

STOPPING DOMESTIC AND SEXUAL VIOLENCE AND ABUSE IN NORTHERN IRELAND

**A CONSULTATION ON A NEW DOMESTIC AND SEXUAL VIOLENCE
AND ABUSE STRATEGY FOR NORTHERN IRELAND**

SUMMARY OF RESPONSES



Department of
Justice
www.dojni.gov.uk



Department of
**Health, Social Services
and Public Safety**
www.dhsspsni.gov.uk

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1. EXECUTIVE SUMMARY

1.1 This consultation response document outlines the key themes and issues that arose from the responses received, and summarises the responses to the questions asked in the consultation document in relation to: definitions; the Strategic Vision; the Key Delivery Strands of the Strategy; issues of governance and accountability; equality and human rights; and a range of additional comments.

1.2 Some common threads throughout the responses include:

- the need for a focus on finance and resources to be able to deliver the aims of the Strategy;
- a need to focus on the “gendered” nature of DSVA rather than trying to deliver a gender *neutral* Strategy;
- the request to include further details of existing services and organisations throughout the Strategy; and
- the need to draw out the human rights context of the Strategy.

1.3 Responses on the whole supported the suggested definitions of domestic and sexual violence and abuse, in particular the inclusion of “coercive and controlling behaviour”, and some minor amendments to the detail of these definitions were suggested. The Key Delivery Strands and priorities of the Strategy were welcomed by most responses, although there were several requests throughout the responses for further information on the accountability for delivery of the Strategy. There was also some concern that several of the Strands overlapped with one another. In the main responses welcomed the victim-focused approach of the Strategy, although there were several suggestions for creating a better understanding in the Criminal Justice System (CJS) of the complexities of DSVA.

1.4 Responses welcomed the collaborative approach of the Strategy, but noted that further clarity was required on the roles and responsibilities of different groups. It was also noted that more information and statistics available from the third sector should be utilised to inform actions taken against the Strategy. There were polarised

views with regard to the role of teachers and education; however there was a general consensus that more training was required for all those involved with DSVA.

1.5 The majority of responses were supportive of the focus on prevention and early intervention and in particular the Integrated Information Plan, although there was a request for further information on responsibility for this area. There were several calls, both throughout the written responses, and in the consultation meetings, for a stronger recognition of the link between sexual and domestic violence, and a concern that the Strategy was more heavily weighted toward domestic, rather than sexual violence.

1.6 The need for support and equality of access for victims of DSVA was welcomed by responses, although there was a general consensus that there is still some way to go before equality of access is achieved, and the particular needs of different groups were highlighted. It was also highlighted that more information is needed on the civil court system, as this is a route that many victims take.

1.7 Throughout the responses there were several challenges regarding the use of some of the models and diagrams used, and urged caution in using terminology that could be perceived as “victim-blaming” or terminology that may perpetuate negative stereotypes of both victims and perpetrators of DSVA.

2. INTRODUCTION

2.1 This document provides a summary of responses received to '*Stopping Domestic and Sexual Violence and Abuse in Northern Ireland*,' the Department of Health, Social Services and Public Safety and the Department of Justice's consultation on a new draft Strategy to tackle Domestic and Sexual Violence and Abuse in Northern Ireland.

2.2 The Strategy deals with Domestic and Sexual Violence and Abuse (DSVA) in Northern Ireland and is led jointly by the Department of Health, Social Services and Public Safety (DHSSPS) and the Department of Justice (DOJ) on behalf of the Northern Ireland Executive. The Strategy outlines how the Northern Ireland Executive intends to work across departments, their agencies, and in partnership with community and voluntary organisations to reduce the incidence of DSVA, and provide ongoing services for victims and their families.

2.3 Strategic development on the Strategy commenced in September 2012, with three pre-consultation events hosted by DHSSPS and DOJ. To facilitate engagement with a wide-ranging audience, two of these events were held in Belfast, and one in the North-West. The events were attended by 108 stakeholders from the statutory, voluntary and community sectors. Stakeholders engaged fully through the workshop group activities and 'open debate' sessions. The pre-consultation events were very much exploratory in nature, with a specific focus on identifying the direction for the new Strategy.

2.4 Considering the outcomes of the pre-consultation events, teams from the lead Departments commenced drafting of the Strategy in December 2012. During the development of the Strategy, the departments met with specific key stakeholders through the current governance sub-groups of the Domestic and Sexual Violence Regional Strategy Group (RSG), and at exploratory meetings. Members of the RSG were kept informed of developments during the construction of the Strategy, and their opinions were sought prior to the public consultation. The two lead Ministers,

Minister Poots and Minister Ford, along with members of the Inter Ministerial Group¹ and the two departmental Committees, were also kept informed of the development of the Strategy and the progress during consultation.

Main Consultation

2.5 The public consultation was launched on 15 January 2014 and officially closed on 11 April 2014. Thirteen key partner organisations requested further time to respond and were given until 25 April to do so. One organisation was granted an extension until the end of May 2014 as they were unable to meet the extended deadline. There were a total of 69 written responses received to the consultation from a range of statutory agencies, voluntary and community groups, and individual members of the public. A full list of consultation responses can be found at Appendix A.

2.6 In addition to the written responses, officials from both Departments jointly delivered, fifteen presentations to a range of stakeholders across Northern Ireland. Officials also met with a number of individuals who requested meetings. These meetings were aimed at facilitating discussion and clarifying any issues in advance of the written responses. Some of these meetings were conducted post-consultation. A list of these meetings can be found at Appendix B.

2.7 The consultation sought views on the **definitions used**, the **Strategic Vision** and **Key Delivery Strands** of the Strategy relating to:

- Driving change;
- Prevention and early intervention
- Delivering change;
- Support; and
- Protection and Justice

2.8 Responses to the consultation were also asked to consider issues of **governance and accountability**, and **equality and human rights**. The consultation

¹ Minister for Health, Social Services and Public Safety; Minister of Justice; Minister for Education; Minister for Employment and Learning; Minister for Social Development; Minister of Finance and Personnel; Two Junior Ministers for the Office of the First Minister and Deputy First Minister.

was accompanied by a consultation questionnaire which asked consultees to respond to specific questions on the themes of the Strategy, and also gave them the opportunity to provide any additional comments. Although it was made clear that this was the preferred method for response to the consultation, a number of responses were made in alternative formats.

2.9 The following chapters provide a broad overview of the key issues raised during the consultation process and highlight the key themes with regard to the suggested definitions, the Strategic Vision, and the Key Delivery Strands, as well as a summary of the additional comments.

2.10 In line with best practice we plan to publish copies of the written responses on the Departmental websites. Some responses have been anonymised at the request of the respondent.

3. SUMMARY OF CONSULTATION RESPONSES

GENERAL COMMENTS

3.1 Due to the considerable number of responses received, this summary does not reflect each and every view on all of the issues, but seeks to highlight the key themes with regard to each section. However, there were some issues that were repeated throughout the consultation responses and do not relate to a specific part of the Strategy, therefore these have been included under “general comments.”

3.2 It should be noted that some responses requested minor phrasing or presentational amendments, and whilst these have not been reflected in this document they will be addressed during re-drafting of the Strategy.

3.3 The majority of responses were, in general, very positive and supportive of the key themes and priorities of the Strategy, and were keen to see the Strategy progressed and implemented to help provide more support and services for victims of DSVA.

3.4 Whilst the responses to the consultation were detailed and varied, a key theme that emerged was the expression of concern over the “gender-neutral” approach of the strategy. It was suggested that whilst the Strategy and associated action plans should be available for all victims of DSVA, the needs of victims differ depending on many factors, including their gender. It was requested that the Strategy accurately reflect the statistical profile of DSVA victims in order to highlight the individual needs of different groups.

3.5 The level of detail provided throughout the Strategy was, for the most part, commended; however there were concerns from a number of responses with regard to the level of language and terminology used throughout the strategy. Many responses considered that some of the terminology complicated the document, and in general preferred the use of plain English where possible.

3.6 Whilst recognising that it is not possible to list all existing services, there were several requests throughout the responses for the Strategy to provide a more comprehensive reference to the existing support services that are available to victims of DSVAs. Responses also expressed concern that the Strategy does not make a specific commitment to financial resources to implement it, nor a commitment to continue to fund existing services. This was a consistent theme throughout the responses from a variety of stakeholders, and it was requested that a resources section be added to the Strategy to address this issue.

3.7 A few responses called for the Strategy to recognise the specificity of Northern Ireland as post-conflict/ transitioning society. It was suggested in one response that there are numerous consequences of a divided and conflicted society for intimate-partner violence, including a dearth of confidence in policing. It may also cause reluctance in some sections of the community to engage with the Criminal Justice System when experiencing DSVAs and this should be reflected when developing appropriate responses. It was also considered that further context should be given to international human rights legislation and conventions, and Northern Ireland's compliance with these.

3.8 A number of the responses made reference to operational rather than strategic issues. These have not been included in this document as they do not relate to the Strategy, but rather to the development of the action plans throughout the life of the Strategy. These comments have been taken into consideration and discussed with RSG, and it has been agreed that they will be utilised during the action plan development phase.

RESPONSES TO INDIVIDUAL CONSULTATION QUESTIONS

3.9 The below outlines the key themes arising from the specific questions asked within the consultation document. It should be noted that some issues were raised in more than one section of the consultation questionnaire, and may be relevant to several strands of the Strategy. Therefore in order to ensure that we accurately

reflect the issues raised within each strand, there may be some duplication in the content of the key themes.

Definitions

Q. - Do you agree with the definition of Domestic Violence and Abuse, and Sexual Violence and Abuse as outlined in the Strategy?

3.10 A majority of responses commented on this question and welcomed the suggested definitions outlined in the Strategy. They welcomed the inclusion of “threatening, controlling and coercive behaviour” in the definitions, and the recognition of wider forms of domestic and sexual violence and abuse. There was support for the incorporation of different aspects of sexual and domestic violence, and the recognition that many different groups can be affected by this. Responses also welcomed the recognition of the similarities and links between domestic and sexual violence and abuse, and the attempt to tackle these issues in tandem.

3.11 It was suggested that the breadth of the definitions should be expanded to include further examples, especially with regard to sexual abuse, and that the surrounding text should more robustly highlight the coercive behaviour involved in domestic and sexual abuse.

3.12 There were also several requests to include a reference to disability in addition to the other Section 75 groupings that are highlighted in order to take cognisance of the fact that abuse can happen to anyone. It was recognised that there is a need to strengthen reference to the fact that DSVAs can happen in **all** relationships, with more reference to children and young people, the elderly, and the LGB&T community.

3.13 Several responses requested that clarification be provided on some of the definitions, for example “intimate partner” and “family member”. It was suggested that this section include statistics on the breakdown of victims to clarify the gender split in relation to DSVAs. Further clarity was also sought on how the strategy relates to child safeguarding issues and ongoing reports into Child Sexual Exploitation.

Several responses highlighted that “denial of contact” with children should be listed as an example of a form of abuse, and that male genital mutilation as a form of DSVAs should be included in the definition.

Strategic Vision

Q. Is the Strategy Vision reflective of what we want to achieve?

3.14 The overall response to this question commended and agreed with the aim of the Strategy, and noted that the Strategic Vision is positive and reflective of what we wish to achieve with regard to domestic and sexual violence and abuse.

3.15 Several responses noted certain areas to be emphasised or clarified: some responses felt that the Strategic Vision’s “Outcome” was too vague and did not put enough impetus on the government to take responsibility for tackling DSVAs. There were several comments which suggested that the boxes at the top of each section were “visionary” rather than concrete “outcomes”. Several responses noted that the Strategic Vision could be strengthened to give more information on expected outcomes.

3.16 The need for a financial commitment attached to the delivery of the Strategy was highlighted by a broad range of responses. It was noted that this should be outlined in the Strategic Vision alongside a commitment to sustain existing victim support services.

3.17 Several responses indicated that a greater balance was needed throughout the Strategic Vision, and the document, between domestic and sexual violence, as it was considered that there was too much emphasis on domestic issues and not enough on sexual issues.

Key Delivery Strands

Q. Do you agree that the Strategy should be considered under these Key Strands?

3.18 The majority of responses welcomed the Key Delivery Strands, found them helpful, and felt that they covered the key areas and were purposeful building blocks for addressing DSVA. A number of responses stated that some of the Strands overlapped in their content, which created a confusing format, particularly with regard to Strands 1 and 3. They highlighted that the Key Delivery Strands could benefit from more clarity and specific detail about the level of underpinning actions to achieve each priority. Many responses highlighted areas where action was required, however as these are implementation rather than strategic issues, they do not significantly alter the content of the Strategy.

3.19 One response suggested that the Key Delivery Strands should take their focus from the 5 strands of the Istanbul Convention: Prevention; Protection; Prosecution; Integrated Policies; and Monitoring,

Strand 1: Driving Change

Q. Do you agree with the strategic outcome and priorities on Driving Change for this Strategy?

3.20 Responses from a range of sectors welcomed the recognition of the need for commitment and collaborative working from a variety of government departments in order to successfully deliver the aims of the Strategy, and agreed with the multi-agency approach being advocated. However, a number of responses noted that more information was required on the roles and responsibilities of different groups, specifically the Inter-Ministerial Group, and further context should be given to how cross-departmental and collaborative work will be carried out. Several responses stated that there should be clearer accountability in Strand 1, and that the Department of Education should be specifically referenced with regard to the role it will need to play.

3.21 There were several suggestions that the Strategy could utilise statistics collected and made available through the third sector, as these may represent some of the more “hidden” victims of DSVAs who do not necessarily go through the official channels to seek help. Constant engagement with these groups can alert decision makers to potential gaps in information.

3.22 There were polarised views throughout the responses on the role that teachers and education could play in the Strategy, with some responses supportive of, and emphasising the need for further preventative education on DSVAs issues, whilst others considered that it was not within a teacher’s remit to provide a counselling service to children on sensitive topics.

3.23 Some of the models used in the Strategy were contentious and disputed, and there were suggestions to re-think their use. It was felt that several of the models were not relevant to all victims of DSVAs, as they were considered to be gender-specific or have limited relevance for the LGB&T community, and therefore not appropriate for the Strategy.

Strand 2: Prevention and Early Intervention

Q. Do you agree with the strategic outcome and priorities on Prevention and Early Intervention for this Strategy?

3.24 Many responses were supportive of the focus on early intervention and prevention, particularly with regard to vulnerable groups, and further work with schools around preventative education and awareness raising sessions. It was felt that this Strand creates an opportunity to increase understandings of personal safety, and prevent or reduce further exploitation by others.

3.25 A key issue arising from the consultation responses to this Strand relates to concern around the use of the “toxic three” model. A large proportion of responses considered that this model simplistic with regard to the causes of DSVAs, and therefore potentially misleading. A further concern highlighted that the inclusion of this model may perpetuate unhelpful stereotypes around both victims and

perpetrators which may have no relevance to a victim's experience of DSVAs, and which could be interpreted as placing some of the blame on the victim, rather than wholly on the perpetrator.

3.26 Whilst some were supportive of the inclusion of the "life course" model, several responses also urged caution with its use unless further context was provided, as it was felt that such an approach may "pigeonhole" victims and perpetrators, and again lead to the perpetuation of inappropriate stereotypes. There was also concern that this model does not reference all vulnerable groups, for example ethnic minorities.

3.27 Most responses welcomed the proposed development of an integrated information plan; however several responses requested further information on who would have responsibility for taking this forward, and the potential resource implications of this exercise.

3.28 Numerous responses recommended a consistent approach to training and teaching of sensitive subjects to ensure that all children have access to the same information. There was also emphasis on the need for building and promoting effective curricula, rather than simply a focus on training individual teachers. Again in this section the need for resources to be made available in order to fund appropriate training - including appropriate links with the Department of Education - and preventative action was highlighted. A number of responses across all sectors stressed the importance of other professionals aside from teachers, which should not be undervalued.

Strand 3: Delivering Change

Q. Do you agree with the strategic outcome and priorities on Delivering Change for this Strategy?

3.29 The integrated pathway response and the emphasis on further training for front-line staff were welcomed in the main throughout the responses, as was the victim-led approach to this Strand. However, clarification was requested on

information-sharing protocols and interaction between statutory and voluntary agencies engaged in service provision and support.

3.30 There was a call for more recognition of the strong link between sexual and domestic violence, including statistics on the fact that most perpetrators of sexual violence are known to their victim. In addition, more emphasis should be given to the fact that the act of disclosure can be a very dangerous time for a victim of DSVA, and there needs to be appropriate support in place to address this. There should also be an acknowledgement of victims' fear of engaging with the CJS, and processes in place to address this.

3.31 Some attention was brought to Figure 2 which depicts an integrated pathways approach for service delivery outlining four elements: recognition of the signs of violence and abuse and encouragement of disclosure; appropriate response to disclosure; identification of harm and action required; and co-ordination of ongoing support. Responses highlighted the importance of acknowledging that not all victims of DSVA recognise that they are being abused, and every victim's journey is distinct and personal to them. One individual respondent – an anonymous victim - requested that the Strategy avoid reducing abuse to simple diagrams, as this has the potential to be disempowering and reduce the complex nature of DSVA.

3.32 Responses stated that more information was needed regarding risk identification, and assessment processes alongside safety planning, and it should be recognised that safety plans will be challenging and require a clear focus on who leads on this issue. There was concern from several groups representing male victims of DSVA that current engagement with men and male support groups is not sufficient and this may limit the impact of safety plans. It was felt by these groups that any renewed emphasis on awareness training must reflect the individual needs of male victims in equal measure with the needs of other victims.

3.33 The emphasis on awareness raising and training was welcomed, and it was suggested that a *mapping exercise* to map current awareness training would be useful to identify the gaps, and make clear where training needs should be focused. It was suggested that any training should build upon existing successes in the area,

in order to be cost effective and to draw on tested knowledge of expert organisations. Training should equip individuals to recognise the signs of DSVAs, and take action as necessary.

Strand 4: Support

Q. Do you agree with the strategic outcome and priorities on Support for this Strategy?

3.34 Though this Strand received fewer responses than other areas of the Strategy, the overall response agreed with the need for support and advocacy services for victims, equality of access, and that the provision of appropriate support services should be a central tenant of the Strategy.

3.35 Many of the responses with regard to the Support Strand highlighted the need for further information within the strategy on the support available through the *civil justice* system, as it is highlighted that this is the route that many victims of DSVAs take and are most familiar with.

3.36 Several special-interest groups highlighted the importance of addressing the specific needs of victims. In particular the needs of black and ethnic minority victims was highlighted to ensure that their language needs are met, and that support services are culturally competent to deal with the particular needs and sensitivities of victims from different communities.

3.37 Some responses raised the need for more emphasis throughout the Strategy on the financial strain on victims. Victim advocacy groups highlighted that as financial control is a common form of abuse, victims may be financially dependent on the perpetrator, making it more difficult for victims to leave an abusive relationship. This was considered to be particularly relevant for those who, due to immigration rules, have no recourse to public funds. Financial dependency was also considered to be an important issue for victims who own their own property, and are therefore seen to have equity, resulting in them not being entitled to some support services. Responses also highlighted that legal aid should be available for all victims to ensure

that all can afford to seek justice, and the continuing issue of welfare and housing support remained a key concern.

Strand 5: Protection and Justice

Q. Do you agree with the strategic outcome and priorities on Protection and Justice for this Strategy?

3.38 A number of responses commended the recognition within this Strand of the needs of victims, and the commitment to seek improvements to protection and justice and to explore and introduce new measures. Several responses welcomed the attempt to illustrate the victim's journey through the CJS, and to provide information on what to expect in this context. However, there were concerns from a number of responses that the "victim's journey" diagram is not reflective of the reality, and that as every victim has a different journey it is difficult to capture this in a simple diagram.

3.39 Again in this Strand, responses felt that the focus of the document is weighted toward criminal rather than civil courts, and does not sufficiently recognise the reality that many victims primarily utilise civil and family courts to protect themselves and their children. This is particularly relevant in respect of child-contact issues, and the use of, and compliance with, non-molestation orders. It was also noted that it would be helpful if there was more information in relation to victim engagement with the police and the courts.

3.40 A common issue that was highlighted is the fear and apprehension that victims have with regard to processing their case through the CJS. It was felt that this should be acknowledged, with consideration given to the potential introduction of dedicated specialist domestic abuse courts. It was suggested that more could be done to make courts more "victim-friendly", and that front-line CJS staff, including judges and those involved in the court system, should be trained in the complexities of the cycle of abuse and the impact this has on victims.

3.41 A small number of responses indicated that there should be some recognition of the link between suicide and serious case management reviews which have a domestic or sexual violence element.

3.42 Several responses felt that there should be more information in the Strategy on how to reach and address potential perpetrators through programmes and interventions aimed at changing their harmful, violence or abusive behaviour.

Additions or Changes to the Strategy

Q. Are there any other outcomes/priorities that should have been considered?

3.43 Several diverse commitments and priorities were highlighted for potential inclusion in the strategy. Some of these have already been outlined above, however the others include: commitment to introduce various schemes, such as a Domestic Violence Disclosure Scheme, Domestic Homicide Reviews, and Domestic Violence Protection Orders; priority to train Criminal Justice workers in cultural issues and sensitivities around DSVAs; priority to reference the specific needs of older people; the issue of equality of access to safe refuge housing; commitment to bring in a specific charge in the legislation to separate domestic from normal assaults; and commitment to provide funding to ensure equality of access to services for all victims.

Q. Are there any aspects of the strategy that you consider could be made clearer or easier to understand?

3.44 Responses from a broad range of organisations found the Strategy to be comprehensive and thorough, and felt that it clearly defined the key issues. There were a number of comments with regard to the length of the document which make it inaccessible to some readers. There were also concerns raised by responses from various sectors with regard to the “easy-access” version of the Strategy; it was felt that this document was overly simplified, and in places used inappropriate terminologies.

3.45 As referenced in the *General Comments*, a common issue highlighted that the legislative basis within the Strategy should be stronger, and should highlight the Government's international responsibilities with regard to DSVA. Clarity should also be provided on the overlap between child protection issues, child sexual exploitation, and domestic and sexual violence.

Governance and Accountability

Q. Are there clear levels of governance and accountability set out within the proposed structure?

3.46 A number of responses welcomed the intention to develop action plans for the delivery of the Strategy, and recognised the role these will play in measuring outcomes. It was recommended by several responses that the Strategy be re-screened from an Equality perspective following re-drafting, in order to assess whether a full Equality Impact Assessment is necessary.

3.47 Whilst many responses felt that the governance structure was sound, responses noted that there would be merit in reviewing the membership of the Regional Strategy Group, and the focus and membership of its associated sub-groups.

3.48 Key themes within the consultation responses with regard to governance were a request for: accountability to be built into the governance structures; clearer information on structures of responsibility and accountability; and a clearer framework for monitoring and evaluating outcomes and performance indicators. This was particularly highlighted with regard to the Inter-Ministerial Group.

3.49 It was recommended by a number of responses that training and best practice guidance should be provided to managers, front line staff and the community and voluntary sector on issues relating to the Strategy, and that further consideration should be given with regard to how to engage with, and capture the views of service users. It was also emphasised that ongoing stakeholder support and resources will be necessary to ensure that victim outcomes are delivered.

Equality Issues

Q. Are the proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998?

3.50 A number of responses highlighted that DSVAs disproportionately affects women and felt this should be reflected in the Strategy, whilst other responses felt the Strategy did not go far enough in protecting and providing services to male victims on an equal basis. However, a large proportion of responses, from both sides of the argument, agreed that the gender neutral approach to the Strategy was inappropriate, and felt that such an approach doesn't take cognisance of the different needs of women and men with regard to domestic and sexual violence and abuse. It was felt that this should be treated instead as a "gendered issue".

3.51 Concerns were also raised with regard to the equality of services currently available for minority groups, and the response to diversity issues which can potentially make certain groups more vulnerable, for example victims with a disability, asylum seekers, those with language barriers, those from the LGB&T community.

Q. Are you aware of any indication or evidence – qualitative or quantitative - that the proposals set out in this consultation document may have an adverse impact on equality of opportunity and access?

3.52 The majority of responses did not have any comments on this question. It was however raised that there is a need to ensure that all victims, including children and young people, remain involved in the process of contributing to the strategy. It was stated that DSVAs remains, for a large part, a hidden crime, and therefore the strategy should make use of all available information and statistics, including those from the voluntary and community sector.

Q. Is there an opportunity to better promote equality of opportunity or good relations?

3.53 The majority of responses did not have any comments on this question. It was proposed by several stakeholders that the collection of Section 75 data by all agencies involved in working with victims would ensure that campaigns and services could be targeted effectively.

3.54 Several responses to the consultation felt that the Strategy needed to more clearly state its intention to meet the needs of a diversity of groups, and to recognise and respond to the different needs of these groups.

3.55 It was felt by some that further promotion of the Strategy and its aims, including television advertisements for different age groups, and more localised cross-community support, would be beneficial.

Q. Are there any aspects of this Strategy where potential human rights violations may occur?

3.56 Several responses highlighted that due processes need to be considered with regard to offenders when considering development of policies such as a Domestic Violence Disclosure Scheme, and the sharing of information about perpetrators without their knowledge.

Additional Comments

3.57 The key responses contained within the “additional comments” section of the consultation document have already been referenced throughout this report and in particular were highlighted in *3.1 General Comments*.

4. CONCLUSION AND WAY FORWARD

4.1 Consultation responses were received from a broad range of organisations and individuals, and engagement with stakeholders took place through written responses, public meetings, and individual appointment. Through this extensive process we obtained a broad range of views which have raised many important issues. This report has highlighted the key themes that arose from the consultation responses.

4.2 Since the consultation has closed, the Department of Health, Social Services and Public Safety and the Department of Justice have continued to work with stakeholders through the Regional Strategy Group in response to the issues raised, and will continue to work with both statutory agencies and the voluntary and community sectors as we develop the final Strategy.

4.3 As the topic of DSVVA is, by its nature, a cross-cutting issue which cannot be tackled in isolation, the lead Departments are committed to engaging with other Executive Departments as necessary and in line with responses and queries raised through the consultation.

4.4 The lead Ministers intend to bring the final Strategy to their respective Committees by the end of 2014, and following Executive approval, aim to publish the final *Stopping Domestic and Sexual Violence and Abuse* Strategy by March 2015.

4.5 If you require any further information in relation to the consultation or the summary of responses please contact:

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Consultation Responses

Age NI
Anonymous
Anonymous
Attorney General for Northern Ireland
Banbridge PCSP
Barnardo's NI
Belfast DVP
Belfast Health and Social Care Trust
Belfast PCSP
Big Lottery Fund
Champions 4 Change
Children in NI (CiNI)
Cithrah Foundation
Council for Catholic Maintained Schools (CCMS)
Craigavon PCSP
Disability Action
District Judge John Meehan
Equality Commission
Families Need Fathers NI (FNFNI)
FortyTwo
Health & Social Care Board (HSCB)
Irish Congress of Trade Unions (ICTU)
Lisburn City Council
Lord Morrow MLA
Men's Action Network
Men's Advisory Project
Men's Aid (NI)
Nexus
NI Ambulance Service
NI Human Rights Commission
NI Legal Services Commission
NI Policing Board
NI Practice and Education Council for Nursing and Midwifery
NI Public Service Alliance (NIPSA)
NI Social Care Council (NISCC)
NIACRO
NICCY
NICEM
Northern DVP
NOTA
NSPCC NI
ONUS
Police Federation for Northern Ireland
Probation Board for NI (PBNI)
PSNI (Justice Support)
Public Health Agency (PHA)
Public Prosecution Service

QUB - School of Sociology, Social Policy and Social Work
Rainbow Project
Royal College of Nursing
Safeguarding Board for NI
South Eastern DVP
South Eastern Health and Social Care Trust
Southern Health & Social Care Trust
Strabane PCSP
Stranmillis University College
The Rowan (Sexual Assault Referral Centre)
Transitional Justice Institute, University of Ulster (Professor Monica McWilliams)
Ugly Mugs
Unite
Victim Support NI
Voice of Young People in Care (VOYPIC)
Volunteer Now
Windsor Womens Centre (2 Parts) - Part 1
Windsor Women's Centre (2 Parts) - Part 2
Women's Aid ABCLN Voices Focus Group
Women's Aid Belfast and Lisburn
Womens Aid Federation NI
Youth Justice Agency

Consultation Stakeholder Engagement Meetings:

Organisation/ Individual	Date of Meeting
Children in NI (Ci-NI)	10/02/2014
ICTU	18/02/2014
Individual	18/02/2014
Individual	27/02/2014
Guardian 24	28/08/2014
Nexus NI	03/03/2014
NSPCC	04/03/2014
Women's Aid Armagh and Down	10/03/2014
NSPCC	12/03/2014
LGBT Consultative Forum	13/03/2014
Women's Aid Belfast and Lisburn	18/03/2014
Women's Aid ABCLN	19/03/2014
Armagh PCSP	20/03/2014
SEDVP Steering Group	24/03/2014
NI Council for Ethnic Minorities	27/03/2014
Victim Support NI	28/03/2014
MAN	04/04/2014
Craigavon PCSP	08/04/2014
Children in NI (Ci-NI)	09/04/2014
MAP	15/04/2014
NI Human Rights Commission	25/04/2014