

**An examination of the effects of violence from male partners
on teenage mothers and pregnant teenagers
in order to identify strategies for successful intervention
and good practice within Leeds.**

Hayley Goddard assisted by Michelle Benn
Edited by Celia Wangler



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Message to readers

One of the women ended her interview with this message:

'I'd just like to say that you know, now I know more about domestic violence and what it is, that to anybody who is unhappy about anything, no matter how trivial they think it is and how normal they might even think it is to them. It not ever right if something makes you feel uncomfortable, unhappy, or scared it is wrong and you don't have to put up with it; it is not your fault. You don't deserve to be treated like that.'

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Teenage Mothers' Experiences of Domestic Violence Identifying good practice for support workers

A summary of a research project examining the effects of violence from male partners on teenage mothers and pregnant teenagers in order to identify strategies for successful intervention and good practice within Leeds.

The need for this study

There has been little, if any research undertaken in Britain into the needs of teenagers who are pregnant or who are mothers in relation to domestic violence. However, in Leeds, face to face workers with teenage mothers and pregnant teenagers were saying that a significant proportion of their caseload were in violent or abusive relationships.

This need had been identified nationally and the reduction of domestic violence for teenage mothers was one of the aims of the national programme of Sure Start Plus pilot schemes.

How was the research done?

This project was undertaken over one year with support from a small grant from the Leeds Teenage Pregnancy and Parenthood Strategy. A part time Advisor with Include took on extra hours to carry out the project.

The research used a number of methods:

- A review of other relevant research into domestic violence and pregnancy, motherhood or young people undertaken in Britain or elsewhere.
- In depth interviews with a small number of professionals working with teenage mothers and pregnant teenagers.
- A questionnaire which was distributed to 25 teenage mothers and pregnant teenagers.
- In depth interviews with four women who had experienced domestic violence as pregnant teenagers or teenage mothers.

Who are Include?

Include is a project of Womens Health Matters, a local charity.

Include has been funded under Sure Start Plus since April 2001 to provide support to teenage mothers and pregnant teenagers living in Leeds.

Since 2001 Include has supported over 300 young women during their pregnancy and as mothers.

Findings

The scale of the problem

- 50% of young women completing the questionnaire said they know another teenage mother who has experienced domestic violence.

- 43% of teenage girls believe that it is acceptable for a boyfriend to be aggressive towards his partner (NSPCC 2005).
- 16% of young women reported being hit by their partners (NSPCC 2005).

Understanding of Domestic violence

The young women who completed the questionnaire had a good understanding of the term:

- *“when your boyfriend hits you or picks on you or messes with your head”.*
- *“men being violent towards women”.*
- *“When someone inside your home harassed your rights of being a human being”.*
- *“Hitting people and them, being scared”.*

Young women’s fears about disclosure

Young women completing the questionnaire had a number of fears about disclosing domestic violence:

- That it may lead to an escalation of the violence
- That it would lead to their children being removed from them
- That they would not be believed or taken seriously or that they would not be treated sympathetically
- That they would be judged, especially thought of as bad mothers

Who do young women say they would talk to:

The young women completing the questionnaires overwhelmingly said that they would talk to either family or friends.

Half the women who were interviewed had not spoken to anyone at the time. The others told family and friends.

Existing Screening

Only four of the young women completing the questionnaire had been asked if she had experienced domestic violence.

Only 6 of the 25 young women who completed the questionnaire said they would feel uncomfortable being asked if they had experienced domestic violence.

Workers were split as to whether pregnant young women should be routinely asked if they are experiencing domestic violence.

Workers identified a need for good support and training in order to be able to ask young women about domestic violence.

How do young women want to be asked?

Young women had a range of ideas about how professionals could broach the subject:

- *‘do you feel threatened in your relationship?’*
- *‘what is your relationship like with your boyfriend?’*
- *‘are you being assaulted?’*
- *‘do you feel comfortable with your partner?’*

- 'do you feel harassed?'
- 'do you feel independent from your partner?'
- 'intimidate, bully, feel uneasy put in awkward position'
- 'asking if you are comfortable in home situation'
- 'make it clear in the question if you say domestic violence that it can be sexual, verbal, it doesn't always mean hitting'
- 'I hope you don't mind if I ask are things ok at home with you and your partner'
- 'Make the question more general like have you experienced violence in you life not focusing on the boyfriend you have now'
- 'I think they should ask by saying has she ever experienced violence with any partner'
- 'say it easy, no big words, being asked just domestic violence is too shocking'

"They just fight"

There was a perception among professionals that young people often "fight" with their partners and that young women "give as good as they get".

One woman interviewed said:

"It were a boisterous relationship, that's how they saw it. I were as bad as him. How could they [think that]? I didn't pour pints over his head, I didn't urinate on him, I didn't attack with cigarettes."

Prevention

Professionals felt that there should be work with young people to educate them about the issue of domestic violence and more generally for them to learn about what makes a good and "healthy" relationship. This would both act as a prevention tool and enable young women to recognise more easily problems within their relationships.

Conclusions and Recommendations

The importance of the issue

Domestic violence needs to be recognised as a major factor in the health and well being of young mothers and their children.

"More women suffer domestic violence than gestational diabetes and pregnancy induced hypertension put together. Domestic violence is associated with an increase in the rates of miscarriages, low birth weight, premature birth, fetal injury and fetal death." (Bewley et al 1997)

Young women find it even harder than other women to access specific services and / or to leave relationships. This needs to be taken into account in the planning and design of services.

Information and literature needs to speak to and appeal to young women.

What do workers need to support young mothers?

Workers need good support, supervision and training in order to deal effectively with this issue, this includes:

- Managerial support
- Peer support mechanisms
- Training on the needs of young women in relation to domestic violence in particular how to broach the subject

Screening

On the whole young women are happy to be asked about if they are experiencing domestic violence if it is done a way which is appropriate.

Workers need to be aware of young women's needs in relation to domestic violence.

Young women want to have time to develop a trusting relationship in order to disclose.

Community Education

Young women say that it is their family and friends that they will talk to rather than professionals, but it is the experience of those women who have done this that sometimes they are not taken seriously, not believed or judged.

There is clearly need for work in communities to enable communities to react appropriately.

A Tailor made Service

Young women identified the need for a confidential specific service which could support them with a mixture of one to one support and groupwork.

Background Information

The Social Exclusion Unit's report on Teenage Pregnancy (1999) highlighted the need to reduce the risk of long-term social exclusion of young parents and their children. The action plan, set out in the report, recommended that 20 "Sure Start Plus" programmes should be set-up in areas of high rates of teenage pregnancy. Leeds was one of the identified areas. Womens Health Matters (WHM) were asked to undertake this project and in May 2001 the Sure Start Plus project was launched as part of the package Leeds had put together to support teenage parents. The project is known as 'Include'.

Womens Health Matters

WHM works with women across Leeds, using community development methods, to enable them to make choices about their own and their families' health. It is an independent voluntary organisation run by women for women, which was set up in 1988. The organisation aims to offer a service promoting a holistic approach to health. WHM believes it is essential to listen to the concerns of women and recognise that women are experts about their own health.

WHM gives priority in its work to women in disadvantaged areas in the city and to groups of women who experience additional disadvantage because of age, race, class, disability or sexual orientation. It also works with service providers to improve services. WHM defines "community development methods" as:

The active involvement of women in issues which affect their lives. It is based on the sharing of power, skills, knowledge and experience.

WHM believes that in communities women should have the opportunity to decide their own health priorities and create their own solutions, challenge inequalities, and involve those that are normally excluded from resources or service planning.

Include

This study was undertaken by one of the Include Advisors.

The main objectives of the service are these Sure Start Plus objectives:

Personal support and advice for teenagers who discover that they are pregnant, so that they can make responsible and well informed decisions according to their individual circumstances;
Co-ordination of a new support package for young mothers, tailored to individual needs, to help them with such matters as healthcare, parenting skills, education, childcare and housing;
Reshape existing services to make them more user-friendly and effective for teenagers, especially those who are pregnant.

Filling gaps in services

Sure Start Plus has a number of targets aimed at improving the life chances of teenage parents and their children, this research specifically relates to the following targets:

- reduction in incidence of family break-up;
- reduction in incidence of domestic violence;
- decrease in percentage of children of teenage mothers and fathers registered on child protection register.

LIAP

Include was helped and supported to undertake this project by LIAP, which is part of Leeds Community Safety, Leeds City Council. LIAP was established in 1990 to work in partnership with agencies and communities to improve responses to women and children experiencing violence from men they know.

Introduction

Why Research Teenage Parents and Domestic Violence?

Teenage mothers and pregnant teenagers are a particularly vulnerable group of people in our society. Young women who become pregnant come predominantly from those sections of society which are the poorest and most socially excluded. Young women who are or have been in care are disproportionately represented among teenage mothers, as are young women who are non-attenders or poor achievers in education. Add to this the considerable family and financial stresses, which very young motherhood brings and it is easy to see that these young women face many barriers to accessing support when they are experiencing domestic violence from partners.

In discussions at the Leeds Teenage Pregnancy and Parenting Forum face to face workers, supporting teenage parents and pregnant teenagers, identified the prevalence of domestic violence among their clients as well as gaps in services to support these young women. As a result of this Include worked with LIAP to put together and deliver training for workers on this issue.

It quickly became apparent that there had been little, if any, research undertaken in this country on the specific issues for teenage women experiencing pregnancy, parenting and domestic violence. All the limited literature found was from the US.

What do we mean by domestic Violence? Facts and Figures

Violence against women and children is a serious social, criminal and human rights issue. Domestic violence takes many forms. It includes physical assaults, sexual and psychological abuse and financial exploitation. It may appear mild or can be extremely severe. Often the violence can increase in severity over time and it can continue for years.

In an analysis of 10 domestic violence studies by the Council of Europe it was concluded that 1 in 4 women will experience domestic violence at some point in their lives. (Council of Europe 2002)

Men are the main perpetrators of domestic violence. 81% of domestic violence is violence by men against women. (British Crime Survey 2001/02)

Between 2000 and 2001 42% of women who were murdered in this country were killed by their partner or ex-partner. In this year the actual number of women killed was 101. (Criminal Statistics, Home Office 2000/01)

Not just teenage mums...!

Men perpetrate violence against women, regardless of background, religion, culture, class, age, and sexuality (Hague & Malos 1993, Walby & Allen 2004). It is important to state that domestic violence is not something that only teenage mothers/pregnant teenagers experience. However, this study specifically examines domestic violence from their perspective, because this group of women are particularly vulnerable and face additional barriers to obtaining the support, advice and understanding they need.

(Statistics courtesy of Leeds Inter-Agency Project).

The research base

This section is an exploration of the work already conducted into the area of teenage pregnancy and domestic violence will be undertaken. There has been limited investigation in the UK into domestic violence and teenage pregnancy, but some work has been produced in the USA and Canada. In the UK there has been some domestic violence research, which although doesn't refer directly to teenage mothers, is useful for a general understanding of the issues.

Bewley et al in *Violence Against Women* (1997) commenting on pregnant women generally states that:

“violence often starts or intensifies in pregnancy”

and that:

“more women suffer domestic violence than gestational diabetes and pregnancy induced hypertension. Domestic violence is associated with an increase in the rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death.”

The NSPCC (National Society for the Prevention of Cruelty to Children) recently published *Teen Abuse Survey of Great Britain 2005* yielded some interesting but shocking results about the prevalence of domestic violence in young women's lives in the UK. The study involved 2000 teenage girls with an average age of 15 from across 10 different television regions. The results indicated that:

- 43% of teenage girls believe that it is acceptable for a boyfriend to be aggressive towards his partner.
- 6% of the participants also believe that it is 'ok' for a boy to hit his girlfriend.
- 2% said that they could 'understand' a boy forcing his girlfriend to have sex in some situations.
- 40% of all the girls surveyed said they would consider giving a boy a second chance if he hit them.

Two thirds of those who said it was ok for a boy to hit his girlfriend think cheating on a boy gives him the right to get violent to his girlfriend.

These beliefs about the acceptability of violent behaviours from male partners are reflected in teenage girls' actual experience of violence.

- 16% reported being hit by boyfriends,
- 15% being pushed and 6% forced to have sex.

A significant number said that they would be prepared to give their boyfriend a second chance if he was violent towards them.

- 20% of the girls who had experienced violent behaviour had ignored the abuse altogether. (NSPCC 2005)

In 2001 Include carried out some research into young women's experience of pregnancy and parenthood in Leeds. 80 young women filled out questionnaires. The young women were asked to describe their relationship with the baby's father and/or their partner:

18% said they had violent rows with baby's father.

A further 16% described their relationship as arguing quite a lot with baby's father.

This is probably an underestimate, because many of the participants had their partner present while they completed the questionnaire thus making disclosure less likely.

Studies from the USA and Canada highlight the fact that violence from partners begins or intensifies during pregnancy and motherhood. An Alaskan Study (Olenick 1999) of 910 new teenage mothers in 1999 found that 1 in 10 had experienced physical violence during pregnancy or shortly after giving birth, and those aged 13-17 were twice as likely as mothers aged 20+ to experience violence after birth. An estimated two thirds of babies born to mothers under 16 were as a result of second degree statutory rape.

Wiemann, Agurcia, Berenson, Volk and Ricket (2000) found that 86 out of 724 (11.9%) of young women under the age of 18 had experienced physical assault by their partners during pregnancy. Rates of abuse among pregnant young women have also been found to be consistently higher than those for pregnant adults (Wiemann, Agurcia, Berenson, Volk and Rickert 2000) suggesting that teenagers may be particularly vulnerable to violence.

Nicarthy (1991) suggests that abuse may historically have been overlooked because young people's relationships are generally viewed by adults as transient and unimportant. It is also important to remember that when two young people have a child together their relationship cannot be transient or unimportant.

Parker (1993) suggests that it is more difficult for young people to identify abuse and extricate themselves from abusive relationships because of a lack of life and relationship experience. For example, a young woman may interpret jealous and controlling behaviour as an indication of loving devotion (Gamache, 1991) and may be prepared to modify her behaviour, even if this means becoming isolated from friends and family in order to retain the relationship.

Violence at any point in a woman's life is a significant concern for both society and professionals because of the associated risks of physical and mental health problems and even death. (Sutherland, Bybee and Sullivan, 1998). In pregnancy and motherhood the concern also extends to the unborn child or the infant. Pregnancy and the early postpartum period is a time during which young women regularly visit health care providers. These visits provide an ideal opportunity for the screening of teenage mothers and pregnant teenagers for violence. (Wieman, Agurcia, Berenson, Volk and Rickert 2000.)

Several studies have indicated that screening tools which incorporate specific questions about violent behaviours are more effective in eliciting disclosures of abuse than generalised questions about experiences of 'abuse' and 'violence'. (Covington, Dalton, Diehl, Brent, Wright and Piner 1997).

In Leeds a project was developed jointly by the obstetric/midwifery department of the Leeds General Infirmary (Leeds Teaching Hospitals NHS Trust) and Leeds Inter-Agency Project, to develop an assessment tool for domestic violence. The final report of the project recommended "that the assessment tool be drafted into general antenatal usage in its present format and that routine enquiry into domestic violence is therefore initiated".

These studies see identification of abuse as a key to providing appropriate support. They recommend screening is conducted at all visits to health care services because some young people who do not disclose on their first visit may disclose at later opportunities when they feel more comfortable. (Scheiman and Zeoli 2003). Scheiman and Zeoli (2003) suggest that because young people have limited life experience they may not be able to define what they experience as abuse despite being hit or threatened by partners. Other research suggests that young people who have been abused earlier in life may simply view violence as a usual

part of life and something to be endured. (Parker 1993). Other authors indicate that violence is not being detected because practitioners do not routinely screen for it. Parsons, Zaccaro, Wells and Stovall (1995) study of the screening practices of obstetricians and gynaecologists revealed that a majority do not screen for violence. Physicians and nurses identify a lack of training and education as barriers in preventing initiation of screening for violence. (Glaister and Kesling 2002).

Recommendations have been made for good practice in this area of work. Scheiman and Zeoli (2003) suggest that it is essential that staff working with this client group have contact details and referral information about support available from other agencies to make available if violence is detected. They also identify the necessity of a safe and supportive environment to facilitate disclosure. Parker (1993) emphasises the importance of a friendly and non-judgemental attitude when approaching discussions about abusive relationships and suggests that such discussions should take place in a private room where the young person is assured of confidentiality. She also suggests that young people may feel they need to retain their relationship in order to survive and provide for their child. Interventions could involve assisting them to look realistically at the strengths and weaknesses of the relationship and facilitate the development of other aspects of the young woman's life. Assistance in identifying possible courses of action to help extricate her from the relationship or cope better within it may also help the young woman. If she decides to stay in the relationship, it is critical that the intervention strategy involves focusing on methods to enable her to identify signs of imminent violence and develop strategies to protect herself. Parker (1993) says it is essential that due consideration is given in circumstances where women are preparing to leave to the fact that women are in the greatest danger immediately after they have left a violent partner. Staff should help to ensure that any strategy to leave is thoroughly planned in order to avoid the need for any last minute crisis. (Hart 1988)

The Methodology of this study

Information for this study has been gathered from: professionals working in the field; young mothers/pregnant teenagers; and older women who experienced both pregnancy and domestic violence as teenagers.

This study was carried out using both qualitative and quantitative research methods in the form of questionnaires and in-depth interviews.

Initially 6 professionals were interviewed all of whom had experience of working with teenagers through pregnancy and motherhood. These interviews explored the factors which impact on support work with this client group and identified workers' perceptions of what constitutes successful approaches to this work. As existing research concentrates almost exclusively on the experience of medical professionals working in this area, this study contributes to the existing body of knowledge and understanding in this area by providing an insight into the experiences of both medical and non-medical professionals. Workers from housing, health, education, the voluntary sector and a statutory agency were interviewed. The participants included a Learning Mentor from Education Leeds, a Community Worker from a Sure Start scheme, a Housing Support Worker, and a Young Women's Community Worker and two midwives (one working in the community the other in a hospital).

Finding workers to agree to be interviewed was harder than anticipated. Workers seemed particularly nervous being interviewed by a fellow worker in case they 'got it wrong'. The consequence of this was that the workers that did agree to be interviewed were perhaps more confident and aware of the issues than a random sample would have been.

Four interviews were conducted with women who had experienced violence from partners as teenage mothers/pregnant teenagers. The aim of this was to talk to women who could reflect on their experience of violence and for whom the violence is no longer a live issue.

The original plan was to interview teenage women about their experience of domestic violence. It quickly became apparent that this would not work, because although they may have left the situation, there were often other issues in the young women's life that made them too vulnerable to be approached. It was, therefore, to do a general questionnaire on the subject of domestic violence (see appendix 3) which was filled in by teenage mums generally. This was not specifically targeted at the young women who had experienced domestic violence. This proved a successful way to look at domestic violence with the young women. Twenty-five young women completed the questionnaires.

All, but two interviews were recorded using a voice-activated tape recorder and a plug-in microphone. Two women felt too intimidated to speak on tape and so hand-written notes were taken. The professionals' interviews were semi structured but with a great emphasis on allowing a free flowing conversation. The interviews with the women were largely unstructured as it was felt that it was important to hear what they wanted to say and make it more relaxed rather than ask structured questions. The women were told the aims of the study so that they knew what information to share.

Ethical considerations

The central ethical concern for this project was the protection of the interviewees' anonymity and confidentiality. It was essential to give a commitment to ensure individuals' comments would not be identifiable from the final report. Only the two women interviewing knew the real identity of the participants and no names have been used. All interviewees were treated in a respectful manner throughout the research process and were thanked for their contribution to the process. Interviewees were also made aware of their right to withdraw from the research at any point.

The young women's questionnaires were all anonymous and placed in individual sealed envelopes. None of the young women were clients of the researcher.

Pilot Study

The interview questions for the professionals were piloted with another worker from Include. Several changes were made to the interview questions as a result of the pilot including the insertion of new questions and the reordering and rewording of others. (See Appendix 1)

All taped interviews were transcribed using an accurate note taking method. Pauses and inflections were not included. The two non-taped ones just the important points for the research were noted as we felt it was important to make the women more relaxed and less like a formal interview.

The questionnaire was piloted with an 18-year-old pregnant young woman to make sure it was clear and easy to understand.

Findings

Prevalence and impact of domestic violence for teenage mothers and pregnant teenagers

Over 50% of the young women who completed the questionnaire said that they knew another young mother who had experienced domestic violence. The workers responses ranged from: "every single young woman I have worked with has experienced some form of domestic violence...specifically from a partner..."

to one worker who had never worked with a young woman who had experienced violence from a partner:

"with teenagers in my experience the violence has come from a parent rather than a boyfriend. I had two episodes with parents"

The women described the violence they had suffered:

"I were thirteen... we went out for about five years actually'...it started off with little things. He cheated on me and I found out ...he tried to humiliate me all the time. We were once in a pub and he wanted to go clubbing and I didn't want to go so that's when it started, I walked off and he come up behind me and he punched me right in the back of me legs, back of me knees and I went flying and he sort of laid into me a little bit. Booted me in the head things like that. Not so much where it left big bruises... Later we had things like he burnt me with cigarettes...at the top of me arms...nobody noticed. I've had pints poured over me head in pubs, you know, just to show me up and the worst that's when he urinated on me."

One woman described how her boyfriend frequently raped her:

"He used to make me have sex... well, I wouldn't call it sex because I didn't want it...He used to do it when I was asleep...I didn't know at the time he was actually raping me...that happened quite a lot."

Later on she went on to say:

"...he even made me do it when I was actually in labour..."

All the women said their partners had been lovely at first but the violence began gradually over time and worsened in severity:

"He was really lovely at first, really charming, all the family really liked him. Then after about a year it started, well, little things at first calling me in front of me mates, like slag and accusing me of fancying other lads, then he'd be really sorry and lovely for a few weeks. Buy me little like, erm, love things you know teddies and stuff... when I found I was pregnant that's when it really started... strangling me and kicking me in the stomach... saying it wasn't his."

Two of the women described how the violence wasn't always there; sometimes their partners were OK:

"When he first found out I was pregnant he changed again really, he was lovely and sweet...that didn't last... I remember being in a taxi queue and he kicked me in the back if I'd of turned round he'd of kicked me in the stomach...kicked the baby...later on when I'd had the baby he seemed to change a bit really sweet...but then he had this rolled up newspaper and he used to hit me around the face with it."

"...he could be like really lovely.... that's what was so hard I think...I wanted the lovely bits ..."

Two of the women described how at first alcohol was a precursor to the violence and their partners always said they didn't remember what had happened and were very sorry when they were sober.

Describing the first time he was physically violent when drunk one of the women said how the next day he denied any knowledge of the violence: *"...but he knew he had £5 missing from his pocket... funny that isn't it?"* This really highlights how men can hide behind alcohol to excuse their violent behaviour.

"After a couple of months he didn't need the drink to be violent, he'd do it anytime."

The emotional abuse faced by the women was described by some as being the worst aspect of the violence:

“He made me feel like I was mad, that was the worst ...not the beatings ...going mad he told me, I never went out much. Well, I couldn’t. I liked to go to get the baby weighed, Wednesdays it was, then I’d go see my mum. This one time he locked me in the house on a Wednesday so I couldn’t go. Said I couldn’t be trusted. I had to lie to my mum, said I wasn’t feeling well. Anyway when he came back he asked about [name of baby] weight I said you locked me in...he said I was mad and of course he didn’t...he kept repeating it saying I was mad...I was mad. By the end of it I didn’t know if I’d been locked in or not...messing with my head all the time.”

In order to tailor support services to the needs of young mothers and pregnant teenagers experiencing violence, workers need to understand the impact of domestic violence on young women’s lives. All of the participants recognised that pregnancy and motherhood in teenage years could cause low self-esteem, leaving young women vulnerable to abusive relationships. Violence and abuse then undermines their confidence and self-esteem further making it harder for them to develop their lives in positive ways:

“...it gives people a low self image, but one that kind of makes itself true, because they cannot actually get that effective in what they are doing because they are so tense and worried about all these different things all the times.”

One worker suggested that the pain caused by domestic violence can force women to put up defences and distance themselves from sources of potential help in order to keep themselves safe and avoid criticism:

“...they have got hardened and armoured... then they find it very difficult to relate equally to professionals... they are more likely maybe to get defensive, or they will be really worried or guilty about that...or it will just set them off on the wrong foot all the time with all these different professionals.”

Experience and understanding of the physical and mental health affects of domestic violence on young women also impacts on a worker’s approach to support work. One of the workers described a young woman who required extensive medical treatment after having her face slashed by her ex-partner. Another worker was acutely aware of the potential fatal consequences of domestic violence.

“There are two women die a week by a man, a partner, murdered by a man they know, by a man they know...”

Workers also recognised the risks to their client’s unborn child.

“I’ve worked with a few women who’ve been pregnant and because of the father, they’ve miscarried because the man has beaten it out of them.”

Awareness of the considerable psychological consequences of domestic violence where young women can be left feeling worthless and despairing and struggling to continue with their lives also impacts on the support work with this client group.

“She lost the will to really carry on with her life because she was traumatised’.

The workers felt that the consequences of domestic violence on young women themselves can also impact on their work. Because some women who have been abused develop a need to protect themselves fervently in order to survive, they can become reluctant to trust other people, including their support worker.

“...like when women are that hardened and that armoured because of what’s going on in their home, it’s very difficult then as a worker to break through that.”

Some women are also so fearful that their children will be taken into care by Social Services that they will make every effort to ensure that they conceal the abuse. Consequently it becomes very difficult for workers to provide meaningful support to the young woman around any issue.

Understanding of Domestic Violence

The young women completing the questionnaire had a good understanding of the term (see Appendix 3 v).

Two of the women interviewees described how it wasn't until years later that they realised that what had happened to them was violence. They didn't tell anyone, because they thought it was part of life:

"I never really told anyone because at the time I thought it was normal really.... It was years later before I realised it was actually rape."

"Because it was emotional stuff mostly, he'd always make me think it was me, not him. Like I was crazy.... It wasn't until I went on this domestic violence course four years later...and I thought 'oh my god that's me', I was, like, really shocked."

"I didn't actually tell anybody because to me even now looking back, I didn't... I mean I know now it was violence, but then I didn't think that was violence. I know I didn't like it and I know I didn't want him to do it, but because it was more messing with my head and taunting me... the punching and the kicking weren't that regular so I didn't see it as wrong."

Support workers' understanding of the meaning of domestic violence is critical to their attitude and approach towards the issues that pregnant teenagers and teenage mothers experiencing domestic violence may present. The workers interviewed shared a broad understanding of the forms of abuse constituting domestic violence such as physical abuse, sexual abuse, emotional abuse and financial abuse.

"...any abuse perpetrated by a known man upon a woman. It doesn't need to be physical as many people think. It could be either- it's always psychological, even if any other forms exist, psychological is, a lot of women say the worst. But it can also include financial, physical, sexual. Anything that anyone would term as abuse."

One worker however said that her awareness has grown with doing the job and training.

"Initially really, until I became involved in this type of work, I thought it was like, it happened in the home...and it was male beating female really."

This highlights the need for domestic violence training for all new workers so that they can start off with a good awareness of the issues.

The workers had a shared understanding that domestic violence exists in all elements of society and is not culture specific. Workers did however talk about the ways in which they perceived that cultural differences could impact on the responses of Asian and Black women to domestic violence.

"And what we found with the African-Caribbean community was, they don't access services, like refuges, because it's a bit stigma thing, you know, proud."

"...I do know that domestic violence is everywhere and not restricted to one particular ethnic minority. But one thing I commonly hear from young women from the ethnic minorities is that it is seen as OK because they saw their mum go through it..."

Although this worker identified that domestic violence happens to all women, some workers did make generalisations about specific groups.

Some participants highlighted domestic violence as an issue about control and specifically about the control of young women by young men.

[there is] "...this underlying disrespectful attitude towards women." This worker goes on to explain that even the way the 14-year-old lads talk to the girls "...you can see the look in their eyes and where the power is..."

The workers also talked about domestic violence varying in severity.

"...sometimes it could be very controlled little things and other times it can be very severe where women don't have access to things, not even their GP, everything is very controlled."

The violence was often introduced slowly over time and gradually escalating.

"The form of domestic violence what sometimes happens, you might meet a partner, be very nice to you and slowly but surely things start happening. Saying things to you, calling you names or just putting you down a little bit. But not a massive put down. Then it could get worse, accelerate on to physical violence."

The control exercised upon women in domestic violence situations leaves women feeling trapped and unable to remove themselves from the relationship.

"Cause a lot of women are trapped. Especially if the partner's controlling the money, controlling what they do."

One worker commented on the increase in domestic violence during pregnancy:

"We can see an increase in domestic violence during pregnancy."

Workers' perceptions of their clients' understanding of domestic violence also impacts on the way workers approach the support of young women. All of the workers talked about the perception that their clients do not identify their experiences as violence or abuse. Instead young women discuss their experiences in general conversation without any indication that they see any thing wrong with their experiences:

"...not necessarily see it as a disclosure, but just in general conversation. Something that I, or the team may find a bit horrifying. And they just don't see it as anything."

This obviously causes concern for workers. Do the young women really feel that the violence is a usual part of life or are they questioning and testing your response to see if it isn't acceptable and wanting the workers help? This highlights the obvious importance that workers should never let a disclosure go, no matter how matter of fact the women discloses it.

Two workers interviewed felt that gender positioning in society impacts on the way young women perceive their experiences of violence in relationships. The workers also identified the impact of young women's peers on the way they come to understand their experiences. Because violence in young women's relationships is so common it is often seen as a part of normal life. There is also a tendency for young women to justify their own and their friends' partners' violent behaviour as an acceptable response to what they see as their own unacceptable behaviours:

"My boyfriend hit me because I did this wrong, therefore, it's ok because I shouldn't have behaved like that and then their friends say, 'oh well if you wind him up, you kissed that other boy and what do you expect?' "

"Sometimes teenagers just fight..."

In discussions with professionals this phrase or something like it comes up time and again.

Two of the women talked about how they felt their family particularly were aware of the violence, but that no one got involved:

"I mean we were once arguing in his house, and his mum and dad got a hold of us and threw us out ont' street and said ' We are not having fighting in this house, you'll have to go and fight int' street.' "

Some professionals don't see the violence as they believe 'they are both as bad as each other.' One woman interviewed shared this:

"It were a boisterous relationship that's how they saw it. I were as bad as him, how could they [think that]? I didn't pour pints over his head, I didn't urinate on him; I didn't attack him with cigarettes."

A number of the workers spoken to did discuss the fact that young women and their partners do often seem to be fighting both physically and verbally with each other. Obviously in any relationship couples argue but are potential warning signs sometimes been missed:

"Its hard to know sometimes, well, I had this one girl and they were always fighting with each other, shouting and pushing each other around but she well, gave as good as she got."

"The thing is, with the young girls they do have rows with their boyfriends don't they? They come in and say; 'we are not speaking'. You know they're falling out. And obviously it was a bit of a tiff..."

Recognition and Screening

The young women completing the questionnaire were predominantly happy to be asked whether they were suffering violence. 15 answered yes, 6 answered no and 4 wrote that it depended on who was to ask them, however, only four had been asked during their pregnancy.

When asked who they would talk to about problems in their relationships 19 out of the 25 said family and friends.

None of the women who were interviewed had been asked by any professional if they had been experiencing domestic violence in any way that was recognisable to them:

"During my pregnancy I don't even remember really being asked about my boyfriend in any way much... I did live at home with my mum and he never come with me to the hospital or anything...no real questions at all about him specially nothing about what he did to me."

When discussing friends and peers one woman said:

"He tried to humiliate me all the time...like pints poured over my head in front of people."

Asked if the friends ever said anything:

"No they all sort of put their heads down. Cause we were all sixteen, seventeen years old. No one knew how to handle that, no one got involved."

One woman when asked what she would have said if someone had asked if she was experiencing domestic violence:

"I'd have told them I give as good as I get. The only thing I don't like is him cheating on me. That's the thing I really wanted to talk about."

Another woman raised the issue of cheating partners and said that that would have been a good way of beginning to talk to them at the time about their relationship:

"If someone had asked me about the relationship I would have talked about the cheating... who knows if I'd have had the trust I might have gone on to talk about the other stuff... well some of it...definitely I think, if there was a trust."

Trust was crucial to all the women when they talked about being asked about domestic violence:

"I didn't feel very trusting of anyone at the time, probably because of what was going on. But I remember feeling near the edge all the time as well. I think if someone was nice and showed like I could trust them and not like they were judging me, I might have said something... trouble is as well, things like that take time, people don't seem to have time sometimes."

One of the women said she was desperate for someone to notice what was going on:

"The trouble was he never let me go on my own... he was always there like a guard dog, sitting close and that. They wouldn't have seen me on my own to ask me a question like that... I was desperate for someone to realise...scared that the beatings would kill the baby,

really scared. I went to the hospital a lot at the end with complications... I remember one woman saying how lucky I was at my age [eighteen] to have such a supportive boyfriend."

One woman said if she had been asked then she probably would have said something:

"I am the sort of person that I do think I can talk to people, I think if they had asked me I would have told them...the midwives just seemed to be more interested in the baby at the time... if they had asked me about the relationship I think I would've told them, but because they didn't ask I didn't offer."

Several workers acknowledged that domestic violence can be difficult to identify for a number of reasons. For example, there are no physical indications of emotional abuse making it harder to identify or 'unpick'. Identifying emotional abuse can also be complicated by the young woman's perception of what is happening.

"...because emotional abuse messes with your head, it's really hard to know that it's happening to you.... Is it just me or is it him...?"

Sexism and conditioning within society can also be a barrier to workers' abilities to identify some behaviour as abusive:

"... I mean women; they're up for grabs, kind of thing. And it's all the porning, advertising and double standards around sex. So massive cultural things."

Some of the workers interviewed said that they intentionally avoid using language such as 'abuse' or domestic violence' in order not to alienate their clients. Some said that it was important just to ask outright.

Why don't young women disclose domestic violence?

Answers to this, from the questionnaire, fell into two categories:

- a fear of the worker breaking confidentiality leading to the violent man becoming aware that she has 'grassed'
- her children would be removed and she would be seen as a bad mother

In the written interviews one woman explained there was nobody who she could tell. She explained: Her family all liked him because he was charming. There was a bit of 'well you have made your bed' attitude as well because she was pregnant so young. She didn't want to bring anymore shame to them anyway after getting pregnant at 17. She felt that saying anything to her midwife was out of the question because she felt judged just by being a young mum anyway. She always felt that the midwife thought she was a 'stupid little kid'. She was also too scared to say anything in case they took her child away when it was born. She felt she always needed to show because of her age that she was the best mother ever, always wanted to look like she was confident at everything. Telling the health visitor, for example, that she was in a violent relationship was impossible. *"I couldn't even ask for help about colic in case she thought I was a bad mother."*

Two of the woman described how they had spoke about it with friends, but hadn't been taken seriously:

"and she said to me 'oh they're all like that he's probably just worried that you will leave him'."

The other woman described:

"They just didn't believe me. He was a really great mate to have and they couldn't believe that this fantastic mate wasn't so fantastic in a relationship. I told this one friend and she said 'well that's now't and trivialised it and that made me feel like maybe it was me. I hadn't been in many relationships so I didn't know what was normal and what wasn't normal...then I thought it was my fault...that I exaggerated."

One woman described how even to this day she hasn't properly talked about all of her experiences:

"I told nobody, really. Even to this day, only, obviously I've told my husband a little bit of what's gone on. But not the really bad bits."

Another woman described how she felt her age, and people's views of young mothers put up barriers to her talking about the violence:

"It felt like everyone thought that I was some silly kid... not everyone, my midwife was lovely, but mostly I felt judged... in the waiting rooms and stuff like, she's far too young to be having a baby...you could feel the stares. It makes you more determined to get it right and prove them wrong...I felt talked down to, like I was at primary [school. So to say 'oh by the way my boyfriend uses me as a punch bag' wasn't going to happen... Except maybe the midwife I will never forget her."

One woman said she didn't know what a relationship should be like then so she didn't know it was wrong:

"I was naive; I hadn't had many boyfriends then. I didn't really know what a relationship should be like. I thought it was just me."

Two of the women talked about the fear of what would happen if someone found out about the violence:

"I know now, but at the time I was really worried about people finding out because I knew it would make him worse. I was scared if he found out other people knew he'd proper kill me, and I mean really kill me. And you are scared of what people might do and say, scared of social services and people thinking you shouldn't be allowed to keep your kids... especially being so young."

"I was scared if he found out that someone knew, of what he would do."

One women in the written interviews said how because her mother-in-law always came to appointments with her, the professionals *"always talked to her not me like I was invisible...think because they saw me as being too young."* As she never had a relationship with a professional she had no way of talking to any of them.

How should workers approach this issue, what works/helps?

The young women completing the questionnaires were asked how they thought workers should ask the question of domestic violence (see Appendix 3). They overwhelmingly wanted to be asked about the state of their relationship. Thus the topic would be part of a whole conversation, without stigma and giving them some control about how and when to disclose.

The participants recognised that workers' own concerns and anxieties can impact on the support work they provide. One worker talked about her experience of midwives who operate a policy of screening for domestic violence. Her perception was that midwives sometimes do not screen because they feel awkward about coldly introducing a discussion regarding domestic violence into what is for many women, a wonderful experience.

"...they are really happy they're having their baby and they are in love with their partner and it's not anything that they've thought of so, I guess they are a bit fearful of someone's reaction to being asked really."

Another worker acknowledged that asking young women if they are experiencing violence can feel intrusive:

"I think we beat ourselves up as well and it becomes the issue we have with ourselves and sort of 'I hate to ask', it's a bit intrusive, it's a bit, well I wouldn't like someone to ask me."

However, one worker felt it was important just to be forthright about the question to make it 'normal'.

"I think it is important even if we don't suspect it, we should bring it in as part of their social history. It just becomes normal."

The workers interviewed also talked about their perceptions of effective approaches to support work. For example, one worker saw listening to her clients concerns and experiences as a key to supporting them.

"...But what I would do hugely is listen because that's what they need, especially when a woman first discloses..."

All workers talked about the importance of empowering young women through the provision of information about the options and services available to them. One worker identified the need to help young women assess the dangers and possible consequences of particular courses of action.

"If she goes away for a week, comes back, he could be full on. 'Where have you been?' Also, if she comes back and decides she doesn't want to be with him, erm, she's going back into a dangerous situation really, because he will be that much more angry. So looking at that, that's something we've got to think about as well."

A worker whose work consisted predominantly of work with groups and had limited time for one to one support, aimed to assist the young women to get appropriate support by signposting them to other services and then ensuring that they received that support. Several of the workers highlighted the need to enable their clients to develop their lives and build their confidence.

"Got to build on the woman's confidence because services are not always there...at the end of the day, agencies can only be there for so long. Nine to five, nine to ten. Ten o'clock, you're on you own. So, they've got to get on with it... Letting them know, building self-confidences... Got to build self-confidence..."

All of the workers interviewed saw the development of a trusting relationship with their clients as a critical element in enabling them to talk openly about issues in the young women's lives. They highlighted the need to discuss confidentiality and the boundaries to confidentiality fully at the beginning of the relationship, so their clients could feel comfortable and safe enough to discuss domestic violence with full knowledge of how that information would be used. One worker talked about her approach of asking the young women specific questions about experience of domestic violence during the initial assessment but was unsure whether this was standard practice in her workplace. Another worker however felt that such a strategy would be likely to alienate a young woman and impact negatively of the chances of building a relationship.

Participants varied in their perception of effective approaches. When asked about whether or not they would directly address a situation in which a young person presented with a bruise on their face but where no domestic violence had been disclosed; one worker felt that asking would be a way of communicating care and giving a clear message that violence is wrong:

"You're showing her that somebody cares and somebody's asked and it's [the violence] obviously wrong for them to be asking and showing that care."

Other workers said their approach would depend on the individual woman, their perceptions of the likely impact of addressing the situation directly and the level of concern they felt about the situation. The workers who stated that they would ask, highlighted the importance of asking in a sensitive and appropriate way:

"...ask in a way where it's not sort of, 'you're wrong'; because I think women fear that hugely."

Another worker said she would try to encourage the woman to discuss any domestic violence issues with her by mentioning:

"...things that show that I've got a link with domestic violence as an issue, to show that I might understand it, so if they want to come forward and talk about it I might be someone they could talk about it to."

The interviews also explored workers' perceptions of effective approaches in situations where domestic violence is either directly disclosed or they become aware of domestic violence

issues through group work or conversations with young women. All workers said that if they became concerned about something that had been disclosed to them they would discuss their concerns directly with the young person. One worker said that although they would aim to inform the young person of their intended action, they would not do this if they felt that by doing so they would increase the risk to a young person or child.

The workers interviewed identified education as an effective intervention with young women who disclose or talked about abusive experiences in relationships. Several workers said they would run group sessions to look at acceptable and unacceptable behaviour and power imbalances in relationships. Another worker said she would share her own views and opinions about how relationships should operate with young women:

"...You shouldn't be expected to give up your family... you're supposed to be together, it's not about him dictating to you. He's telling you not to listen to your friends and family, but listen to him? That's not what relationships are about."

The workers felt that through education work of this kind young women may have a better chance of recognising the signs of domestic violence in future relationships. One worker said that young women in domestic violence situations often feel that they would be unable to cope on their own and consequently feel unable to leave violent relationships. She believes approaches which counter such negative beliefs are essential parts in helping young women see that they can manage alone:

"We got her benefits, got her money, showed her that she could get somewhere to live. And it was a start, because the brain washing that had happened from the relationship, she didn't even think."

One worker stated that prevention work should begin in schools. Young women and young men should learn about relationships and what makes a good relationship:

"As parents ...we don't say: when you are with a partner, he's not supposed to hit you, he's not supposed to shout at you, he's not supposed to withhold money from you. You are supposed to see your friends and family, he's not supposed to make you choose – 'it's either me or your family'. That's not a partner...it's about a partnership and being appropriate within the relationship."

Several workers highlighted how important it is for workers to ensure that their interventions are supportive and do not put pressure on young women to take a particular course of action. It is also important to ensure that they understand that the support provided to them is not conditional on them leaving the violent relationship:

'...Domestic Violence is so complex, you do need the woman to volunteer, to decide that 'I've made the decision to leave'. And that can not be pushed, it cannot be forced."

Another worker emphasised the importance of avoiding communicating your own feelings of upset or disappointment if the client decides to return to a violent relationship as the possible consequence could be that the woman then feels unable to confide in the worker in the future:

"...that door to that young person is shut because it's like, 'I can't go tell such and such, (who's the youth worker) that I've gone back because she did all that for me and she's going to be upset with me'..."

One of the workers talked about the benefits of community education programmes around the issues of domestic violence. She followed this with:

"I was thinking about the idea of training women who have been through the education programme, around advocacy and assertiveness skills so that they can be a buddying scheme for women who are going through violence, go with them to the police, etc."

One worker said how she thinks a specialist young people's worker would be a good idea:

"I think it is very important that we have a youth worker, which works specifically with teenagers experiencing domestic violence. Because, as I have said before, they very much

are a special group. And I feel the services are not really out there for them individually... They probably would be more acceptable [to them]"

These are a few of the things the women said would have helped:

'Someone that you could go to and talk to, talk to about it, someone with time, away from the family. I did try to tell my friends and family but they wouldn't believe me; they always said 'he's such a great guy'. So someone who didn't know that person and was there just for you, just to listen to you.'

"Someone that I could've related to, who could give me information, someone to tell me that this (what I was going through) wasn't right, that it wasn't normal... I was scared a lot by, like, people with authority... someone who was, I don't know, more like normal really, like [name of community worker] who I see now, because there's trust there and I would've felt safe with her."

"To know more about my rights and practical things of how to leave; I thought I had nowhere to go...I knew there were safe houses and that but I thought I was too young at the time and that didn't seem right. I wouldn't know how to find one anyway."

"I didn't see it was wrong, I needed to be shown what he was doing was wrong and I shouldn't put up with it."

Issues for workers

Working with young pregnant women and teenage mothers experiencing domestic violence can also have an impact on the workers. Although many of the workers interviewed talked about feeling motivated by their work, they were also able to identify negative consequences to themselves. Several workers expressed fears of being attacked by their clients' violent partners. Others talked about feeling they had been hardened by their experiences:

"I'm sort of not surprised anymore. And I don't like the fact that I'm not surprised because I would like it to be where I'm absolutely shocked but you hear that many horrific stories you just..."

Concerns were expressed about the work being emotionally draining and fears were expressed about the potential to become 'burnt out' and unable to continue with the work.

"I worry about my own safety big time and, erm, I worry about getting burnt out from seeing bad stuff too much."

Several of the participants identified being emotionally affected whenever children are involved in domestic violence situations.

Because support work with this client group is complex and potentially distressing, the workers felt that effective organisational support and supervision can impact positively both on their own mental health and on their ability to support young women. Some of the workers received managerial supervision and felt able to approach their managers for support and guidance whenever necessary:

"You can come back and you can say this, that and the other...if I've got any qualms and I'm not sure about anything I can say."

The participants also identified emotional and issue based support from colleagues as a valuable resource.

However, some of the workers said they felt they were poorly supported by their organisation. When asked the question if she felt supported by her organisation she replied:

"I would have to say no, I think the Health Trust in Leeds as a whole, the five PCTs and the Mental Health Trust, have done an extreme amount of work...and developed strategies and action plans. I have to say the Acute Hospital Trust is by no means as forward thinking."

The participants felt that clear organisational policies and procedures had a positive impact in enabling them to work confidently and effectively in their work. Policies relating to confidentiality, child protection and staff safety were considered to be particularly important.

All those interviewed felt that they had a clear understanding of the content of their organisation's confidentiality and child protection policy and were aware of the procedures for applying these policies to their work. Staff safety was identified as a critical factor impacting on workers' confidence in supporting women living in domestic violence situations. Some organisations have effective policies and procedures established to ensure worker safety:

"We've got safety measures, we've actually got a phone with a crisis number on, when we go into a visit we're supposed to put where we are going. If we don't answer our call and put our security number in when the phone calls us the manager will be alerted. I like that here."

However, one worker felt that her organisation had inadequate safety measures and that she was frequently working in unsafe situations in the course of her day to day work.

Training and awareness of domestic violence issues was considered to have a significant impact on workers' abilities to work appropriately and sensitively with this client group. Most of the participants had received extensive training on this issue in either current or previous jobs and felt sufficiently well prepared to work effectively in the field. One worker felt that she had received training early in her career but was so stretched at work, hadn't been able to attend more she felt she needed:

"...probably more regular training on a mandatory basis, like we do everything else..."

The participants also identified a lack of awareness around domestic violence issues amongst staff from other agencies, who they deal with in the course of their work and this was felt to have a negative impact on their efforts to support the young women:

"I really get angry that professionals don't deal with it properly, they can be blaming women and all the rest of it...especially when all the LIAP stuff [domestic violence training] is available."

Another worker stated there needed to be mandatory domestic violence training particularly amongst statutory agencies:

"It's a lack of awareness ...it's not all organisations...not particularly voluntary... Benefits Agency, Tax Credits, Housing... Public sector organisations: they have no awareness at all."

One worker stated that as well as specific domestic violence training some of the organisations needed specific training on speaking to young people, particularly pregnant teenagers:

"Mostly people have a negative view of young women with babies, the number of times clients have told me how they feel stared at and judged, I see it for myself all the time when I'm with them and the professional talks to me rather than her."

One participant felt that her confidence when working with young people who were experiencing domestic violence could be improved by further training generally and specific training on:

"...practical strategies of, of working with young women who don't believe they're going through domestic violence. And how do you go about talking through some of those issues."

Conclusions

Although domestic violence happens to all groups of women in society, this study has shown that young women face additional barriers to obtaining the support, advice and understanding they need and are a particularly vulnerable group due to their age, society's attitude toward them and their life experience.

An understanding of domestic violence

The workers interviewed had a broad understanding of the issues of domestic violence. This appears to have been developed from attending good training courses and a genuine interest by the workers to understand the issues. However, some workers were frustrated in their day to day work by the lack of understanding by other professionals, especially in the statutory sector and how this is a barrier for all women who are experiencing domestic violence and makes the worker's job frustrating. The interviews with the workers highlighted a need for all agencies working with the public to have domestic violence training for all of their new staff so that they can start off with a good awareness of the issues.

The young women in the questionnaires demonstrated a clear understanding of what domestic violence is. None of the young women felt that physical or sexual violence were acceptable which is a significant difference from the national statistics collated by the NSPCC. This difference could be due to a number of factors; for instance these are young women who are already in contact with services and are therefore more aware of these issues; or there is already good education work being done with young people around this issue.

It seems that some young women find it hard to relate the theory of domestic violence to their own experience. From the interviews, with both with the women and workers, there is evidence that some (but not all) of the young women do not identify themselves as being in a violent relationship. It can be hard for a woman to acknowledge that she is experiencing domestic violence regardless of age or situation.

Both the workers and the women talked about the complexities of psychological violence. Four out of 25 of the young women who filled out the questionnaire felt psychological violence was a 'normal' part of a relationship. Psychological abuse was seen as one of the hardest things to unpick and identify. The prevalence and widespread acceptance of this form of abuse do not mean that workers should also accept it. This highlights a training need for workers which explores the complexities of psychological violence.

Disclosure of violence

Workers observed that young women often disclose domestic violence in a matter of fact way, in general conversation, without any indication that they see anything problematic with their experiences. There could be a number of explanations for this: do the young women really feel that domestic violence is a usual part of life; or are they testing workers responses to see if it is acceptable and really want help? It must be remembered that all the women who completed the questionnaire knew what domestic violence was. The women in the interviews highlighted the fact that they had often had negative responses from family and friends when disclosing their experiences, so perhaps disclosure of violence is safer done in a general conversation, in case the worker has the same reaction. Or maybe violence is so usual in society and in the lives of the young women that they really are unaware of the seriousness of what they are disclosing. Either of these explanations highlights the necessity for workers to never let a disclosure go unrecognised, no matter how matter of fact the disclosure is. Young women stated, in the interviews, that listening and making time for them is crucial, as part of trust building and empowering the young women. If workers listen and respond appropriately

to what a young woman discloses then maybe she will have the trust and confidence to say more the next time.

What stops young women disclosing domestic violence?

The main barriers highlighted by the women were:

- There was a profound fear of the boyfriend finding out that she had told about the violence and the violence escalating.
- Young women feared that their children would be removed from the because of the violence. Some of the young women had fear of authorities judging them as 'bad mothers' simply because of their age. Adding a disclosure of violence to this gave them a profound fear of their children being taken from them.
- Being disbelieved or silenced. The women who were interviewed talked about negative experiences of telling people about the violence.
- Being judged negatively by people for being teenagers with children living in a violent situation.

Who do young women feel comfortable to tell about domestic violence?

The young women in the questionnaires were asked who they would tell if they were experiencing domestic violence. The majority of the young women said that they would disclose to family and friends. However, the interviewees stated that disclosing to family and friends had resulted in negative responses. This raises concerns that young women are disclosing, and to friends and family who may not respond helpfully. This may in turn make them less willing to disclose to anyone else. Women in communities (family members and friends) need to understand the issue of domestic violence and effectively support women who disclose violence to them.

LIAP organises a "Womens' Education Programme (violence from men they know)", this is a programme of 10 – 12 sessions which can be run with groups of up to 12 women, giving women an opportunity to increase their knowledge and understanding of the issue. The course helps women to increase their confidence and self esteem as well as empowering them to make positive choices in their lives and support other women to do the same.

The next most likely group of people for young women to disclose to, were pregnancy support workers/Include workers. There is clearly an important role for the voluntary sector in working with young women. Young women have big fears of disclosure, particularly regarding confidentiality and child protection. Voluntary sector workers are seen to be independent and able to offer greater degrees of confidentiality, they also not working for agencies which are tied into the child protection process. It may also be that voluntary sector projects have been designed with a higher degree of client centred focus, thus enabling trust and safety, offering empowerment to the young women.

A number of young women said that they would disclose to a midwife. The role of midwives is crucial in helping young women with issues around domestic violence because every pregnant teenager will have a midwife, likewise, every young mother will have contact with a health visitor. The fact that these health professionals will see every young pregnant woman or young mother makes them crucial in identifying potentially violent relationships.

Screening for Domestic Violence

Screening for domestic violence is crucial to ensure young women get the help and support they need, for themselves and their children when they are experiencing domestic violence. In the previous research conducted into domestic violence, the issue of screening by health professionals for domestic violence has been highlighted numerous times as an important way to identify women who need help. In this study only 4 young women out of 25 who filled in

questionnaires had been asked about domestic violence. Two of whom said this was as a result of seeking help for the violence. None of the women interviewed said that anyone asked about domestic violence at any stage. From looking at the information given by the participants in this study it is evident that all workers, not just medical staff, coming into contact with teenage mothers/pregnant teenagers should be asking questions about domestic violence. Asking these questions would highlight the issue as important, demonstrate that domestic violence is not acceptable, and give young women who are effected by domestic violence the opportunity, if they want to, to disclose their experiences.

In the questionnaires, the majority of young women asked felt comfortable to be asked about domestic violence, especially if 'it was asked by the right person'. Of the 6 that didn't feel comfortable, it was clear elsewhere in their answers that they had a fear of the consequences of disclosing domestic violence, and the majority of the 6 were 16 years or under. This highlights the fact that young women under the age of 16 face even more barriers to disclosure than those over 16 as have fewer options open to them.

Some of the existing research and one of the workers interviewed, stated the importance of directly asking young women outright if they had experienced domestic violence. This is seen as best practise for older women, but the young women, in this research, stated that this was too 'shocking' and came up with suggestions of how they wanted the issue of domestic violence to be raised. They wanted to be asked using words like 'harassed', 'comfortable', 'feel uneasy', 'intimidated', 'feel unsafe' and 'put in an awkward situation'. Two of the young women wanted to be asked about general experiences of violence in their lives, not just about their current partner. Further into the questionnaire it was obvious that these two young women had fears of her partner's reactions if he were to find out they had disclosed violence from him. The workers said that it felt intrusive asking young women about domestic violence. One worker said she needed to learn strategies for doing this to make her feel more comfortable approaching the issue.

The women who were interviewed highlighted that they were frequently accompanied their by boyfriend or a family member and this emphasises the importance of seeing women on their own so that they have chance to talk about sensitive issues.

What young women when asked about domestic violence.

From analysis of the responses from the questionnaires and interviews, young women need several things to be able to talk about their experiences of domestic violence:

- Domestic violence needs to be an issue raised and not feared by workers
- The workers talked a lot about the women needing to feel safe with the worker and given time to build up a relationship and trust.

The young women highlighted a fear of children being removed from them and boyfriends told about the violence. They need to have a clear understanding of policies and procedures used by the organisation in relation to child protection and confidentiality so they can make an informed choice about what they want to disclose; and can be clear about what will happen to the information they have given. Sometimes agencies' policies stop a young woman disclosing as there is an automatic referral to Social Services if violence is disclosed. It is crucial that policies and procedures do not silence a young woman; so all young women need to be given information of how they can get help anonymously; for example, telephone helplines where names or locations don't have to be given such as Childline or Women's Aid. It is crucial that women are always left with other options of help.

Workers and the women highlighted that they need time to talk about and be listened to, about their relationships. They do not want to be asked once, directly, about domestic violence so that workers can just tick the box as covered. They want to explore the issue in their own way and build up the trust and this will allow them time, in themselves, to realise that the situation they are experiencing is not right. Obviously, if the worker feels the woman is immediate danger then an outright question needs to be asked.

They need to work at their own pace with the issue, for example: they may need help with making themselves safe within the relationship if they want to stay; or they may need help to safely leave the relationship. Workers interviewed highlighted that they must work to the young woman's agenda to empower them.

The workers need to feel comfortable with talking to young women about domestic violence; some felt they were being 'intrusive' when raising the issue. Training was highlighted as a specific need by workers, to enable them to handle asking about domestic violence effectively and in a way which is comfortable for the workers. They need to gain confidence in handling the situation.

Teenagers in relationships just fight?

Some workers said 'she gives as good as she gets' or 'they are always fighting', which as the interviews with the women highlight is a dangerous view point to take. One of the women stated that she was labelled with this and the consequence of this was the serious violence she was experiencing from the age of thirteen was never picked up on. Workers need to keep on talking to the young women about the issue, not just make a judgement or ignore the violence. If there is any type of violence or difficulties within a relationship, workers need to offer to help to the young people to enable them to better deal with the complexities of the relationship and relate better to each other.

Prevention Education

Some of the women and workers interviewed highlighted a lack of knowledge and experience amongst the young women of what a good relationship could be. Prevention work around positive personal relationships and domestic violence, in schools and other youth work settings, was raised to differing degrees in the interviews and questionnaires as one way of addressing this issue. If young women had this knowledge before embarking on relationships, along with raised self esteem and aspiration, it could be a way of informing young people of what a healthy, respectful relationship is. If young women and men had the benefit of this they may be able to have more of a personal awareness of when their relationship has become violent and abusive and a realisation that that is not acceptable. The other point raised by workers is that keeping up an informal dialogue with women they are working with about domestic violence, and what is and is not acceptable in relationships, is crucial in helping place domestic violence on an everyday agenda.

However, it must be remembered that although education does obviously have a role to play, women have stated clearly in the interviews that they don't choose relationships with violent men. They enter into relationships with lovely, nice, charming men who become violent gradually over time; or men who are not consistently violent, but who can be lovely and charming sometimes, leaving the young woman craving the nice bits, but not the violence. Once the violence begins, the women have invested a lot into the relationship, including being pregnant or parents.

An understanding of teenage mothers/pregnant teenagers

In addition to the violence, young women have to deal with the additional barriers caused by society's views of teenage mothers and lack of resources and experience due to their young age.

Teenage mothers are displaced because they are seen as neither children nor adults. By law if a young woman experiences domestic violence this is seen as a child protection issue not as a domestic violence issue, if she is under 18. School age young mums also experience different sets of rules to those over 16. For example, she doesn't get money in her own right and cannot have a tenancy in her own right if she is under 16. If her boyfriend is over 16 he can, therefore she is more dependent on him.

Both the women and the workers talked about feeling that teenage mothers were scrutinised, frowned upon, judged and made to feel like failures by society generally. The impact of this seems to be a great pressure on the young women to prove that they are good mums; so disclosure of violence is made even more difficult because it is an admission of having problems.

One woman also talked about professionals not even talking to her during her pregnancy and always talking through her boyfriend's mother. This would make getting help from a worker impossible. She felt invisible because of her age. Another woman described feeling like a 'silly kid'. For young women to have a chance of getting help with violence there also has to be a better understanding, by workers, of the pressures of being a pregnant teenager/young mum and better communication skills with them.

Training

Some workers stated that domestic violence training should be mandatory within agencies and updated after a period of time. The workers stressed that this should apply to all agencies, particularly the statutory agencies, which they felt sometimes did not act appropriately when dealing with young mothers generally and more specifically those experiencing violence. Both this and the way women felt they were treated sometimes, just for being teen mothers, also highlight the need for training on working with pregnant teenagers/young mums.

Some of the workers talked about needing extended training on issues such as disclosure of violence by young women and working with young women around issues of violence. Also, they wanted more in-depth training on work with young women and the psychological aspect of violence.

Worker safety

The workers emphasised that issues for them personally have to be acknowledged and support given in order that they are able to work effectively with young women, when dealing with domestic violence. They raised the following concerns: being scared of feeling burnt out; being scared of physical assault themselves by violent men; and by having to see children living in abusive situations. Many of the workers felt fully supported by their agencies. Some, however, did not. There is a need for all agencies to have good clear policies around working with domestic violence, including workers safety. Workers discussed supervision, both managerial and peer; this was both for support and having time to off load. One worker stated that agencies need to be aware that workers don't operate in a vacuum and that they may have suffered domestic violence themselves.

What the women and workers think would help

The young women said that they wanted:

- A specialist support worker
- Support and self help groups

- Help to leave the relationship
- Three young women also mentioned counselling
- One said there needed to be more awareness of the issue

Recommendations

The importance of the issue

Domestic violence needs to be recognised as a major factor in the health and well being of young mothers and their children.

Young women find it even harder than other women to access specific services and /or to leave relationships. This needs to be taken into account in the planning and design of services.

Information and literature needs to speak to and appeal to young women.

What do workers need to support young mothers?

Workers need good support, supervision and training in order to deal effectively with this issue including:

- Managerial support
- Peer support mechanisms
- Training on the needs of young women/pregnant teenagers/teenage mothers generally and in relation to domestic violence in particular how to broach the subject

Screening

On the whole, young women are happy to be asked about experiencing domestic violence, if it is done a way which is appropriate. With training and support, workers should be able to routinely talk to young mothers and mothers-to-be about the subject as part of a trusting relationship. Workers need to see recognising violent relationships is as important in the health and well being of mothers and babies as well as recognising physical conditions.

Community Education

Young women say they will talk to family and friends rather than professionals. However, it is the experience of these women that sometimes they are not taken seriously, not believed or are judged.

There is clearly need for work in communities to enable community members to react appropriately.

A Tailor made Service

Young women identified the need for a specific, confidential service which could support them with a mixture of one to one support and groupwork.

Prevention

There is a need for a good grounding of what constitutes a positive relationship and raising self esteem. This could take place in formal settings such as school and informal youth work settings.

APPENDIX 1

Interview questions - Pilot

What is your role and how much of your caseload involves working with teen mothers and pregnant teenagers?

What is your understanding of the of the term domestic violence?

In your experience, how prevalent is domestic violence amongst pregnant teenagers and teenage mothers?

In your experience, what form does the violence take?

What training have you had around the issue of domestic violence?

How do you feel about working around this issue?

What support do you receive in order to do this work?

What impact do you think domestic violence has on the client group?

How do young women disclose domestic violence – e.g. If you had suspicions that a young person was experiencing violence from a partner, would you ask them about it or would you wait for them to disclose?

What action would you take if domestic violence was disclosed?

What services are available to young people experiencing domestic violence? Do you access them?

What do you see as the barriers to workers addressing domestic violence? Or, what would help workers to address the issue?

APPENDIX 2

Interview questions

What is your role and how much of your caseload involves working with teen mothers and pregnant teenagers?

What kind of support do you provide to this client group?

What is your understanding of the of the term domestic violence?

In your experience, what form does the violence take?

In what ways do you think domestic violence affects the client group?

In your experience, how prevalent is domestic violence amongst pregnant teenagers and teenage mothers?

How do you feel about working around this issue? Do you have any worries/concerns about working with this issue?

What training have you had around the issue of domestic violence? Is there any other training which you think would be helpful?

Do you feel that the organisation you work for supports you to work effectively with this issue? What kind of support do you get/ would you need?

How do young women disclose domestic violence – e.g. If you had suspicions that a young person was experiencing violence from a partner would you ask them about it or would you wait for them to disclose? How would you ask – directly or...?

What action would you take if domestic violence were disclosed? (What do you see as your role/the limits to your role)?

What kinds of services are available to young people experiencing domestic violence? Do you access them? Are there any services which you think are needed which do not yet exist in the city?

What do you see as the barriers to workers addressing domestic violence or what would help workers to address the issue?

Appendix 3

About the women who took part in this study

All the interviewees were women.

The professionals are between the ages of 28 and 53, working in different geographical areas across Leeds: 4 White British, 1 African Caribbean and 1 of Asian origin.

The women who had experienced teen pregnancy and domestic violence were between 21 and 39 years: 3 described themselves as White British and 1 as Asian. All the women who agreed to be interviewed had suffered violence from a partner over a couple of years; the youngest being 13 when the violence started, the oldest 19. Three had children with the violent partner. One had a termination. All the women experienced physical, sexual and emotional violence.

The following table shows how the young women completing the questionnaires defined their age, ethnic origin and sexual orientation (none of them defined themselves as having a disability):

	ETHNIC ORIGIN	
	White European	1
	Irish	1
	White British	16
	South East Asian	1
	Mixed race	4
	Black Caribbean	1
	Pakistani	1
	SEXUAL ORIENTATION	
	Lesbian	0
	Bisexual	0
	Heterosexual	22
	Undecided	1
	Prefer not to say	1
	Other	1
	AGE	
	15 years	2
	16 years	7
	17 years	4
	18-20 years	12
	DISABILITY	
	Disabled	0
	Non-disabled	25

Appendix 4

What the Young Women's Questionnaires said

The responses from the questionnaires gave us some very interesting results. We will examine it question by question.

Thinking about you and your friends, do you think it is normal for a boy to...

Hit his girlfriend?	0
Make her have sex when she doesn't want to?	0
Call her names?	4

None of the young women believed that physical or sexual violence was usual but 4 felt psychological violence was.

Have you heard the term Domestic Violence?

All 25 young women said yes

What do you think it means?

They all understood that it is violence from a known person. Although the physical abuse was more commonly mentioned many highlighted the psychological aspect of violence.

This is how some young women defined domestic violence:

"Hitting people and them being scared"
"Name calling hitting spitting"
"Treating others unfairly when they don't deserve it"
"When someone inside your home, harasses your rights of being a human being, when you could not say no to anything, when someone hits with no cause at all"
"Violence within the home/family"
"Violence with someone you know quite well"
"It means when a person is violent towards another person even if it is only verbally"
"When arguments start at home with a man and a woman"
"When your partner is abusing his partner"
"Bulling, physically, mentally towards a friend/partner"
"It means when someone gives you physical and emotional violence in your relationship"
"When you get hit by your boyfriend"
"Violence within a relationship"
"Men being violent towards women"
"Violence within the home"
"Wife/husband beater"
"I think it means when a partner hits the other partner or when one hits the other or harasses them"
"When your boyfriend hits you or picks on you or messes with your head"

During pregnancy were you/have you been asked by a worker if you have experienced domestic violence?

Only 4 of the 25 young women said they had been asked if they were experiencing domestic violence during their pregnancy.

This is despite many of the studies and recommendations stressing the importance of screening young women for domestic violence throughout pregnancy and beyond.

Of the 4 that said they had been asked, all said they understood what was being asked.

They were then asked who had asked them about domestic violence and how they felt about being asked.

One woman said the police asked when she called them. She said she felt 'OK' about being asked as it: *"eased trouble cause I had someone I could talk to."*

The second had been asked by a learning mentor and she said: *'I felt like it was a bit of a personal question to be ask.'*

The third was asked by both a midwife and a support worker and she said *"I felt sad as I have experienced such a thing."*

The fourth was asked by a Connexions worker and she said she felt *"shocked"* to be asked.

Of the remaining 21 all said they would understand the question if they were asked about domestic violence.

Would you feel comfortable being asked if you had experienced domestic violence?

All the young women answered this question. 15 answered yes, 6 answered no and 4 wrote that it depended on who was to ask them.

As part of their jobs many workers are meant to help women who experience violence from their partner. Which words do you think they should use to ask young women about this?

This question was devised to try and gauge the most comfortable way for workers to broach the subject of domestic violence with the young women. This must have been a difficult question to ask or we explained it badly because only half of the young women responded.

These are their ideas:

"Do you feel threatened in your relationship?"

"What is your relationship like with your boyfriend?"

"Are you being assaulted?"

"Do you feel comfortable with your partner?"

"Do you feel harassed?"

"Do you feel independent from your partner?"

"...intimidate, bully, feel uneasy put in awkward position"

"Asking if you are comfortable in home situation"

"Make it clear in the question if you say domestic violence that it can be sexual, verbal; it doesn't always mean hitting."

"I hope you don't mind if I ask, are things OK at home with you and your partner?"

"Make the question more general, like, have you experienced violence in you life? Not focusing on the boyfriend you have now."

"I think they should ask by saying has she ever experienced violence with any partner"

"Say it easy, no big words, being asked just 'domestic violence' is too shocking."

Who do you think suffers from domestic violence?

19 young women answered this question:

11 believed that anyone could experience domestic violence.

8 felt it was just women

3 of these believed it as only women who couldn't stand up for themselves and

1 that it just happened to pregnant women and women leaving relationships.

2 felt it happened just to Asian women.

1 felt it was more a problem for the children.

If you had a problem in your relationship with your boyfriend/partner, who would you ask for help (tick as many boxes as you would ask)?

Doctor	2
Health Visitor	2
Friends	19
Pregnancy worker	6
Teacher	1
Social Worker	3
Family	19
Include Worker	11
Midwife	6
Connexions PA	1

What fears might a young mother have of telling a worker about a violent boyfriend?

20 of the young women responded to this question. Answers to this fell into two categories:

a fear of the worker breaking confidentiality leading to the violent man becoming aware that she has 'grassed':

"If the boyfriend finds out he might be angry and hit her more"

"Her partner might be told"

"They might go and tell the police and might lead to arrest of boyfriend/partner"

" that in case they tell the police because you could become scared he come looking for you"

"They might think you're going to tell someone else about what's been happening and it might get back to the boyfriend and make things worse"

"That he may become more violent"

"That he will really hurt her"

"About what they would say"

"In case he does it again"

"She might be afraid in case summat gets back or in case the worker tells anyone else"

"If their partner finds out, it could turn more violent"

"In case the boyfriend found out she has grassed"

"Him finding out"

"Them making things worse"

Her children would be removed and she would be seen as a bad mother:

"In case worker told boyfriend and children taken"
"The worker might think that the mother won't be able to be a good mum."
"Having children taken away. People interfering"
"May think their children will get taken away, called a bad mum."
"They might have their kids taken off them"
"Their child would be taken from them if they do not leave"
"That Social Services would take their kid."

What help do you think should be available to help young women who experience violence from their partners?

Young women wanted a specialist support worker:

"A special worker that just knows what it is like for young people"
"Social worker or teacher"
"Someone who is on your side that you don't worry that she will tell anyone or get children taken away"
"Somebody to talk to that's easily available, somewhere safe and free"
"A police service and special workers"
"A safe person that you could say anything to without worrying what would happen"
"A free phone number to call, experienced women who have been through the same thing"
"Help so they don't feel alone"

They also mentioned support and self help groups:

"Groups of the same people talking about their experiences and supporting each other"
"Young women's groups with domestic violence counsellors"
"Should have a group that lets you express yourself"

Help to leave the relationship:

"Help to be taken away from their partners, coz it's very hard to get away when there is violence used"
"Safe house for young mums and counselling"
"Support and understanding as well as help to leave if they want to"
"They should have places where we could go"

Three young women also mentioned counselling
And one said there needed to be more awareness of the issue

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