

The Impact of Domestic Violence on Local Communities

Aim: To explore the impact of domestic violence on different members of the community and look at how families living with domestic violence or having been re-housed as a result of domestic violence, impact the local community?

SECTION 1

The Impact of Domestic Violence on Different Members of the Community

Domestic violence refers to the exertion of controlling behaviour involving the use or threat of physical, sexual, emotional or other behaviours to intimidate, isolate, frighten or injure. The victim is usually a woman and the perpetrator usually a man, with whom there is currently or has previously been an intimate or close relationship. Domestic violence frequently co-exists with abuse towards children, young people, vulnerable adults and animals.

Domestic violence may occur in intimate or close relationship regardless of age, ethnicity, religion, race, socio-economic status, sexuality or ability and may affect different people in diverse ways. What is known however, is that domestic violence increases in frequency, severity and risk over time.

It is difficult to indicate with accuracy the incidence of domestic violence and its effects on individuals as well as the community because domestic violence is a crime that suffers a high degree of underreporting and its victims/survivors are often a transient population. Furthermore, since domestic violence is typically experienced in conjunction with an amalgam of other complex issues, it will not necessarily be recorded as a victim's/survivor's primary concern.

Women

Domestic violence includes any physical, sexual, verbal, emotional or psychological abuse which may result in abrasions, fractures, burns, suffocation, miscarriage, attempts and threats to kill, harm or injure, rape, deprivation, isolation, psychological and psychiatric problems, substance dependency, homelessness, social isolation and may impact a woman's employment in terms of her job performance and her financial status where separation occurs and the perpetrator was the primary bread winner. Where separation occurs, victims of domestic violence may seek refuge accommodation, re-housing or move in with family or friends thus domestic violence is likely to impact various facets of a woman's life.

National statistics indicate that 1:4 women will experience domestic violence during their lifetime and 1:10 women will currently be experiencing domestic

violence. Domestic violence accounts for 25% of all violence crime, a higher percentage than any other type of violent crime yet it is also the least likely crime to be reported thus domestic violence is the cause for a significant amount of hidden pain and sorrow. Whilst it may be anticipated that the break up of a family via divorce or separation will bring relief from the violence/abuse, it is at this point women are at a higher risk. Research and studies indicate that 45% of homicides of women in the UK are by their current or former partner.

Men

Despite consistent research indicating the higher reporting of domestic violence among women in the UK, domestic violence/abuse towards men by women and other men does occur (Gadd, 2002).

Research indicates men experiencing domestic violence/abuse physically, emotionally and psychologically including stabbing, having teeth knocked out, attacks to genitalia, biting, scratching, damage to clothing, attacks when asleep, verbal abuse and threats to isolate them from their children (Gadd, 2002). Sustained emotional abuse, including destruction of self-esteem, demoralisation, humiliation, sleep deprivation, derision of sexual potency and making false allegations to the Police have, however, been regarded as more harrowing for male victims.

It is important to acknowledge that differences exist in the experience of domestic violence between the female and male populations who define themselves as 'victims of domestic abuse' (Gadd et al, 2003). Without detracting from the seriousness of such an experience, male victims relative to female victims are less likely to have been repeatedly victimised, experience prolonged forms of domestic abuse or be seriously injured. Additionally, according to the Scottish Crime Survey (2000), only 2% of men who had experienced domestic violence compared to 15% of women indicated fear in their own home (Gadd et al, 2003). From the population of men who identified as 'male victims' in the Scottish Crime Survey (2000), only a couple indicated incidents as part of a continuum of controlling or fear-inducing behaviours. Generally, the abuse described did not involve the infliction of serious harm, the incitement of fear, control or intimidation (Gadd et al, 2003). What is also important to acknowledge is that some men who claim to be victims of domestic violence are actually the primary perpetrator and that the women's abuse is used for self-defence or retaliation (Gadd et al, 2003).

Whilst factors such as denial and concealment compound men's experience of domestic violence, it cannot be concluded that there is an insufficient provision of services for male victims/survivors of domestic violence. All services available to women, except Women's Aid, are also available to men. In addressing the needs of male victims/survivors of domestic violence, perhaps increased training and awareness among practitioners and staff likely to come into contact with this group is required. This training and awareness should develop both skills and

knowledge, which allow efficient and effective recognition of and assistance to victims, perpetrators and perpetrators who claim to be victims. This may include a official list of good practice guidelines and referral points.

Children & Young People

Research indicates a correlation of up to 60% between partner and child abuse and that 90% of children are in the same or next room when a violent/abusive incident is occurring. Domestic violence may be experienced by a child or young person in the form of physical, sexual and/or psychological abuse however, equally of concern, are the broader impacts of domestic violence on children and young people.

According to Khan and Hall (2003: 15) the education, development and mental health of children and young people is likely to be adversely affected as a result of domestic violence (although it is also acknowledged that this may occur in reverse) in the following ways:

- Children and young people often make excuses not to go to school in fear of their mother's safety;
- Children and young people may suffer from poor concentration in class perhaps due to sleep or food deprivation or in anxiety for their mother's safety;
- Children and young people may spend long periods out of school fleeing the perpetrator or in hiding;
- Children and young people may simply not-attend because their mother is too frail to get the children ready for school in the morning and then take them there;
- Children and young people often have no or little access to adequate space in refuges to do their school homework or study;
- Children and young people often become dislocated from their school community, friends, peers and the support mechanisms within these groups whilst fleeing the perpetrator;
- Children and young people may delay or restrict contact with local schools after moving into a new area due to an element of uncertainty concerning future living arrangements;
- Children and young people re-housed in less stable communities may not feel safe to leave their home. This may cause further isolation.

When children and young people do finally return to school, it is likely that hurdles will exist such as catching up on missed coursework, getting back into a routine including concentration as well as over coming social isolation by making friends. 'Fitting in' may be challenging, especially for teenagers who typically have close-knit friendships, may be cautious of newcomers and have different experiences. A lack of school uniform or use of a second hand one due to a change of schools may make children feel isolated and stand out amongst other children.

Although children's workers are employed in most refuges, the educational and developmental needs of this potentially diverse group (0 –16 year olds) can only superficially be addressed via these resources. More often than not, there is only one member of staff per refuge employed and qualified to deal solely with children and typically these staff are employed for only between 18-30 day time hours per week, allowing very little time for one-to-one support. These posts are often further hampered by being temporarily funded. Children residing in other homeless accommodation have no access to children's workers. This indicates a lack of specialist support for some children living in refuges, especially older children who are likely to develop a broader range of problems including substance misuse, self-harm, attempted suicide and homelessness and be at school during the hours this support is available.

Disabled Women

According to Magowan (2003:15) disabled women endure a disproportionate amount of domestic violence, mainly physical, sexual and material abuse. The vulnerability of these women affects their risk rate and the length of time they remain in abusive relationships; on average longer than that of fully-able women.

The vulnerability of disabled women is heightened as a result of –

- Their social isolation,
- Limited access to and contact with local support services as well as
- The social disbelief that this group of women enter intimate relationships,
- The notion that their partners must be special and caring persons, which is likely to elevate a perpetrator's power and credibility (Magowan, 2003:16-17) and
- The difficulty in developing support packages for disabled women if the perpetrator is the main carer.

Despite the fact that 84% of refuges across the nation adopt strategies to assist accommodating disabled women, this group remains vulnerable (Magowan, 2003: 16).

Women from BME Groups

Women from BME groups fleeing domestic violence are likely to experience similar physical and mental health problems, issues such as child protection, homelessness and social isolation. However women, children and young people from BME groups fleeing domestic violence are likely to experience a range of additional complex cultural issues which should be taken into consideration when providing refuge accommodation and re-housing services.

The impact of domestic violence on women from BME groups is likely to be to increasingly complex in terms of disclosure perhaps due to cultural patriarchal

values, the possibility of social stigma and adequate access to specialist support services. Research and studies indicate that women from BME groups may approach up to 17 agencies dealing with domestic violence before locating the help that is right for them. Women, children and young people from BME groups are likely to face additional difficulties in refuge accommodation.

According to a study conducted by Rai and Thiara (1997), the sharing of facilities in refuges was an issue for many BME women, especially for those sharing with White women. Despite a mutual understanding of each other's problems, different social mores including cleanliness and hygiene, the consumption of alcohol, smoking, use of offensive language and what is deemed an appropriate cultural environment for child rearing, were among the issues BME women faced in mixed ethnicity refuges.

SECTION 2

How Families Living with Domestic Violence or Having Been Re-housed as a Result of Domestic Violence Impact the Local Community?

The affect of domestic violence on women, children and young people is likely to impact a local community in a number of ways including:

- Housing e.g. possible increase in the number of rent arrears, vacant properties, pressure on local housing authorities for re-housing
- Homelessness e.g. possible increase in the number of homelessness applications, heighten number of rough sleepers and people seeking emergency accommodation
- Poor mental & physical health may contribute to a community's poor health status
- Education e.g. underachievement, absenteeism
- Safety of women and children e.g. at work, at school, in public & at contact centres
- Neighbourhoods e.g. sights and sounds, resident turnover, poverty, breaking up of extended family and/or community groups
- Anti-social behaviour e.g. children and young people loitering around vacant properties, substance misuse, crime, decreased safety & stability of an area
- Local businesses and employment e.g. unemployment, high job turnover, absenteeism, anti-social behaviour such as vandalism and theft, decreased tendency to employ local people
- Increased pressure on local agencies for support such as Housing Authorities, the Police, Women's Aid, Health Services and the Voluntary Sector

Whilst it has been acknowledged that both men and women experience domestic violence, the above question will predominantly be addressed in terms of how women living with domestic violence impact the local community.

Social Housing

Domestic violence has traditionally been regarded as a housing issue. Women, men, children and young people fleeing domestic violence often seek direct access emergency refuge/homelessness accommodation, re-housing or a Management Transfer by the Council or Registered Social Landlords. 26.9% of housing in Nottingham is rented from the Council and 6.5% is rented from Housing Associations or Registered Social Landlords (“Statistics about Nottingham”, Census 2001).

Since the introduction of the Right to Buy Scheme in the early 1980s, social housing has become increasingly residual as the more desirable properties have generally been sold. Social housing tenants and those seeking social housing are now amongst the lowest socio-economic groups. According to Gadd (2002), victims of domestic violence are more likely to live in rented accommodation than non-victims where female victims are amongst the poorest. The findings of the British Crime Survey indicated that women living in Council or Housing Association properties were more likely to report experiencing domestic violence (Mirrlees-Black, 1999).

Domestic violence is often a complex and enduring social issue that leaves thousands of women, children and young people homeless or at the mercy of their extended family, friends and community each year. According to the Homelessness Directorate, 16% of all households re-housed by local authorities have lost their homes due to domestic violence (Jennings, 2002/3:18). According to the Homelessness Statistical Summary 2001/2002, domestic violence resulted in the homelessness of families in 32.93% of cases in Nottingham.

In the UK victims/survivors of domestic violence may seek social housing by applying as homeless or registering for social housing. Housing Direct at Nottingham City Council can discuss a range of options with tenant and non-tenant victims/survivors of domestic violence including remaining in the family home with or without the violent partner, leaving the family home on a temporary basis or leaving the home permanently and seeking re-housing. In Nottingham Aspley, Bestwood, Bilborough, Clifton, the Meadows and St Ann’s contain considerable numbers of social housing properties.

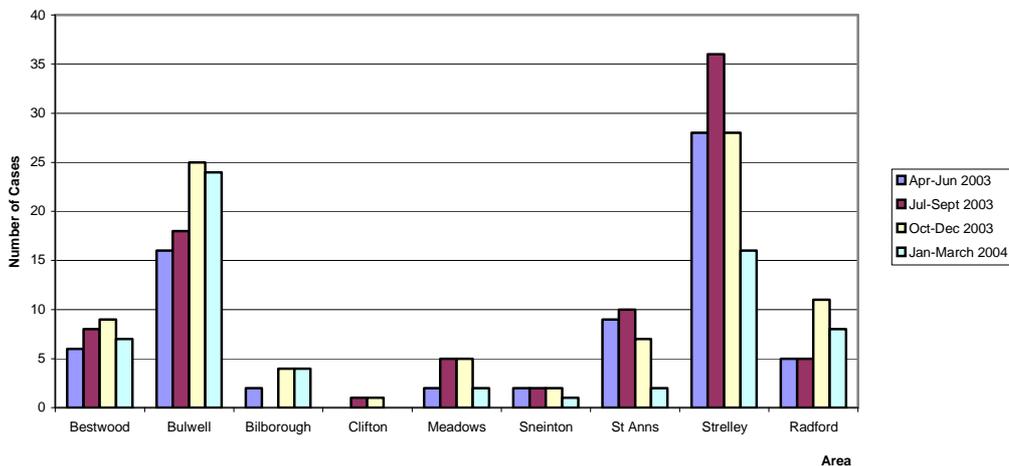
Housing Authorities typically re-house victims and survivors of domestic violence when they present as homeless, although more recently the Government has encouraged agencies to identify cases of domestic violence before families become homeless. In many cases the decision to leave the violent/abusive relationship is made by the victim, however violence may not cease with separation. Thus the need for direct access homelessness accommodation or re-housing is an immediate consequence of domestic violence (Supporting People, 2002: 1).

As stated in Nottingham City Council's Housing Direct Domestic Violence Policy, under the Housing Act (1996) Local Authorities have a duty to secure suitable accommodation for individuals from all communities experiencing domestic violence, provide information to applicants about injunctions, consider improving the security of an applicant's home or evicting the perpetrator. If a Housing Officer suspects domestic violence they should act. Proof of domestic violence is not a requirement. This necessitates the importance of domestic violence training and awareness.

Under the Homelessness Act (2002) local housing authorities have a duty to secure suitable accommodation for those households experiencing domestic violence who are unable to remain in the family home. As the reporting of domestic violence to Local Housing Officers has increased significantly from an average of 23.5 reported cases in 2002/3 to an average of 57.6 reported cases in 2003/4, Housing Officers will increasingly require an awareness of domestic violence as well as information regarding where specialist help is available. According to Chart 1, awareness and training on domestic violence would have been invaluable for District Housing Officers during 2003/4 in areas such as Strelley and Bulwell, which have experienced considerable rises in the reporting of domestic violence. Increases in the number of domestic violence cases reported is likely to have a profound impact on Local Housing Authorities particularly in terms of the availability of appropriate housing and trained Housing Officers.

Chart 1

Number of Domestic Violence Cases per Quarter
Known to Area Housing Offices in Nottingham
 April 2003 - March 2004



Women from BME groups, where possible, need be re-housed in areas accessible to appropriate cultural, religious and community facilities, specialist support services as well as in areas where the fear and risk of racism is minimal. When re-housing BME women, children and young people, it is important that

where English is their second language, there is sufficient access to advice and information in their preferred language. In addition to this, property allocation for BME women requires a heightened sensitivity to location. 11.9% of the total population in Nottingham are from BME Groups compared to 7.6% Nation-wide ("Statistics about Nottingham", Census 2001). Wards in Nottingham with large BME populations include Berridge (27.4%), Radford & Park (23.6%), Aboretum (22.8%), Leen Valley (19.4%), Dunkirk & Lenton (19.3%), Bridge (18.4%), Wollaton East & Lenton Abbey (16.4%), St Anns (16.3%) and Dales (15.5%) ("Statistics about Nottingham", Census 2001).

In addition to the social housing issues identified above, various other housing issues are likely to arise as a result of domestic violence. These include possible increases in rent arrears and the number of void properties, property damage and the need for repairs where violent physical assault has occurred.

Private Rented & Owner Occupied Housing

There is a perception that those living in private rented or owner occupied dwellings are less likely to experience domestic violence than those living in Council/Social Housing, however domestic violence may occur across all tenures. It is anticipated, however, that victims/survivors of domestic violence living in private rented or owner occupied housing are less likely to report incidents of domestic violence due to their heightened isolation from domestic violence services and related information.

Victims/survivors of domestic violence living in owner occupied or private rented dwellings tend to be from middle to upper socio-economic groups and are more likely to seek non-domestic violence sector services including advice from their GP, solicitor, family and friends. However these services/people may be less aware of domestic violence and therefore unable to identify it. Additionally, Council/Social Housing tenants are more likely to be in regular contact with staff, for example from a District Housing Office, with awareness and training on domestic violence. 50% of housing in Nottingham is owner occupied and 16.6% is private rented thus representing approximately 67% of the housing market in Nottingham ("Statistics about Nottingham", Census 2001). Accordingly, the occurrence of domestic violence among this group is likely to have a significant impact on the broader community.

For women fleeing domestic violence who are homeowners with a mortgage, serious financial implications and difficulties are likely to be experienced, for example mortgage arrears. Other costs incurred may include the replacement of damaged household items, subsequent increased insurance premiums, the loss of household items due to abandonment and a reduction in household income, where an employed household member leaves a violent/abusive partner.

Homeowners and private tenants are more likely to be isolated from domestic violence services and may find accessing these services expensive. Where a woman is in paid employment, this may impair her access to refuge accommodation as it restricts her access to Benefits and therefore Housing Benefit. Thus women unable to access Housing Benefit are liable for the full cost of rent when staying in a refuge. Women previously residing in a dual income household may find this liability increasingly difficult. Domestic violence may also result in poverty or homelessness where the where the perpetrator was the primary breadwinner.

It is important to acknowledge that homeowners and private sector tenants experiencing domestic violence are likely to impact the local community in some similar ways to Council/Social Housing tenants. This may include unpleasant sight and sounds, resident turnover, vacant properties, the separation of families, loss of friends where a move is required, social withdrawal, suicide and homicide.

Health

Domestic violence is a major cause of health problems, particularly among women. Domestic violence may impact an individual's physical and mental health and trigger a range of psychological and psychiatric problems. Domestic violence, for example is a contributing factor to one in four attempted suicides by women. According to Gadd (2002), female victims of domestic violence are less likely to report having "good health" than both female non-victims and male victims. Victimization levels were also highest amongst those describing their health as "very" or "fairly bad" in the British Crime Survey (Mirrlees-Black, 1999). Other factors including poor quality housing and unemployment, alongside domestic violence, may compound women's experience of poor health.

The Women's Aid Domestic Violence Statistical Factsheet indicates that women experiencing domestic violence frequently present to health services and require a wide range of health interventions. One study found that 80% of women in a violent relationship had sought assistance from the Health Service at least once (WAFE, <<http://www.womensaid.org.uk/dv/dvfactsh2.htm>>).

Pregnancy may heighten a woman's vulnerability to increased levels of domestic violence. The results of a study conducted by McWilliams and McKiernan found that 60% of 127 refuge service users in Northern Ireland had experienced violence during their pregnancy, 13% of which resulted in the loss of their baby (WAFE, <<http://www.womensaid.org.uk/dv/dvfactsh2.htm>>). The findings of another study indicated that women experiencing violence during their pregnancy would generally not voluntarily disclose it to a health professional.

During the 1950s and 1960s, public housing in the UK experienced the development of high-rise estates, often on the periphery of city centres. The result of this was "pockets of intense deprivation, poor health, unemployment and

crime” (Kleinman & Whitehead, 1999). Although current Government policy emphasises “offering everyone the opportunity of a decent home”, poor housing design continues to have a significant impact on communities (Kleinman & Whitehead, 1999). Housing quality is thus a factor contributing to health inequalities.

Health inequalities refer to the unequal access to and distribution of health care services and thus the experience of diverse qualities of health among different communities. Where victims/survivors fleeing domestic violence continue to be re-housed in pockets of intense deprivation, this has the potential to negatively influence the health status of a local community. Government Neighbourhood Statistics indicate this, for example, in St Ann’s where there is a significant stock of public housing, 15.7% percentage of residents register their health as “not good” compared to 11.0% City-wide (“Statistics about Nottingham”, Census 2001).

Education

As previously acknowledged, domestic violence is likely to impact school truancy rates and the education of children and young people. This is particularly true where children and young people seek refuge accommodation or re-housing which typically involves changing schools. Although research on children and young people experiencing homelessness as a result of domestic violence is limited, a study conducted by The Homeless Families and Domestic Violence Working Group in Nottingham highlighted the increasing trend of homelessness as a result of domestic violence as well as disrupted schooling as an issue for children and young people experiencing domestic violence (Davis, 2004).

The majority of children and young people included in this research were attending school at the time of the study however significant patterns of educational disruption were indicated. Children and young people reported having spent between one week and seven months out of school, the larger periods of time predominantly being experienced by children and young people of migrant/refugee parents (Davis, 2004). Reasons for non-attendance included waiting for a placement, bullying and racial harassment, illness, lack of transport, money and safety.

Equally disruptive to children and young people’s education was the experience of school transfers. Those fleeing domestic violence are often transferred from their previous schools to local schools within the catchment areas of refuges and then to those where they are re-housed. On average this indicates at *least* two school changes. Of particular concern are those children of primary school age who spend significant amounts of time away from school, when the basis of educational and personal development is acquired.

Since on average children and young people fleeing domestic violence experience at least two school changes, two communities are likely to be impacted upon as a result: those communities and schools in areas where refuge and hostel accommodation is located and those communities and schools where victims/survivors of domestic violence are re-housed. When children and young people experience multiple school changes this disrupts their education, is likely to create pockets of underachievement and may reflect poorly on particular schools. When schools develop a less desirable educational reputation, this is likely to impact the price of housing in surrounding areas. Demand for housing and thus housing prices may fall as families move out of areas with less desirable schools and into areas where there are schools recording sound educational achievement.

Children & Families

The effects of domestic violence on children and young people vary widely. Each experience domestic violence differently, are likely to use different coping strategies and exhibit its effects in different ways.

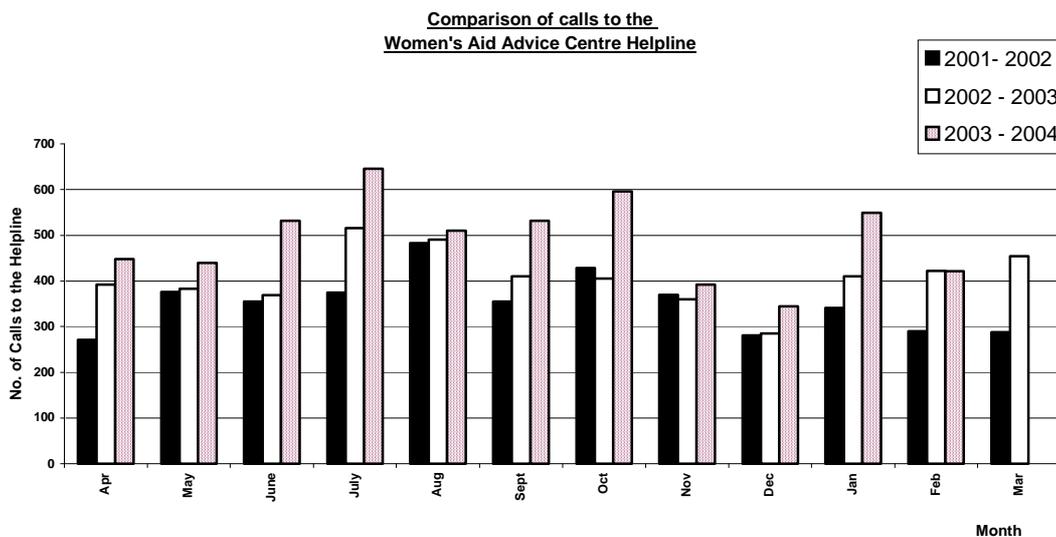
However children and young people who experience and/or witness domestic violence are likely to suffer increased levels of anxiety, psychosomatic illness including headaches, abdominal complaints, bed wetting, asthma and withdrawal. Although evidence suggesting intergeneration transmission of violence in families is inconsistent, behavioural patterns including disobedience, destructiveness and aggressiveness have been exhibited by some children and young people experiencing domestic violence (Radford, 1998). Levin and Mills (2003) suggest that children who witness domestic violence/abuse also witness and learn patterns of violent/abusive behaviour. According to Hester, Pearson and Harwin (2002), a coping strategy employed by some children involves siding with the perpetrator. Although this may be for survival reasons, it is likely to involve anger and aggression towards the victim, for their failure to protect them or because they are mirroring the actions of the perpetrator (Hester, Pearson & Harwin, 2002).

Where children adopt aggressive behaviours, it is likely these can be exhibited in the school environment where it is also possible for young children, who are easily influenced by their peers, to copy them. Older children may exhibit similar behaviours but may also develop substance dependencies or run away as coping mechanisms. In addition to the physical, psychological and behavioural impact of domestic violence on children and young people, child custody, protection and safe contact issues also affect families experiencing domestic violence.

1:3 child protection cases show a history of domestic violence thus where a child or young person is experiencing or witnessing domestic violence/abuse this warrants grounds for concern over their personal safety as well as the safety of

others in the community such as those in crèches, schools, contact centres etc. Determining child custody in the context of domestic violence involves balancing the inherent tensions of preserving and maintaining child parent-child relationships and protecting children and others in the community from experiencing or witnessing physical and emotional harm. Additionally, child contact post-separation often provides a context where the perpetrator can continue to abuse or harass victims and children (Hester, Pearson & Harwin, 2002).

Chart 2



Whilst there have been notable rises in the reporting of domestic violence between 2001/2 – 2003/4 (refer to Chart 2) where monitoring has been consistent, this has not been reflected in the conviction rate of perpetrators. The issue of child protection, safe contact and the low conviction rate has influenced local legal systems and support infrastructure, for example in Derby where an initiative known as Cluster Courts have been piloted and in Cardiff where the South Wales Police developed an initiative known as the Police Watch Program.

One of the most obvious effects of domestic violence on families concerns family break-up i.e. separation and divorce. According to an article in *the Guardian* dated 5th January 2003, “children could be at risk of domestic violence in three out of five divorce cases handled in the family courts”. Whilst it is anticipated that separation from the perpetrator will end the violence/abuse, victims of domestic violence are actually at much higher risk of domestic violence and homicide post-separation. Research and studies indicate that 45% of homicides of women and 8% of homicides of men in the UK are by their current or former partner. In this sense, domestic violence will devastate family members and members of the local community.

Family separation may be compounded where women with older boys seek refuge. Most refuges have policies describing upper age limits for boys (11-16 years old) which results in their separation from their mother and other siblings and their subsequent referral to hostel accommodation. (Hester, Pearson & Harwin, 2002). This issue highlights a gap in the provision of domestic violence for young males.

Neighbourhoods, Crime & Disorder

According to Amiel and Heath (2003) the family is the third most violent group, after the military and the police and the home is the most violent setting in society. Neighbourhoods may be affected by domestic violence in a number of ways including sights, sounds, resident turnover, the number of vacant properties, separation of families, homelessness, community safety and anti-social behaviour such as loitering, substance misuse, prostitution, theft, the use of illicit language, violence and homicide, of which perpetrators contribute largely to. Additionally, when home becomes unsafe, children and young people often use public spaces for social affiliation, support and to express their identity. In this sense streets, parks, shopping centres etc. become a haven.

Although there is no evidence to suggest a causal relationship between drug and alcohol abuse and domestic violence, victims/survivors of domestic violence may use drugs/alcohol as a coping mechanism and perpetrators may use drugs/alcohol to further their control. According to the British Crime Survey, victims of domestic violence reported higher levels of consumption of alcohol than non-victims and were also more likely to have recently used illegal drugs (Mirrlees-Black, 1999). Additionally, prevalence risks were found to be highest in "striving neighbourhoods", those low-income areas dominated by Council Estates.

In addition to the impacts domestic violence may have on neighbourhoods, domestic violence also influences the provision and use of local crime and disorder support services such as the Police, DAAT, Legal Services Commission, Crown Prosecution Service, Probation Service etc.

The Economic Cost of Domestic Violence

Domestic violence is a crime that suffers a high degree of underreporting thus many women, men, children and young people are hidden victims/survivors. Despite this, the economic impact of domestic violence can be anticipated through the provision of domestic violence sector services as well as agencies that have contact with victims and survivors. These may include Women's Aid, Social Services, Victim Support, Rape Crisis, the Police and the Health Service. According to Gadd (2002), female victims of domestic violence are more likely to be unemployed or in part-time employment thus it can be assumed that many

female victims of domestic violence are also likely to receive or be eligible for Benefits.

A study, *Counting the Costs* (1998) identified and estimated the cost of domestic violence to a Local Authority, in this case Hackney: “an area which experiences more than its share of poverty, ill health, unemployment and poor housing conditions...approximately 65% of which is social housing” (Stanko et al, 1998:8). In addition to this, over 46% of Hackney’s population receives Income Support. According to key agency findings, domestic violence is experienced by 1:9 households in Hackney (Stanko et al, 1998).

The following table provides a breakdown of *selected* costs per annum to the public sector for domestic violence.

(Stanko et al, 1998)

Agency	Selected Estimated Cost
Police	£ 540 000
Civil Justice	£ 1 000 000
Housing	£ 240 000
Refuge	£ 410 000
Social Services	£ 2 360 000
Health	£ 580 000
TOTAL	£ 5 130 000

The *selected* cost to the public sector for domestic violence in Hackney was calculated to be in excess of £5 million per annum. However it should be noted that these costs represent only a *selection* of those agencies women, men, children and young people contact for information, advice and help regarding domestic violence/abuse thus the *actual* cost to the public sector is likely to be significantly higher than this figure. When the scope of these findings was broadened to Greater London, the *total* estimated cost to the public sector for domestic violence was found to be £278 million per annum. It should be noted however that these figures are not indicative of the extent to which domestic violence occurs because this crime suffers a significant degree of under reporting. Thus the *potential* cost of domestic violence to the public sector is likely to be higher yet again.

Domestic violence may also be an expense to an organisation where employees are victims/survivors. In this sense the cost of domestic violence is likely to be in terms of absenteeism, special leave or extended leave provisions and decreased job performance due to stress, anxiety, sleep deprivation, health problems etc.

SECTION 3

(a) How does domestic violence contribute to social exclusion?

Social exclusion is the term used to refer to what can happen when people or communities suffer from a combination of linked problems such as unemployment, poor skills, low socio-economic status, poor housing, high crime, poor health and family breakdown. Although social exclusion is principally about material poverty, other elements include prospects, networks, lack of access, opportunity and life chances. (Social Exclusion Unit, ODPM, <www.socialexclusionunit.gov.uk>, 2 March 2004).

Many cases of domestic violence are hidden. A study by the Police and Crown Prosecution Service inspectorates indicated that only one in four cases of domestic violence are recorded (“Domestic abusers escape justice”, BBC News, 19 February 2004). It is apparent that mechanisms are required to reach and support those victims/survivors of domestic violence.

Although it is important to recognise that it is likely to be difficult for transient and vulnerable populations to gain a cohesive sense of community, attempts to address the social exclusion of victims/survivors of domestic violence may ameliorate some of the impacts of domestic violence on the local community.

There are strong links between social exclusion and domestic violence. Results of a study conducted by Farris and Fenaughty (2002) supported the hypothesis that social isolation is associated with domestic violence. Participants reported perpetrators often telling them that they should not spend time with friends, work or leave the home.

Social exclusion as a result of domestic violence may be experienced in a number of ways. Social exclusion may be experienced in terms of isolation from domestic violence sector services for reasons including a lack of relevant information or being unable to identify domestic violence as a primary concern. When seeking refuge, re-housing or going into hiding to escape domestic violence, victims often leave their communities and support networks including their neighbourhood, schools, clubs, health care services, friends and family. These experiences may be more profound for vulnerable individual or people from BME groups.

Research focusing on the experiences of Black women’s use of refuge support services by the Women’s Aid Federation of England, indicated feelings of loneliness and isolation among women from BME groups fleeing domestic violence (Rai & Thiara, 1997). These feelings were primarily a result of having to move to a new locality as well as not being able to contact family and friends for safety reasons. Strongly indicated by the women who participated in this study was the importance of being put in contact with or provided with information on

local schools, places of worship, health services, community groups and facilities (Rai & Thiara, 1997). In Rochdale, women from BME groups living in refuge accommodation were given opportunities to participate in local projects such as The Race Working Group, refuge management committees, meeting with community elders and the local authority (Ahmed & Sodhi, 2000). In some cases however, where there is an issue of safety or poor location it can become more difficult to achieve heightened social inclusion.

Victims/survivors of domestic violence wishing to take up employment and/or voluntary work to regain a sense of independence and self-sufficiency may face barriers that prolong their isolation. Barriers commonly cited include lack of confidence, low self-esteem, English as a second language, stereotyping, difficulty of adapting to a new routine, lack of experience and limited information about the opportunities available (Ahmed & Sodhi, 2000).

(b) Can an increased awareness of domestic violence lessen the extent of social exclusion among victims and survivors?

In 1997, The Social Exclusion Unit was launched to examine ways in which Government Departments, Local Authorities and other agencies can tackle issues, including domestic violence that result in the exclusion of individuals from mainstream society. Since 1997, a comprehensive national strategy on domestic violence, *Living Without Fear*, has been developed and there has been growth in multi-agency fora. Evidence suggests however that some victims/survivors of domestic violence continue not to be reached or adequately supported for example the majority of domestic violence services are aimed at adult women. Very few services exist to support children and young people in dealing with their experiences. Additionally, it is suggested that victims of domestic violence experience violence/abuse up to 34 times before they seek help.

As a starting point to ameliorate the experience of social exclusion among victims/survivors of domestic violence, domestic violence needs to be promoted as a priority issue by all services and information, advice and support should be readily available and accessible. Ultimately, this will include inter-agency information and resource sharing. A heightened awareness and training on domestic violence among agency staff, as well as an awareness of the potential diverse needs of victims/survivors would facilitate more efficient identification of domestic violence. The promotion of zero tolerance may instil heightened confidence in victims/survivors to seek help and increasingly challenge perpetrators' behaviour.

In addition to this, a heightened awareness of domestic violence should be developed among the general public in order to assist people in identifying themselves as 'victims of domestic violence' and seek help. Research has indicated that it is particularly important among school students. A heightened awareness of domestic violence may be achieved via a formal educative process

or simply by placing information leaflets and posters in common public meeting places such as churches, community halls, schools, tertiary institutions, libraries, health centres, dentists, hairdressers, pubs, clubs, cafes and in the work place.

A broader awareness of domestic violence is likely to decrease isolation from services and related information and lessen the extent to which social exclusion is experienced by victims/survivors and to which domestic violence impacts the local community.

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