



A response to

Improving Health within Criminal Justice

Department of Health / Department of Justice

20 June 2016

Women's Aid Federation Northern Ireland

129 University Street
BELFAST BT7 1HP

Tel: 02890 249041

Fax: 02890 239296

General Email: info@womensaidni.org

Website: www.womensaidni.org

24 Hour Domestic & Sexual Violence Helpline

Call: 0808 802 1414

Email Support: 24hrsupport@dvhelpline.org

Text **support** to 07797 805 839

Freephone from all landlines and mobiles. Translation service available.

Open to *all women and men* affected by domestic & sexual violence

1. Women's Aid Information & Statistics

1.0 Introduction

Women's Aid is the lead voluntary organisation in Northern Ireland addressing domestic and sexual violence and providing services for women and children. We recognise domestic and sexual violence as forms of violence against women. Women's Aid seeks to challenge attitudes and beliefs that perpetuate domestic and sexual violence and, through our work, promote healthy and non-abusive relationships.

2.0 Core work of Women's Aid

The core work of Women's Aid in Northern Ireland, including Women's Aid Federation Northern Ireland and local Women's Aid groups is:

- To provide refuge accommodation to women and their children suffering mental, physical or sexual abuse within the home.
- To run the 24 Hour Domestic & Sexual Violence Helpline.
- To provide a range of support services to enable women who are affected by domestic and/or sexual violence to rebuild their lives and the lives of their children.
- To provide a range of support services to children and young people who have experienced domestic or sexual violence.
- To run preventative education programmes in schools and other settings.
- To educate and inform the public, media, police, courts, social services and other agencies of the impact and effects of domestic and sexual violence.
- To advise and support all relevant agencies in the development of domestic and sexual violence policies, protocols and service delivery.
- To work in partnership with all relevant agencies to ensure a joined up response to domestic and sexual violence.

Throughout this consultation response, the term "Women's Aid" is used to reflect the overall Women's Aid movement in Northern Ireland, which is made up of our local Women's Aid groups and Women's Aid Federation. All local Women's Aid groups are members of Women's Aid Federation Northern Ireland. Each Women's Aid group offers a range of specialist services to women, children and young people who have experienced domestic violence.

3.0 Women's Aid statistics (2014-15)

- 932 women and 689 children sought refuge.
- 71 women in refuge were supported during their pregnancies and 13 babies were born to women in refuge.
- 3,567 women with 4,186 children accessed the Floating Support service, and a further 2,395 women accessed other Women's Aid outreach services, enabling women to access support whilst remaining in their own homes and communities.
- 2,046 women participated in a range of group work and personal development programme including *Journey to Freedom* and *You and Me, Mum*.
- 352 women accessed support from a Women's Aid Women's Safety Worker while their partners or ex partners were undertaking the IDAP perpetrators programme provided by Probation Board Northern Ireland. An additional 129 children were referred to the Women's Safety Worker.
- The 24 Hour Domestic & Sexual Violence Helpline, open to all women and men affected by domestic & sexual violence, managed 34,420 calls.
- 161 teachers were trained to deliver the Helping Hands programme in primary schools.

4.0 Additional Women's Aid statistical data

- Since 1999, Women's Aid across Northern Ireland gave refuge to 18,356 women and 16,924 children and young people.
- Between 1995 – 2015, 463,855 calls were managed by the 24 Hour Domestic & Sexual Violence Helpline.

5.0 Statistics: Domestic violence & violence against women

- Domestic violence is a violation of Article 5 of the UN Universal Declaration of Human Rights – that “no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”.
- The joint DOJ, DHSSPS Strategy “Tackling Violence at Home” estimates that the cost of domestic violence in Northern Ireland, including the potential loss of economic output, could amount to £180 million each year.
- UNICEF research released in 2006, showing per capita incidence, indicates that there are up to 32,000 children and young people living with domestic violence in Northern Ireland.
- Where the gender of the victim was known, 72% of adult victims of domestic crimes recorded by the PSNI in 2012/13 were female.¹
- Over 30% of all domestic violence starts during pregnancy.²

¹Findings from the PSNI Trends in Domestic Abuse Incidents and Crimes Recorded by the Police in Northern Ireland 2004/05 to 2012/13 N.B. “Adult” defined as aged 18 and over

²Women's Aid Federation Northern Ireland

6.0 Domestic & Sexual Violence: Crime statistics (Source: PSNI Statistics 2014/15)

- Domestic Violence is a crime. PSNI statistics for 2014/15 indicate that there were over two and a half times more recorded crimes with a domestic motivation (13,426) than drug offences (8,937).
- Domestic abuse crimes (13,426) represented 13% of the overall crime in Northern Ireland (105,072).
- Police responded to 28,287 incidents with a domestic motivation – that’s one domestic incident every 19 minutes of every day of the year.
- The number of all recorded offences of murder in Northern Ireland in 14/15 was 16. Those classed as having a domestic motivation totalled 6. Therefore, 37.5% of all murders in Northern Ireland in 14/15 had a domestic motivation.
- Between January 2010 and March 2015, 8,363 Multi Agency Risk Assessment Conference (MARAC) cases were discussed. In 7,955 of these cases the victims were female. 10,856 children were living in the same household as these victims and their abusers.
- There were 737 rapes (including attempted Rapes) in Northern Ireland in the period 2014/15.

(Source: PSNI Statistics 2014/15; PSNI MARAC Steering Group)

Official sources (NISOSMC) estimate that up to 80% of sex crimes are not reported.

2. Consultation Response

Women's Aid Federation Northern Ireland welcomes the publication of the draft Improving Health within Criminal Justice strategy and accompanying 3-year action plan, and the opportunity to respond to it on behalf of our 9 local Women's Aid Groups.

A strategy which addresses the needs of women

- We note that this strategy and action plan are mostly geared towards adult men, as this is the largest demographic involved in the justice system, and that women and children and young people are mentioned at pages 20/21 along with other specific groups such as BME people, those with disabilities etc. Given the diverse and differing needs of men, women and children, it is our view that separate plans should be drawn up within the overall strategy to address the specific needs of women and children & young people.
- As noted in the Probation Board NI's research on women on probation in NI, "gender matters significantly in shaping involvement in the criminal justice system."³ Not only are women's reasons for getting involved in criminal activity gendered, their needs at all stages of the criminal justice process are different from those of men. In Baroness Corston's report on women in prison in England⁴, it was acknowledged that women have very different reasons and pathways to the criminal justice system, and vastly different health and social care needs while in the system from men. This view was endorsed in the Probation Board's Northern Ireland-specific research which stated:

*"The problems that underlay women's offending are complex. Women who offend are not a homogeneous groups and are subject to a range of factors, which influence offending such as: victimisation, poverty, substance abuse, addictions, relationship and child care responsibilities, mental and emotional health, experience of trauma including physical and sexual violence, and bereavement. These factors which can present on their own, or combined, are often prime motivators in women's involvement in criminality."*⁵

Most of these contributing factors, including domestic violence, substance abuse and mental health issues, require a health and social care response to address these issues.

- The composition of the female prison population in Northern Ireland is also very different from the male population. There are much fewer women offenders, and roughly one third of the female prison population are on remand. A further 41% are sentenced to between

³ Time after time: a study of women's transition from custody: <http://www.thegriffinsociety.org/time-after-time-study-womens-transitions-custody>

⁴ A report by Baroness Jean Corston: A review of women with Particular vulnerabilities in the Criminal Justice system www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf

⁵ Probation Board research 2016

3-6 months, the majority of these offences being non-violent, mostly theft. These are also relevant factors in determining the needs and solutions for health and social care issues relating to women in the criminal justice system.

Link between domestic violence and female offending

- There is a strong link between women who offend and domestic & sexual violence, which has been widely acknowledged in research in the UK, in Northern Ireland, and globally.
- In workshops on domestic violence with female prisoners in Ash House as part of the 'Pathways to Support' initiative, Women's Aid found that 85% of women prisoners who took part in the initiative had experienced domestic violence. This is generally reflective of the estimated number of women offenders who have experienced domestic violence in Northern Ireland and across the UK.
- To improve health outcomes for women at all stages of the criminal justice system, it is crucial to recognise the impact that domestic and sexual violence and other forms of violence against women have had on women offending, and understand how that abuse has and continues to impact on their health and wellbeing. This strategy should explicitly acknowledge the link between domestic violence and offending among women, and include specific measures to support those women and improve health and wellbeing outcomes for them.
- In its evaluation of the Power to Change pilot programme run with NOMS, Women's Aid Federation England made a clear case for addressing the ways in which women offenders' experiences of abuse relate to her offending behaviour, for the benefit of women's health and to prevent future offending:

“Recognition of these contributory factors does not mean absolving the offender from all blame or responsibility for her offence. A woman whose offences are linked to her experience of abuse by adult partners might be helped to develop alternative coping strategies, such as avoidance, escape planning, self-protection and using local support networks: or if her offending behaviour is linked to childhood abuse, therapeutic intervention may help her deal with the trauma. Access to practical assistance and opportunities to deal with the damaging physical and psychological effects of abuse are therefore critical in maximising women offenders' ability to avoid future involvement in crime.”

- We believe that this strategy should adopt such an approach, covering all women who have experienced domestic and sexual abuse and violence, including: those who experienced abuse as children; those who offend as a consequence of substance misuse

brought on by abuse; those whose abuse has led to a chaotic lifestyle which includes offending; and those who have specifically committed crimes against their abusers.

Domestic violence and complex needs of women prisoners

- The link between domestic violence and mental health, substance abuse and other complex needs is well established. For women who have such complex needs, an effective response to address these issues in a holistic and proactive manner and improve their health and wellbeing is of vital importance.
- In our work with women in Ash House, women raised a number of issues relating to their domestic violence which may impact upon their health:
 - Women disclosed perpetrators continuing to emotionally abuse them while in prison: - *"when he writes to me in prison, it's as though his words are shouting at me - if that makes sense"*.
 - Women discussed fears of how perpetrator could use their prison term as a means to further abuse – *"Once I'm released - he can threaten me by saying that he'll tell authorities that I've broken the terms of my licence"... "What kind of a mother are you- look what you are capable of"*.
 - Women in Ash House specifically brought up the issue of lock down as an inhibitor to good health and wellbeing. After taking part in the 2-day course where they shared their traumatic experiences of abuse and discussed how it impacted on their lives and their offending, it was especially difficult for them to then go to lockdown where they were left alone with the aftermath of these difficult conversations.
 - Women suggested that programmes such as Women's Aid's Journey to Freedom should be run in prison
 - There was agreement that there was a need for consistent long-term work on domestic violence in prison.
- Significantly, various studies have found that some women offend because they feel safer in prison than at home with a perpetrator. This is borne out in our work with women in prison in Northern Ireland. This reality must be taken into account when devising any strategy to improve the health and wellbeing of those in the criminal justice system, as well as any strategy to reduce recidivism and encourage desistance.
- In terms of responding to complex needs, some specific targets for this strategy could include: better healthcare support for women with personality disorders, which fall below the threshold of designated mental illnesses; more consistent and comprehensive support for women suffering depression; consistent support for women affected by domestic and sexual violence, with support provided by experts in domestic and sexual violence; provision of accessible information and support pathways on contact with police, on entry to prison, during their stay and when they leave, to help them come to terms with their

experiences and to prevent abuse and in the future; better emotional support for mothers who have been separated from their children and better facilitation of links and contact between mothers and their children⁶; better access to doctors and health care generally while in prison; more time out of cells to get support and exercise.

- We welcome the commitment to improve the approach to suicide and self-harm. We would add that there may need to be tailored approaches taken for men, women and children, as their needs around self-harm and suicide may be different.
- We also support CJINI's recommendation in their 2013 inspection of Ash House that *"There should be a strategy to encourage women to disclose experiences of domestic violence, rape, abuse or prostitution, and specialist services to support them."*
- We are encouraged by the policy to allow women to call the 24 Hour Domestic & Sexual Violence Helpline from Ash House. Our local Belfast & Lisburn Women's Aid group also continues to work constructively with the NI Prison Service to provide support on a weekly basis for women in prison who have been affected by domestic violence. Such work should be strategically embedded as part of work to improve health outcomes for women in the criminal justice system.

Support for women post-incarceration to improve health, wellbeing and life chances

- In its 2013 report, CJINI noted that women prisoners need more facilities and support to help them move on from prison. It has been shown that on leaving custody, *"women face lives which are often more difficult and stressful than they experienced prior to imprisonment, especially with regards to accommodation, employment, substance misuse, partner violence, ill---health and trauma."*⁷
- For women in an abusive relationship, leaving prison is further complicated by perpetrators using the fact of a woman's incarceration to further abuse them. This abuse may manifest in a number of ways. A perpetrator may use the fact of their partner's prison time to reinforce their 'worthlessness', or may threatening to have children removed from their mother's care because she has been in prison and as such is 'not a fit mother'. As

⁶ Some mothers have described their separation from their children as "mental torture", an experience compounded by the fact that while most male prisoners with children are able to rely on their partners to care for their children, only 9% of women prisoners were able to leave their children with their partner. Most had to arrange temporary care which was a source of stress and anxiety for them entering prison.

⁷ Timeafter time: a study of women's transition from custody: <http://www.thegriffinsociety.org/time-after-time-study-womens-transitions-custody>

already stated, a high percentage of women in prison did not feel safe in the community prior to or after leaving prison⁸. In many cases, this is due to domestic violence.

- More should be done at a strategic level to support women offenders who are suffering domestic violence to assist them to flourish after leaving prison. This should include improving joined-up support for women pre- and post-release to help them with issues such as domestic violence and the unique health impacts of such abuse post-incarceration.

Training

- Domestic and sexual violence are complex areas of work requiring expertise to effectively support those who have experienced abuse. Therefore, domestic violence training for all staff in contact with women in all stages of the criminal justice process should form an integral part of any training needs analysis. This recommendation is in line with work carried out in England by Women's Aid and NOMS, which recommended prison staff should be supported to understand the needs of women in custody who may be victims or survivors of domestic and/or sexual violence. The evaluation report noted that

*Prison officers highlighted the usefulness of ensuring that the whole prison institution had knowledge of DSV and its impacts, as this would impact on the quality of work done with survivors.*⁹

Specific needs of children & young people in criminal justice system

- Domestic violence is a recurring theme in the lives of many children and young people in Northern Ireland. UNICEF research released in 2006, showing per capita incidence, indicates that there are approximately 32,000 children and young people living with domestic violence in Northern Ireland.
- Research highlights domestic violence as a common experience in the lives of children and young people who engage in risk taking and/or criminal behaviour. Children and young people who are affected by domestic violence need support, and it is vital that any custodial arrangements acknowledge and provide for these support needs. This includes addressing the many negative health impacts which result from experience of abuse, either as witnesses or as direct victims, and recognition that such negative health impacts can last into adulthood.
- As is the case with women, we recommend that the strategy and action plan includes more tailored and specific actions to address the health needs of children and young people in

⁸ Robertson & Radford 2006; Probation Board NI 2013; Carton & Seagrave 2013

⁹ Evaluation of the Power to Change Programme piloted within the National Offender Management Service and associated Community Services- Women's Aid Federation England 2012.

the criminal justice system, and that work to tackle underlying domestic violence is embedded in this work.

- Training for prison staff is also key in addressing these needs and further working in partnership with Women's Aid can help to identify support needs of both staff and young people.
- Preventative education is also crucial. Although it is not intended that preventative work would be in the remit of this strategy, we are of the view that it is difficult to properly address the issues underlying childhood offending and related health issues without including healthy relationships training and programmes, such as Women's Aid's Helping Hands and Heading 4 Healthy Relationships programmes.

Health & wellbeing of families of prisoners

- We note that the health and wellbeing of families of those in the criminal justice system is not included in this strategy. We believe it would be a valuable inclusion, and could include actions to establish better support for children visiting parents in prison, the introduction of preventative education programmes for children visiting prison (such as our Helping Hands programme), better referral to support services for families of prisoners, and the inclusion of perpetrator programmes run in prison for perpetrators of domestic violence.

Third sector partnership work

- We welcome proposals in the strategy and action plan to improve partnership working with the community and voluntary sector. Women's Aid and the 24 Hour Domestic & Sexual Violence Helpline currently work with the prison service to support victims of domestic violence who are also offenders.
- However significant permanent change and improvements to health of those in the criminal justice system requires strategic commitment to establish and embed such partnership work with buy-in of all relevant departments in the long-term. It also requires that expert voluntary sector organisations are able to remain sustainable, and can be funded to carry out the work in the long-term. In the current climate, our partnership with the Departments of Health and Justice are invaluable to the work that we do, as among other things they enable us to successfully acquire funding from external charitable funding organisations based on our status as the leading agency addressing domestic violence in Northern Ireland.

Further comments

- We note with some concern that many of the desired outcomes and actions set out in the strategy documents are quite general, and lack detail as to how they will be achieved. There is also focus in places on ‘promotional’ work over establishing concrete protocols or procedures for improving health and wellbeing outcomes. We would suggest that improved health outcomes for those engaged with the criminal justice system requires clearer, more concrete actions and obligations on the various agencies involved with offenders.
- We support the strategic priorities outlined in the document; however we would like to see more detail as to how these will be delivered.

3. Contact Details

For further information about this response please contact:

Louise Kennedy
Regional Policy and Information Co-ordinator
Women's Aid Federation Northern Ireland
129 University Street
BELFAST
BT7 1HP
Tel: 028 9024 9041

Email: louise.kennedy@womensaidni.org

Website: www.womensaidni.org

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