their inclusion on the leaflet as well.

Another centre is concerned about the lack of research into the area and how more well-conducted research would inform services' delivery.

RCCs were also asked what they thought would improve services – again with a multiple choice question. Overall responses were:

- 89% improving relationships with LGBT organisations
- 89% specific training for RCC staff and volunteers
- 78% joint work with LGBT organisations
- 45% lesbian and bisexual staff and volunteers
- 33% different service advertising

What is needed is an LGBT organisation in this area to work with us in ensuring our service is targeting women in those kind of situations and maintaining best practice in relation to their needs.

Women's Support Service:

"There is a need for existing services to understand the various coercive strategies that may be used by a female abuser in relation to "outing, stigma & internalised homophobia" however, the ethos, experience, practice & professionalism of existing DV/SV services are best placed to provide the fundamental, ongoing and targeted supports required especially if working in conjunction with local LGBT services where they exist." Women's Support Service.

APPENDIX XI

SAMPLE OF PRESENTING ISSUES FROM CLIENTS WHO RECENTLY ATTENDED A CORK CITY-BASED SERVICE

RECENT CLIENTS SEEN (Oct 2017)				
Client	Demographic <i>Gender / Age</i>	Sexual Violence	Domestic Violence	Detail
1	F, 35yrs	✓	✓	1. Physical violence by (several) Partners 2. Emotional abuse - controlled by family members <i>CURRENT: Difficulty with relationships, anger, trust issues.</i>
2	F, 27yrs	✓	✓	1. Raped by intimate Partner 2. Sexually abused when 5yrs of age 3. Emotional abuse - parents not available to her as a child <i>CURRENT: Suicide ideation, drug addiction.</i>
3	F, 32yrs		✓	1. Father of her child - domestic violence for 4yrs 2. Physical violence - by recent partner <i>Current: Alcoholic liver damage. Extremely low self-esteem</i>
4	F, 65yrs	✓	✓	1. Sexually abused by brother for 20 yrs 2. Parents physical violence. <i>CURRENT: Suicidal ideation, alcoholic.</i>
5	F, 35yrs	✓	✓	1. Physical and sexual Violence by Partner <i>CURRENT: Shattered identity, do not trust people.</i>
6	F, 36yrs	✓	✓	1. Physical violence by Partner 2. Excessive sexual demands put in her 3. Emotional abuse by partner (control) <i>CURRENT: Suicide Ideation, drawn to wrong people.</i>
7	F, 36yrs		✓	1. Physical violence by current Partner 2. Physical abuse by parents <i>CURRENT: Suicidal ideation, alcoholic.</i>
8	F, 32yrs	✓	✓	1. Physical violence by Partner 2. Sexual violence previous partners <i>CURRENT: Alcohol issues , gambling addiction</i>

9	F, 29yrs		✓		✓	<ul style="list-style-type: none"> 1. Physical violence by current Partner 2. Emotional abuse (Control) 3. Sexual abuse by male relative <p><i>CURRENT: Huge difficulties with relationships, shunned by family</i></p>
10	F, 39yrs				✓	<ul style="list-style-type: none"> 1. Father alcoholic physically violent. And controlling 2. Ex-husband extreme physical abuse <p><i>CURRENT: Alcohol and drug addictions. Very low self-esteem</i></p>
11	F, 54yrs				✓	<ul style="list-style-type: none"> 1. Physical violence by ex - Partner for 15yrs 2. Sibling and mother physical and emotional abuse <p><i>CURRENT: Emotion health very fragile today, Paranoia about people</i></p>
12	F, 36yrs		✓		✓	<ul style="list-style-type: none"> 1. Left home at 16 due to physical / sexual abuse. 2. Met partner had a number of children - was an alcoholic <p>was abusive both sexually and physically <i>CURRENT: Shattered identity of a 'broken person (Her words)</i></p>
13	F, 37yrs				✓	<ul style="list-style-type: none"> 1. Physical and emotional Violence from mother 2. Previous partners have been physically violent to her <p><i>CURRENT: Extreme social anxiety and is assexual</i></p>
14	F, 38yrs		✓		✓	<ul style="list-style-type: none"> 1. Sexual abuse by family member 2. Emotional Physical abuse by parent 3. Numerous partners physical violence <p><i>CURRENT: Alcohol and drug addictions.</i></p>
15	F, 24yrs				✓	<ul style="list-style-type: none"> 1. Parents emotionally unavailable. 2. Ex partner physically violent <p><i>CURRENT: Extremely low self-esteem.</i></p>
16	F, 31yrs		✓		✓	<ul style="list-style-type: none"> 1. Physical violence by ex - Partner (s) 2. Sexual violence by current Partner 3. A lot of sibling family violence <p><i>CURRENT: Alcohol addiction.</i></p>

APPENDIX XII

SAMPLE JOB DESCRIPTION FOR COURT ACCOMPANIMENT & DEVELOPMENT WORKER

Job Description: Court Accompaniment & Development Worker

Responsible to: Senior Refuge Worker/Service Co-ordinator

Location:

Key responsibilities:

- To assist with the continuing development and delivery of Court Accompaniment
- Build up client base in supporting women going to court in relation to domestic violence including: maintenance, child custody and access, separation and divorce.
- To provide information, awareness raising and referral service to individuals, professionals (Court Staff), and other organizations on domestic violence.
- Build links with courts staff in relation to the physical environment of the building, and lobby for an improvement in facilities.
- Provide regular feedback to team meetings.
- Establish and maintain links with other professionals on an inter-agency basis.

Specific Duties

- Identify needs of women accessing the court services.
- Support women in preparing for court and accompany women to court.
- Accompany women to referral agencies where necessary. (Link in with other professionals – HSE, Gardaí, Solicitors, Court Officers and Legal Aid)
- Support women after court hearing and link her back into service for aftercare.
- Maintain statistical data.

Network and raise awareness

- Undertake ongoing awareness raising in court district on domestic violence and ensure women know about the service.
- Liaise with key professionals/organizations to ensure referrals are made to the service.

Provision of Support and Information

- Inform women of services available and make appointments as necessary.
- Respond to requests for information from other relevant bodies and individuals.
- Provide support and information to women accessing the Court accompaniment service.
- Discuss options in advance of court hearing with the women.
- Explore possible outcomes with the woman.
- Clarify the limits of our knowledge in the law.

- Prepare women re: layout, environment and operations of the court.
- Refer Child Protection to the Childcare Worker/Services Manager.
- Seek advice and support from the main office when in doubt.

Policies and Procedures

- Ensure policies are implemented and adhered to in all aspects of refuge and Court Accompaniment work.
- Ensure all written reports and statistics are accurately maintained.

APPENDIX XIII

FEEDBACK NOTES FROM THE CITY FOCUS GROUPS

Health & Well-being

- A dedicated set of collaborative guidelines needs to be developed to assist healthcare providers to provide optimal care to clients in need. Healthcare staff need to know where to refer to and that referrals will be responded to appropriately and quickly.
- The groups identified that a mandatory *Education programme and appropriate training* for all healthcare staff is needed, this needs to be a programme which challenges institutional and personal beliefs about DSGBV.
- The overall agreement was that prevention was better than cure, therefore rather than just treating issues as they arise, we need a taskforce that can effectively inform people about how to prevent DSGBV. Appropriate education for children about DSGBV is part of prevention planning.
- Care for victims after presentation to health services was of huge concern to the groups. Lack of appropriate safe accommodation, access to healthcare, schools, therapeutic care, finances, travel all had a huge impact on the ongoing health needs of these clients. The lack of this care can lead to a heavier demand on acute healthcare services.
- *Children's services* and the lack of any concrete care planning for children who witness and/or experience DSGBV was discussed in depth by the groups. The waiting lists for CAMHS²³ for children were highlighted many times. The lack of appropriate therapeutic services for children was highlighted and the lack of a dedicated sexual assault treatment unit for children. Children present with anxiety, eating disorders, self-harm, stress, inadequate diet, inadequate housing, inadequate access to education and again can lead to becoming a larger burden on the acute healthcare service.
- DV patients being put on medication to help deal with their situation can lead to many other problems and does not address the root cause of the DV.
- The issue of safety in disclosing DV in a busy ED unit, confidentiality and fear of how staff will respond to your answer were all identified as concerns. Healthcare staff said 'asking about DV is difficult when you have just met the patient'. They also cited the difficulty in the ED with patient flow, staff shortages and lack of therapeutic services or direction for those that required help.

Top Three Priorities:

- ✓ Development of national policy (including pathways) to guide DSGBV work across all agencies.

²³ Child and Adolescent Mental Health Services (CAMHS)

- ✓ A co-ordinated response to the lack of children's services.
- ✓ More high quality training for all healthcare staff.

Housing & Finance

- There is a massive shortage of affordable/social housing across the City and County. There is a lack of safe places for women (and children) exiting violent relationships across the City and County – just six beds available at Cuanlee refuge a dedicated DV facility. Some women and children move into Edel House (emergency shelter) but this is often full – family rooms are at over 120% occupancy. Many families end up in highly unsuitable B&B accommodation, which is often just for a few nights, therefore families have to keep moving on from one B&B to another as rooms become available. This greatly adds to the trauma of homelessness for both the victim and her children.
- It can be very difficult for women becoming homeless because of violence to qualify for homeless services if she jointly owns a property with her (violent) partner or if they are joint tenants in local authority housing. It is very difficult to leave if they have a joint bank account or credit card where the victim is at high risk of being impoverished overnight. It is also very difficult to qualify for homeless services if the victim needs to move to a different region (e.g. for safety reasons).
- There are limited services for children witnessing or experiencing violence, especially suitable therapeutic services to help tackle trauma. It is even more difficult for children in homeless services, particularly those in bed and breakfast accommodation, often moving location every few days, to have access to the limited services available. However there are pockets of excellent practice e.g. the Edel House/springboard Youth Club, ISPC initiative which employs a childcare worker on site supporting the most vulnerable children. The needs of children witnessing or experiencing violence could be a more central part of the CYPSC agenda.
- There is an overall need for more workers/volunteers on the ground. Things are very crisis driven at present, as opposed to being focused on prevention and early intervention.
- Services for homeless women and children are very uncoordinated, between Tusla support services, HSE, LA Housing Services and Social Welfare. We need mechanisms to improve collaboration between these services. Data Protection requirements can further exacerbate the lack of coordination between services but in other jurisdictions protocols are agreed and implemented.

Top Four Priorities:

- ✓ More accommodation and housing options need to be made available and be distributed across the city and the county. More collaboration and resources are required to reflect on how DV and SV is related to the homeless sector and how greater co-operation and joint responses can be developed.

- ✓ Supports for children and children services to be better able to respond to family needs including acute needs, i.e. responding to children's needs if the family are moving on a daily/ nightly basis. More connection with TuslaMeithal model around supporting the family within the community setting could be explored.
- ✓ More investment in mental health resources and supports for families experiencing violence.
- ✓ Appreciation of the background and cultures of some families who are experiencing DV and SV and the different challenges they experience.

Legal Services

These workshops identified over 31 points where services or responses were insufficiently provided for and identified key gaps. These can be summarised as:

Access to, and availability of, legal services

- Access to legal services (legal aid board and legal representation) is a key issue. There is a concern that there is a lack of information about the types of services available and victims of domestic/sexual violence may not know what services are available. The information on this is not readily accessible.
- Information vs. Advice vs. Representation - it can be challenging for clients to understand the boundaries and distinctions between these. An advocacy group may be able to provide information but will not be able to give advice and/or representation and will need to refer to a solicitor to do this. This can be confusing for clients.
- DV and SV advocacy groups may not be equipped to provide legal advice and can struggle to get this information for their clients. Example given of having a query that might take 2 minutes if they could simply speak with someone on the phone and relay information to client however the client may have to go on a waiting list to get to speak to a legal aid board solicitor and this make take weeks or months. Even when the client has a solicitor from the legal aid board assigned to them, the solicitor may take weeks to respond to a query. There is a need for advice straight away when there is an urgent query.
- Legal Aid Board solicitors do not always have the resources to provide a holistic service to clients. The solicitor may only have a legal aid cert to provide representation on a safety or protection order and not on a maintenance or custody order.
- Major concern that there are restrictions on the number of legal aid certs that someone can get in one year – may force someone to choose between which issues to litigate.
- Cost of legal aid – up to €130.00 contribution which is not possible for many applicants. Economic divide – there is a huge difference between the service that someone who is able to pay privately for a solicitor can expect and someone who has a legal aid solicitor.
- Sensitivity training also needed for solicitors working with victims of SV and DV.

In Court

- Fear surrounding legal remedies. There is a perception from cases reported in the media that victims coming forward are being torn apart in court [clarifies that this may refer to questions about character/dress/relationship, etc]. There is a need to combat this misinformation.
- There is a need for sensitivity training for judiciary - it would be of assistance particularly around issues relating to children. There is a concern that children are being used in court proceedings and their voices are not being heard.
- There is also a concern that District Court judges may not have sufficient training on family law matters. Some will become judges having never worked in family law and may be unfamiliar with legislation. Example given of a judge who was not aware of the legislation and followed outdated and incorrect information given by a solicitor, which was prejudicial to the woman seeking domestic violence order. Suggestion that there is need for specialization of family law district court judges who would be trained to work in the family law area.
- There is a lack of standardisation of remedies and procedures from court to court. A great deal of discretion is allowed to judges by the legislation which means that likelihood of getting an order or the procedures in court can vary wildly between the courts in the city and in the county. This leaves representatives without the ability to provide their clients with detailed advice and determine when to apply for a safety order versus a barring order or a protection order. These practices and procedures can also change when a new judge is appointed. Example given of one court where a sitting can go on until 10pm which can be very difficult for both applicants for orders and legal representatives who have other obligations including childcare. It can also make it almost impossible to arrange for a professional interpreter. A good practice example was given of one court where family law matters are prioritised over criminal law cases.
- A victim's willingness to come forward may depend on the experience of friends or acquaintances. When one person has a negative experience, it can discourage others from seeking a court remedy.
- Frustration - that in family law proceedings in Court that a Garda cannot give evidence where no formal complaint/statement has been made [example Garda cannot give statement to say that they had been called to the house on six occasions and give evidence as to what they witnessed at the scene].
- The physical setting of courts can be intimidating to victims. May have to face alleged perpetrator or sit in close proximity to perpetrator outside of the court room. Need for private spaces.
- The 'In Camera' rule for family law proceedings means that it is very difficult for anyone outside the legal community to know what happens or what to expect in family law proceedings. This further undermines consistency between courts.

Enforcement of court orders

- Court proceedings are undermined by lack of enforcement of civil law orders. A court will make an order and then everyone walks away. The court doesn't take responsibility to see that its orders are being enforced.
- The difference between civil and criminal proceedings was noted. Under Irish law, domestic violence cases are civil cases and the onus is on the victim to report, bring the proceedings and then follow up on enforcements. This can also mean that the victim can come under pressure from perpetrator to withdraw the case. One participant citing an example of a case of a young woman she knew who had been sexually assaulted and who was forced to be a witness in the criminal case against the perpetrator– the loss of control was seen as an additional trauma. Another participant highlighted the practice in Portugal: if police are called to a domestic violence incident, then the issue is a criminal matter and not a civil matter. This relieves the victim from the burden of taking proceedings against abuser.

Information Gaps/Training

- Information gaps – the information that victims of domestic violence get can vary depending on which service provider they meet. This can happen at court where clerks often function as gatekeepers but they may not have the correct information. [Example given of women given incorrect information on whether they are able to apply for safety and protection order together]. There are also issues when the law changes – the clerks may not be aware of the changes and there can be a delay in getting that information out to applicants. [Example given of clerk mistakenly giving incorrect information regarding eligibility for a Safety Order to non-cohabitating partner who had child with abusive partner.] There is a need for widespread training across all services.
- Clerks are seen as an important frontline service and should be trained accordingly. As part of the civil service they may be transferred to a different service and local knowledge and expertise may be lost. This should be recognized and training should be provided to new clerks.
- Inappropriate referrals are being made – a social worker pointed to a case where a woman had been given incorrect information on the enforceability of a domestic violence court order by a Garda. Social worker was able to call Garda station to get clarification.

Marginalised/Vulnerable Communities

- The most vulnerable people are often the last to reach out for information. The people who have the least capacity to find this information and to advocate for themselves need the most help. Awareness raising about where to go, the types of legal remedies available and how to go about applying for these remedies need to become part of widespread information campaigning.
- Language barriers are a significant issue for clients who do not speak English. They face numerous issues in getting access to the relevant information / where to go to get relevant information. If they attend court to seek a domestic violence order they may not be able to complete the forms and the level of help they receive from court clerks

can vary. Service providers do not have sufficient budgets for interpreters and often have to rely on friends of victims to translate. Translation and interpretation may be of extremely variable quality as there is no qualification procedure for interpreters. There are concerns that there may be issues with quality of interpretation and interpreters' understanding of providing non-judgmental and confidential information. In addition, as some minority communities are so small, the victim coming forward to disclose abuse may be concerned that s/he knows the interpreter / the interpreter knows the abuser.

- Migrant wo/men may be reluctant to come forward to report if they are undocumented or believe that they are at risk of becoming undocumented if their relationship with their partner/spouse breaks down and their immigration status is dependent on their relationship.
- Elder abuse: Rise in suspected incidents of adult children (often caregivers) abusing elderly parents. There are concerns about financial abuse and also about sexual abuse. There are concerns that the courts are too easily granting ward of court applications which are being used to access parents' property and or lives in cases where elderly people are of diminished capacity but may not meet the legal threshold for ward of court applications. It's concerning that the medical assessments submitted in these applications are not by geriatric specialists. However, even where there are grounds for believing that abuse exists, elderly patients who are reliant on their children may not want to discuss it or explore any options. If the patient has capacity then the medical professionals/social workers must respect their autonomy.
- Challenges from domestic violence by minor children on parents – need for further research and independent intervention in relation to these matters. Domestic violence orders/remedies are not seen as suitable.
- Lack of sensitivity by Gardaí in dealing with call-outs to halting sites for domestic violence incidents. Example given of Gardaí who called out also checking tax and insurance of vehicles on site which then discourages people from calling Gardaí for assistance.
- Bias and structural discrimination - bias against minorities - undocumented migrants, Travellers, LGBT - 'acceptance' of abuse in certain communities.

Gardaí

- Gathering of evidence by Gardaí/reporting violence to Gardaí – there is a need for standardisation of procedures. Women have reported very varying experiences of reporting abuse to Gardaí. Some Gardaí will take photos or take notes of bruises etc., but others have not. This can depend on the Garda on duty at the time. A good practice example was provided, in that one woman was allowed to provide evidence of her abuse by playing a video she had taken on her phone. Another participant had an example of a woman who was not permitted to do this.
- Lack of standardised procedure for dealing with people who breach domestic violence orders (Gardaí were told to always arrest the perpetrator in these circumstances, object to bail and then leave the matter to court to resolve. However this practice changes from area to area. It was suggested that arrest should be mandatory where order breached – however the law says 'may').

- One positive development has been the development of Gardaí with special skills in working with victims of domestic and sexual violence. Specialisation seen as positive.

GAPS:

Property Rights

A representative from the local authority noted that the local authority cannot take the perpetrator, who is subject to a Barring Order, off a joint local authority tenancy. The perpetrator can refuse to leave tenancy and then the local authority cannot force them off the tenancy. There is a lack of legal framework to address this issue. [Note that a person who is named on a joint tenancy agreement cannot then apply to join the housing list again]. If the victim leaves the local authority house with the children but is not taken off the joint tenancy agreement, they may be able to get interim HAP at the discretion of the Housing Section. This may mean that the abuser is left in a family home while the victim and children are in emergency accommodation or unstable accommodation.

Data Protection/Information Sharing

A forum for sharing information is necessary as information is siloed at individual service level at the moment. There are concerns that data protection makes it difficult for service providers to share information and refer people to appropriate supports. This was voiced by local authority representatives and by Garda representatives.

Top Four Priorities:

- ✓ A helpline for individuals and organisations to get accurate legal information and advice. This could be an off-shoot of the Legal Aid Board but an increase in funding for the legal aid board would be required. Discussion on what a helpline could look like included Citizens Information Phone Line Service, FLAC phone line service. The need for accessible information is for non-legal practitioners including for medical staff and social workers.
- ✓ Training for Gardaí, judiciary and for court clerks to improve their knowledge of family law and to improve their skills in working with a cohort of vulnerable clients and ultimately to improve consistency of responses. In particular, there is need for an increase in Garda awareness of domestic violence, promotion of good practice models, consistency in gathering evidence and taking reports and follow through when orders are breached.
- ✓ Appropriate court facilities: the physical environment of the court needs to be more appropriate for victims and for children (e.g. greater privacy, video-link evidence, etc).
- ✓ Law Reform: Domestic Violence to become a matter of criminal law rather than civil law; and Local Authorities to be given the authority to resolve issues relating to joint tenancies.

Direct Supports and Interagency Working

- Working with male victims requires attention in terms of raising awareness of the issues they face, staff training and work practice reflection.
- There is a lack of broad-based interagency approaches to DSGBV work, i.e. across clinical staff, knowledge of services that exist and high quality professional training across services is required. As part of developing an implementation plan to respond to the NAP, resource time needs to be given to exploring how to improve interagency work among all partners but particularly those in the city which is where many of the core services are located. As has been identified in other focus groups, sharing data and information requires agreement and the development of protocols and procedures.
- Accommodation is often the first port of call for a victim therefore more overnight /emergency accommodation for victims and their children is needed across the city and county.
- There is a lack of services and supports for children who witness domestic violence and no clear pathways of referral. In addition, several service providers identified that there is a need for more supervised access places to be made available.
- Ethnic minorities: there is a need for cultural training and understanding for all service providers and access to interpreters in some cases.
- Pathways to services are not clear: be clear on where to get information, e.g. how to proceed with a disclosure, what steps to follow and where to go for services. A national helpline for domestic and sexual violence was raised as a suggestion in one of the focus groups. Cork County Council expressed the need for one national number – to give to those presenting with the domestic or sexual violence and for professionals to contact when information is needed. The consensus is - too many helpline numbers being advertised locally/nationally which is confusing for people.

Top Four Priorities:

- ✓ Improve interagency working and collaboration by agreeing it as an action with support and resources over the lifetime of the next strategic plan for DSGBV.
- ✓ Agree Co-ordinator and lead agency/group for the development of services (and a framework) for children who witness DV.
- ✓ Clear pathways and promotion of existing services through one national helpline.
- ✓ More emergency accommodation needs to be made available.

After Care

- There was a lot of emphasis in all the groups on the on-going abuse suffered by women and children when access to children is used to verbally, emotionally and physically threaten and abuse women. Access issues should be child welfare/safety issues and Tusla should be concerned as should all services with responsibility for the safety and

welfare of children. An independent court report/assessment of children's needs/risk is necessary as is the need for more supervised access facilities in Cork.

- Specifically in relation to aftercare, access to counselling support is a vital part of aftercare including for adult survivors of abuse. Staying safe after leaving should be supported by more services through safety planning, group support and one to one supports. Supports for women who return to the relationship should also continue, e.g. by offering helpline numbers and one to one support in a safe place or home visits which provide great insight and comfort to victims.
- Lack of access to emergency finance is a major barrier and the ongoing anomaly of having to be homeless to be entitled to emergency payments or rent allowance needs to be resolved for victims. The cost of legal representation is generally very stressful for victims of Domestic Violence.
- Other needs identified were: training in relation to DSGBV including cultural awareness for all professionals working with victims and children and in particular for legal/court service staff, Gardaí and CPSW. Ideally providing training at interagency level would be most desirable as cross-learning and information sharing about different services and roles could take place.
- For victims living in rural areas – they do not have enough services or outreach and transport can be a significant barrier. In addition, it was noted by several participants that Garda response times in rural areas is too long to protect victims from court order breaches. Accessing opportunities for social engagement and personal development needs to be supported in remote rural areas where severe social isolation is a problem.
- After hours services are more likely to be accessed by men - could these be made more available.
- Child Protection Services: Access issues where abuse is continuing through child access are rarely addressed as they are seen as legal matters not child welfare issues. Often cases are closed too soon before safety plan is clear.

Top Three Priorities:

- ✓ More supervised child access spaces are required and where the risk to the child and victim of further abuse is assessed by the courts and social workers prior to access being granted.
- ✓ Aftercare supports should be available in all locations. For victims who have exited an abusive relationship or have recently returned, on-going safe support venues and services are required.
- ✓ The risk of homelessness and poverty for women leaving DV situations cannot be emphasised enough in this research. Problems with accessing accommodation, having an entitlement to housing, lack of resources and looking after dependent children put a huge strain on victims. Safe accommodation and financial independence is crucial to moving forward.

Children and Young People

- There is a need for a one-stop shop for services for children affected by DV. It should be community based, holistic, accessible with outreach to the community – rural and urban. Children as right holders in their own right should be promoted and supported. CYPSC could take on a role in developing co-ordinated and holistic responses to children.
- Training in DV awareness should be mandatory for all front line workers including the judiciary. This training should include information about the impact of trauma, male experiences of DV, how to ask appropriate questions, etc.
- There is a need for interagency networking and forum. This would facilitate practical information sharing, collaborative working arrangements instead of everyone working in Silos.
- Request the DPP to review the MOU with the HSE in relation to all case files being handed over to defendants – this puts the victims at further risk.
- While there is a lot of debate about the negative aspects of social media, the positive use of on line information is less understood, often underestimated and needs further discussion. ‘I was until recently a clinical advisor for an online mental health website for young people and their parents, and found it reached young people who could or would not come to me’.
- CAMHS have long waiting lists (across the country) and not able to respond to the demand for services.

Top Four priorities:

- ✓ One stop shop of services for children – one contact point with a package of supports made available.
- ✓ The legal recognition of children as ‘Rights Holders’ in their own right,
- ✓ Training and awareness raising for all professionals who work with children.
- ✓ Increased and improved interagency working.

Prevention

Across all focus groups all participants agreed that more needed to be done around prevention. ‘Some people don’t even know they are in a DV/SV situation and some people think it is physical abuse only. In many cases, service users said they did not know services and supports exist, they eventually found them either through their GP or Hospital referral. Several victims and community organisations in east Cork said that they did not know where to refer on to, where they did know of services in Cork city – some victims said ‘I know many women who need a service but will not travel as far as Cork for it. They need somewhere they can drop in, get information, build trust and safety when they are ready to make progress’. Many participants across all consultations talked about the secrecy covering up domestic and sexual violence, the shame and fear of dealing with it.

When asked about what prevention might look like, the following was highlighted:

- The absolute necessity for training and up-skilling for all agencies, professionals and community workers.
- The need for awareness raising as early as pre-school with structured DV/SV programmes built into the curriculum in primary, secondary school and colleges/universities. This should include bystander prevention programmes, consent workshops, building emotional intelligence, understanding the impact of DV on victims and witnesses and healthy relationship programmes.
- General population awareness raising of DV/SV and steps that can be taken to respond. There is a need for a large-scale cultural shift in attitudes to DV but this requires an in-depth social analysis, co-ordination, focus and a lead agency with adequate funding.
- Gardaí need to be more proactive and responsive to victims/potential victims.