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A Long, Hard Road To Go By:
a study of the support work carried out in Women's Aid Refuges

Hilary Anne Abrahams

A dissertation submitted to the University of Bristol in accordance with the requirements of the degree of Doctor of Philosophy in the Faculty of Social Sciences, School for Policy Studies

March 2004

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Abstract

Although Women's Aid refuges have been central to the development of support work with women who have experienced domestic violence, this role has remained largely undocumented since the work of researchers in the 1970s/80s. In view of the social and political changes which have taken place since then, the present research was designed to examine the nature of the support currently available to these women, the approach adopted to its provision and the extent to which it meets their needs.

Field work was carried out with three refuge groups, using participative research methods, interviews, discussions and observation. The use of these methods was developed in consultation with the groups and at workshops with Women's Aid members. The emerging analytical concepts were similarly discussed and further developed. The research indicated that a dynamic process of loss, transition and recovery, similar to that experienced following bereavement, takes place for each woman, extending from entry into the refuge until some time after she leaves. A complex pattern of needs and responses has emerged, in which the attitude and approach of workers plays a significant part in facilitating the woman to meet her needs, regain control of her life and move forward.

The research offers a new way of conceptualising the time spent in a refuge, seeing it not as providing an unspecified and undifferentiated package of 'support', but as a fluid process requiring a balance of practical and emotional support, drawn from a variety of sources, to be effective. This changed perspective offers an understanding of the nature of support, which may inform service provision and funding, assist workers in supporting residents and enable women who have experienced domestic violence to understand the process of recovery and their own abilities to cope with the situations they will face when they leave the refuge.
In memory of my mother, Dorothy, for whom there was never any refuge
Acknowledgements

This study was made possible through the interest, involvement and support of many women. My thanks go to:

The workers, volunteer staff and management of Penzance, Birmingham and York Women’s Aid who took time out of their busy lives to explain, advise, discuss, and comment

The residents and former residents who were willing to share their experiences and thoughts to establish a better understanding of their issues and support needs and to help other women

All the members of Women’s Aid who have helped in shaping the research with their ideas, comments and feedback

My advisors, Ellen Malos and Nicola Harwin, and my support group, especially Emma and Judith

And finally to Ian, for his unfailing support and encouragement.
Author's Declaration

I declare that the work in this dissertation was carried out in accordance with the Regulations of the University of Bristol. The work is original except where indicated by special reference in the text and no part of the dissertation has been submitted for any other degree. Any views expressed in the dissertation are those of the author and in no way represent those of the University of Bristol. The dissertation has not been presented to any other University for examination either in the United Kingdom or overseas.

Signed ____________________________ Date 1st March 2004
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Introduction

The use of violence by men against women cannot be regarded simply as a product of modern society. Scholars of 15th century English history (Trevelyan, 1926; Powell, 1917) have produced evidence that brutal violence in the treatment of women was common, contrasting it with the images of courtly love and chivalrous behaviour portrayed in the poetry of the era. They argue that this was a misogynistic society, where such violence was a normal, officially sanctioned, fact of social life and had clearly been so for a prolonged period of time. Evidence from other parts of Europe and other periods of time (Anderson and Zinsser, 1988; Cohen, 1992) shows equally that such violence was both commonplace and condoned. Writing in the late 19th century, Cobbe (1994, first published 1878)\(^1\), was still commenting on the prevalence of ‘wife-torture’ which was approved by the social mores of the time, endorsed by public opinion and regarded as being a crime of ‘inferior guilt’ by the English legal system. She too, saw this violence as dating at least from Roman times and embodied in the legal codes of many nations. As her view indicates, this is not an issue confined to the Western world – Connors, in her research for the United Nations (UN)\(^2\), concluded that it was ‘a universal problem, occurring across all cultures and in all countries’ (1989:4). Confirmatory evidence of this can be seen in the statistics and information produced by the World Health Organisation (WHO, 2000).

Women such as Cobbe were campaigning against domestic violence and other abuses against women in public and private life during the late 19\(^{th}\) and early 20\(^{th}\) century, in a movement often referred to as ‘first wave’ feminism (Banks, 1986). It is only in the past 30 years, however, with the development of ‘second
wave’ feminism, the emergence of the Women’s Liberation Movement (WLM) and the persistent campaigning of women and their supporters, that a wider understanding of the nature and extent of violence against women has begun to emerge. The careful collection of historical and contemporary statistics by researchers such as Dobash and Dobash (1979) and Mirrlees-Black (1999) has shown that it is not a phenomenon limited to one class, culture, race or region and that women are most at risk from those with whom they have had an intimate relationship, who may very well profess to love them, a situation commonly referred to as ‘domestic’ violence. As knowledge of the issue has grown, the concept of this type of violence has come to include not only physical, but also psychological, emotional, sexual and economic violence, often existing over a prolonged period of time (Dobash and Dobash, 1979; Hanmer and Stanko, 1985; Mooney, 1993).

Awareness has slowly led to recognition and action at national and international level. As its Development Fund for Women documents indicate, the UN has now fully accepted that domestic violence is an abuse of power and a major issue world-wide, requiring international action to remedy the situation (UN, 2000). In 1993, during the UN Decade for Women, the General Assembly adopted the Declaration on the Elimination of All Forms of Violence Against Women. This elaborated on part of the earlier (1979) Convention on the Elimination of All Forms of Discrimination against Women and stated categorically that violence against women, including domestic violence, was a violation of human rights resulting from unequal power relationships between men and women. Member states were directed to take action to remedy the situation. Many of the points made in the declaration were restated, and re-
emphasised, in the Beijing Platform for Action following the conference in that city in 1995 (ibid). Additionally, the UN Commission on Human Rights has appointed a Special Rapporteur on Violence against Women with a mandate to examine the causes and consequences of violence against women and recommend remedies. Her second report to the commissioners focussed particularly on domestic violence (ibid).

Moving to a European perspective, the European Union (EU) has likewise committed itself to campaigning against domestic violence (European Communities, 2000) and has initiated its own investigations into the problem. Following a resolution by the European Parliament in 1997, the DAPHNE programme has been set up to fund extensive projects working to combat violence against women, children and young people. Thirteen of the projects in the current four-year programme focus on domestic violence (Europa, 2000).

In the United Kingdom (UK) domestic violence has increasingly become the subject of public and professional concern, as campaigns and research have revealed the scale of the problem, its implications for women and children and the long term social and economic costs to society. Successive governments have signed up to all the international and European initiatives and declarations mentioned above and the present government has publicly stressed its intention to deal comprehensively with circumstances and causes of domestic violence and violence against women in general (Cabinet Office, 1998; Home Office, 1998; Cabinet Office, 1999a). This has resulted in a Government Strategy Document, Living Without Fear (Cabinet Office, 1999b). Domestic Violence is also a major part of the ongoing Crime Reduction Strategy (Home Office, 2000c). Other developments include the strengthening of the role of the
Minister for Women with a Cabinet post and the formation of a ministerial group, supported by the Home Office and the Women and Equality Unit, which brings together representatives of all the government departments concerned with domestic violence (Women and Equality Unit, 2003).

With so much high level political activity and attention focussed on the broader issues of politics and policy making, it is easy to forget that at the heart of a situation of domestic violence is one individual woman, who is paying a personal, social, economic and emotional cost. She may have children – or not. She may be married – or not. She may have learning difficulties or physical impairments, be old or young, or be a member of a religious, ethnic or cultural minority. For a woman who is in a violent relationship, seeking to leave it, or trying to find the strength to rebuild her life after doing so, there is a need for practical support to enable her to access appropriate services, and for emotional support to build up shattered confidence and self-esteem. She may require support for a relatively short period, or need to be able to access services for a considerable period of time (Glass, 1998; Bossy and Coleman, 2000). Sources of this support which may be approached include health professionals, the police and the legal system, social workers, housing and benefits agencies and voluntary organisations (Mooney, 1993; Stanko, 1998). However, the report of a National Interagency Working Party (Victim Support, 1992) acknowledged that it is the network built up by Women's Aid since the 1970s which has become the major source of advice, information, support and safe accommodation for women experiencing domestic violence. Details of their organisation and the services that its members provide are discussed further in Chapters 3 and 5.
The need for support and a degree of protection for women who have experienced domestic violence has been acknowledged by the government in its *Supporting People* strategy (Department of the Environment, Transport and the Regions, 1998). The overall aim of this strategy is to ensure the provision of suitable accommodation for the most vulnerable members of our society, including young homeless people, those with learning difficulties or other impairments, teenage parents and women who have escaped from situations of domestic violence. Within this strategy, there is mention of the need for personal emotional support, as well as practical assistance, to enable individuals to live full and independent lives as part of the community, and contribute to society as a whole. This support can be provided to individuals within their own homes (Floating Support) or as part of an overall package which includes housing. Previously sourced from a variety of different funds, provision of this aspect of support has been placed under the control of local authorities and separated from housing support (ibid). This is intended to make provision more transparent, and capable of being assessed in terms of measured outcomes, cost effectiveness and value for money. It is, in part, the recognition of the need to establish the nature and value of these personal support services, as they exist in Women’s Aid refuges, that has led to the current research being initiated as a collaborative project between the Women’s Aid Federation of England and the University of Bristol.

Early research (Pahl, 1978; Binney et al, 1981; Clifton, 1985; Rose, 1985) into aspects of refuge life was designed to establish the need for safe accommodation and support for women who experienced domestic violence and to provide the evidence needed in campaigns for changes in policy and practice.
among relevant agencies. Their work indicated clearly that the practical and emotional support given by Women’s Aid workers, volunteers and other women in a refuge was a major factor in helping women to recover from abuse and move forward. Subsequent research has focussed on areas of particular concern: housing (Malos and Hague, 1993), refuge funding (Ball, 1994), interagency working (Hague et al, 1996) and legal protection (Barron, 1990). In these studies, any examination of the process and nature of the support offered by refuges has been incidental to the main thrust of the research. More recent research (Rai and Thiara, 1997) has examined refuge life, but focused on the needs of women and workers from minority communities. This thesis is an initial step towards the establishment of an overall picture of the nature of support work, the approach used and the effectiveness of the work, as seen through the perceptions of current and past users. It presents the results of detailed research into the practice and provision of support services within three Women’s Aid refuges and assesses the significance of the findings for funders, policy makers, workers and women who have experienced domestic violence. The study has not been limited solely to the practical advice and advocacy provided by refuge workers. It examines the whole range of support systems accessed by women, both during the time they spend in a refuge and as they move back into the community. Additionally, it looks in far greater detail than earlier research at the personal and emotional support available to women during this period and the value they place upon it.

Domestic violence is not, however, an issue which can be dealt with in isolation. It is embedded in the social fabric of our society and affects, and is affected by, changes in the legal, judicial and welfare systems, policing
methods, approaches to social inclusion, political will and understanding and the prevailing attitude of the media and the public. In the first three chapters of this thesis, therefore, I present a broad overview of the key issues and debates which have influenced these areas and of the significant changes which have taken place over the past two decades. Chapter 1 examines the historical context of naming and defining domestic violence, the shifting nature of these definitions and the possible implications of this, before moving to consider the prevalence of domestic violence and a consideration of the major causal explanations which have been advanced. From this broad foundation, the focus turns, in Chapter 2, to the individual woman who experiences domestic violence. It explores the traumatic effects of abuse on her mental and physical health and on her economic and social welfare and identifies the underlying factors which are seen as meeting her needs during the process of recovery. It then looks at the material and emotional losses which can arise from the abuse and specifically from leaving the relationship and entering a refuge, before outlining models of bereavement which offer a perspective on this situation. The review then broadens out to consider the wider costs to the community of domestic violence and briefly considers the changing perspectives of other agencies which may become involved, including the legal system, health care and social work professionals and the voluntary sector.

Turning then to the refuge movement, which is the focus of this research, Chapter 3 sets this within its historical context in the UK, Europe and the USA and discusses the development of the modern refuge movement as a response to domestic violence, before looking at the specific development of Women’s Aid refuges. It examines the research previously carried out in this field and
delineates the broad areas to be covered in the research project. Having established the social and political background to the research in the preceding chapters, Chapter 4 sets out in more detail the aims and objectives of the research, the perspectives which informed it and the methods used to carry out the research and subsequent analysis of the information. Particular attention is paid to the role of the researcher in participative research, differing aspects of participation and the ethical considerations necessary in researching sensitive topics. An analysis of surveys carried out in 1999 and 2003 by Women's Aid and other documentary evidence based on national data provides, in Chapter 5, a broad overview of the nature and extent of support services within the organisation. I then turn to the case studies which comprise the main feature of the research. Chapter 6 provides an appraisal of the structure of each of the groups which participated in the research, the services they provide and the environment in which they operate, together with details and tabular information concerning my informants. Chapter 7 analyses the information I collected from interviews with residents and ex-residents, workers, specialist workers and volunteers, supplemented by direct observations. This analysis brings out themes common to all the service users and details the broad range of support systems they access and the transitions which take place during the refuge stay and afterwards. It comments on the factors which help or hinder these transitions in the eyes of residents and ex-residents and looks at the challenges which face refuge and specialist workers in providing support. In Chapter 8, I put forward a new way of conceptualising the stay in a Women's Aid refuge, in terms of a model of loss, transition and recovery, similar to that encountered in bereavement and discussed in Chapter 2. This involves further
consideration and analysis of the factors considered by women themselves to be key elements in supporting them to rebuild their lives and the relationship of these factors to the values espoused by Women’s Aid. I argue that it is the combination of these key elements that provides an environment which enables women to meet their individual needs in a structured and coherent way and recover from the trauma inherent in domestic violence. The thesis concludes in Chapter 9 with a summary of the key points of the analysis, an assessment of its limitations and strengths, the significance and implications of the arguments outlined above for funders, policy makers, workers and women and possible directions for future research.

To leave a relationship and enter a refuge is, as will be seen from the stories of my informants, a hard choice to make. It was only after having made that decision that they became fully aware that this was just the start of a long process of rebuilding both their physical lives and their emotional capabilities. It is, as Liz explains in Chapter 7, ‘a long, hard road to go by’. This research attempts to give some shape to the journey and offer some milestones along the way.

Notes

1. The standard Harvard referencing system has been employed throughout this thesis. There are, however, some specific devices which have been employed to improve clarity of referencing and these are detailed in this section.

   a. Where a book was originally published at a much earlier date, as in this instance, the first reference will include both dates, as here. Subsequent references will indicate the date of the publication in use.

   b. Throughout this thesis, research, policies and practice which relate to the 1970s and 80s are set beside those of the present day. References range across this period and, on occasion, to much earlier dates. To enable older publications to be readily distinguished from the more recent
work, the publication date has been given in each case, rather than the conventional 'op.cit.'. Applying this decision consistently does, on occasion, result in some cumbersome passages.

c. A small number of referenced works are by authors, or lead authors, who share the same surname. In these instances, the reference has been expanded to include the first name e.g. Holly Johnson, Michael Johnson, Norman Johnson.

2. A list of all abbreviations used can be found towards the end of this thesis following the Bibliography.

3. The Government appears to have an equivocal attitude, however, to the role of the Women and Equality Unit (as it had to the earlier Women's Unit), from where many initiatives on domestic violence have sprung. It has been moved from one host department to another and successive Ministers for Women have combined this role with other duties. The proposal to create a single Equalities Unit within the next few years may indicate that some of the impetus around domestic violence might be lost (Squires and Wickham-Jones, forthcoming, 2003).

4. The Department of the Environment, Transport and the Regions (DETR) is now the Department of Transport, Local Government and the Regions (DTLR) and will be referred to as such in any further context.
Part One: Literature Review

Chapter One: Defining the Field: definitions, extent and explanations of domestic violence

1. Introduction – limits of review

Writing in the late 1980s, Kelly commented that there had been a ‘knowledge explosion’ in the literature dealing with sexual violence (1988:43). In the last decade that explosion has increased exponentially to cover all forms of violence against women. Jasinski and Williams (1998) in their review of North American research on partner violence over the last 20 years, compiled a select bibliography of 1557 direct works on the subject and commented that no less than 10 new journals dedicated to this topic had commenced publication in the past 13 years. In addition, new web sites are being added almost weekly. Add to this the growth in output in the UK and it can be seen that there is now a vast body of literature – books, papers, reviews, commentaries and specialist discussions by medical, legal, and other professional bodies. Any approach to reviewing this literature must of necessity be extremely selective.

My aim in this, and the following two chapters, has been to provide an overview of the key areas of research and debate within the domestic violence field as it relates to women, although there will, inevitably, be areas where there is an overlap between this and other areas of research into violence. As a collaborative student, I have been fortunate in having access both to the resources of the Domestic Violence Research Group at the University of Bristol, but also to the library and information base of the Women’s Aid Federation of England. Constraints of space and time, however, have meant that I have been able to include only a small portion of the available material.
from these sources and from searches of electronic databases. I have selected those areas which I believe to be of significance in providing the historical and current background to my research. Throughout this review of the relevant literature, material from the 1970s and 80s is set alongside more recent research to examine similarities and changes. In general, reference is made to research carried out in the UK and North America, but some Australian and New Zealand sources are quoted and a small number of more recent research studies from other areas of the world are also included. In this opening chapter, I examine first the importance of naming and defining women’s experience of domestic violence, before exploring the variety of names and definitions that have been or are current in this area, the extent of domestic violence and the major causal theories that have been advanced to account for it.

2. Definitions and extent of domestic violence

2.1. What's in a name?

As Spender (1985) points out, naming is the process by which people attempt to impose order and structure upon the constant change and chaos of human existence. By naming things, events or feelings, they become real and visible. They can be discussed with other people, written about, perhaps changed. Suddenly to find that there is a word for your experience can result in a sense of recognition, an understanding that you are not alone or abnormal, that others have felt or experienced the same. This, in itself, can be a source of power. Bourdieu (1991) argues that no word is innocent, that every word or expression defines and confirms relationships of authority, domination and power within social structures. Since, at present, although perhaps to a lesser degree than in
the past, it is men who largely dominate, control and influence society, naming has been a crucial step for women in reclaiming their own experience. Kelly (1988) reminds us that it is only in the past three decades that words describing and defining women’s experience of violence have been introduced into our language, as a result of specific and sustained campaigns by the Women’s Movement of the early 1970s and their supporters. A massive, and previously unnamed, social problem was named by those with direct experience of it, either gained personally or through working with women who had experienced domestic violence and this problem had been brought into the public domain.

To name something is also implicitly to define it, however incoherently this may be done in the early stages of recognition. It is a first step in the cyclical process of awareness leading to clearer definitions and understanding. However, as a name enters the public domain, the definition is added to or altered by media attention, state intervention, professional deliberations and political expediency. The creation of a ‘discourse’ by other groups, who may well have their own agendas, can result in a disjunction between lived experience and the definitions provided by others. Whose definition should be used? Is it that of the professional? Should it be that of the people who have experienced domestic violence? Is the State the final arbiter? As Dobash and Dobash (1998) suggest, adopting the perspectives of the judiciary, perpetrators, or any sector with an interest in the area, can radically influence the definition — and the outcomes. This complex and changing interplay of naming and definition, the tension between the general, broadly encompassing, definition and the specific and lived experience can be seen in the terms which have been applied to domestic violence.
2.2. What is domestic violence?

In 1975, the Select Committee of the House of Commons adopted the definition of domestic violence used by the medical profession at the time - 'a battered wife is a woman who has suffered serious or repeated physical injury from a man with whom she lives' (Section 6). This debate was, perhaps, simplistic and much was omitted, but it was a definition reflecting the state of professional understanding at that time and of the social conditions which prevailed. Since then, a far greater knowledge and understanding of domestic violence has been achieved at policy level. The result of this can be seen in the current, more sophisticated, Home Office definition:

Domestic violence is any violence between current or former partners in an intimate relationship, wherever and whenever it occurs. The violence may include physical, sexual, emotional, psychological or financial abuse.

(Home Office 2000)

This definition covers violence within the home and outside it, a wide range of types of violence and associated behaviour and does not exclude violence within single sex relationships. Unlike the earlier definition, it is carefully gender neutral – a stance which obscures the issues of power and control within a relationship, and the gendered nature of violence, a topic that will be explored in greater detail at a later point in this chapter. Additionally, it excludes violence against children or that which may involve the wider family network (for example, violence by in-laws). A definition that covered all these aspects would be extremely unwieldy and probably result in similar ambiguities and omissions. However, if the term ‘domestic violence’ is used without any attempt at definition, it can be considered to be limiting the issue to that of physical violence within the home as well as omitting the issues of exclusion,
power and control referred to above. This dilemma has led to the use of terms which are considered to be more precise, such as 'wife abuse' or 'wife beating'. In Scotland, 'domestic abuse' is the more commonly used term. Others, particularly in North America, include 'male violence against women in the home' or 'violence against women by known men'. However, as Hague and Malos (1998) point out, these latter titles are not succinct enough to be used easily and can, in their turn, be criticised for being ambiguous.

The gradual broadening of the definition of domestic violence, from the specific to the general, has led to a plethora of additional or supplementary definitions developed for particular purposes. For example, the police currently utilise two subtly different definitions of domestic violence, one for statistical purposes and one for 'Best Value' performance indicators (Home Office Circular, 19/2000). Working on a recent survey with colleagues from Bristol and other universities, I participated in mapping the work of voluntary and statutory bodies with families where domestic violence is a factor and found considerable local variations in definition among both professional and voluntary organisations (Humphreys et al, 2000). Many were specific to the local agency concerned, some had been set out by a Head Office or governmental department and others developed by negotiation in multi-agency work. The Metropolitan Police are currently working to bring together some 14 differing definitions of domestic violence, with the aim of creating, yet again, a more inclusive definition (Police Review, January 2001) which seeks to link domestic violence with 'hate' crimes such as racism and homophobic attacks.

As can be seen from the brief details included here, defining this subject and the terms which refer to it is both complex and contentious, with political and
ideological issues reflected in the arguments, nor is there any indication that a consensus will emerge in the short term. For the purposes of this study, I have opted to use the term ‘domestic violence’ as it is used in the Home Office definition quoted earlier i.e. to cover a range of violent and abusive behaviours, including physical, emotional, sexual, psychological and financial abuse, occurring between past or present partners in an intimate relationship with the abuse taking place at any time or place. Domestic violence is the term most commonly used in the UK and is recognised in legal and policy circles as encompassing physical and other forms of abuse. Where necessary, it is used in conjunction with other clarifying terms.

The attention now being given to the debate on definition and usage shows a recognition of the importance of the topic, yet the discussion seems to be moving away from the earlier definitions established by those experiencing domestic violence and towards a broader, more ‘professional’ and gender neutral definition established by others. In the next section, I look at the available statistical evidence to ascertain to what extent, if any, the concept that domestic violence is not primarily gender based is valid.

2.3. Measuring the extent of domestic violence

Statistics and detailed research projects are an essential tool both in understanding the scale of a problem and in formulating policy responses to it. As McLennan (1995) points out, politicians and policy makers tend, in general, to favour a positivist approach to research, arguing that the collection of data on observable phenomena and factual information, carried out in a rigorous and
objective manner, can provide clear and reliable explanations and predictions, undistorted by subjective opinion and disputed validity.

In the USA, probably the best known proponent of this paradigm in researching domestic violence is Straus, who developed the Conflict Tactics Scale (CTS) in 1971 (Straus et al, 1980). The CTS was developed as a way of measuring, in a gender-neutral and objective way, the level and extent of a wide variety of violent behaviours within American families. Using a fixed format questionnaire, administered by rigorously trained interviewers, a large and scientifically selected representative sample was interviewed and the results set into a multi-factorial matrix. From this, Straus and his colleagues elicited a number of contributory factors relating to violence within families and made predictions as to the specific families and social factors which would result in violent behaviour. The results indicated a far higher level of violence within families than had previously been suggested, and appeared to indicate that this was common behaviour between all members of a family and that women were as likely to be violent as men. A further survey, carried out ten years later, appeared to indicate an increased use of violence by women, but otherwise reiterated the previous findings (Straus & Gelles, 1986).

This research has been severely criticised as misleading (Yllo, 1988; Nazroo, 1999; Hester et al, 2000). In particular, it records individual acts without placing them in a social context, omits to ascribe meaning to the violence, and fails to consider the severity of the violence or whether violence was used in self-defence. It also ignores the fact that the fear of anticipated violence (which was not recorded), can also be used as a weapon. Straus and his colleagues have discussed and acknowledged these criticisms and some of the limitations...
of their research (Gelles and Straus, 1988; Straus, 1990), accepting that male violence against their partners is the more serious problem because of the greater severity involved and the resultant physical and emotional trauma. A number of these difficulties have been addressed by the introduction of Conflict Tactics Scale 2 (CTS2), which expanded considerably on the original range of questions and the items covered (Straus et al, 1996). Even here, though, as Holly Johnson points out (1998) there is still a failure, within the survey, to consider elements of power and dominance by male partners. Nevertheless, despite continued criticism, the CTS remains extremely influential and is widely used, particularly in the USA, where the term ‘family violence’ is in use. This concept of the ‘violent family’ links into that of family therapy, which regards the family as a system, similar to a mechanical or biological system, in which members interact with each other in a series of relationships and where responsibility is assumed to be equal when relationship problems are considered. However, as Mitchell comments (1971) the family is not isolated from the community and cannot be a complete system in itself. Internal relationships within a family are, therefore, likely to reproduce, in their own way, the external relationships which dominate a society, including inequality and issues of power and control. Family therapy and the way the approach is changing is further discussed in Chapter 2 (section 3.53).

In Canada, Johnson has directed a survey project of major importance under the aegis of Statistics Canada, developing a creative approach after extensive community consultation (Statistics Canada, 1993; Holly Johnson, 1998). Her interviewers were very carefully screened and trained and full backup services were put in place (and extensively used), to provide support for participants if
needed. As Hague et al (2001) comment, this approach enabled sensitive questions to be addressed, context and consequences to be explored in the research and the complexity of violence against women to be reflected in the results, which showed the widespread prevalence of violence by men against women throughout Canada.

Similar evidence is not yet available in the UK, although Walby and Myhill (2001) have analysed previous methods of collecting such data and have designed an innovative and sophisticated module on Inter-personal Violence which formed part of the 2001 British Crime Survey\(^2\). The 1996 BCS, which covers men and women between the ages of 16 and 59, did, however, include a specific sub-set of questions on actual physical incidents and threats of domestic violence using a computer aided self completed questionnaire. An analysis of this (Mirrlees-Black, 1999) revealed that:

- Over their lifetime, 23% of women and 15% of men said they had experienced an assault from a current or former partner. If frightening threats were included, these proportions rose to 26% for women and 17% for men.
- Although equal numbers of men and women (4.2%) said they had been physically assaulted by a current or former partner in the past 12 months, women were twice as likely as men to have been injured by a partner in the last year, three times more likely have to have suffered frightening threats and to have been assaulted three or more times\(^3\).
- Men commit assaults more frequently and more severely and women suffer greater direct and indirect consequences.
Mirrlees-Black found no significant difference by ethnic origin, but significant precipitating factors for violent assaults on women included economic dependency, low income, disability, or poor health and youth – 28% of women aged between 20 and 24 had been assaulted or threatened by a partner at some time. Women who were in the process of separating from their partners were at high risk, as were women in inner city areas. The risk of domestic assault was not limited to lower income households, although the prevalence was higher. It is important to note the BCS found only a very small proportion of these incidents were reported to the police (11% of the last year's assaults).

There are, however, significant limitations to this survey, both in content and in the method of application:

- Data was collected only on physical assaults and frightening threats - psychological and sexual violence were excluded
- A reasonable level of literacy was required in order to complete a computer assisted questionnaire
- Interviews carried out in the home may have resulted in the inhibiting presence of others during the interview
- The sampling frame excluded non-domestic households such as refuges or temporary accommodation of the type often used by women fleeing domestic violence.

An interesting, and valuable addition to this type of research was the 'snapshot' of the impact of domestic violence in the UK on one single day (Stanko, 2000). Held on the 28th September 2000, it brought together incidents reported to the police throughout the UK and cases being handled by Victim Support in England, Wales and Scotland. In addition, Refuge (the London
based refuge organisation), the Women’s Aid groups in England, Scotland, Wales and Northern Ireland, and the couple counselling agency Relate, all supplied details of their involvement with cases of domestic violence. The Metropolitan Police count alone showed that one in four crimes of violence reported on that day were concerned with domestic violence. Taking the police count throughout the UK, one call for assistance because of domestic violence was received every minute. In most counts, details of the call were recorded, showing that 81% of these calls were from women attacked by men. These figures confirmed the prevalence of domestic violence throughout the UK and also the gendered nature of these attacks. A two year follow up study by the Metropolitan Police (BBC, 2002) released in December 2002, showed a total of 90,000 incidents each year in their area and that a quarter of all murders were consequent upon domestic violence, predominately murders of women by their male partners or ex-partners. Across England and Wales, two women are killed every week by current or former intimate male partners, a figure that has remained constant over the past decade (Home Office, 2001).

Both Mirrlees-Black (1999) and Holly Johnson (1998), comment that a larger scale measurement, however carefully constructed, although it may provide valuable data, cannot explore the individual experience of domestic violence. Different research methods are required to understand the context and complexity of domestic violence and add richness and detail to the survey method. Both methods are necessary in reaching a fuller understanding of the subject. In addition, smaller, more concentrated surveys can provide valuable insights into the incidence of domestic violence. Those carried out by Mooney in Islington (1993) and Stanko in Hackney (1998) both found higher levels of
prevalence than the BCS, suggesting that one in nine women in Hackney had experienced domestic violence in the past year and a quarter to a third of the Islington sample would experience it in their lifetime. Both studies found that the majority of these incidents were not reported to the police. Both used far broader definitions of domestic violence than the BCS and their research was limited to inner city areas, but the findings tend to reinforce the existing evidence that the majority of acts of domestic violence are carried out by men against women.

3. Theoretical analysis and explanations of domestic violence

3.1. Overview

Seeking causes which are capable of general application for the physical and other forms of violence used by men against women, and, in particular, against intimate partners or ex-partners, is a continuing focus of research. Depending on the particular discipline and background of the researcher, causal theories have been couched in terms of human biology, genetic, mental or physical disorder, economic and social structures. Commentators have further grouped these theories in a number of ways - liberal, class analysis or radical feminist (Walby, 1990), intra-individual, sociocultural or social- psychological (Kaufman Kantor and Jasinski, 1998), bio-psychiatric, engineering and sociological (Stark & Flitcraft 1995) among others. As an initial approach, I have examined the major theories relating to the causes of domestic violence under the headings of biological theory, pathological, psychiatric and psychological explanations, socio-economic factors and feminist theories. However, each of these arbitrary categories contain elements which relate to, or
are partially dependent on, other causes. In conclusion, therefore, I look at the
ways in which current research is attempting to draw some of these strands
together.

3.2. Biological roots of violence

This theory, sometimes described as biological determinism, argues that male
violence has evolved naturally in the evolutionary sexual selection process
identified by Charles Darwin in *The Descent of Man* (1874) and remains an
essential requirement for social survival today. Male animals originally needed
to be physically strong, aggressive and of greater intellectual capacity, in order
to beat off enemies, obtain food and acquire and retain females for reproductive
purposes. Females were submissive, naturally less strong and aggressive and
mentally inferior and were, therefore, more suited to the passive role of sexual
service, mothering and nurturing. In this argument, these are the roles that
nature requires of men and women in today’s society. In recent research in this
area, Wilson and Daly (1998) argue that this drive, with its inclination to
violence and ability to carry this into action remains and has evolved within the
human male mind ('evolutionary psychology'). This results in controlling
behaviour by men towards women who they consider to be their property, and
the consequent use of physical or psychological violence as a means of
retaining this control.

This explanation has some attractions, in that it can be understood as linking
behaviour to a basic and unmodified human instinct. However, it cannot, on its
own, account for the way in which violence, in the context of close relationships
between adults, is usually directed at the female partner and not at other males,
who may be seen as being in competition for scarce resources, nor for the fact that violence has been shown as often starting or increasing during pregnancy (Mezey, 1997a, Stark & Flitcraft, 1996). According to this theory, violence should, in fact, decrease, since the partner is not sexually available, and therefore attractive, to other men. Nor, if it is a universal attribute of men, does it offer an explanation for the vast majority of men who are not violent towards their partners.

3.3. Pathological and psychological explanations

DiLalla and Gottesman (1991) among others, have argued that disease, brain injury or mental illness can result in domestic violence and that this can also occur as a result of neuro-chemical and hormonal imbalances. Other researchers (Holtzworth-Munroe, 2000; Kessler et al, 2001) have argued for domestic violence being caused by psychological dysfunction, possibly as a result of previous life experiences such as parental rejection and alienation, which have given rise to low self-esteem, depression, anxiety and personality disorders. However, as DiLalla and Gottesman (1991) admit, it can be difficult to separate out psychological causes for these problems from the social, environmental and economic contexts in which they exist and which may, in themselves, cause or exacerbate psychological difficulties. While acknowledging that mental or other illnesses, or problems of a biological, psychiatric or psychological nature can cause violent behaviour, the existing research has been heavily criticised (Stark & Flitcraft, 1996; British Medical Association, (BMA) 1998; Mezey 1997b). Researchers cite, among other criticisms, the small and unrepresentative samples, mainly consisting of men
who have already come to the attention of public agencies, and the lack of control groups. Kaufman Kantor & Jasinski (1998) in their survey of American research in this field, conclude that the supporting evidence for these theories was scant and inconclusive. Stark & Flitcraft (1995) further point out that the majority of violent acts are not related to any of these causal theories, or, indeed, to aggression derived from biological determinants. Nor do the theories explain the unidirectional and gendered nature of the violent behaviour shown by the statistical evidence quoted earlier.

This group of causal explanations can, however, be seen as a comfort mechanism for the rest of the population. They appear to limit violence to a small number of 'deviant' individuals and lead to the categorisation of perpetrators as 'Other', not responsible for their actions and not part of a community problem but a segment of society that can be isolated and treated by people specifically designated to do so.

3.4. Social and economic factors

A theory which more readily locates domestic violence as a problem within society, suggests that it is the product of social and economic deprivation. Poverty, bad housing, unemployment or poorly paid work, general environmental conditions and lack of any control over their own lives, or prospect of improvement, are seen as disabling factors leading to violence towards partners. Drugs and alcohol are also postulated as contributory elements. Taking these factors as a whole, it is possible to argue that class is an indicator of domestic violence. This is certainly a position that was taken as early as 1878 by Cobbe (1994) who included ethnic origin and location – Irish
and Northern Counties - as markers. Strauss et al (1980) also argued that class, together with associated socio-economic factors was a strong predictor of violence between family members, although has been disputed by writers such as Pagelow (1981). Some 20 years later, Mirrlees-Black (1999) used the BCS findings to indicate that although socio-economic factors, drugs, alcohol and lower class status are indeed strong influences, they are not sufficient, on their own, as predictors of domestic violence. She further comments that domestic violence cannot be seen as only limited to some classes, cultures, localities, or family circumstances. It has also been pointed out (Mirrlees-Black, ibid; Morley & Mullender 1994a) that these figures may not be entirely accurate, since middle and upper class women may be more reluctant, even in self completion surveys, to admit violence. Kelly (unpublished 2001) has called for further research to be carried out in this area. My own experience as a long term Relate counsellor, working with both heavily subsidised and fee paying clients from a wide variety of backgrounds, leads me to concur with the view that domestic violence is prevalent throughout society.

Poverty and deprivation add tensions to any relationship. It can, perhaps, be argued that women in socio-economic difficulties are more likely to be in contact with public agencies. Consequently, their experiences of violence are more likely to be recorded and analysed, but the overall evidence does not appear to suggest that domestic violence is solely associated with social and economic difficulties. Nor does this theory offer an explanation as to why violence is specifically directed by men towards female partners, rather than the authority figures who might be seen as controlling their lives.
Social, cultural and economic factors can be seen as direct influences and controls within the biological, psychological and psychiatric theories advanced earlier. Social and psychological factors also come together in the concept of the intergenerational transmission of domestic violence, sometimes referred to as the 'cycle of violence' theory. It is argued (Pizzey, 1974; Straus et al, 1980; Kaufman Kantor and Jasinski, 1998; Kessler et al, 2001) that children witnessing, or being subjected to, violence within their families of origin, are substantially more likely to become victims or perpetrators of domestic violence. Morley & Mullender (1994b) suggest that this concept has become accepted as beyond debate amongst professional agencies. However, they, and others (Pahl, 1985a; BMA, 1998; Stark & Flitcraft, 1996) argue that although there may be an increased risk of intergenerational generation of violence, it is not an inevitable outcome. These commentators criticise research supporting the 'cycle of violence' theory as being inconclusive and methodologically flawed, with unrepresentative samples and lack of controls. Indeed, Stark & Flitcraft (ibid) use the figures of Straus et al (1980) to demonstrate that 90% of all male children from violent homes did not abuse their wives and that current batterers were more than twice as likely as other men to have had a non-violent childhood. More recently, Yearnshaw's study of a small group of perpetrators (1997a) found that almost 80% had not witnessed or experienced parental violence. An examination of my own family over four generations and 71 individuals would tend to confirm this view. In a mixture of violent and non-violent relationships, there appears to be only one known transmission of domestic violence from one generation to another.
3.5. Feminist theories

Feminist theorists of the early 1970's saw domestic violence as a logical outcome of a patriarchal society which regarded a woman as the 'property' of a male partner or guardian, who had the right to control her because he was a man and men control society. Millett (1970), among many others, argued that patriarchy was the universal oppression of women by men in all aspects of life. Dobash & Dobash, in their seminal work *Violence Against Wives* (1979) developed this theme, tracing patriarchy through its complex historical, cultural, legal and religious manifestations to a situation where it appeared to permeate and influence society at all levels. They argued that society had been and still was, a structured hierarchy, in which women were seen as having a secondary and inferior status. Legal, political, economic and ideological systems and institutions combined to emphasise this position, ensuring that women remained unequal and 'structurally disadvantaged' within society. Domestic violence, whether physical, emotional, sexual or financial, was an integral part of an overall system of domination and control.

Over the last two decades, there have been major changes in government policy and legislation as it affects women, frequently as a result of campaigns by the Women's Movement and their supporters. As discussed earlier in this chapter, however, (section 2.1) it is still men who effectively control and influence society at policy making levels (Walby and Olsen, 2002) and dominate the legal system (Scoular, 1998). The economic disadvantages still endured in many respects by women are detailed in Chapter 2. As a consequence, there remain large scale inequalities which affect women's lives (Evans, 1994; Jackson and Jones, 1998) and prevent them obtaining the services
they require, particularly in situations of domestic violence, where a lack of confidence and self-esteem are commonly experienced (see Chapter 2). It is because of these compounded difficulties that the practical support and advocacy of other women, discussed in Chapters 3 and 7, has assumed a particular importance.

The recognition of patriarchy as a major source of the oppression of women was followed by later theorists (Hartmann, 1979; Eisenstein, 1979) developing Engels' idea (1884) that the class structure of capitalism was also a factor. The early Women's Movement has, however, been categorised as having been dominated by white, Western, middle-class feminists, who put forward their experiences and priorities as being those of all women (Amos and Parmar, 1984; Whitmore, 1994). This, in itself, was seen as being oppressive and was challenged by other women. Black feminists (King, 1988; Collins, 1990) have pointed out the intersecting oppressions of race, gender, sexuality and class and these concepts have been developed to provide a wider understanding of the differences among women which interlock with the inequalities of gender to create multiple sources of oppression:

Differences such as race, ethnicity, class, culture, sexual orientation, physical abilities, age, religion and one's nation's place in the international order create conditions for a web of oppression. Maguire, 2001:60

Jackson and Jones (1998) while agreeing with all of the above, also stress the importance of education and employment. These are particularly important factors, given the economic disadvantages outlined above and the poverty experienced by many women (also discussed in Chapter 2)

This 'shifting mosaic' (Collins, 1990:xiv) often linked with post modernist feminism (Barrett & Phillips, 1992) does not necessarily preclude a collective
approach to a common, broad based political agenda (Davies, 1994; Beasley, 1999) but requires a rigorous examination of motives and approaches. It has been a major achievement of feminists theorists, both as individuals and as a movement, that there has been a general recognition of all these factors of power, gender and control, resulting from, and increasing, the unequal and inferior position of women in society and their consequent vulnerability to domestic violence. Although without any direct reference to its feminist roots, these theories have become widely recognised and accepted by the Government (Cabinet Office 1999a), Police Authorities, for example, the Metropolitan Police Authority (1986), and other opinion forming institutions (BMA 1998; Victim Support 1992).

3.6. Summary

As greater understanding has been gained, and the body of available data has grown, some theories originally conceived as separate and mutually exclusive can be seen as potentially mutually dependant or strongly influencing each other. In examining the theories that have been advanced, it would appear that some, such as socio-economic factors and psychological or pathological explanations can be regarded as 'push' factors, enabling a climate in which violence may happen, but failing to offer a wholly convincing explanation in themselves. While I would argue that feminist theories offer the most convincing explanation for the extent and pervasiveness of domestic violence, no single theory seems completely adequate in offering an explanation of the inception and continuation of the problem. Modern research is beginning to explore the potential and possibilities of interaction between biological theories.
and the influence of the social, economic and cultural factors put forward by feminists and others. In an interesting development of this idea, Lundgren (1998) argues that biological and social factors cannot be separated in assessing the theories behind violence. McKenry et al (1995) take this concept a stage further, in arguing for a complex interplay of biological, psychological and social elements, in a 'biopsychosocial model'. Wilson and Daly (1998) however, suggest that biological factors may perhaps be identified as the driving force of domestic violence, with social and cultural influences such as class and patriarchy as crucial but dependant. Such attempts to bring together biological, psychological, socio-economic and feminist theories in a multifaceted approach, open up many interesting possibilities for future debate and discussion (see Dobash and Dobash, 1998).

4. Victim or Survivor or … ?

This chapter has discussed broad issues around domestic violence, its definition at policy and practice levels, national and international statistics on prevalence and incidence and the broad theories which have been postulated as to its cause. I return finally, as in the introduction to this thesis, to the central point of the research – the individual woman who experiences domestic violence. Naming and defining experience usually involves naming those whose experience is defined. The names usually applied to women who experience domestic violence, (not necessarily by themselves), are ‘victim’ or ‘survivor’. The use of the first of these terms has been widely recognised as having serious disadvantages. To label someone a ‘victim’ is to indicate a
passive recipient - someone to whom something is done. As Harding comments,

Victimologies have their limitations ... They tend to create a false impression that women have only been victims, that they have never successfully fought back, that women cannot be effective social agents on behalf of themselves or others. (1987:5 italics in original)

I have found, in working with people with a variety of physical and mental impairments, that professionals, particularly medical professionals, often apply this type of reference. This perception of the way in which language is utilised by a dominant group is borne out by Williamson's (1999) report of interviews with doctors, a preponderance of whom were male, who commonly referred to women experiencing domestic violence as 'victims'. The use of this nomenclature regards them not only as passive recipients of violence, but as 'clients' in need of being acted upon, rather than as people with valid perceptions, needs and the ability to choose between alternatives. It is interesting to note that a different attitude prevailed among the health visitors and nurse practitioners she interviewed, who were all women. This tends to reinforce the point that the language used by men can be used to reduce women to an inferior and powerless state. In this case it may well be considered that the doctors were, in fact, doubly dominant, since they are not only enjoying the male domination of language discussed by Spender (1985) but also the power and authority of the medical profession noted by Williamson.

Survivor, on the other hand, is a more positive and active concept, conveying the impression of forward movement. It is the term usually used by researchers and generally within Women's Aid. Skinner (1999) however, has found that some women may wish to use the term 'victim' to express the fact that they are victims of crime and further argues that some women may not feel able to use
the term survivor until they feel they have, in fact, survived. Kelly (unpublished, 2001) further comments that the word ‘victim’ can be used by an individual to locate themselves as someone who has been wronged and may have a claim for redress and a legitimate demand on social resources. In considering this dilemma, Williamson (1999) and other writers have employed the term ‘women who have experienced domestic violence’ and this seems a more dignified and respectful term to use enabling those women to decide their status for themselves. It does, nevertheless, suffer from the disadvantage of being cumbersome to use. However, in a workshop at the Women's Aid Conference in July 2000, at which I presented my research, many of the participants had themselves experienced domestic violence. They were very clear that ‘women who had experienced domestic violence’ was, to them, the most acceptable way to refer to them. It is therefore, the phrase that will be used throughout this thesis.

5. Conclusion

Definitions of domestic violence have been influenced by a wide variety of factors. They vary according to the needs and agendas of those creating the definition and are unlikely ever to become universally agreed. However, it can be regarded as generally accepted that domestic violence can encompass physical, sexual, emotional, psychological and financial abuse and takes place between people who have been, or are, in a close adult relationship. Statistical evidence clearly shows that this violence is largely gender-based and is directed by men towards women. The causes of such violence have been attributed variously to human biological needs, to physical, mental or personality
disorders and to social, environmental and cultural factors. Although it would seem that many of these theories are now moving closer to each other, there is still much to debate about whether violence results from basic biological drives mediated through social factors including race, class and patriarchy or whether there is a more interactive process in which social factors and issues of power are of greater significance. However, in terms of interventions, a wide consensus has developed among policy makers and institutions that it is the subordinate position of women within society that has nurtured and sustained the growth of domestic violence and resulted in the high prevalence and incidence among women of all backgrounds. Further research is, however, considered to be needed on the way in which socio-economic problems may impact on the experience of domestic violence.

Turning from the debates around definitions and statistical evidence of domestic violence, in the next chapter I look at the known effects of abuse on the women who experience it and the cost this imposes on them in terms of social and economic welfare, physical health and emotional well being. The traumatic effects of abuse are examined in relation to human need and models of bereavement are offered as a possible way of understanding the multiple losses involved in leaving an abusive situation. The chapter also briefly comments on the changes which have taken place in agency responses to domestic violence, before turning to the role of refuges and their support work, which is the main focus of my research.

Notes

1. Walby and Olsen, in their comprehensive review of the position of women in the labour market (2002) point out that women are gradually forming an
increasing presence in the management and professional occupations which shape policies and decisions. They are not, typically, employed at the higher levels of these jobs. The associated gender analysis of occupational classifications indicates that the majority of professional and management categories contain a preponderance of male job holders. The exceptions to this are in the areas of teaching and health professionals, both of which have traditionally been associated with high levels of female employment.

2. It is understood (Diamond, Home Office, 2002, personal communication) that these data are now being analysed and will be published later in 2003.

3. The 2000 survey (Kershaw et al) showed a repeat victimisation level of 57% - the highest for any crime, despite the fact that the overall level of domestic violence appears to have fallen.

4. The use of the term ‘domestic violence’, as indicated earlier, refers to violent or abusive behaviour between current or former partners in an intimate relationship. Elder abuse, violence towards children, or within the extended family are not included. There is little research evidence concerning partner violence within gay and lesbian relationships, but Caroline West (1998) suggests that it is as prevalent as among heterosexual couples, while pointing out that these relationships do, however, comprise only a small section of the overall community.
Chapter Two: The Social Effect, The Social Effort

1. Introduction

From the broad themes outlined in the previous chapter; the definitions, extent and gender base of domestic violence, causal explanations and the terminology used throughout the remainder of this thesis, I now turn to the consideration of the known effects of this violence on the individual women who experience it. I examine the economic and social repercussions both within the relationship and consequent upon any termination of it, before considering the effects on physical and emotional health. This leads to a discussion of trauma as an effect of domestic violence, its relationship to a theory of human need and of the factors which are seen as facilitating recovery.

The need to mourn loss has been identified as a key element in recovery from trauma and this is then linked to the multiple losses which are likely to be incurred on leaving an abusive situation or relationship, and entering a refuge. Models of bereavement following a death are therefore outlined as offering a possible perspective on this situation.

As indicated in the introduction to this thesis, domestic violence is a phenomenon that is embedded in society and in social institutions. I therefore set the experience of the individual in the wider context of society, examining the estimates which have been made of national costs and outlining briefly the changes in policy and practice which have taken place among the agencies to whom a woman may turn for help. Finally I look at the human attitudes and approaches both of workers in the relevant agencies and of women experiencing domestic violence, before turning to the role of the voluntary agencies in this field. The chapter as a whole is intended to provide a broad overview of some
of the effects of domestic violence on the individual and on society, to outline theories of trauma, loss and recovery and to delineate the context within which Women’s Aid operates and the agencies with which it interacts.

2. The effects of domestic violence

2.1. Overview

Early research and commentary on the consequences of domestic violence (Pizzey, 1974; Pahl, 1978; Binney et al, 1981 and others) was designed to show the scope and scale of the problem and the urgent need for action. It was largely focussed on women who were, or had been, accommodated in refuges or shelters and were, therefore, both more easily identifiable as a distinct group and accessible to researchers. It can be argued that such a sample might well be qualitatively different from the female population in general (Pahl, 1985b; Kelly, 1988; Giles-Sims, 1998; Stephens and McDonald, 2000), a point discussed further in Chapter 9, and that such research might not be capable of more general application. However, later research, which confirms earlier findings, is on a far broader scale, encompassing surveys such as the BCS and studies involving official records and statistics, random samples and non refuge populations, including members of ethnic minority groups. It is also now possible to draw examples from both international and European sources.

An act of domestic violence is not usually a single isolated incident. Research in both the USA and UK has consistently shown that multiple or repeat victimisation is the most common pattern, with incidents escalating in frequency and intensity over a period of time (Pagelow, 1981; Smith, 1989; Mooney, 1993; Morley and Mullender, 1994a; Mirrlees-Black, 1999; Dobash et
al, 2000). Michael Johnson (1995) characterises this continued and systematic male use of physical violence, together with threats, isolation, economic sanctions and other tactics of coercive control over intimate partners, as 'patriarchal terrorism'. This phrase seems to me to convey, better than any other, the sense of ever present fear which one experiences when living in a situation of domestic violence and is, perhaps, even more capable of comprehension by the general public today, following the development of terrorist activity across the world. The effects of this abuse can be seen in terms of physical and mental damage, social and economic costs and long term impact, both on the woman herself, on any children she may have, on her family and friends, on the perpetrator of the abuse, on the local community and, ultimately, on society as a whole. Table 2.1 indicates some of the more common ways in which domestic violence can occur.

<table>
<thead>
<tr>
<th>Mental Cruelty</th>
<th>Physical Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threats</td>
<td>Throwing things</td>
</tr>
<tr>
<td>Fear</td>
<td>Kicked, slapped, hit</td>
</tr>
<tr>
<td>Threat of using weapon</td>
<td>Pushing, shoving, grabbing</td>
</tr>
<tr>
<td>Isolation from family and friends</td>
<td>Choked, strangled, suffocated</td>
</tr>
<tr>
<td>Loss of social contact</td>
<td>Use of weapon</td>
</tr>
<tr>
<td>Persistent criticism</td>
<td>Bruising, broken bones, cuts, scratches</td>
</tr>
<tr>
<td>Denial of privacy</td>
<td>Bitten, burnt, scalded</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>Knocked unconscious</td>
</tr>
<tr>
<td>Deprived of sleep, money, clothes,</td>
<td>Miscarriage due to violence</td>
</tr>
<tr>
<td>going out, use of telephone</td>
<td>Chemical in face</td>
</tr>
<tr>
<td>Terror &amp; Intimidation</td>
<td>Death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual violence</th>
<th>Other forms of abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>Damage to personal property</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>Theft of property</td>
</tr>
<tr>
<td>Degrading &amp; humiliating sexual acts</td>
<td>Threats and violence to pets, animals</td>
</tr>
<tr>
<td></td>
<td>Denied access to work</td>
</tr>
</tbody>
</table>

Table 2.1 Examples of domestic violence

This is by no means an inclusive list of research into domestic violence or its findings, but is intended to show some of the many different ways in which
abuse can take place and has been compiled from research carried out over the past ten years. Sources include: McGibbon et al, 1989; Glass, 1995; Stanko et al, 1998; Mirrlees-Black, 1999; Mooney, 2000 and Dobash et al, 2000.

2.2. Social consequences and economic effects

In 2000, on-line consultations were carried out with women who had experienced domestic violence, by The Hansard Society and Women’s Aid, on behalf of the All Party Committee on Domestic Violence (Bossy & Coleman, 2000). This revealed that tactics of control by their abusive partner had isolated women from family, friends and other sources of help and social contact. Telephones were disconnected, or conversations monitored, post was intercepted and read or destroyed, visits to shops, neighbours or family timed, forcibly discouraged or sabotaged. (Similar findings come from Glass, 1993; Stevens & McDonald, 2000; Dobash et al, 2000; Batsleer et al, 2002.) This social isolation was exacerbated for those in rural communities by poor transport and lack of community facilities. Isolation and lack of social contact, added to the loss of confidence and self-esteem discussed in section 2.4, make it more difficult for a woman to find the information and strength she needs to leave the abusive relationship, particularly when she is aware that doing so will also deprive her of any limited social contact she may have established. This lack of connection to a social network has been identified as a very real problem for women who do manage to leave. Humphreys and Thiara (2002) noted that, next to financial hardship, isolation was the biggest difficulty encountered in the first six months by women who had left abusive relationships and were living in the community, to the extent that this may well influence a decision to return to
the perpetrator, if support is not readily available. This feeling of isolation and
the consequent need for support and contact with others, both during their stay
in the refuge and afterwards, was similarly identified by my informants as being
of major importance to them and is a recurring theme throughout Chapter 7.

For some women, paid employment is also actively discouraged by their
partners, due to their view of 'correct' gender roles and also because of the
opportunity for uncontrolled social contact and the degree of economic freedom
it may give. Women's access to financial resources within the family can be
severely limited by their partners (Homer et al, 1985; Pahl, 1989; Vogler &
Pahl, 1993) and this can be used as a means of control within the relationship.
Lack of financial resources results in deprivation in a wider sense – in access to
clothes, other material goods and resources, transport, education and social
activities - thus extending the control exercised by the perpetrator. In these
ways, as Mooney (1993) comments, women can be held in an abusive
relationship by a web of economic and social difficulties, which may be added
to by their responsibilities as primary caregivers for children or other relatives,
or by their own impairments.

Women who do manage to overcome these immense problems and leave are
still likely to suffer from the structural economic disadvantages indicated in
Chapter 1 (section 3.5). Walby's report (2002) on the position of women in the
labour market shows that women are over-represented in lower-paid
occupations such as cleaning, shop work, childcare and routine clerical jobs.
Nearly half of all women workers are in part-time employment and Walby
suggests that this may function as a 'sticky floor', trapping women in low pay,
low status jobs. Both full and part time women workers are likely to be earning
substantially less than their male counterparts (82% and 61% of male earnings respectively). The report also comments on the extent to which the very low employment rate of single mothers is a factor in child poverty. If suitable employment is not available, it is necessary to apply for state benefits for women who are entitled to them. (The status of immigrant women and asylum seekers materially affects this provision and can create further hardships.) To obtain state benefits while unemployed can be time consuming, frustrating and humiliating (Barron 2002; Batsleer et al, 2002) nor do state benefits alone meet the cost of caring for children (Garnham & Knights 1994). However, the ‘poverty trap’; of reducing benefits if employment becomes available, means that these families are very likely to experience poverty and deprivation over a prolonged period (Garnham & Knights ibid; Glass 1995). Nevertheless, Pahl (1985b) found that the majority of her respondents wanted to work, and this was certainly true of the women from my case study refuges: although they expressed frustration at the benefits restrictions and the reluctance of employers to give them an opportunity.

2.3. Physical consequences

Physical and sexual violence inflicted on women may necessitate seeing a general practitioner (GP) a community nurse, or the local Accident & Emergency Department of a hospital. It can result in hospitalisation and may lead to permanent disfigurement or chronic ill health. The fact that violence often starts or escalates in pregnancy (as discussed in Chapter 1, section 3.2) has also led researchers to express concerns not only about the possible consequences of miscarriage or damage to the foetus, but also to the mother’s
own health and her future reproductive and gynaecological well-being (Stark & Flitcraft, 1996; Mezey & Bewley, 2000a).

Physical or sexual violence inevitably brings with it the anticipation and fear of further violence and this, in itself, is intimidating. Other forms of emotional, psychological or economic abuse may be combined with physical abuse, or be used alone and the impact of any incident of abuse will be experienced differently by different women, according to the context in which it occurs, which will, additionally, be influenced by the ‘web of oppression’ surrounding women (as discussed in Chapter 1, section 3.5). As Glass puts it (1995: 4) there is no ‘hierarchy of pain’ and women are controlled by both the reality, and the threat, of a continuum of male violence on the part of their partners or ex-partners. The uncertainty and insecurity which living in a situation of domestic violence creates has been shown to have a significant and detrimental effect on the emotional well-being and mental health of the women who experience it, as the next section indicates.

2.4. Emotional health, trauma and human needs

Many of the women who participated in the research conducted for this thesis spoke of the ‘mind games’ played by their abusers and their fears for their emotional stability (see Chapter 7, section 2.4). They commented that, in some respects, this mental cruelty was worse than the physical abuse they had suffered, in that they could not show physical evidence of the harm that had been caused and from which they felt they might never recover. Similar comments were noted by MullenJjer, (1996) Stanko et al (1998) and Mooney
The emotional distress my informants experienced is also echoed in the findings of Humphreys and Thiara (2003). These women’s descriptions of their experiences and the way in which abuse had affected their emotional well-being are borne out in research studies exploring the links between domestic violence and depression, self-harm, suicide and post traumatic stress disorder (PTSD). Overviews of these studies (mainly drawn from North American sources) show consistently higher levels of these difficulties among women who have suffered abuse from their intimate partners than among the general population (Giles-Sims, 1998; Cascardi et al, 1999; Golding, 1999; Stephens and McDonald, 2000). The studies also recognised lack of self-esteem and confidence, anxiety and panic attacks and high levels of fear concerning personal safety as significant indicators among women who had experienced, or were experiencing, domestic violence. Additionally, the work of Stark and Flitcraft (1996) has shown that violence by intimate partners was a major factor in a high proportion of suicide attempts, particularly among black women and women who were pregnant. Commentaries on these studies (Golding, 1999; Stephens and McDonald, 2000) have pointed out that many of these symptoms overlap; suicidality and lack of confidence and self-esteem are frequently associated with depression and these indicators, together with anxiety and panic attacks and concerns about safety are also prominent in diagnoses of PTSD. Taken as a whole, then, there is a considerable body of evidence demonstrating the destructive effects of domestic violence on a woman’s mental health and emotional well-being.
A number of feminists working professionally within the mental health services (Dutton, 1992; Coleman and Guildford, 2001; Herman, 2001) have argued that PTSD should be the preferred diagnosis for women seeking help with problems of mental health resulting from domestic violence. They argue that this recognises the link between the experience of abuse and the consequent effect on the individual, avoids the ‘victim-blaming’ approach of diagnoses such as ‘borderline personality disorder’ and opens opportunities for greater understanding and for helpful interventions. The use of PTSD in this way has, however, been seen by other feminists (Mullender, 1996; Quaid & Itzin, 2000; Raitt and Zeedyk, 2000) as continuing to pathologize and stereotype women who experience domestic violence, focusing on the individual woman and ‘her problem’, rather than on the underlying inequalities of society. Stark and Flitcraft (1996) while understanding the motivation and good intentions behind the use of PTSD diagnoses, also point out that it may, unintentionally, convey an impression of pathology to the woman and to others and thus disadvantage her in situations such as custody cases, where this term may be seen as stigmatising. Humphreys and Thiara (2003) point out, however, that although these concerns are legitimate, the importance of a diagnosis of PTSD is that, unlike other assessments, it directly links the abuse suffered by women experiencing domestic violence with the consequent effects on their mental health and well-being and can facilitate access to medical support.

PTSD was officially recognised as a diagnosis by the American Psychiatric Association in 1980 (Herman, 2001) and seen initially as a cluster of symptoms experienced by combat troops. In addition to those detailed at the beginning of this section – depression, lack of self-confidence and self-esteem, anxiety states
and panic attacks, fears over personal safety and suicidality, symptoms may include hypervigilance, intrusive thoughts about the occurrences, flashbacks and nightmares, overwhelming emotions alternating with numbness and a wide variety of somatic problems (Dutton, 1992; Herman, 2001). The list of people who may be affected has since been extended to hostages, victims and witnesses of major disasters and, as indicated above, due to the work of women in this field, to individuals who experience rape, sexual abuse as adults or children and domestic violence (Dutton, 1992; Herman, 2001). Herman (ibid) argues that the impact of the single traumatic event is substantially different from that of prolonged and repeated trauma, as in the ‘patriarchal terrorism’ outlined earlier in this chapter, and that a diagnosis of ‘complex PTSD’ would be more appropriate. Both Herman (ibid) and Dutton (1992) lay particular stress on the feelings of intense fear and loss of control generated in individuals by traumatic experiences and the consequent primacy of safety in any response to their needs.

Herman (2001) argues that a sense of physical and mental safety, a basic trust in the world and feeling of belonging to it, is the foundation of personal development and relationships with others. If this sense of safety is destroyed, it brings down with it any sense of being worthy, of belonging, of connecting to other people and reduces the individual to the basic concerns of survival.

Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love and community. They shatter the construction of the self that is formed and sustained in relation to others. (Herman, 2001: 51)

This concept of safety as forming the first and most basic need of human beings, once the physiological requirements for life are met, and the foundation upon which the fulfillment of other needs rests, finds a resonance in the work of
Maslow (1987, first published 1954) and shown in tabular form below. Maslow (ibid) argues that human beings have higher natures which, once their basic needs for food, water and safety are at least partially satisfied, drive them to reach beyond these to satisfy a need for belonging and acceptance by others, to want to experience feelings of worth and self-respect and finally, to develop their innate capabilities, in whatever direction they may lie. In advocating this positive 'self-actualizing tendency' to reach higher goals, he shares the views of Rogers (1961) around whose philosophy a variety of person-centred and humanistic therapies have developed (Hawtin, 2000).

Table 2.2  Maslow's Hierarchy of Human Need

<table>
<thead>
<tr>
<th>Level</th>
<th>Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological</td>
<td>Food, water, clothing, shelter</td>
</tr>
<tr>
<td>Safety</td>
<td>Freedom from fear</td>
</tr>
<tr>
<td></td>
<td>Security, protection, safety</td>
</tr>
<tr>
<td>Belongingness</td>
<td>Belonging, being accepted,</td>
</tr>
<tr>
<td></td>
<td>Giving and receiving love,</td>
</tr>
<tr>
<td></td>
<td>Connection to others</td>
</tr>
<tr>
<td>Esteem</td>
<td>Self-confidence, worth,</td>
</tr>
<tr>
<td></td>
<td>Self-respect, esteem of others</td>
</tr>
<tr>
<td>Self Actualisation</td>
<td>Reaching full potential, develop own capabilities</td>
</tr>
</tbody>
</table>
Maslow sees individuals as actively seeking to meet their perceived needs, at whatever level these may lie and to care for themselves, although their abilities to achieve either of these ends may be severely curtailed by their social and economic circumstances or by past experiences. What Maslow offers is a model of a flexible structure which reflects the basic needs of human beings and the order in which they would seek to satisfy them in normal circumstances. The cumulative effect of domestic violence, as detailed throughout section 2 of this chapter is, as Dutton (1992) and Herman (2001) argue, to demolish this structure, and leave a woman only the basic physiological needs essential for survival – food, water, clothing and shelter. For some women there remains a continuing threat even to these basic needs and, indeed, to life itself (Glass, 1995; Bossy and Coleman, 2000; Home Office, 2001).

Research and practice in this field (Dutton, 1992; Coleman and Guildford, 2001; Herman, 2001) indicates that, to enable a woman to recover from the trauma of domestic violence and start to rebuild her ability to meet her needs as a human being, there must, as a first priority, be the establishment of a sense of safety. This involves both physical and mental safety, in order to facilitate the re-emergence of the basic feelings of trust described above. She then needs to be able to tell her story and mourn the loss she has suffered, regain control over her life and make her own choices (empowerment) rebuild her sense of self identity and connections to other individuals and to a community. Herman (2001) emphasizes that it is only the person who has suffered that can control and direct her or his recovery, and that this can only take place within the rebuilding of connections with others. Highly specialised therapeutic interventions can be available in some locations, but she points out that the
majority of trauma survivors do not receive professional help, but rebuild their lives using their individual strengths and the emotionally supportive relationships around them, including that of other individuals with similar experiences. A similar emphasis is placed on the importance of the roles of non-specialist support services by Dutton (1992) and Laing (2001). Recovery is not seen as a linear progression, but a path to recovery which may well loop forward and back. Each person will have different support needs and these will vary over time. The way in which support is given is seen as being crucial; an approach which respects the individual and their autonomy, believing and not judging, providing emotional support and providing time and space to talk and be heard has been recognised as being the most effective way to work (Dutton, 1992; Coleman and Guildford, 2001; Herman, 2001). Aspects of this type of support resonate throughout the accounts of women and workers in Chapter 7.

2.5. Models of grief and loss

A woman who experiences abuse within an intimate relationship will lose her sense of safety and trust in the world and her sense of self and personal identity (Dutton, 1992; Herman, 2001). For those who leave the situation, there are many additional losses (as seen in Chapter 7, section 2.2); there is the loss of the relationship itself, about which she may well have ambivalent feelings, the loss of home and a familiar environment, a job, economic security, children, family, friends, pets and community. Many of the women in the groups I worked with had travelled considerable distances to reach a refuge (see Chapter 5 for details) and commented (like Val in Chapter 7, section 2.2) on the loss of a regional identity. This concept of multiple loss has previously been identified by Kelly
(1988), in Pahl’s 1978 study of a single refuge and, more recently, in the work by Charles (1994) and in the research carried out by Rai and Thiara (1997) into the needs of black women and children. The immensity of these losses requires time to mourn (Dutton, 1992; Herman, 2001) and it is essential, therefore, at this stage to look at literature concerning models of grief and loss which have been developed to facilitate understanding of mourning after the trauma of bereavement.

In trying to understand the nature of grief following loss, attempts have been made to identify ‘stages’ or ‘phases’ which mourners might be expected to pass through. Many have evolved from Kübler-Ross’ pioneering work with terminally ill patients in the USA (1970). These men and women, however, expressed the grief of facing their own death, not the grief of surviving relatives, with the latter covered only briefly in three pages at the end of the book. More helpful, perhaps, is to look at research specifically concerned with people who have been bereaved. Moving away from the concept of ‘stages’, which suggests a fixed and static process (although Kübler-Ross herself emphasised the fluidity and overlap of her stages), researchers have argued for a series of ‘phases’ through which a mourner may pass (Bowlby, 1980; Murray Parkes, 1986 – first published 1972; Murray Parkes et al, 1996; Shuchter and Zisook, 1993) with the use of the word ‘phase’ conveying a sense of progression, of movement through a sequence of events. Although varying in the number and nomenclature these ideas can be summarised as covering three main areas:

- Initial impact: A period of intense shock, with feelings of numbness, unreality and disbelief.
• Adjustment: Recognition of what has happened, a period of acute mourning and disorganisation with feelings which include anger, loss, depression, lack of confidence and intense waves of emotional feelings, often unexpected and uncontrollable.

• Reorganisation and recovery: A gradual coming to terms with what has happened, a restructuring of life.

Researchers all emphasise that these phases are not linear and clear cut. They are fluid, dynamic and overlapping and individuals will move forward and back between phases, depending on their situation and emotional resources (Bowlby, 1980; Murray Parkes, 1986; Shuchter and Zisook, 1993; Ken Edwards, 2002). Marshall (1980) however, has criticised these theories, arguing that there is little empirical evidence to support them and that the envisaged fluidity makes it difficult to test such an assessment. Wortman, Silver and Kessler (1993) accept this argument and re-emphasise the danger, identified by the researchers mentioned above, of becoming prescriptive, of expecting an orderly progression through these phases. This, they argue, runs the risk of individuals, whose behaviour does not comply with these expectations, being regarded as abnormal in some way. Nevertheless they see these theories as useful base models, describing the specific process by which an individual moves from emotional distress to recovery, although failing to provide explanations as to why outcomes can vary so markedly.

There is more agreement on the concept that there are certain tasks attached to mourning, which enable an individual to adapt to a changed situation (Worden, 1991, first published 1983). This is essentially a practical approach. Whereas ‘phases’ can be seen as implying passivity of the part of the bereaved person,
something to be passed through, but without input from the individual, the use of the word ‘tasks’ indicates that individuals can take actions which will actively help them to move through the phases outlined above. Phases and tasks, then, as Worden (ibid) indicates, can be seen as equally valid and complementary.

These tasks can be summarised as:

- To accept the reality of the loss.
- To experience the pain of grief.
- To adjust to a new environment (in which the deceased is missing).
- To emotionally relocate (the deceased) and move on with life.

Worden, 1991: 10 - 18

As with phases, these tasks are not seen as consecutive and boundaried, but fluid and overlapping, a dynamic process of coping, different for each individual, who is likely to need different types of support at different points in time (Stroebe, Stroebe and Hansson, 1993; Murray Parkes et al, 1996; Ken Edwards, 2002).

In a development of this concept, Stroebe and Schut (1999) propose a ‘dual-process’ model of coping with bereavement. They argue that the concept of ‘griefwork’, or tasks, concentrates primarily on the emotional losses and fails to pay sufficient attention to the stress factors arising from the consequential practical difficulties involved. For bereaved people, these include realising that their world has changed, taking on unfamiliar tasks and new roles, dealing with financial and social problems and seeking a new identity and relationships. Stroebe and Schut argue that these tasks, which arise from the original loss, add to the individual's burden and are, in themselves, causes of distress, yet fail to be
given the same importance as the tasks involved in dealing with the loss.

Worden (1991) does refer to these new skills and roles in his description of the process involved in completing the third task, but it is subordinated to the first two tasks in the later portions of the text. Referring to the former as 'restoration-orientation' and to the latter as 'loss orientation', Stroebe and Schut (1999) suggest that individuals oscillate from one set of tasks to the other. This may be from necessity, when practical tasks have to be undertaken or through deliberate or unconscious choice, when either source of stress becomes too painful. They see this movement as helpful by providing an escape from one reality (that of loss) to another (practical issues) and helping a more rapid adjustment to a new pattern of living. Both these movements are set within, and assisted by, everyday life experiences - watching TV, talking to friends or taking children to school.

In summary, then, phases and tasks can be seen as complementary, with the former providing a description of the process whereby an individual moves from a situation of extreme emotional disturbance to one where a different way of living has been established. Tasks, on the other hand, offer an approach which 'gives the mourner some sense of leverage and hope that there is something that he or she can actively do' (Worden: 1983: 35) to facilitate the process. This can be regarded as even more of a proactive process when the restoration-orientation envisaged by Stroebe and Schut (1999) is taken into account.
3. The Social Effort

3.1. Overview

Having considered the effects of domestic violence on the individual woman, and the physical, emotional and material cost she has to bear, it is necessary, next, to set this in the context of the social community, examining the wider costs of domestic violence to society and then examining the changing policies and approach of the statutory and professional bodies to the needs of women who may approach them, before moving to the role of the voluntary agencies and refuges, which are explored in more detail in the following chapter.

3.2. The wider costs of domestic violence

Many women do not tell anyone what is happening to them, thus increasing the isolation referred to earlier. This may be due to shame that the violence had happened, fear of further abuse, or a further consequence of low self-esteem and isolation. A study in Hammersmith and Fulham (McGibbon et al, 1989) found that just under 60% of the women interviewed had never disclosed the abuse and only slightly lower proportions were found by Mooney in North London (1993). In Finland, a survey of over 500,000 women (Heiskanen & Piispa, 2000) found that 40% of abused women had never talked about the situation. Both of these latter studies found that, for those that did talk about their situation, friends or relatives were most likely to be approached, with the police or health care services being the first resort in seeking formal support. On the other hand, the Hammersmith and Fulham study found that many of their respondents would never approach the police for help. This response was more
common among the black women than the white women who responded, but the
difference was not considered to be statistically significant⁴.

Given this concealment, it is immensely difficult even to begin to estimate the
cost of the social and economic effects of domestic violence to the community
as a whole. A further complication is the way in which agencies record
information – domestic violence may not be seen as the presenting problem, or
its presence not recorded. For example, a series of visits to a GP with anxiety
and depression, or drug dependency problems, may well be a consequence of
continued abuse, but not be recorded as such, either because it is not seen as the
primary problem, or because appropriate questions are not asked. It is clearly
important that some idea of the cost of service provision for women who are
experiencing domestic violence should be developed, both to enable financial
provision to be made and to measure the extent of the known need. This has
been attempted already in New Zealand (Snively, 1994), Canada (Greaves et al,
1995) and Australia (NSW Women’s Co-ordination Unit, 1990) using
nationally available statistics.

In the UK, Stanko et al (1998) adopted a more localised approach, assessing
the selected costs of key agencies most often approached by women
experiencing domestic violence who were living in the London Borough of
Hackney. These agencies included police domestic violence units (DVUs),
social and health services, housing and refuge accommodation. They also
included the costs of civil actions such as injunctions and divorce proceedings.
Because of inadequate documentation, it proved impossible to cost a number of
services, including hospitalisation and medication, and the provision of informal
assistance and advice by professionals and by family and friends. The
calculations gave a figure of over five million pounds per annum, which, if
extended to cover all formal contacts, could amount to half as much again,
giving a figure between £60 and £90 per household per annum (pa). If this were
to be directly extrapolated to the whole of the Greater London Authority, it
might total £278 million pounds pa. Although most women in England do live
in urban areas, it can be argued that Hackney is a poor inner city area, whose
residents are heavily reliant on public sector services and this costing may not
be as relevant for other areas. Women in more affluent areas may have access
to private sources of help and those in predominantly rural areas may be far
more isolated and less likely to have access to information or transport to enable
them to reach local agencies. Nevertheless, the figures can be seen as a realistic
attempt to estimate the cost of domestic violence and can be used as a
benchmark for estimating minimum costs in other parts of the country.
Applying Stanko's lower cost per household figure, for example, to rural
Devon, has produced a figure of £26 million for the county (Lodge et al 2001).

The Finnish study referred to earlier (Heiskanen & Piispa, 2000) used national
statistics and different criteria for the inclusion and exclusion of costs, but also
calculated direct costs for two actual case studies. The first, involving one
major incident, gave a cost of 190,000 Finnish Marks (FIM) (about £20,000)\(^2\)
over one year. The second, costed over seven years and ending in divorce,
amounted to 99,000 FIM – about £10,000 or £1470 per annum. The contrast
here points up the contention made by Stanko et al (1998) and Trevithick (2000)
that crisis intervention is an expensive matter. Nevertheless, by bringing
matters to a head quickly, it may, in the longer term, result in a better quality of
life for those involved. A further interesting development in the Finnish project
is an attempt to cost the indirect effects of domestic violence. As can be seen from the indications of damaged physical and mental health, standard of living and long term relationship problems discussed earlier in this chapter, it is clear that there are substantial long-term costs to the individual and society. In addition, there are concepts of lost work opportunities, increased health care needs, social exclusion, worker productivity, lower achievement and quality of life to be considered, a point also made by Golding (1999). Heiskanen & Piispa (2000) have endeavoured to cost this, based on the criteria used to assess damage payments in compensation cases and considering the value of human capital and of life itself. While accepting that such judgements are necessarily inaccurate and arbitrary, they put forward a figure of between 360 – 660 million FIM (between £37.5 and £68.75 million) in any one year.

It is not possible to make international cost comparisons: systems of support, culture and recording are too different. However, all of the studies make the following points:

- They are conservative underestimates of the cost of domestic violence
- Costings are extremely selective and incomplete
- There is a need for consistent and accurate recording of the incidence and costs of domestic violence
- Despite this lack of information, the studies all show that substantial economic costs are sustained at individual, local and national levels.

Major research has now been commissioned in the UK by the Home Office to establish the cost of domestic violence at a national level. The research methodology is similar to that utilised in Finland and discussed above, in that it includes economic costs, use of public services and the human impact. Figures
calculated by this method regarding homicide (Walby, 2003) have already been published, estimating a total of £112 million a year. It will, however, be some time before the remainder of these findings become available, but they will provide a carefully researched basis for understanding the overall costs of domestic violence and the areas of activity most affected.

3.3. 25 Years of Change

It is clear, from the studies on costing referred to in the previous section, that recording and monitoring of cases involving domestic violence is not being carried out effectively by many of the key agencies involved. This makes it extremely difficult to estimate, with any accuracy, the cost of their services. It is, however, possible to examine their attitudes to support, by looking at the key policies and to assess the reality of the policies as applied to, and perceived by, service users. As a benchmark, it is salutary to see the comments of the Select Committee of the House of Commons in their Report on Violence in Marriage in 1975:

We have been disappointed and alarmed by the ignorance and apparent apathy of some Government Departments and individual Ministers towards the extent of marital violence. ... Responsibility is diversified between many Government departments. No fewer that seven are concerned: the Home Office, the Department of Health and Social Security, the Department of Education and Science, the Department of the Environment, the Lord Chancellor’s Office, the Scottish Office and the Welsh Office. Only in a very few of these Departments does the problem of marital violence receive anything other than a very low priority either in terms of manpower or financial resources

Section 5

These comments on policy makers in the 1970s and early 80s were born out by those of early researchers and practitioners, among them Pizzey (1974) Dobash & Dobash (1979) Binney et al (1981) and Borkowski et al (1983). They found
that there were outstanding individuals among the police, social workers, health and other professionals, who went out of their way to advise, help and actively assist women who were experiencing domestic violence. However, in general, the attitude at the time was of disinterest and unwillingness to become involved in what was seen primarily as a private matter.

Since then, as I outlined in the introduction to this research, domestic violence has become a focus for government attention. Civil and Criminal law has been altered and clear guidelines on procedure laid down for the police; government departments have designed policies, held conferences and issued handbooks emphasizing the importance of recognising and taking action on domestic violence. Although the publicity and general media interest around domestic violence can be regarded as generated initially by Pizzey at the Chiswick refuge, the sustained driving force behind this massive change in attitude is generally attributed to the Women's Movement of the 1970s, their supporters and since 1974, to the campaigns conducted by Women's Aid groups and their National Federations (Smith, 1989; Susan Edwards, 1989; Norman Johnson, 1995; Mama 1996; Hague, 1999; Malos, 2003). In the following sections, I look at the way in which the approach of key agencies has changed and examine the impact this has had on women experiencing domestic violence.

3.4. Law and law enforcement

3.41. The police force

The police are one of the most visible and accessible sources of help to the general population on a 24-hour basis and they can also function as gatekeepers to other sources of help and information. Their most dramatic involvement with
domestic violence is in crimes of homicide, remembering that two women die every week at the hands of partners or ex-partners (Home Office, 2001). However they also respond to a wide variety of less extreme incidents, with one call relating to domestic violence being received every minute in the Day to Count survey (Stanko 2000). In the 1980s, many commentators were explicitly critical of the police response to domestic violence, the general attitude of the officers who attended incidents and their reluctance to intervene (Pahl, 1985b; Binney et al, 1981; Smith, 1989). This was particularly noticeable in research among black and other ethnic minority (McGibbon et al, 1989; Mama, 1996).

Since then, strenuous efforts have been made to remedy the situation and radical changes to police policy and practice have been put in place. The Home Office Circular 60/1990 instructed Police Authorities to implement proactive policies and operational interventions, record incidents systematically and adopt a more supportive and understanding approach to those experiencing domestic violence. In addition, the establishment of specialist domestic violence units or officers (DVU/DVOs) was recommended. Subsequent research (Susan Edwards, 1989; Grace, 1995; Glass, 1995; Kelly et al, 1999; Mooney, 2000; Hague et al, 2002a) indicates that good policies have, in general, been put in place throughout the country, but that these are not necessarily filtering down to the rank and file officers, with the response of the uniform branch, although improved, being 'very patchy'. The DVUs and DVOs, on the other hand, were, in general, regarded very positively by service users. A number of police authorities, however, have worked to establish innovative ways of working to reduce cases of domestic violence including the use of civilian intervention officers (Kelly et al, 1999), fast response and support in Merseyside.
Griffiths, 2001) and improving practice in Northumberland (Yearnshaw, 1997b).

3.42. Civil and criminal law

Major initiatives have taken place over the past few years in respect of legislation which can be used by women experiencing domestic violence. These include the Family Law Act, Part IV (1996) (FLA) enabling women to obtain non-molestation orders or occupation orders which offer protection within the family home (Susan Edwards, 2001a) and the Protection from Harassment Act (1997) which gives a way in which women can take action against repeated, individually small, acts which, taken together, amount to emotional abuse (Kelly and Humphreys, 2000). The ability of the Crown Prosecution Service to prosecute successfully has been strengthened by the Criminal Justice Act 1998 (section 23:3b) which enables prosecution to take place without a woman having to give evidence. Despite these provisions, few cases are prosecuted (Susan Edwards, 2001b; Aitkenhead, 2004). Many are dropped on the grounds of insufficient evidence or charges are downgraded, thus trivializing the nature of the crime and further risking the safety of the woman if the sentence is non custodial (Barron 2002). The Bossy & Coleman survey (2000) found that 90% of the women in their study, who had used the Criminal Justice System, said that they did not receive an adequate response. Not only did the police not take them seriously, but the courts did not protect them. For these and other reasons, women are often reluctant to press charges, or may withdraw them under pressure from the perpetrator or from their families.
Evidence for the success of non-molestation and occupation orders is mixed. Humphreys and Thiara (2002) found that the majority of respondents using outreach services found protection orders helpful and that they felt a degree of protection from the abuser. A survey of refuge projects (Barron 2002) showed that a majority of them regarded the FLA as having improved protection, but over 20% of respondents disagreed with this. They pointed out that protection orders only worked when the perpetrator was likely to take notice of the order or it was likely to be firmly enforced by the police and the civil courts.

The structural disadvantages imposed on women and which still impose major inequalities on their lives (as discussed in Chapter 1, section 3.5) ensure that the legal system remains complex and difficult to access for women without advocacy and financial support. This is particularly true, as Bossy & Coleman (2000) point out, following the restrictions on obtaining legal aid. The result is 'shocked and demoralised women' (Yearnshaw, 1997b:114) who can therefore become reluctant to pursue the legal options open to them and are doubly victimised, first by the perpetrator and subsequently by the justice system (Susan Edwards, 1989).

Both Smith (1989) and Dobash et al (2000), argue that the legal system, including the police response, is designed to demonstrate the boundaries of 'socially acceptable behavior' and that for this reason it is important that the responses of these representatives should clearly indicate that domestic violence is not to be tolerated. I would suggest that the current systems and practice may well reflect the attitude of contemporary society – in theory accepting that domestic violence should not be tolerated, but in practice not sure of the boundaries and unwilling to accept that not only the legal system but also social
attitudes need radical restructuring. The government has indicated that it sees the punishment of domestic violence and prevention of repeat victimisation as the key to eliminating domestic violence and there are further proposals to strengthen this approach in the White Paper of 2002, Justice for All. These have now been incorporated in the Domestic Violence, Crime and Victims Bill published in December 2003. Yet legal action did not appear to be a priority for my informants. When asked about support needs and difficulties, legal action was not something that came readily to mind. This was despite the fact that a number of women in each refuge group were going through court proceedings to obtain divorces, or child custody.

3.43. The probation service

Probation officers are called upon to compile pre-sentence reports, handle bail or remand conditions and supervise offenders on probation orders, out on licence or on parole. Domestic violence may be a key element or a contributory factor in any of these situations for male service users. It may also be an important consideration where a woman has committed an offence against, or at the instigation of, her abuser.

The accepted method of rehabilitating male offenders under supervision, either as part of a community punishment order, or following a prison sentence, argues that a supportive family life will result in the best outcome (Mullender, 1996; Harwin and Barron, 2000). Clearly this is unlikely to be appropriate where domestic violence is central or has been disclosed at a later stage. An interagency working party (Victim Support, 1992) recommended that the probation and prison services plan any intervention particularly where domestic
violence is involved, with an emphasis on safety and that the abuser’s partner should be fully consulted on any proposed action. Much of this material was subsequently incorporated into the Position Statement issued by the Association of Chief Officers of Probation (ACOP) in 1992 and updated in 1996.

Some areas are developing joint initiatives and good practice along the lines of this statement. However Mullender (1996) argues that there is still a widespread lack of understanding of the issues involved and a failure by probation officers to challenge abusive behaviour or to consider the current and future safety of the abuser’s partner.

The work of the probation service in Family Court Welfare has similarly come under criticism for its approach to women (Victim Support, 1992; Hester and Pearson, 1993), in particular for their preference for joint interviews with both partners for welfare or mediation reports, without considering the impact that domestic violence may have had, or be having, upon the relationship. A later study (Hester, Radford and Pearson, 1997) found that there was now a greater understanding of the issues involved, although there was still room for improvement. Since this research was carried out, the Children and Family Court Advisory and Support Service (CAFCASS) has been established, bringing together the Family Court Welfare Service, the Guardian ad Litem and Reporting Officer Service and the Children’s Department of the Official Solicitor’s Office. This new service, which brings these disparate groups together, is currently going through a transitional period and it remains to be seen how the change will impact on its client group.

Probation services across the country are increasingly becoming involved in the implementation of programmes aimed at changing the behavior and attitudes
of perpetrators (Mullender, 1997; Lodge et al, 2001). These programmes, which started in North America in the 1970s and 80s, are now becoming more widespread in the UK (Hamby, 1998; Dobash and Dobash, 2000). A detailed discussion on their differing theoretical perspectives and working methods is beyond the scope of this thesis, which is designed to examine the support systems utilised by women resident in Women's Aid refuges as a consequence of domestic violence. In this connection, it has been argued that these programmes may have an adverse effect on women's safety and emotional well-being with a diminution of physical violence leading to a greater degree of psychological control or to other forms of coercive or abusive behaviour (Mezey, 1997b; Hamby, 1998; Humphreys et al, 2000) although this is challenged by other research (Dobash et al, 2000). Fears have also been expressed that an emphasis on programmes for men and a perceived enhanced ability to attract funding may lead to less help being available for women and children experiencing domestic violence and a far slower rate of growth of services directed specifically at their needs (Hamby, 1998; Lloyd, 1995; Humphreys et al, 2000).

3.5. The caring professions

3.5.1. Health services

Health services – GPs, Accident & Emergency Departments, midwives and health visitors – are one of the first contact points for women experiencing domestic violence (as discussed in sections 2.3 and 3.2 of this chapter). Indeed, as Stark & Flitcraft (1996) point out, women who may not wish to involve police or social workers are more likely to seek medical help for injuries. Over
the past five years, there has increased recognition of domestic violence as a major issue in public health and the need to improve responses. Professional bodies have all published recommendations and guidelines for their members - the Royal College of Midwives (RCM) in 1997, the Royal College of Obstetricians (RCOG) also in 1997 (Bewley, Friend and Mezey) and the BMA in 1998. The Department of Health (DOH) has issued guidance (2000a) aimed at encouraging Health Authorities and Trusts to review practices and put in place a consistent policy towards issues of domestic violence. They are also sponsoring a three year programme to raise awareness among health professionals, improve their responses and promote greater partnership working. (Barron 2001).

At present, however, there is still a marked discrepancy between policy and implementation. Pahl (1995) and Mezey (2000b) both found a reluctance to ask questions of patients about domestic violence, although this improved when standardised protocols were in place. Service users have acknowledged that there have been improvements (Bossy and Coleman, 2000; Hague et al, 2002a; Humphreys and Thiara, 2002), but still feel that health professionals often fail to hear their voices and meet their needs.

3.52. Statutory social services

Clark (2000:5) defines social work as ‘part of the public pursuit of welfare through policy and legislation’ (italics in original). Under present legislation, this covers support for people with learning disabilities or physical impairments, mental health, older people, young people in care, young offenders, fostering and adoption, asylum seekers and vulnerable children and their families (Bristol
City Council, 2002). Within this wide ranging, indeed almost overwhelming remit, there is no statutory responsibility for women experiencing domestic violence, unless they fall into one of the above categories. However, as already noted, the prevalence of domestic violence means that the presenting problem for any of these service users may well be a cause, or consequence, of domestic violence, or an additional factor. Mullender (1996) argues that, for this reason, and given the mental and physical consequences of domestic violence for the individual and for society, as discussed earlier in this chapter, it is entirely appropriate that support for women experiencing domestic violence should be an integral part of all community care plans.

At policy level, Social Services Departments are increasingly acknowledging domestic violence as an issue which concerns them and developing good policy and practice in this field (Ball, 1995). However, the mapping survey on services to families experiencing domestic violence, in which I participated, (Humphreys et al, 2000) found that social services provision of domestic violence services was very uneven. Some were comprehensive and innovative, but 20% throughout England and Wales were not funding domestic violence services either directly or indirectly and 46% were not taking steps to further develop policy services planning or awareness training.

There are, however, conflicting views as to how this growing awareness of issues around domestic violence is being translated into practice. A considerable body of research suggests that social workers tend to underestimate the incidence of domestic violence in their caseloads and ignore, minimise or disbelieve the violence (Lloyd, 1955; Mullender, 1997; McGee, 2000a; Humphreys and Thiara, 2002). This ‘negative portrayal’ of social work has
been strongly condemned by Ferguson (forthcoming, 2004) who argues that excellent work is being carried out around domestic violence, although he acknowledges that there are areas which require improvement. Many women experiencing domestic violence have indicated their reluctance to become involved with social services, not only for fear of being labeled a bad mother and having their experiences discounted, but also, and far more importantly, from the fear of having their children taken into care. This fear can also be used by the abuser as an additional means of intimidation, or to force her to return to the abusive situation (Lloyd, 1995; Mama, 1996; McGee, 2000a; Humphreys and Thiara, 2002).

Social work has faced many changes in the past few years and there are likely to be more in the future (Trevithick, 2000; Railton, 2002; Ferguson, forthcoming, 2004). The organisation is in a state of flux, with the stressful and complex environment in which workers operate leading to major staffing and retention problems within the profession. Proposals to fully integrate health and social care services (DOH, 2001) may well add to this pressure and adversely impact on the support available for women experiencing domestic violence.

3.53. Therapeutic approaches and feminist critiques

Psychotherapy and counselling approaches to domestic violence, in medical and social care settings, have been particularly favoured in North America (Dobash and Dobash, 1992; Hamby, 1998) and have also become widely used in the U.K. Work may take place with individuals, with couples or with an entire family. Individual therapy has traditionally been based on seeing violence as a clinical condition resulting from psychological disfunction, different for
each client and relating to unique personality traits and individual problems possibly caused by past experiences and relationships (see also Chapter 1, section 3.3). Family therapy and couple counselling have both tended to shift the central focus away from male violence, placing responsibility either on the couple jointly, or on the family (Dobash et al, 2000). This ignores the impact of external forces of social control which are likely to be replicated within the family (see Mitchell, 1971 in Chapter 1, section 2.3) and seeks accommodation within the family system. It necessarily involves a third party – supposedly neutral – but inevitably with their own views and potential gender bias (Perelberg, 1990).

The feminist analysis of domestic violence detailed in Chapter 1 (section 3.5) emphasises the systems and institutions within society which contribute to keep women in a subordinate and oppressed role and has resulted in fierce challenges to the established therapeutic approaches. These were seen as being based on the entrenched male position of dominance and assertiveness towards women expressed by Freud and as blaming the individual psychological failings of women, rather than the inequalities and constraints imposed by society (Sayers, 1986; Vice, 1998). It was an approach which required a woman to adjust to and accommodate her situation, rather than act, together with other women, to create structural change. In this situation, a ‘therapeutic’ approach becomes a further means of subjugation and oppression (Humm, 1989; Whelan, 1996; Vice, 1998).

The work of Mitchell (1974) and of the commonly termed ‘French feminists’ have, in different ways, re-evaluated the potential of psychoanalysis in relation to women (Vice, 1998; Beasley, 1999) and has led, in conjunction with the work
of feminist practitioners, to the growth of a specifically feminist approach to psychotherapy and counselling. This is based on a recognition of the discrimination that women suffer as a group and its effects on their mental well-being and seeks to enable them to understand and realistically act on this ‘raised consciousness’ (Sayers, 1986; Humm, 1989). It seeks to assist collective action as well as individual change. The relationship between therapist/counsellor and service user, unlike the traditional paternalistic model, is characterised by an understanding of power relationships, an attitude of equality and respect (Bondi and Burman, 2001) and of working together to achieve the aims of the service user. This overall approach is evident in the work of therapists and counsellors working with domestic violence (Dutton, 1992; Whalen, 1996; Herman, 2001; Coleman and Guildford, 2001) and there are also encouraging signs that family therapists are, increasingly, gaining an understanding of the complexities of domestic violence and framing their interventions to take into account issues of risk and safety, power and control and wider societal issues (Vetare and Cooper, 2001; Rivett, 2001; Haddock, 2002). Nevertheless, the use of counselling and psychotherapy is still the cause of controversy among feminists. Bondi and Burman (2001) have described the relationship as ‘fractured and fractious’ (2001:15) with opponents fearing that even a feminist therapeutic approach risks pathologizing women as dysfunctional and focusing on an individual woman rather than the problem of violent men and an unequal society (Dobash and Dobash, 1992).

It is pertinent to this thesis to look at the attitude of Women's Aid in this respect. As discussed in greater detail in Chapter 3, Women's Aid took its original impetus from the Women’s Liberation Movement and a feminist
analysis of the position of women in society (Rose, 1985). It saw women as basically able and psychologically healthy, needing safety and material resources in order to establish an independent life (Dobash and Dobash, 1992; Whelan, 1996). Counselling and therapy were seen as running counter to this view, focusing on personal inadequacy and ‘victim-blaming’ (Harwin, 1999; Malos, 2000). In part, this may also have been a reaction to the approach adopted in the Chiswick refuge, which saw women as inadequate and in need of long term therapy managed by medical professionals and whose consultant psychiatrist, Gayford, categorised women into stereotypes who fell naturally into violent relationships (Dobash and Dobash, 1992; Gayford, 1976). As will be seen in Chapters 5 and 6, a high proportion of refuges now provide counselling and workers and women in the refuges I visited felt strongly that this service was useful and should be available for women who wanted it (Chapter 7, section 4.32). However, Women's Aid has never formally stated its position on this subject and, as a result, it is one of the few aspects of refuge services where guidelines for good practice do not exist centrally.

3.6. Housing

To turn from systems of social care and control to the provision of housing is to look at one of the most basic of human needs. Maslow (1987), in outlining the hierarchy of human need referred to earlier, placed the provision of shelter among the first level of human priorities, together with food, water and clothing. The inability to meet this need and to obtain suitable accommodation of a reasonable quality has been identified as the single most significant obstacle faced by women trying to leave an abusive relationship. Not only may it stop
them leaving, it may force them to return (Binney et al, 1981, Norman Johnson, 1985; Dobash and Dobash 1992; Malos & Hague, 1993; Mama, 1996).

As Levison and Harwin (2001) point out, many women may well have preferred to stay in their own homes, had the legal measures discussed earlier been vigorously enforced and assistance given to provide personal and domestic security measures. These options are not, however, open to all women and may well be considered by them to be a high risk strategy because of the dangers posed by their abuser. For those who are forced to leave their homes as a result of domestic violence, it is likely that the economic and financial disadvantages which constrain women, as discussed in Chapter 1 (section 3.5) and this chapter (section 2.2) will make them dependent on local authorities or Registered Social Landlords (RSLs).

Over the past half-century, the provision of social housing has been, and continues to be, an area of government policy influenced by stereotypes of ‘deserving’ and ‘undeserving’ poor, the image of ‘normal’ families and the political programmes of successive governments (Davis, 2003). Persistent campaigning by the Women’s Movement and other groups has led to the recognition of domestic violence as a cause of homelessness and as a priority need for re-housing. Research in this area (Malos and Hague, 1993) showed wide variations in policy and practice across Local Authorities. Later research in this area (Morley, 2000; Barron, 2002) indicates, however, that many more of them are developing policies and good practice guidelines and helping service users to become rehoused. Both studies show, however, that the shortage of housing stock in many areas means inevitable pressures and that women
experiencing domestic violence still tend to be made offers of less popular housing, indicating they are considered less deserving.

For women who may have left attractive homes, into which they have put much effort, to be placed in such housing is a constant reminder of what they have lost. Although this was not a central feature of my research, workers at Penzance commented on the growing difficulty of rehousing women, even with an active and helpful local authority. In York, 4,000 families, including women in the refuges, are waiting to be rehoused. The Birmingham refuge housing officer expressed considerable anxiety as to her ability to assist women in finding good housing at an affordable rent, since all the council property will be run by Housing Trusts in the near future. Housing Associations are playing an increasingly important role in the provision of supported housing. Little research has yet taken place in this area but a study in one Local Authority (Davis, 2003) indicated that the Housing Associations manifested a very limited perspective on issues of domestic violence and were failing to provide support for this group of service users. Given the stated importance of housing for this group of people, this is a matter for deep concern. It also poses problems of dependency for women who have to remain in refuges for long periods and of acute pressure on refuge spaces (Charles, 1994). These difficulties are discussed further in Chapter 7 (section 7.2).

3.7. Working Together

From the evidence presented throughout this chapter, it can be seen that domestic violence is a multi-dimensional problem, which may involve a large number of statutory, professional and voluntary agencies. As Stanko argues
it is essential that these agencies work together for maximum effectiveness:

others may only see discrete problems associated with physical and mental torment: wounds call solely for medical treatment, displaced and homeless families pose housing dilemmas; crisis calls may come just to police attention; depression and nervousness are soothed with pills. These fragmented responses, taken in isolation, prevent many from seeing domestic violence in any holistic way. More importantly, this fragmentation has real consequences: for policy, for practice and, ultimately, for the kind of support available to survivors and their friends and family

Hague and Malos (1998) have delineated the gradual development of inter-agency working from its ad hoc beginnings in the 1980s to the growth of more formal policies. 'Joined up thinking' and joint working have now become key principles of government policy in many areas (Home Office and Welsh Office, 1995; Home Office, 2000a; Home Office, 2000b). There are now well over 200 Domestic Violence fora in England alone, varying in size, financial and staff resources, objectives and approaches to working with domestic violence (Women's Aid, 2002).

Some of the pioneering interagency projects, for example Leeds (Tara-Chand, 1999) and Hammersmith and Fulham (Holder, 1999) have evolved into effective and dynamic organisations with widespread influence within their communities. Other projects are emerging constantly and it will take time and careful evaluation to judge their staying power and effectiveness.

However, failure on the part of some groups to deal with many of the problems and objectives noted in an earlier study (Hague et al, 1996) are still causes for concern: the need for clarity and mutual understanding, the lack of resources and failure to effectively involve service users. Many agencies are still represented at a low level and have poor patterns of attendance with the
statutory bodies tending to dominate. The issues are complex, but the consensus appears to be that although there are many excellent examples of interagency working in the field, some fora are not fulfilling their potential and are arenas for professional rivalries and competing interests (Lloyd, 1995; James-Hanman, 2000). As a consequence, these groups, which could be effective mechanisms for challenging attitudes, intervention and prevention may simply give an appearance of co-operation and action without the reality.

3.8. The human factor: attitudes and approaches

Whatever the policies in place, it is the attitudes and value systems of individual workers that are the key factors in how an organisation responds to domestic violence (Lloyd, 1995). Their approach will have been shaped by their own environment and cultural perspectives, including concepts of ‘roles’, status and household and also by their experiences in their work field and the views of their colleagues. Statistically, some of them are experiencing or will have experienced, domestic violence at a personal level, either as abusers or recipients, which may have an impact on the way they react to women in this position. A basic reluctance to ask questions, to appear to intrude, or an uncertainty as to what action to take (Pahl, 1995; Richard Jones, 1997) can be reinforced by the frustration felt when women consistently return to their abuser (Borkowski et al, 1983; Yearnshaw, 1997b; Stevens, 1997) giving rise to feelings that there is no point in taking action in this or other cases.

Such feelings may be reinforced by an approach which has been widely adopted by social workers, the medical profession and other agencies. This regards women who are experiencing domestic violence and who stay with or
return to their abusive partners as suffering from 'learned helplessness' (BMA, 1998; Lloyd, 1995; Trevithick, 2000). This term derives from the work of Seligman (1975) whose experiments with animals led him to postulate that, where no response would produce a predictable or improved outcome, subjects became helpless, passive and submissive. He concluded that the ability to make choices and carry them out is crucial to physical and emotional well being. This concept has been developed by Walker (1984) to argue that women experiencing repeated abuse react in a similar way, feeling powerless to control their lives and unable to leave the relationship. In her later work (Walker, 1993) this viewpoint is modified to accept that the overall picture is more complex and that women are not totally helpless, or passive, within an individual incident or continuing situation of domestic violence. Walker sees 'learned helplessness' as one feature of a pattern of psychological symptoms characteristic of women experiencing abuse, which she terms 'Battered Woman Syndrome' (BWS), and defines as a subsection of PTSD. The use of the term BWS has raised similar concerns over pathologizing women and 'victim blaming' to those expressed regarding the term PTSD and are more fully discussed in section 2.4 of this chapter and Note 1.

Neither the frustration of professionals nor the definition of 'learned helplessness' takes into account the human factors influencing the woman who is, or should be, the central focus of their concern. Staying, leaving or returning can be influenced by her ambivalent feelings about the relationship, feelings of love, guilt, shame, the needs of her children and the practicalities of leaving - loss, loneliness, having to manage on her own and the fear of retribution (Bowker, 1993; Norman Johnson, 1995; Harwin, 1997). In addition, the self-
doubt and loss of confidence resulting from physical or mental abuse and discussed in section 2 of this chapter, makes it extremely hard to take control and make decisions. As Glass (1995) points out, each experience of domestic violence is unique to the woman concerned and this needs to be taken into account in providing support and help.

3.9. Voluntary organisations

In addition to professional agencies, there are a growing number of large and small local voluntary groups offering advice, information and support services specifically to women with a variety of needs. There is also the national charity, Victim Support, which offers support and assistance to both male and female victims of crime. In addition, there are two major organisations whose main focus is on women experiencing domestic violence, Refuge, based in London, and the 270 autonomous groups constituting the Women's Aid Federation of England. Similar Women's Aid Federations exist in Wales, Scotland and Northern Ireland. Between them all, they provide a variety of refuge and support services which are highly rated by service users (Morley and Mullender, 1994a; Norman Johnson, 1995; Rai and Thiara, 1997; Hague et al, 2002a).

Many of these services started in the 1970s. They are frequently overcrowded and some premises are in poor condition. Yet, despite the many positive changes in public service provision outlined in this chapter, they are still seen by many women as offering the best response to their needs. It is the way in which one of these organisations, Women's Aid, seeks to meet these needs and the perceptions of its service users, that is the focus of this research and is examined in Chapter 7.
4. Summary

This chapter has examined the effects of domestic violence on the individual woman who experiences it, the social and economic cost she pays, the damage done to her physical health and the consequences for her mental health and general emotional well-being. The dimensions of a diagnosis of complex PTSD were discussed in connection with this, together with the criticisms which it has incurred and its relationship to a model of human need. The losses sustained by a woman who leaves an abusive relationship and particularly one who enters a refuge, were outlined and linked to models of bereavement following a death. The relevance of these two models to the experiences of my informants will be evidenced in Chapter 7 and their interconnection discussed in Chapter 8.

The chapter then broadened its focus to consider the wider costs of domestic violence to society and the responses from statutory and professional bodies to the needs of women who experience domestic violence.

Over the past 25 years, there have been major changes to the law and the policies which affect these agencies. Changes in practice, however, which depend on organisational culture and individual attitudes, have not always taken place as rapidly. Despite many examples of good practice, responses can be patchy and inconsistent, with women feeling that their needs are not adequately met and their views overlooked. It could be argued (Stark and Flitcraft, 1996; Giles-Sims, 1998) that women experiencing domestic violence are in danger of being re-victimized by service providers who are unwilling to understand their individual needs and see them only as mothers, partners, or as recipients who have failed to take responsibility for themselves or act in the way seen as 'correct' by the service provider. The exceptions to this appear to be the
voluntary agencies which provide refuge and support services. The circumstances in which these services have developed and, in particular, the role of refuges, are further explored in the next chapter.

Notes

1. PSD and BWS (see section 3.8) have been successfully used in courts in North America and in the UK as a defence for women who murder their partners. Raitt and Zeedyk (2000) argue, however, that while syndrome or disorder evidence may well assist individual women it will ultimately operate to the disadvantage of women as a group by pathologising women and working in an individual context rather than as a problem of social inequality and structural disadvantage.

2. Maslow (1987) uses the concept of need in terms of a drive, or motivational force within an individual, which is generated because he or she senses (consciously or unconsciously) a particular lack in their life. The individual, therefore, strives to fulfil this need in order to satisfy the perceived lack. This very specific usage differs markedly from work designed to provide universal theories of human need. As Doyal and Gough (1991) point out, overarching concepts are necessary to inform policies and social progress over a wide field and on a national and international basis. These theories are relevant to ‘optimising individual and societal needs for all’ (Doyal and Gough, 1984:22). However, as Soper (1993) points out, this approach disregards any ‘higher level’ aesthetic, spiritual or moral imperatives. Maslow, on the other hand, is particularly concerned with individual human beings and the forces which motivate, or drive them, to satisfy higher needs. Critics of Maslow’s ideas (Doyal and Gough, 1991; Trevithick, 2000) have argued that they are over-simplistic and that, at times, the suggested levels of need are in conflict. They point out that, for example, a mountain climber may set aside considerations of personal safety, or a creative artist ignore physiological needs to create their personal vision of art. Maslow does, in fact, address this criticism, recognising that one drive or need may be more powerful than another at a particular moment – he points out that the need for esteem may replace the need for love, or a creative urge over-ride considerations for food or rest.

3. The study was published in Finnish, but a translated copy has been emailed to me by the authors and is listed in the bibliography. Costs have been calculated on the exchange rate as at October 2002.

4. This was before the general advent of specialist police units for domestic violence. It is possible that the situation may have now improved.
5. The most recent survey on the introduction of policies, protocols and guidelines (Barron, forthcoming 2004) does not, however, paint an encouraging picture. Although Primary Care Trusts had made progress in these fields and in offering training to staff, she found that Hospital Trusts were much further behind in their progress.

6. This concept is not limited to women experiencing domestic violence. It can also be used in respect of people with learning difficulties, older people and others in receipt of care (Trevithick, 2000).
Chapter Three: A Safe Place and a Launching Pad

1. Introduction

As the previous chapters have shown, domestic violence is an issue that has only recently been named and definitions and concepts around it are still being debated. Understanding of its impact on the individual, the community and wider society has, however, grown and major shifts in policy and practice have taken place over the past 25 years. One of the most positive and appreciated developments over this period, for women experiencing domestic violence, has been the growth in voluntary services. In particular, given the importance of appropriate housing stressed in Chapter 2 (section 3.6) it is the emergence of safe temporary accommodation in refuges that has played a major part in creating an effective response to domestic violence (Norman Johnson 1995; Dobash and Dobash 1992).

The concept of a safe sanctuary from violence in the home is not simply a modern development. This chapter briefly examines its historical roots before moving to the growth and development of the modern refuge movement. It then focuses specifically on the growth and development of Women’s Aid, in order to provide the background against which the majority of existing research, including the current project, has been carried out. This includes documenting the principles it espouses, the way of working it has developed and the constraints and challenges it faces. An examination of the existing research into the role of Women’s Aid refuges shows that the support, safety and mutual help they provide has been, and is, consistently highly valued by service users (Mullender, 1996). There is, however, a lack of current evidence to show how this model of support, and, in particular, the availability of personal support,
works in practice, to support women and the chapter concludes by delineating this ‘missing’ area of research and the issues that are discussed in the later sections of this thesis.

2. Early refuges

For most of the last two millennia, women have been regarded as mentally and morally inferior to men and as needing to be under the jurisdiction of a male, in the role of overlord, guardian, husband or father, an attitude reinforced by Church and State (Anderson & Zinsser, 1988; Gittins, 1993) in an overall system of legal, social and economic disadvantage, as discussed in Chapter 1 (section 3.5). Violence against them in the home and elsewhere, as indicated in the main introduction to this research, was an accepted social fact. It would seem, however, that there were, at least for some women, a few places where they could find safety from this violence. Both Anderson and Zinsser (1988) and Cohen (1992) indicate that, as early as the 14th Century, magdalenes and convents were not only refuges for former prostitutes, but were used by women escaping violence from fathers or husbands. Pleck (1987) comments that safe houses run by individuals or groups of women existed in both North America and the UK during the 19th Century. It seems likely that, as Anderson and Zinsser (1988) argue, the majority of women accepted their ascribed status, but that some did manage to leave violent situations, either through formally run safe houses or through informal networks. Necessarily, though, documentation of such places of safety is likely to be scarce, since secrecy, then as now, would be essential in maintaining a woman’s safety. If found, because of their disadvantaged status in law, there would have been few, if any, legal barriers to
her being returned, forcibly if necessary, to the abusive situation'. Growth of the legal recognition that would provide some safeguards against this situation for women, particularly married women, has been a slow and painful process which, as discussed in Chapter 2 (section 3.42) is still continuing (Dobash & Dobash, 1979; Gittins 1993; Fox Harding, 1996; Scoular, 1998).

During much of the 20th century, there was a public silence about the whole topic of violence within the home (Pleck, 1987; Hague and Wilson, 1996). There appeared to be no sources of help available for women experiencing domestic violence and no safe accommodation for them. At one period, emergency accommodation provided under part III of the 1948 National Assistance Act normally excluded husbands, but this segregation, reminiscent of the Poor Law and the workhouse, was ended in 1966. As Sutton (1978:577) comments ‘between 1966 and 1971, the only major safe places for battered women were with friends or relatives, or in a prison, a hospital or a mortuary’.

3. The modern refuge movement

3.1. In the beginning

The Women's Liberation Movement which developed in the USA and spread to the UK in the late 60s is often described as the second wave of feminism, the first being the movement of the late 19th and early 20th Centuries (Banks, 1986). It reawakened women's awareness of the ways in which they were oppressed and exploited within a male dominated society and gave a focus to campaigns for change (Malos, 1972). Groups of women began meeting for discussions, local action and to set up informal Women's Centres across the UK. It was as a result of the experiences of domestic violence recounted by large numbers of
women coming to one such centre, at Chiswick, that the first modern ‘refuge for battered women’ was established in 1972 (Sutton, 1978; Miller, 1975; Pizzey, 1974). The group, led by Erin Pizzey, placed domestic violence firmly on the public agenda, gaining massive media attention and helping to put pressure on politicians and agencies to react to the problem. Other refuges began to open, campaigned for by local activists who raised awareness of domestic violence and the need to provide help. In 1974, the first national meeting of Women’s Aid groups was held in London and a national coordinator was appointed. Major differences, however, emerged between groups espousing Pizzey’s philosophy and orientation and those supporting the aims and principles of the Women’s Liberation Movement² (see also Chapter 2, section 3.53, for a discussion of the opposing views on psychological health between these factions). A final rift occurred at the 1975 conference and the majority of the 42 groups present went on to form the National Women’s Aid Federation (Sutton, 1978; Rose, 1985; Ball, 1994; Ross and Bearse, 1996). This has now, in turn, become four national federations, which share the philosophies outlined in section 4 of this chapter. The Chiswick group, later reformed as Refuge, and a major and extremely influential organisation in its own right, has only comparatively recently become an Associate member of the Women’s Aid Federation of England.

3.2. Developments

Despite the availability of increased legal protection, enabling women to stay in their own homes and the changes in housing and homelessness legislation outlined in Chapter 2 (sections 3.4 and 3.6), growth in the provision of refuges
and associated services has continued in response to perceived needs. A broad picture of the current situation, so far as it concerns the Women's Aid Federation of England, is contained in Chapter 5 (section 3). The majority of refuges in the UK are affiliated to one of the Women's Aid Federations, or work closely with them, providing refuges specifically for women of different cultural backgrounds or with differing physical or mental requirements, as well as those of a more generalist nature (see Chapter 5 on service provision). Other refuges exist outside of this framework, run by church or other religious groups, housing associations, charitable organisations and local authorities. These may be similar in some respects to those run by Women's Aid groups, but feel unable to accept and work within the feminist analysis of domestic violence or the concept of services for women provided only by women. Others may have very different ideologies, procedures and support systems. There are still parts of the UK where refuge provision is widely scattered and only one option may be available to women escaping domestic violence. In areas where there is more than one refuge, however, this diversity means that women can choose accommodation and support which best suits their needs and preferences. In considering the various strands of the refuge movement, their approaches have been variously categorised (Davis, 1988; Dobash and Dobash, 1992) as bureaucratic/organisational, religious/philanthropic, therapeutic, or feminist in their structures and values. These commentators have, however, identified that elements of each of these types exist within the others and Davis points out that shelters (refuges) change and adapt following the needs of society and service users and may not necessarily adhere in total to their original ideology. The
concept of a flexible organization, responsive to the needs of its users is particularly relevant when considering the development of Women’s Aid.

4. Women’s Aid

4.1. The early model of support

As discussed in section 3.1 of this chapter, Women’s Aid developed from the Women’s Liberation Movement and its method of working is grounded in the feminist analysis of domestic violence explored in Chapter 1 (section 3.5). This sees domestic violence as one part of an overall system of domination and control which reinforces the secondary and inferior status of women in society (Rose, 1985; Laing, 2001).

Women’s Aid offers an explanation of the problem which is more structural than individual and see solutions in terms of altering patterns of social relationships and improving social provision in such a way that women are more able to determine their own futures. Pahl, 1985c: 27

The groups which developed the first refuges were, therefore, committed both to supporting the individual woman who had experienced domestic violence and to a wider political activism, raising public awareness of the issues around domestic violence and campaigning, as indicated in Chapter 2, for legal, social and attitudinal change at all levels of society. These two aims can, in fact, be seen as interrelated, since information gained from the experiences of individuals will support and inform advocacy which seeks to change systems within society, and these changes will, hopefully, assist other women at a later date.

The feminist analysis of abuse challenges concepts of individual pathology (see Chapter 1, section 3) and victim blaming and, as discussed in Chapter 2
(section 3.53) sees a woman as basically psychologically healthy and able to manage her own life, once she has escaped from the violence to a safe environment, and has been supported in accessing the material resources she needs to help her rebuild her life (Rose, 1985; Dobash and Dobash, 1992; Whelan, 1996). The first priority, then, was the provision of safe accommodation. One of my informants, a refuge worker who had first worked at the Chiswick refuge, before joining Women’s Aid, recalled the early approach:

> When I first got into the refuge movement ...there was a sense of the drama, the excitement, the tension, the ...(brrr). And also there was a certain amount of anti-male feminism around. So it was very important that we whisk this woman away from this man’s clutches and put her in a place of safety.

_Daphne, worker_

The safety of the accommodation was one of the main factors which women commented on in early research as being very important to them (Binney et al, 1981; Pahl, 1985c; Clifton, 1985). Also valued was the practical help and support available; although residents were regarded as equal and independent individuals, it was accepted that they would initially require support to access information that had been denied to them in the past and that overcoming the gender disadvantages inherent in the legal, social and welfare systems might require additional support and advocacy from other women, whether volunteers or residents, who had gained experience of these systems (Rose, 1985). The aim was always, however, to empower a woman to act for herself in reassessing her situation, reorganising, making choices and planning for her future, before moving back into a community outside the refuge (Sutton, 1978; Binney et al, 1981). (Empowerment is disputed both as a term and as a method of working. This subject is discussed in more detail in Note 4 below.)
Of key importance to the way in which support was given was the principle of women working together to support and help each other (Lloyd, 1995; Hague and Malos, 1998). Refuges were run along non-hierarchical and democratic principles based on the practices adopted by the Women’s Liberation Movement (Wainwright, 1979), with participative and consensual decision making which valued all women equally. The first refuges were informal and largely unstructured in their approach. Residents organised day-to-day life, admitted and supported new arrivals and participated equally with workers and volunteers in the running of the project. It was a distinctive feature of the refuges that there were no wardens or housekeepers, since taking responsibility for self-regulation in this way was seen as helping residents to build confidence in their abilities and move away from a position of dependency. Power was seen as shared between volunteers, any paid workers and residents, with no one person in overall control and a mutual sharing of support. (Rose (1985) comments that, at times, it was difficult to distinguish between residents and those who sought to support them.) It is apparent, from early studies of refuges in this period (Pahl 1978; Clifton, 1985) that many women did, indeed, gain strength and self-confidence in this environment. Others, however, clearly preferred some kind of structure, which, while maintaining a collective and participatory approach, protected them against discriminatory criticism, provided some administrative organisation of tasks such as cleaning and an identifiable figurehead.

From this brief outline of the way in which the early refuges operated, it can be seen that the majority of factors identified in Chapter 2 (section 2.4) as helping a woman to recover from the traumatic effects of domestic violence
were a part of Women’s Aid from its inception, but deriving rather from practical considerations and the political and philosophical influence of the Women’s Liberation Movement. The sense of safety, identified almost two decades earlier by Maslow in 1954 and subsequently by Dutton (1992) and Herman (2001) as being the foundation of personal development and relationship with others; giving back control over choices and decisions; valuing and respecting individuals; working together, sharing power and accessing the support of others who have been through the same experience are clearly evidenced. One apparent difference is the lack of any direct mention of emotional support which can, perhaps, be considered as being consistent with an approach based on safety and practical help as being the necessary enabling agents. (The Women’s Aid position on formal counselling was discussed in Chapter 2, section 3.53.) That this type of support was, in fact, a part of the early model of support could, perhaps, be evinced from Pahl’s (1978) description of mutual support between all the women using the centre and from the words of her informants. Clifton (1985) whose refuges employed paid workers, does mention emotional support, but it is not clear if this refers only to the relationships between the women, or if workers were a part of this equation. Oral history is far more explicit in declaring that emotional support was, in fact, a part of refuge life. Discussions with the worker quoted above and with another refuge volunteer from that period (Brown, 2002, personal communication) revealed that they saw it as an integral part of the way of working and as flowing in both directions between women and volunteers/workers as well as between the members of each group.
4.2 Values

Women's Aid statement of its values derives from the period described above. It may vary in the way it is presented and additional factors may be mentioned from time to time, depending on the circumstances of use and the target audience, but can be summarised as follows:

- To believe women and children's experience of abuse
- To prioritise all abused women and children's safety and confidentiality
- To support empowerment and self-help so that women can regain control of their own lives
- To care for the emotional, developmental and educational needs of children affected by domestic violence
- To challenge discrimination and promote equal opportunities
- To provide women for women services

(Turner 1996:9)

This brief statement may appear simplistic in the light of the description in the preceding section; there is no indication of mutual support or power relationships, the type of support that would be provided, or the need to challenge structural disadvantage. It is, however, a statement of basic values, agreed by the autonomous groups which comprised the original Women's Aid Federation and which allows them the flexibility to develop services and ways of working appropriate to the needs of the women who approach them and the availability of financial and other resources.

These values and the feminist analysis of domestic violence were initially problematic as far as working with other organisations was concerned. A model of gendered social disadvantage was being put forward to agencies which
traditionally saw problems as being individually based and solved; men were being rejected as experts/rescuers and women were encouraged to support each other and make their own decisions, rather than being guided by ‘professionals’ (Pahl, 1985c; Mullender, 1996; Whelan, 1996). As indicated in Chapters 1 and 2, many changes in official policy and practice have taken place, which reflect much of the Women’s Aid understanding of domestic violence. Nevertheless, as Mullender (1996) points out, other agencies can still fail to value the expertise and experience of Women’s Aid in joint approaches to working together (see also Chapter 2, section 3.7 for a further discussion on joint working).

4.3 Change and development

Over the past 25 years, as indicated in Chapter 2, there have been major changes in the government approach to domestic violence and to policy and practice among statutory and professional bodies, much of it as a result of campaigns by Women’s Aid and their supporters. This change in attitude has led to the increased availability of funding, but also to an increase in the organisations seeking to secure extra resources for their projects. Over the same period, feminist and other research has deepened our understanding of the social and economic costs to the individual and to society. In particular, the psychological effects of domestic abuse on the emotional health and well being of those who experience it have been explored by feminists working in this field, who have put forward their analyses of the most helpful ways to support recovery. As indicated in Chapter 2, sections 2.4 and 3.53, other feminists have strongly challenged the need for psychological diagnoses, therapy or
counselling in this situation. Other aspects of feminist thinking have also
changed, with a greater understanding of the diversity of women's experiences
and sources of oppression (Chapter 1, section 3.5) and a wider spectrum of
attitudes and approaches to collectivity and individual identity has developed
(Beasley, 1999).

As can be expected of a group described as 'a living movement ... still in the
process of development' (Dobash and Dobash, 1992: 13) Women's Aid has also
changed. The nature and extent of the services provided by groups has
increased and continues to expand, when resources permit, to meet the new
understandings of the needs of women experiencing domestic violence – in
particular, provision for special needs, ethnic diversity, outreach services and
support after leaving a refuge. An outline and analysis of the latest position on
these services can be seen in Chapter 5. As the organisation, at local, regional
and national levels, grows in its efforts to meet these needs, there are complex
administrative and legal demands to meet. Not only do funders who require
additional statistical, budgetary and monitoring information multiply in number
as extra sources of finance are found (Turner, 1996; Hague et al., 2000b) bids
have to be compiled to compete for any available resources and new legislation
carefully considered for its implications and the effect on the work of groups.

The increasing complexity of social and welfare systems requires constantly
updated knowledge and training. The time commitment that this demands has
meant that most projects now have paid workers, possibly with volunteers as an
additional source of assistance and many have a variety of specialist staff
dealing with administration and finance and to work with children, or women
with special needs. The pressures of managing growth and diversity have led,
gradually, to the introduction of hierarchical management structures in many groups, including the English federation itself. (Additional pressures in this respect are likely to have been the demands of funders themselves, who were shown in early research (Rose, 1985; Clifton, 1985) as being irritated and frustrated by the workings of a collective, and the need of groups to utilise skills effectively and act decisively, attributes which Freeman (1984, first published 1970) commented were lacking in collective and unstructured systems). Fears have been expressed, both in the USA (Morgan, 1985; Dobash and Dobash, 1992; Stark and Flitcraft, 1996) and the UK (Malos, 2000; Bondi and Burman, 2001) that all these pressures, together with the provision of state funding, may change the character of Women's Aid refuges and the supportive, non-stigmatizing way of working that they have sought to establish. Not only would this affect the nature of the services that are available to individual women, but that feminist analyses of domestic violence, along with their organisations, and their campaigning nature, would become marginalised. The Women's Aid groups I worked with in this research were all working in different ways on these problems and placed great stress on the prime importance of maintaining the core values expressed earlier and maintaining their position as the leaders in providing services which meet the needs of women experiencing domestic violence. This determination and their concerns regarding the internal and external pressures that they face are discussed in Chapter 7 (section 8).

Although Turner (1996) comments that there is evidence within groups that every effort is being made to maintain collective values, in particular the value placed on all contributions and the need for participative and consensus decision-making, recent research has shown that residents and ex-residents are
less involved in the running and management of the projects. The refuges I worked closely with all had housekeepers to look after the general running of the refuge - and full collectives that include residents are uncommon (Hague et al, 2000b; Warrington, 1999, unpublished report). The expansion in the numbers of paid workers, the development of specialist roles and the loss of shared responsibility for running the refuge represent major changes to the way of working outlined in section 4.1. Despite the determination of the groups I worked with to remain true to the core values of Women’s Aid, there have, nevertheless, been, and continue to be, enormous pressures to change and adapt. It is necessary to ask, therefore, how much of the earlier model of support, so closely related to the new research on trauma recovery, remains? What type of support is available to women leaving a situation of domestic violence and entering a Women’s Aid refuge? Have new aspects of support been incorporated into the framework? How is the service delivered? I next examine existing research studies carried out in association with Women’s Aid to see if there are answers to these questions.

5. Existing research studies

The earliest research studies (Pahl, 1978; Binney et al, 1981; Clifton, 1985) as discussed in section 4.1 of this chapter, showed that women valued the protection of the accommodation, the mutual support and the information they were able to access from volunteers and other residents. Clifton, (ibid), whose research specifically mentions paid workers, also examined the delicate balance between encouragement and advocacy, non directive worker support and mutual self help. These research projects were essential at this time, to show to
policy makers and the general public why refuges were needed, what they did and where existing policies needed to be changed.

Following this early work, funding problems within Women’s Aid at national level, where research projects would normally have been instigated, caused a significant hiatus (Malos and Harwin, personal communications, 2002).

Subsequent research has focussed on particular areas of concern such as housing (Malos and Hague, 1993) interagency working (Hague et al, 1996) funding for refuges (Ball, 1994) and legal protection (Barron, 1990). Within these studies, the support, advocacy, protection and mutual self help offered by refuges has featured strongly, but almost as an accepted factor. This aspect has, however, been incidental to the main thrust of the research and the process and nature of the support has not been examined closely. Charles (1994) examining housing need after a refuge stay, does, however, specifically comment on the need to recover from the traumatic effects of domestic violence and the way in which emotional as well as practical support, was available to, and appreciated by, the residents. More recently, the critical examination by Rai and Thiara (1997) of the specific needs of black women, children and workers in Women’s Aid refuges brings us closer to the area of concern explored by the earlier studies. It looks at the problems and advantages of living in a refuge, the additional needs of service users, the value of safety and of support from workers and residents. It also examines the difficulties faced on leaving the refuge, a topic examined in greater depth by Humphreys and Thiara (2002). However, the study focuses only on the needs of women, children and workers from minority ethnic communities, nor is it intended to consider the refugee stay as a whole.
6. The gap in the research field

Research carried out in the early days of refuge development, as detailed in the previous section, was designed for a specific purpose and it can also be argued that the refuge movement was at a very early stage in its development. Subsequent research around domestic violence has confirmed the value of refuges and gone some way to explaining the nature of the support they offer. It has not, however, looked in detail at the need for personal support, expanded on the way in which support is given by Women’s Aid, some 30 years after its inception, or how, and to what extent, it meets the needs of women who have left situations of domestic violence. These, too, may have changed in response to an increased awareness of the availability of services and the changed social context in which they operate, resulting in an effect on the expectations of women throughout society.

This, then, would seem to be an appropriate time to re-examine the basic work carried out in Women’s Aid refuges and answer the questions posed in section 4.3 of this chapter. As the statistics in Chapter 5 show, there is still a very high demand for refuge accommodation. At the most recent census, in Spring 2003, there were 2786 women in refuges in England and 3609 children (Women’s Aid, forthcoming, 2003). Examining the support these families receive and their perceptions of it may answer some of these questions and lead to a clearer understanding of some of the issues involved in the delivery of support, the constraints and problems encountered and the factors which enhance or detract from its value.
Notes

1. This situation can be contrasted with that obtaining in more public struggles. For escaping slaves in the USA, for example, or resistance fighters in World War 2, safe houses at secret addresses were also a necessity, but there was always a point at which they could emerge and be themselves. Many women in my study accepted that, for them, there would be a need for lifelong vigilance and concealment and some of them had already changed their legal identity to provide further protection for themselves and their children.

2. A more detailed discussion of the differing philosophies and the circumstances surrounding this division, can be found in Sutton (1978) Rose (1985) and Dobash and Dobash (1992).

3. The work and theoretical orientation of therapeutic communities has been studied in depth by Manning (1989).

4. Empowerment has become a ‘buzzword’ over the past two decades, particularly in the field of social and health care and is frequently used without definition or explanation (Shera and Wells, 1999; Trevithick, 2000). At one level, it can be described as a method of working which actively involves service users as participants in a helping process and gives them choices and options over which they can exercise control. These alternatives, however, are frequently circumscribed by what is offered or available and by the agency procedures and resources which set the agenda. In this situation, empowerment can be seen as an empty phrase, disguising a harsh reality (Barry and Sidaway, 1999). On another level, empowerment is envisaged as increasing personal, psychological and political power to enable individuals or groups to take action to improve their situation (Miley and DuBois, 1999)

Macdonald and Macdonald (1999) argue for a more critical examination of the reality of empowerment in whatever sense it is used. They examine what they see as contradictory and utopian aspects of the concept and hold that it cannot simply be considered as intrinsically good and worthwhile. They take particular issue over what they term ‘deep empowerment’ (ibid:51) involving a definition or redefinition of the self, arguing that only the individual can decide what is in their best interests and that this choice will be shaped by experiences and deeply ingrained belief systems which are specific to them. To seek to change this is, in fact, to demonstrate the power implicit in one’s own position and to disempower the individual. ‘To set out to make another free is arrogant and dangerous’ (ibid). In this view, actively to build knowledge and skills which an individual can choose to use as they decide is, ultimately, the route to empowerment.

Since empowerment is regarded as one of the key values of Women’s Aid, it is important to examine how this contested concept is currently understood within the Women’s Aid groups that I worked with. Mullender and Ward argue that empowerment starts with:
a belief that they (those who we work with) have the
ability to define their own problems, set their own goals
and take their own action for change.

(1991:2 the italics are my explanatory addition)

This belief can be contrasted with the concept of ‘learned helplessness’
discussed in Chapter 2 (section 3.8) and the idea of ‘victim status’ in
section 4 of Chapter 1) and reflects the Women’s Aid view outlined in
Chapter 2 (section 3.53) and this chapter (section 4.1). This sees women as
competent and capable of living independently, given a safe environment,
information and support in accessing resources. Workers who participated
in the current research saw themselves as empowering women by working
in partnership with them, helping them to access resources and information
(Chapter 7, section 4.22) and supporting them in acquiring the necessary
skills to take their own decisions and to handle the situations they would
meet on leaving the refuge. However, as Kelly and Humphreys comment,
‘empowerment is a process which takes time’ (2001:247) and, like the
earlier refuge workers (this chapter, section 4.1) they appreciated that
additional support and advocacy might initially be necessary, because of
the disadvantages women faced in accessing the legal, social and welfare
systems. The way in which personal support, information giving, coaching
and advocacy worked together to support women in gaining the skills to
help themselves is outlined in Chapter 7 (section 4.23 and Note 3).

This attitude would appear to be in line with that advocated by Macdonald
and Macdonald (1999) – providing the knowledge and skills so that service
users could decide on actions for themselves. There is, however, a further
aspect of Women’s Aid to be considered – the feminist analysis of
domestic violence and the political activism which has campaigned for
legal, social and attitudinal change around this issue. The majority of the
workers who spoke to me were committed to this viewpoint and it was (as
indicated throughout Chapter 7) the driving force behind the way they
worked and their attitude towards service users, but there was no sense that
these were imposed on the women in the refuge, nor were they discussed at
house meetings. Changes in self-perception did, however, develop
(Chapter 7, section 6) but these arose from discussions between the women
themselves and the insights they gained from each other and within
themselves.
Part II : The Research Study

Chapter Four : Aims, Perspectives and Methods

1. Introduction

Chapter 2 explored the physical, emotional, social and economic costs of domestic violence to the woman who experiences it and discussed the theories of human need, trauma and loss, which can be used to inform approaches to her support. It briefly examined the far reaching changes in policy which have taken place over the past 25 years, the changes in the provision of services for women experiencing domestic violence, and the limitations of both. The chapter also indicated (section 3.9) that it is still the voluntary agencies and, in particular, the refuges set up at the beginning of this period by Women’s Aid, which are the most highly regarded by service users. It is also an organisation whose experience and knowledge is acknowledged and appreciated by other voluntary and professional organisations (Victim Support, 1992; BMA, 1998 and others). In Chapter 3, the history and modern development of refuges was traced, focussing in particular on Women’s Aid and the values developed from its roots in the Women’s Liberation Movement. This chapter also outlined the early research into the needs of women escaping domestic violence and the service provided by Women’s Aid groups, which was designed to underpin campaigns for social and political change. It argued that research should now be directed to re-examining refuge support services and the experiences of past and current service users. Such an examination would need to establish the current role of Women’s Aid refuges, the range of support they provide and the approach to service delivery. As indicated in the introduction to this thesis, the
research was also designed, in part, to examine evidence for the continuation of these services under the provisions of the ‘Supporting People’ programme.

This chapter sets out in more detail the aims and objectives of the present research, the perspectives which informed it, and the methods used to carry out the research and subsequent analysis. Research in the domestic violence field, particularly that which seeks to explore personal experience and perceptions, must be regarded as a highly sensitive investigation (Lee & Renzetti, 1993) and although ethical dimensions are touched upon throughout the chapter, the specific concerns that this research field raises about ethics, the duty of care and the meaning of informed consent are discussed in a discrete section (section 9).

This research study was initiated jointly by the Domestic Violence Research Group (DVRG) at the University of Bristol and the Women’s Aid Federation of England and approved by the Economic and Social Research Council (ESRC) as a collaborative (CASE) studentship. It is relevant to the content, aims and objectives of the research and to the selection of theoretical perspectives (see section 3) that a CASE studentship is designed to explore a problem or research area with the aim of producing knowledge that will be of practical use to the collaborating body, as well as fulfilling the academic requirements of a PhD (Bell and Read, 1998). In this particular instance, although the national office of the Women’s Aid Federation of England was one of the partners initiating the research, the fieldwork was to be carried out within local, and autonomous, Women’s Aid groups. As members of the Federation, they were also thus regarded as collaborative partners in the project. Their requirements - for knowledge that had practical application to their local situation - differed from the wider concepts of the national office and were related to the immediacy of
their work with women. As the research progressed, they also saw opportunities to use the information to influence local policy makers. The differing needs, expectations and power relationships of these stakeholders (local groups, the national organisation, the university and the researcher) posed difficult dilemmas for me as a researcher, requiring negotiation and constant reflexive awareness throughout the entire period of the research and particularly during the fieldwork, where the needs and expectations of the residents and ex-residents were also an important factor. Not least of the dilemmas has been the selection, marshalling and presentation of data in appropriate and accessible ways for each of these constituencies, as other researchers working with external partners have commented (Roberts, 1981; Kelly et al, 1994; Williamson, 1999; McLeod 2001a). Other aspects of this situation are explored in appropriate sections of this chapter and specifically in section 4.

2. Aims and objectives of the study

The purpose of the study was to return to an area of research last explored in detail by Binney et al (1981) and others some 20 years ago; the support provided in Women’s Aid refuges for women escaping domestic violence. Its aim was to examine the nature of this support and its value to service users. The objectives and specific areas for consideration which flowed from this were:

- To establish the range of services being provided and the extent of provision.
- To examine the nature of the work carried out with women in refuges and the way it is implemented. Women’s Aid, as a movement, aligns itself with
a specific set of values (Chapter 3, section 4.2). How far does this influence
the way in which services are provided and is it relevant to the way service
is perceived?

- To ascertain the views of present and past service users on their experiences
  of support. This would include an examination of what support was
  available and how it was delivered, problems and difficulties encountered
  and an enquiry into any unmet needs. The research would also seek to
  establish if there are times when specific types of help are paramount and
  also establish if needs have changed since the early research of the 70s/80s.

The aims and objectives of the research as outlined above were provisionally
formulated by the initiators of the research before the opportunity was
advertised. They were then modified in discussions with my advisors in the
DVRG and the Women's Aid Federation of England. As discussed in more
detail in section 5.3 of this chapter, they were further developed in a widespread
consultation process within Women's Aid. This included consultation with the
groups which were to form the focus of the subsequent field work. Each of
these case study groups had particular questions that they wanted the research to
address. These were established at the relevant stage of discussions on field
work, incorporated into the research and reported on after the completion of
each study (see sections 8 and 9.2 for further comments on this process). This
iterative and consultative process is characteristic of the theoretical and
methodological perspectives which informed this research (see section 3).

The study does not aim to achieve a classic ‘goal-based’ evaluation of refuge
support services (Patton, 1990; Sinclair, 2000), describing specific interventions
and outcomes and measuring them against clear values and criteria. As already
indicated in Chapter 3, Women's Aid does have very clear core values, but each group demonstrates those values in its own way, within the context of its history, location and resources. Services may be added, developed or closed down in line with the expressed or perceived needs of service users and physical or financial constraints (Ball 1994). There are, therefore, no universal criteria against which services can be evaluated. However, as Sinclair (2000) points out, a clear and careful description and analysis of a service, if possible from a variety of points of view, can be considered to form an evaluation and can be of use in informing action or increasing effectiveness. It can also become a 'marker' for future evaluations.

3. Theoretical perspectives

3.1. General considerations

The choice of a research perspective, which will direct the research design, ethics and methods used, can be regarded as an inherently political one.

Research styles are not neutral or interchangeable: they embody implicit models of what the social world is like or should be like, and of what counts as knowledge and how to get it' (Sapsford and Abbot, 1996:335).

Such a perspective should also, ideally, be one that is relevant to the researcher's own experiences and way of working (Mason, 1996). I would argue, additionally, that, particularly for CASE students, compatibility with the values espoused by the sponsoring organisation is likely to facilitate the research process and the acceptance of its outcomes. For Women's Aid, these values are expressed in a commitment to collaborative, non-hierarchical, working and mutual respect and support, to a feminist analysis of domestic violence and to campaigning actively for social and political change. My own
experiences and working methods, discussed in section 4 of this chapter, has led me to a similar perspective. Taking all the factors outlined above into account, I felt that the most appropriate orientation to the research was that of action research, informed by feminist research practice. These two perspectives share a common understanding of the political aspects of knowledge production and a commitment to changing oppressive social, political and economic structures (Greenwood and Levin, 1998; Park, 2001). They can be seen as 'powerful allies' (Maguire, 2001:66) both in these respects, and in their approach to issues around power and control, transparency and reciprocity in the conduct of the research. They also lend themselves to an inductive research method, where the theoretical questions emerge in the course of the research, rather than to one based on hypotheses to be proved.

3.2. Action Research

Action Research has come to be used as an overarching term of reference for a whole range of research approaches and practices, including action inquiry, co-operative inquiry, participative action research and others. They have in common a world view of 'human beings co-creating their reality through participation, experience and action' (Reason 1994:206) and of research that is participative, grounded in experience and contributing to social action (Reason and Bradbury, 2001). The researcher is fully a part of the research process in common with the participants, rather than an objective observer. This approach has often been summarised as research with and for people, rather than on them (Reason 1988a, my emphasis). This can, perhaps, be seen as an oversimplification of a complex way of working, given the differing needs and
power relationships of the various stakeholders detailed in section 1 and the
issues around collaboration, design, access, participation and ethics which stem
from action research and are discussed in the remainder of this chapter.

The model of action research that I have used is that of participative action
research (PAR). This is based on genuine and open collaboration in the
research process, stresses the value of lived experience and aims to produce
practical knowledge which is directly useful to the participants (Reason, 1994),
together with an increased awareness, for them, of their own situation.
Participants and researcher (if this is someone from outside the group whose
work or experience is being researched) are involved in establishing the
research area and design, priorities and methods, in reflecting on the progress of
the research, in changing methods, evaluating, re-evaluating and ultimately in
the assessment and utilisation of the outcomes. Not all those concerned will
wish, or be able to take part in the research in the same way (Heron, 1981;
Reason, 1988b) but there should be open acknowledgement of the extent to
which each partner is involved and a general understanding of all the aspects of
the research. In this project, as discussed further in section 9.5, there were, in
effect, three levels of participation: from those involved in the early
consultations and workshops, from workers who contributed to the design and
execution of the fieldwork and from the residents and ex-residents of the
refuges. Their degree of participation, input and awareness of the outcomes
varied, but for all of them there was a full explanation of the research and clear
acknowledgement and appreciation of their involvement.

Two aspects of PAR, touched on briefly in the preceding overview, are of
particular importance in their impact on this project, and recur throughout the
remainder of this chapter. The first is the iterative nature of the collaborative process. Sometimes referred to as a ‘spiral’ (Marshal and McLean, 1988; Fals Borda, 2001) this describes the cycle of discussion, activity, reflection and evaluation, change and re-evaluation, which develops both practice and understanding within the collaborative partnership. This feedback and change mechanism can be seen as operating throughout the process of this research, both at the local level and in the wider consultative discussions within Women’s Aid (sections 5.3, 8, 9.5) resulting in an approach to the research which was constantly under review and reflection.

The second aspect is the commitment to the production of practical results by working together to identify, improve or change local situations (Swantz, 1981; Fals Borda, 2001). This drive for social and political action and change has been particularly notable in research among less developed countries (Swantz and Vainio-Mattila, 1988; Fals Borda, 2001) but has also been effective among groups of disadvantaged people within mainstream societies (Whitmore, 1994; Hall, 2001; Lewis, 2001).

The use of PAR as a force for change is not simply confined to a local sphere. As Whitmore (1994) points out, practitioners also see themselves as committed to ‘working at a broader level, taking action to try to change the larger political, social and economic structures which oppress us’ (ibid:97). The influence of this research project on changes and action at local and national levels, up to the present date, is discussed in sections 9.2 and 9.5 of this chapter, and, in section 4, I look at some of the implications of being a part of this process for the researcher.
3.3. Feminist research practice

As feminist scholarship has grown, much of its focus has changed from maintaining direct links with feminist activism to complex and challenging discussions on the nature of feminist epistemology (Oleson, 1994; Maguire, 2001). While this work adds to our understanding of the different viewpoints and diversity among feminists, it has been criticised (Maguire, ibid; Maynard, 1994; Kelly et al, 1994) for being inaccessible and abstract, without the firm links to pragmatism and praxis which have often been regarded as the bedrock of feminism. Kelly (1988:5) characterised feminism as both ‘a mode of understanding and a call to action’. From this viewpoint, there is a clear consensus on the overall purpose of feminist research:

To centre and make problematic women’s diverse situations and the institutions and frames that influence those situations, and then to refer the examination of that problematic to theoretical, policy or action frameworks in the interests of social justice.

Oleson, 1994:158

In the context of domestic violence, it is this concept of a call to action, for research leading to practical action and to campaigns for change, which, as detailed in Chapter 3, has informed and guided the development of Women’s Aid.

The term ‘feminist research practice’ (Kelly, 1988:6) is helpful in indicating the mindset, rather than the methods (which are not, in themselves, specifically feminist) adopted to achieve this purpose. Because of the understanding of exploitation and control gained from the Women’s Liberation Movement, and discussed in Chapter 3, feminist research practice is particularly concerned to be seen to be aware of issues of power and control and to work with research participants (Harding, 1987, Bograd 1988, Kaspar, 1994). It lays stress on
ethical considerations of care, informed consent, the rights of participants, who are regarded as the experts in the knowledge of their own lives (Rosalind Edwards, 1993; Glucksman, 1994) and the sharing of information. Hence this model of research sees the participants as sharing their experiential expertise with the researchers and as capable of giving informed opinion, rather than merely providing information.

3.4. Collaboration and originality: areas of difficulty

Sapsford and Abbot (1996) have argued that no partnership can be fully collaborative and that such a concept can only be a pretence, masking the fact that it is the researcher who controls the research process and subject. The power of knowledge, therefore, remains with the researcher. This argument relates to the power to direct the research rather than the power relationship between the researcher and the individual participant, which is among the ethical considerations discussed in section 9. It cannot be denied that, in many cases, it is the researcher who has 'the time, resources and skills to conduct methodical work, to make sense of experience and locate individuals in historic and social context' (Kelly et al, 1994: 37). The argument fails, however, to take into account that, in participatory action research, two kinds of expertise exist side by side – knowledge gained from specific life experiences, and taught knowledge (Swantz and Vainio-Mattila, 1988). Both are needed in equal measure and it is the collaborative exchange and translation of information between the partners which is the dynamic which creates an outcome.

A further difficulty which derives from using a participative and collaborative method of research, is the extent to which the work can be regarded as an
individual contribution to knowledge. I would argue that it is the creative and interpretative skills of the researcher, together with their taught skills and acquired knowledge, that gives a liberating voice to the counterpart knowledge of lived experience and expertise. Although the research is genuinely participative, it can, in these terms, be regarded as an individual contribution.

4. The researcher as participant

Qualitative methods have been criticised as lacking in scientific rigour (Hammersley and Atkinson, 1995; Patton, 1990) with one of the major criticisms being that the values, perspectives and life experiences of the researcher are liable to bias the interpretation of data and distort the outcomes, through lack of objectivity. Researchers who espouse genuinely qualitative methods of working argue that research can never be neutral, value free or objective. In this view the researcher becomes their own research instrument (Punch, 1994) and their involvement becomes part of the data to be gathered. As West (2001:128) puts it ‘it is through our very humanness that we can understand other humans’. This involvement requires not only that the researcher is constantly aware of their own beliefs, experiences and reactions (McLeod, 2001a) but that these be made explicit and acknowledged as an influence on the research (Harding, 1987; Janesick, 1994). This involvement in no way diminishes the need for a rigorous, critical and accurate approach to the research (Gelsthorpe, 1992; Maynard, 1994) but rather invites an open discussion of every aspect of the process and outcome.

My own involvement in the subject of domestic violence stems from personal experience as a child and young adult during the 1950s and 60s. This has led to
an acceptance, on my part, of the feminist analysis of domestic violence. Understanding of its impact and prevalence deepened during my training and subsequent practice as a Relate counsellor for five years. My theoretical perspective as a counsellor was person centred, an approach which emphasises the interdependence of human beings and their ability to change and develop in a positive manner. The client is the expert, the counsellor participates with them in exploring their reality (Hawtin, 2000). It is these twin strands of personal experience that specifically underpin the perspectives that I have chosen for this research project, as discussed in section 3.1.

Experience and understanding which influence the approach to research are also gained through career paths and academic studies. As a senior personnel manager in a national company, I developed expertise in communication and motivation within the working community. From this, during a period of ‘downsizing’, I learned the importance of meeting basic needs for security, a sense of belonging and of self-esteem, before colleagues felt able to look beyond these needs and put their efforts into meeting the demands of the company. I further developed this interest in community relationships when, as a mature student, I worked with Cruse – Bereavement Care, to determine the extent to which communities supported those members who had experienced the death of a significant other.

The totality of these experiences and beliefs influenced my approach both to the research, and to my collaborating partners. During the fieldwork, however, although I was happy to offer self-disclosure when this seemed appropriate, my aim was to provide a space for women to voice their own thoughts and personal insights on their experiences, not to influence what they might wish to say. It
was in reflecting on the first tranche of these interviews, that I came to
understand the overwhelming nature of the multiple losses which they had
sustained and was able to postulate a connection to my previous work in loss
and trauma at both Relate and Cruse and the bereavement models put forward in
Chapter 2 (section 2.5). This concept was then shared within the participative
process referred to earlier, and developed throughout the remainder of the
research.

It was clear from the analysis that certain factors were constantly mentioned
by women and workers as being significant in helping them to rebuild their
personal lives. The clue to understanding the relationship of these factors to
each other, and to the support needs of women, occurred at a late stage of the
research and again came from reflecting on the voices of women – particularly
that of Helga, who faced the stark choice between shelter or safety (Chapter 7,
section 3.2). Linking this to personal experience, as described above, I was able
to see that, for my informants, the traumatic effects of domestic violence had
removed their sense of personal safety and reduced their needs as human beings
to the most basic level of survival. I then related this to the organisational and
motivating theories I had worked with in my previous career and, at a later
stage, to the feminist and other theories of trauma and recovery discussed in
Chapter 2 (section 2.4). This discussion of the way in which my beliefs, skills
and life experiences interacted with those of my informants to influence data
analysis and theory generation, demonstrates, as discussed in section 3.4 of this
chapter, the creativity which can be generated by collaborative research.

Research is not carried out in a vacuum. As Swantz and Vainio-Mattila point
out (1988:141) 'whether those involved want it or not, research is a political
action'. This, they argue, is valid whether there is active political action on the part of the researcher or whether the research process alone provides the information and knowledge needed for action to take place. By selecting the theoretical perspectives outlined in section 3, I have associated myself with this aspect of research in general. More specifically, I was working on research that had been commissioned and partially funded by the Women's Aid Federation of England, whose political background, aims and campaigning activities were discussed in Chapter 3. Their objective in so doing (section 1 of this chapter) was to examine the services they provided, in order to retain or increase funding for the support work carried out by its constituent groups, under new government proposals. Hence, there was a political aspect to this research from the outset.

In the introduction to this chapter, I discussed the problems of balancing needs, expectations and power relationships within the research. Political considerations then added an extra dimension to these issues. I saw myself as linked to, but not of, Women's Aid - a distinction which was not always fully appreciated by the collaborative funding partner and a circumstance which made it difficult, on occasion, to stick with the original research objectives and not 'be hijacked by the agendas of others' (Marshall and McLean, 1988:201). There was never, however, any implication of influencing the outcome of the research, or pressure to hasten findings in order that they could be used to lobby for change or for other political reasons. Nevertheless, where my early research findings clearly provided evidence supporting this type of activity, I saw it as part of my responsibility to the organisation to offer this information. In particular, data on the distances travelled by women to their refuges (Chapter 6,
section 3.2) was used to support the case for extending cross-authority support for refuges beyond areas adjacent to their own. In addition, evidence on women's need to feel safe within a refuge was successfully presented at an Industrial Tribunal, in defence of all-woman staffing. This last may well have significant implications for Women's Aid nationally.

This research has produced information and knowledge that, in the spirit of participatory research, needs to be shared. The use that local groups have made of it is discussed in section 9.2 of this chapter and both current and future dissemination is outlined in Chapter 9 (section 5). As researcher and participant in action research, I feel that I have a responsibility to ensure, with others, that this dissemination takes place, so that the information is placed in the public domain, although I cannot predict the uses to which it may then be put. In particular, there is a responsibility to make known the views of the only group of participants who are unlikely to take this action on their own behalf – the individual women who spoke to me about their experiences.

5. The research design

5.1. General considerations

The aim of this study, as outlined in section 2, was to examine the support available to women in Women's Aid refuges. The objectives supporting this aim included examining the range of services and the extent of provision, the nature of the support and how it was delivered and to comment on any problems, difficulties and unmet needs. It was also intended to compare findings with those of early research in this field. To make this comparison as valid as possible, it would therefore be helpful to work along similar
methodological lines, providing that this would enable the other objectives to be met.

The first major survey of refuge provision (Binney et al, 1981) which, in addition, focussed on the provision of longer term housing for women escaping domestic violence, used postal questionnaires to obtain details of accommodation and service provision from refuge groups. This was supported by extended interviews (one and a half to two hours in length) with 656 residents. The interviews were carried out by means of pre-coded questionnaires, but allowed space for verbatim comments. A follow up interview of a representative sample of these women (60 in total) was carried out some 18 months later. The other significant pieces of research in this area (Pahl, 1978; Clifton, 1985) were on a much smaller scale and conducted by researchers into refuges with which they had been personally involved since their inception. There was, therefore, a degree of participant observation and both formal and informal data collection for both studies. In Pahl’s 1978 study, this was supported by formal interviews with 25 residents, with follow up interviews two to three years later (Pahl, 1985c). Her interviews were tape recorded, and the results transferred to questionnaires for analysis. She also interviewed, less formally, nine workers whose comments were transcribed verbatim. Clifton (1985) used follow up interviews with 29 former residents, which were carried out by a research worker. These two reports, therefore, would appear to be in the nature of case studies, using multiple sources of evidence to examine a topic within its context (Yin, 1994).

Surveys by post, and occasionally by telephone, are now carried out on a regular basis by the Women’s Aid Federation of England to establish the range
and extent of service provision by its members. These are collated at the national office to provide statistical information and inform policy making. This largely unpublished information was made available to me and the way in which this has been utilised is discussed in section 5.2 below. These figures have been analysed in Chapter 5, which also compares them with the responses produced by Binney et al (1981).

To access and interview large numbers of women currently in refuges was not a feasible option, given the time and resources available. Nor would this have enabled me to study the nature of the support given to individual women within the context of the refuge setting. It would also be virtually impossible to involve workers and residents in the research in any meaningful way, thus losing the opportunity to draw on their experiences to add to other sources of evidence. It seemed, therefore, appropriate to carry out a small number of case studies to examine in depth what support was given, how it was provided and to ascertain the difficulties, advantages and any unmet needs. Carrying out this research within the refuge would also enable some form of observation to be carried out, offer opportunities for informal discussions and the influence of the Women's Aid values to be assessed. This method would facilitate the understanding of support in its broader implications, the way in which it was integrated into the refuge context and permit the use of multiple methods of data collection, similar to those used by Pahl (1978; 1985c) and Clifton (1985). As Yin argues (1993:3) 'the case study is the method of choice when the phenomenon under study is not readily distinguishable from its context'. The way in which the case studies were designed and the selection of the groups involved is discussed in sections 5.3 and 5.4.
5.2. Survey data and analysis

The Women’s Aid Federation of England carries out general surveys of accommodation on an annual basis, but in 1998/9, a more detailed assessment of all types of service provision by Women’s Aid groups in England was carried out at the request of the DETR (now DTLR). This covered services provided to women in refuges, together with outreach and aftercare, advice centres and helplines. These data were analysed at the national office to produce basic statistical information and a report for the commissioning body (Women’s Aid, 2000, unpublished). It was originally intended to reanalyse this data to produce a picture of service provision at that time. However, a further comprehensive survey was carried out in January 2003 and it was decided additionally to utilise this data in order to include the most recent figures available and be able to compare details if this seemed relevant. Selected sections of these results are discussed in Chapter 5. Initially, I had hoped to supplement this analysis with information from a documentary analysis of annual reports from all affiliated members of the federation. However, due to varying dates of production and the logistics of collection, this was not possible.

5.3. Case study design

As discussed in section 5.1, the quantitative data of the survey needed to be set within the context of the refuge and given substance and depth by case studies. These would generate an understanding of how services were delivered and the perceptions of past and present service users on the services they received and the value to them of this support. Given the decision to use a participative approach, the design of the case study work was done
collaboratively, using the iterative process outlined in section 3.2. An initial feature in the Women's Aid newsletter produced responses from individuals and groups. These were then contacted, either for face to face discussion groups, email consultation, or by telephone. Their comments and ideas were used to further define the aims and objectives of the research, the way it should be approached and to assist in the drafting of topic guides and information sheets. These were further refined by discussions at a workshop at the Women's Aid national conference (July 2000). Those who attended worked in a variety of service provision areas, including refuges, outreach and aftercare and came from a diversity of cultural backgrounds and locations across England. Much of this input came from women who identified themselves as current, or former, service users. Feedback, passed to me by the conference organisers, showed that the participants felt the research would be of practical use to them and that they had gained a greater level of awareness from considering these issues as a group. Each of the groups which had agreed to participate in the case studies took part in more focused discussions on the objectives and methods envisaged, so that issues of particular concern to them could be addressed within the context of the overall research study. It also enabled full discussion of how and when the work was to be carried out, tailoring it to the physical resources of the group and their preferred ways of working.

5.4. Selection of case study areas

The total number of case studies was limited to three after discussion with my advisors. To include more groups would not have permitted the detailed
analysis included in Chapter 7, given the time scale of the research and the fact that it was to be carried out by one individual. Although this clearly limits the generalisability of the results, it can be seen from section 8 of this chapter and section 3.2 of Chapter 9, that efforts have been made to counterbalance this by drawing on wider experience from within Women’s Aid. Selecting a smaller number of groups would have severely limited the variety of setting and the background from which my informants were drawn. Among the respondents to the original feature article were several groups who volunteered themselves as case study areas. These were evaluated to assess their suitability before two of them (Penzance and Birmingham) were recruited onto the programme. A third case study area (eventually York) was then deliberately sought to provide the widest possible range of settings and an opportunity to see if findings could be replicated in all of the case studies (Yin, 1993). These included the use of urban and rural catchment areas, geographical location, varying socio-economic and demographic characteristics and the services offered by the refuge. Profiles of each group are contained in Chapter 6 (section 2). Explicitly specialist refuges were excluded because of the additional cultural and social factors which would need to be taken into account. (See Rai & Thiara, 1997 and Batsleer et al, 2002 for a fuller discussion of these and the dilemmas facing women from minority community groups in choosing to go to a specialist or general refuge.) The case study refuges included one serving a variety of minority community groups and these groups were also well represented in the workshops which helped to shape the research. As a result of one of these, a specialist Asian refuge (Roshni) contributed valuable additional information to the study in a two-hour interview.
6. Access

Women's Aid, and other women's groups working in the field of domestic violence have always been extremely sensitive to being 'used' or exploited by outsiders, including academics, or those who may not be in sympathy with its ideas and values (Pahl 1978; Hoff, 1988; Bergen, 1993; Shepard, 1999). A number of the groups and individuals who contacted me expressed similar apprehension and uncertainty over becoming involved. For some, recent and past experiences had made them extremely wary of giving access to researchers, both in the interests of their residents and of the organisation at national and local levels. Early researchers (Pahl 1978; Clifton, 1985) had already been involved in a refuge, or group of refuges, and this seems likely to have assisted them in negotiating access. Although I had worked on previous research projects connected with domestic violence (Humphreys et al., 2000; Hague et al., 2000b) I had had little direct contact with refuges and was not a known worker in this field. A recommendation from the national office and the fact that the DVRG had worked with Women's Aid for many years was a positive indicator, but only a starting point in negotiating access.

Initial interactions are crucial in building trust and rapport and establishing open and genuine communication to enable the research to be effective (Janesick, 1994; Shepard, 1999). Women's Aid groups needed to meet and talk to me to be sure that they would feel able to work with me and be confident in my personal style, motivation and research abilities (Hammersley & Atkinson, 1995; Hornsby-Smith, 1993). In addition, given the fears expressed earlier, they needed to satisfy themselves that the research would not be exploitative and that it would be of use to them as well as to the Women's Aid Federation of
England. It was also necessary for them to consider the resources they would need to provide in order to work as partners in the research process. All the groups, whatever their organisational structure, operated on a consultative basis and visits, meetings, negotiation and considerable adjustments were needed to consult, discuss and reach a consensus decision on whether I should be invited to carry out the research, how it should be carried out and the questions they wanted answered. This stage also included the workers discussing the proposed research with residents at house meetings and clarification of expectations among all the participants. In the event, this first phase, including developing and modifying the research design, lasted for periods between 4 and 12 months. It was, however, critical in establishing mutual confidence and understanding which developed further during the longer visits when the research was carried out and in subsequent "feedback" visits.

Crucial to the development of this base condition was maintaining a congruent approach—open, genuine and consistent—to all the people I was working with (Hawtin, 2000). This was particularly important once the initial access had been agreed and the field work commenced. The research had been discussed with the residents before I arrived, they had been given written details of what would be involved and invited to participate if they wished, as detailed in section 9.3. However, the temporary nature of the accommodation meant that some of the original residents would have moved out and new families arrived. Since my visits extended over a week at a time, I was able to be present in the refuge for long periods during the day and evening. This enabled residents, as well as workers, to talk to me informally and to decide for themselves if they wished to take part in the research, or to withdraw, if they
had previously accepted the invitation to participate. Access to residents, therefore, although initially mediated through refuge workers, was also directly available during my visits. Contact with ex-residents was also made through the refuge but was markedly less successful. These difficulties are discussed further in Chapter 6 (section 3.4).

7. Methods

As discussed in Chapter 3, the major, detailed, research studies in this field were carried out in the late 1970s and early 1980s, to establish the need for refuge provision and to facilitate campaigns by Women’s Aid, at national and local levels, around legal, political and social change. The approach was practical in nature and based on the principles of the Women’s Liberation movement. No theories on the way support was utilised had been advanced in this period. The aim, therefore, for this research project, was to use an inductive approach with an open brief, enabling conceptual and theoretical constructs to develop as the work progressed (Patton, 1990; Mason, 1996). An analysis of documentation was carried out early in each research period, to enable familiarisation with the policies and procedures used in that particular refuge, gain an understanding of their approach and identify additional fields for exploration. It also provided an opportunity to gather basic statistical information (where this was available) without imposing additional burdens on administrators.

Concurrently, semi-structured interviews were carried out with residents, former residents and workers directly involved in working with women. Additional interviews also took place with specialist workers such as child
support and counselling, volunteer staff and managers. In the event, a number of interviews were also held with workers not directly linked to refuge work (Family Support, Helpline workers etc) and with management committee members. These interviews were intended primarily to facilitate the production of a comprehensive report for use by the Women’s Aid group concerned and, as such, were not directly relevant to the main objectives of the research. It did, however, provide a different perspective on the refuge work and an overall picture of the group. Further details of the composition of all these groups is contained in Chapter 6 (section 3).

Semi-structured interviews had been chosen as the main method of gathering information. These were seen as providing a flexible structure to enable participants to reflect on their experiences of support, both positive and negative, and enable subjects that were important to them to be explored (Graham, 1983; Tannen, 1992) whilst ensuring that the areas which had been identified by the collaborative process were covered. All those involved were encouraged to think broadly about issues and how they might affect other women as well as themselves. Interview timing was flexible, but lasted, in general, between 45 minutes and 1 hour. They were held in rooms at the refuges, in three cases in resident’s rooms (by their choice) and one former resident was interviewed at home, again, by her choice. The timing was arranged to fit in with their schedules and could be (and was regularly) changed as necessary to cope with unforeseen events. Interviews were tape recorded except where this was not acceptable to the participant and an interview with one woman who was not able to communicate verbally was carried out in writing, signs and paraphrasing. (Workers were not sure if her speech had been
affected by the trauma of domestic violence, or some other condition, but were confident that her other faculties were unimpaired and she was eager to be included in the work). As Yin (1993) points out, although the main unit being considered was the refuge, workers, managers, past and former residents have different perspectives within this framework and different questions, bearing on the same issues are therefore required. Copies of these different topic guides as used for the last case study are at Appendix 1.

Because of constraints of time and availability, some later interviews were conducted by telephone, with informed consent (see section 9.3) having previously been obtained. Sykes and Hoinville (1984) found little difference in results obtained from face-to-face interviews compared with telephone interviews, even on sensitive topics, and certainly the written feedback (see section 9.5) from my telephone interviews was extremely positive. However, their research was in respect of a quantitative survey of social attitudes and these findings may vary substantially in a qualitative interview, particularly one carried out in a manner compatible with feminist research practice. I found that the lack of non-verbal indicators (Goffman, 1959) in these interviews was very disconcerting and a considerable barrier to establishing rapport and to ascertaining when more probing would be appropriate.

The use of focus or discussion groups had been considered as a method of collecting data, but this was rejected at an early stage by the research participants because of the physical problems of bringing women together at a set time and also because it was the individual perspectives, rather than group dynamics, that would be more relevant to the project. However, research at each refuge was carried out over a period of weeks and enabled workers and, in
 communal refuges, residents, to become accustomed to me. This resulted in prolonged direct observation, informal discussions and additional feedback. Women, workers and volunteers, in becoming more relaxed about talking to me, added comments and insights to their original interviews in one to one exchanges and in groups. These exchanges and general impressions were recorded in field notes. Although I performed small tasks to assist workers and volunteers, and was accepted and included in general conversations by residents, this could not, in my view, be regarded as participant observation. Not only did I lack the experience and training of the workers and volunteers, I could not fully participate in the world of the residents (Patton, 1990; Mason, 1996). This was clearly brought home in this excerpt from my field notes:

Liz (resident) ‘You off now, then?’
Me ‘Yes, down to the station’
Liz ‘It’s alright for you. You can go home. We can never go home’

Data was therefore collected using a variety of methods and from differing sources within each method. These sources reflected the viewpoints and experiences of women from widely differing ages, backgrounds, life histories and roles. This layering of data not only gives breadth, depth and balance to research (Gelsthorpe, 1992; Maynard, 1994) it also utilises the various sources, and their versions of reality, to check and corroborate, in order to build validity and reliability (O’Connell Davidson and Layder, 1994; Yin, 1994). The use of all available sources to crosscheck information in this way was particularly important because realities and truths for the residents (as they were well aware) varied enormously, often within a day, according to their emotional state and any outside events that affected them. This oscillation was discovered to be an
important theme in the analysis of interviews and is discussed fully in Chapter 7 (section 2.4).

8. Data analysis

The tape recorded interviews were completely transcribed by me and subjected, together with the other sources of data, to a systematic analysis based on the thematic framework emerging from the data (Schatzman & Strauss, 1973; Kellehear, 1993; Ritchie and Spencer, 1994; Boyatzis, 1998). The themes covered the research objectives, but also the topics which arose from the interaction with all the participants and which were seen as important by them. These themes were grouped into broader areas and set within the specific historical, geographic and developmental context of each participating unit to produce a report for their use. This was then discussed with them, factual errors corrected and ambiguities clarified. Following fieldwork in the second area, the theories and ideas that were emerging were presented at a Women’s Aid conference in July 2001, as part of the reflective and collaborative approach indicated by the use of PAR. The participants who, as in the previous conference, were from differing ethnic groups and locations and a wide variety of ‘grass roots’ roles within the organisation, positively identified with the concepts put forward and provided constructive and enthusiastic feedback, together with additional information, which was recorded and added to the data base. Cross-case analysis in terms of the themes and concepts involved has produced a brief precis of information in a format useful to practitioners and this will be amplified and disseminated in due course. All the material involved has now been re-examined to produce a comprehensive analysis relating to the
aims and objectives of the research and this is discussed in full in Chapters 7 and 8.

9. Ethical considerations

9.1. Ethics

‘Ethics is always about fair and honest dealings’ Kellehear 1993:14. It is a sad commentary on human nature that so many codes of practice have now had to be established to clarify this simple statement and provide minimum guidelines for research. Their emphasis is on informed consent, avoidance of harm to the participant and consideration of their rights, privacy, confidentiality and safety issues (Fontana and Frey, 1994; Mason, 1996). The ethical research guidelines of the British Association for Counselling and Psychotherapy (BACP, 2002) overlay this base with the ethics of counselling practice, stressing the duty to consider and carefully protect the rights of participants and the need for personal integrity, respect and resilience on the part of the researcher. I would argue that these aspects are particularly important when the research focus is on women who have experienced domestic violence, given the physical and psychological effects of this which were outlined in Chapter 2 (section 2).

9.2. Organisational ethics

There are also ethical considerations relating to the organisation where research is being carried out. Refuges are overcrowded and chronically underfunded with workers under extreme pressure to cope with the demands being made on them. Is it ethical to place additional demands on them? It is certainly unethical to use either an organisation or an individual for one’s own
ends, to obtain information and then to discard them (MacMurray, 1935; Dobash & Dobash, 1988). Nor is such an approach compatible with the aims of PAR and feminist research practice, as outlined in section 3 of this chapter.

There are two aspects to organisational ethics in research – one is the need to treat the organisation with respect, appreciating its knowledge and acting responsibly in the conduct of the research. For general guidance in this respect, I followed the Code of Practice drawn up for researchers working with the Derby Domestic Violence Action Group (DDVAG) by Williamson and Rai (1999, unpublished) which is reproduced as Appendix 3. The second aspect is that of reciprocity – the need to give something back in return (Oakley, 1981; Patton, 1990; Sieber, 1993). Reciprocity for individual participants is discussed in section 9.5, but for the organisations involved in the research, this could be considered to have been partially fulfilled by the production of broad based research of general application to Women’s Aid groups and to the federation. This is already proving of use to the case study groups and has also been shared with other practitioners and service users within Women’s Aid (Women’s Aid, 2003a). In addition, as discussed in section 4 of this chapter, some aspects of the research data have already been actively used in respect of political lobbying and as evidence at an Industrial Tribunal. The political implications of knowledge production and the responsibilities for dissemination were discussed both in that section and in Chapter 9 (section 5).

Perhaps of more direct relevance to those groups that participated in the fieldwork has been the overall report on their own refuges, set in the local context (see section 8 for a description of this process). This covered not only the research objectives set out at the beginning of this chapter and questions
which the group wanted answered, but topics which arose in the course of field
work as important to the participants. In order to be of genuine use to the
groups, the reports reflected accurately and honestly both adverse and
favourable comments on the service, as well as constructive suggestions for
changes and improvements. All the groups have accepted them as being valid
and leading to new understandings – a key theme in participative action
research. It is, perhaps, indicative of the genuine participation and involvement
of everyone concerned in the research that both good practice and difficulties
had already been discussed and acknowledged during the research process.
Participative research (see section 3.2) seeks practical uses for research,
working within local situations to improve or change them. Some changes in
participating groups took place soon after and as a result of, findings from the
research; for example, the creation of safer spaces for interviews and personal
discussion and setting clearer priorities within the organisation. The findings
have also been used at a local level to support lobbying for additional funding.
However, as Fals Borda (2001: 31) points out, ‘the process of change is slow’.
Participants need to reflect on the research process, evaluate it and assess what
action needs to be taken; additional staff or buildings require extra finance;
stakeholders need reasons to change policy. In my current post, as a researcher
on another project, I have been able to revisit two of the participating groups
and have been excited to find that further changes have been implemented as a
result of my research findings and that groups have continued to work with the
existing material and incorporate their own findings into an ongoing process of
change.
Additionally I have been able to act as a conduit for information, ideas and contacts between and outside the groups and continue to do so. There seems also to be an intangible sense of pride at having worked on the research, a sense of involvement and ownership of the research. All of the groups were happy to be identified by name as having taken part in the research.

9.3. Informed consent

Ethical codes in use today invariably specify that prospective research participants should give ‘informed consent’ before becoming involved. This should involve clear understanding of the purpose of the research, the use that will be made of the information and their rights to privacy, safety and confidentiality. It is doubtful if informed consent can ever genuinely be given, (Sapsford & Abbot, 1996; Mason, 1996) since unforeseen issues may arise during the course of the interview and sensitive and potentially damaging information may be revealed which pose moral and ethical dilemmas for the researcher and stress and anxiety for the interviewee. Nor can all the ways in which research may impact on those involved be foreseen at the start. As the ethical guidelines of the British Sociological Association (BSA) point out (2002) in some circumstances, the obtaining of consent needs to be seen as an ongoing process, constantly under review and renegotiation.

The procedures adopted for informed consent and interview arrangements in this research varied slightly to accommodate the preferences of individual refuges, but, in general, were carried out in three stages. Initially all potential interviewees, whether residents, ex-residents, workers, volunteers or management, received a letter outlining the purpose of the research, the areas to
be covered, details about the conduct of the interview and of the ways in which
the information might be used. In the case of residents and ex-residents (see
section 6) this contact was first made via the refuge workers. A telephone
number was included to enable any concerns to be dealt with in confidence.
Precise details of the exact topics were not given in order to encourage
participants to think about the areas but not to prepare answers. The decision to
work in this way was carefully considered, as it might have been seen as an
ethical failure not to provide full information to participants. However, I
considered that the exact topics would vary according to the woman involved
and what was important to her. To include every possible subject might
therefore have been over prescriptive, as well as confusing. Those who
expressed interest were given more detailed information about the research. At
the time of interview, the main points concerning consent were reiterated and a
brief note confirming the right to confidentiality and anonymity, to stop the
interview, speak off the record and to have a copy of the tape or notes was also
supplied and discussed. There was an opportunity to ask any questions about
these or any other aspect of the research before the interview commenced. The
mixture of written and oral information was given because for some
respondents English was not a first language, others had difficulty with reading
and writing and a few had minor learning difficulties. This procedure was also
followed in the case of interviews by telephone (section 7). Copies of these
documents are supplied as Appendix 2.

A further topic introduced at the beginning of each interview concerned the
possible revelation of information on which I would not feel able to maintain
confidentiality. This could involve child protection issues, or the possibility of
self-harm or harm to others. It was emphasised that action might need to be taken but that this would be discussed first with the informant.

9.4. Duty of care

In any research there is, or should be, a duty of care towards participants, requiring awareness and sensitivity both during the interview and afterwards (BACP, 2002). As mentioned in the discussion on informed consent, interviewees may reveal information that they had not intended to divulge and even giving the interview may result in an unexpected emotional impact either at the time, or at a later date (BSA, 2002; BACP, 2002). These possibilities were discussed in advance and I took with me details of the available external and internal support systems at national and local levels, which could be passed on as necessary. It should be emphasised that this provision was not simply for residents, since many refuge and other Women’s Aid workers are themselves women who have experienced domestic violence (Harwin, 1997). Physical safety was also an important consideration, both for my informants and for myself. Not only did this involve keeping addresses, phone numbers and sensitive material under strict security, it required vigilance in approaching buildings, method of leaving and mode of public transport, together with a telephone check-in system.

The BACP guidelines (2002) point out that this duty of care applies also to the needs of the researcher. Physical safety needs to be secured, as discussed above, but there is also the stress and anxiety which can be caused by the interview material, the dilemma of how to respond and the pressure of constant ethical choices, particularly when being trusted with sensitive and potentially
damaging information (Kelly, 1988; Yin, 1994; Chatzifotiou, 2000). Like Chatzifotiou (ibid) I used a journal to record these problems and also used my existing counselling support networks, without breaking confidentiality. An additional cause of stress and anxiety for me, because of my childhood experiences of domestic violence, was the need to be aware of my own feelings and not to project them (counter transference) onto research participants (McLeod, 2001a; Reason and Marshall, 2001). There was also a constant tension in using the basic skills of person centred counselling – active listening, empathy and a non-judgemental attitude in this setting. While these skills were important in enabling my informants to speak freely in the interview, I needed to ensure that I did not move into ‘counsellor mode’, which would have been both inappropriate and a misuse of the position I was in. As Williamson and Rai (Appendix 3) point out, it is the responsibility of the researcher to ensure that personal support is available – refuge workers will have other priorities, the researchers themselves may be a stress factor for workers, nor would it be ethical to consult them about stress consequent on interviewing one of their residents.

9.5. Power and individual participation

In section 3.4, I discussed, the argument that collaborative partnerships can never be genuinely equal and put forward counter arguments. In similar fashion, it has been argued that the relationship between researcher and interviewee contains elements of power, hierarchy and control, which it is never possible to eliminate (Hammersley, 1992). Feminist research practice acknowledges the existence of these factors, but seeks to understand them and
to work to minimise any inequality (Oakley, 1981; Gelsthorpe, 1992) as does the approach adopted by PAR and discussed in section 3.2. The key element in this is an approach which regards people, not as objects to be researched, but as human beings possessing their own power, who can be regarded as equals and collaborators in the research process. In carrying out this research, I have realised that there were, in fact, lower and higher levels of participation and hence of power sharing within the research (Heron, 1981; Gregory, 2000).

As discussed briefly in section 3.2 of this chapter, participation operated at three levels. Possibly the least involved were those individuals and groups who were consulted during the initial stages of the research design (section 5.3). Their contributions were acknowledged at the time and they have all been sent a summary of the research findings for their interest and information. At a similar level of participation were the women who attended the two workshops at the Women’s Aid conferences in 2000 and 2001 to develop the research design before field work commenced and later to refine the initial concepts arising from the research. The workshop members were thanked for their contributions at the time and their feedback forms indicated they felt that they had been participants in developing the research, had gained some awareness from doing so and had enjoyed it. For some, there was an indication that the experience would result in positive changes in their approach to support work. Although this is in line with the aims of PAR, it is not possible to know if, or to what extent, this has taken place, or will do so in the future, since there has been no way of involving them further in this research, with the exception of the limited involvement of the Asian refuge referred to in section 5.4.
At a much higher level of participation there were the workers, managers and volunteers who were involved in making the decision to participate, in the final form of the research design and in the execution of the field work. They also discussed informally the issues which arose during this period. They would clearly not have had the time to participate fully in the analysis, although I consulted on several issues as this progressed and the written feedback from York discussed below showed that only a very small number would have wanted to take a more active part in the process. This group of participants were also able to see and comment on the draft report before it was finalised and passed to them for their use. Their use, as an organisation, of this material to change and improve their local situations was discussed in section 9.2. Subsequently, they have also received and commented on other material which has been produced from this research, as indicated in Chapter 9.

Finally, there was the level of participation available to residents and ex-residents. Although the research was discussed and commented on at house meetings, residents and ex-residents were not involved to the same extent. Some of this was due to the temporary nature of their stay in the refuges – women I met on my initial visits, or during the first week of a longer stay, could, and did, disappear without trace. An additional factor was the pressing requirements of their own lives and the understandable reluctance to add to their problems. As one resident, *Amalie*, put it, ‘I think they’re just getting on with their lives…. just trapped in their own little worlds’.

Participation, for these women, had to be a far more immediate process with informal discussion at the beginning and end of the interview, the knowledge that they were in control of the interview and the awareness of feedback
mechanisms. In addition, in communal refuges, there was the opportunity for informal conversations throughout the day and evening (see section 7 for a discussion of this). Informal feedback recorded in my field notes, following the first two case studies, showed that women saw themselves as powerful in having information and being able to share it in order to help other women. They felt valued and enjoyed having the chance to tell me about their experiences.

As a result of the previous experiences and after discussion with the Women's Aid group concerned, for the third case study at York, I had designed a feedback form enabling everyone who participated to indicate how they felt about the research process and the interview. The form (Appendix 2) which was intended to be anonymous, was handed over at the end of the interview, together with a prepaid envelope. All the returned forms (11 from 19 interviews – 58%) indicated general satisfaction with the interviews and the research process and indicated that the participant had found it either helpful to them personally, or thought it would, if listened to, help other women. The respondents also reported feeling valued and listened to, but had not wanted to take a more active role in the research process. Of the residents and ex-residents who were interviewed, at least 75% completed the feedback form, signing it and enclosing thank you notes to me. These responses indicated that they had valued the interview for a variety of reasons:

'It made us feel important'  - Helga and Jenny
'Hopefully it will help other women' - Stacey
'I've enjoyed putting my views across' - Charmian
'I hope it help (sic) others. The interview made me decide to be positive and look to the future' - Joanne
Other researchers (Hoff, 1988; Lee and Renzetti, 1993; Humphreys and Thiara, 2002) have indicated similar responses to in depth interviews.

10. Summary

Research into the support provided in Women’s Aid refuges was undertaken under the terms of a CASE studentship, using participative action research, informed by feminist research practice. It used quantitative and qualitative methods to access data from a variety of sources, and these have been utilised to provide practical information and reports back to the collaborating partners. This has been used to identify and change or improve local situations and continues to do so. As indicated throughout this chapter, fully participative research is both time consuming and complex. It involves constant negotiation and renegotiation and a reflexive approach to the process of enquiry, balancing the needs of all the stakeholders and maintaining professional standards. The research detailed here involved several levels of participation which varied according to the stage that the research had reached, the level of contact made and the wishes and resources of the participants. The results of this research will be analysed and discussed in the succeeding chapters.

Notes

1. Arrangements had been made for independent translators to be available for any woman who preferred to communicate in her first language, but this resource was not called upon. One interview was partially conducted in French. Crèche and playroom facilities had also been negotiated to enable women with young children to participate.

2. As indicated in section 6, preliminary discussions with each group had revealed particular concerns which they wanted the research to address. Topic guides for each group reflected these individual concerns and each, therefore, varied slightly from the others. The main areas of enquiry,
however, remain the same for each and the set of guides in Appendix 1 is broadly representative of those that were used.
Chapter Five: Analysis of survey documentation on Women's Aid refuge provision and services

1. Introduction

In Chapter 3 (section 4) I traced the development and organisation of Women's Aid and discussed the values which inform its approach to women experiencing domestic violence. This chapter looks at the practical application of those values - the services which have been developed by the autonomous groups working within the Women's Aid Federation of England. It outlines and comments on the range and extent of services provided, with particular emphasis on the services of direct relevance to the research question - the support available in Women's Aid refuges for residents and ex-residents. Outreach\(^1\) services are touched on briefly, since they are often provided in conjunction with services for ex-residents, but are not discussed in detail. There are many other services provided by Women's Aid groups, which are crucial to the overall welfare of women experiencing domestic violence, but beyond the scope of this research and are not, therefore, discussed in this chapter. They include support to women whose partners are attending perpetrator programmes and the work with local inter-agency fora and other external agencies. Wider aspects of their work include work in education and public awareness, training, consultancy and campaigning for change at local and national level.

2. Background to the surveys

The provision of refuge and other services for women experiencing, or escaping from, domestic violence has proliferated since the 1970s. Much of
this growth has occurred within Women's Aid groups, but, as discussed in
Chapter 3 (section 3.2) refuges have also been established by a variety of other
organisations. With the increased focus on domestic violence on the part of
policy makers, particularly from the mid 1990s, (commented on in my
introduction to this research), it was realised that there was no comprehensive
picture of what was available. A survey of the accommodation and support
services available from all sources was, therefore, commissioned in 1999 by the
DETR (now DTLR) in conjunction with the then Women’s Unit and the
Department of Health. That portion of the survey which concerned the services
provided by Women’s Aid was compiled during an extended telephone
interview with service providers and supplemented by a postal questionnaire on
refuge spaces. A 97% response rate was achieved from the postal questionnaire
(243 groups out of 250) and a 90% response rate (224 groups) to the extended
telephone interview. A report was compiled from these questionnaires and used
to inform policy making, but has not been made public (Women's Aid,
unpublished, 2000). To avoid cumbersome repetition, this survey will be
referred to in this chapter as the 1999 survey.

A further (postal) survey was carried out by Women's Aid during the early
part of 2003, which resulted in responses from 227 refuge groups out of 270
(84% response rate). A full analysis of these data has not yet been carried out
and only a small amount of information is available, but it is hoped that a full
report will be published later in the year (Women's Aid, forthcoming, 2003).
Where details from this survey have been utilised, they have been referred to as
the 2003 survey.
Material from both of these surveys has been utilised to provide as comprehensive a picture as possible of service provision. The 1999 survey report commented that some activities have become so embedded in the refuge environment that groups do not recognise them as services on offer because it is such an accepted part of 'what we do'. The report's authors comment that 'in many cases, respondents needed to be prompted to recognise that they were actually providing even the more frequently-occurring services and many were surprised when they saw the listed extent of their activities' (1999 survey:19).

Having assisted with the administration of the questionnaire in England and subsequently with its use in Northern Ireland, Scotland and Wales (Humphreys et al, 2000), I concur with both of these statements and with the further suggestion that many of the services provided have not been fully recorded. It is for this reason that, for some of the services commented on in this chapter, I have used descriptive terms e.g. many, or most, where the survey recognises that the information recorded may be at variance with actual practice or imprecise.

It is also necessary to recognise that groups are essentially responsive to the expressed, or perceived, needs of service users (Ball, 1994). They create, change, redirect or cease services guided by these factors, but also in response to financial or physical resources or new opportunities. This fluid situation means that the information given here can only be regarded as a broad assessment of the most common features of service provision at the time of the surveys.
3. Accommodation and occupancy

For each of these surveys, an estimate of the number of units available for women and their children was made. This accommodation, shown in the table below, might be rooms, flats, or houses, each of which can be occupied, either by a single woman or by a family.

<table>
<thead>
<tr>
<th>Survey</th>
<th>Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>2737</td>
</tr>
<tr>
<td>2003</td>
<td>2983</td>
</tr>
</tbody>
</table>

*Table 5.1 Number of residential units available*

For the 2003 Women’s Aid survey, this accommodation was contained in 567 refuge houses or residential properties. The accommodation was further broken down into emergency accommodation and second stage or ‘move on’ facilities; the figures showed that approximately 320 second stage units were currently being provided. The compilers comment, however, that not all refuges distinguished between emergency accommodation and that available for women moving on, for a variety of reasons. These figures are probably, therefore, an under-estimate, but the findings do demonstrate the limited availability of second stage accommodation. In Chapter 7 (section 4.25), I point out the value of this type of accommodation in possibly alleviating the problems of women who have been in the refuge for some time, and who are ready to move on, psychologically, but who become emotionally ‘stuck’ by being with women who are at an earlier stage of their refuge stay. Second stage accommodation is also immensely valuable for women who are ready to live independently,
possibly with limited support from the refuge, but are unable to do so, due to the lack of safe and suitable permanent accommodation. These difficulties are further explored in Chapter 7 (section 7.2). There can be drawbacks to this type of accommodation, however; Charles (1994) comments that some of her informants felt that the surrounding community were very aware that accommodation was being used by former residents of the main refuge and that they felt they were being stigmatised by this association.

Accommodation figures need to be examined in conjunction with those of occupancy. A census of the numbers of women and children accommodated in refuges was carried out in conjunction with each of the surveys. These figures, extrapolated to allow for groups who did not participate in the census, are shown in the table below:

<table>
<thead>
<tr>
<th>Survey</th>
<th>Women</th>
<th>Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>2328</td>
<td>3120</td>
<td>5448</td>
</tr>
<tr>
<td>2003</td>
<td>2786</td>
<td>3609</td>
<td>6395</td>
</tr>
</tbody>
</table>

*Table 5.2 Women and Children in refuge accommodation on the day of the census*

Again, the 2003 Women's Aid census showed that 309 of the women and 379 of the children above were in ‘move on’ accommodation, where this was declared. From the tables of accommodation and occupancy, it can be seen that there is a very low level of unoccupied units (commonly referred to as voids). At less than 0.4 per refuge property, this is below the 10% of void units seen as an acceptable figure by the Housing Corporation in terms of their funding for supported housing. There will always be some vacant places at any one time – waiting for a woman to arrive on the following day, just vacated, or requiring
repair and renovation before the place can be re-allocated. Nevertheless, this figure shows that refuge accommodation has a high degree of occupancy and the refuges who participated in this research were constantly under pressure from women anxious to find a place with them.

It is interesting to compare these figures with the data collected by Binney et al (1981) in 1978. These show 150 groups running 200 houses in England and Wales of which 30 groups were located in the Principality. Binney estimated that at any one time, 900 women and 1700 children were in refuge accommodation, and the report comments that ‘whenever refuges have opened, they have filled up and become overcrowded’ (1981:xiv). The Select Committee of the House of Commons (1975) recommended one family place (i.e. for a woman and her children) per 10,000 of the population. Binney estimated that, in 1978, this would require 982 refuges based on an average of five family places per refuge. On a similar calculation, using current population statistics for England and Wales (Office for National Statistics, 2002), 1041 refuges would be needed – indicating that current provision, if based on the 1975 recommendations, would show an apparent shortfall of 42%2 or 2221 family places. It is almost three decades since the Select Committee Report, however, and many changes have taken place since this time. The greater public awareness of domestic violence, as indicated both in the introduction to this thesis and in Chapter 1, the availability of enhanced legal protection (Chapter 2, section 3.42) and changes to the housing and homelessness legislation (Chapter 2, section 3.6) have widened the options available to women who wish to terminate abusive relationships and may well have affected demand for refuge provision. Nevertheless, it would seem that, overall, the
demand for refuge accommodation is still unsatisfied and that the increase in available accommodation in Women’s Aid refuges is not meeting demand. It also seems unlikely that all of this shortfall is being met by emergency or temporary accommodation provided by other organisations.

The authors of the Women's Aid report on the DETR 1999 survey suggested that demand for refuge accommodation appeared to be slowing down and suggested that this might be linked to the increased funding, the growth of outreach support systems and the improvements in local protection systems, so that a smaller proportion of women experiencing domestic violence were requiring refuge accommodation. This suggestion does not appear to be borne out by the evidence on the ground and in this respect the decision of the Government, to invest £7m of capital funding in 2003/4, to support the development of refuge accommodation, can be regarded as highly significant (Women's Aid, 2003b).

4. Refuge services

The provision of safe accommodation, personal support and advocacy for women escaping domestic violence has long been regarded as the central concept of Women's Aid (Turner, 1996) although, as indicated above, there are views which suggest that this balance may, perhaps, now be shifting to some extent. From the 1999 survey, the services most frequently provided by refuges were:

- confidentiality/safety measures
- referral to safer or more appropriate accommodation if necessary
- support/advocacy in dealing with statutory agencies, including housing, benefits, CSA
- support/advocacy in accessing the legal system
- housing and benefits advice and basic legal advice
- individual 1:1 support
- support in settling in to the local community and accessing schools and so on

These services are provided by over 90% of refuge groups and their importance to women entering the refuge is reflected in the comments made in the appropriate sections of Chapter 7. They correspond with the services provided by most groups in the 1978 research (Binney et al, 1981).

More than ⅗ of the refuge groups provide the following services:
- provision of clothing
- additional support with childcare and family welfare
- giving evidence and other support in court proceedings
- removing and reclaiming personal possessions

Additional support provided by many groups included:
- provision of furniture/household goods on re-housing
- educational/vocational activities
- support with job-seeking
- support groups
- formal counselling

This last item, provided by 42% of groups (see Chapter 7, section 4.32), was particularly valued by the women who talked to me and is an interesting development, in view of the doubts expressed by some feminists concerning the
5. Refuge support for specific groups of women

5.1. Minority communities

At the time of the 1999 survey, groups affiliated to the Women's Aid Federation of England provided a total of 29 specialist refuges, catering for the needs of women from minority communities (Women's Aid Federation of England, 1999). These included refuges for African and African Caribbean, Asian, Irish, Jewish, Latin American and Turkish Cypriot women. Some of these provide the only community-specific refuge in the UK; that for Jewish women is unique in Europe. All except one of these specialist groups responded to the 1999 survey and 50% of these indicated additional specialist provision for specific community groups within their overall client group (e.g. for Bangladeshi women). Generalist refuges may also provide services for women from minority communities and some of these women may, for a variety of reasons, prefer to access a generalist refuge, as mentioned in Chapter 4 (section 5.4). 50% of all the groups responding to the survey (including specialist providers) indicated that they had made some form of provision for specific groups within the refuge. Taking the respondents as a whole (i.e. 224 groups) the services most frequently provided were:
Table 5.3 Services for minority community women

It was this last requirement which was most often emphasised by respondents to the survey – that the immense diversity of service users and individual needs can only be met by a flexible and imaginative approach and pooling of information. This was reiterated by the workers at Roshni, the specialist Asian refuge referred to in Chapter 4 (section 5.4) and also by the Birmingham workers who received referrals from a high proportion of minority communities.

5.2. Women and children with impairments

Women's Aid has very little accommodation which is accessible to women and children with limited mobility. At the time of the 1999 survey, only 40 refuges out of 250 had a high level of accessibility, with many having no provision at all (Women's Aid Federation of England, 1999). Impairment is not, however, limited to concerns about mobility and access and over 50% of the 224 refuge groups replying had made provision within the refuge for the specific needs of this group of women. The most frequently provided services were:

<table>
<thead>
<tr>
<th>Service</th>
<th>% of groups providing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Links with appropriate community organisations or women’s groups</td>
<td>43</td>
</tr>
<tr>
<td>Catering for dietary and other domestic needs e.g. cooking space, utensils, cleaning</td>
<td>31</td>
</tr>
<tr>
<td>Specialist project staffing</td>
<td>14</td>
</tr>
<tr>
<td>Service responsive to woman’s individual cultural, religious or other needs</td>
<td>12</td>
</tr>
<tr>
<td>Service</td>
<td>% of groups providing</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Links with local agency/centre able to provide equipment</td>
<td>52</td>
</tr>
<tr>
<td>Re-housing into adapted/specialist accommodation</td>
<td>45</td>
</tr>
<tr>
<td>No smoking areas in shared space</td>
<td>43</td>
</tr>
<tr>
<td>Links with relevant local organisations</td>
<td>43</td>
</tr>
<tr>
<td>Referral to adapted/specialist temporary accommodation if required</td>
<td>34</td>
</tr>
<tr>
<td>Signer</td>
<td>33</td>
</tr>
<tr>
<td>Staff trained in disability awareness</td>
<td>31</td>
</tr>
</tbody>
</table>

Table 5.4 Services available for women and children with impairments

Nevertheless, as these figures indicate, there is still a lack of provision, both of accessible accommodation for women and children with limited mobility and of service provision in terms of a wider understanding of impairment. The survey report comments that there is a lack of information on the actual needs of this group of service users and, until suitable research can be carried out, it will be difficult to highlight or target appropriate service provision.

5.3. Women with mental health or substance abuse problems

The 1999 survey found that it was not possible to give firm figures on the provision of services to this group of women, although many refuge groups said that they could offer some support. Use of illegal drugs in the refuge was not permissible, but women with substance abuse problems could be accepted depending on the availability of specialist support staff, the seriousness of the condition and the effect that the woman might have on the well-being of existing residents. In general, decisions were made on an individual basis in the light of the situation at the time. Similar considerations applied to women with mental health problems.
6. Outreach and aftercare services

The 1999 survey showed that, of the 224 groups which responded (out of a possible 270), 81% were providing an outreach service and 95% were offering some form of continuing care to ex-residents. However, as the authors of the survey report indicate, these services are often run by the same staff, who may also provide general refuge-based services, or run advice centres. This fluidity of response is characteristic of refuge groups, but can make it difficult to make more precise determination of what is being provided and by whom. Of the groups providing outreach and/or aftercare, the following services were most frequently available:

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>% of groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing support by phone</td>
<td>100</td>
</tr>
<tr>
<td>Ongoing one-to-one support</td>
<td>98</td>
</tr>
<tr>
<td>Support/advocacy with statutory agencies (housing, benefits, etc)</td>
<td>93</td>
</tr>
<tr>
<td>Support in accessing legal system and court attendance</td>
<td>93</td>
</tr>
</tbody>
</table>

*Table 5.5 Availability of outreach/aftercare support*

Additional services included activities and support groups (51%), and formal counselling (45%). Support was also available for many specific groups within the client base, such as those with drug or alcohol dependencies, mental health issues or impairments.

The particular concern of my study, in relation to outreach and aftercare services, lies with the support offered to ex-residents of the refuge and the importance of such support is demonstrated in Chapter 7 (section 7.4) and in
Chapter 8 (section 3.4). The main services accessed by this group of women were as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>% of women accessing service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing individual one-to-one support or support by phone</td>
<td>93</td>
</tr>
<tr>
<td>Support/advocacy with statutory agencies (housing, benefits, etc)</td>
<td>88</td>
</tr>
<tr>
<td>Support in accessing legal system and court attendance</td>
<td>86</td>
</tr>
<tr>
<td>Educational/vocational activities</td>
<td>46</td>
</tr>
<tr>
<td>Formal counselling</td>
<td>40</td>
</tr>
<tr>
<td>Ongoing support groups</td>
<td>21</td>
</tr>
</tbody>
</table>

*Table 5.6 Services accessed by ex-residents (1999 figures)*

The survey showed other instances of individual services for outreach and aftercare clients and the way in which groups develop innovative methods to meet perceived needs was particularly commented on. However, at the time of the 1999 survey, many of these were still being developed and were still on a very small scale. Here again, publication of the results of the 2003 survey is expected to provide valuable information on current and future developments to these services.

7. Telephone help

For a high proportion of my informants, their first contact with Women's Aid was through the national or local helpline services. Their comments in Chapter 7 (section 3.2) indicate that these services played a major role in supporting them by listening to their concerns, providing information and believing their experiences.

The 2003 survey of refuge services showed that in the 2001/2 period, over 193,000 calls from women and children requiring support were received and
answered by local groups. Of these, 65% (over 125,000) were made to dedicated advice lines or helplines. The majority of those groups responding to the survey indicated that the level of calls was increasing. These figures do not include calls to the national domestic violence helpline, which is staffed on a 24 hour basis. This national service answered a total of 56,566 calls in the 12 months to 31st August 2002. It is likely that many other callers were not able to get through – British Telecommunications monitoring in 2000 showed that three out of four callers received the ‘engaged’ tone (Women’s Aid, 2003c). These figures, as well as the comments from my clients, show the importance of this service in helping women experiencing domestic violence. Its perceived value is further evinced by the recent partnership between the Government and Comic Relief which will invest £2 million in a national 24 hour free helpline for women and children affected by domestic violence (Women's Aid, 2003b).

8. Summary

This chapter has presented a picture of the diversity of services offered by Women's Aid groups across England. The difficulties of identifying services and the use of differing definitions mean, however, that it can only be a partial picture. It shows a changing scene with probably insufficient growth in accommodation provision to meet demand, but the development of a wide range of services to women, including personal support, advice and information on a variety of topics, counselling and advocacy. At the time of the 1999 survey there were still gaps, notably in the provision of services to women with mental health or substance abuse problems and in the wider recognition of problems caused by impairment. It is anticipated that the publication of the 2003 survey
report will show that some progress has been made in meeting the needs of these groups and also enable an assessment of how provision of support is changing.

In the next chapter, focus narrows to the three refuge groups who participated in the fieldwork. It describes their setting and history and details their accommodation and service provision, which can be compared with the broad picture of services explored in this chapter.

Notes

1. The term ‘Outreach’ is commonly used to refer to work with women and children who are not currently resident in a refuge. They may be in their own homes or temporary accommodation. Outreach can also be used to describe projects which aim to make services for women and children experiencing domestic violence more visible and accessible. Some groups also use this term to cover the support of ex-residents as they re-establish themselves into the community. Most groups, however, refer to this as ‘Aftercare’ or ‘Resettlement’. The authors of the report on the 1999 survey share the concerns raised in Chapter 8 (section 3.4) about the use of the term ‘Aftercare’ in this connection but have retained it because it is in current and familiar use.

2. The known figures for English refuges and units have been used, giving an average of 5.26 units per refuge. Welsh Women’s Aid now have 37 groups (Women’s Aid Federation of England, 1999) and these have each been estimated as having one refuge house with five family places.
Chapter Six: Case Studies - Background and information base

1. Introduction

The previous chapter looked at surveys of the work of the groups which form the Women’s Aid Federation of England. It summarised the range of services provided, together with selected statistical information concerning provision and use by women experiencing, or escaping from, domestic violence. This chapter moves the research out into the field and begins to engage with the groups who participated in the three case studies. The reasons for the selection of these particular groups were discussed in Chapter 4 (section 5.4). A brief description of the different locations involved is followed by details of the development, organisational structure and service provision (including refuge provision), which existed in each of the groups at the time of the interviews. These sections provide a background for, and introduction to, the research analysis detailed in Chapter 7. I then discuss some of the difficulties encountered in carrying out the fieldwork. Written and tabular analysis of those who took part in the in-depth interviews precedes an assessment of the limitations of the information base¹ and a summary of the chapter.

2. The Women’s Aid groups

2.1. General comments

The philosophical and political influence of the Women’s Liberation Movement and its role in the subsequent development of refuges was discussed in Chapter 3 (section 3). Under this influence, refuges were established independently in many parts of the UK in the 1970s and 80s (and continue to do
so), developing differently according to local circumstances. In some respects, therefore, no refuge can be said to be 'typical'. The differences between the three groups working with me in this project and how their provision relates to the survey information discussed in Chapter 5 are indicated in the sections below. Their similarities stem from the fact that all three groups are full members of the Women's Aid Federation of England and are fully committed to the values and principles discussed in Chapter 3 (section 4.2), while retaining their autonomy. They adhere to the Open Door policy of Women's Aid, i.e. that no woman experiencing domestic violence will ever be turned away without some alternative form of provision, and accept women into the refuges providing they have suitable accommodation and the resources to provide appropriate support. Using or supplying drugs on the premises is never tolerated at any of the refuges, but where women have dependencies relating to drugs or alcohol, or mental health problems, none of the groups feel that this precludes acceptance, although careful consideration has to be given to the woman's needs, the available staff resources and the needs of other residents. This is in line with the general practice of other refuge groups (Chapter 5, section 5.3). At the time of my visits, none of the refuges had workers with the appropriate training and experience to work with residents who had special needs of this nature, although Penzance had applied for funding to create such a post. The amount of support which was likely to be available from health service personnel was extremely variable.

Change is a constant process within refuge groups. It may be due to new residents arriving and others moving on, or to similar alterations among workers and volunteers. Other factors resulting in change can be the development of
services in response to local needs or opportunities, changes in funding, group organisation or policy, or the need to change in response to government policy. It is important to recognise, therefore, that the following sections reflect the position in each group at the time the research was carried out – September 2000 in Penzance, March – April 2001 in Birmingham and March – April 2002 in York. Changes which were occurring, or anticipated at the time of the research have been incorporated, but further changes continue to take place in all of the groups.

2.2. Penzance Women's Aid

Penzance is at the far end of the South West peninsula in a mainly rural area with high unemployment and poor transport links both within the district and outside. It is sparsely populated at two people per hectare\(^2\) and widely dispersed, with only two large towns (Penzance and St Ives). The only other refuge in Cornwall is in Truro, 27 miles away. This is not a Women’s Aid refuge, although it works along similar lines and liases with Penzance. The present group is a comparatively modern project, established after considerable planning and the refuge accommodation, which opened in 1992, consists of two Victorian style terraced houses, one communal and one self-contained, with accommodation in total for 11 families. Overall, this provision is in line with the average national provision of just over five families per refuge quoted in Chapter 5 (section 3). No specific move on accommodation was available. At the time of my main visit (September 2000) the self-contained refuge also housed the offices of the refuge staff, volunteers and volunteer co-ordinator, administration, outreach, help line and specialist workers, including child
advocacy and play workers. As with most refuges (Chapter 5, section 5.2), there was no access for women and children with mobility problems, but the refuge had accommodated Deaf people and felt they would be able to cater for residents with a range of physical impairments. Members of the staff had had previous experience of working with women from minority communities and an understanding of their differing needs. There was, however, no specific provision for women from these groups (as in 50% of all refuges – see Chapter 5, section 5.1) and indeed, it would be difficult, at present, for the refuge to provide for different dietary requirements, unless the family was of a size to be accommodated in the self-contained refuge. Penzance provided all the services discussed in Chapter 5 (section 4) if the needs of the service user required it, although, as suggested in section 2 of that chapter, much of this provision was taken as being a matter of course, and only came out in general discussion and observation. Outreach and aftercare, in line with most refuges (Chapter 5, section 6) was also available, although the former was extremely difficult to provide over such a wide area, with a scattered population. The provision of telephone support and information had been the first service developed by the group and continued to be a priority.

Penzance places a considerable emphasis on counselling and therapeutic group work both within and outside the refuge (discussed in Chapter 7, section 4.3) and their aftercare services include a drop-in centre and a supporter service. Although Penzance follows the Open Door policy of all Women’s Aid refuges, it sees itself specifically as offering a longer term stay, enabling women to reassess their situation in depth and be supported to do so, before moving out. In 98/99, the last full year before my visit, they accommodated 46 women and
52 children with an average length of stay of five months. The group is run along collective lines, with regular meetings for the management committee, workers and volunteers to discuss policy decisions and more frequent meetings of workers to formulate policy and regulate practice. A manager was appointed approximately two years ago and her role is still developing.

2.3. Birmingham Women's Aid

Birmingham is a major urban centre with a wide variety of manufacturing and service industries and good transport and other communication links. The population per hectare is 37.8 and includes a wide variety of minority communities. It has problems typical of a large city, including homelessness, poverty and unemployment. There are three other refuges within the city, including a specialist refuge for Asian women. Birmingham Women’s Aid developed from a squat and celebrates its 25th anniversary in 2004.

At the time of my main visit (March 2001), the refuge accommodation consisted of a Victorian style terraced house providing a communal refuge for five families and a purpose built, self-contained unit for 15 families. This included one ground floor flat for women and children with mobility problems and workers felt that they had sufficient support resources to cater for most residents with physical impairments. About one-third of the women in residence at the time of my visit were from minority ethnic communities and had chosen to come to this general refuge, rather than to a specialist refuge. Several members of the staff were themselves from minority communities and there was a high level of understanding of the needs of these service users, together with arrangements to meet them as far as possible, given constraints of
space and financial resources. A further 15 family self-contained unit has been opened since the research was carried out, but there are no plans to provide move on accommodation. Birmingham is far larger than the average refuge size (see section 2.2 for details) although they have one small refuge. It is also one of only 16% of groups who are fully equipped to provide both accommodation and services for women and children with impairments (Chapter 5, section 5.2) and of the 50% able readily to accommodate and work with women from minority communities. All the refuges have offices for refuge staff, but the communal refuge is not staffed on a regular basis. The self-contained refuge has a large playroom with children’s workers.

Within the refuge, Birmingham, in line with over 90% of refuges, provided all of the core services indicated in Chapter 5 (section 4). They also provided extra help with childcare and family welfare, clothing and court assistance, as did 3% of refuges. Formal counselling was, as discussed in Chapter 7 (section 3.2) less accessible and there was little evidence of the flexible services which appeared to be available in the smaller refuges, such as reclaiming possessions, provision of furniture/household goods on re-housing and support with job seeking.

There are a large number of other units scattered throughout the city including family support, community support (outreach), help line and counselling services. Group work, centred around activities and visiting speakers, but including a therapeutic element, is available within the refuge. At the time of my visit, although telephone support was readily available for ex-residents, a fully supportive aftercare service was still in the planning stage. During the full year following my visit (2001/2), when the third refuge became operational, a total of 158 women were accommodated, with an average length of stay of four
months. The group works as a flat, three-tier hierarchy with a director and unit managers, but consults extensively with all the members of the group.

2.4. York Women's Aid

The population of the City of York is largely concentrated in the city itself, but the administrative area includes a large rural hinterland, so that the figure for population per hectare is comparatively low at 6.47. York Women's Aid is one of the oldest in England, having been established in 1975 after local women lobbied the city council to provide accommodation for women escaping domestic violence. It has two refuges, both communal and sited in old terraced houses, with space for five large and three much smaller families, respectively. No second stage accommodation is available. Overall, then, York has less accommodation than average (see section 2.2 for details). The refuge workers and child workers are based in the larger of the two refuges, which also houses a playroom and the advice line also operates from this site. As with most refuges (Chapter 5, section 5.2), access for those with mobility problems would not be possible, but staff had accommodated Deaf women and one of the workers at the time of my visit was a qualified signer. They felt able to work with most types of physical impairment, but were aware that they had no specific provision for minority community women and only limited understanding of their needs. They felt that they would need support from other Women's Aid groups if the need arose for them to accommodate women from these communities. This is in line with 50% of all refuges and echoes the comments on provision for minority communities made in Chapter 5 (section 5.1).
As with Penzance, York provided all of the services described in Chapter 5 (section 4) and, like them, took an essentially flexible and pragmatic approach to service provision. Outreach and a full aftercare service were both available as is the case for the majority of refuges (Chapter 5, section 6). There is a separate centre open to the public for aftercare, outreach (including a weekly drop-in) and administration. Some counselling for outreach and aftercare service users is carried out in these premises, but facilities for counselling are also available in the refuge. For the last full year (2001/02) before my visit in April 2002, the number of women accommodated was 39 with 47 children and an average length of stay of four months\(^3\). The attraction of York as a place to live means that social housing is in short supply and more women are having to remain in the refuge for longer periods of time. The group works as a collective of workers and management, but is looking to employ a manager.

3. Information base\(^1\)

3.1. General considerations

Preliminary discussions with my research advisors at the DVRG and the Women’s Aid Federation of England had suggested a target figure of interviews with four workers in each refuge, together with six current and six past users from each area. It was clear, however, that this would need to be a flexible figure, taking into account the size of the refuge and the numbers of women in each refuge at the time. Residents’ willingness to participate might depend on when they arrived at the refuge, since women who had just come in might feel too distraught to be interviewed. Other constraints might include the pressures of court appearances, case conferences, hospital visits or the stress of preparing
to move out. As the research developed within the refuge, I also found that moods, levels of energy and consequent willingness to be interviewed, fluctuated on a daily basis and this became one of the major themes discussed in the following chapter. Interviews with workers, too, had to respect their hours, workload and the need to respond to crises within the refuge. I was also uncertain, due to the lack of current research, to what extent women would consider that workers, apart from general refuge workers and volunteers, had had an impact on them and could, therefore, be regarded as carrying out the direct work with women\(^4\) which was the area on which the research was to focus. A further consideration was the contact with ex-residents. It was possible that they might be encountering difficulties, or have moved on mentally or physically and be unable or unwilling, for those reasons, to take part in the project.

In the event, it proved possible to overcome some of these problems because of my presence in the refuge setting for comparatively long periods of time. The formal arrangements for participation outlined in Chapter 4 (section 9.3) provided a starting point for interviews, but were supplemented by informal discussions with residents and staff on what was involved in participation and enabled them to withdraw, or become involved. Just ‘hanging out’ in the refuge, performing small tasks and chatting to residents enabled me to take a flexible approach to the timing of interviews for residents or workers and the fact that I could be available at any time during the day or evening assisted this process. Developing good relationships in this way also enabled me to see the importance that residents placed on their contacts with specialist workers, such as child workers and counsellors and ensure that these workers had an
opportunity to contribute to the research, if they wished to do so. Establishing contact with ex-residents, however, as discussed in the next section, proved far more problematic.

3.2. Informant base - residents and ex-residents

A total of 17 interviews were held with residents. All six of the current residents in York chose to participate. (One room was vacant and the mental health of another resident was being professionally assessed.) Seven current residents (one from the communal refuge) from Birmingham and four from Penzance also took part. At the latter refuge, I was also approached by two adolescents (one female, one male) shortly to be re-housed with their mother. Pressures of the move meant that she felt too busy to talk, but they wanted me to be aware of the work the refuge had done for the family.

Attempts by workers to contact ex-residents by letter and by mobile phone were much less successful and it was only possible for me to interview six women in total, four from Penzance and two from York. One of these had left the refuge five years ago, two left between 12 and 18 months previously, two had moved out five months previously and one had moved out three months earlier. A number of past residents from Penzance pointed out that they had already assisted in three research projects over the past year and they were unwilling to take part in further interviews. (The possibility of being over researched and/or exploited and the consequences for obtaining access were discussed in Chapter 4, section 6.) As previously mentioned, the aftercare service in Birmingham was not in operation at the time, but refuge workers tried to make contact with women who had left and the issue was further addressed
when the aftercare service started shortly after my visit, with individual letters
and a covering note from the refuge, but no responses were received. It is
noteworthy that those women who did participate were, with one exception, still
in contact with Women's Aid in some way – either for counselling, working
with aftercare services or as a volunteer and this may have influenced their
decision and possibly created some bias within this group of informants. In
discussing this situation, residents and workers suggested that, for many
women, there was just too much to attend to immediately on leaving the refuge
and that they might subsequently want to move on and forget details of their
stay, however satisfactory it had been at the time. Workers further pointed out
that relatively few exit questionnaires were completed and returned to them
once women had left. It could also be argued that they were being approached
by an unknown person (albeit with the backing of the refuge) and that they were
concerned about their own safety and wary of possible exploitation. This result
is in contrast to the high success rate of interviews with former residents by
Binney (1981) and Pahl (1985c) who obtained 100% and 70% responses
respectively from those contacted. In their studies, women had already
established contact with the project and the interviewer and were eager to
contribute. In this research, no more than two attempts were made to make
contact with any former resident, to avoid, as Shepard (1999) suggests, any
appearance of harassment and also to minimise any possible danger to the
women.

As discussed in Chapter 4 (section 5.4), refuges catering specifically for ethnic
minority women were not included in the case study areas, but three of the
residents in one refuge self identified as coming from minority community
groups. Two women self identified as having physical impairments and one of these, together with another woman, was informally assessed by workers as having slight learning difficulties. These interviews provided perspectives on support and refuge life from different viewpoints and this was further enhanced by the age range of my informants. Excluding the two adolescents, their ages ranged from 21 to 68, distributed as in table 6.1.

Table 6.1 Residents and ex-residents by age

At the time of their stay, 65% per cent of both residents and ex-residents were, or had been, pregnant or accompanied by one or more children, the largest group of whom were under five, as shown in table 6.2. Five women had had adult children who were already living away from home, but seven women had been unable to bring some, or all, of their children into the refuge with them. These children were either with another family member (usually the perpetrator) or being looked after by the local authority, either in their home area, or in that of the refuge. In this connection, it should also be noted that refuge accommodation for larger families is often at a premium. At the time of my visits, none of the refuges could accommodate families of over five for longer than a short stay.
Table 6.2: Children by Age

For 15 of my informants (65%) this was their first visit to a refuge, although they may have stayed with family or friends on previous occasions of leaving and some had stayed a short while in refuges near their homes before coming to the present refuge. Of the remainder, six had made two to three visits, one had been to five refuges and one thought she had been to at least seven. The length of time they had been in their present refuge at the time of interview is shown in table 6.3.

Table 6.3 Length of stay in refuge – residents and ex-residents

Women were also asked how far they had travelled to reach the refuge. Although this did not appear to be directly relevant to the research on support, it was considered to be important because of the possible implication in
Supporting People (DETR, 1998, p53 et seq.) that local authorities might be willing to provide funding only for refuges within their areas or in adjacent localities, where arrangements might well be considered to be reciprocal. In practice, it was found that the question also provided evidence demonstrating the totally changed environment to which women experiencing domestic violence had had to adapt. As shown in table 6.4, almost half of the women had travelled more than 100 miles to reach the refuge they were in at the time of interview and four had come well over 300 miles. If the distances travelled are examined for each group, there is a clear difference between them. Women travelled an average of 57 miles to reach the York refuge, 94 miles from their base to reach Birmingham and 257 miles to reach Penzance. The last figure may be indicative of a desire to get as far as possible from a determined perpetrator, as opposed to a safe distance away or a sense of wanting to finally distance themselves from the relationship. There may well have been other reasons, but the women were emphatically not there because it was a holiday place – at first many of them found it a strange and alien environment.

The proportion of local residents to women who had travelled from outside the immediate area of the refuge was broadly similar across all three groups: 1:6 in Penzance and Birmingham and 1:7 in York. This contrasts with Ball (1994) who found that refuges in England showed a more even ratio overall (4:5 including London, 1:1.03 excluding the capital) with the balance tipping heavily towards local women in the larger conurbations and inversely in county towns. The present study, however, is based on a much smaller sample and the results, therefore, cannot be seen as conclusive. Local refuges referring women on, due to safety considerations, which would distort small numbers, might also have
affected my figures. However, there have been many changes in policies and support (as recorded in Chapter 2) in the intervening nine years, which might be of genuine significance in this area.

![Distance in miles chart]

Table 6.4: Distance Travelled to Refuge by Informants

3.3. Informant base – workers

A total of 23 interviews were held with workers directly involved with supporting residents and ex-residents. One of these had previously been a resident and contributed in both contexts. She has been given a different pseudonym for each facet of the interview (see Chapter 7, section 1) to accommodate the clear differences that she herself indicated when talking about her stay in the refuge and her work as a volunteer. As discussed in section 3.1 of this chapter, there was some doubt in my mind as to the role played by workers and volunteers, other than general refuge workers and volunteers, in working with women. In the event I found that women placed a high value on their contacts with child workers and counsellors and that they felt their work was highly significant in its direct impact on them. A number of interviews with these specialist workers was therefore included in the overall analysis. The relevant proportions of staff interviewed by role are shown in table 6.5.

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As outlined in Chapter 4 (section 7), a number of other workers were also interviewed in order to produce an overall report for the group concerned. Their work included education and awareness raising, community and family support, housekeeping and administration, and they have been excluded from this analysis (unless specifically stated) as not directly relating to the support provided for residents and ex-residents.

Table 6.5: Workers directly involved with supporting residents and ex-residents.

Of the overall number of workers and volunteers interviewed (39), five volunteered the fact that they had had direct personal experience of domestic violence. It was also suggested to me, by workers, that a high proportion of Management Committee members may well have had similar experiences. This continuing involvement has remained a constant feature of Women's Aid, mentioned by Pahl (1985b) and Harwin (1997).

3.4. Limitations of information base

The process of obtaining access and establishing and maintaining contact with participants was discussed at various points in Chapter 4. Since my initial
relationship to refuge residents and ex-residents was mediated through the refuge workers, it could be argued they may have acted as 'gatekeepers' or influenced a decision as to whether to take part in the research or not. However, once I was in the refuge, residents did ask to be included and they also withdrew or suspended their participation if they were too busy or did not feel able to take part. There is, however, still the problematic in respect of all the interviews, as to who chose to participate and why (Kelly et al, 1994) and the fact that, as Arber (1993) comments, non-respondents may differ in important ways from respondents. More significant in its limitations on the research was the lack of response from ex-residents discussed in section 3.2 of this chapter. It was also not possible to contact service users who had left prematurely or had been asked to leave for breaches of security or other house rules. (One of my informants did, in fact, leave the refuge shortly after the interview for undisclosed reasons.) This deficiency, together with the possible bias in ex-residents referred to in section 3.2, might have indicated a non-critical approach by participants regarding the refuge services and perhaps a reluctance to speak about the less favourable aspects of their experiences. However the majority of my respondents in all categories demonstrated during their interviews and in other conversations, that they had thought carefully about the areas to be covered in the research and criticism and comments on unfavourable aspects of refuge life were as forthcoming as praise.

4. Conclusion

This chapter introduced the groups which participated in the research project and provided a broad outline of the setting in which they operate, their
organisation, accommodation and the extent of their service provision, setting this against the survey figures examined in Chapter 5. It explored some of the difficulties encountered during the fieldwork, provided statistical information about the informants and outlined the limitations of the information base. How the services described here work to support women who have experienced domestic violence, and their views concerning this support, formed the major part of my interview material. It is the analysis of these data, together with that obtained from observations and informal discussions recorded in my field notes, which informs the subsequent chapters of this thesis.

Notes

1. Given the participatory nature of this project, it seems inappropriate to refer to a ‘sample’ as this appears to convey the impression of an operation carried out by one person on another. I have, therefore, chosen to use the term informants and regard them, collectively, as an information base.

2. For comparison purposes, the urban population of the City and County of Bristol is 36.6 inhabitants per hectare. All figures from the Municipal Year Book 2003.

3. These figures include women who only stayed for a short while, for whatever reason, those who had to be asked to leave, or were referred on to more suitable accommodation.

4. The term ‘direct work’ has developed within the refuge context to include advocacy, emotional and practical support, information and the provision of a wide variety of life skills training. In this respect it may well have a wider meaning than that understood in other services and could perhaps be equated with ‘psychosocial work’ or advocacy.
Chapter Seven: Case Studies - analysis of information

1. Introduction

The aim of this research, as outlined in Chapter 4 (section 2) was to examine the nature of the support provided in Women's Aid refuges for women escaping domestic violence and its value to service users. This aim was further defined by three objectives, the first of which, to establish the range of services being provided and the extent of provision, was discussed in Chapter 5. The second and third objectives were to examine the nature of the work, the way it is carried out and to ascertain the views and experiences of past and present service users, identifying problems, difficulties and any unmet needs. In addition, I sought to establish if women's needs had changed since the early research of the 70's and 80's and if there was any pattern to the times when a particular type of help was paramount.

Having introduced, in Chapter 6, the groups and women who took part in this research, this chapter seeks to meet the objectives outlined above by drawing on the material gathered from interviews and from the field notes made following discussions and observations during my visits. Some themes were already outlined in the topic guide (Appendix 2), having been identified during the initial consultations; others emerged direct from the concerns and reflections of my informants. Given the small numbers involved and the nature of the material, no attempt has been made to make any formal statistical analysis of the data. I see the strength of the study as residing in the richness of the material and the complex and detailed picture it gives of the experience of refuge life.
It is this very complexity, and the embeddedness of different types and sources of support within the refuge environment, which create difficulties in presenting a coherent description to the reader. Rather than divide the material into separate chapters, and risk losing the holistic nature of the support, I have attempted to overcome this problem by structuring this chapter to follow, as far as possible, a linear path through a refuge stay and beyond it. This is divided into sections linked by overviews and summaries, where appropriate. The chapter starts (section 2) with a description of the three emotional themes which ran through all of the material—loss, anger and oscillating emotions. I then examine, in section 3, the process of leaving the relationship and the initial entry into the refuge. Section 4 moves this process a stage deeper into the refuge stay, looking at the main sources of support which are available to a women and others that she may choose, additionally, to access at some point in time. This is then followed, in section 5, by an examination of aspects of the communal life which were seen as important by women. For some of my informants, the experience of refuge life had led to a changed perception of themselves and their lives. This is discussed in section 6, and in section 7, I present material concerned with the transition back into the community. Finally I draw together, in section 8, the concerns expressed by workers and the challenges and difficulties they encounter, before concluding by summarising my findings.

Where appropriate, one or two quotations have been used to reflect the direct reality of a theme in the words of the women concerned and these can be considered as representative of a much larger number of women expressing similar views. In order to maintain confidentiality and anonymity all the names
have been changed and comments are not identified as coming from a particular refuge. Material that is relevant to more than one section is mentioned under both, and cross-referenced to give ease of reading. Although I have tried to minimise repetition, this is sometimes inevitable when writing about a process that is fluid and dynamic, essentially chaotic and often messy. Despite the very different characteristics of the study areas, as detailed in Chapter 6, there is a remarkable similarity in the accounts of all the informants of their experiences and the significant factors which helped, or impeded, their ability to recover from their experiences. Where different opinions on aspects of refuge life were expressed, these have been drawn out and discussed within the text. As indicated in Chapter 6 (section 3.2) three informants had self-identified as coming from minority community groups and two others as having physical impairments. One of these, together with another woman, was identified by staff as having slight learning difficulties. There was no greater homogeneity among these groups than among the rest of my sample. Not surprisingly, considerable additional material was gathered during the research, some of which was used to compile the separate reports for each refuge group (referred to in Chapter 4) and it is hoped to find some way to disseminate other information at a later date (see Chapter 9, section 6). However, in one or two instances, information was considered too sensitive, or readily identifiable (McLeod, 1994; Mason, 1996) and will not be included in either the present or future dissemination.
2. Underlying themes

2.1. Overview

Three strands of emotion ran consistently through all the interviews with residents and ex-residents. These themes provided a background to refuge life and impacted on every other aspect of their lives, in particular, influencing the nature of the support they needed, and their ability to utilise it.

2.2. Loss

The most pervasive of these was the feeling of loss, which was common to all my informants. It was experienced as encompassing not only material and financial loss, but also emotional loss and the loss of self-identity. Women mourned the loss of their home, often after many years of trying to build it up and keep it and the family together, frequently in the face of the recurring destruction of furniture and fabric by their abuser. It was often the loss of their personal possessions and mementos that caused the most pain:

I remember, when my little boy was about a year, he did a little drawing and stuff and we had it, actually, up on the wall in a little frame. I'd love to have that, but it's gone. 

Jenny

Additionally, there was often the loss of a regular income from their own or their partner's job and the prospect of years of managing on a low income (as discussed in Chapter 2, section 2.2).

At the same time, there were immense emotional losses, not only of the relationship itself, where feelings (as discussed in Chapter 2, section 3.8) were ambivalent, confused and painful, but also of children or pets who had had to be left behind (see Chapter 6, section 3.2). Only two had been able to come to a refuge near their home and hoped to return to it, with legal protection, or to be
re-housed nearby. For the remainder, there was also the loss of any form of support network - job, family, friends, together with a culture and environment that they were familiar with. City and country were equally alien to those who had not experienced them before:

"I've come a long way, away from everything I know. I don't know a soul. And it's tough."  
Liz

"I cried all the way till when I got here... I knew I was crossing the county and I knew I wasn't going back there and it was... I don't know, I don't know how I felt, I just knew I were upset anyway. I were devastated because I was coming so far away from home and I wasn't going back and the kids weren't going back."  
Val

Finally there was the loss of self. Women talked of their experiences having led to a total loss of self-confidence, self-respect and esteem and of being drained of everything:

"You have so many years of being told you're rubbish. And you believe it."  
Barbara

"You feel you're nothing when you come here."  
Liz

These comments are echoed by other research in the domestic violence field, as indicated in Chapter 2 (section 2.2).

For a number of my informants, the need to escape as finally as possible from their perpetrators had made them decide to completely change their names and identities. Although this can been seen, in one way, as the start of a new life, it has also required them to 'bury' their previous selves before taking on a new identity and, as discussed in Chapter 3 (note 1), condemns them to a lifetime of concealment and secrecy. This can be regarded as a further, and perpetual, aspect of their loss for this particular group of women, but for all of the women there was a perceived need for time to grieve over all they had lost.
2.3. Anger

Women, understandably, felt very angry over what had happened to them and the physical and emotional situation that they now found themselves in. It seemed to them that, with the loss of their homes and life-style, together with their identity and support systems, they were the ones who were being punished, rather than the abusers:

Obviously you have to keep the doors locked, you've got bars at the windows, we used to ... we'd say, after all we'd been through, you wouldn't have got so long if you done em in, through self preservation, a spur of the moment. You'd get a few months in prison, let out, and you'd have had all the wonderful treatment that they get in prison, university degree and all sorts you could get. Sports facilities ... and here we are dumped in this place with bars at the windows and locked doors.

Rachel

Only three of my informants displayed high and open levels of anger and aggressive behaviour during the interviews. For one, this was related to tensions with other residents, including 'missing' food from the communal freezer. Another had been in the refuge for some months and was angry with the local council for not re-housing her more quickly. The third had had a specific support problem, which is discussed in section 4.3. It is possible that some of these difficulties were part of the emotional 'ebb and flow' within the women themselves, as discussed in the next section, or of stress and tension within the refuge itself (see section 5.4). Interviews at a different time might have revealed a different picture, with more, or less, anger being expressed openly. It is also possible that women who displayed similar levels of hostility may already have been asked to leave because of inappropriate behaviour, found themselves unable to live in the refuge environment and left, or preferred not to
be interviewed. Nevertheless anger at some facet of the past or current experience was present to some degree in all of the transcripts and expressed by residents and ex-residents in a variety of ways, including at their abuser and at the systems and agencies that had failed them and, in some respects, were continuing to fail them, as discussed in sections 3.31 and 4.23 of this chapter.

Anger was also expressed at women who were regarded as 'using the system' and seen as 'taking advantage' of the support provided by Women's Aid:

> Because I did appreciate what the women (workers) do, I did not appreciate seeing other women taking the piss. I did not appreciate that at all, when you saw women taking advantage of the situation.

Harriet

A similar point is raised by Batsleer et al (2002) and raises interesting questions about women defining other women as 'worthy' or 'unworthy' without, perhaps, fully understanding the struggles that may be going on for them.

Walker (1993) points out that many women do block legitimate angry feelings during their experience of domestic violence, in order not to exacerbate the situation and that this anger may come out slowly and in indirect ways, when it feels safer to express it. Self-harming (instances of which were observable during the field work) and para-suicide can also indicate repressed feelings of anger and frustration (Stark and Flitcraft, 1996; Arnold and Magill, 2000; Heath, 2003). Feelings expressed about perceived lack of support (in sections 4.21 and 4.22 of this chapter) and restricted access to workers (section 4.31) may also be a reflection of this deep anger. A number of the counsellors who talked to me were of the opinion that, unless women felt able to express these feelings safely and learn to handle conflict in everyday life, they might remain
vulnerable to further abuse once they had left the refuge. Dutton (1992) and Herman (2001) have also commented on the importance of acknowledging and expressing anger, in order to facilitate recovery from trauma. Conflict within the refuge setting is further discussed in section 5.4 of this chapter.

2.4. Oscillating emotions

All the women talked of the way in which their emotions were confused, erratic and unstable, even when they had been in the refuge for a considerable time. The refuge had given them much needed physical safety, but they felt that their emotional and mental safety and stability was very precarious. An apparently trivial incident could occur and it was not possible for them to predict if they would be able to handle it rationally, or be deeply upset. Feelings changed from day to day and within each day.

This situation, naturally, was hard for them to understand and frightening, not only because of its unpredictability, but also because they wondered if all the 'emotional baggage' would ever go away, or if they had some type of mental problem:

It can be something and nothing. You might burn your tea or something and that could be it. You just feel, oh, God, you know. It can be the smallest things, really... sets you onto feeling very down and a bit, a bit glum. Jenny

And it's wondering whether that will ever go because... I mean sometimes, some days I get up and I'm, I'll get up and I am in a good mood and I'm fine and then other days I'll get up and it'll be like I won't be, I'll start crying all day and I'll be thinking, well, why did you do it and, you know.... I'm like, so mixed up in my mind and sometimes I think Ah, it's really unfair, I'd just like to go and tell him, you know, like everything's not alright because me head's totally.... mashed. Val.

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(It is worth pointing out that both of these women had been in a refuge for periods exceeding three months and, therefore, might be considered to have moved on from the initial trauma of arriving in the refuge discussed in section 3.31.)

The way in which emotions could change radically, over a very short period of time, was observable in terms of appearance and behaviour during my longer visits to each refuge. Workers were very aware of this oscillation and found it stressful and draining to see a woman who was starting to build up her confidence, suddenly crash down over something comparatively small, but perceived by her to be an immense problem.

2.5. Summary

This section has examined the losses which women experienced, both during the domestic violence and after leaving the relationship. It looked at their need to grieve and also the intense anger they felt at what had happened, which was expressed in a variety of ways. These two themes were present in all of the interviews and could be observed in the context of daily refuge life, together with the third underlying theme – the unpredictable and chaotic nature of their feelings and the way in which this affected their responses to events. Feelings of immense loss and of anger have been recognised as key elements both in the theories of bereavement and of trauma discussed in Chapter 2 (sections 2.4 and 2.5). Unexpected and uncontrollable emotional swings have also been identified as occurring in both and continuing for varying and possibly extensive periods of time. The significance of these underlying themes in conceptualising the time spent in a refuge is examined in Chapter 8.
3. Starting the journey

3.1. Overview

However many months (or years) it had been since they had left the relationship and arrived in the refuge, women's feelings at the time and the support they received, had clearly had an immense impact on them. It can, of course, be argued that their recollections might be coloured by the contrast with their previous existence, or given an 'halo' effect, whereby only the positive aspects of an experience are recalled, by distance from the event. However, the responses were consistent within and between all the refuges and across age, length of stay and point of interview. They were common to all service users, even to those who were highly critical of other aspects of refuge life and must, therefore, be considered a reasonably accurate reflection of the situation.

In this section, women talk of the circumstances under which they left, their reflections on this and on their reception at the refuge where I talked to them.

3.2. Leaving the relationship

As indicated in Chapter 6, for the majority of women interviewed (65%) this was their first visit to a refuge. It was clear, however, that a number of them had left and returned before, staying with friends or relatives as a temporary measure. As previous researchers (Dobash and Dobash, 1979; Batsleer et al, 2002) have pointed out, leaving is, in itself, a process, which may require many iterations before it can finally be achieved. Of the 13 who had self-referred, ten women had planned their escape (although it might have been carried out in haste, because of a narrow window of opportunity) and three had left suddenly.
For all of them, leaving had been an ordeal in itself, whether it was for the first time or one of many such occasions. 'One of the hardest things I've ever had to do' (Barbara) was a typical comment. The national and local telephone helplines maintained by Women's Aid staff and volunteers (and discussed in Chapter 5, section 7) had often been the first contact they made and the support that they had been given in considering their options, making the decision to leave and finding a refuge, was remembered with appreciation. Specifically, women felt that, whichever Women's Aid helpline they contacted, the woman they spoke to had listened to them and believed them without judging, or criticising, or rushing to end the call. This approach, representing the Women's Aid values expressed in Chapter 3 (section 4.2), recurred throughout the stay in the refuge and the factors involved are further discussed in Chapter 8.

Women commented that there was a clear moment when they realised that they had to leave the relationship:

The situation got so severe, I just thought my life was in extreme danger. I said to her, I just can't take any more. Stacey

I decided enough was enough. Joanne

He did hit me once after having Olwen (baby) and I think that's what done it. I thought, right, there's no way you're ever going to do this again. Amy

Seven other women had come to the refuge through social workers and the police had referred a further three. It was clear that many of my informants had had no idea that refuges or Women's Aid existed, often due to the isolation imposed on them by the perpetrator (Chapter 2, section 2.2). They had found out by chance (in one case in a shoe shop) or through statutory agencies. Had
this information been more readily available to them, they felt they might perhaps have taken action earlier:

I went through this for so many years, thinking I could either get beaten to death in a warm house, or freeze to death on the street with nowhere else to go.  

_Helga_

They were very clear that far more publicity and information needed to be made available, although unsure as to how best this could be done:

Women are going through hell out there and they need to be told that there is somewhere they can get help.  

_Charmian_

Similar views have also been expressed by residents, ex-residents and users of outreach services in a number of recent research accounts (Rai and Thiara, 1997; Lodge et al, 2001; McGee, 2000a; Humphreys and Thiara, 2002).

Although there is clearly an urgent need for such information to be made more widely available, this would have considerable resource implications if undertaken using the limited resources of Women’s Aid as Ball (1994) points out¹.

3.3. Entering the refuge

3.31. Arrival

For all the women, the prevalent emotion on arriving, either for the first time, or on a subsequent visit, was fear, amounting in many cases to terror. Not only was there the immediate fear that they might be found by the abuser and the possible consequences of that, but also the fear of the alien environment they were going to. Women were uncertain about the refuge accommodation and uncertain as to whether they would be able to trust the other residents or, indeed, the workers. Additionally, there were, understandably, concerns around all they
had lost and as to how they were going to manage with no food, no money and no belongings. For some, there were concerns about the future and the future of their children. This last was a particular concern for the Asian women interviewed, where a child’s marriage prospects might be affected by the woman’s actions. This viewpoint was confirmed by Roshni (specialist Asian refuge) and has also been noted by Batsleer et al (2002).

Coupled with fear were feelings of being so numbed, dazed and mentally confused by their experiences, that it was difficult to take anything in:

The whole thing is very strange and very weird and very, very surreal. Like being in a Ken Russell film or something, you know, floating through it.  

*Barbara.*

I think, looking back on it now, the first eight weeks, I just walked round in a daze. You know, I was doing things, getting the kids in school, but, it just didn't seem ... I can't explain it, it was a horrible feeling.  

*Amy*

My head was in bits and I didn't know whether I was coming or going.  

*Leanne*

Similar expressions of confusion and distress on first arrival at the refuge have been identified by Binney et al (1981) and Pahl (1978). Rai and Thiara (1997) in their more detailed examination of the process of arrival, additionally comment on the feelings of unreality and detachment experienced by new arrivals. As residents and ex-residents also pointed out, at the same time as the emotional pressures, women needed to cope with the physical and practical demands of the new situation - settling into the refuge, registering with the relevant agencies and completing forms for financial support. My informants, many of who had never had the opportunity to deal with this type of paperwork before, found this very difficult and confusing. Because of the circumstances of
their arrival, they might well not have access to the information and documents needed, or be uncertain as to dates and places. The response of the agency concerned could have considerable impact, given the applicant's emotional and physical difficulties and a number of women reported that they had not received a sympathetic hearing. During one of my visits, a newly arrived resident had to discuss her situation in a public area and was met with disbelief and a lack of understanding by a local social services officer. This incident caused deep distress to the woman and anger among other residents. These findings echo those on agency responses discussed in Chapter 2 and the research by Humphreys and Thiara (2002) and Batsleer et al (2002). The concept of twin sources of stress (practical and emotional) in situations of bereavement was identified and discussed in Chapter 2 (section 2.5).

3.32. Support

Women commented that the way in which their initial reception at the refuge was managed was extremely important to them in helping them to settle down in the refuge and feel comfortable, after the immense effort they had made to escape. Their immediate needs varied according to their situation. So, for Shelley, pregnant, arriving straight from court and with other children taken into care, the first need was for space and time to express her feelings;

I couldn't stop crying or anything. They let me talk to them for hours, do you know what I mean? To get everything off your chest and that.  

Shelley

Where a move had been planned, even if executed in haste, it seemed easier to get straight into settling in:
Katja (worker) met me and we went into the living room and she introduced herself and we sat talking and she took all me details and things and what had happened and explained things to me very thoroughly. What was expected and what I was expected to do and what they would do and stuff. And then she showed me to me room and stuff.

Stacey

For all of them, the prime factors at this time were not feeling rushed, being listened to, believed and treated with respect as an individual. Asked, however, what was the single most significant factor about their arrival, there was complete unanimity that it was 'being safe'. They were somewhere that their abuser could not gain entry and where violence of some sort was not a constant fear. The emotional and physical safety of the refuge was also an important factor in enabling them to relax:

Its the safety thing. It really is safe here. I think that you know that nobody can come and hurt you in the refuge.

Leanne

This need for safety continued to be an important consideration throughout the period of residence (see section 4.24). Women were aware that their fragile mental and physical state at this time meant they needed considerable practical and emotional help when they arrived at the refuge. They felt, without exception, that they had received this support, sometimes for the first time in their lives:

I was very emotionally bruised, let alone physically and I felt that I’d arrived here and all the women that worked here just... just sort of picked me up and looked after me, really.

Harriet

They've been really brilliant. People I don't even know. And you just come in and they're there.

Shelley

Also appreciated on arrival was the support of other residents, from practical actions like cutting a pile of sandwiches, when they had been travelling all day.
with no food, to sitting with them over a cup of tea. It was observable, in the communal refuges, that residents were showing particular emotional and physical support to new arrivals. They were also sensitive to the fact that new arrivals needed extra help from workers:

There's times when, you know, maybe a new lady coming in. And you know that she is more, maybe not more in need, but at that moment in time she needs them, and you can actually wait half an hour or an hour. 

Jenny

Workers were well aware of the importance of this initial reception period to the woman in terms of easing the transition into the refuge and of establishing a relationship which would enable them to offer support in the future. They stressed the need to tailor their approach to her immediate needs (as evidenced earlier in this section) and those of any children who might be with her. This included prioritising emotional and practical needs over form filling, despite the financial problems this might subsequently create for the refuge. Neither Penzance nor Birmingham offered key working (i.e. the allocation of a new resident to a specific worker) although this was the practice in York. However all the refuge workers stressed they would deal with any approach from a resident. The first few weeks (or, for some families, a longer period) were ones of immense need, during which a resident could be very demanding, both on an emotional and on a physical level. Where a number of new residents arrived within a short space of time, this caused additional pressure on the workers and could have an impact, as discussed in section 4.31, on the amount of time available for other residents. There are obvious implications here for funding and resource allocation which are discussed in Chapter 9 (section 4.2).
3.33. Reactions

The key Women’s Aid values (see Chapter 3, section 4.2) were very much in evidence in the way the initial contact was handled - being believed rather than judged, feeling safe and being treated with the respect necessary for empowerment.

Women also remembered clearly their reactions to this style of approach and the type of support they received - puzzled, a little surprised, but deeply appreciative:

People treating you as though you're a worthy person, that's really been something I found very, very difficult to get my head around... that I am somebody that's worth being here, kind of thing. You get sort of emotional that... I suppose when people say they care about you, you know. And you think, God, I think they do and that's a shock and the fact that you're actually a worthy person and that your ideas and ideals matter and are important. And, you know, the respect.        

Barbara

There were many comments on the respect with which residents were treated by staff and the way that this had built up their own feelings of self-esteem and confidence. These feelings were common to all of the women who spoke to me, even those who were angry about some facet of refuge life.

Once in the refuge, women felt safe and supported, without the need to plan for mortgage payments and heating bills, or the overriding fear of physical or other abuse. One possible consequence of this, pointed out by an ex-resident, Charlene, was, in her terms ‘going wild’. The release from so much fear and concerns, she felt, led to a desire to test boundaries and rules, to see how far they could go and to enjoy to excess activities outside the refuge, such as clubbing and drinking, which had been prohibited by the abuser. Although this specific link was only made by one informant, it does resonate with other
descriptions of behaviour from workers. McGee (2000b) comments on similar behaviour from children who have been experiencing, or witnessing domestic violence. Once they are no longer living in this situation, she argues, they feel a need to test their new freedom and its boundaries. Similarly, for women who have experienced domestic violence, although there will have been many restraints, some imposed by the abuser, some self imposed, to help them to cope with the situation, there will have been no containing boundaries to the experience of domestic violence, because of the sheer unpredictability of what will happen and when (McGee 2000a). It can be argued, therefore, that women need to re-establish and test their own boundaries and those of the refuge, before they can start making sense of their experiences and developing trust in those around them. This process of establishing boundaries is assisted by the clear explanation of house rules shortly after arrival and the challenging of inappropriate behaviour by workers. Further exploration of this concept, although beyond the scope of this research, might prove useful in assisting workers to support women in this situation.

3.4. Summary

Leaving the relationship and arriving at the refuge had been a deeply traumatic event for all the women I interviewed. For varying periods of time after their arrival they experienced feelings of numbness, disorientation and difficulties in relating to what was going on around them, feelings which are recognised as common to the first impact of bereavement following a death and are also indicated as appearing following other traumatic events (see Chapter 2, section 2). During this period they required a high level of support from workers and
other residents, both in dealing with the practical tasks involved in settling in and, as importantly, with handling the emotional stresses they experienced. The most important aspect of arriving in the refuge, for women, was the sense of physical safety, although mental safety and trust were not yet fully established (see section 4.21). The primacy of safety as a pre-requisite for recovery from trauma was indicated in Chapter 2 (section 2.4), together with an approach which incorporated (amongst other factors) respect for the individual, being believed and receiving support from those with similar experiences. Women initially found it very difficult to understand this approach, which has always been characteristic of the model of support used in Women's Aid (Chapter 3, section 4.1), in particular being treated with respect, because of their previous experiences within the relationship and, on occasions, from other agencies. Some women felt the need to test the boundaries of this acceptance before they were able to move forward. The way in which women's support needs and attitudes begin to change over the period of their stay in the refuge is discussed in the next section.

4. Exploring the route

4.1. Overview

As discussed in section 3, the time following arrival in the refuge was seen by workers and women as one of intense effort, with major practical and emotional issues to be dealt with. The duration of this initial period varied for each woman but merged gradually into a position where women were more able to evaluate the material and emotional resources they possessed, the external
support networks they could access and what needed to be done on a practical level, both now and for the future.

In this part of the chapter, that position is examined in more detail, looking first at the main support systems available within the refuge and then at other sources of support that women have been able to draw on. In the first section (4.2) the overall approach to support and advocacy adopted by Women's Aid workers is discussed. Women explain their reactions to this, the way in which their needs change, the continuing importance of safety and the role of mutual support. Following this, the second section (4.3) examines a range of other support systems that women had found valuable, which were closely linked with the refuge, but could be seen as different from the main areas of support. These included the need for communication on a variety of levels, the use of counselling and group work, the availability of a range of activities within the refuge and the importance of child workers in relating to mothers.

4.2. Main support systems

4.21. Trust and empowerment

Residents and ex-residents felt that they needed space and time after their arrival in order to feel comfortable with the refuge workers and begin to trust them, before they could move forward into discussing options and plans for the future. This process could take weeks or even months, depending on each woman:

Basically, I just didn't trust anybody. I wanted to be safe and I wasn't letting anybody spoil it for me. It's taken all of five months!  

Liz
As a crucial part of the way they approached their work, staff identified the use of counselling skills – active listening, empathy and a non-judgemental attitude – to create a supportive environment where this development could take place. As will be seen this and the next two sections, the use of these skills broadened over the time spent in the refuge and were employed in the way information and encouragement were offered, options debated and strategies for moving on, mentally and physically, discussed. This style of support was seen as closely related to, but different from, the counselling discussed in section 4.32 and this important distinction is discussed more fully in note 2 of this chapter.

As trust developed during this time, and mental safety reinforced physical security, as discussed in section 3.4, service users felt their perceptions changed and that they could bring out and discuss events, people and situations which may have been distorted or concealed on arrival. Residents valued the knowledge and expertise of workers, but also the fact that they were never pushed into taking a course of action but could discuss their ideas freely:

They don't pressurise you into doing anything you don't want to or any ... what you want to do is entirely... but and they're just there to support you and help you. They're not there saying you've got to do this and you've got do that. They're just there. You go to them and say well, I want do this, what you think? Because they've had, like, experience there, so... yes. And I think that's what women need. They don't need someone dictating what they should and shouldn't do, when they come into a refuge.  

Eve

Being treated with respect and as responsible members of society was, again, the key to empowering women and giving them the confidence to make their own choices. (This long-term approach and its use within Women's Aid was discussed in Chapter 3, note 4.) 'Respect' also, in the eyes of service users,
included refuge workers being honest and 'up front' about what was happening to any applications, possible consequences of their actions and explanations of where the refuge stood in any situation. They felt they knew where they stood (i.e. boundaries, as discussed in section 3.33 of this chapter, had been established) and what to expect, in contrast to other agencies who often failed to keep them informed or, in their view, went behind their backs:

Other people sort of, go behind your backs, but they've always been up front with me, told me exactly what they think, laid the ground rules down.  

Leanne

Praise and encouragement, as opposed to the destructive interrogation and criticism which women said they had constantly experienced in the past, enabled them to build self-esteem and gradually become more able to take decisions and action for themselves. This was not, however, an easy option for women who had frequently not been permitted to act for themselves, even to the extent of using the telephone. One plaintive comment, echoed by many women was, 'no-one will tell me what to do' (Maggie). In retrospect, most women could see that being encouraged to do things for themselves and make their own decisions had been the best way of gaining confidence in their own abilities to take control of their lives and live independently on leaving the refuge. Some, however, had expected workers to do far more for them, or had not felt ready to take action for themselves:

You're just ... you basically do it on your own...you just expect more support than you're getting ... you feel more isolated because you're left to do it for yourself.  

Amy

Workers, however, saw this as part of the process of learning to make choices and empowerment:
They’re always asking us for the answers and its something we can’t give them.  

*Janna – worker*

This dichotomy and the problems which could arise from it, are discussed further in the next two sections.

As in the initial period of arrival at the refuge, women were having to deal with their emotional difficulties concurrently with their practical problems. Feelings of anger and loss, which may have been masked, to some extent, by the intensity of their other emotions on arrival, were more accessible and intrusive. It was also at this time that women experienced fully the ‘roller-coaster’ of emotions discussed earlier (section 2.4). They were essentially realistic about the fact that, however much support on a practical, or emotional, level they received, there were things that they had to come to terms with on their own:

But, yes, I mean things, you do, you find that when you do come here, things... it is tough. I mean, however much support you get, you know, you’ve got to live with yourself, you’ve got to try and fathom things out in your head and its... none of it is easy.  

*Barbara*

Nevertheless, women appreciated the way in which workers were not solely concerned with practicalities, but were able to offer emotional support as well.

### 4.22. Changing needs

After the initial reception period was over, workers saw their role as providing emotional support and practical information, building confidence and encouraging women to handle their own problems with support and advice. Workers saw women as moving along a continuum from the sense of being and having nothing, which was evident upon arrival, to a degree of confidence that they could leave the refuge and live independently. Yet the conflicting pressures of practical problems and emotional stresses discussed earlier mean
that this is never likely to be a straight line progression, but a dynamic process.

Women will move forward and back, as they themselves commented, sometimes going back to their feelings on arrival at the refuge and at others moving purposefully towards a goal. As one worker put it:

It's like looping the loop, the emphasis is onward and upward, But you will have downward loops as well, on your way up.

Frances

Again, counselling skills were seen as important in the way support was delivered, how women were assisted to prepare for events such as court appearances and to implement their own strategies for change, without feeling that they were being told what to do. Workers needed immense skill to be able to balance between support leading towards independence and that which might encourage continuing dependency; knowing when to gently challenge a woman to use her personal strengths and when a higher degree of support or advocacy (as discussed in the next section) was needed. This complex situation is made more difficult by the fact that every woman will have different support needs and that her individual needs for support will also (as discussed above and in section 2.4) vary from day to day, depending on her own problems and her reactions to them:

Sometimes I feel like on a high, where I just do everything and I do it by myself with no one's help. And sometimes I feel just on a low, where it's like... come on... you need that greater... push.

Maryam

The changing needs and different approach required for each resident throughout their stay in the refuge is reflected by Pahl (1978) and similar points have been made by the report of the Interagency Working Party on Domestic Violence (Victim Support, 1992) and Glass (1995). Workers in all the refuges
felt that the key factor in working in this situation was, in line with Women’s Aid values, to centralise the woman’s needs and her perceptions of her problems. They needed to be open and aware of the needs of each woman and flexible enough to respond appropriately. Nevertheless, in the often relentless pressure of daily refuge life, it was not always easy to get the balance right. Women, who, on the surface, seemed in control, might be feeling in need of additional support; yet an unwanted approach might be seen as an intrusion into privacy and disempowering in its effect. To assess and deal with this situation was seen as more difficult in self-contained refuges, if a woman chose not to come into the office. Inevitably, a few women felt, as discussed briefly in section 4.21 and also noted in their 1998 study by Delahay and Turner, that their ability to handle their problems had been overestimated:

OK, I appreciate the fact that they said ... OK, its good that you learn like to be ... to deal with your own matters, because once ... you don’t get that type of support like they offer here. You’ll be all on your own then. OK, I accept this but ... maybe its an easy alternative for them. You know, you look alright, you look like you’re alright and you’re really a strong person. But inside of yourself, you might not be. You know? Hayley

On the other hand, workers were of the opinion that some women expected everything to be done for them:

That’s a fine line, because some women will tell you that they want you to do this, this and this, but they don’t need you to do this, this and this and its about making out if that woman is ... its very subjective. Jay, worker

Attempting to reach and maintain a balance between all these factors could become draining and frustrating, particularly in view of the other pressures on them, discussed in sections 4.31 and 8. Workers needed to feel supported within their work team and that their work was valued by the rest of the
organisation, if they were to be able to continue to offer this type of help. The role of workers is discussed in more detail in section 8 of this chapter.

4.23. Advocacy

The patchy, and sometimes unhelpful, response from statutory agencies to women experiencing domestic violence has been touched upon in section 3.31 of this chapter and was discussed previously in Chapter 2, together with structural disadvantages suffered by women in dealing with social, economic and welfare systems. Although workers aimed to support and empower women to take action for themselves when dealing with these agencies (as they would have to do in the future), they accepted that there were times when it was necessary for them to go beyond this and work as advocates with, and on behalf of, women, to help them to obtain a just solution to problems, or their rightful entitlements. (The concept and scope of advocacy is discussed in Note 3.)

Given the difficulties that residents were already having to surmount, as detailed in earlier sections of this chapter, the extra resources of strength and energy needed were sometimes just not available to them, as noted by Malos and Hague (1993). As Kelly and Humphreys (2001: 246) comment, 'negotiating with powerful organisations can be anything but empowering'.

Workers commented that successful interventions required knowledge, persistence and a determination not to be 'fobbed off'. They recognised their frequent successes as a tribute to their professionalism, but they were aware that, in providing this support, even when working as partners with the woman, they could undermine her confidence and ability to act for herself. (See also Humphreys and Thiara, 2002) on this possible detrimental effect of
Areas where advocacy was particularly valued by women included occasions when residents felt they were being passed from one agency to another without any actual attempt to help them, and representing their views to agencies who insisted on using terms and jargon which they did not understand. Workers were also seen as being influential in cases where a number of agencies were involved:

The social workers and people like that weren’t doing what they were supposed to. Weren’t giving me…telling me the dates of the meetings, the dates of this, that and the other and keeping me in the dark about a lot of things and then Janna and Oriel got on the phone and Kim (workers) and that was it…the bits all started to come into a picture. You know, they really went to work on it. 

Shelley

Advocacy in legal and court proceedings was also valued by the very small number of women who were involved in divorce or custody hearings but, as mentioned in Chapter 2 (section 3.42), support in taking legal action was not the first thing that came to mind when women were asked about support needs or difficulties. This may be due to a reluctance to take legal action or a doubt as to its efficacy (as discussed in the earlier chapter) or, perhaps, to the greater importance to them of getting on with their own lives.

Workers saw advocacy, where necessary, as one part of the overall aim of empowering women to take control of their own lives and feel confident in acting as their own advocates. Practical and emotional support and advocacy, delivered using counselling skills, can be seen as working together to this end. Leanne, whose young son had acute behavioural problems at school and in the refuge, explained how it had worked for her, once she felt able to trust and work with one of the refuge staff:
Alma (worker) and me, we've got like a good strategy plan what they can all do to help me. Because he was walking out of school when he was upset and again, when he can’t do summat or he gets really upset when people call him names. He takes it all so personal. Alma said like its just a matter of praising him and building his confidence. I'll sit and do work with him, reading and writing. But, yeah, its like I aren’t too good at talking to teachers and stuff, so Alma come with me and she could put it in my terms and when they were using all the big posh words, she could say, well, basically, they're saying this.... I’m a lot more confident than I was about it.

Leanne

It was apparent, however, that at times, the balance between all these factors can go badly wrong, as in the situation faced by Hayley, one of the three women whose open anger was mentioned in section 2.3 and whose comments on her unacknowledged need for support were indicated in the previous section:

You go in the office and everybody … like, you know, people have a jargon, they know what they are talking about, but you don’t know what you are talking about. I was trying to tell them Look, this is happening, but nobody, really like, was interested. And I thought, Oh my God, how’m I gonna do that and I knew it was bad enough, because the court order was there and the neighbourhood office was saying, Look, there’s gonna be a court hearing. So I started saying, No, this is not good, this is not … I feel like I’m gonna complain. It hasn’t helped. We just about got it together. And the bailiff was just gonna come into my house and take all my stuff away. So we just got in before, with a solicitor.

Hayley

The situation was rescued at the last minute, when workers realised what was happening and they have apologised for the lack of support, but it has left Hayley feeling angry, frustrated and disempowered.

4.24. Safety

Being safe, as indicated in section 3.32, continued to be of prime importance to all the women. They were still nervous of being found and of venturing far
from the refuge on their own, but inside the building, the way they were treated enabled them to feel more emotionally secure and relaxed:

Feeling free and safer and able to do what I want when I wanted. I think the best thing, really, if you put it down to just basic things, its waking up in the morning without that person laid next to you, waking you up...and knowing, really, that the day is just going to get worse and worse and worse and worse...Just knowing, really, that you can wake up without all that. Just waking up alone.  

Jenny

Its just building up, being able to relax and be who we really are. 

Liz

4.25. Mutual support

Mutual support has been a cornerstone of Women's Aid since its inception (Binney et al, 1981; Clifton, 1985) and research has consistently commented on the strength that women have drawn from each other and from their shared experience (Malos and Hague, 1993; Charles, 1994; Bossy and Coleman, 2000). This was certainly the case for all except one of the women who talked to me, although they were realistic, as shown by the comments in the remainder of this section and in sections 5.3 and 5.4, about the problems that could occur with this support. The sole exception to this view was one of the women whose open anger was mentioned in section 2.3 and who had experienced problems over 'missing' food. She was emphatic:

I don't mix with no-one, really. I might see them and say, hello, or, are you going down the shop or, are you going to the bus stop, but I say I don't owe it to the women in here ... I keep myself to myself ... I'm not that partial to them, to tell the truth.  

Maryam
It is possible that her views may have been coloured by her experiences within the refuge, or outside, but this attitude was not shared by the other two residents who were openly angry, or by any other of my informants.

My field notes show that there was a difference in how support appeared to be given between residents at different times during their stay. When women first arrived in the refuge, as mentioned in section 3.32, they received physical and emotional support from other residents, who were there to listen, or talk if this was appropriate, but who would also understand if the new arrival needed space and to be left alone for a period of time. At this stage, it was the discovery that they were not, as they had believed, alone in what they had been going through that was most welcomed:

> It was like a sigh of relief, when I came from that house and came here and knew there was other people in the same boat as me, that I could talk to.  

*Val*

> To know that I wasn't the only one and, you know, I wasn't... as daft and as stupid as he made out. Because we've all basically been through a similar type of thing. The emotional abuse is terrible. To be told, for nearly eight years, that I was stupid and I was thick and... you know... you believe it. And together, talking to women in the similar type of situation, when you've made friends, you know you're not.  

*Stacey*

As residents settled into the refuge, they were able in their turn to offer this type of support to new arrivals and it was clearly important to their evolving self esteem to be seen as having something of worth to offer to others, a point made by Pahl (1985b).

For women who had been in the refuge for some time, mutual support became a very important part of their lives. Physical company (watching TV, going shopping together) provided an antidote to the isolation that many of them had
been subjected to and the knowledge that another resident would be there for them at bad times was a source of emotional strength.

In communal refuges, talking late into the night with other residents was a recurring theme, a fact noted in previous research (Rose, 1985; McGee 2000a). Discussions sometimes included what happened to them, enabling them to ‘talk it out’ and gain a new perspective, but also included future plans and what was going on in general terms, ‘setting the world to rights’, as several respondents put it. During this time, a strong bond developed between many of the women:

> You do build up a very strong relationship with other people, if you, you know, with some others, you sort of gel with somebody, you kind of make up a rapport with somebody. It's a very deep friendship occurs, because you're living together, you've been through... although all abuse is different, its all the same in the end. Its destroyed you, almost. So you build up this very deep bond.  

Rachel

Two of my informants specifically commented on the strength and inspiration they had drawn from meeting women in their 60s and 70s who had found the courage to leave an abusive relationship. Although it was not a specific question, three residents told me that, had it not been for the support of other women and the solid reasons they gave for remaining in the refuge, they would, at some stage during their stay, have gone back to their abuser because of the stresses caused by the practical and emotional problems they encountered and the fear of an uncertain future.

Residents pointed out that the value of mutual support also depended on the mix of women in the refuge at any one time. It was not always possible to build a support network and sometimes small groups, which excluded others, could form. There could also be a detrimental effect if discussions became ‘stuck’:

200
Talking about something is definitely good, but then when you go into it too much and keep talking and keep talking about the same old things, sometimes that can be a bit... sort of takes you back, really. And you can't really move on for it. You seem to be either just stuck in that certain moment, where you're just living all the time what he did. Which isn't always easy to break out of....

\(\textit{Jenny}\)

The sense that women felt a pressure from other residents to keep talking when they themselves wanted to move on, or needed space, was also noted by Rai and Thiara (1997), as was the potential for cliques to develop. It is possible that the element of 'getting stuck' referred to above, might be less problematic in second stage or 'move on' accommodation, where women are, by definition, moving towards leaving this sort of environment. However, as noted in Chapter 5, move on accommodation is in short supply and was not available in the three groups participating in the research.

Women who had experienced self-contained refuge accommodation as well as larger communal refuges, felt that it was far more difficult to give and receive support in both of these situations and to get to know other women, unless this was deliberately planned for by management and/or workers:

\(\textit{Here, I'm stuck. I feel isolated. Basically, having nobody to talk to. Yeah, there are other women in here with the same problem ... but ... we very rarely see them, because we have our own little flats. And you just get on with whatever you need to do that day and that's it. Its very rare you see any of the other women around.}\textit{Amalie}\)

In particular, self-contained refuges normally require women with children to remain with them once they are in bed, because of health and safety risks. This can limit the opportunities for the late night support referred to above, which appears to be characteristic of communal refuges within Women's Aid.
The system of mutual support did not appear to carry on to any great extent after women had left the refuge. This was unlike findings produced by the follow up interviews carried out by Pahl, where less than a quarter of her sample had had little or no continuing contact with former fellow residents after leaving the refuge and she had seen the refuge as helping to build an 'enduring social network' (1985c:33). However, that sample was considerably larger at 43, as opposed to 23, women and it is also possible that social interactions may have changed since then, with more mobility and less extensive networks. I am aware, however, that, in at least one refuge, ex-residents run their own support groups (Pearson, personal communication, 1999). One resident commented that many promises were made and phone numbers exchanged when women initially left the refuge, but that contact rarely continued for more than a few months:

People leave all the time and Oh, lets have your number, lets have your number, but nobody, actually, really keeps in touch. I think a lot of it is because this is ... its an in between stage, its like a halfway house. And I think, as nice as your friends in here might be and supportive, you just want to leave it all behind.

*Jenny*

Ex-residents said that they had stayed in touch with a few women to whom they had become close, but that, as their own networks grew within their new communities, general contact lessened and they chose carefully those who they wished to keep in touch with. One interesting development in this respect was the growth in the use of 'texting' on mobile telephones which I observed during the 18 month period of the field research. This occurred between women in the refuge and ex-residents and from residents who were outside the refuge on business texting residents or workers for support and advice. This was not limited to the younger residents and was apparently becoming a common and
accepted way of keeping in touch and obtaining support. This creation of a ‘mobile’ (in both senses) support system that ‘goes with’ a woman may, perhaps, indicate the development of a different aspect of mutual support and the concept of an ex-residents network, but giving the opportunity to maintain it in a more ‘arms length’ fashion if preferred.

4.3. Support from other sources

4.31. Someone to talk to

Evidence from the women who talked to me showed that isolation from any social contact was, for many of them, frequently a part of the abuse, confirming the research discussed in Chapter 2 (section 2.2). Women had been forbidden to use the phone, to speak to anyone outside the home, to make visits to friends or family and visitors to the house or flat were actively discouraged, leading to a situation where they were cut off from normal sources of conversation. They were, therefore, actively seeking to make verbal contact with other human beings. This seemed to be needed on three levels. Firstly, normal, everyday conversation – children, shopping bargains, soaps, secondly, supportive talk - dealing with what had happened and planning for the future and finally what might be described as healing talk - working on a one to one or group basis with designated and skilled workers. Women saw all of these interactions as being needed in helping them to rebuild their lives and regain a feeling of normality.

As indicated in the previous section, mutual support was valued by all except one of my informants as showing women that they were not alone and providing strength and support within the refuge, as well as companionship and a chance
to discuss daily life. However this did not meet all the women's needs, since, as they pointed out, there were not always women present that they could relate to:

I mean, you're not guaranteed to get on with everybody, but you don’t anyway, do you?  

*Leanne*

Each resident would also have their own pressing concerns, issues and agendas, which needed her attention, if she was going to leave the refuge and rebuild her life.

Access to and interaction with workers was, therefore, very important to all the women, and workers recognised that this included casual conversation about topics like shopping or TV, as well as considering courses of action or future plans, thus giving a link back to the world beyond the refuge to which women would be returning. A number of women had family or friends not too far away from the refuge. Some of these were willing to offer support, others, for a variety of reasons, did not wish to get involved. Women were, in any case, often reluctant to expose other members of their family, particularly elderly parents, to the risk of violence or intimidation from their abuser. At Birmingham, a "twilight shift" operated on some evenings during the week and workers were aware that this was often a time when women wanted to talk quietly on a one-to-one basis, something that was not always possible during a working day. Workers from other refuges have provided similar anecdotal evidence during workshops and general discussions. There is a similarity here to the comments concerning mutual support: that often the most influential discussions took place in the evenings and nights, when the children were in bed and no more active work required to be done.
Women appreciated the fact that they were able to go and talk to workers, that wherever possible they would make time to listen and, if necessary, would remain outside scheduled hours or telephone to check that a problem had been resolved. They also valued the way workers understood the conflicting pressures and emotions they were subject to:

'It's just; I think they're a bit more... I think a lot of Women's Aid workers, not just here, but because they've been through it themselves, they really know that sometimes, you know, you do feel shit and sometimes you do need a little bit extra, sort of, time or, other times you can feel very positive and it just goes up and down like that. It's just that they know from their experience, even though everybody is different.'  

_Jenny_

However there were times when workers were not able to spend time with women. This might be because of a number of new arrivals, pressure of other work, volume of work within the refuge, meetings outside the refuge, or telephone calls. Residents commented that the times that they felt most isolated, whether in self-contained or communal accommodation, were out of hours - evenings and weekends - when workers had gone home. None of the refuges had scheduled full weekend staffing and were not in favour of 'sleep-ins', i.e. where an on-duty worker is sleeping on the premises, in case of emergencies, seeing them as taking away responsibility from residents. It should be stressed that direct telephone access to workers was always available and women were also aware of Women's Aid and other helplines that they could access at all times. There was no evidence that these were extensively used, indeed, there was a strong feeling that workers ought not to be 'bothered', if at all possible, during their off-duty hours:
I mean, they’re at home with their family and, you know, they’ve got their own children and things like that, or their own partners and husbands.  

Jenny

Friday afternoons, before the weekend break, and Mondays, after workers returned, were, therefore, often particularly busy periods. As one resident put it, only half in jest:

Don’t threaten suicide on a Monday, have to wait till Wednesday!  

Barbara

Women understood that refuges were under-resourced and that workers were under immense pressure, but not being able to make contact in this way was immensely frustrating and they felt angry (as discussed in section 2.3) and unsupported at these times, whether or not they had specific issues to discuss:

I mean, the refuge workers are, basically, rushed off their feet
I mean, they have got a lot of commitments elsewhere … other women coming in and out of the refuge. And we all … come 10 o’clock in the morning, there’s a queue of people out there (outside the office door) waiting for calls, waiting for this, waiting for that …  

Amalie

You hear it a lot. People say Oh God, there’s no support here. Wasting my bloody time here, like. Do you know what I mean?

Amy

Despite Women’s Aid striving to be seen as working in a non-hierarchical and participative way, workers were aware that they were seen as being in a position of authority - collecting rents, enforcing rules, issuing warnings, possibly dealing with child protection issues:

Women’s perceptions of refuge workers can be quite … well, you know, … refuge workers are in a position where they’re … they’re the people that enforce rules, fundamentally. They’ve got a lot of power, refuge workers.  

Jay, worker
It does tend to be us and them, maybe it shouldn’t be, but it is, because the staff here are, they’re in a position of kind of, not so much control, but in a way it is, really.

*Barbara, resident*

This, in the view of workers, could make it difficult for women to discuss some topics with them and there was also a strong feeling among workers that it was not necessary, or appropriate, for them to cross boundaries and become aware of more private matters. As discussed in section 4.2, they drew a clear distinction between using counselling skills - active listening, empathy and a non-judgmental attitude - in conjunction with coaching and advocacy and providing professional counselling or therapeutic group work, a point also made by the workers interviewed by Ball (1994). Both counselling and group work, together with any other contacts residents might make, were seen as complementary to the personal support and advocacy women received from workers and as offering a broader network of support systems. Women, too, felt that there were topics that they preferred not to discuss with workers:

> There’s some bits you’ve got to keep private, you know. *Sophie*

They might choose to talk to visiting health workers or other professionals, but were generally strongly in favour of having access to counselling or therapeutic group work while in the refuge, provided that it was from someone who, while holding the same values as the workers and understanding the complexities of domestic violence, could be seen as independent.

### 4.32. Counselling

As discussed in Chapter 2 (section 3.53) and Chapter 3 (section 4.1) the philosophical and political basis of the early model of support in Women's Aid
refuges did not see counselling as an appropriate response to the experience of domestic violence. In response to requests from women themselves, however, a significant number of Women's Aid refuges are now providing counselling services\textsuperscript{4} delivered by professionally trained workers and volunteers. The 1999 survey examined in Chapter 5 showed that 42\% of refuges were providing 1:1 counselling for residents (Women's Aid, unpublished, 2000). Counselling, in the refuge groups I worked with, was carried out by women who had received training in understanding the complex nature of domestic violence and its impact on women and the aim was not to place responsibility for the violence on to the woman, but to help her talk it through, mourn her loss and understand the relationship and her role in it so that she will be stronger on a personal and psychological level and less likely to be vulnerable in any future relationships.

In York, counselling was provided within the refuge by a part time volunteer counsellor, while in Birmingham there was a mixture of part time paid and volunteer counsellors. Counselling here was, however, at a centre some distance from the refuge and those residents who would have liked counselling felt that their other commitments, plus childcare arrangements, made it difficult for them to travel. They would have welcomed counselling at a venue closer to them. This may also reflect the fears for safety when away from the refuge, expressed in section 4.24. Penzance, as indicated in Chapter 6 (section 2.2), laid considerable stress on counselling and had a force of volunteer counsellors together with a full time paid counsellor, who also acted as a practice supervisor to the volunteer counsellors.

In the refuges where counselling was readily available, eight residents had been there for longer than a month and could, therefore, reasonably be regarded
as having recovered from the original trauma of arrival, when counselling was not regarded as helpful by the workers and counsellors. Half of these were currently in counselling and they all felt that, although it was not an easy option, it was helping them to understand themselves and what had happened to them:

I have moved on... I have moved on, I’ve... I mean I’ve had ... I’ve only had three sessions of counselling and... I thought about things I’ve not thought about for years. Things I don’t want to think about, sometimes, as well, but I’ve thought about them and they’ve just come into my head and I think, Wow, I must be ready, I must be ready to talk about them things. And I found myself a strong person. I’m not emotional at all, but just over the last couple of months I’ve been like... because I want to talk, but not... I weren’t ready. But like over the last three months I’ve like, I’ve not, I’ve not cared whether I look soft or whether I cry or whatever, like that. And I think it’s a good thing that I’m coming out because otherwise it would just... I’d have ended up bitter and twisted, probably.’

Liz

A further two had tried a few sessions, but had felt they were not helpful at the present:

I tried that, but it wasn’t for me. I think I’m better off just forgetting about it and talking about it, you never forget about it. I can pick it up later, when I’m ready for it.

Leanne

The remaining two had no wish to enter counselling, but felt that it should be available for those who wanted to take advantage of the opportunity:

I think that counselling should be on offer. Because a lot of them that come in here, I know I did, I blamed myself for everything. But, I dunno, someone to talk to ...

Amy

Among six of the ex-residents, four had been in counselling during their stay and had returned for further sessions after leaving the refuge. They commented that counselling had been helpful to them in both instances, but that the sessions after leaving had built on the earlier work, and that they were able to bring different aspects of their lives and problems to the work, together with a much greater depth of understanding. A further two former residents had found
individual counselling too painful, but had become involved in group work after they had left the refuge and had found this very helpful, with less individual pressures than one to one sessions:

It drove me inward. It upset me, because I had to think about the past, instead of looking forward. The group was excellent. You could spark off each other, work together. It gave me confidence to try practical ways to change things.  

*Charmian*

From the evidence of this small sample, it would appear that many women found this type of support helpful and that they wanted access to counselling and/or group work to be available for women who required this type of support, both in the refuge and once they had left.

Counsellors themselves followed a variety of theoretical perspectives, but agreed with workers that counselling was best seen as complementary to other support systems and as part of an integrated package of refuge support, to be accessed as and when a woman wished to do so. They commented that the lack of confidence apparent among women who had experienced domestic violence, meant that counsellors needed to be ‘user friendly’ - not simply coming to the refuge for an hour and departing, but taking time to be around and chat informally. This meant, as one counsellor, *Cara*, put it, ‘that people can trust me and know that I’m approachable and that I have got time for them’.

Counsellors also pointed to the traumatic effects of domestic violence (as discussed in Chapter 2, section 2.4) as requiring them to have an awareness of the topic and a good understanding of the wide variety of problems it generated.

They commented on the particular difficulties for client and counsellor in building up a relationship of trust and rapport during the time spent in the refuge, since the temporary nature of the stay meant that the sessions might be
abruptly terminated, perhaps giving rise to further feelings of loss. Workers agreed that there were difficulties, but felt that, in their view, counselling had proved a valuable resource for those women who were ready for it, and that they were then able to support women in gaining new understandings:

If a woman is ready for it, counselling is, it seems to me, the seat of where a woman can explore her stuff and see it slightly differently. You know, bounce back from the counsellor and everything. And then we can work with that, as she begins to move on, to see things slightly differently, to start feeling differently about herself and her place in the world. We can offer lots of support around that.  

_Daphne – worker._

Recent research (Rai and Thiara, 1997; McGee, 2000b; Lodge et al, 2001) supports the idea that easily accessible counselling, carried out by women who understand the problems of domestic violence, but separate from the support provided by general refuge workers, is a service requested and appreciated by many refuge residents.

However both women and workers emphasised, as did counsellors, that the practitioner needed to have understanding of the complex issues around the impact of domestic violence which were discussed in Chapter 2, (sections 2, 3.53 and 3.8) and are commented on throughout this chapter:

If you don’t get the right counsellor, you know, there’s no point.  

_Stacey_

4.33. Therapeutic group work

At the time of my research, York had run, jointly with another project, an experimental closed self-help group with a therapeutic content for women who had experienced domestic violence and for those who had experienced sexual abuse⁵. Feedback from participants had been good, but it was not certain if
resources would be available to run further groups or extend this work into the refuge.

Birmingham runs a variety of closed therapeutic groups which are considered to be inappropriate for women living in the refuge, because of the crisis nature of their situation at this period of their lives. There is, however, an open group with a mixed programme of activities, which is discussed in section 4.34. At Penzance, an open therapeutic group develops from the house meeting each week and there is also a closed group for survivors of sexual abuse, with members from the refuge, and from Penzance and district. Some of the service users in Penzance who were interviewed had found these groups challenging and hard work, but very empowering. In particular, the open group had enabled them to learn how to deal with conflict resolution in a positive way:

Some talk and air us views, so its like, it learns you to be more positive.  
*Liz*

If any of the residents had any problems with any of the other residents, … it could be brought up and discussed. And its much easier if the other people are there and the staff are there, if needed, because they can deal.  
*Harriet*

Not all of them, however, felt comfortable with this way of working:

The girls … didn’t want to talk about it in front of other people.  
*Rachel*

It’s a bit too personal to be discussed in front of other people.  
I’m not too happy about that.  
*Barbara*

It was also evident from these interviews and from those in the other refuges, that not all difficulties between residents are raised in this forum, or in house meetings for a variety of reasons, as discussed in section 5.4. A variety of support groups with a therapeutic content were run by Batsleer et al (2002) as a
part of their research studies and feedback included in their report indicated that these were generally appreciated and seen as empowering by participants.

4.34. Life skills and activities

For residents and ex-residents alike, a constant comment was the lack of activities available for them to take part in without children being involved. All of them, without exception, were full of praise for the activities organised for children during the week and particularly during the school holidays, and appreciated that the constraints on extended provision were caused by the lack of resources. Ideally however they would have liked more to occupy their own time, particularly during the day:

It's frustrating, because ... it's like, sometimes I'll get up in the morning, I'll take (daughter) to school. Then I've nowt to do and then we're either just sat in the kitchen, 'cup of teaing it' all day, or we're in us room and I think, oh God, there's got to be more to life than this. It's just thinking ... ooh ... I need more, I need to be doing more.  

Liz

Although the ability of all the women to finance activities for themselves was severely curtailed by the level of benefits, this lack of activity was particularly frustrating for those who had given up jobs on entering the refuge and were now caught in the job/rent/benefit trap referred to in Chapter 2 (section 2.2). They were unable to afford even reduced college fees and one, who had tried to obtain voluntary work, reported that she felt employers were stigmatising her, both because of her experience of domestic violence and because she was living in a refuge, a point also noted by McGee (2000a). This may also, on the part of employers, be due to some extent to their awareness of the transitory nature of
refuges, a fact which (as discussed below) can also affect the arrangements for activities within the refuge.

A number of women suggested that, whereas they often lacked the confidence to do things as individuals, going out on a formal activity as a group, possibly initially with worker support, would help them to develop the ability to handle situations and build self-esteem. This was an issue stressed by the workers from the specialist refuge for Asian women, Roshni, (see Chapter 4, section 5.4) and also by Batsleer et al (2002) as being particularly important for many minority community women. Often they have not been allowed to participate in any way in activities outside the family home and need to develop confidence in their own ability to do this. Butler and Wintram (1991) confirm this view of group trips out, arguing that they involve both fun and risk taking and provide scope for the development of trust and personal growth.

All three refuge groups tried to provide activities when resources were available to do so. Workers pointed out, however, that it was often time consuming and frustrating to try and set up activity sessions within the refuge, particularly if this involved bringing in outside agencies, who would only participate if a guaranteed number of women took part. By the time the activity was arranged, those who had originally suggested it might well have moved on, have other preoccupations, or, because of their emotional situation, not want to join the group. Where, however, sessions could be run in-house, by women who were not themselves refuge workers, but espoused the same values, the majority of residents and ex-residents had found them excellent, even when only a few women attended each session. This view had been confirmed by feedback within the refuge groups from earlier participants. Subjects included beauty
treatments, reflexology, first aid, alcohol information, child protection, parenting skills and benefits guidance. The sessions also provided a forum to discuss managing money, relationship issues and assertiveness. As Charles (1994) and Rai and Thiara (1997) point out, these activities can provide a valuable preparation for leaving the refuge and being able to live independently. Workers commented that these activities served several functions:

I suppose it's in three sections, really. Information, having fun and then more therapeutic stuff, you know, building up their confidence and self-esteem.  

*Danielle - group worker*

Group workers had found that art therapy had been particularly helpful in enabling women to work with their own feelings. They also saw these activities as building confidence, encouraging bonding between the women and that the informality of the groups made it easier to learn without being aware of doing so. As one worker commented, 'its like a play club for adults' (*Janna*).

Those who had taken part felt that these activities gave them a chance to get together informally and have fun, especially where self-contained accommodation made it more difficult to do so. They also felt that they were able to achieve something positive, thus building self-esteem and confidence. Similar findings come from the research by Rai and Thiara (ibid). Two of my informants, from different refuges, while agreeing that the idea of activities was a good one, had not found that any of the activities on offer particularly appealed to them:

*Me, personally ... there’s not been anything which I’m into.*  

*Maryam*

*There just weren’t things that appealed to me.*  

*Charmian*
This further emphasises the difficulty of providing activities which will interest and be of value to women from a wide variety of backgrounds.

4.35. Parenting skills

All of the residents and ex-residents, whether they had had children with them at the time of their stay or not, were unanimous in their appreciation of the work carried out by children's workers. For many mothers, there was a clear understanding and concern for the fact that their children were going through as deep an emotional trauma as they were themselves, and that play sessions would not only help the child but improve the relationship between mothers and children, enabling them to move forward together and develop as a family.

Especially with the circumstances that they're in here, they're not ... they're a bit emotionally unstable at the minute ... their emotions are all over the place.

Val

The kids need it. Because they've seen enough and ... they don't realise it, but when they get in on a play session it's like a counselling thing as well.

Leanne

Women said they would often choose to talk to the children's workers about issues that were worrying them, even when this was not directly linked to the child. Both general refuge workers and child workers confirmed this finding, suggesting that it was probably because child workers were not seen as the authority figures, as discussed in section 4.31. The child workers saw this willingness to talk to them as an important element in gaining trust, and working with mothers on topics which helped the family as a whole. As one child worker put it;

If we've got a well balanced and happy Mum, that's going to filter through to the children and that's what we're striving for.

Alma
Establishing this relationship seemed to make it easier for mothers to accept advice on parenting, child development and how they, as well as the child workers, could work with their child or children. Workers commented that, often, women had not been parented well themselves and needed to learn these skills. Women did, in fact, talk to me about their own experiences of parenting and being parented, and the way child workers had shown them how they could work on themselves to relearn the responses they made to their children. This had had a major impact on them, given them a feeling of more control over their lives and the realisation that they could be proactive instead of reactive to events, an understanding which might well be carried forward into other situations. An example of the way in which counselling skills, coaching and advocacy had enabled a mother to develop a better relationship with her child and also build her own confidence to act on her own in the future was detailed in section 4.23.

Although all the comments I received on children's workers and the development of parenting skills were positive and enthusiastic, it must be remembered that parenting is an extremely sensitive area, with attitudes shaped by a variety of influences, including class, age and ethnicity. Women are unlikely to readily accept interference when dealing with their children and it is possible, therefore, that women who took a different approach to that of the refuge would not have stayed in this environment long, or might not have been willing to be interviewed.
4.4. Summary

Section 4 of this chapter has examined the two interlocking support systems which underpin the main part of a refuge stay. The first system centred around the role of the general refuge workers in supporting women on a practical and emotional level, to develop feelings of self-worth, together with confidence in their ability to handle the situations they would meet on leaving the refuge. The inter-relationship between the use of counselling skills, coaching and advocacy was discussed, together with the risks that could be seen to occur, if situations were not handled with care, removing control and choice from women. Within this system, the complexity of the changing needs of residents required constant reassessment on the part of workers in balancing the need for support and the challenge of empowerment. The problems which could be caused by a mismatch of expectations in this area were also indicated together with the pressures this caused for workers. This system also encompassed the value and importance of mutual support between residents, where they were able to learn from their shared experience and draw strength from each other. There could, however, be circumstances which made it more difficult to access this support and benefit from it. The second system was principally concerned with the intense need which women felt for communication and interaction with other people on a variety of levels and their search for personal understanding and self-development.

In considering the data analysis relating to this major section of a refuge stay, it can be seen that themes are beginning to emerge which link to the theories of grief, loss and trauma delineated in Chapter 2 (sections 2.4 and 2.5) and also to the questions posed in Chapter 3 regarding the extent to which the earlier model
of Women's Aid support still exists. In this respect, new developments in the provision of service within the refuge can be seen to have taken place – the availability of counselling and group work, more opportunities for learning and personal development and a growing emphasis on emotional support and understanding from workers. The primacy of safety and the centrality of the woman’s perspective, practical support and advocacy retained their importance, but mutual support seemed to have undergone a subtle change, in that it now appeared to refer only to support between residents (and sometimes ex-residents) rather than encompassing relationships among women, workers and volunteers. Support was still delivered in the same way – a believing, non-judgemental approach, building self-esteem and confidence and respecting a woman’s autonomy and choices. This method of working was, in general, identified and appreciated by the women, although some, at least initially, would have preferred a more directive style. The problem of balance between dependence/independence, encouragement and challenge identified by Clifton (1985) was very apparent in my field work and appeared even more difficult to achieve under the growing pressure of work. Perhaps the greatest change is apparent in the relationship between the women and the workers (section 4.1). Although seen as friendly and understanding, they were also seen by residents as being in a position of power and authority, a fact which workers recognised as distancing them, in some respects, from the women in the refuge. This distance was further widened by the degree of professional knowledge required from workers as a consequence of the growth of regulation and policy changes discussed in Chapter 3 (section 4.3). This situation is seen even more clearly in the next section of this chapter.
In section 3 of this chapter, women described feelings of shock, numbness and unreality on leaving the abusive relationship and entering the refuge, feelings which have been identified as prevalent in the initial impact of bereavement following a death (Chapter 2, section 2.5). During this next period of their stay, they can be seen to be emerging from this situation, subject to feelings of loss, anger and oscillating emotions, but also actively coping with the practical tasks of their changed roles in a different environment (the dual systems model of bereavement put forward by Stroebe and Schut (1999) and discussed in section 2.5 of Chapter 2). As Frances points out in section 4.22 of this chapter, women move forward and back in their ability to work within these twin pressures and this fluid and overlapping process is seen as characteristic of the phases of bereavement.

At the same time, women are dealing with the traumatic effect which domestic violence has had on their emotional well being and their ability to meet their needs as human beings, by its destruction of their feelings of physical and mental safety and their connections to others (Chapter 2, section 2.4). In section 3 of this chapter, women talked of the importance to them of feeling physically safe and in this section safety was extended to the mental sphere in the gradual rebuilding of trust, the growing and changing nature of their connections to others in the refuge and the importance to them of time and space to talk and be heard. The support which they received respected their autonomy, believed them without judging them and encouraged the making of independent choices and taking control of their lives, all seen as key factors in restoring self-worth and recovery from traumatic experiences (Chapter 2, section 2.4). As in bereavement, this model of recovery moves forward and
back during the process of recovery, but unlike it, does not encompass the practical dimensions of the changed situation.

These intertwined aspects of support within the refuge recur throughout the remainder of this chapter and are further discussed in the final two chapters. In the next section, the setting in which support takes place is examined; the communal life of the refuge, its organisation and the areas of difficulty which impinge on the support systems.

5. Communal life

5.1. Overview

As outlined in Chapter 3 (section 4.1), communal living has provided the foundation for refuge life within Women's Aid since its inception. It was clearly a topic of immense importance to women, both in its impact on their daily lives and in the provision of mutual support. Women in communal and self-contained accommodation were eager to express their opinions and also their ideas for improvement. This section looks at a number of aspects of communal living which they discussed, starting with the current level of participation in running the refuge. It then examines the positive and negative aspects of communal life, including the management of conflict, before putting forward the views of women regarding future provision of refuge accommodation. The section concludes with some views from my informants concerning their experiences of previous refuge stays.
5.2. Participation

Early accounts of refuge life (Pahl, 1978; Clifton, 1985; Rose, 1985), as discussed in Chapter 3 (section 4.1), show volunteers, workers and residents combining together to clean and maintain the refuge and making joint decisions on admissions, eviction and general policy in weekly house meetings. Pahl (1985c) postulates that greater participation in running the refuge correlated with a greater ability to live independently after leaving the refuge. She did, however, feel that the evidence was not conclusive, since there may have been a number of other factors influencing this outcome, including outside support networks. The studies mentioned earlier in this section indicate that not all women took part in, or appreciated, the participative approach, finding the open criticism of individual women at house meetings destructive, and that women could feel victimised within the refuge by the more assertive elements among the residents. It is this concept of working together to decide on policy and organise the day-to-day running of the refuge where the greatest change from the early model of refuge life (Chapter 3, section 4.1) can be seen. Discussions with Women’s Aid workers in the three research groups and at the participatory workshops at Women’s Aid conferences, together with personal observation, indicate that the earlier high level of participation is now extremely rare, as discussed in Chapter 3 (section 4.3) and confirmed by recent research (Hague et al., 2002b). It is possible that at least some of this decline in the participatory model of day to day running of the refuge may be due to higher expectations of material standards by residents, funders and the organisation in general.

All of the groups involved in this research had paid refuge workers who handled admissions and evictions, together with part time housekeepers to
attend to health and safety regulations, cleanliness and maintenance, although general and specialist workers and volunteers were fully prepared to assist in this if it became necessary. Housekeepers also controlled, or drew up, cleaning rotas, although women were responsible for cleaning their own rooms and a specified part of the communal areas. Attendance at weekly house meetings was a licence condition at York, and a cultural expectation in Penzance. Meetings were less frequent in Birmingham, and although well publicised, were very poorly attended. The main subjects for discussion at all of these meetings were cleaning and maintenance and additional requirements in the way of furniture and utensils. Topics like security and licence conditions, together with any problems which had been reported to the staff were also raised, and any suggestions for activities or improvements that residents might put forward. (The question of individual criticism and conflict within the refuge is discussed in section 5.4 of this chapter.) Residents felt that their immediate concerns were heard either through the house meetings, direct discussions with workers, suggestion boxes or questionnaires, although they were dubious as to the extent to which they could actually influence or change policy, a comment echoed by Delahay and Turner (1998) and Hague et al (2002a). As indicated at various points in section 4 of this chapter, paid workers were seen to be in a position of authority within the refuge and there was a general feeling that it was their responsibility to organise and make decisions:

They listen to what we say. Like, obviously, like, sometimes its not within their power, or the policy and it will be a No. Val
They were fully aware of grievance procedures and there seemed to be no real
general desire to take a more active role in running the refuge although, as
discussed below, there were a few exceptions to this:

We get enough ... we gets what we needs. *Leanne*

Workers were concerned about this situation, especially in view of the
prominent role that participation had placed in the earlier support model and the
growing emphasis on user participation in current government thinking, and
were actively engaged in investigating how to improve the position. One
suggestion was that this lack of interest might be a result of the type of
alienation which has limited voting in recent years and might also be a result of
the general feeling of powerlessness consequent on abuse:

I don't think it's apathy, I think it's alienation, that people feel
alienated from the whole decision-making, political processes
that go on .... People do feel alienated, they don't feel that they
know what people are talking about, that they have any power
to make any decisions or to change anything. So they just withdraw.
They just vote with their feet. And that's possibly how the women
might say, oh, it's nothing to do with us. *Daphne - worker*

Service users were not represented on the management committees of any of
the groups, although, as discussed in Chapter 6 (section 3.3) workers were of the
opinion that a number of the management committee members were, in fact,
women who had experienced domestic violence at some point in their lives. A
wide variety of views was expressed as to whether women living in the refuges
should be represented on management committees. The general consensus
seemed to be that it would be better to wait until a reasonable period after the
woman had left the refuge since, while she was 'in the experience', the
emotional stresses might create additional problems for her and adversely affect
her ability to contribute to discussions. While women, as indicated throughout
this chapter, were very aware of their emotional fluctuations, there were,
nevertheless, a small number of strong and articulate women in all the refuges,
who were actively looking for a role for themselves:

Actually feeling responsible and getting used to being responsible again. That would be a good thing. \textit{Liz}

With adequate support and encouragement, they would have been able, in my
view, to make valuable contributions to these meetings. This view is also taken
by Hague et al (2002a) who suggest that the existing practices need to be
reviewed.

5.3. Living together

Sharing kitchens, living space and, at times, bedrooms, with other families has
always been a feature of refuge life in Women’s Aid (Binney et al, 1981 and
others). Women talked freely about their experiences of communal living, both
in their present refuge and from past experience. There was a common
understanding that every change of resident affected the dynamics of the refuge,
and that, because of the close proximity of families and the emotional and
practical problems they were dealing with, the smallest incident could become a
major source of friction unless there was a considerable degree of tolerance
from everyone involved.

You’re living in each other’s pockets, which is obvious. And
it’s not people that .... You, maybe, wouldn’t choose the ones
that you live with. But, with it being all sorts of different people,
like I said before, you do learn, really, to adjust ... we fit round
each other, because there’s no point in, sort of, picking at the
little things that maybe you would do different, or they would do
different. It’s just easier ... \textit{Jenny}

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By far the biggest source of friction in communal refuges was the different standards of cleanliness in the house and kitchen and the frequency of cleaning. It was the topic most often raised at the house meetings, as it appears to have been in all the early research discussed above, in discussions with former workers and indicated in later research (Rai and Thiara, 1997; Charles, 1994; Batsleer et al, 2002). For women with children, different methods of upbringing and house rules on bedtime, behaviour and supervision created problems within the family. Residents understood the need for house rules, in order to respect the refuge and the other residents, but found them frustrating and irritating when they were different from those that would have been customary at home.

Women were very realistic and frank about the disadvantages of communal living and some of their comments were discussed in section 4.25. With the exception of Maryam, whose rejection of any form of mutual support was also referred to in this section, they were able to balance the difficulties against the major benefits they felt could be gained from being with other women.

Yeah, you're living on top of somebody else, but it's like being ... a family again. You're not as isolated. If the other women have got children, fair enough, then you muck in, tidy up. Everybody does their bit, they all pull together.

Amalie

When you've been through domestic violence, the last thing you want is to be on your own. But here, you've got the choice. You can go to your bedroom and be on your own, or you can sit in the living room with everybody else. So ... but I think your kitchen should be shared, because otherwise you just go and lock yourself away and brood on it and get stressed out. It's not good for you.

Leanne

Similar feelings were noted by Charles, in her 1994 study.

Some women were currently in self-contained accommodation, or had previously experienced it. They enjoyed the additional facilities this gave them,
but were emphatic, as discussed in section 4.25, that the big disadvantage was the difficulty of interaction with other women, unless some special provision was in place to overcome this.

The people here, I've met them, but nobody's ... I don't think mixes, only when there's a group, or something. Everybody seems to keep themselves to themselves, if you know what I mean. They're ... whether they're a bit worried or scared or, you know ... which it is frightening in here, sometimes. I think that's why everyone keeps themselves to themselves.

Shelley

In here, you could see somebody one day and then you might not see any one for, like, three days. That person. You know. And then, like, negativity ...

Amy

5.4. Conflict

Given the stresses and tensions of refuge life apparent throughout this chapter, together with the underlying feelings of loss, anger and unpredictable emotional movement discussed in section 2, some form of conflict between residents is likely to surface at some point, however much tolerance is exercised by everyone concerned. Such episodes can have a major effect on residents and communal life:

When it works for women, it really, really works. It can be very supportive. When it doesn't, it's bloody awful!

Jay, worker

If you move in, or somebody moves in and you can't get on You know ... some women, you just can't. It's a clash of personalities which the workers can't do anything about.

Stacey, resident

In common with refuge workers from earlier commentaries, (Clifton, 1985; Harwin, 1997) the present refuge workers saw their roles as supporting women to live co-operatively, and reducing the strains and tensions of communal living.
Their aim was to get residents to deal with internal conflicts by themselves, in order to help them to develop the skills of assertiveness and negotiation that they would need once they had left the refuge. They were, however, available for matters that residents felt unable to deal with face to face, or to intervene if there was a major problem. Difficulties could also be taken to house meetings. A few women from each refuge welcomed this responsibility, seeing it as an opportunity to ‘stand up for themselves’ and try out new skills:

If you’re not happy with someone else, then that’s the time to say. I think it’s good in a way, because you’ve got to learn to stick up for yourself, really. Be strong. It’s a way of learning. For me it is, anyway. *Eve*

Others, however, echoing the comments by early researchers and those mentioned in section 4.33, did not feel able to do this and felt uncomfortable if internal differences were raised in house meetings:

I find it quite distressful. I’d much rather be pulled to the side and said Don’t. *Charlene*

One of the aims of the open therapeutic group in Penzance, discussed in section 4.33, was to overcome this problem and assist women to express their feelings appropriately:

it’s an area where women can look at the sort of dynamics that can come from living in multi-occupancy, but also about conflict resolution. And that’s really important, because, if someone were sharing my kitchen, I wouldn’t be too happy about it. And so it’s all about sort of domestic stuff going on. But a lot of women have never had a positive resolve to a conflict, and for it to happen in the safety of a group can be really confidence building and it allows other people to see how conflict can be resolved peacefully but respectfully. It’s more of the skills learning thing. *Cara – counsellor*

As evidenced in that section, however, there were women who were not happy with this style of working and in this refuge, as in the other refuges, there were
issues that women felt unwilling to deal with themselves and did not wish to take to the workers, nor raise at house meetings:

Its almost like children not telling their Mums, or something.  
*Rachel*

Going to the workers, as Clifton (1985) comments, might also involve crossing personal boundaries of privacy and vulnerability. In smaller refuges, or if issues were raised at house meetings, everyone was going to know who had raised the matter and residents and ex-residents agreed that they preferred to ‘put up with things’ rather than risk losing the friendship and mutual support of other residents:

I was frightened of speaking out, because I didn’t want to lose the friends I’d made. And there might have been reprisals later on, when the workers had gone home.  
*Charmian*

Workers also commented on these fears, which were similarly noted by Rai and Thiara in their 1997 study. Additionally, there appeared to be a common feeling between residents of not wanting to ‘cause trouble’ for women in a similar situation to their own, unless it was clear that the resident concerned was a major threat to the security of the refuge, or her behaviour was considered unacceptable by the majority of women:

You don’t like to lose anyone their roof, but staff had to be told  
*Amy*

This re-emphasises the point made in sections 4 and 5.2, that workers are seen as powerful authority figures and separate from the residents – an ‘us and them’ situation.

Workers said they were aware of constant undercurrents and changes in the house dynamics which never quite surfaced, thus making it impossible for them to frame an intervention, even if this might have been possible or desirable.
Women were also quick to sense any tension or perceived conflict among staff, or volunteers and this would give rise to considerable anxiety among them.

Some of the staff weren’t getting on too good and you see that happening and I just didn’t like it. Charlene

This ‘sixth sense’ of impending difficulties has been identified by Herman (2001) and others, as hypervigilance, and characteristic of individuals who have endured long periods of traumatic abuse. Workers tried hard to conceal problems of this nature, understanding that it replicated the feelings of uncertainty and insecurity that women had experienced in the abusive relationship:

A dysfunctional staff team, ultimately, impacts on women more than anybody else. Jay, worker

What we do and what we say, its bouncing back on us Daphne, worker

5.5. How it could be

When women were asked to say what else they would like refuges to do, the first response was always to provide good quality accommodation, which encouraged a degree of interaction with other residents and also gave easy access to workers. It was clear that this was regarded as a baseline which underpinned and could improve, all the other forms of support available. (The only exception to these comments was from the resident mentioned earlier, who had no wish to mix with other residents and advanced no views on the subject.)

All the rest of my informants had views on the topic and brought in many of the points they had raised earlier regarding mutual support (sections 4.25 and 4.31) and the pros and cons of communal or self-contained accommodation discussed in the two preceding sections. It is for this reason that their ideas are outlined.
here. The residents of the York refuges were particularly well informed in this area, since they had recently discussed the specifications for a possible new refuge. The main body of opinion was in favour of shared cooking and eating facilities, although a small minority wanted their own cooking facilities (but not the restrictions this imposed concerning children’s safety).

Key provisions were:

• Separate bedrooms to give mothers privacy from children
• Some privacy for teenagers
• Own toilet and personal washing facilities
• Shared kitchens, but with sufficient individual cooking facilities to minimise conflict
• Shared living accommodation
• Small refuges - ten family rooms or more in a house was regarded as much too big by women who had experienced refuges of this size

Women felt that this type of accommodation would give them more privacy, a quiet space to think and a better quality of life during their stay in the refuge, while providing the communal support and encouragement that they found invaluable. It was also an arrangement which might minimise occasions on which conflict might arise.

None of my informants mentioned provision for women and children with different needs (larger families, physical impairments, cultural differences and so on) without prompting. Subsequent to my raising the topic, their main concerns were for separate provision for women whose problems with domestic violence were associated with drug or alcohol dependencies, or mental health
difficulties. Four of them mentioned provision for people with limited physical mobility, one of whom was herself dependent on a walking aid. Overlooking the needs of these groups may stem from a preoccupation with their own needs, or from the absence of representatives of these groups within a particular refuge, or reflect the views of the wider society.

Earlier research on the provision of accommodation for women leaving situations of domestic violence - Binney et al (1981), Pahl (1985c) and Rose (1985); - all echo the views of my informants, including the need for privacy, refuge size and the sharing of facilities. These were also key points for Charles (1994), Rai and Thiara (1997) and McGee (2000a). Delahay and Turner, in their 1998 survey of seven refuges across England, found a similar preference for smaller refuges, more privacy and increased availability of cooking facilities, with 65 per cent of their sample positively identifying a preference for a preponderance of communal facilities over the isolation of self-contained accommodation.

However local authorities and housing associations are showing a marked preference, both in purpose built accommodation and conversions, for self contained bed sitting rooms or flats, both to provide better facilities for women and to enable premises to cater for other housing categories, such as workers in essential jobs with priority housing needs, at a later date. Larger units, which give added economies of scale, are also a preferred option (Charles, 1994; Delahay and Turner, 1998). Service users have expressed clear and consistent views for the past 20 years on the type of refuges that would best meet their needs. It would seem, however, that their views are very likely to be ignored by funders in future accommodation specifications, despite public rhetoric about
user involvement. It is, perhaps, hardly surprising that service users do not, in general, feel that their participation will make much difference to outcomes in this direction.

5.6. Other experiences of communal living

Eight of my informants had paid more than one visit to a refuge, and others had spent a few days or weeks in other refuges before coming to the refuge when they talked to me. Between them, they offered comments on stays in 26 other refuges. Women were rarely certain whether the refuges they went to were Women's Aid, or, in some cases, how many they had been to and exactly where they were. In general, praise and criticism mirrored the comments made in this chapter relating to the case study groups. Workers who provided an unhurried reception, explained options and offered support and time to talk were highly regarded. However, when women arrived at the end of a working day and felt that workers wanted to deal with them as quickly as possible so that they could go home, this was experienced as dis-empowering and reinforcing feelings of worthlessness:

She was waiting to go home and kept saying 'Is there anything else you need?' I felt I'd just been dumped there and left to get on with it.  

Charmian

In general, as indicated in the previous section, smaller, communal refuges were preferred and larger or self-contained refuges were experienced as sometimes frightening and isolating:

There was too many of us in one place. Too many. Quite frightening, you know, really.  

Eve
Conflicts between residents, sometimes needing the intervention of refuge staff, were accepted as inevitable in a refuge situation, as discussed in section 5.4. Some residents, however, had felt that they had been 'picked on' or bossed around by other residents and that this had not been attended to by workers. This problem has also been noted by Ball (1994) and Batsleer et al (2002).

However, as discussed in section 5.4, if women had felt unable, or unwilling to raise the matter, it might well be extremely difficult for workers to identify and deal with such problems. Nevertheless, this situation can be seen, in some respects, as mirroring the 'hidden' aspects of the abusive behaviour that they had previously experienced.

A number of the other refuges that these women had stayed in were clearly not affiliated to Women's Aid, since they offered only warden controlled accommodation, secure to an extent, but felt to be very unsupported, a comment also noted by McGee (2000a). Women found this, and situations where there were too few workers for the size of the refuge, hence less support, did not offer the help that they needed:

Like, you didn’t see the staff. You just got up and you was in your room all day.  

Val

As indicated in section 4 and in this section, women felt that workers were in positions of authority and they understood that some rules and regulations were necessary, to ensure security of the refuge and facilitate refuge life. However some women had experienced workers in other refuges as dictatorial and controlling of their actions and behaviour, thus recreating the abusive behaviour they had come to the refuge to escape:

You weren’t allowed to have, basically, to have a life.  

Amalie
One respondent, Maryam, had reported ‘feeling like a criminal’ a similar comment to those reported by Rai and Thiara (1997). It must be pointed out that these latter comments were retrospective and made where a woman was, or had recently been, resident in the refuge being researched. Despite assurances of confidentiality, women may not have wished to risk voicing this sort of criticism in relation to the current refuge, in case it affected their relationship with the workers and may, therefore, have chosen to ‘project’ it onto their previous refuge stay. As shown throughout this chapter, women did not, however, seem inhibited in voicing criticism of their current refuge or staff in other directions (poor conditions, lack of activities, restricted access to workers) and although forceful comments were, on occasion, made ‘off record’, controlling behaviour on the part of workers was not mentioned.

5.7. Summary

This section has examined a refuge as providing a background for daily life and for the support systems described in the previous section. The major change has been the disappearance of groups of women, workers and volunteers participating fully in all aspects of refuge management. A gap had opened between the workers, who were seen as being in positions of authority and as being responsible for running the refuge, and women, who saw themselves as being listened to and consulted with, but not needing, or wanting, to participate further. Although levels of participation were far lower than those recorded by the early researchers mentioned in section 5.2, many aspects of communal life had not changed in the intervening years. Differing standards of cleanliness and child rearing in cramped conditions and other women not ‘doing their share’
were still major sources of frustration and annoyance. The same divisions existed between those who did want to bring problems out into the open and those who feared conflict and reprisals. And the same value was placed on the sense of strength and support that could be drawn from other residents. Women saw clearly all the problems associated with communal living and the changing dynamics of refuge life. Nevertheless, the majority of them were emphatic that the interaction and support between residents, which was available in this situation, was a key element in recovering from their experiences. In their view, better quality accommodation needed to be available for all women escaping from a situation of domestic violence, but not at the expense of losing mutual support. This, too, has been a constant theme of research over the past two decades.

Finally, the wider experiences of my informants over a range of refuges drew attention to their need for a high level of practical and emotional support to be available. Praise and criticism mirrored the comments already made concerning their current refuge but there was further emphasis on the need to be given time to discuss their situation and options and being treated with respect and empathy.

6. A change of pace

The development of Women's Aid from the Women's Liberation Movement, as discussed in Chapter 3, has ensured a political viewpoint based on a feminist analysis of society and of domestic violence. Early research in line with this viewpoint (Rose, 1985; Clifton, 1985) showed that the shared experience of
women in the refuge had led many women to:

examine the situation in which she finds herself and see the relationship of the violence to her social and economic dependence on the man. Rose, 1985:255

Both Rose and Clifton suggest that this process of 'raising consciousness' led women to a changed perception of themselves and their roles in society, together with an understanding that they did not need to feel guilty or blame themselves for the violence. Similar claims have been made for self help and support groups for women in a complex range of situations (Mullender and Ward, 1991; Hester with Scott, 2000; Batsleer et al, 2002). As Butler and Wintram suggest:

women brought together can offer each other support, validation and strength, and a growing sense of personal awareness, in a way that is difficult to achieve otherwise. 1991: 1 (my italics)

All the women who spoke to me, who had any experience of communal refuges, (21 in all) expressed their overall appreciation of the support they received from other residents and from the knowledge that there were others with similar experiences to their own. Among them were nine (39%), from all the refuge groups, some currently in the refuge, but preparing to leave, and some who had left, who seemed to have thought long and hard about their experiences, and those of other women, and related this to a changed perception of who they were and what they stood for. They expressed this in different ways:

It's made me a stronger person. Being aware of what I want, instead of just getting on with stuff that I don't really want to. I'm able to say, no, I don't want to do that, you know. And you should be able to say that. ... Your own destiny ... you find it by just being yourself. Charlene
I want to be who I used to be, years ago. It's not easy
and it's a long hard road to go by. Through everything
I've been through and everything I've took, I got something
worthwhile.

Liz

I won't ever go there again. I will not be yelled at like
I'm ... you know, like I'm just nothing to anybody. That
I will not be yelled and screamed at like a piece of rubbish.
I just won't take it.

Jenny

A further perspective on this shift in attitude came from the workers of
Roshni, the specialist Asian refuge, who pointed out that, with their service
users, this was often a much longer and more difficult process. Due to the
control exercised over them by their families, women were deeply involved
while they were in the refuge, in the search to find out who they were in the first
place.

Apart from the experience of communal life, which was common to the
majority of my informants, there appeared to be no factor linking the changed
views of these women together, or separating them from other women who did
not, at that time, appear to have adopted this different perspective. The
hierarchy of human need proposed by Maslow (1987) and discussed in Chapter
2 (section 2.4) suggests that only when basic physiological and safety needs are
at least partially met and an individual feels accepted and approved, is it feasible
to begin to move towards achieving their full potential. It is possible that this
has been the case for these nine women, and that, as argued by earlier
researchers, the support systems and approach outlined in this chapter have
enabled them to move further along the continuum suggested by workers,
(section 4.22). Other factors may also influence this: the personality of the
woman herself, her external support networks or a combination of these and
other factors. I did note, however, that seven of the nine had been involved in
counselling or group work, which may be a relevant factor or simply indicate that these women felt that counselling had something to offer them as individuals. The numbers involved here are very small and, as discussed in Chapters 8 and 9, further research would assist in understanding this changed perception and how it develops. It would be particularly interesting to see if this new understanding had developed into political or social action regarding domestic violence within a wider sphere, but at present there was no indication of this.

7. Moving out

7.1. Overview

It could be argued that the process of moving back into the community should not form a part of a research project looking at support in Women's Aid refuges. However, as workers pointed out to me, the work within the refuge is directed at helping women to live independently. Their transition from refuge to new home is, therefore, an integral part of that whole process and of refuge support. Women themselves, as discussed in section 7.4, took a similar view, seeing the move as the next stage in their new life and one where they needed support appropriate for this changed situation, but maintaining the values and approach they had encountered in the refuge.

Of the six participating ex-residents, one woman had been able to return to her own home after her abuser had moved out, one had moved to supported accommodation for vulnerable single women and four had been re-housed by the local authority or housing association. Four residents were not yet in a position to think about being re-housed, either because they had been in the
refuge for a comparatively short space of time, or because of particular re-
housing needs. All the remainder (13 in all) were expecting to move into
independent accommodation. This section examines the problems of re-
housing, the support available and the needs and expectations of my informants.

7.2. Problems of re-housing

Refuges have never been intended as long term accommodation. In the late
1970s, Women’s Aid suggested that a period of about three months would be
sufficient to enable a woman to recover, think about her future options and
suggest that the normal period would be considered to be between three and six
months. Beyond that time, they argue, women want more privacy and
independence and a more settled way of life for themselves and their children,
rather than the inevitable crises of refuge life.

As discussed in Chapter 2 (section 3.6), limited financial resources mean that
women are more likely to be dependent on Registered Social Landlords or local
authority housing. The availability of this type of housing is still a major
problem in some areas of the country and women are also more likely to be
offered houses in poor condition and less attractive areas (Charles, 1994;
Morley, 2000; Batsleer et al, 2002). Additionally, there can be problems in re-
housing for women with particular needs, such as larger families or particular
support requirements. This can result in ‘blocking’ of the accommodation
within refuges which is designed primarily for families in crisis (Ball, 1994;
Charles, 1994). Difficulties of re-housing were similarly identified by Binney et
al (1981) as resulting in longer and inappropriate stays in the refuge
environment. The inability to obtain suitable accommodation within a reasonable timescale may, for some women, lead to long stays in which families become institutionalised and over-dependent on refuge support, or, alternatively, may lead to a return to the abusive relationship (Malos and Hague, 1993; Charles, 1994). One solution to this would be provision of more second stage accommodation, giving more privacy and independence within a supportive environment. However, as indicated in Chapter 5 (section 3), this type of accommodation is in extremely short supply.

Attachment to the refuge way of life and reluctance to move out was noticeable in some (but by no means all) of the women who had been in a refuge for a long period:

I'm not ready to move anyway. I am and I'm not. I want to move because I want my own space and I want the kids to get settled, but I like the security of being here. Me friends are here and I feel safer here, so I don't want to move.

Val

On the other hand, workers were emphatic that it was possible to be re-housed too quickly, before a woman had been able to deal with the trauma of leaving the abusive situation, fully assess her options and make rational choices, a point also raised by Levison and Harwin (2001). One ex-resident had, in fact, come to the realisation that she had moved out from the refuge before she was ready and told me she was struggling, emotionally and from a practical point of view, with considerable support from workers, to maintain the tenancy. Women who had been placed in temporary housing also felt insecure, knowing that a further move was possible and this view is confirmed by anecdotal evidence from other refuges and the report by Charles (1994).
7.3. Provision of support after re-housing

Women's Aid has always accepted that women who leave the refuge are likely to need some form of continuing support for a period after they leave the refuge (Turner, 1996). This support is designed to assist the process of settling into a community and establish links within it. Limited resources have prevented this developing as rapidly as many groups would have liked and individual groups, as will be seen here, have developed approaches which meet the needs of their service users in the most cost effective and suitable way. Although the Birmingham service had not come into operation at the time of the research, both York and Penzance were operating support services for women who had left the refuge and moved into independent accommodation. In York, the outreach and aftercare worker, who is based in the public office of York Women's Aid, provides this support. Once a tenancy is proposed, the resident comes to the public office, discusses her needs, the scope and limitations of the service and deals with any immediate practical and emotional needs, with support from the worker. Once the move has taken place, the support worker will, if the woman wishes, provide telephone support and visit on a regular basis for up to two months. For support beyond this time scale, there is access to the outreach service or to a regular weekly 'drop-in' session at the public office.

At Penzance, women are asked if they want support and, if they do, to name a volunteer or worker who they would like to work with them as a 'supporter' after leaving the refuge. If the suggested person is available and willing to be nominated, a formal contract is then drawn up between them specifying their respective responsibilities and the amount of support that will be given. The supporter will work with the woman to help her settle into a new home and
either meet, or visit her, initially, for six months, extended to a year if mutually agreed. Women were enthusiastic about this type of support, in particular the fact that they were able to work with someone they already knew that they could relate to, and the fact that they were in control of the process:

I mean, I've got friends outside, but it's having that special person there what I can just phone up and say, Look, I need help. Sophie

Penzance also operate a weekly drop-in centre where residents and ex-residents, with their children, can meet for an informal lunch and some joint activities. This maintains links and enables children to enjoy a play session with a children's worker. Additionally, all three of the refuge groups provide telephone support to former service users. In providing support, workers aim to help the woman to bridge the gap between refuge life and her new community. Support is designed, as in the refuge environment, not to create dependency but to support the woman as she moves forward, empower her to take control of her life and to make her own decisions. Workers can also provide information and access to other types of support and community groups, enabling the development of new sources of support and a network of contacts.

7.4. Needs for support after re-housing

As evidenced throughout this chapter, while women are in the refuge environment they feel, in general, safe and supported. They may well have made friends, and will always have had someone else in the house with them. Re-housing means leaving this security to live alone, or with just their children and taking total responsibility for their own lives, including decision making and managing their homes on their own. In terms of the model of grief and loss
put forward in Chapter 2 (section 2.5) women have experienced the initial impact of leaving the abusive situation and actively worked through a period of immense change, as outlined in section 4 of this chapter. They are now moving into a new phase, restructuring their lives and experiencing further practical and emotional challenges. At the same time, although they may well have begun to recover from the traumatic effects of domestic violence (Chapter 2, section 2.4) and rebuild their lives, both these feelings, and those resulting from their losses, are likely to continue well beyond their stay in the refuge.

Women who had left described a sense of euphoria and excitement as they prepared to move, but also apprehension as to what it would be like and concerns about their ability to make the transition to an independent life:

"It's like leaving the nest, isn't it! You know, it's like Mum saying, Well, go on, you can spread your wings and fly now."

*Stacey*

For those still in the refuge, fear of being on their own and isolated was the prevalent emotion, coupled with concerns regarding personal safety:

"Scary. That's my worst feeling – moving out, being on my own."

*Leanne*

These feelings may be exacerbated by being aware of the nature of the housing they are moving to, as described above.

One of my informants was contemptuous of any need for support on re-housing and, in fact, left the refuge shortly afterwards. The remainder of the current residents saw continuing support from the refuge as essential, if they were to make a success of their new lives. Where this support was not currently available, they were deeply concerned at how they would manage and hoping that the scheme would be in place before they left. Two informants who had
been in refuges before told me that they had previously left the refuge they had been in without support and had found it so difficult that they had eventually re-entered a refuge and would not leave again without support being available.

Women saw their principal challenges as being firstly, to ensure their safety and then as needing to settle into the community and make decisions on their own, coping with isolation and being the only adult in the home. The general feeling was that support would be most needed immediately before moving out and in the first three to six months after leaving, although they would welcome some degree of continuing support after this time. Women expressed a strong preference for a ‘seamless’ transition on leaving the refuge, with continuing support provided by someone they already knew and trusted, rather than having to build a new relationship, a similar reaction to that noted by Ball in 1994.

All the ex-residents were from the groups where support continued to be available after they had left the refuge and they had valued this highly. Even when they had needed a very limited amount of support, or none at all, it had provided valuable reassurance, at a time of extreme vulnerability, just to know that Women’s Aid would be there if they needed help. It was also important that there was a place, and people, where they didn’t have to justify or explain themselves; where the need for vigilance and discretion, to ensure safety, could be relaxed for a while. As discussed in section 4.25, however, contact with former residents and any network of mutual support was minimal.

It’s nice to know that you can still just, sort of, drop in a chair or whatever and have a chat with somebody you know knows your circumstances. Because maybe you don’t want to let other people know. Whereas here, you know, they know your circumstances.  

Barbara
Having been in a refuge, however good the experience had been for them, was still felt by these women as imposing a stigma in so far as the public perception of them was concerned, as demonstrated by the reaction of a potential employer in section 4.34 and indicated by McGee (2000a). Women who had escaped domestic violence, but had not gone to a refuge, have made similar comments to me during the period of this research. They all saw the violence as a matter to be kept hidden, but they wanted very much to share their experience with someone who could understand and was not likely to judge them. Ex-residents felt that the knowledge that they could, if necessary, access a support system that understood them, enabled them to go out and build links with their new community (schools, GPs, support agencies, neighbours) with help and advice. There was a very positive attitude among former residents and, despite their fears, among most of those who were hoping to be re-housed in the very near future:

I've walked away with nothing... I'm having to start all over again. And it's been hard, you know, but it'll be worth it in the end.

Stacey

7.5. Research evidence

There is a considerable body of research evidence supporting the findings discussed in this section as to the need for continued support following re-housing, confirming its value in helping families to build new lives and maintain stable tenancies. Identified as a much needed service by Binney et al in 1981, women have continued to express their need for some degree of support once they have returned to life in a community (Charles, 1994; Rai and Thiara, 1997; McGee, 2000a; Lodge et al, 2001; Batsleer et al, 2002).
Humphreys and Thiara (2002), in their study of 180 outreach and after care users who were starting new lives, found that isolation and the lack of support, together with financial hardship, were amongst the greatest problems they faced. The report indicated that these problems were most prevalent during the first six months after re-housing and that emotional and practical support from workers was highly valued by women and children. Moving on was particularly problematic for minority community women, a point emphasised by the specialist Asian workers in Roshni. For these women, with very extended families, a new life was only possible in an area where they were not known and this caused isolation. There was danger in moving near to another Asian community, but a strong desire for cultural links to be maintained. Roshni pointed out, however, that most Asian communities did not want to know these women.

The research reports stress the need for support to be flexible, responding to the needs of women, but also that this resource should continue to be available for more than six months after a refuge stay. A recent report prepared for Shelter (Anwen Jones et al, 2003) on a re-housing project to support previously homeless people in three major cities, indicated that four out of ten families in the scheme were being re-housed after experiencing domestic violence. It similarly concluded that the provision of practical help and emotional support was essential to assisting families to settle in and maintain tenancies. The researchers found that 90% of those in the scheme had remained in tenancies and that the service had been highly valued by service users.

The need for this type of support is clear. The problem, for Women's Aid, is the lack of resources to provide it and to extend the service so that women who
move to other parts of the country can also be supported. As Levison and Harwin (2001) and the Shelter report (Anwen Jones et al, 2003) point out, however, the provision of these services is highly likely to be cost effective in terms of retained tenancies and, I would argue, in terms of many of the social costs outlined in Chapter 2.

8. Refuge workers – role, approach, problems

The part played by counsellors, group and children’s workers in supporting women during their stay in the refuge has been discussed in the appropriate sections of this chapter. That of the generalist worker is apparent in all of the sections, but it is only when all the facets of this work are brought together that the complex and demanding nature of her duties can be appreciated.

As Ball (1994) points out, refuge workers are constantly dealing with women in crisis. This is most apparent when women arrive at the refuge. As discussed in section 3.3, their needs at this time require a high level of support, perhaps limiting the amount of time which can be given to other residents. Later on in their stay, workers need to constantly reassess the support needed by each woman, trying to maintain a delicate balance between support and challenge, encouragement and advocacy, while bearing in mind the ultimate goal of empowering the woman to take control of her own life and to be able to live independently. This difficult task is made more complex by the pressures of the variety of the emotional and practical problems experienced by residents. Differing expectations on the part of women or workers can also cause problems, as discussed in section 4.22. At the same time as providing these differing levels of support, workers need to facilitate the communal life of the
refuge, acting to reduce tensions and to encourage the support which women can
give to each other.

The centrality of women's needs and perspectives to the provision of support,
and the consistent endeavour to apply the values of Women's Aid to the work
were apparent in all the refuge visits. Workers identified this commitment as
the motivation for their work:

Putting women and children central to your service. So
that you look...everything that happens, you're looking at
how that affects that women and that child. And within
that, its around respect for service users. And I think that's
what you don't get elsewhere all the time. And making
sure that, whatever you do, your driving force behind it is
to secure the safety of women and children experiencing
domestic violence. I think that's...that's the important
thing. And I believe in women for women's services. I
believe in empowerment. I don't believe in taking
women's choices away from them

Jay, worker

To maintain this level of commitment, and the flexibility to work with so
many differing needs, imposes an immense emotional strain. Workers spoke of
the 'relentless pressure' of refuge life and the stressful and draining nature of
their work. There were further pressures caused by the new business
environment detailed in Chapter 3 (section 4.3) in which Women's Aid operates
– the requirements of funders for monitoring and evaluation, changing
legislation and regulatory measures and attendance at meetings with other
agencies and organisations. All these requirements had to be met, but there
were rarely additional financial resources available for staffing. It was apparent
that workers often met these demands by working outside their normal hours, a
point also made by Ball (1994).

Workers said that there was more of a boundary between themselves and the
residents, because of their role within the refuge, as discussed earlier in this
chapter so that they drew their support from each other and from colleagues within Women’s Aid, rather than the mutual support between women and workers which was aimed at in earlier refuges. It was essential for them to have this support, enabling them to discuss their problems and ‘download’ the emotional pressures. They expressed the opinion that the work they did in providing emotional and practical support was not understood, or properly valued, by funders and were fearful that the growing volume of other work might mean that they were not able to spend sufficient time on what they felt should be the main focus of their work – the needs of women who had experienced domestic violence.

9. Conclusions

This chapter has explored the nature of the work carried out in six refuge houses within three Women’s Aid groups, through the direct voices of women and workers and the observations and discussions recorded in field notes. Where possible, the findings have been linked to similar research carried out in this field or, as in the case of housing and counselling, in broadly comparable areas. The aims of the research were; to ascertain what types of support were available and how the support was seen by service users, to identify problems, difficulties and unmet needs and to examine the part played by the values of Women’s Aid in service delivery. It also sought to compare the present day support model with that identified by earlier researchers as discussed in Chapter 3 (section 4.1)

The evidence presented in this chapter shows that the support model was essentially an holistic one, which varied according to the needs of each
individual woman and was not only different for each woman, but adapted to her needs as these changed during her stay. It was the woman herself who defined her support needs, both practical and emotional and these were met by general and specialist refuge staff, working together with her. An essential part of this model was the mutual support of all the residents within the refuge.

In considering the way in which support was given, there were firm indications that the Women's Aid values were indeed the guidelines on service delivery and residents and ex-residents readily identified these factors as being important to them. These values, first referred to in Chapter 3 (section 4.2) are repeated here for ease of reference:

- To believe women and children's experience of abuse
- To prioritise all abused women and children's safety and confidentiality
- To support empowerment and self-help so that women can regain control of their own lives
- To care for the emotional, developmental and educational needs of children affected by domestic violence (not a part of this research)
- To challenge discrimination and promote equal opportunities
- To provide women for women services

(Turner 1996: 9)

An appreciation of the priority given to safety was evident both on arrival at the refuge (section 3.3) and later in their stay (section 4.24), with fears about personal safety surfacing again as women prepared to move back into the community (section 7). It was, however, the attitude of the workers and other residents that was most appreciated by women and which they identified as being different from other support agencies. Being treated with respect, believed and not judged and having the support of women with similar experiences was recognised as essential in helping them to gain self-esteem and move forward in their lives. Some of them, however, initially found it difficult
to grasp the concept of a non-directive and self help approach. Although the majority of women accepted that supporting them to take action had been the most useful way to learn, a small number had felt that they had not been able to access all the support they needed and had felt angry and frustrated as a result. This may have been due to a mismatch of expectations on either side or to pressure on workers caused by some of the factors detailed in section 8.

Apart from this issue, the main problems, as detailed in this chapter, were the pressures caused by shared and cramped accommodation and facilities, the lack of developmental activities both inside and outside the refuge and, in particular, the perception that workers were often so busy that time with them was at a premium. This was also seen in terms of workers not being available at times when women felt most in need of support – evenings and weekends. There are clear implications for this in terms of funding for accommodation (discussed in section 5.5) and for refuge staffing, to alleviate the overload indicated in section 8, and release additional time for support work.

The basic elements of safety, practical support and the centrality of the woman’s perspective, as in the model of support described by earlier researchers, are still present and valued by the service users, as is the mutual support which women living in the refuge give to each other. As indicated above, the Women’s Aid values are still key to the way service is delivered. There have, however, been changes; new forms of support, including counselling and development skills have been introduced and there is a more overt recognition of the need for emotional support from workers. Advice and drop-in centres have been established and longer term support on leaving the refuge has become available in many areas. The greatest change, however, has
been the disappearance of the collective model of support and organisation, encompassing everyone involved in the refuge and the consequent development of the way in which workers are now seen by women as having authority and control within the refuge.

This exploration of support work in Women’s Aid refuges has revealed a complex pattern of needs and responses, different at different times for each woman, and different for every woman, involving both practical and emotional issues. This pattern can, however, be seen in the context of a dynamic process which is taking place for each woman from the time she enters the refuge, until some time after she has left and affecting the nature of the support she needs at a particular time. Examining the material recounted in this chapter, and in particular the recurring theme of material and emotional loss discussed in section 2, has led me to re-assess these needs, and the process, in the light of the theories of bereavement and human need discussed in Chapter 2. In Chapter 8, I suggest that this approach provides a way of conceptualising the time spent in a Women’s Aid refuge and understanding the way in which this environment meets specific human needs.

Notes

1. Many groups are, however, pioneering imaginative ways of enabling women to access this information. Birmingham, working with the inter-agency forum, has utilised the back of bus tickets and bus stickers. Penzance has placed posters in all public (ladies) toilets throughout the area. Other interagency fora are working to use these and other ideas. The most recent initiative in this field is the utilisation of London’s Black Cabs and their drivers to provide information (Office of the Deputy Prime Minister, 2003).

2. Refuge workers drew a clear distinction between the use of counselling skills to help them in their professional roles and the provision of the type of counselling discussed in section 4.32. There is a close relationship between
the two and also with other supportive relationships, such as befriending,
mediation, the provision of advice and guidance and advocacy (Bond, 2000;
Feltham, 2000):

In different ways, they are all rooted in a movement towards
democratising society and empowering the individual to exercise
control for him or herself. In this sense, they all share similar
origins and can be regarded as belonging to a single ‘family’ or
genus of roles. However, there are important differences between
the roles.

Bond, 2000:24

In the context of this thesis, the meanings to be established and clarified
from the outset are those to be attached to the terms ‘counselling’ and
‘counselling skills’

‘Counselling’ is broadly seen (Bond, 2000; Feltham, 2000; BACP, 2002)
as constituting an explicit agreement between two people (or more,
depending on the model of counselling in use) to meet at certain times,
within clear and protected boundaries. It is to be carried out in a private
setting, with a mutual understanding of confidentiality and for specific aims
connected with self-understanding and personal growth. Counsellors are
usually trained and belong to a professional body with a code of ethics to
which they are expected to adhere. They should also receive supervision in
respect of their counselling practice. My own counselling orientation, as
discussed in Chapter 4, is person-centred and non-directive, but this is not
necessarily the case in other models. Counselling is, therefore, essentially a
formal, explicit and agreed relationship.

The use of ‘counselling skills’, on the other hand, is frequently a much
more informal process, both in setting and execution. It takes the
communication and relationship-building skills which derive from and are
used in counselling, and applies them to enhance the performance of
another role such as tutor, nurse, teacher, refuge worker, friend (Bond,
2000; Feltham, 2000). Bond (2000) argues that the use of counselling skills
can, in fact, be more demanding than the practice of counselling, since it is
often carried out on an ad hoc basis and within limited windows of
opportunity. It is ‘an area of expertise worthy of serious consideration in its
own right’ (Bond, 2000:32). Situations where counselling skills are being
used are normally characterised (Feltham, 2000) by active listening, where
close attention is being paid to what the other person is communicating,
either verbally or non-verbally and a non-judgemental, empathic attitude.
The overall approach respects a service user’s experiences, values and right
to self-determination. These skills are normally exercised in a one-to-one
setting, with the major input coming from the service user, who sets the
agenda, which will be focussed on end objectives. These can include
helping with considering options, offering information or interpretations
and suggesting and helping with implementing strategies for change. It can
also include helping an individual prepare for a particular event, coaching,
working with them in an advocacy situation and offering encouragement
and general support. Counselling skills are, therefore an enhancement of an
existing role.
These definitions are those which are taken from counselling literature, as evidenced above and they are those which were understood and being put into practice by the workers in the groups which worked with me in the research.

3. Advocacy, like empowerment (see Chapter 3, Note 4) is a word which can be interpreted in many different ways, depending on the context within which it occurs. Whereas empowerment can be seen as working with an individual alone, advocacy, as discussed in this section, accepts that a woman has needs and entitlements from a variety of organisations and statutory bodies. She may not, for a variety of reasons, including the aspects of structural disadvantage discussed in Chapters 1 and 2, have the knowledge, expertise, or confidence to fight for her rights or receive a fair hearing. In this situation, advocacy goes beyond empowerment to remedy this and provide the additional impetus necessary. To do this, while working with the woman, as well as on her behalf, requires awareness and sensitivity in enabling her to remain in control of her own choices and continue to build the inner strength which will enable her to cope with the situations she will encounter on leaving the refuge and be able to act as her own advocate.

As discussed in Chapter 3 (section 4.1) Women's Aid has, from its foundation, been committed not only to providing safety and support to the individual woman who experiences domestic violence, but to a wider political activism in seeking systemic change at social, political and economic levels. The knowledge gained from the experience of individual women can be seen as feeding into the demands for structural change at a higher level, which will, in time, help other women in this situation. For a further discussion of advocacy and its use on behalf of women experiencing domestic violence, see Kelly and Humphreys (2001).

4 Over the past ten years, there has been a general growth in the provision of counselling services throughout the UK. For example, in 1998, 51% of all GP practices provided professional counselling for their patients (Mellor-Clark, 2000). There has been little research into the effectiveness of counselling, since outcomes depend on whose perspective is sought (client, counsellor, administrator) and the method of assessment adopted (qualitative or quantitative). It can also be influenced by events in the surrounding social environment and other uncontrollable factors such as the quality of the relationship with the counsellor. Similar objections can be levelled at any method of assessing direct work including that within refuges. Two systematic reviews of research literature have, however, recently been carried out on workplace counselling (McLeod, 2001b) and primary care counselling (Mellor-Clark, 2000). The studies reviewed included both quantitative and qualitative assessments, covered a variety of therapeutic approaches and showed a high level of client satisfaction, positive outcomes and an alleviation of distress. Although neither of these reviews refer specifically to domestic violence, they do mention relationship problems as one of the categories of referral. These reviews give some research backing to the positive views of women and workers as to the value of counselling.
Therapeutic groups are designed to enable individuals who have shared similar problems to explore, together, the difficult experiences in their lives and deal with their feelings in a safe and supportive environment. (Arnold and Magill, 2000). A closed group is one in which a set number of participants are enrolled, often after some form of assessment as to their potential to benefit from the group. Once the group is established, no other participants can join it. The group will then run for a specific period of time, discussing issues around a particular topic, such as domestic violence or sexual abuse, where there is a shared understanding and experience. They are normally facilitated by one or more individuals who have training and experience of this work and with a background in counselling or psychotherapy. This is necessary because of the sensitivity of the topic, the issues that may arise and the damage that can be caused to participants without skilled support.

An open group is, as its name suggests, one where people who have shared similar experiences can join or leave at any stage and the group may have no finite end. Because of the changes in participants, it is less intense than a closed group but requires equal skills and abilities to facilitate.

Both of these groups differ from the type of self-help or support groups described by Butler and Wintram (1991) and Mullender and Ward (1991). These may be open or closed, and operate in a wide range of situations. As discussed in more detail in section 6, they are designed to enable members to support each other, share understandings and gain strength and awareness in the process. Although feelings and experiences may emerge in these groups, they are not formed to work specifically, or in depth, with this type of material.
Chapter Eight: Loss, transition and recovery

1. Introduction

The material presented in Chapter 7 indicated that the needs of women escaping domestic violence, identified by Binney et al (1981) and Pahl (1978) as paramount, are still appropriate 20 years on. Safe accommodation, practical and emotional support and information, together with mutual support from others who have shared the experience of domestic violence are still the basic requirements, although, as discussed in that chapter, many other services have been put in place and changes have taken place in how the refuges are organised. However, in talking to residents, ex-residents, workers and volunteers, and sharing, to a limited extent, some aspects of refuge life, I became aware that a far more complex and changing structure of needs and responses existed among and between women and workers than that identified in the earlier research. There appeared to be a dynamic process underlying the refuge stay, which was traceable through the experiences of my informants. In identifying common themes throughout the interviews - of emotional turmoil, anger and loss, and the way in which women moved forward and back in coping with their practical and emotional problems, I suggested that this process is similar to bereavement following a death. In the first part of this chapter I examine this concept in more detail, using the ideas of process, tasks and phases that have been advanced by researchers in this field and which were discussed in Chapter 2 (section 2.5). I then turn to the additional task which lies within this framework for a woman who has experienced domestic violence – recovery from the traumatic effects which the abuse has had on her mental health and emotional well being. I examine the way in which this has prevented her from
meeting her needs as a human being, using the framework developed by Maslow (1987) and relating this to theories of trauma and recovery, as discussed in Chapter 2 (section 2.4). I argue that reframing the effects of domestic violence in this way removes concepts of pathologising or 'victim blaming'. Following this, the factors which women saw as assisting them in rebuilding their lives and inner resources are described and these are related both to the concepts seen as helping recovery from trauma and to the values and approach adopted by Women's Aid. Brief references to each of these themes occur within the separate discussions in this chapter. In conclusion, however, I bring the material together and put forward an integrated model of loss, transition and recovery which encompasses recovery from the traumatic effects of domestic violence and is informed by the values and approach of Women's Aid.

2. Loss theory and domestic violence

Linking bereavement and domestic violence in this way may be seen as contentious. It is still more 'socially acceptable' to be bereaved, than to acknowledge personal experience of domestic violence, as discussed in Chapter 2, yet theories of bereavement can be seen as resonating with much of the material discussed in Chapter 7, suggesting that a model of loss and coping can be seen in action within the refuge environment. In this section I argue that theories of bereavement can be applied in a new way, to conceptualise the time spent in a refuge, and the initial stages of moving out into a new community. The model of this process, which I put forward in more detail in the following four sections of this chapter, is essentially dynamic (as are those concerned with
bereavement) and can be seen broadly as comprising three phases, provisionally termed Reception, Recognition and Reinvestment\(^1\). Recognition can deepen into a markedly changed perspective on the world, which I have termed Realignment and discuss in section 2.3. This was however a factor in only a very small number of my informants and would require more research before it could be regarded as a definite feature of the model. The three phases can be fluid, overlapping and not necessarily consecutive. As discussed in Chapter 7 (section 4.22), women\(^2\) may move forward and back between them, depending on the particular pressures they are experiencing, their own emotional resources at the time, the nature of support available and their ability to utilise this support at any given moment.

Within each of the three phases, there are two distinct and discrete sources of stress - the demands of the practical tasks needed to re-establish a separate life and the need to deal with the emotional consequences both of the abuse (dealt with more fully in section 4 of this chapter) and the losses entailed in leaving the relationship. This mirrors the 'dual-process' discussed by Stroebe and Schut (1999) and the tasks envisaged by Worden (1991). The stresses caused for women by these two different strands of activity are discussed in detail in Chapter 7 (section 3.31 and 4.21). Because of these two sources of stress and the changing needs and emotional fluctuations of individual women discussed in Chapter 7 (sections 2.4 and 4.22), differing types of practical and emotional support are more appropriate and valued at each phase of the model. During this process of loss, transition and recovery, there would appear to be six factors regarded by women as particularly significant in helping them to move forward. These remain constant and equally valued throughout the process. Linked to
the effects of trauma on mental health and emotional well being and discussed more fully in section 5 of this chapter, these factors are safety, respect, a non-judgmental attitude, being believed, mutual help and support and time to talk and be heard.

In offering this model as providing a different perspective on the work of Women's Aid, I am aware that, as for bereaved individuals, it will not be appropriate for all women. Women come into a refuge for a variety of reasons, as residents and workers discussed with me. This may include shocking the abuser into a realisation of what is happening, or taking a brief respite before returning to a situation. Although these women may well benefit from the support available within the refuge, a theory of loss is not likely to be applicable to them. Others may not have finally reached the conclusion that their relationship has ended and may well need to go through the process of leaving and returning to the relationship, in the hope of making it work, a number of times before they decide they are ready to move on, assuming the hoped for changes in their partner’s behaviour do not take place. A pattern of this nature does not, however, necessarily exclude the concept of loss; women involved in this research, who had left their relationship on a number of occasions and later returned, said that, at each time of leaving, they had regarded the break as final. It is possible that a number of my informants, all of whom indicated the finality of their current decision to leave, may have returned to the relationship at some later date. As indicated in Chapter 9 (section 6) a longitudinal study would be of considerable importance in establishing the choices which women made on leaving the refuge and the influence which the refuge environment and support systems had on their decisions. A further group of women may already have
established a plan of action, in which the refuge plays a key but transient role. For these women, and those who may feel unable to respond to the type of support on offer, the process may be truncated or terminated. It could also be argued that bereavement is inappropriate as a model of leaving a relationship since, while the sense of loss can be felt internally, externally the abuser is alive and often all too present in reality, or as an invisible source of continuing fear and uncertainty. Worden (1991) however, comments that ‘uncertain’ loss (his analogy is in the case of soldiers missing in action), may make it difficult to bring mourning to a satisfactory conclusion, but does not preclude the need to try to come to grips with the situation. The uncertainty which exists in this type of loss undoubtedly adds to the complexity of the situation and the difficulties of movement between tasks and phases but the research indicates that there is a definite and identifiable process which gives shape and meaning to the stay in a Women’s Aid refuge.

3. Process Model

3.1. Reception

On arrival at the refuge and for varying periods afterwards (Chapter 7, section 3.31), women described feelings of anxiety, numbness and unreality. This held good even when they had previously been in refuge accommodation on one or more occasions and was irrespective of the method of referral, or if they saw the refuge as a very temporary expedient or not. The feelings they experienced at this stage appear identical to those encountered in the ‘initial impact’ of shock following a bereavement as discussed in Chapter 2 (section 2.5) and also in reaction to a traumatic event (Chapter 2, section 2.4). Additionally, they
expressed fears not only about the current situation - the residents, the workers, the refuge itself and the future – but also about the possibility of being found by the abuser. It was for this reason (Chapter 7, section 3.32) that the most important factor, for the majority of my informants, was being safe (this is discussed further in section 5 of this chapter) and this concern remained so throughout the time spent in the refuge.

At this time, women did not want, in general, to discuss their situation in depth, but needed space, time to stand still and to be 'held'. Worden (1991) and Murray Parkes (1986) both make similar points in respect to working with bereaved individuals – that this is a period of confusion, with a need for time and space, not a time for discussion and forward planning. For my informants, what was additionally valued was an attitude of respect and empathy, including being listened to and believed, and a non-judgmental approach. In addition, peer support was invaluable at this stage in helping them to realise that they were not 'abnormal' and others had had experiences of domestic violence that they could relate to. These themes recur in section 5 of this chapter.

At the same time as the difficulties of emotional trauma described above, women also had to deal with the practical issues of settling in, registering with relevant authorities and so on. In the same way as Stroebe and Schut (1999) have described for individuals coping with bereavement, this was also a stressful orientation and, given the initial lack of confidence and self-esteem common to the majority of my informants, there was a considerable need, for most of them, for support and sometimes advocacy from workers (Chapter 7, section 3.32).
As in the first impact of bereavement, this initial period was one of intense emotional and practical need. A high level of support from workers and often from other residents was necessary and for workers, this could cause additional pressures, particularly when a number of women and children arrived in the refuge within a short period of time. This could also result in less time being available for existing residents.

3.2. Recognition

As mentioned earlier in this chapter (section 2), some women use a refuge to gain a breathing space, as a temporary expedient, or feeling that there may be another chance to rebuild the relationship. For others, there seems to be a move to a phase of recognition. Prior to leaving the relationship, the women who participated in this research had come to a realisation (Chapter 7, section 3.2) that their only option was to leave. It was only after the initial impact of arrival at the refuge had been absorbed, that they were able to acknowledge and come to a full recognition of what had happened. Discussions with workers and service users indicated that this phase was seen as a continuum, where a woman could move from recognition of what happened and acceptance of the need to take responsibility for herself and any children, to a positive and pro-active attitude of taking charge of her life and exploring new ideas. Women seem to move along this axis at their own pace to a position where they felt comfortable. Not all women wish to move the full length of this continuum. As Liz pointed out (Chapter 7, section 6) ‘It’s not easy and its a long hard road to go by’. Some may even prefer to return to the abusive relationship in preference to wrestling with the emotional and practical problems and the social and
economic disadvantages which they can see lying ahead of them (see comments in Chapter 2, section 3.4 and those from residents in Chapter 7, section 4.25).

In models of grief and loss (Chapter 2 section 2.5) this period is similarly seen as one of adjustment to changed circumstances, where recognition of what has happened is followed by an acute phase of mourning, with feelings including anger, loss, depression, disorganisation and unexpected and uncontrollable emotional fluctuations. Many of these feelings have also been identified as common among individuals who have had traumatic experiences (Dutton, 1992; Herman, 2001) as discussed in Chapter 2 (section 2.4). For Worden (1991), the task of accepting the reality of the loss leads to the tasks of experiencing of grief, adjustment to the new environment and the withdrawal of emotional energy from the old relationship which is then used to create new ones. To this, Stroebe and Schut (1999) add the practical requirements of changed circumstances and the need to build a new way of life.

Three of my informants, while able to discuss freely their emotions and reactions on first arrival in the refuge, emphasised in the later sections of the interviews their practical problems and the practical support they wanted from workers. It was also the practical aspects of mutual support that were seen as of value to them. As in bereavement, this concentration on practical matters may have been their way of coping with the situation at that time, with a view to returning to the emotional losses at a later date. Excluding those who had been in the refuge a comparatively short while, the remainder of my informants were actively engaged in dealing both with the emotional and the practical problems which they faced.
As discussed throughout Chapter 7, but particularly in section 2, feelings of anger and loss were commonly mentioned, together with unexpected and unwelcome emotional fluctuations, ranging from acute depression to a feeling of being able to handle the situation and back again. This ‘roller coaster’ was frightening, leading to fears of mental instability and irrationality to which they could see no end. Both Murray Parkes (1986) and Worden (1991) have identified such fears as common among bereaved people.

At the same time, practical tasks needed to be dealt with, such as adjusting to life in the refuge, education for the children, applications for funding, housing and possibly legal issues. These tasks could also be a source of stress to women, but provided something that they could actively work with, as an alternative to the ‘emotional baggage’ they were also trying to handle. This corresponds to the oscillation between loss orientation and restoration orientation identified by Stroebe and Schut (1999).

During this period women developed new skills during their day-to-day life in the refuge and built up their confidence and self-esteem. On occasion, they were unaware of this until a particular event drew it to their notice. As in the reception phase, they valued peer support immensely, but now it was a more interactive process of giving support to women in the same situation as themselves, as well as receiving it. This type of support system has similarly been identified as being of importance for those who have been bereaved. Raphael (1984) points out that a ‘social network of support’ enables bereaved people to accept help, to express their feelings in an empathic environment and is crucial to helping them to deal with their loss and re-establish their lives. She further comments that such support is often best provided by those who have
been through the process themselves, a point also made by Dutton (1992) and Herman (2001) on commenting on trauma recovery and an approach which has been a feature of Women’s Aid since its inception. As in the refuge situation, this type of mutual support can be seen as building feelings of self-worth. It was still, however, immensely important to the women in the refuges to be able to access practical and emotional support from workers when they required it and the attitude of respect and belief with which this was given was seen as directly relevant to building self-confidence and self-esteem. The complexity of this phase of refuge life and its dynamic nature have been discussed in Chapter 7 (section 4) together with the problems of balancing and reassessing support needs that this can create for refuge workers. In Chapter 9 (section 4) I discuss the need to fully support this work and provide adequate resources for it in terms of staff resources and supervisory support, financial backing and accommodation.

3.3. Realignment

At the far end of this continuum of recognition, stood a small group of nine women (39% of the total of residents and ex-residents) who could be said to have reached a changed perception of themselves, their identities and their roles in society. Once established, this did not appear to be a shifting dimension but a radical and permanent change. This did not mean, however, that women who were aware of this change had ‘come through’ the process and had no need of further support. They were all still dealing with the practical and emotional problems of their situation and with their changing feelings and capabilities. In
addition, they found it necessary to examine the implications of their new understanding for themselves, their families and friends and for the future.

In Chapter 7 (section 6) I discussed this changed perception and how the women concerned felt it affected them. I suggested that, although a number of factors, including personal characteristics, might be involved, it seemed probable that the support systems and approach adopted within the refuge (including the shared experience of residents) had facilitated this realignment of attitude. In this respect, it may be significant that the majority of women who had experienced this change were ex-residents, or preparing to leave the refuge and might be considered to be some way through the model of loss, transition and recovery suggested here. This change may, therefore, be an additional indicator of the 'new roles' envisaged by Stroebe and Schut (1999) and the 'moving on with life' concept of Worden (1991). However the numbers are extremely small and as discussed in Chapter 9 (section 6) further research, preferably of a longitudinal nature, would be helpful in understanding the extent of this change and the circumstances which facilitated it.

3.4. Re-investment

While in the refuge, women have been, to some extent, sheltered. They have been able to access practical information and emotional support and, in most cases, will have made friends and enjoyed the company of other women as discussed in Chapter 7 (section 4.25). When new accommodation becomes available they have to detach themselves, withdraw this emotional ‘investment’ in the refuge and reinvest their energy into their new community by making friends, joining local groups and taking part in local activities. In many ways
this can be regarded as a second form of loss, with an initial impact and period of adjustment, followed by recovery. Women saw it as a major shock (Chapter 7, section 7) and felt that they needed both practical and emotional support during this transition. The difference, however, was in the fact that they had already gone through this process in a more major way. In general, they had learned new skills and ways of coping and they had a reference point back to a familiar place where they were understood and accepted. Support was available to them from a variety of sources and they chose if, when and to what extent they accessed it. The need for this support, as discussed in Chapter 9 (section 4) has considerable implications for the provision of supported housing and floating support, advice centres and telephone helplines.

4. Trauma, recovery and human need

Within the framework of loss, transition and recovery outlined in the preceding sections of this chapter, women also have to deal with the additional effects that domestic violence has had on their mental health and emotional well-being. In Chapter 2 (section 2.4) I discussed the considerable body of research evidence which demonstrated the detrimental consequences of this abuse. I then focussed on the work of feminist practitioners in the field of mental health (Dutton, 1992; Herman, 2001) who have argued that the symptoms evinced by women who have experienced domestic violence are consistent with a diagnosis of PTSD, made more complex by the long term nature of much of this abuse. In considering the effects on the individual woman, their basic premise is that a sense of physical and mental safety, a basic trust in the world and a feeling of being worthy of belonging to it, is the foundation of connection to other people.
and of personal development. Domestic violence, in common with other traumatic events, shatters this sense of safety thus destroying connections to others and to a community, feelings of self-worth and of self identity.

Recovery, then, is based on prioritising safety and then enabling a woman to rebuild her connections to others and re-establish her sense of a worthy self.

As I demonstrated in Chapter 2 (section 2.4) these arguments find a resonance in the much earlier work of Maslow (1987, first published 1954). He, too, saw safety and freedom from fear as the first and most important need of human beings, once their basic physiological needs for survival had been met, and that they would then seek to make connections, to belong, to be accepted by others and to experience feelings of self worth and self esteem. Maslow's concept of an hierarchy of human need is shown in tabular form in Chapter 2 (section 2.4, table 2.2). In this approach, individuals are seen as actively seeking to meet their needs as human beings at whatever level these may lie (i.e. that they would seek safety before looking for acceptance or self respect) but that their capacity to achieve this could be damaged or blocked by their social or economic circumstances, or by their experiences in the past. In understanding domestic violence as destroying the basic sense of personal safety, on which everything else rests, it can be seen that the capacity to meet higher needs has also been damaged and recovery, as argued by Dutton (1992) and Herman (2001) is achieved by providing a safe environment and for support to enable a woman to rebuild an ability to meet her needs as an individual.

A diagnosis of PTSD, as Humphreys and Thiara (2003) point out, directly links cause and effect and can enable a woman to access professional help without feeling that she is, in some respect, personally deficient, as might be the
case with diagnoses such as ‘borderline personality disorder’. Nevertheless, it has been heavily criticised by some feminists (Chapter 2, section 2.4) as continuing to stereotype women who have experienced domestic violence and may possibly (albeit unintentionally) convey an impression of pathology to the woman herself and to others, which may stigmatise and disadvantage her when dealing with statutory or institutional bodies.

While I fully accept and agree with the argument put forward by Dutton (1992) and Herman (2001) that domestic violence destroys the sense of personal safety, connection to others and sense of self, so that recovery depends first on a safe environment and then on rebuilding what has been destroyed, it is important to recognise that the majority of those who experience any form of trauma, as Herman (ibid) acknowledges, do not receive formal treatment of any kind from mental health professionals. If the experiences of this majority and, in particular, those of women who have experienced domestic violence can be reframed in terms of Maslow’s theory of human need, as detailed above and in Chapter 2 (section 2.4) rather than in terms of a diagnosis of PTSD, this removes any concept of pathology, categorisation or ‘victim blaming’, while at the same time recognising the need for safety and rebuilding feelings of belonging and self worth. It also emphasises the positive and active efforts of women to meet their needs and opens the door to a wider understanding and appreciation of the support which can be provided by refuge workers and others who are not professional health workers.

The women who participated in the research for this thesis, as can be seen throughout Chapter 7, valued the personal support they received from workers and the other women within the refuge. They also identified, in their interviews
and in general discussion, the factors in this support that they felt were significant in enabling them to deal with their practical and emotional problems and prepare to move back into the community, many of which have already been mentioned in this discussion.

5. Significant factors

5.1. General

In this section, I look at the elements which emerged from the interviews as being most significant for residents and ex-residents in helping them to use their stay in the refuge, not simply as a breathing space, but as a time to work through their losses, adjust to their new way of life, plan ahead and move out into the community. Safety was the first and most important factor, both during the refuge stay and as women thought about moving out into a new community. The remaining factors - being treated with respect, a non-judgmental attitude, being believed, mutual help and support and time to talk and be heard were of equal importance to women and remained of equal value throughout the phases of the model of loss and recovery outlined in the preceding sections of this chapter. As with the other findings of this research, there were no significant differences across the case study groups, or within the groups, as to which factors were most highly rated by my respondents.

5.2. Safety

For all my informants, whether self referred, or reaching the refuge following contact with other agencies, the physical security of the refuge was their first priority, not only on their arrival, but throughout their stay (Chapter 7, sections 271
3.32 and 4.24) and as they prepared to leave the refuge and move into a new community. Fear, almost amounting to terror, was the predominant emotion that they recalled from their arrival. This related not only to the fear of being found by their abuser, but of the environment in which they found themselves, the people around them and of their future. Even when they had begun to feel physically safe, women recognised that their emotional and mental safety were precarious (Chapter 7, section 2.4) and the development of a greater sense of emotional security and a degree of trust was a much longer term process (Chapter 7, sections 4.21 and 4.24). As recognised in the section 4 of this chapter, physical safety and the development of a sense of mental safety must be the first priority in supporting women to recover from the effects of domestic violence. Making the safety of women and children a priority has always been recognised by Women’s Aid and is one of the values identified in Chapter 3 (section 4.2).

5.3. Respect

As the comment in Chapter 7 (section 8) emphatically indicates, workers saw themselves as committed to an attitude which respected the autonomy of women so that they worked in partnership with them, supported them in defining their problems, making choices and taking their own actions, rather than imposing solutions. Respect was also seen by workers and residents as entailing openness and honesty about whatever was happening and giving women clear information so that they could make their own choices. Women found being treated with respect and as individuals worthy of respect quite difficult to understand (see Chapter 7, section 3.33), since it was not an attitude
which they had been accustomed to in the past, either from their abuser or, for many of them, from the agencies and organisations they had approached for help (Chapter 2 and Chapter 7, sections 3.31 and 4.23). However, once they could believe it was genuine, the women saw this attitude as being crucial to the rebuilding of their confidence, self-esteem and self-respect. As Morris (2001) comments, these are conditions that can only evolve within a truly supportive environment:

I was very struck by how self-esteem seemed to evolve in response to being treated with respect, empathy and genuineness and how it flowered in environments where the individual was physically and emotionally safe, had clearly defined boundaries which were consistently held and took an active part in any decision making.  
Morris 2001:16

Valuing and respecting the individual and giving her back control over her choices and decisions formed a key part of the early model of support in Women's Aid refuges (Chapter 3, section 4.1) and from the evidence of my research, continues to do so. It is recognised in the work of Dutton (1992) and Herman (2001) as vital to the rebuilding of a sense of self as discussed in Chapter 2 (section 2.4) and its importance has been recognised in varied approaches to the concept of empowerment (Croft and Beresford, 1989; Miley and DuBois, 1999) and in Macdonald and Macdonald (1999) despite their highly critical appraisal of the concept (see Chapter 3, note 4).

5.4. A non-judgmental attitude, being believed.

Believing (and by implication, not judging) women's experiences of abuse has been placed by Women's Aid at the head of its declaration of values (Chapter 3, section 4.2). It could be argued that both of these factors can be
seen as aspects of respect, since respecting a woman as an autonomous individual who is the most conversant with her own problems and has the inherent capability to solve them, necessarily implies that her reality is to be believed and cannot be judged by another. Taken together, these two factors of a non-judgmental attitude and belief convey feelings of acceptance and empathy, which are, in themselves, respectful of the individual and, as indicated in the quotation in the previous section, contribute to the growth of self-esteem. However I have chosen to separate them from the factor of Respect because they appeared to have particular resonance for my informants. Their experiences of domestic violence (Chapter 7 section 4.21) included constant criticism, being followed or interrogated and told that no one would ever believe them. Similar points are made in Chapter 2 (table 2.1) and by Bossy and Coleman (2000). To be believed, trusted and free from criticism and judgement was, therefore, immensely important to them and further contributed to rebuilding confidence and self-esteem. It also lessened their fears about the people around them and gradually develop feelings of trust and emotional safety (Chapter 7, section 4.1). An attitude of belief and a non judgmental approach can be seen, then, not only as respectful and reinforcing and reinforcing the development of self-esteem, but as contributing to feelings of mental safety (see section 5.2) and freedom from fear that have been identified by Maslow (1987) and in the work of Dutton (1992) and Herman (2001) as forming the basic foundation for growth and development.
5.5. Mutual help and support from other residents

Peer support has been an accepted and valued part of life in Women's Aid refuges since their inception (Chapter 3, section 4.1) embodying the belief of the Women's Liberation Movement that women can draw strength and hope from each other (Mullender and Ward, 1991). The evidence presented in Chapter 7 (section 4.25) shows that it still plays an extremely important role in helping women to help themselves through helping each other. There has, however, been a shift in the extent of mutual support, as detailed in early research, since, as discussed in Chapter 7 (section 4.4) it is now seen as flowing between residents and ex-residents, rather than encompassing both women and workers. Mutual support given by others who have undergone similar experiences has also been recognised as assisting bereaved individuals to express their feelings in a supportive environment, mourn their loss and re-establish their lives (this chapter, section 3.2).

The nature of this support changed during the period spent in the refuge. On arrival support was initially valued by women (Chapter 7, section 3.32) as showing them that they were not, as they had thought, alone in their experiences. Other residents were also able to give them practical help and emotional support during this very difficult period. Later on, this support became more reciprocal; building their own self-esteem by being able to give to others, sharing shopping trips or leisure time, or supporting each other during times of emotional or practical stress (Chapter 7, section 4.25). As Val put it to me, 'we are there for each other'. For some women, this experience had led to an understanding of themselves and a changed perception of their rights as individuals, as discussed in Chapter 7 (section 6) and in this chapter (section
3.3). Although both residents and ex-residents were totally realistic about the pressures and frustrations caused by communal living, women were emphatic about the overall advantages they gained, both from the experience of living together and from the support they gained from other residents (Chapter 7 section 5.3). This was reflected in their proposals for improved accommodation, which, while improving privacy, were centred around a communal form of living (Chapter 7 section 5.5). They all commented that, in self-contained accommodation, this type of support could be more difficult to give and receive, unless special consideration is given to facilitation. The refuge, then, despite its tensions and conflicts, provided women with a community where they could feel accepted and believed, express their feelings, deal with their experiences and support each other. In Chapter 2 (section 2.4) I showed that this sense of belonging to a community and of making connections to other people had been identified by Maslow (1987) as meeting an important level of human needs and by Dutton (1992) and Herman (2001) as essential in the process of recovery from trauma. The relationship of these two concepts to each other was discussed in section 4 of this chapter.

Further evidence of the importance of the need to recognise that there was a community which was ‘there for you’ comes from the discussions with ex-residents (Chapter 7, sections 4.25 and 7.4). Although they were not, in general, likely to maintain contact with the women they had met in the refuge, the fact that the refuge itself was there and that there were people in it who accepted them as they were, gave them a sense of inner security which enabled them to move forward. They might never need any further support – the knowledge of the existence of an understanding community was enough.
5.6. Time to talk and be heard

Part of the mechanism of control experienced by my informants had been isolation from talking to other people, including family, friends or neighbours. This was discussed in Chapter 7 (section 4.31) and linked with similar findings in Chapter 2 (section 2.2). As a consequence, women saw being able to talk freely as immensely important to them – as indicated in Chapter 7 (section 4.25) ‘talking late into the night’ was a common occurrence in the early refuges and continues today. It can, therefore, be seen that providing this opportunity is a necessary part of helping women to express their feelings, mourn their losses and restore a sense of normality to their lives. This point has been made by Coleford and Guildford (2001) and has also been seen as important in supporting those who experience bereavement (this chapter, section 3.2).

Women appeared to identify three strands of talking, all of which were of value to them. The first comprised the commonplaces of everyday conversation – about TV, shopping, local activities and events - and might be exchanged with fellow residents, workers or other visitors. This linked women back to the world beyond the refuge, to which they would eventually be returning. The second strand is that of supportive talk - discussing past experience, offering emotional support, exchanging advice, information and ideas and planning for the future. Much of this came from other residents as described in Chapter 7 (section 4.25) and in the preceding section of this chapter. However this was not enough on its own. Conflict within the refuge, or the mix of residents, might make mutual support difficult, or women could feel ‘stuck’ with fellow residents who were at a different position in dealing with their problems. Additionally other residents might have pressing problems of their own and not
be available at the time. For these reasons, and because of their knowledge and experience, time to talk to workers and be heard by them was also a prime requirement. As discussed in Chapter 7 (section 4.31) women felt that this support was generally freely available to them, particularly on entry to the refuge (Chapter 7, section 3.32). To some extent, this aspect of the worker’s role, in actively listening, can also be seen as a further indication of respect, and reinforcing feelings of being ‘worthy’ of being listened to, as Barbara comments in Chapter 7 (section 3.33). The importance that women attached to this factor is clearly indicated by the feelings of resentment and, on occasions, anger felt when this support was temporarily not available because of pressure of work, staff shortages, hours of attendance, or other problems. The third strand might be termed the ‘healing talk’ provided by group work, counselling or other professional contacts. These contacts needed to share the values and concepts of refuge workers, but be seen as standing aside from the day-to-day management of the refuge and being there to provide a space ‘just for them’. Not all women felt a need for this third strand at the time that they talked to me. A high proportion, however, saw it as very important and the remainder felt that it could be of value in helping women and needed to be easily available (Chapter 7, section 4.3), for women who wanted to access it.

5.7. Summary

Section 5 of this chapter has brought together material analysed throughout Chapter 7 to show the six factors which women felt had been most influential in facilitating their ability to handle their practical and emotional problems, assess their position and prepare to move on. Pre-eminent among them was the
sense of physical and mental safety, a concept that has been seen as the most important of human needs, once basic physiological wants have been met, and one which can be seen as being destroyed by domestic violence (Chapter 2, section 2.4, this chapter, section 4).

The remaining five – respect, being believed, a non-judgemental approach, mutual support and time to talk and be heard, were seen as being of equal importance. Together, these factors appeared to provide a supportive environment, which helped them to regain self-esteem and confidence. (This, as indicated in section 4 of this chapter, is seen as essential in facilitating recovery from trauma and rebuilding a woman’s capacity to establish, and work to meet, her needs) Two of these factors - mutual support and time to talk and be heard – have also been identified as assisting individuals who have experienced bereavement to work through the process of loss, transition and recovery detailed in section 3 of this chapter. All of them can be seen as incorporated in the model of support established by Women’s Aid in the late 1970s (Chapter 3, sections 4.1 and 4.2) and were identified by my informants as still being relevant to their needs today.

6. Conclusion

This chapter has examined the dynamic and complex patterns of needs and responses apparent from the material presented in Chapter 7 and related it to the models of grief and loss detailed in Chapter 2 (section 2.5) and the theories of trauma and human need described in section 2.4 of that chapter. It discussed the factors identified by women as particularly important to them during their time in the refuge, and related these to the approach and values of Women’s Aid.
outlined in Chapter 3 (sections 4.1 and 4.2). I suggest that, together, these strands of discussion can offer a new way of conceptualising the time spent in a Women’s Aid refuge – as an integrated model of loss, transition and recovery which incorporates the need to recover from the traumatic effects of domestic violence and is informed both by the values and approach of Women’s Aid and by theories of trauma and human need.

The proposed model of loss and recovery, which I put forward in section 3 of this chapter, is based on that of bereavement following a death and extends from the time of entry into the refuge until some time after moving back into a community. It is seen as a fluid and dynamic process, with three main phases, Reception, Recognition (and possibly Re-alignment) and Reinvestment, within which are two sources of pressure – emotional stress and the practical difficulties of adapting to a new way of life. The emotional stress consequent upon bereavement is, however, made more complex in this situation, due to the multiple losses sustained on entering a refuge (see Chapter 7, section 2.2) and the effects of domestic violence on a woman’s mental health and emotional well being (Chapter 2, section 2.4). This additional burden, caused by specific events, needs to be addressed during the overall process of transition and recovery.

In section 4 of this chapter, I argued that these effects could be seen as having blocked or damaged a woman’s ability to assess and meet her needs as a human being, rather than framing them in terms of a diagnosis of PTSD, while appreciating that this diagnosis may prove useful in assisting the comparatively small number of women who require it to obtain professional medical assistance. This approach removes any concept of pathology, or ‘victim
blaming’ and, additionally, emphasises the view of women as positively and actively seeking to meet their perceived needs – a stance which is congruent with the Women’s Aid position discussed in Chapter 2, section 3.53). It also opens the way to a wider understanding and appreciation of the support available within the refuge setting.

Finally, I turn to the six factors identified by women as having been of personal importance to them during the refuge stay and afterwards: safety, respect, being believed, a non-judgemental approach, mutual support and time to talk and be heard. Without exception, these can be seen as deriving from the early model of support utilised in Women’s Aid, which derived from the practical considerations of safety and the philosophical orientation of the Women’s Liberation Movement (Chapter 3). They also represent the concepts put forward by Dutton (1992) and Herman (2001) as integral to the process of recovery from trauma, which I have seen as supporting a woman in rebuilding her own capability to assess and meet her perceived needs as a human being.

In summary, then, in this model, a refuge stay can be seen as a time in which a woman goes through a process of loss, transition and recovery, made more difficult by the damage which domestic violence has inflicted on her ability to assess and meet her needs. The support available in the refuge, and the way in which it is provided, enable her to rebuild this capability, which, in turn, assists her in moving through the process and returning to the wider community.

This integrated model of loss, transition and recovery, as I indicated in section 2 of this chapter, will not be appropriate for all women entering a Women’s Aid refuge. Nor is it prescriptive – theories of bereavement, trauma recovery and human need all emphasise the fluid and overlapping nature of the process and
the way women will move forward and back between phases. What it offers is an explanatory framework which centralises the perspective of the woman who has experienced domestic violence and her active agency in defining her needs and working to meet them. In the following chapter, I examine the significance and implications of my research for funders, service providers, workers and women experiencing domestic violence.

Notes

1. Kelly and Humphreys (2001) reject the term ‘aftercare’ as having medical and benevolent connotations unsuited to women who have experienced domestic violence and inferring passive receptivity. For me personally, resettlement has similar charitable and paternalistic connotations and I have, therefore, chosen to use the phrase ‘re-investment’ used by Worden in his earlier publication (1983: 15). Women who come to the refuge have, as discussed in Chapter 7 (section 3.1) suffered immense emotional losses, as well as material ones. During their stay they will have found practical and emotional support from other residents, staff and volunteers and have been enabled to give in return. As Rachel comments in Chapter 7 (section 5.5) this creates an emotional bond, an investment of emotional energy in the refuge. In leaving, they and their children need to withdraw this emotional investment, detach themselves from the close community they know and gradually re-invest in relationships, networks and activities in their new communities. The term ‘reinvestment’ shows this to be an active and positive action on the part of the woman, while not denying that she may well need help and support to achieve this.

2. This model has been identified through work with women in Women's Aid refuges. All except one of my informants identified themselves as heterosexual and they had all experienced domestic violence from male perpetrators. Nevertheless my experience of counselling in heterosexual, lesbian and gay relationships leads me to conclude that the model, and the factors which influence outcomes, would, in broad outline, be equally relevant to lesbian relationships, although the reasons for the violence are likely to be very different. In general terms, it could also be applicable to gay relationships, abuse by other family members or violence by women against men. In these circumstances, however, it would seem likely that there would be other aspects to this abuse which would need to be taken into account. Further research would be necessary before this hypothesis could be confirmed.
3. The Women’s Aid position on counselling was discussed in Chapter 2 (section 3.53) and the numbers of refuge groups now providing this service are detailed in Chapter 5.
Chapter Nine: Conclusions

1. Introduction

This research project set out to examine the nature of the support provided in Women's Aid refuges for women escaping domestic violence and the value of this support to service users, an area of research last explored in detail some 20 years ago by Binney et al (1981) and others. In doing so, it has revealed a complex pattern of needs and responses, varying with each individual woman and changing throughout her stay in the refuge, but with certain core features. This chapter brings together and summarises the key findings of the research, and explores its limitations and strengths. It assesses the significance and implications of the findings for funders, service providers and women escaping domestic violence, looks at the ways in which the research has been, and will be, disseminated and possible directions for future research. Finally, it returns to the central theme of this research outlined in the introduction to the thesis: the support needs of the individual woman who has experienced domestic violence in today's society.

2. Key findings

2.1. An unbroken link?

In Chapter 3, the model of support within Women's Aid refuges identified by earlier researchers (Pahl, 1978; Binney et al, 1981; Clifton, 1985; Rose, 1985) was discussed and a brief account given of the changes which had taken place both within and outside the movement over the past two decades. These included major changes in government thinking and policies on issues around domestic violence, the increasing complexity of financial and welfare
legislation, developments in feminist thinking and the growth of service provision in response to the perceived needs of women experiencing domestic violence. Consideration of the pressures created by these changes posed questions as to the effect they had had on the earlier model of support, whether new aspects of support had been incorporated into service provision, and if the approach and values of Women’s Aid were seen as relevant to the way support was perceived by service users.

The evidence presented in Chapter 7 shows that, in comparison with the earlier model, the basic elements of support – the primacy of safety, practical support and advocacy, the centrality of the woman’s perspective and the value placed on mutual support were still present, although mutual support was now seen primarily as being between residents, rather than flowing among and between workers and women. New services had been introduced; the provision of counselling and different types of group work, lifeskill and developmental activities and the availability of longer term support after leaving the refuge. Many of these services were provided by specialist workers, and a paid workforce was now the general pattern, rather than volunteer staffing. Perhaps the greatest change has been the virtual disappearance of the collective model of organisation and the fact that residents now saw workers, albeit friendly and understanding, as being in a position of authority. It is possible that the earlier image of self-regulation and collective participation in decision making was, perhaps, never as universal in practice as it was in theory, except, possibly, in the earliest years, but there was no real evidence of it in the refuges where my field work was carried out.
The Women's Aid approach to delivering these services was still that described by the earlier researchers – respecting and valuing the individual and her autonomy, an attitude of belief and non judgement – and these factors were among those identified by women (Chapter 8, section 5) as being crucial in assisting them in working through the difficulties they faced and creating an holistic environment of support which enabled them to regain confidence in their ability to live independently. It can be argued, then, that, although considerable changes have, and will continue to take place which affect Women's Aid at grass roots level, much of the approach and values of the earlier model remain. Whether these can be retained in the long term, given the pressures described by workers (Chapter 7, section 8) and the chronic shortage of funding, is open to question.

2.2. An integrated model of loss, transition and recovery

The evidence presented in Chapter 7 and further discussed in Chapter 8 suggests that, during the time spent in the refuge and for varying periods afterwards, a woman will go through a process analogous to that involved in coming to terms with bereavement. The model I put forward of this process is essentially dynamic, but can broadly be seen as comprising three fluid and overlapping phases, which I have provisionally termed Reception, Recognition and Reinvestment. These are set out in detail in Chapter 8 (section 4) but in summary consist of an intense period of reaction following arrival in the refuge, a longer continuum of varying degrees of acknowledgement and adjustment and a final element of recovery, which will extend for some time after leaving the refuge. For some women, a changed perception of themselves and their role in
society can occur during this process. I refer to this as Realignment in the discussion of the model and the evidence for this altered perspective is given in Chapter 7 (section 8).

Within this overall process, there is a need to deal with the many practical activities required to build a new way of life and, at the same time, to handle the emotional consequences of the losses entailed in leaving the relationship and entering the refuge. This situation is made more complex by the destructive effects that domestic violence has had on the woman’s mental health and emotional well being. Both practical and emotional strands of activity are stressful and women will move between them, either from necessity, or as a means of regulating the stress. At the same time, they are likely to be moving forward and back between the three phases - at one point able to move forward confidently, at another feeling unable to deal effectively with problems. Movement between strands and phases will depend on the intensity and nature of the pressures experienced, the woman’s own emotional resources at the time, the nature of the support available and her ability to utilise this support at any given moment.

Different types of practical and emotional support seem to be more appropriate and valued at each of the phases and the way in which support was given, as indicated in the previous section, was also important. Because of the fluid nature of the process, however, there were particular problems (as discussed in Chapter 7) for workers, in seeking to react appropriately to changing support needs.
2.3. Trauma and human needs

For women who have experienced domestic violence, the model of loss, transition and recovery summarised in the previous section is made more complex by the deleterious effects of the abuse on their emotional health. The evidence of this damage, as discussed in Chapter 2, (section 2.4) has been utilised by feminist practitioners in the mental health field to propose a diagnosis of Post Traumatic Stress Disorder (PTSD) and to conclude that the consequences of domestic violence are to destroy a woman’s sense of physical and mental safety and with it her connections to others and her feelings of self worth and self esteem. Recovery from this situation requires the establishment of physical and mental safety and the provision of support which will enable her to rebuild connections to others and feelings of self worth and confidence in herself.

While accepting the value of a diagnosis of PTSD in enabling women to obtain access to mental health interventions, I suggest in Chapter 8 (section 4) that the effects of domestic violence can be reframed in relation to the concept of an hierarchy of human need, as envisaged by Maslow (1987) which similarly places safety as the foundation for the growth of connections to others, feelings of self-worth and of personal development (Chapter 2, table 2.2). In this context, domestic violence can be seen as blocking or damaging a woman’s ability to assess and meet her needs as a human being. Recovery will also prioritise safety and a supportive environment which will assist her in rebuilding this capability. Reframing the situation in this way removes any concept of pathology or ‘victim blaming’ and sees women as actively seeking to meet their perceived needs. It also offers a wider appreciation and
understanding of the role played by the type of support and the approach available in a Women’s Aid refuge.

2.4. Enabling factors

Analysis of interviews with residents and ex-residents showed that there were constant references to certain aspects of support which women felt were particularly helpful to them during their stay in the refuge (Chapter 8, section 5). Foremost was the sense of physical safety and protection which the refuge building, the workers and other residents provided. Linked with this, but developing over a longer period of time, were feelings of mental safety and trust in those around them. The remaining five factors appeared to be ranked equally in terms of importance and to retain their significance for the duration of the stay in the refuge. Belief in a woman’s account of her experiences, adopting a non-judgmental attitude and treating her with the respect due to her as an autonomous individual were considered as facets of the workers’ role which enabled women to develop confidence in themselves and their abilities. The mutual support and understanding of other residents was also deeply valued as part of the experience of communal living, together with time to talk and be heard. This last factor might be accessed from other residents, workers or counsellors, but was seen by service users as being of considerable importance in enabling them to establish connections to other people, an ability which had often been severely damaged by their past experiences.

In Chapter 8 (section 6) I showed that all these factors could be seen as deriving from the early model of support within Women’s Aid and were also integral to the process of recovery from the traumatic effects of domestic
violence. Taken together, these factors provide a safe, supportive community, within which a woman can re-establish her connections to others, rebuild her capability to assess and meet her own needs and move through the process of loss, transition and recovery.

3. Limitations and strengths of the research

3.1. Limitations

The limitations of generalisability inherent in a small case study of this nature were discussed in Chapter 4 (section 5.4). Efforts were made, however, to address this problem by drawing on the wider experience available within Women's Aid (Chapter 4, section 8 and this chapter, section 3.2). The difficulties of obtaining access and conducting participative action research within the refuge setting were detailed in Chapter 4, together with the steps taken to overcome or minimise them. A full analysis and discussion of the information base is included in Chapter 6. As indicated in that chapter, it was not possible to interview women who had left the refuge after only a short stay, those who had returned to abusive relationships, or those whose tenancies had had to be terminated because they endangered refuge security, or for other breaches of house rules, although one woman did leave shortly after being interviewed, for undisclosed reasons. This meant that a further dimension of experience, which might have been more critical is, therefore, missing from the research. As can be seen in Chapter 7, however, this did not mean that women gave unconditional praise to refuges – they were candid and open in their comments and criticisms as well as considered and honest in the way they appraised their time in the refuge. Many of these criticisms – of levels of
available support, standards of accommodation and provision of developmental activities within and outside the refuge, were directly linked to the availability of resources and are discussed further in section 4 of this chapter. Difficulties in obtaining interviews with women who had left the refuge some time ago to be re-housed has also limited the ability to assess the long term effectiveness of the empowering approach adapted in the refuges. This subject is discussed further in section 6 of this chapter.

Two further points need to be made concerning the research. Firstly, it was carried out only in Women's Aid refuges, which have very clear and specific policies regarding their approach to supporting women. Other providers of safe accommodation, as discussed in Chapter 3 (section 3.2) and indicated by my informants in Chapter 7 (section 5.6) may well have different methods of working, principles and resources. We do not know if women who self refer come to a Women's Aid refuge rather than another shelter as a deliberate choice, because it is the only option, by chance, or for some other reason. Nor is it possible to say if the experiences of all my informants would have been different, if they had gone to refuges or temporary accommodation run along other lines. It is possible, however, to reach tentative conclusions concerning some accommodation, where only wardens are employed, from comments made by my informants in Chapter 7 and McGee’s (2000a) findings on this subject.

This leads to the second point, that we do not know if, and to what extent, women who come to Women’s Aid refuges, or other types of refuge, are different from other women who experience domestic violence. We know, from the evidence cited in Chapter 2, that only a minority disclose violence or seek help. Pahl (1985b) and Stephens and McDonald (2000) point out that
women who leave a relationship and turn to a refuge for shelter form an even smaller proportion of this group. These women may have characteristics in common, but researchers in the USA (Stevens and McDonald, ibid; Giles-Sims, 1998) and in the UK (Pahl, 1985b; Kelly, 1988) have postulated that these characteristics may differ from others in the general population who are experiencing domestic violence. Is their experience of abuse different? Do they have less available resources, or capability of accessing help? Are they more desperate or more resourceful in seeking help? The answers to these questions will also have a bearing on the support they need, the outcomes of their stay in the refuge and their approach to independent living. In summary, then, this was a small scale piece of research, carried out with a specific and possibly unrepresentative, though important, section of the general population of women who experience domestic violence.

3.2. Strengths

The information base does, however, draw on the experiences of women across a wide range of ages, backgrounds, physical and mental characteristics and life histories. Its strength lies in the richness of the material, and the complex and detailed account of refuge life and support work that it provides. Data was collected using a variety of methods – documentary analysis, semi-structured and telephone interviews, simple observation, informal discussion and additional voluntary feedback – and from different sources – residents, ex-residents, volunteers, workers and counsellors in three different areas of the country. This ‘layering’ of data has given depth and balance to the information gathered (Gelsthorpe, 1994; O’Connell Davidson and Layder, 1994) and
provided checks and corroboration to increase the validity and reliability of the information. Many aspects of the research, as indicated in the appropriate sections of Chapter 7, are fully consistent with other research in this and similar fields. It also, however, offers new and important insights into the emotional and practical challenges faced by residents and the ways in which they seek to meet their needs.

Despite the different characteristics of the study areas, as outlined in Chapter 6 (section 1), there is remarkable similarity in the accounts and in identification of the factors which were of prime importance to service users. This internal consistency was evident both between different refuge houses in a group (which frequently had little contact with each other) and across all three of the refuge groups. This consistency adds considerably to the robustness of the findings (Yin, 1993).

After the first two case studies had been completed, the concept of a model of loss and recovery was presented to a workshop at the Women's Aid national conference in July 2001. This presentation was made as part of the participative process outlined in Chapter 4, but was also seen as a further opportunity to check the validity of the model and whether it could be extrapolated to other Women's Aid refuges. Participants came from across the UK, with a number of them identifying themselves as having experienced life as a refuge resident. They unanimously agreed with the concepts put forward and provided considerable additional evidence to support them.

This research can, therefore, be seen as an in depth study of refuge life and support work. It is both consistent with other research and goes beyond it to identify a process and enabling factors which have been accepted as accurate by
workers outside the participating groups. Feedback from the workshops and from other presentations, as detailed in section 5, have shown that it is already proving to be of practical value to women and workers in the participating groups and elsewhere in Women's Aid. Its significance for them and the implications for policy makers and funders is discussed in the next section.

4. Significance and implications

4.1. General observations

Taking as a starting point the findings of the earlier researchers in this field (Pahl, 1978; Binney et al, 1981; Clifton, 1985; Rose, 1985) this thesis has examined the changes that have taken place in policy and practice within Women's Aid and in the political and social context in which it operates, together with the work of more recent researchers (Charles, 1994; Ball, 1994; Rai and Thiara, 1997; Delahay and Turner, 1998; Humphreys and Thiara, 2002 and others). It has investigated the way in which support is provided to women in three refuge groups and the way this support is perceived by residents and ex-residents. It offers a way of conceptualising the time spent in a refuge by a woman escaping domestic violence, explaining the background to her changing needs for practical and emotional support during this period and identifies and explains the significance of key factors instrumental in the successful delivery of this support. It further argues that these factors, which are basic to the principles of Women's Aid, are those which meet the intrinsic needs of human beings to survive, to belong, to make connections to others and to internalise feelings of worth and self-respect. While not seeking to be prescriptive, or to impose expectations of behaviour, it offers a framework relevant to the work
carried out in Women's Aid refuges and an explanation of why it is so highly valued by service users. These findings can be seen as having significant implications, as discussed below, for funders and policy makers, workers and women escaping domestic violence. They may also offer valuable insights to other statutory, professional and voluntary agencies working with client groups where issues of domestic violence may be involved.

4.2. Funders and policymakers

Rather than see a refuge as providing an unspecified and undifferentiated package of 'support', this research suggests that a clear, dynamic, process is involved and indicates the type and nature of support that is needed throughout the stay and afterwards. It explains the importance of a variety of sources of support, both practical and emotional, for women in this situation and identifies the interlinked factors which characterise effective support giving, together with areas of need which are currently under resourced.

The implications of this lie both in the field of funding and in refuge design and provision. If women are to be successfully supported in working through the process of loss, transition and recovery and to live independently, the research shows that they need to be able, not simply to access practical support and advocacy, but to rebuild their confidence and self-respect within an holistic environment which provides emotional support and acceptance. The 'front line' in creating and maintaining this environment is provided by the generalist refuge workers and volunteers, supported by specialist workers, including counsellors. The work is complex and demanding in its nature, but the indications are that it is of immense value to service users in enabling them to
complete a transition to independent living. The importance of this work needs to be fully appreciated and properly funded, taking into account the need to spend time with each woman on a one to one basis and to provide this support over an extended period after she has left the refuge. It is apparent also that there is a perceived need for more formal counselling and group work and this needs to be put on a funded basis to enable groups to provide this service, rather than relying on the fluctuating availability of volunteers. Additionally, resources need to be made available to provide lifeskills training and opportunities for personal development, both inside and outside the refuge.

I am aware that these suggestions are being made at a time when Housing Associations and Local Authorities are increasingly moving into the provision of refuges, frequently reducing the time and resources available for the style, approach and extended pattern of support outlined above (Delahay and Turner, 1998; Harwin, 1999; Malos, 1999) and focussing rather on the purely practical aspects of support, such as housing, while public policy appears to be increasingly focussed on the use of the legal system to punish abusers and reduce reoffending. Nevertheless, my findings indicate that the provision of personal support is an area of equal significance. Enabling women to work through their losses, anger and emotional stress, supported by workers, is more likely to give them the necessary constructive and positive approach to utilising support from other agencies and professionals, particularly during the period following re-housing. To restrict support during the period of time spent in the refuge and immediately afterwards, and to concentrate primarily on the provision of practical assistance, may well be more economically effective in the short term. In the long term, however, this practice may well impact on a
woman’s ability to maintain a tenancy and also result in increased demands on health and social care provision.

Communal living and mutual support from the other residents were also identified as extremely important to women in both practical and emotional terms. As indicated in Chapter 7 (sections 5.5 and 5.6), current thinking on refuge design is moving towards the provision of self-contained units with minimal communal accommodation. Women themselves did indeed want quality accommodation, but stressed the importance of mutual support between residents. They drew strength and confidence from this interaction and expressed a strong preference for combining greater privacy with a communal approach to living arrangements. Some refuges are experimenting with a variety of ways of doing this, and given the key role that mutual support plays in rebuilding confidence and ability, priority needs to be given to ensuring that new or adapted accommodation encourages interaction between residents and between residents and workers, in order to maximise the beneficial effects of communal living.

4.3. Workers

In offering a dynamic model of loss, transition and recovery for women who come to a Women’s Aid refuge, this research provides a framework of understanding for the experiences of workers and recognises the importance of their role in supporting women through the process. It provides an explanation for the changing support requirements in the concept of phases and the dual sources of stress which women have to deal with during this time.
The workers who participated in this research, whether within the study groups or in other ways, were totally committed to the core values of Women's Aid – prioritising safety, believing women, treating them with respect and enabling them to take control of their own lives. The research shows that it is precisely these values which provide the key elements to enable women to rebuild their lives. By identifying these elements and their relationship to the approach pioneered by Women’s Aid, it supports and validates the shared experience of workers and volunteers and puts forward a strong argument for this work to be continued and for additional resources to be made available.

4.4. Women

Those of my informants who were still in the refuges were confused and frightened by their fluctuating emotions and the way their ability to handle situations would suddenly disappear. As the comments in Chapter 7 (section 2.4) show, they feared for their mental stability and wondered if this ‘emotional baggage’ would ever go away. This form of concern is also frequently expressed by individuals who have been bereaved (Worden, 1991; Murray Parkes, 1986). In informal discussions with them, they were surprised and relieved to learn that other women in other refuges had the same feelings and that this was ‘normal’. They also appreciated the idea that there could be a pathway through their present experiences. For women, therefore, this research helps to provide meaning and give a sense of shape and holding within their own terms and experience. It enables an individual woman to locate herself in a process which, while dynamic and flexible, has an ending. This understanding,
I would suggest, is of the greatest significance because it contributes to her empowerment and ability to regain control of her life.

**4.5. Other service providers**

As discussed in Chapter 7, women who have experienced domestic violence need to be able to draw support from a variety of service providers, both inside and beyond the refuge situation. These research findings offer to other agencies statutory, professional or voluntary – a new way of understanding the personal needs of women who may approach them, the differing sources of stress which they may be experiencing and the need for an holistic model of support. This latter requirement would appear to be particularly relevant, given the increased importance being placed on interagency working at national and local levels and the consequent emphasis on the role of shared understanding in the improvement of services. It is also possible that the framework of understanding offered in this thesis may be capable of application in other contexts within these organisations.

**5. Dissemination**

In line with action research methods, dissemination has been a constant process from the inception of the research project. Much of this has been within the groups which participated in the research, but also in presentations and workshops during Women's Aid conferences, at national office and at the research conference of the British Association of Counsellors and Psychotherapists. The conclusions reached in the research have been generally accepted and welcomed and one refuge has published a small booklet based on
these ideas. Another has contacted me to say that their residents have found the
ideas helpful. A summary of the findings has recently been placed on the
Women's Aid web site (Women’s Aid, 2003a) and further plans for
dissemination include journal articles in peer reviewed publications, including
one on the role of refuge workers, and more accessible publications for workers
and women escaping domestic violence. However, as indicated in Chapter 4
(section 9.2) Participative Action Research (PAR) is essentially an ongoing
process, in which change develops slowly and as a result of reflection over time.
Consequently, both I and the refuge groups who worked with me may well, in
collaboration, find other ways to disseminate this research.

6. Directions for future research

Oral histories from women I have met in the course of this research indicate
that the approach to support adopted by Women’s Aid has had a lasting effect
on them. There is, however, no recent substantial research to validate this view,
although the ex-residents I saw felt that this had been the case as far as they
were concerned. The coping skills they had learned and the growth in self-
respect which had taken place during their stay in the refuge, had been of major
importance in helping them to handle the situations they had encountered once
they were living independently. Further investigation among women who had
left the refuge some considerable time previously would be invaluable in
evaluating the long term effects of this type of support and the use women made
of it in deciding their future directions. (This is a different focus from the
research carried out by Humphreys and Thiara (2002) which was designed
specifically to examine the work of outreach and aftercare services.) However,
given the difficulties encountered in accessing this particular group of women, it might be more fruitful to consider undertaking a longitudinal study as carried out by Pahl in 1978 and Binney et al (1981). This would enable an initial relationship to be established and hopefully, continued, over a number of years. In particular, it would facilitate further enquiry into the concepts of changed perspectives, realignment and self-actualisation discussed in Chapter 7 (section 6) and Chapter 8 (section 3.3).

The model of loss, transition and recovery, together with the key elements involved in supporting this process, has been formulated following participative research with mainly heterosexual and, in general, white British women escaping domestic violence perpetrated by male partners or ex-partners. As indicated in Chapter 8, note 1, this model may well be applicable in lesbian and gay relationships, violence by women directed at their partners and in violence perpetrated by other family members, where these relationships have been terminated. However, there are likely to be other factors attached to these situations which influence the outcomes, and further research is therefore needed to clarify this and enable the model to be seen as of wider application.

Other fields for research indicated by my findings would include comparative studies into other refuges with different orientations from that of Women's Aid. These were identified in Chapter 3 (section 3.2) as including the bureaucratic/organisational forms of support, religious or philanthropic foundations and those with a therapeutic orientation. In particular, research into the provision of safe accommodation where support is limited to the provision of wardens and other security measures would complement the present study. I also feel that it would increase understanding if some enquiry could be made
into the behaviour described in Chapter 7 (section 3.33) as 'going wild', but this aspect would seem to be entering into psychological considerations beyond my knowledge.

Finally, I suggest that the concept of an hierarchy of human need, damaged by the experience of domestic violence and rebuilt by the utilisation of certain key factors, might be investigated in connection with outreach and other intervention projects, where the relationship has not been terminated. In this research, I have described these factors as being significant in helping a woman who has left the relationship to work through a process of mourning and recovery. However, where the relationship is still in place, but her ability to meet her needs is being eroded, support which provides a safe place (mental or physical) and some form of acceptance and respect could be seen as enabling a woman to meet some of her basic needs and gain enough confidence in herself and her abilities to take decisions about what she wants to do.

7. A final comment

In the introduction to this thesis, I discussed the way in which domestic violence is increasingly becoming a subject of national and international importance and the efforts which are being made to work towards creating a society in which domestic violence and other forms of violence against women are increasingly considered to be unacceptable. I suggested that, with government strategy and attention focussed on broad practical issues around domestic violence and on the use of the criminal justice system, there was a danger of changing the emphasis and forgetting that, at the centre of an incident of domestic violence against a woman is one individual, who needs, not only
policies which will provide guidance and help, but practical and emotional support which responds to her particular situation and her perceived needs. This theme was continued in subsequent chapters, looking first at the way in which women had been able to name their experiences, only to have them reclaimed and altered and then at the substantial changes in policies which had taken place in the past 25 years. Nevertheless, despite outstanding examples of best practice and individual action these policies were not consistently applied by agencies. There was still, in many quarters, a view of women as mothers or partners and a prescriptive approach requiring them to conform to preconceived expectations. This research study has attempted to redress this balance, giving a voice to women themselves to identify their support needs and the factors that they saw as important in helping them to start the process of regaining control of their lives and deciding their own way forward. I identified this process as one of loss, transition and recovery and suggested that the factors which women saw as key to providing the type of support they needed were relevant because they met individual needs at a personal level. I would not deny that there is a pressing need to change society at a macro level to show that domestic violence is not acceptable and this should never be forgotten. However, in the efforts to punish perpetrators and be ‘tough on crime’, it is all too easy to forget individual women and their children who need to be supported now, in a climate where domestic violence still exists.
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Crime and Disorder Act 1998
Criminal Justice Act 1998
Human Rights Act 1998
Health Act 1999
Criminal Justice and Courts Services Act 2000
Homelessness Act 2002
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<td>ACOP</td>
<td>Association of Chief Officers of Probation</td>
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<td>BACP</td>
<td>British Association of Counsellors and Psychotherapists</td>
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<td>CAFCASS</td>
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Appendix 1 Topic Guides for residents, ex-residents, workers and management

Topic Guide for interviews with past and present service users.

1. Background
   - In refuge or past user
   - Length of stay, more than one visit
   - Age group
   - With child(ren) or not
   - Employment status

2. Initial Contact
   - What happened when you first entered the refuge?
     Prompt:
     - Emergency or planned
     - Key worker
     - Advice, Advocacy.
     - Emotional support
   - How did you feel about the reception process?
     Prompt:
     - Believed? Safe? Confidentiality?
     - What else would you have liked?

3. Continuation
   - What support was available inside the refuge?
     Prompt:
     - one to one work with key worker?
     - informal support from workers?
     - groups
     - structured, formal, informal
     - who controlled them?
     - what topics were covered?
     - discrimination?
     - support from other residents, informal or organised (mutual self help)
     - any other forms of support?
     - counselling
     - mentoring
   - Were any of these helpful/not helpful?
     - why was that?
   - Was there less support after a while?
     - How did you feel about that?
   - Did you become involved in running the refuge?
     Prompt
     - answering phone
     - advice
     - other activities
     - house meetings
     - how often?
     - matters raised
     - political awareness, consciousness raising, anti-discrimination, sexuality
   - Did you find any of these activities helped you?
     - In what way?
   - What can you do if you are not happy about something?
   - What else would you have liked in the way of help from the refuge?
     e.g. special needs, ethnicity, sexuality needs not met.
4. **Later Contact**

- When did you leave the refuge?
- If you went back, would you have done so with different support?
- Were plans for the future made with you before you left the refuge?
  - how far ahead did you plan?
  - What did it include? Confidentiality, crisis support?
- Was there a formal ending?
- Was there any resettlement/follow up?
- How was this done?
- Was it helpful?
  - in what way?
- Did you get support from other sources after you left?
  - what was it?
- Are you still in contact with the refuge?
- Are you still in contact with women that you met in the refuge?

   **Prompt**
   - How did that happen?
   - How often?
   - Group – structured/informal?
   - Can others join you?
   - Where do you meet? (in refuge?)
- Were there any other ways that you would have liked the refuge to help you after you left?

5. **Satisfaction**

- What did you value most?
- What were the difficulties?
- Do you think women with different needs from you would feel OK? ie with disabilities, cultural differences, lots of children?
- Did you feel you were in control?

   **Prompt:**
   - able to make own decisions?
- Was what you said listened to?
- Would you have liked to be consulted more about what went on in the refuge?

   **Prompt:** arrangements, staffing, rotas?
  - How could that best be done?
- Is there anything this refuge should be working to improve?
- The best thing was …
- The worst thing was …

6. **Experience of refuge(s) not associated with Women's Aid**

- Who was it run by?
- When were you there?
- Was it different? In what way?

7. **Missing Areas**

- What kind of things do you think refuges should be there for?
- Are there other things that you would like refuges to be able to do?

   **Prompt:**
   - community awareness, zero tolerance.
- What would be your hope?
Topic Guide for Workers
Where there are workers who only deal with one aspect not all sections will apply

1. Background

- How long have you been doing this job?
  - Was this a new field for you?
  - What relevant experience did you have? (possibly survivor)
  - How were you recruited?
  - Was the Induction training helpful/good enough?

2. Group

- Does the group see itself as having a particular style/way of working?
  - How is that expressed?
- How are the WA values demonstrated in the work?
- How would you describe your role within the group?
  - Do you have a job description? (generic or specific?)
  - What do you see as being the most important thing you do?
  - What skills do you use?

3. Direct work

- What happens when a woman enters the refuge?
- What sort of direct work is carried out with women in refuges?

  Prompt:
  - Advocacy
  - Advice
  - Counselling
  - Support – informal/formal
  - Individual work
    - What is meant by individual work?
  - Group work
    - What is meant by group work?
- Is help always available? (24 hour?)
- What do you feel are the key areas of direct work?
- What do you think works best?
  - Why?
- What do you think the women value most

4. Power and control

- Do house meetings get held regularly?
- What issues do they address?
  - practical issues of house management?
  - anti discrimination (age, disability, class, sexuality)
  - other issues?
- Are the voices of users heard?
  - How?
  - Could this be improved?

- How are issues of power and control handled?
  - between service users and staff?
  - between paid staff and volunteers?
  - How is conflict dealt with?
- Does this work?
  - Do women leave because of conflict?
  - Do women ever have to be evicted?
  - Why?
5. **Follow up/Resettlement**

- What is the usual reason for leaving?
  - Prompt: rehousing, return?
- Is there a procedure when a woman leaves the refuge?
  - Security/confidentiality
  - Future planning
  - Ending/beginning?
- What sort of follow up is there?
  - groups?
  - Mentoring?
- how long does this go on for?
- If there is no follow up, is outreach available?

6. **Support**

- Where do you find support?
  - emotional
  - practical
  - information
- Do you need more of this?
- Do you feel your voice is heard?

7. **Community**

- Is the group a part of the local community?
  - In what way?

8. **What gets in the way?**

- What do you feel holds you back?
  - Influences from outside
  - Paperwork
  - liaison
  - lack of resources
  - meetings
  - infrastructure (keeping things going)
  - lack of definition to the job
  - outside pressures

9. **Future**

- Has what women want changed (since you became involved/aware)?
- What is the dream?

Anything else you would like to say? For counsellors only what sort of counselling and support for you? Survivor?
Topic Guide for Managers/Chairs of Collectives/Support Groups

Items that could be ascertained before interviewing, by examining statistics, reports etc, but may need to be checked out with manager.

How refuge has developed - must have past in order to inform present
Details of what services provided, for whom, where. Specifically looking at work with women in refuges but availability to others also of interest
Constitution, written policies
Throughput – number of service users, length of stay, where do they come from, size of catchment area
What statistics are collected? What is done with them?
Monitoring, evaluation, cost effectiveness
Analysis of sources of funding
Analysis of exit questionnaires. What happens to them?
Monitoring equality policies and practices
Job descriptions – numbers of staff

1. Background
   • How long have you been in this position?
   • Was this a new field for you?
   • How do you see your role within the group?

2. Organisation
   • What is the structure of the group?
     - Management Committee/ collective, manager, sub committees etc
     - How often do they meet? What happens in between? Minuted?
   • What is the membership of the management committee – volunteers, mixed, user representatives?
   • How are they recruited and trained?
   • What is the decision making process?
     - How does this work?
     - Accountability?
     - Problems? Changes?
   • Does the group see itself as having a particular style/way of working?
   • Are volunteers important? How are they recruited/trained?
   • Are workers generic or specific? How are they recruited/trained?
   • How are the WA values demonstrated in the work?

3. Admissions Policy
   • Do you have an admissions policy?
     - what is it?
     - 24 hour available? Limited stay?
   • How are referrals made? (self referrals or agencies)
   • Is the service available for people with special needs?
     - disabilities, multi racial, mental health, addictions? Teenage boys?
   • Does the structure of the building affect the delivery of services
     - eg disabled access, meeting cultural differences, dietary requirements?

4. Work with women
   • What sort of work is carried out?
   • What do you think is most effective?
   • Other types of work you would like to see in place?
   • What else is needed?

5. Power and control
   • Who decides policies and rules?
   • How are they communicated?
     - what sanctions can be applied?
   • How are issues of power and control handled?
- between service users and staff?
- between paid staff and volunteers?
- Within the management committee/collective?

- Are the voices of users heard?
- How? Could this be improved?
- Do house meetings get held regularly?
- What issues do they address?
- anti discrimination (age, disability, class, sexuality)

6. Community
- What sort of relationships do you have with the local community?
  - meet needs
  - increase public awareness?
  - links to other local organisations/agencies?
  - Multi agency fora?
- Do you feel able to exert pressure for change?
  - in what ways?
- Is contact maintained with other refuges?

7. Problems
- What are the problems
  - Influences from outside
  - Women you don’t reach?
- Has what women want changed?

8. Future
- What is the dream?
  Long term objectives? Plans? Who plans?
- Strengths & Weaknesses
Support Work in Women’s Aid Refuges - Information Sheet

The idea for this research first occurred when Marianne Hester and Chris Pearson from the University of Bristol were working with Nicola Harwin of the Women’s Aid Federation (England) on the Making an Impact - Children and Domestic Violence Training Handbook, commissioned by the Department of Health. In drawing together previous research, they found that the work with children and with male perpetrators was well documented, with details of best practice and what worked, but that nothing similar existed for the work carried out with women. They felt that it was important to document this work, particularly in view of the rapid changes now taking place in this field. This need has been further emphasised by the probable impact of Supporting People.

This is the area that I have been asked to look at: - what sort of work is carried out, both in terms of practical and emotional support, how the work is done, and how Women’s Aid principles are put into practice in day-to-day work. The aim is to find out what works, demonstrate the value of the work to funders and other interested parties, and to highlight good practice. The key part of the project is to listen to the views, experiences and ideas of workers and past and present users.

As each Women’s Aid group is different in its approach, I have worked with individual groups to establish the best way of doing this. So far, I have worked with Penzance and Birmingham Women’s Aid groups. The material gathered in each location has been used to produce a report for their information and use, which has been welcomed. With their consent, copies of the reports have been given to Women’s Aid National Office and I have also used them as a basis for a brief information session run for Helpline and other staff at National Office. I have also facilitated a workshop based on the research at the Women’s Aid Conference in July, which got very positive feedback from the participants, who saw practical applications for the results. Working along similar lines, I hope to produce a report for York Women’s Aid. When the research has been completed, I will be compiling an overall report for Women’s Aid nationally, which may be published to provide information and guidance for people working with women who have experienced domestic violence. There will also be a more detailed analytic review and journal articles which, it is hoped, will raise awareness of the need for practical and emotional support.

I work in the Domestic Violence Research Group at the University of Bristol which has worked closely with Women’s Aid for many years. My own background has been in counselling and I have worked with the Group on two of the more recent collaborative projects and on the new facts sheets for Women’s Aid. The current project, which is a formal PhD studentship, is being jointly advised by Nicola Harwin of Women’s Aid and Ellen Malos (University of Bristol).

If you need more details, or I have omitted anything, please contact me. My office number is 0117-954-6985 (with an answerphone) and my email is Hilary.Abrahams@bristol.ac.uk.
Support Work in Women's Aid Refuges – informed consent

(This note explains your rights and confirms that you are willing to talk to me.)

I have read the letter of explanation and would like to take part in the project.

I understand that:

The interview may be taped, or I can ask for notes to be made if I prefer.

I can ask for the tape to be stopped at any time during the interview, or for comments or notes to be deleted.

I can have a copy of the tape or notes to keep if I wish. I can make additional comments if I want to do so.

This material will be held in confidence by the interviewer and will not be made available to anyone else.

The interviews will be used to compile reports to inform workers and others about the support needed by women who experience domestic violence.

My name will not be mentioned in any report – any quotes used will be anonymous.
Support Work in Women’s Aid Refuges – feedback form

This form is to enable you to comment on how you felt about taking part in the project. Please put in any comments you wish and send it back to me in the stamped addressed envelope provided.

Were you given full information about the interview and what it was for?

Were the arrangements for the interview satisfactory?

Were you comfortable with the way the interview was carried out?

Was it helpful to you personally?

Did you feel that it might help other women to get a better service?

Were you able to say everything you wanted to?

Were there other questions that should have been asked?

Was there anything about the interview that you were not happy with?

If you had had the opportunity, would you have liked to have been involved in designing the questions?

Is there anything else you want to add now, either about the interview or your experience of the refuge?
Appendix 3 Guidelines for researchers with Derby DVAG

The role of the researcher within domestic violence inter-agency initiatives

These guidelines are intended to ensure that collaboration between any University researcher and Derby Domestic Violence Action Group (DDVAG) is done with the aims and objectives of both DDVAG and the researcher in mind.

There are a number of issues which arise when contemplating researching domestic violence and the guidelines/questions below are intended to identify and outline these.

Researchers should:

1) acknowledge that DDVAG is the only collaborating inter-agency project in Derby and be clear about what DDVAG's aims, objectives and mission statements are.

2) acknowledge that DDVAG's work is considered an example of 'Good Practice' both nationally and internationally.

3) be aware that they are not just conducting research from a position outside of the interagency process but, through working with or through DDVAG, are a part of it. They should therefore take this position and the responsibilities that come with it, such as respect for the work of other inter-agency collaborators, seriously.

4) understand the effects of domestic violence on those that experience it and ensure that they do not further objectify or victimise those who have experienced domestic violence.

5) be able to identify how working with DDVAG will benefit DDVAG and those agencies associated with its work.

6) be able to justify the research beyond personal academic rewards.

7) ensure that adequate personal support exists both within the University and elsewhere to support the researcher. Researching domestic violence can be traumatic and professionals may not have the time or opportunity to support you in this.

8) understand that other agencies might be wary of researcher's objectives (and their position within society) and attempt to appreciate this perspective.

9) feedback to both DDVAG and local domestic violence forums, if appropriate, with their results.

10) be aware that they are NOT the experts on domestic violence but that this is an opportunity to have contact with those that are.

It is likely that these questions will bring up various personal and professional issues. You should discuss these with the DDVAG coordinator at the outset in order to prevent problems later on. These guidelines are intended to help the research process and also to ensure that research which is conducted is done so with ethical research agendas at the forefront. They are also intended to prepare the researcher for what can be a very difficult professional and personal environment to work within.