



Scoping Study on Violence Against Women

Report for the
BIG Lottery Fund

June 2012

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Acknowledgements

We would like to thank all the stakeholders who gave up their time to take part in the interviews drawn upon in this report. Their insight and time are greatly appreciated. Particular thanks also to Hilary Leavy and Kevin Ashby at the BIG Lottery Fund for their guidance and support throughout the research. We are also grateful to Emma Smith, Louise South and Sarah Ward for their important administrative support. The views expressed in this report are not necessarily those of the BIG Lottery Fund or anyone else who took part in this research. Any inaccuracies or omissions that remain in the report are of course solely our own responsibility.

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Executive Summary

Introduction

This Report presents findings from a scoping study on violence against women commissioned to help inform the BIG Lottery Fund of potential areas of intervention. The research was commissioned by the BIG Lottery Fund in March 2012 and was conducted by a team of researchers from the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University.

The scoping study was conducted in spring 2012 and involved two key research tasks: a literature review of existing evidence; and interviews with key stakeholders engaged in the provision of services aimed at combating violence against women. The study sought to identify evidence on the following broad issues:

- domestic violence linked to sporting events
- violence among girls and young women involved in gang-related activities
- domestic violence in pregnancy.

This report should be seen as a synopsis which aims to identify and examine some of the key issues rather than provide an in-depth and comprehensive review of all that has been researched and written about violence against women.

Policy and legislative context

Domestic violence can be perpetrated and experienced by anyone but statistics show that it is typically perpetrated by men and experienced by women. Increased interest in, and commitment to addressing, domestic violence partly reflects recognition of domestic violence as an equalities and human rights issue, not just a criminal justice issue. Two key Government documents published recently - '*Call to End Violence against Women and Girls*' and '*Taking Action - the Next Chapter*' - have brought efforts to tackle domestic violence within a commitment to end violence against women and girls more broadly.

There has been a recent shift in the way the UK Government defines domestic violence, reflecting increased understanding of the gendered nature of domestic violence and a response to criticism of the gender-neutral definition in use for some years. The term domestic *abuse* is sometimes preferred on the basis that it better captures *non*-physical violence.

Despite problems associated with estimating the scale of domestic violence, evidence points to its widespread prevalence. The causes of domestic violence receive relatively little attention with evidence typically concerned with understanding the nature and prevalence of the problem or its consequences.

Initiatives tackling violence against women are primarily located within a criminal justice framework rather than a rights and equality framework. As a result criminal justice responses are more common than preventative measures: preventative provision is patchy, and often in the form of pilot projects that are not rolled out. The Government's *Violence Against Women and Girls* (VAWG) strategy is a response to these deficits and there is increasing acknowledgement that preventative action is urgently required.

Domestic violence and sporting events

The links between sport and wider incidences of violence are well documented and have tended to focus on the outbreak of violence within public spaces, often between rival sets of

supporters. There is much less evidence on the explicit relationship between sporting events and violence in the home and the correlation between domestic violence and sporting events in the UK is still fairly inconclusive.

Existing evidence is dominated by quantitative approaches and derives particularly from economists, due in no small part to the reliance on statistical data, such as Emergency Department admissions and police statistics on reported incidents of domestic violence. Furthermore, sample sizes in empirical research in this area are relatively small, research evidence less robust, and some of that evidence is contradictory (Palmer, 2011).

Despite the relative lack of empirical research there have been several high profile campaigns. It is difficult to discern how far the increase in reported incidents reported by these campaigns is a result of a heightened awareness and sensitivity on the one hand; or an increase in acts of violence against women due to sporting events on the other.

The relationship between domestic violence and sporting events, like alcohol, should be seen as a *trigger* rather than a cause of domestic violence. As noted above, 'domestic abuse is an on-going pattern of abusive behaviour' that goes beyond the duration of an event. Campaigns linked to sporting events do have a role to play in terms of raising awareness, but should be considered as but one part of a much wider strategy of prevention.

Young women and girls and gang-related violence

Reports of gang violence against women, particularly in the form of sexual violence, have been reported widely in the media over the last decade. At the same time, reports of females as perpetrators of violence have also increased.

The *Female Voice in Violence* project (Firmin, 2011) identified the VAWG policy, Youth Violence policy and the Safeguarding and Child Protection policy as not sufficiently addressing gender-based violence. A recent cross-governmental Report recognised the fact that work around gangs usually concentrates on male involvement in violence both as perpetrators and victims. It acknowledged that women and girls may be involved, whether as active members or through family/relationship association with male gang members, which can make them vulnerable to domestic and sexual violence themselves.

Existing research has found gang-related violence affecting young women and girls in major urban areas, both as members of gangs and as associates of male gang members. Such studies emphasise safety in the community, school, and family settings and strong, positive relationships with other females as crucial for girls in avoiding violence and other risky behaviour. Much less research has been conducted beyond the UK's major cities.

It is acknowledged across much of the literature that little research has been carried out with young women and girls specifically in relation to gang involvement or association. Few studies have focused on young women who are associated with male gang members as partners with a 'supportive' ancillary role; or on the violence or criminal activity which occurs as a result of that relationship (Silvestri *et al.*, 2009).

Recommendations emanating from the research carried out to date combine a mixture of those which encourage protective factors and those which promote support services and early intervention measures. From research carried out in the UK, recommendations for services and interventions include: identification of women and girls at risk; enabling women and girls to disclose safely; the establishment of an evidence base across the UK; interventions which provide opportunities to participate in positive relationships; measures for schools; support for parents in tackling the influence of children's anti-social peers.

Pregnant women and domestic violence

Violence during pregnancy is a particular concern due to the potential for negative consequences for both the mother and her unborn child. Abuse during pregnancy may be a continuation of an established pattern of violence while, for some women, the pregnancy may act as the trigger for domestic violence. Pregnancy itself can be the result of violence towards a woman as women who are in abusive relationships can struggle to retain control over their sexual and reproductive health.

Four different patterns of pregnancy violence have been identified: violence starts during pregnancy (no abuse before pregnancy); violence continues during pregnancy; violence ceases during pregnancy; no violence either before or during pregnancy (Ballard *et al.*, 1998). One of the strongest predictors of pregnancy violence, however, is a history of *pre*-pregnancy violence.

There are inconsistencies in the literature regarding what factors place pregnant women at greater risk of experiencing violence. A number of studies have found that women of a younger age, lower educational attainment, and lower income levels are at greater risk both generally and during pregnancy (Taillieu and Brownridge, 2010). However, there are contradictory findings across this evidence base and so the picture remains unclear.

Preventative interventions for pregnant women have tended to be located within the health sector and there have been increasing calls for health professionals to become more proactive around domestic violence. This has included calls for effective screening processes to be introduced, accompanied by safe and appropriate methods of recording, as well as referral pathways to local multi-agency support networks.

Domestic violence in pregnancy has received little attention in the academic literature in the UK and as such there are significant gaps in the evidence base.

Women and violence: what more can be done?

The research has found that the three issues focused on within this review are understood only partially. There are a number of lessons that can be distilled from the review to inform thinking about what more could be done.

The link between **sporting events and domestic violence** is open to question. There is a need for more robust qualitative research with victims which can contextualise the statistical evidence. Future *quantitative* research in this area should monitor the increase in domestic violence incidents *nationally*. There is also a need for research with the *perpetrators* of domestic violence in this area.

There is little research into **young women and girls' involvement in gangs** with reports of sexual violence in this context largely emanating from the media. Further research on female gang-related violence needs to account for varying geography and contexts: up until now gang violence has been treated largely as an urban issue. The different nature of gangs and girls' involvement carries different risks. This suggests the need to research and differentiate between the different types of gang involvement and their associated risks. Stakeholders expressed concerns over different and changing perspectives of what constitutes a normal relationship among young people. Little is known about changing attitudes and how this translates into violent and abusive behaviour. Research should therefore aim to understand these shifting attitudes and their causes and consequences.

There is a need for further research into the prevalence and nature of **domestic violence during pregnancy**. A particular gap in the evidence is the lack of longitudinal data into how patterns of violence change throughout a woman's reproductive lifespan. There is also a

paucity of qualitative research exploring women's experiences of partner abuse during pregnancy. Despite the established relationship between antenatal domestic violence, depression and child behavioural problems, there is a need for further research into the impact of pregnancy violence on women's mental health. This should also focus on the impact this has on childhood development, as well as the response of mental health services.

There are also under-researched areas which cut across these three broad themes including: the limited extant evidence on interventions and their efficacy; the need for a systematic mapping of the range and nature of service provision for preventing violence against women and girls. More generally, stakeholders suggested that there is a need for more research into:

- ethnic minority groups and the cultural and religious aspects of violence against women
- 'new' forms of violence among young people/children.

A number of lessons can be drawn from the evidence to inform any future projects or programmes, though not all of these needs and gaps are consistent with the role and approach of the BIG Lottery Fund:

- education and awareness campaigns need to be far more widespread and should begin from a very early age
- the first point of contact for any prevention service is crucial in facilitating and maintaining engagement: a dedicated and long term service is more effective
- intervention services should be re-focused towards prevention and early intervention rather than crisis management or the prevention of repeat attacks
- effective referral pathways and multi-agency work are essential in any domestic violence intervention
- given that each victims' needs are different and complex, domestic violence interventions should be women-centred and tailored to women's own assessment of their individual goals
- survivors of domestic violence should play a role in the initial development and governance of support services
- it was suggested by stakeholders that community-led approaches should be established and that peer-to-peer support networks based within communities in particular be promoted
- one major weakness identified in terms of prevention was the lack of work with perpetrators of domestic violence and especially young men
- stakeholders highlighted how children and young people are not well provided for within domestic violence service infrastructures. There is a need for specialist support services for children, and their mothers, affected by domestic violence
- a key problem identified in interviews with stakeholders is the limited engagement between domestic violence and mental health services
- training and continuing professional development for a wide variety of professionals who are in a position to uncover violence to improve both identification and risk assessment
- there is a great deal of expertise and knowledge resting within the range of voluntary and community sector services but there is a need to harness, preserve and disseminate this specialist expertise and protect dedicated services from funding cuts.

1. Introduction

This scoping study on violence against women was commissioned by the BIG Lottery Fund in March 2012 and was conducted by a team of researchers from the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University. Its primary aim is to establish what is known about violence against women and girls in the UK, and how violence and abuse can be prevented in order to inform a potential future research and funding investment agenda.

Guided by the key concerns as set out in the research specification, this report sought to identify evidence on the following broad issues:

- domestic violence linked to sporting events
- domestic violence in pregnancy
- violence among girls and young women involved in gang-related activities.

The study involved three key tasks:

- a review of the extant evidence was undertaken in order to identify: what we know about the substantive issues including the nature and extent of the problem; any gaps in the evidence base; examples of successful approaches to intervention
- desk-based searches to identify preventative projects and any examples of 'best practice'
- stakeholder interviews in order to reflect on our emerging findings and explore views on preventative approaches. These interviews predominantly focused on interventions for women experiencing violence during pregnancy.

A number of difficulties were encountered in setting up and conducting interviews. Firstly, the relatively short timescale of the research meant that some stakeholders were not available for an interview within the life of the study. Secondly, it became evident that a number of organisations providing advice and support services to victims of domestic abuse are relatively under-resourced; a situation accentuated by the recent government spending reductions resulting in funding and service cuts. In such cases, these organisations were obviously more concerned with devoting their time and resources to supporting women engaged with their services. In total seven stakeholder interviews were conducted with academics (two respondents) and representatives from the following organisations:

- Birmingham Pregnancy Outreach Service
- Mozaic Women's Wellbeing project
- VIDA (formerly the Sheffield Domestic Abuse Forum)
- Women's Aid (two respondents).

Material from these interviews is drawn upon throughout the Report where relevant.

It is important to acknowledge that the subject matter of this study is broad-ranging and time constraints have meant that we have not been able to cover the considerable body of literature on domestic violence and prevention initiatives in its entirety. As such this report must be seen as a synopsis which aims to identify and examine some of the key issues rather than provide an in-depth and comprehensive review of all that has been researched and written about domestic violence. The report focuses primarily on work carried out within the UK but references international literature where relevant.

The remainder of this report is divided into five sections.

Section Two sets the context for the study. It provides an overview of the national policy context underpinning the research. It discusses what we mean by 'domestic violence' and outlines our current understandings about its prevalence and its causes. It also summarises what is known to be effective in reducing domestic violence.

Section Three focuses on the links between domestic violence and sporting events.

Section Four looks at violence and its relationship to gang-related activities.

Section Five centres attention on domestic violence in pregnancy.

Section Six suggests ways forward and the most promising directions for future research and investment.

2. Policy and legislative context

Domestic violence can be perpetrated and experienced by anyone but statistics show that it is typically perpetrated by men and experienced by women. Analysis of the British Crime Survey concludes that “*women are the overwhelming majority of the most heavily abused group*” (Walby and Allen, 2004), while more recent statistics show that 73 per cent of recorded domestic violence incidents are suffered by women (Home Office, 2010).

Domestic violence has only come to the forefront of the political agenda in the UK relatively recently, although there is a long history of voluntary and charitable organisations campaigning and providing services for women experiencing violence dating back to the 1970s (Dobash and Dobash, 1980). Increased interest in, and commitment to addressing domestic violence partly reflects recognition of domestic violence as an equalities and human rights issue, not just a criminal justice issue. The introduction of new statutory obligations such as the Equalities Duty, have brought issues of domestic violence to the fore.

Within the past decade there has been an increased political focus on domestic violence. In 2003 an inter-ministerial group on domestic violence was set up and the Government's strategic approach was set out in a consultation paper, *Safety and Justice*, in the same year (Home Office, 2003). This culminated in The Domestic Violence, Crime and Victims Act 2004 which introduced new police powers to deal with domestic violence and introduced several new offences (although domestic violence is not a criminal offence). This was followed in 2005 by publication of *Domestic Violence: A National Report*. In 2007 the House of Commons Home Affairs Committee convened an enquiry into Domestic Violence, Forced Marriage and "Honour"-Based Violence (House of Commons Home Affairs Committee, 2008). Two years later the Government published '*Call to End Violence against Women and Girls*' and '*Taking Action - the Next Chapter*' followed in 2012, bringing efforts to tackle domestic violence within a commitment to end violence against women and girls more broadly. Indeed, as stakeholder interviewees noted, this has been the general direction of policy in recent years reflecting a greater acknowledgement of the links between different forms of violence against women.

Increased awareness of the consequences of domestic violence are also evident, and gradually being enshrined in statute. In 2002, for example, the priority need categories of the homelessness legislation (Homeless Persons Act, 2002) were extended to include women escaping domestic violence, representing a sea change in the way women experiencing violence in the home were perceived and treated in the housing system. The Adoption and Children Act 2002, similarly, extended the legal definition of harming children to include harm suffered by seeing or hearing ill treatment of others, especially in the home; recognising the impact on children of witnessing domestic violence.

2.1. Defining domestic violence

There has been a recent shift in the way the UK Government defines domestic violence, reflecting increased understanding of the gendered nature of domestic violence and responding to criticism of the gender-neutral definition in use for some years. In the 2005 Home Office report, *Domestic Violence: a National Report*, domestic violence was defined as 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality'. Although criticised for gender-neutrality this definition represented important progress, extending existing narrow conceptions of domestic violence to include abuses such as forced marriage and 'honour'-based violence.

Setting out the government's strategic vision in 2010, however, domestic violence was explicitly conceived as a gender-based crime (Home Office, 2010). The United Nations Declaration (1993) on the elimination of violence against women was thus adopted to underpin government efforts to address domestic violence. It is as follows:

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

This also sees a move away from an 'incident'-based approach to one which incorporates the *impact* of domestic violence (Williamson, 2011).

There are a variety of definitions in use across voluntary and statutory organisations. Some definitions foreground the coercive and controlling nature of domestic violence (Women's Aid, for example), others emphasise the adverse impacts (the UN definition cited above) and others emphasise the habitual nature of domestic violence (Refuge, for example). The term domestic *abuse* is sometimes preferred on the basis that it better captures *non-physical* violence, although the counter argument states that our conception of violence needs to change to appreciate the equally devastating effects of non-physical violence. Despite these variations, few definitions conflict. There is consensus that domestic violence/abuse includes psychological, emotional, sexual, and physical violence, as well as financial abuse, restriction of movement and social networks, and that it encompasses forced marriage and "honour"-based violence. The term 'domestic' tends to denote family and intimate partners although is sometimes extended to close acquaintances such as carers.

2.2. The prevalence of domestic violence

Commentators emphasise the difficulties understanding and evidencing the nature, scope and scale of violence against women. With much domestic violence unreported, data collection scarce, funding limited, and research difficult to undertake on a scale large enough to produce robust results, our understanding of domestic violence is patchy and incomplete (House of Commons Home Affairs Committee, 2008; Sen and Kelly, 2008). This is particularly true for certain forms of domestic violence such as "honour-based" violence and forced marriage (House of Commons Home Affairs Committee, 2008). It is estimated that only 23 per cent of domestic violence incidents in the UK are reported to the police (Walby and Allen, 2004), so the crime statistics on which much of our knowledge of the scale of domestic violence is derived, present a partial picture at best. In addition, evidence is rarely comparable, with some studies focused on a particular form of domestic violence,

such as intimate partner violence. International quantitative studies, for example, typically focus only on physical violence (Jewkes, 2002).

Despite the problems associated with estimating the scale of domestic violence, all the evidence points to domestic violence as being very prevalent, with findings broadly consistent across studies. In the UK, for example:

- one in four women are affected by domestic violence
- two women are killed each week in England and Wales by a partner or former partner, representing about one third of all female murder victims
- domestic violence represents 10 per cent of all violent crime
- in any one year there are 13 million separate incidents of physical violence or threats of violence against women from partners or former partners
- the National Domestic Violence Helpline receives an average of 387 calls per day
- more than half of serious sexual assaults against women are perpetrated by partners or ex partners
- Approximately one quarter of women experience non-sexual inter-personal violence each year.

(Sources: Home Office, 2010; Walby and Allen, 2004; Myhill and Allen, 2002; Home Office, 2001; Refuge website; House of Commons Home Affairs Committee, 2008)

The endemic levels of domestic violence prompt the conclusion that it *"is not just a problem of the poor or of any specific community"* (Humphries and Mullender, 2002), and there is an emphasis in the literature on the universalistic nature of domestic violence. Some commentators, however, contest this view, pointing to evidence that domestic violence is suffered disproportionately by certain groups, and that some women are particularly vulnerable to domestic violence, or less able to escape it, because of restricted access to resources and assistance. This is found to be true of women living in low income families (Solokoff and Dupont, 2006; Buckner, Bearslee, & Bassuk, 2004; Kruttschnitt *et al.*, 2002), women with insecure immigration status (Anitha, 2011; Sen and Kelly, 2008) and younger women (Walby and Allen, 2004). On the latter of these groups, stakeholders consistently reported an increase in younger women's engagement with domestic violence services. Although it was noted that this could be down to more openness and awareness resulting in increased disclosure, there is certainly scope for research which explores these trends among younger women.

2.3. The causes of domestic violence

The causes of domestic violence receive relatively little attention with evidence typically concerned with understanding the nature and prevalence of the problem or its consequences. The dearth of studies (and initiatives/interventions) focused on perpetrators is likely to compound this lack of understanding.

Although the evidence is limited there is consensus that explaining the cause of domestic violence demands appreciation of underlying causes (social, structural) and triggers. Thus, some evidence (particularly from academics, campaigners and charitable support agencies), emphasises patriarchy, inequality, aggression, power and control (Sharp, 2008; Peralta *et al.*, 2011; Sokoloff and Dupont, 2005; Humphreys and Mullender, 2002) while others focus on identifying triggers, risk factors and correlating factors such as alcohol consumption and early experience of violence. Campaigners (Refuge, for example) point out that inadequate political

response to domestic violence also plays a part by allowing domestic violence to continue, for example through failure to prosecute perpetrators, or insufficient provision of safe housing. In academic literature, the primacy given to gender inequality, over other forms of inequality, to explain domestic violence is starting to be questioned, with scholars suggesting that other forms of inequality and oppression (on the basis of 'race', ethnicity, sexuality, class, for example) need further examination (Sokoloff and Dupont, 2005). This view was supported by stakeholders who pointed to gaps in both evidence and provision with regard to girls and younger women (16-20 year olds), minority ethnic women, and women with learning difficulties.

Social attitudes and gender stereotypes that normalise violence or female subordination are emphasised as contributory factors in domestic violence. Several studies point to evidence that violence against women is still socially acceptable in the UK, suggesting such norms perpetuate violence against women. This includes a survey of young men that found one in five thought abuse or violence against women is acceptable (Zero Tolerance Charitable Trust, 1998) and another that found 45 per cent of teenagers think it is acceptable in some circumstances for a boy to assault his girlfriend (survey of 2000 teenagers in *Sugar* magazine, quoted in Sen and Kelly, 2008). Some evidence links gender stereotypes and desire for control to masculine identity explaining domestic violence in terms of a response to threatened masculinity (Peralta *et al.*, 2010; Jewkes, 2002). Perceived masculine deficiencies are said to include being physically small and unable to financially support ones family.

There is strong evidence of a correlation between poverty and domestic violence (Jewkes, 2002; Walby and Allen, 2004; Sokoloff and Dupont, 2006). The relationship is by no means straight forward, however, and it is suggested that poverty is mediated by other factors including stress (Jewkes, 2002), and threat to masculine identity (Peralta *et al.*, 2010). The direction of causation is also not clear. Walby and Allen's analysis of the British Crime Survey in 2004, for example, found that women in households with income less than £10,000 were more likely to have suffered domestic violence in the past year than those in households with an income of more than £20,000, but point out that poverty may be a consequence of escaping domestic violence rather than a predictor of it.

Alcohol consumption - particularly when twinned with desires to express masculinity or in competitive environments - has also been found to correlate with domestic violence (Jewkes, 2002; Peralta *et al.*, 2011). Circumstances in which alcohol consumption increases (such as sporting events) therefore increase the risk of domestic violence (Palmer, 2011). The national charity Refuge, however, critiques the view that alcohol consumption is a cause of domestic violence, concerned that alcohol and drugs are provided as an excuse by perpetrators and a way of denying responsibility. They emphasise that alcohol may be a trigger for domestic violence but it is not a cause.

2.4. The impact and consequences of domestic violence

There is a large literature demonstrating the wide-ranging adverse personal, social and economic impacts of domestic violence. Much of this evidence focuses on health consequences and impact on children.

Evidence consistently points to adverse health impacts of domestic violence, including: injury; physical health problems such as chronic pain, neurological and gastrointestinal disorders and cardiac symptoms; reproductive health issues; and a range of mental health issues including depression, anxiety, self harming, post-

traumatic stress disorder, suicide attempts, substance abuse and eating disorders (WHO, 2000; Ellsberg *et al.*, 2008; Crisp and Stanko, 2001; Home Office, 2001; Stark and Flitcraft, 1996; Walby and Allen, 2004; Sharp, 2008; Domestic Violence Sub-Group, 2010). Evidence suggests that domestic violence is the *most common* cause of depression and other mental health problems amongst women (Humphreys and Thiara, 2003) and a major cause of injury amongst women under the age of 60 (Domestic Violence Sub-Group, 2010).

There is also extensive evidence showing the adverse impacts on children of witnessing domestic violence or living in a family where domestic violence is perpetrated. It is estimated that at least 750,000 children witness domestic violence each year and that in 75-90 per cent of incidents of domestic violence, children are in the next room (Domestic Violence Sub-Group, 2010). Studies have found various effects including physical and mental ill health, developmental and behavioural problems, lower educational attainment; compromised parenting; low self-esteem, and attachment problems (Humphreys and Mullender, 2002; Domestic Violence Sub-Group, 2010; Worrall *et al.*, 2008). There is also an evident overlap between domestic violence and child physical and sexual abuse (Holt *et al.*, 2008; Domestic Violence Sub-Group, 2010; Kellogg and Menard, 2003). In the longer term research finds increased tendency towards self-harm, depression, relationship difficulties, and mental ill health in adulthood (Hester *et al.*, 2007; Russell *et al.*, 2010). Children also suffer the effects of financial abuse towards their mothers with perpetrators appropriating birthday money, child benefit and maintenance, Sure Start grants, and other funds, preventing women buying essentials for their children (Sharp, 2008).

Children's experience of living with domestic violence had been found to produce inter-generation cycles of violence, with studies showing that girls whose mothers were victims of violence are more likely to experience domestic violence themselves and sons are more likely to become perpetrators of violence from adolescence onwards (Jewkes, 2002; Cunningham and Baker, 2004; Wekerle and Wolfe, 1999). The explanation here focuses on the normalisation of domestic violence; of violence as a learnt behaviour whether in terms of tolerance (women) or perpetration (men). This perspective on normalisation was prevalent among stakeholder respondents who placed great emphasis on the need for education and awareness interventions focused on young people *across society*. There was also said to be a clear gap in provision in terms of longer term therapeutic care for children, and their mothers, affected by domestic violence: service and support needs do not suddenly cease the moment a woman leaves an abusive relationship.

Domestic violence also has significant housing impacts, with the link between domestic violence and homelessness long recognised. Domestic violence is frequently cited in studies as an immediate cause or contributory factor in homelessness (Cramer and Carter, 2002), and domestic violence is a very common experience amongst significant numbers of homeless women (Reeve *et al.*, 2006; Solokoff and Dupont, 2006). Rent arrears accruing from economic abuse (Sharp, 2008) and frequent housing mobility to escape perpetrators are also noted.

Domestic violence, therefore, produces other inequalities. In addition to health and housing inequalities, women experiencing domestic violence (particularly economic abuse) are often made to terminate education or employment, significantly affecting their opportunities.

The financial costs, as well as the personal, social and health costs of domestic violence have been assessed. The health impacts of domestic violence discussed above are reflected in the estimated 1.7billion in healthcare costs that domestic violence costs each year (Walby, 2004). The total estimated cost of domestic

violence is £23 billion per year, comprising £3.2 billion cost to the state; £1.3 billion cost to employers and £17 billion in human suffering (Walby, 2004).

2.5. Preventing domestic violence

Initiatives tackling violence against women are primarily located within a criminal justice framework rather than a rights and equality framework (Sen and Kely, 2008). As a result criminal justice responses rather than preventative measures are most common (House of Commons Home Affairs Committee, 2008). Preventative provision is patchy, and often in the form of pilot projects that are not rolled out (Sen and Kelly, 2008; McInnes and Newman, 2006). Initiatives are often localised, short-term and gender-neutral (Sen and Kelly, 2008). The Government's *Violence against Women and Girls* strategy and action plan is a response to these deficits and there is increasing acknowledgement that preventative action is urgently required, focused in particular on:

- raising awareness
- changing attitudes
- improving women's status and power
- reducing norms of violence
- early identification
- empowerment
- creating a climate of non-tolerance
- education in schools.

Scotland is recognised as being more progressive and there is evidence of preventative good practice there (see Brunner, 2010 for examples). Indeed, stakeholders noted that there is an important distinction when considering the UK-wide picture. The devolved administrations in Scotland and Wales were said to provide for better strategies on tackling violence against women resulting in better practice and funding: "*there's another layer to protect them from Westminster and there's a lot more women Assembly Members and MSPs*" in the Welsh Assembly and Scottish parliament, respectively. One interviewee was of the view that these differences were "undoubtedly down to political will".

Understanding across the UK is, however accruing about the principles of preventative action, in particular highlighting the role of attitude change, education and training. Professional training, particularly for those in a position to identify domestic violence or with a role in educating (e.g. front line health workers, teachers, social workers, police) is frequently cited as key. Routine screening/enquiry, particularly in health care settings is suggested, although lack of training, time and confidence are identified as barriers (Domestic Violence Sub-Group, 2010). Where it has been implemented, staff training has been found to increase confidence and willingness amongst staff (for example the Wakefield Support and Survival Health Initiative, and a routine antenatal screening pilot study in North Bristol NHS Trust, both cited in McInnes and Newman (2006)). Advocacy interventions have also been found to decrease violence, and psychological interventions for survivors and children can help mitigate against enduring mental health problems (Domestic Violence Sub-Group, 2010).

2.6. Public sector cuts and the impact on service provision

It should be noted that the on-going fiscal tightening as part of the coalition government's deficit reduction strategy represent a huge a challenge to the provision of services to prevent violence against women and girls. Among the stakeholders we interviewed as part of this study, there was a consensus that there is a need for more services *per se* for women suffering domestic violence, particularly in the current economic context in which national and local spending cuts had reduced the number of local services available in many areas, effectively putting women at risk.

All stakeholders interviewed pointed out that domestic violence services were at a deficit prior to the economic downturn and had suffered further from the swingeing government cut-backs. Funding was the major challenge for interviewees currently running preventive services. It was also suggested that in many local authorities there was no co-ordinated response to domestic violence and insufficient coordination between different services and agencies at a local level. Furthermore, it was felt that there needs to be a refocusing of resources away from crisis intervention towards better prevention and early intervention among, for instance, girls and young women to prevent violence occurring in the first place rather than responding to repeat incidents. There was a perception that the VAWG strategy misunderstood what prevention actually was and instead focuses too much on crisis intervention and not enough on prevention. Stakeholders also agreed that, while many services are 'top-down', they should in fact be both survivor led and women-centred.

Towers and Walby's (2012) important recent study provides an excellent context on the changing landscape of service provision. Critically, they point to the on-going loss of specialist expertise since the onset of funding cuts. This is certainly supported by stakeholder perspectives, most of whom are witnessing this loss of expertise at first hand as services become streamlined or tendered out to "generic" providers who can sometimes lack the knowledge and expertise which has accrued within many voluntary and community sector organisations over decades. Moreover, if funding is scarce, this inevitably promotes competition and hinders cooperation between agencies which in turn threatens multi-agency working. Towers and Walby highlight several key findings of particular significance to this study:

- widespread funding cuts are expected to result in an increase in violence against women and girls
- these cuts are geographically uneven with some areas more adversely affected than others
- 31 per cent of local authority funding to the domestic violence and sexual abuse sector has been cut over the last two years with smaller organisations faring proportionately worse
- the number of Independent Domestic Violence Advocates (IDVAs), a crucial link in the intervention chain, has been significantly reduced
- two out of only six specialist refuges run by IMKAAN for ethnic minority women have been closed and two others face funding cuts
- other specialist services such as those working with perpetrators (of which there are very few such services), those within police and court services have also been significantly reduced (Towers and Walby, 2012).

Though the full impact of these cuts has yet to be felt, this context is already an extremely challenging one and should be borne in mind in consideration of what follows, and in the development of any programme of interventions.

3. Domestic violence and sporting events

3.1. Introduction

This section sets out the existing evidence on domestic violence linked to sporting events. The focus is on the UK but international literature has also been drawn upon in places reflecting heightened sensitivities to these links in overseas countries, relative to the UK. The review is framed by the following question:

What evidence is there about domestic violence linked to sporting events and what does it indicate?

First the literature is reviewed before some suggestions of areas for further research.

The links between sport and wider incidences of violence are well documented and a vast and rich body of research has been developed on the links between sport and spectator violence. For example, the extensive literature on the phenomenon of football hooliganism in the UK from the Victorian period to the present (Curry, 2007; Davies, 2006; Dunning *et al.*, 1988) serves as a reminder of the long history of violence linked to sport in the UK. This literature has tended to focus on the outbreak of violence within public spaces, often between rival sets of supporters. On the flipside, research on the temporal dynamics of domestic violence has pointed to seasonal and calendar factors which can increase incidences of domestic violence. For example, hot summer months and the Christmas and New Year holiday period within western countries (Braaf and Gilbert, 2007). There is much less evidence however, about the explicit relationship between sporting events and violence in the home. This is perhaps unsurprising given that these supposed links have only begun to be explored relatively recently. This small but important body of research is drawn upon in establishing the evidence base on the links between sporting events and domestic violence.

3.2. Evidence on the link between sporting events and domestic violence

It should be noted at the outset that evidence on the relationship between sporting events and domestic violence is relatively sparse, dominated by quantitative approaches and derives particularly from economists. This is due in no small part to the reliance on statistical data, such as Emergency Department admissions and police statistics on reported incidents of domestic violence. Researchers analyse these data and seek to identify "spikes" in admissions and reported incidents that coincide with sporting events. There is very little qualitative research to complement this and as such, efforts thus far have focused on building evidence to support the link between sporting events and domestic violence. Furthermore, sample sizes in empirical research in this area are relatively small, research evidence less robust, and some of that evidence is contradictory (Palmer, 2011).

In a study based in Cardiff Sivarajasingam *et al.*, (2005) set out to identify whether winning and losing major sporting events was associated with violence-related injury. Focusing on national football and rugby matches in the Welsh capital they found that

matches in which the Wales team were successful were positively associated with an increase in Emergency Department incidents. The extent of match attendance (i.e. the size of the spectator crowd), and whether matches were on the weekend were also significantly correlated with increases in violence-related injury. Though they focus on violent behaviour more widely, they also highlight the positive correlation with domestic violence which is 'found to occur more often when the male assailant's local team wins' (Sivarajasingam *et al.*, 2005, p.70), citing White *et al.* (1992). In their study in the 1990s White *et al.* take a similar approach but focus on American football matches involving the Washington Redskins. They find that admissions to Emergency Departments among female victims of violence increase when the team of the assailant wins. They hypothesize that the team winning may act as a *trigger* for domestic violence and suggest that such fans may experience 'a sense of license to dominate their surroundings' due to their heightened emotional state (White *et al.*, 1992). This suggests the importance of emotional and psychological cues related to any understanding of sporting events and domestic violence.

Like the White *et al.* (1992) study, much of the existing evidence on the links between sporting events and domestic violence is derived from North America and Australasia. A key reference which is prevalent among this small literature is a paper published in the *Quarterly Journal of Economics* by Card and Dahl (2011). The paper reports on a study of the '*link between family violence and the emotional cues associated with wins and losses by [American] football teams*' (Card and Dahl, 2011, p.103). The findings are based on police data on reports of domestic violence incidents on Sundays when professional teams are playing. Unlike Sivarajasingam *et al.* (2005) and White *et al.* (1992) they find a clear relationship between "unexpected" *defeats* of American football teams and spikes in domestic violence. Card and Dahl (2011) report a ten per cent increase in the 'rate of at-home violence' against wives and girlfriends when a home team loses a game they would ordinarily be expected to win. There is therefore contradictory evidence on the significance of a perpetrator's team *winning or losing* and increased incidences of domestic violence.

This paper has created a great deal of interest within economics and beyond and has elicited responses in the UK. For instance a forthcoming working paper by Dickson *et al.* (2012, forthcoming) replicates the approach in application to the "Old Firm" of Glasgow Celtic FC and Glasgow Rangers FC - an emotionally charged fixture with a long association of "problematic behaviours" linked to sectarianism and national identities (Flint and Powell, 2011). They explore trend data from Strathclyde police on incidences of domestic violence when the two Glasgow clubs play against each other. The imminent results of this study will be eagerly anticipated but media reports, based on data and press releases from Strathclyde police, on the links between the "Old Firm" and domestic violence suggest a positive correlation. For instance when the "Old Firm" met in September 2011 police officers in Strathclyde were called to 142 incidents of domestic abuse which compares to an average of 67 on a normal Sunday when the teams are not playing each other (BBC, 2010).

In an Australian study Braaf and Gilbert (2007) explore sporting events as a factor in accounting for fluctuations in domestic violence incidents alongside seasonal and calendar factors. In reviewing the existing evidence they point to studies which have linked constructions of masculinity and aggressive sexuality to domestic violence. However, their analysis, which used a multi-linear regression model to examine the relationship between domestic assaults and football events, found little evidence of a causal relationship between the two in the Australian context.

In the UK, as elsewhere, police statistics have been utilised as a source of evidence in establishing the link between sporting events and incidences of domestic violence. It should be noted however that Walby and Allen (2004) estimate that only 23 per cent of domestic violence incidents in the UK are actually reported. That significant

caveat aside, the trend data from police authorities provides an indicator in the absence of other reliable data. Goodall *et al.* (2006) report on data from the Home Office's Domestic Violence Enforcement Campaigns (DVECs) during the 2006 FIFA World Cup. Data on incidences of domestic violence during the 2006 World Cup was recorded by three Basic Command Units (BCUs) and compared to data for the same period in 2005. Across the three BCUs of Leeds, Swansea and Wakefield domestic violence incidents increased by over 30 per cent on the days of England matches. Other significant results included:

- in Leeds, police received 53 calls relating to domestic violence in the two hours following England's exit from the tournament
- in Swansea, reported domestic violence incidents increased by 38 per cent during the World Cup month, compared to the previous year
- in Wakefield, there were 313 arrests for domestic violence during the World Cup compared with 161 during the same period in 2005 (Goodall *et al.*, 2006).

These results prompted the following recommendation in the Home Office Report:

'In considering policing responses to major or significant sporting events, forces and BCUs should provide additional resources to respond effectively to increased levels of DV in addition to other local policing needs' (Goodall *et al.*, 2006, p.36).

Although these statistics tend to indicate an increase in domestic violence related to sporting events this relationship is less clear cut than it first appears. As one stakeholder noted, initiatives such as the DVECs were accompanied by significant awareness campaigns in the same areas where reported incidents of domestic violence were monitored and may have served to increase the number of reported incidents. This could be down to an increased willingness to report the incident on behalf of both the victim and a third party (e.g. neighbours, friends etc.):

"There's actually very little evidence on the links between sporting events and domestic violence...there's been some stuff in the media on increased incidents but it's been used incorrectly" (Women's Aid).

This interviewee was critical of research which linked Emergency Department admissions data and police statistics on domestic violence to sporting events. It was noted that there is a need for research which looks at increases in *national helpline* enquiries, not just "spikes" in the areas where campaigns are conducted, which may produce significant bias. This would give a truer picture of the links between sporting events and domestic violence.

Alcohol is often cited as a contributory factor in the literature on sporting events and violence against women (Peralta *et al.*, 2010; Palmer, 2011). As the Home Office Report notes, albeit quite speculatively:

"Major sporting events do not cause DV, as perpetrators are responsible for their actions, but the levels of alcohol consumption linked to the highly charged emotional nature of those events seems to increase the prevalence of such incidents" (Goodall *et al.*, 2006 - our emphasis).

Palmer (2011) notes how excessive alcohol consumption is a 'strong feature of the more aggressive or brutal dynamics prevalent in male sport cultures' (2011, p.15). However, there is a need for caution in attributing domestic violence to patterns of alcohol consumption. In a response to a campaign to tackle domestic violence in Wales at the time of the Six Nations international rugby tournament, Welsh Women's

Aid succinctly warned of the dangers of an over-emphasis on alcohol consumption as a cause of domestic violence:

"Much of this violence is blamed on increased alcohol consumption. But while alcohol can be a contributory factor in a relationship which is already abusive, it is not the root cause. Domestic abuse is an ongoing pattern of abusive behaviour adopted by one partner in an attempt to exert power and control over another" (Paula Hardy - Chief Executive of Welsh Women's Aid - cited in Welsh Government, 2012).

This view is supported by much of the literature and by the data gathered through the stakeholder interviews.

Thus, the correlation between domestic violence and sporting events in the UK is still fairly inconclusive and cannot be asserted with any great certainty. There is certainly a need for more systematic research which looks at changes in reported incidents of domestic violence across wider areas (beyond those where awareness campaigns are taking place) and the frequency with which such events result in violence within households. Research which can sensitize these statistical findings using qualitative research approaches could shed light on this area. Such approaches are also advocated by Palmer (2011) and can help to more fully understand the nature of the relationship between sporting events and violence in the home, by focusing on the experiences and perspectives of victims. Of course, engaging victims of domestic violence in research is far from straight forward however.

3.3. Responding to the links between sporting events and domestic violence

Despite the relative lack of empirical research, and therefore a clear and coherent evidence base, on the relationship between sporting events and violence in the UK there have been several high profile campaigns. These have tended to run alongside particular sporting events and have been largely driven by the police. Such campaigns have included:

- the Home Offices's DVEC timed to coincide with the 2006 FIFA World Cup (Goodall *et al.*, 2006)
- in Scotland, Strathclyde police contacted 800 repeat offenders of domestic abuse in the run up to the "Old Firm" game in January 2010 (BBC, 2010)
- in 2007, South Wales police launched patrols in the Valleys area to allow them to respond quickly to domestic violence (BBC, 2007)
- in February 2012 the Welsh Government Communities Minister, Carl Sargeant, launched a campaign to tackle the increased domestic violence that occurs around the time of the Six Nations international rugby tournament (BBC, 2012).

As noted above it is difficult to discern how far the increase in reported incidents reported by these campaigns is a result of a heightened awareness and sensitivity on the one hand; or an increase in acts of violence against women due to sporting events on the other. Braaf and Gilbert (2007) acknowledge that the difficulties in establishing the *triggers* for domestic violence are in some way offset if authorities are able to predict the likely factors which *precipitate* increases in domestic violence. In the UK context, however, there is still much more work to be done in establishing the link between domestic violence and sporting events, both as a trigger and/or a factor precipitating an increase in levels of domestic violence.

3.4. Areas for further research on the links between sporting events and domestic violence

Given the lack of empirical evidence on the links between domestic violence and sporting events there is little scope for effective interventions at this stage. There is however, an obvious need for further research which can establish the nature of this relationship and increases in reported incidents of intimate partner violence. As Palmer notes, research is needed which can 'assist in the analysis and interpretation of these trends in meaningful ways' (2011). There are a number of areas where further research could shed light on these links. The literature review by Palmer makes three recommendations relevant to the focus of this scoping study (2011, pp.21-22). Our literature review and stakeholder consultation certainly support these recommendations which call for:

- better systems of monitoring needed to paint a more accurate picture of the locations, prevalence and timing of domestic violence during sporting events
- more robust qualitative research with victims to provide a deeper and richer understanding of the experiences of violence during sporting events, which can add to and contextualise the statistical evidence
- greater policy and research attention needs to be directed towards the role of alcohol sales and consumption with regard to sport-related violence against women.

We would also suggest several other areas of enquiry which could enhance any understanding of the links between the two:

- the link between sporting events and domestic violence is open to question. Longer term systematic research, drawing on both quantitative and qualitative research approaches, is required to establish the precise nature of the relationship between the two
- as suggested by Women's Aid, any research exploring increases in reported incidents of domestic violence needs to account for the fact that any "spikes" in trend data could be down to awareness campaigns that often accompany the gathering of such statistics. One means of overcoming this issue, again suggested by Women's Aid, would be to monitor the increase in domestic violence incidents nationally (e.g. "spikes" in calls to the National Domestic Violence Helpline or to national organisations such as Women's Aid or refuge over particular periods) and not just in the areas where awareness campaigns are being conducted
- there is also a need for research with the *perpetrators* of domestic violence in order to explore the suggested role of increased competitive tensions, "hegemonic masculinity" (Wenner, 1998, cited in Palmer, 2011) and a heightened emotional state (White *et al.*, 1992) in acting as triggers of domestic violence related to sporting events. The relationship between constructions of masculinity and aggressive sexuality are prominent within the literature and there is a need for an exploration of these factors in the context of sporting events.

Finally, it is important to note that the relationship between domestic violence and sporting events, like alcohol, should be seen as a *trigger* rather than a cause of domestic violence. As noted above, 'domestic abuse is an ongoing pattern of abusive behaviour' that goes beyond the duration of an event. In this sense, even once greater understanding and evidence has accrued, any interventions in this area are unlikely to be able to address the root cause of domestic violence. However, as

Braaf and Gilbert (2007) note, the ability to predict factors precipitating increases in domestic violence can certainly aid the response of authorities and service providers. Furthermore, campaigns linked to sporting events do have a role to play in terms of raising awareness but should be considered as but one part of a much wider strategy of prevention.

4. Young women and girls and gang-related violence

4.1. Introduction

Reports of gang violence against women, particularly in the form of sexual violence have been reported widely in the media over the last decade. At the same time, reports of females as perpetrators of violence have also increased. Some research has claimed that this has given a dichotomised view of female association with gangs as being either victims of violence and abuse from male gang members or as violent female gangsters. Numerous convictions of male gang members for rape and sexual violence towards women have shown that this is undoubtedly an issue, and extensive recent research by Race on the Agenda (ROTA) in this area has resulted in much needed evidence and recommendations. There has also been recent research carried out into a hitherto neglected area of girl gang members, rather than girls or young women who are associated with gangs through their relationship with a male gang member. This research has revealed some of the nuances underpinning why young women become involved with gangs, what positive associations they perceive this has for them, as well as other aspects of violence associated with gang involvement through their own perpetration of violent acts; or their experience of them from other female gang members.

4.2. Recent policy overview

A specific strategy for addressing violence against women for London was set out in *The Way Forward: Taking Action to End Violence Against Women and the Final Strategy 2010–2013* (2010). This highlights aims of preventative work, early intervention and effective measures to deal with perpetrators and assist them to change their behaviour, as well as improved access to support for victims and protection for those at risk. The report recognises the risks for young women associating with gangs in terms of sexual exploitation by gang members, violence, intimidation and coercion to become involved in criminal activities.

As a result of this report ROTA carried out research into links between violence against women and serious youth violence, particularly around the issue of rape by gangs. The *Female Voice in Violence* report (Firmin, 2011) made recommendations which the Mayor's Office have stated will feed into future policy and initiatives.

The *Female Voice in Violence* project (Firmin, 2011) identified the VAWG policy, Youth Violence policy and the Safeguarding and Child Protection policy as not sufficiently addressing gender-based violence that had been experienced by their research respondents. Recommendations were made for:

- addressing gang-related violence in child protection legislation
- the development of strategic and operational plans in relation to gangs and violence against women by local authorities
- an inquiry into the experiences of girls in male dominated environments
- the appointment of a Girls Champion by the Home Office

- initiatives to address male gang member attitudes and funding to third sector organisations to meet the service needs of vulnerable girls.

Subsequent to these reports *Ending Gang and Youth Violence: a Cross-Government Report* (2011) was produced as a result of a review into the growing concerns about gangs and gang violence following the disturbances across cities in England in August 2011.

The report looks into the scale of the problem of gang and youth violence, its causes and what can be done by Government and other agencies, to both address the violence and turn around the lives of those involved. Recommendations are made around:

- providing support to local areas to tackle gang issues
- emphasis on early intervention and prevention measures
- pathways out of violence and the gang culture for young people
- punishment and enforcement measures to suppress the violence of those refusing to exit violent lifestyles
- partnership working and joined-up working for local areas responding to gang and other youth violence.

The Home Office has committed £18 million of funding for 2011-2013 to support the police, voluntary sector and local agencies in tackling gun and knife crime and gang-related violence and associated prevention measures. £10 million of this will be used for early intervention work in 2012/13 to support up to 30 areas which are most affected by gang and youth violence.

The report recognised the fact that work around gangs usually concentrates on male involvement in violence both as perpetrators and victims. It acknowledged that women and girls may be involved, whether as active members or through family/relationship association with male gang members, which can make them vulnerable to domestic and sexual violence themselves. In order to address these issues, the report sets out that:

- three years' funding has been established for local rape crisis centres to recruit and train specialist Independent Sexual Violence Advisers (ISVAs) to provide support to female victims of gang rape, violence and exploitation in 13 of the worst affected areas of UK (Topping, 2012) and work with vulnerable young people at risk of being targeted by gangs
- there is a recognition that services for girls under 18 are poorly developed. Following the publication of the ROTA report, together with media reports of sexual violence towards women from male gang members, which continue to be reported on a regular basis, (for example Townsend, 2012) the government pledged £1.2 million in November 2011 (£400,000 per year over the next three years) to improve services for victims of sexual violence in large urban areas. This commitment made particular reference to young women who were associated with male gang members and were suffering rape and sexual violence from rival gang members as a consequence of gang disputes (Press Association, 2011)
- by April 2013 there will be specialist services in place for girls and young women suffering gang-related sexual exploitation and abuse.

4.3. UK projects and initiatives

Despite the acknowledgement of a paucity of services and interventions in this area a preliminary search of initiatives, and by no means an exhaustive one, has revealed a number of UK projects and initiatives including:

- the **Growing Against Gangs and Violence** Government initiative runs from 2008-2014 in London boroughs and is designed to tackle serious and group offending. It has run sessions in schools around sex violence in gangs
- the **'Awaken' programme** is run by Blackpool Council to protect young people from sexual abuse, with the view that specialist teams are required to deal effectively with this issue (Lepper, 2009)
- **'Engage'** is a multi-agency sexual exploitation prevention and support project in Blackburn and Darwen (Lepper, 2009)
- the **'Changing Minds' project** aims to raise the aspirations, and promote a view of having choices to young people with low self-esteem who have links to gangs, drugs or crime, or have behavioural problems. It operates in some of Manchester's most deprived communities focusing particularly on girls with leadership potential (Morrison, 2008)
- a Scottish national police body, the **Violence Reduction Unit (VRU)**, targets all forms of violent behaviour using a public health approach. Scotland is the only country in the world which has adopted this approach and the VRU are the only police members of the World Health Organisation's Violence Prevention Alliance.

4.4. Violent crime rates and gang membership amongst women

It should be noted that women and girls have a long history of gang involvement in the UK dating back to the Victorian period (Davies, 1999). It would be wrong to suggest that female gang involvement is a peculiar contemporary phenomenon, but over the last decade more and more young women are reported to be involved in aggressive and violent behaviour. It is the scale and prevalence of this involvement that has attracted much media and policy attention. So much so that:

- for the first time in recorded history, the proportion of women arrested for crimes classified as violence against the person (35%) exceeded arrests for theft and handling stolen goods (32%) (Young, 2011)
- Batchelor (2001) found that, in Scotland in 1998, eight per cent of those found guilty of non-sexual crimes of violence were female (412 women) (Scottish Executive, 1999)
- an *Observer* article estimated that there were 30,000 gang members in England and Wales in 2002 (Thompson, 2002)
- Thompson (2001) cites girl gangs as one of the emerging 'types' of gangs increasing in the UK
- Mares (2001) conducted an ethnographic study of gang membership in Manchester in late 90s which found city centre gang members were largely male, smaller gangs in Wythenshawe had around 25 per cent female membership
- a study in 2004 found that four per cent of gang members were female (Bennet and Holloway, 2004)

- Manchester City Council estimated over 1,000 young people are involved in gangs (Shropshire and McFarquhar, 2002)
- Stelfox (1998) conducted a survey of police forces around information on gangs in their area, of 71 gang profiles one was predominantly female
- Esbensen and Lynskey (2001) found that studies based on crime data tend to show a lower female involvement in gangs (under 10%), whereas self-reporting studies show much higher, 38 per cent in a school survey by the authors in 2001.

4.5. Research evidence

'Girls, gangs and violence' (Batchelor, 2009) highlights the lack of evidence of girls' and young women's experiences in policy and research into gangs in both the UK and the US. Batchelor argues that female gang members or associates tend to be viewed as either 'post-feminist' criminals or sexually-exploited victims. She discusses the results of research with female gang members in Glasgow on their involvement in violence (both as victim and perpetrator) and the reasons behind this, much of which was not found to be related to the gang involvement. Young's (2009) study on young people's use of weapons and street-based group involvement reports that much of the violence that young women were involved in was related to their peers, rather than to gang activity. Gang involvement was found to have some positive associations for girls and young women in that it gave them a sense of identity and belonging as well as a degree of personal protection and safety. This chimes with previous research in the US which found that joining gangs was often associated with past experiences of abusive families and other forms of violence (Miller, 2001). In some instances gang membership has been framed within social disorganisation theory with regard to gangs emerging in disadvantaged areas where social and neighbourhood relations had broken down (Miller, 2001). However, it has been suggested that the evidence linking neighbourhood deprivation to gang involvement has reduced in recent years and that gangs are now found in a wider span of US neighbourhoods (Bell, 2009).

In relation to violent behaviour and involvement in fights, usually with other female gang members, excitement, status and protection were cited as the main reasons for participation (Batchelor, 2011). Silvestri *et al.* (2009) state that notions of "street credibility" and "respect" can become very significant to young people who may lack legitimate access to other forms of status achievement. Yet this "street social capital", while it bonds young people closer to their peer groups, can also distance them from wider community and societal values. Consequently, there is a need to look at the needs of these girls and young women prior to joining or associating with gangs and try to address them at an early stage in order to prevent the subsequent gang activity and any associated violence.

Young *et al.* (2007) report on research into groups, gangs and weapons involving a survey of 44 Youth Offender Teams and five case studies with practitioners and young men and women identified as having been involved in group offending, although not identifying as 'gang members'.

This research reports similar findings with regard to the backgrounds of gang/group members for their involvement. Respondents described the areas they grew up in as rundown and violent, and one way of managing the risks faced in public spaces was to be in company of others rather than alone. Most had also experienced problems at home including violence and being thrown out or leaving home which had resulted in exploitation from older men. *The Way Forward* (2010) states that rape and sexual assault are increasingly used as a weapon in response to gang rivalries and that

from 2008-10 there were 176 reported multiple perpetrator rapes involving three or more attackers in London (www.thisislondon.com, 2009). The Report suggests that cases such as this are likely to be significantly under-reported due to fear of retribution.

The *Female Voice in Violence* research (Firmin, 2011) involved interviews with women and girls in Manchester, Liverpool and Birmingham; as well as boys in those three cities and, additionally, in London. This research found gang-related violence affecting young women and girls in all the areas, both as members of gangs and as associates of male gang members.

Molnar *et al.* (2004) carried out research in the US involving qualitative interviews with 61 girls and a quantitative survey of 961. The research was designed to explore the girls' perceptions of their own aggression and also to gather their views on preventing involvement in violence by girls in their communities. Themes which emerged from the qualitative interviews with regard to staying safe and preventing violence were:

- staying home
- avoiding dangerous people
- staying busy with after-school activities
- remaining calm when confronted
- using escorts
- fighting back if attacked.

The protective influences cited included:

- empathic parental involvement
- positive relationships with peers and older youths
- involvement in safe and constructive activities.

The study emphasises that safety in community, school, and family settings and strong, positive relationships with other females including mothers, siblings and peers is crucial for girls in avoiding violence and other risky behaviour. This is echoed by Silvestri *et al.* (2009) who found similar factors which protect young people from becoming involved in violence and weapon carrying including: positive relationships with parents; positive friendships; extracurricular school activities; and good problem solving and empathetic skills.

4.6. Gaps and recommendations for research and services

4.6.1. Research

It is acknowledged across much of the literature that little research has been carried out with young women and girls specifically in relation to gang involvement or association (Goldson (2011), Batchelor (2009 and 2011), Firmin (2009), Bennet and Holloway (2004)). The studies which have been carried out more recently have tended to centre round young women who are gang members or have been involved in group crime. Little research has focused on young women who are associated with male gang members as partners with a 'supportive' ancillary role; or on the violence or criminal activity which occurs as a result of that relationship (Silvestri *et al.*, 2009). Those young women who have been interviewed in this capacity tend to

have been recruited in studies as additional interviewees to shed light on the primary focus of the male gang members. There has been some qualitative research done with female gang members in the UK, but these are few in number and there is certainly a need for further research on female gang members and in different contexts and geographical areas.

Silvestri *et al.* (2009) highlight a number of areas that have not been explored and would benefit from research including:

- girls as weapon ‘mindors’
- roles in peer group dynamics (e.g. as mediators or initiators of violence)
- the connection between sexual violence against females and weapons.

Lepper (2009) suggests that there is a lack of national evidence on the extent of sexual exploitation generally. Many of the reports of sexual violence towards women by gangs are reported through the media or anecdotal reporting. While the *Female Voice in Violence* project has looked at this issue, there is little other research evidence available which could inform the development of services and interventions - particularly over the next three years as the recently announced government programmes, outlined above, are developed.

4.6.2. Methodologies

Bell (2009) suggests that the best way to research gender differences for involvement in gangs is through a combination of quantitative and qualitative research. This is because differences appear quite subtle and are difficult to assess through quantitative research alone. Bell (2009) recommends that future research on gender and gangs should include multiple methods and that a longitudinal approach would be helpful to look at the influences on criminal or anti-social behaviour, violence and victimisation issues. It is also noted that the reliability of self-reporting data can be improved by incorporating in-depth interviews on gang activity and with gang members, together with police reports and data. It is also recommended that research into female involvement should include different types:

- gangs with females as auxiliary members through association with male gang members
- girls who are actual members of a mixed gang
- all female gangs.

4.6.3. Services

Recommendations emanating from the research carried out combine a mixture of those which encourage protective factors (outlined above such as, promoting positive family and peer relationships, pro-social activities and enhancing self-esteem as well as anger management and empathetic skills) with support services for those young women and girls who are victims of violence, either as a result of gang-related activity, or as early intervention measures to address risk factors which have been associated with leading girls to join gangs.

Recommendations for the US produced by Molnar *et al.* (2004) for increasing the protection of girls and young women from exposure to, or involvement in, violence include:

- neighbourhood safety initiatives, changing built environment to improve visibility and pedestrian presence, improving community relations with the police
- programmes to address anger management and conflict resolution for parents to increase safety at home. Training for parents on communication, behaviour management skills and academic support skills
- community policing initiatives to provide escort services for young women such as Guardian Angels in the US and services provided by some universities
- programmes encouraging children to choose their friends carefully and reduce association with more dangerous peers
- training in skills of non-response, conflict resolution and anger management to reduce incidences of fighting
- after school activities
- outreach programs and structured activities for girls who are not in school and/or are teenage parents, based in easily accessible community venues.

From research carried out in the UK, recommendations for services and interventions include:

- identification of women and girls at risk
- enabling women and girls to disclose safely and providing support to assist them to exit gang-related violence (Firmin, 2001)
- the establishment of an evidence base across the UK to assess gang risk and put in place local protocols for information sharing and effective multi-agency working (Department for Children, Schools and Families, 2010)
- interventions which provide opportunities for girls and young women to participate in positive relationships with their families and friends as well as practitioners, such as affordable, accessible leisure activities. Some of which are specifically designed to meet the needs of girls and young women, staffed by specialist workers who can deal with issues of bullying and victimisation (Batchelor, 2009) and involving pro-social group activities with staff who can prevent anti-social groups forming and can tackle any tensions within the group which come from the wider community (Young *et al.*, 2007)
- schools to take measures to avoid gangs forming outside school among truanting pupils (Young *et al.*, 2007)
- support for parents, with particular reference to foster carers of vulnerable children, in tackling the influence of children's anti-social peers.

5. Pregnant women and domestic violence

5.1. Introduction

This section discusses domestic violence experienced by women in pregnancy. Violence during pregnancy is a particular concern due to the potential for negative consequences affecting both the mother and her unborn child. Pregnant women not only experience domestic violence in the same ways as those who are not pregnant but violence may also result in devastating effects that are specific to pregnancy, including miscarriage, premature labour, stillbirth and low-birth-weight babies, in-utero injuries such as fractures to the foetus, even foetal death (Cottrell, 2009). Abuse during pregnancy may be a continuation of an established pattern of violence while, for some women, the pregnancy may act as the trigger for domestic violence. Moreover, pregnancy itself can be the result of violence towards a woman as women who are in abusive relationships struggle to retain control over their sexual and reproductive health.

This section explores what we currently know about violence against pregnant women including the prevalence and patterns of domestic violence. It also identifies what support interventions and services are available to ensure women who experience violence during pregnancy receive appropriate support.

5.2. The prevalence and patterns of domestic violence in pregnancy

One of the most widely cited reviews of the literature pertaining to domestic violence against pregnant women is that of Gazmararian *et al.* (1996) who estimate that the prevalence of DV against pregnant women ranges from 0.9 per cent to 20.1 per cent, with the majority of studies finding prevalence rates of between 3.9 and 8.3 per cent. Building on this work, Taillieu and Brownridge (2010) have examined and consolidated findings from the extant research from around the world concerning pregnancy violence published since 1996. Like Gazmararian *et al.*, their research included only studies involving samples with an unknown initial abuse status but unlike Gazmararian *et al.* they focused not only on physical violence but multiple forms of violence. Taillieu and Brownridge found that prevalence rates of physical violence during pregnancy ranged from 0.9 per cent to 30.0 per cent, while prevalence rates of emotional and/or verbal abuse during pregnancy ranged from 1.5 per cent to 36 per cent. They cite a number of methodological issues that contribute to the wide range of prevalence estimates including: sample characteristics, the research tools used, the timing of inquiry, and both the definition and measurement of violence used.

Domestic violence in pregnancy has received little attention in the academic literature in the UK. Although there are few UK studies into the prevalence of DV during pregnancy, three have reported prevalence rates between 1.7 per cent and 5.8 per cent (Bacchus, Mezey, and Bewley, 2004; Bacchus *et al.*, 2004; Johnson *et al.*, 2003). While a survey of women living in refuges in Northern Ireland found that 60 per cent had experienced violence during a pregnancy, with 13 per cent having subsequent miscarriages (McWilliams and McKiernan, 1993). A recent Centre for

Maternal and Child Enquires Report (CMACE) (Lewis, 2011) analysed maternal deaths thought to be unrelated to pregnancy. The Report suggests that of the 50 deaths between 2006 and 2008, 34 cases exhibited features of domestic abuse. The perpetrator of domestic violence was, in most cases, the woman's partner; and for 11 women the abuse was the cause of their death (Baird *et al.*, 2011).

Four different patterns of pregnancy violence have been identified: violence starts during pregnancy (no abuse before pregnancy); violence continues during pregnancy; violence ceases during pregnancy; no violence either before or during pregnancy (Ballard *et al.*, 1998). One of the strongest predictors of pregnancy violence however, is a history of *pre-pregnancy* violence. Taillieu and Brownridge (2010) suggest that between 60 per cent and 96 per cent of women who are abused during pregnancy report being abused in the past, suggesting that pregnancy violence represents a continuation pre-existing violence for most pregnant victims. Notwithstanding this, although the initiation of violence during pregnancy appears to be the least common pattern of violence against pregnant women, a substantial minority (between four per cent and 40 per cent) experience violence for the first time during pregnancy. Studies have found between 31 per cent and 69 per cent of pregnant women report that abuse stopped when they became pregnant, suggesting that pregnancy can be a protective factor for some women (Taillieu and Brownridge, 2010).

For women who report pre-pregnancy violence, there is some evidence that the type of violence experienced may change with increased psychological and sexual abuse reported by many women. Several studies have also found that women who are abused before and during pregnancy (between 13 per cent and 71 per cent) experience both increased frequency and severity of abuse, compared to abused women who are not pregnant. It has been suggested however, that pregnant women might experience violence as more severe than that experienced outside of pregnancy, due to the potential negative effects on their unborn child.

There are inconsistencies in the literature regarding what factors place pregnant women most at risk of experiencing violence. A number of studies have found that women of a younger age, lower educational attainment, and lower income levels are at greater risk both generally and during pregnancy (Taillieu and Brownridge, 2010). However, there are inconsistent findings across the literature and so it remains unclear as to whether or not and, indeed, how these factors are associated with increased risk for violence. The role of ethnicity is even less well understood and where it has been considered studies have demonstrated inconsistent findings (McMahon *et al.*, 2011). Violence during pregnancy has however been associated with significant increases in the use of tobacco, alcohol, and/or illicit drugs and this association has been reported to exist regardless of whether the violence experienced is physical or psychological in nature. Indeed, abused women are more likely to use a range of coping strategies that can lead to the overuse of alcohol, abuse of prescribed and illegal drugs and cigarette smoking which have associated health risks for both themselves and the foetus (Cottrell, 2009). There are also risk factors that do appear to be particularly relevant for the understanding of pregnancy violence. In particular, abuse during pregnancy has been associated with late entry into prenatal care. This is because abused women may be prevented from seeking medical care by their abusive partners, which may result in delayed care or missed appointments (Bacchus *et al.*, 2006). An association also exists between pregnancy intention and the risk of experiencing violence during pregnancy.

Although studies of pregnancy related violence remain largely atheoretical, three main explanations for pregnancy violence have been put forward (Taillieu and Brownridge, 2010): pregnancy-related factors might increase the stress experienced by the couple, which, in turn, may increase the risk for violence during pregnancy;

Social learning theory may have potential as a partial explanation for violence against pregnant women; evolutionary psychology theory suggests that male sexual "proprietaryness" is the main substantive issue behind violence.

5.3. Preventing violence during pregnancy

Preventative interventions for pregnant women have tended to be located within the health sector and maternity healthcare specifically. This is understood as being a critical intervention point for women seeking help for domestic violence for several reasons (Bacchus *et al.*, 2012):

- there is greater continuity of care compared to other health care settings
- opportunities for confidential time and longer appointments with patients
- a more predictable workload for health professionals
- a philosophy of care that recognises the social aspects of ill health.

As such, there have been increasing calls for health professionals to become more proactive around domestic violence. This has included calls for effective screening processes to be introduced accompanied by safe and appropriate methods of recording, as well as referral pathways to local multidisciplinary support networks (Baird, *et al.*, 2011a, 2011b; Flach *et al.*, 2011). The rationale for routine enquiry is based on the view that it has the potential to:

- uncover hidden cases of domestic violence
- change perceived acceptability of violence in relationships
- make it easier for women to access support services earlier
- change health professionals' knowledge and attitudes towards domestic violence
- help to reduce social stigma
- help maintain the safety of women experiencing domestic violence (Taket, 2003).

In the UK this has been supported by national policy (Department of Health, 2005) and by health care organisations such as the Royal College of Midwives. Screening remains controversial however due to practical difficulties and challenges such as training issues and its impact on disclosure, lack of confidence, knowledge or support on the part of the health professional, and whether the woman is assessed directly by a trained interviewer or is asked repeatedly during the course of the pregnancy. In addition, fear of being reported to child protection services can inhibit women from disclosing that they are being abused (Cook and Bewley, 2008; Baird, 2011b). Moreover, there is a lack of robust evidence on the effectiveness of interventions for pregnant women experiencing violence, including the impact of screening programmes (Bacchus *et al.*, 2010; Cook and Bewley, 2008; Flach *et al.*, 2011). Of those studies that have explored women's views of routine enquiry for domestic abuse in the antenatal period however, findings suggest that the majority of women are in favour of being asked about domestic abuse (Bacchus *et al.*, 2002).

5.4. UK projects and initiatives

As part of a larger study, which explored domestic violence interventions in primary and maternity health care settings in seven European countries, Bacchus *et al.*

(2012) mapped established interventions in the UK. They identified 12 maternity healthcare interventions most funded by a primary care trust. We also carried out a web search to identify any additional services designed to support women experiencing violence during pregnancy. Below is a list of those identified as part of this scoping study:

- Maternity Pathway: Leeds, England
- Unnamed intervention: Calderdale and Huddersfield
- Routine screening: Great Yarmouth, Norfolk, Lowestoft, Suffolk, England
- MOZAIC Women's Well-Being Project: London, England
- PATHway Project: Manchester, England
- Standing Together Against Domestic Violence (maternity services): London, England
- National Gender based Violence and Health Programme: Scotland
- Bristol Pregnancy Domestic Violence Programme: Bristol, England
- WORTH Services: West Sussex, England
- Routine enquiry: Edinburgh, Scotland
- Unnamed intervention: Staffordshire, England
- Portsmouth Early Intervention Project
- Pregnancy Outreach Worker Service: Birmingham.

A small number of these screening and support intervention initiatives from the UK have been subject to evaluation and point towards promising practice.

It is important to note that a host of domestic violence interventions may exist in other health and social care settings, but without a detailed mapping exercise or large-scale survey it is not possible to determine the precise number.

5.4.1. Mozaic

Launched in 2004, MOZAIC Women's Well Being Project is a partnership between the maternity and sexual health services of Guy's & St. Thomas NHS Foundation Hospital Trust and the 170 Community Project, a non-governmental organisation offering specialist domestic violence services. Health professionals in maternity and sexual health services receive one-day domestic violence training to increase their knowledge of domestic violence and to enable them to conduct routine enquiry for and document abuse, and refer women who disclose abuse to MOZAIC. The MOZAIC office is based in the hospital and consists of a full-time manager, two Independent Domestic Violence Advocates (IDVAs), and a domestic violence trainer/IDVA. As such, the intervention utilises an 'in-reach' approach whereby support is provided to women by one organisation based in the hospital. The IDVAs use a woman-centred approach and work with women at all levels of risk and need for as long as they wish. They provide emotional and practical support and are the link to liaison with a range of services in the community.

An independent evaluation of the service (Bacchus *et al.*, 2010) found that domestic violence training resulted in changes in health professionals' knowledge and practice in the short-term. While rates of routine enquiry were increased universal enquiry was not achieved: coverage of routine enquiry increased from 15 per cent to 47 per cent in the maternity services by the end of the project. Potential and unintended incidents of actual harm also occurred, including breaches of confidentiality and

failure to document evidence. Mozaic was successful in helping women to improve their situation in important ways however with advocacy support leading to positive outcomes for many women whether they stayed with or left the violent partner. In the sub-group of women who took part in detailed research interviews, there were significant improvements on a number of measures including self-esteem, self-efficacy, anxiety and depression as well as decreases in the levels of violent and controlling behaviour and injuries sustained by women six months after using the advocacy intervention. Bacchus et al (2010) suggest that their findings indicate that both maternity and sexual health services can provide opportune points of intervention for women experiencing domestic violence.

5.4.2. The Bristol Pregnancy and Domestic Violence Programme

Launched in 2003, the Bristol Pregnancy and Domestic Violence (BPDV) Programme consisted of in-service education and follow-up support arrangements and has been comprehensively evaluated in 2003/04 and in five year follow up study (Baird, *et al.*, 2011). A number of important findings were identified in the most recent report:

- the most helpful way to enquire about domestic abuse is for clinicians to assume a non-judgemental positive approach to questioning. Women may find it difficult to bring up the topic of domestic violence; therefore direct questioning allows women the opportunity to open up about abuse and ask for support and help
- domestic abuse was under reported due to fears about safeguarding: women were concerned that their children may be removed from the home if they disclosed to the midwife about domestic abuse occurring within the family
- there was recognition that while women may not feel able to disclose to midwives in the initial stages of the relationship, in the longer term, when disclosure had occurred the outcomes had been very positive
- the skills, knowledge and confidence associated with antenatal enquiry for domestic violence developed through the BPDV programme have been maintained, with the support of mandatory training. 100 per cent of midwives surveyed reported that enquiry was a fundamental part of their role
- a numbers of barriers were identified: the continued presence of a partner; lack of appropriate interpretation services for non-English speaking clients, and a lack of privacy in some clinical areas. Midwives also expressed some anxieties around time constraints and their capacity to respond to a positive disclosure
- stakeholders perceived there had been significant changes in health professional's attitudes to their role in addressing domestic abuse. This resulted in a more responsive and proactive approach towards domestic violence with more emphasis on early intervention, rather than the consequences of attack
- the importance of multi-agency working was recognised as being vital in meeting the needs of women experiencing domestic abuse. Baird, *et al.*, (2011) suggest that the third sector has a vital role to play in supporting women and families who experience violence.

5.4.3. PATHway Project: An Independent Domestic Violence Advisory service at St Mary's Maternity Hospital, Manchester

The pilot project aimed to improve the physical and mental health outcomes for women and their children who are affected by domestic abuse and attending maternity and gynaecological services at St Mary's hospital by providing advice and information on options to improve safety and advocacy. The project secured the services of a trained full time Independent Domestic Abuse Advisor (IDVA), located

in the antenatal department of the hospital. Women who disclosed at routine enquiry were referred to a specialist domestic abuse service (the IDVA) for risk assessment and safety planning. An independent evaluation (Granville and Bridge, 2010) suggested that there was compelling evidence that the presence of an IDVA in a midwifery unit improved the safety of women and their children. In addition, the presence of the IDVA in the unit has enhanced the knowledge and understanding of the midwives to recognise and refer women at risk of domestic abuse. Granville and Bridge (2010) suggest that the project illustrated that a midwifery unit can provide the ideal environment to reach women who are abused or at risk of abuse; it is woman-centred and provides an enabling atmosphere for women to disclose and seek help.

5.4.4. Portsmouth Early Intervention Project

The Portsmouth Early Intervention Project (EIP) is a community-based project providing services to victims of domestic violence including information on options, support, safety planning, referral, advocacy and liaison/accompaniment to other relevant services also reported positive findings. The Project grew out of a pilot originally designed to provide early intervention to patients suffering domestic violence identified through routine enquiry by trained medical staff in two hospital departments, Accident and Emergency and Maternity. The over-arching aim of the project was to *'reduce repeat victimisation by providing support and information about the options available, to anyone experiencing domestic violence at the point of crisis'* (Regan, 2004). An evaluation of the service found that the aim of implementing routine screening, within both hospital departments, was not achieved - only a minority of staff claimed to always ask patients about domestic violence - although it was better mainstreamed within Maternity. With regards to the domestic violence training, the initial uptake was high although this decreased over time. The monthly referral rate of clients to EIP was also much lower than predicted. Regan (2004) highlights a number of issues which prevented EIP from becoming fully embedded within the maternity service and the accident and emergency department. The evaluation found however that EIP did achieve its aim of empowering clients. The pro-active approach of EIP was welcomed by service users, as were the information, non-judgmental support, listening and options provided. Practical assistance, advocacy with external agencies and especially support through the civil and criminal justice systems, crucial for resolution and sustaining prosecutions, were also all appreciated. The authors conclude that there is no doubt that there continues to be a need for the services provided by EIP to be available in the Portsmouth area.

5.4.5. The Birmingham Pregnancy Outreach Worker Service

Pregnancy Outreach Worker Service was launched in 2007. It is run by Gateway Family Services, a community interest company operating in Birmingham and established in 2006. It was originally designed with the aim of reducing the high number of infant deaths in the city which was approximately double the national average. The Pregnancy Outreach Worker Service was initially financed through the Neighbourhood Renewal Fund and operated in 13 wards with the aim of working alongside other health and social care services to provide emotional and social support to pregnant women. The service is currently funded directly by three Primary Care Trusts and covers areas of the city with the highest birth rates. The service employs 16 full-time Pregnancy Outreach Workers.

Pregnancy Outreach Workers visit women in their homes or in 'safe' locations within the community they live, and also attend clinics with the women. They primarily support pregnant women with a low medical risk and high social risk. They deal with a range of issues including teenage pregnancy, overcrowding, poor housing, newly arrived families, obesity, smoking, breastfeeding initiation as well as domestic abuse. As part of the scoping study, we interviewed the manager of the service who

explained, in her experience, violence tends to increase during pregnancy. Supporting women experiencing violence in pregnancy is therefore a key part of service's work. The packages of support they provide are tailored to the needs of each woman: they adopt a "woman-centred approach" in which the woman is encouraged to take a lead role in decisions relating to her situation. As such the kind of interventions provided varies on a case by case basis. Pregnancy Outreach Workers commonly provide important emotional support to the women who are often socially isolated. They also engage in advocacy work, referrals to other agencies and organisations, and help women to leave abusive relationships - if that's what the woman wants (for example, this might include assisting women who have made the decision to leave in finding temporary accommodation).

The service aims to work with women throughout their pregnancy and for up to eight weeks after the birth of their child – at this point an exit plan is put in place to ensure that any support the women continue to require is in place e.g. health visitor, family support worker at the point the outreach worker withdraws their service.

The service is being formally evaluated and the findings from this study are to be published next year. However, according to the project manager, the service is proving successful and helps women make many positive changes that benefit both her and her baby. The project has an established reputation among partner agencies that regularly refer women to them and is understood as providing a vital service that fills a gap within the local service provision landscape. For the project manager there are some key factors which underpin the success factors. These include:

- *the intensity of the intervention:* A key advantage of the service is that POWs can offer an intense level of support to women that other services are unable to provide e.g. some women may be visited three times a week
- *a diverse project team:* POWs come from a range of professional backgrounds and so within the team there is a wealth of skills and professional competencies but equally important is the fact that the women have been recruited from the communities with which they work which provides a point of contact with families. They also often have a similar ethnic background and speak the same language as the women they support
- *para-professional status:* POWs generally develop trusting relationships with their clients and this was felt to be facilitated both by the time they can dedicate to the women but also by their 'para-professional' status and the fact that they are not health care professionals or social workers enabling trust to be more easily established with the women.

In their study Bacchus *et al.* (2012) identify common challenges based on in-depth case studies involving interviews with 37 key personnel from interventions in six European countries. These include: difficulties in motivating health professionals to attend training; a lack of funded and supported leadership roles within the health care setting which are essential to implementing and sustaining the intervention; the need for coordinated and funded multi-agency working groups; a lack of funding for training and reinforcement activities; a lack of funding for research and evaluation; and the reluctance of some health professionals to identify DV. They provide a number of key findings about what works well and make a number of 'best practice' recommendations. They suggest that there is a need for:

- clinical leadership roles
- regular DV training for all health professionals' together with feedback mechanisms

- incentive schemes to motivate health professionals to engage in training activities; funding for NGOs who take a lead role in designing and delivering training programmes
- formalised referral pathways and multi-agency partnerships
- survivor input and accountability
- interventions tailored to women's individual needs
- research and evaluation which are essential for demonstrating the process, impact and cost effectiveness of the intervention.

5.5. Conclusion

Domestic violence in pregnancy has received little attention in the academic literature in the UK and as such there are a number of gaps in the evidence base. Drawing on our review of the literature as well as conversations with stakeholders, there is a pressing need for further research in several important areas (McMahon *et al.*, 2011; Taillieu and Brownridge, 2010; Cook and Bewley, 2008; Bacchus, 2006):

- research which focuses on physical abuse during pregnancy as well as assessing the impact of other forms of violence such as psychological abuse
- the impact of pregnancy violence typically focuses on health outcomes for the mother and foetus during, or immediately after, birth. There is a lack of information as to the longer term impact, especially on children, and the enduring effects of violence during pregnancy
- longitudinal research into how the nature of violence changes throughout women's reproductive lifespan, including pregnancy
- there is a paucity of qualitative research exploring women's experiences of partner abuse during pregnancy including: how the barriers to disclosure can be overcome by health services; what women want from domestic violence interventions and what outcomes they find beneficial
- researchers need to design methodologies that facilitate higher disclosure rates and which better differentiate between different types of abuse
- there is currently limited research into the experiences of women seeking abortion and this was identified as a key area for future research given that links have been established between domestic violence and repeat abortions related to forced sex, women's lack of control over their reproductive health and difficulties negotiating condoms and contraception use. This is felt to be particularly pertinent in the current political climate where there is a strong anti-abortion sentiment
- there is limited evidence regarding what are effective interventions for pregnant women experiencing domestic violence. There are only few studies that are well-designed and able to adequately assess implementation and effectiveness. There is also a need for longitudinal research into the impact of interventions for pregnant women
- there needs to be an appreciation of the range of methodologies and types of evidence that can inform our understanding of 'what works' in supporting women experiencing violence during pregnancy. In particular, there needs to be a focus on the process of service implementation and programme theories as well as outcomes in understanding service success factors

- there is limited understanding about the role that other health professionals can play in supporting women in particular health visitors who retain contact with women post-natally, after midwife care has formally ended
- despite the established relationship between antenatal domestic violence, depression and child behavioural problems, there is a need for further research into the impact of antenatal domestic violence on women's mental health and the impact this has on child development, as well as the response of mental health services.

6. Women and violence: what more can be done?

Domestic violence is both a common yet often hidden and undisclosed problem that has wide-ranging, severe and enduring consequences: it is one of the most widespread forms of violence against women. This report has presented findings from a scoping study that explored the research and evidence around three key emerging issues. These were selected by the BIG Lottery for their topicality and potential relevance to BIG's future funding priorities:

- domestic violence linked to sporting events
- violence among girls and young women involved in gang-related activities.
- domestic violence in pregnancy.

The report details findings of prevalence and patterns of violence as well as the efficacy of preventive interventions and service responses.

The research has found that the three issues focused on within this review are understood only partially. Indeed, although research on the temporal dynamics of domestic violence has pointed to seasonal and calendar factors which can increase incidences of domestic violence, evidence on the relationship between sporting events and domestic violence in the UK is relatively sparse. Likewise, although reports of gang violence against women, particularly in the form of sexual violence, have been reported widely in the UK media over the last decade there is a dearth of evidence about girls' and young women's experiences. There is a growing body of research that examines pregnancy related violence and the evidence presented above shows that pregnancy offers women little protection from violence. For some, pregnancy is a result of their male partner's violence towards them and violence will continue throughout their pregnancy, while for some women, pregnancy itself may act as the trigger for abuse. Notwithstanding this, significant gaps in knowledge remain.

There are a number of lessons that can be distilled from the review to inform thinking about what more could be done. These lessons have been organised around the following two questions:

- where are the gaps in existing policy and research?
- what could BIG consider in designing or funding future interventions?

6.1. Where are the gaps in existing policy and research?

Our research suggests that within the three broad areas under consideration there are key gaps in the evidence base.

6.1.1. Domestic violence and sporting events

- the **link between sporting events and domestic violence is open to question**. Longer term systematic research, drawing on both quantitative and qualitative approaches, is required to establish the precise nature of the relationship between the two. It is important to note that the relationship between domestic violence and sporting events should be seen as a *trigger* rather than a cause of domestic violence
- there is a need for more robust **qualitative research with victims** to provide a deeper and richer understanding of the experiences of violence during sporting events, which can add to and contextualise the statistical evidence
- evidence on the links between domestic violence and sporting events is largely derived from statistics on reported police incidents and Emergency Department admissions. Any future research needs to account for the fact that any "spikes" in trend data could be down to awareness campaigns that often accompany the gathering of such statistics. **Future quantitative research in this area should monitor the increase in domestic violence incidents nationally**
- there is also a **need for research with the perpetrators** of domestic violence in this area. The relationship between constructions of masculinity and aggressive sexuality are prominent within the literature and there is a need for an exploration of these factors in the context of sporting events.

6.1.2. *Young women and girls and gang-related violence*

- there is little research into young women and girls' involvement in gangs with reports of sexual violence in this context largely emanating from the media. As such, there is a need for **further research to establish a robust evidence base** about prevalence, causes and responses which could usefully inform the development of services and interventions
- further research on female gang-related violence needs to account for **varying geography and contexts**. Up until now gang violence has been treated as an urban issue with attention often confined to several large cities (e.g. Birmingham, Glasgow, London, Manchester). Stakeholders suggest these issues can also be prevalent in rural areas but appropriate services located some distance away
- the different nature of gangs and girls' involvement carries different risks. There is therefore the **need to research and differentiate between the different types of gang involvement and their associated risks**. Female involvement in gangs through a male partner may produce significant risks from male gang members for instance. On the other hand, girls as members of gangs themselves may be at risk of violence from other girls and women or be potential perpetrators
- stakeholders expressed concerns over **different perspectives of what constitutes a "normal" relationship among young people** and this is supported by the limited existing evidence (*Sugar* magazine survey of young men, cited in Sen and Kelly, 2008; Zero Tolerance Charitable Trust, 1998). Little is known about changing attitudes and how this translates into violent and abusive behaviour. Research should therefore aim to understand these shifting attitudes and their causes and consequences
- other areas identified in the literature that have yet to be explored include:
 - girls as weapon "mindors"
 - roles in peer group dynamics (e.g. as mediators or initiators of violence)
 - the connection between sexual violence against females and weapons.

6.1.3. Pregnant women and domestic violence

- there is a need for further research into the **prevalence and nature of domestic violence during pregnancy**. A particular gap in the evidence base is the lack of **longitudinal data** on how patterns of violence change throughout a woman's reproductive lifespan, as well as the longer-term impact of preventative services post-natally
- although there is some research evidence on the role of maternity services as a point of early intervention for women affected by domestic violence, there is less awareness about **domestic violence, unwanted pregnancy and abortion**
- there is a paucity of **qualitative research exploring women's experiences** of partner abuse during pregnancy including: how the barriers to disclosure can be overcome by health services; and what women want from domestic violence interventions
- despite the established relationship between antenatal domestic violence, depression and child behavioural problems, there is a need for further research into the impact of **pregnancy violence on women's mental health** and the impact this has on childhood development, as well as the response of mental health services.

There are also under-researched areas which cut across these three broad themes and which require greater understanding before effective interventions can be developed:

- with regard to all three areas, there is **limited extant evidence on interventions** and their efficacy. Methodologically sound evaluations need to be designed in order to help funders and policy-makers understand not only whether an intervention "works" or not, but *why* and *how* it works
- there is the need for a **systematic mapping of the range and nature of service provision** for preventing violence against women and girls which would provide a sound starting point in considering future interventions
- more generally, stakeholders suggested that there is a need for more research into:
 - ethnic minority groups and the cultural and religious aspects of violence against women
 - the prevalence of domestic violence experienced by mental health service users
 - 'new' forms of violence among young people/children
 - the changing attitudes of young people in terms of attitudes towards girls and women, respect and relationships and abuse that some young people may perceive as "normal".

6.2. Gaps in service provision and the potential for future interventions?

It is important to note that the VAWG strategy is symbolic of the recent policy shift away from domestic violence in isolation to a wider consideration of *all* violence against women. This is in acknowledgement of the interrelated nature of these different forms of violence. Any interventions need to be cognisant of this changing emphasis.

A number of lessons can be drawn from the evidence presented above to inform any future projects or programmes. It is recognised however, that not all of these needs and gaps are consistent with the role and approach of the BIG Lottery Fund. Nonetheless the holistic view is important in the development of any interventions given the changing policy emphasis on all violence against women and girls. Key issues and lessons include the following:

- there is little preventative work at the national level with most initiatives locally based. There is the **need for a large scale and sustained national campaign** to educate and raise awareness about violence against women and girls - on a similar scale to that on drink driving for instance
- **education and awareness campaigns need to be far more widespread** and should begin from a very early age. Stakeholders noted that it is often too late to intervene once teenagers are in relationships and there are significant fears over the **normalisation of violence** across aspects of life among some young people
- the **first point of contact for any prevention service is crucial**: if women feel that the service is not responding to their needs then there is a risk of continuing *disengagement*. The shift to generic services and the co-location of domestic violence as part of "one stop shops" was said to be detrimental in this regard. Literature and stakeholders suggest **a dedicated and long term service is more effective**
- intervention services should be re-focused towards **prevention and early intervention** rather than crisis management or the prevention of repeat attacks. For instance, building resilience in young people in a context where there appears to be "new" types of sexual exploitation and abuse (e.g. using new media was highlighted as a priority). School-based **education programmes** that promote healthy relationships and gender equality can be successful in reducing violence. Any education programmes for young people should also place great emphasis on **conflict resolution and emotional literacy**
- effective **referral pathways and multi-agency work** are essential in any domestic violence intervention. For instance, primary and maternity healthcare settings are known to be opportune points of intervention for identifying pregnant women affected by violence. However, for routine enquiry to become commonplace it needs to be underpinned by safe and clear referral pathways, either in-reach or out-reach. This is dependent on the establishment of effective working partnerships with appropriately qualified organisations who can take a lead role in delivering training programmes and post-training support, and providing direct support to women. There are useful **examples of multi-agency best practice which can be drawn upon**, such as VIDA (formerly the Sheffield Domestic Abuse Partnership) for instance and many such organisations operate within the voluntary and community sector
- **effective leadership** is vital in creating and sustaining interventions. Leadership not only ensures on-going commitment, vision and drive but also plays an important role in managing the obstacles that multi-agency working can present
- given that each victim's needs are different and complex, domestic violence interventions should be **women-centred** and tailored to women's own assessment of their individual goals. This greatly increases engagement and effectiveness
- **survivors of domestic violence** should play a role in the initial development and governance of support services. In the UK, MOZAIC has launched a survivor's group called MOZAIC Voices which involves current and former

clients. MOZAIC Voices <http://www.mozaic.org.uk/mozaic-voices/index.html> has charitable status, engages in fund raising activities to raise awareness about domestic violence, and survivors have been consulted about decisions relating to the service and research plans (Bacchus *et al.*, 2012)

- it was suggested that **community-led approaches** should be established and that community-based **peer-to-peer support** networks be promoted. Mothers to mothers <http://www.m2m.org> was highlighted as an international example of good practice that could be usefully replicated in the UK
- one major weakness identified in terms of prevention was the lack of **work with perpetrators** of domestic violence and especially young men. Prevention programmes with perpetrators tend to operate as part of sentencing and therefore only include the minority who pass through the criminal justice system. Given the relatively small number of arrests that result from domestic violence there are few other opportunities to engage and change the behaviour of many perpetrators. However, treatment for substance misuse among perpetrators has been shown to be effective. Work with men around domestic violence is essential to address the root causes of abuse
- the limited work with perpetrators that does take place was also said to be dominated by white, male heterosexuals. It was suggested by stakeholders that such **programmes with perpetrators need significant broadening**
- stakeholders highlighted how **children and young people** are not well provided for within domestic violence service infrastructures. There is a need for specialist support services for children, and their mothers, affected by domestic violence. These need to be longer term and therapeutic in nature. Several stakeholders were keen to emphasise that support needs do not cease once a woman and her family leave an abusive relationship
- a key problem identified in interviews with stakeholders is the limited engagement between **domestic violence and mental health services**. Awareness of and routine enquiry about domestic violence by mental health services is limited and, likewise, domestic violence organisations have limited understanding about mental health disorders. There is a pressing need for better partnership working and for awareness raising measures
- **training and continuing professional development** is necessary for a wide variety of professionals who are in a position to uncover violence (e.g. local authority housing officers and other frontline workers). This could improve both the identification of those at risk, and the response to victims
- there is a great deal of expertise and knowledge resting within the range of voluntary and community sector services but there is a need to **harness, preserve and disseminate this specialist expertise** and protect dedicated services from funding cuts. Of the small number of organisations active in prevention that we spoke to, all were keen to share their knowledge and expertise and act as a sounding board to other bodies looking to establish interventions. This represents an opportunity for the BIG Lottery Fund.

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