

Every Voice Counts

Policing Response to Intimate Partner Violence in Northern Ireland:
Executive Summary



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About the Authors



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Susan completed her BSc in Social Psychology in 2012 at Ulster University. Before starting her PhD, she worked as a research assistant at Ulster University's psychology department for two years. Susan is currently a second year PhD student; her research is primarily focused on Intimate Partner Violence (IPV), risk, resilience, and outcomes in Northern Ireland. Susan recently published a comprehensive systematic literature review of IPV and mental health in a leading European trauma journal. Susan is a committee member of the Northern Ireland British Psychological Society and Ulster University Psychological Society. Susan is also the nominated Northern Ireland PSYPAG representative for postgraduate students. In addition to Susans main research focus on IPV, Susan assists Dr Cherie Armour, her PhD supervisor, on a number of trauma and mental health based projects including that of a recent study assessing the lived experience of Northern Ireland veterans and a study assessing the relationship between eating disorder and mental health outcome. To date Susan has presented at multiple academic conferences including as part of a sponsored symposium at the British Psychological Societies' annual conference.



Dr Cherie Armour

Dr Cherie Armour commenced her post as a Lecturer in Psychology at Ulster University in 2013. Cherie has both an MSc in Forensic Psychology and a PhD in trauma and Posttraumatic Stress Disorder (PTSD). Cherie has conducted research with many traumatized groups, for example, maltreated children, victims of sexual assault and rape, victims of intimate partner violence, refugees, the bereaved, and the military. Cherie has over 70 peer reviewed publications, many of which are in world leading Psychiatry and Psychology journals, and the majority of which focus on trauma and its impact on psychological well-being. She is an editor for the European Journal of Psychotraumatology and PLOS One and sits on the editorial boards of a number of well-respected journals, including the Journal of Anxiety Disorders and Psychological Trauma; theory, research, practice, and policy. At present Dr Armour supervises a number of PhD students across a wide range of trauma and mental health projects. Cherie is also the lead researcher on a three year funded project reviewing services and supports for Northern Irish veterans and their families.



Professor Maurice Stringer

Professor Maurice Stringer is Professor of Psychology and Director of the Psychology Research Institute. He has lectured and researched for over 30 years in the areas of intergroup conflict and health psychology. He has held numerous positions within the British Psychological Society including Chair of the British Psychological Society's Representative Council; He is currently examining the effects of PSNI police training in Northern Ireland.

Reflections from Sharon Burnett, Women's Aid

Every Voice Counts was born of collaboration and partnership working between Causeway Women's Aid, the PSNI and the Ulster University's Psychology Department, motivated by a desire to independently identify ways in which to better support victims of Domestic Violence.

The resulting research gives voice to the real life experiences of victims of Domestic Violence and PSNI officers who have attended Domestic Incidents. These experiences demonstrate clearly the complexity of needs and risks that surround Domestic Violence both for victims and responding officers. Their participation has been invaluable and central to ensuring that Northern Ireland specific research is available that highlights the personal needs of victims and the professional needs of PSNI officers.

Victims of domestic violence are acutely aware of the risks they take in trying to access support so all agencies that have an opportunity to provide life changing and life saving services should listen to all the voices within this research. These voices, if listened to, could really count.

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To Laurie Justus Pace for the gift of allowing us to use the copyright protected image on the front cover "Mid Summer Nights Gathering". Website: www.ellepace.com

Executive summary

Background:

The rate and propensity of Intimate Partner Violence has been shown to be so significant that considerable resources have been focused on the development of response and intervention programmes aimed at tackling this area (Capaldi & Langhinrichsen-Rohling, 2009). One particular area of response which is paramount to ensuring the safety of victims is the police service. During a 2014 review undertaken by Her Majesty's Inspectorate of Constabulary (HMIC), inspectors used a combination of both qualitative (unstructured data such as focus groups) and quantitative methods (structured numerical data) to assess the quality of police response to domestic violence within England and Wales. The researchers collected data from both victims and police officers. The HMIC suggested that "The voices of victims need to be heard to make sure the police response is focused on them. Feedback from victims helps forces to plan appropriate services. It also provides a means of assessing how well the force is performing" (p.10). The current study focuses on Northern Ireland and has followed similar methods to those implemented in the HMIC report.

Methods:

This study employed qualitative methods in the form of a multi-category focus group design. This method involves eliciting opinions and points of view through encouraging interaction among members within the group. Our focus group participants included domestic violence survivors ($n=20$) who have previously been in receipt of police assistance and police officers ($n=23$) who have previously attended domestic violence calls. Focus groups were analysed using thematic analysis. We also used additional complimentary methods such as asking participants to review situational based scenarios in order to assess different groups' interpretations and attitudes towards different types of partner violence. In addition, the study made use of a brief questionnaire to help summarise key points of interest.

Results:

Findings based on the analysis of survivor focus group content highlighted a number of themes which include; Quality of response and attitudes of responding officers, Risk identification and assessment, Safeguarding

(victim & children), Victim support, Barriers to reporting / service engagement, Facilitators to reporting/ service engagement, Mental health and well-being, and Investigation quality and outcomes.

Women reported that the quality of the initial response left them feeling more alone than ever due to issues such as not being believed and being faced with negative attitudes coupled with a severe lack of empathy during a time of great stress and disruption. For these women the ability of officers to understand the complexity of their situation and respond appropriately made a vast difference to their help seeking experience. That said, many of the women reported on the inconsistencies in officer approaches to domestic violence; for those dealing with the police on more than one occasion, whether or not they received a positive response was reported as a lottery. It is important to note that some of the women did indeed report positive experiences but that on the whole they reported that their experiences related to police responding to domestic violence incidents were less than optimal.

I did try to phone one of the police men because he seemed, he just seemed to be a lot more sympathetic than the other one. I felt that one of the police men were really...well really I thought he was unhelpful and the other police man he seemed to me more genuine and a bit concerned (FG 1, Line 84-88, p4)

Survivors reported that they believed the DASH risk identification model is, on the whole, ineffective and inappropriate during highly emotional situations. Many of the women remembered the *obscure* questions they were asked by officers with little to no explanation as to why. Moreover the continual and repeated completion of DASH forms coupled with a lack of case merging between previous domestic violence incidents and current domestic violence incidents was reported as a frustration, particularly given that women felt they had to divulge the same details over and over. Notably, one participant indicated that when properly explained she felt that the DASH risk identification procedure helped her to understand that her partners' behaviour was unacceptable. This suggests that the way in which attending officers utilize the DASH could benefit from an in depth review.

... the majority of the police did explain it and it was really useful for me in that it helped me to see that my husband's behaviour was unacceptable you know because I was sort of thinking emm I guess I was making excuses and emm whenever its broke down and you see the different forms of abuse and you think I must be experiencing this (FG 4, Line 135-139, p5)

Many of the women also highlighted issues associated with safeguarding, in particular the lack of follow-up from both the PSNI and support services. These women had felt that they were left alone and vulnerable and not supported through the next steps in the domestic violence response process after initial police contact. Non-molestation orders which are generally put in place for the protection of victims and their family are seen as a futile exercise which left many of the women further exasperated and still feeling vulnerable. In the women's experience, non-molestation orders are more than often breached by the perpetrator.

Victim support was also noted as inconsistent and in a lot of cases non-existent. Many women had to seek out further information and support for themselves. A number of the women also discussed negative experiences from additional statutory services such as social services and the public prosecution service. For those who reported a positive experience with voluntary support services such as Women's Aid, they reported that the legitimising of the trauma of their abuse experience, information sharing, and guidance were all key provisions that helped them move forward.

This group and this support group and this organisation, Women's Aid, I have said this before to BLANK (Names Women's Aid worker) it gives me a legitimacy that I can't have in any other way because nobody else accept these ladies and people like BLANK (Names Women's Aid worker) can believe me, so outside of this thing and this support group, even my own family but certainly old friends and things, they just cannot get their head around it and I pray they never get into the same position (FG 1, Line 636-642,, p9)

An important aspect of dialogue which also requires attention are issues associated with the type of violence experienced and impacts that these have on overall mental health and wellbeing. Although psychological and emotional violence are included in the definition of domestic violence as adopted by the PSNI, all women reported that they had experienced this but would not report such abuse to the police. Interestingly this type of violence was most associated with mental health impacts for a number of women, causing great distress and a depletion of their resilience.

So I don't think it's fair and I do think the mental side of it, I know it's what they do to you but where physical thing in short time is what's annoying to you, you can get over it, emm but the mental side of it- (Participant 1: Is worse.) is worse and...It's worse than, than anything else (FG 3, Line 631-635 p23)

I think with regards to police and emotional abuse and stuff I think you know you couldn't really ring them. You know that's... only if they've hit you. (FG 5, Line 480-481, p14)

I feel you know they're so used to needing a bit of evidence, another witness or something, they're still in that mode, that's how they operate. I'm not sure that domestic violence is amenable to that all the time (FG 1, Line 114-117, p5)

Overall the women seemed disappointed and disheartened by the investigation process. A lack of evidence gathering and information sharing from key authorities on prosecution details meant that the women felt that they had not been taken seriously. This was further emphasised when perpetrators were charged with no more than a fine for their violent behaviours.

But that's still not good enough for the person like me and I look at it well that is a fact this person has done this and he has got off and that is all there is to it. How do you move on from it you know? (FG 3, Line 248-251, p9)

A number of women did report on their positive experiences with the police. These experiences included times when the women felt that they were believed and reassured by officers. Furthermore women reported that the experience was more positive when dealing with officers that understood the abuse dynamics, offered advice and support via additional services, and explained the next steps in the process. That being said, a widely held view was that the overall response was inconsistent and unfocused towards the needs of victims. For example, this group of women reported that in their experience, female officers seemed to be less sympathetic during responding. That said the women also found a similar discrepancy between male officers responding where one male officer was more sympathetic than the other. We believe that the perception of a gendered response needs further investigation. Furthermore, it is important to note that additional issues associated with the women's experiences did not always fall within the police response but also within the lack of care and response of other statutory services.

Findings from responding officer focus groups also highlighted a number of key themes which included, Problems of definition, Barriers to responding and positive action, Risk perception, Identification and assessment tools, Barriers to victim support, Working in partnership and service support, Training quality and practical transference, Public expectations and misunderstandings, Facilitators to responding, and Perceptions of mental health and wellbeing.

Given the frequent occurrence of domestic violence cases which officers attend to on a daily basis it is unsurprising that focus group discussions highlighted a number of significant issues. Throughout the focus groups officers discussed and expressed frustrations related to the fact that they

cannot help in each and every case. A salient issue for many officers is associated with the restrictions and barriers which exist in relation to domestic violence responding. How domestic violence is defined and understood within the PSNI has significant impacts on the classification and level of responding applied by officers across a variety of often complex cases. The all-encompassing definition utilised by the PSNI can mean that the seriousness of a domestic violence incident can be over or under represented during 999 calls, essentially diluting the seriousness of 'intimate partner violence' over time.

I think the term domestic in our role is quite a broad term that's used for anybody that phones the police whose had any kind of argument. Sometimes it hasn't been a domestic, just had a falling out and somebody's rang the police...And we're going out with this form and like it's just somebody falling over drunk and there's been no violence and there never has been...(FG5, Line 118-122, p5)

Moreover, it is clear from focus group discussions that officers are very rarely faced with a 'text book' case of domestic violence but rather frequent cases of false or exaggerated calls as well as counter allegations. These instances further complicate their ability to respond effectively. A further barrier to responding is also associated with the type of violence reported. Indeed, no training or protocol is in place for emotional or psychological harm, this coupled with a lack of clear evidence further increases the difficulties associated with police responding to domestic violence of this nature and more broadly.

Emotional can start becoming very difficult there, how somebody feels, the way they feel abused, for us to deal with as we don't have the tools to deal with it ... We're not social workers. I don't mean that to sound that, we can offer support and emotional support at the time, but for a, a practical tool to deal with it, it's exceptionally difficult because we do not have the law to back us up as such (FG1, Line 119-125 p4)

Officers also noted issues associated with risk perception, identification, and assessment. The presence of alcohol and / or drugs is continually observed during domestic violence incidents and viewed as one of the central triggers of domestic violence. Officers also noted that mental health issues may be apparent in the victim or perpetrator, further increasing risk of potential harm to both parties and officers. Currently there is no training

or protocol in place for officers to help identify and respond to mental health issues.

And the other point just to finish, going back to the mental health thing, you know one of the eternal frustrations we have is where officers will identify what they perceive as a mental health concern for... whether it's a victim or a perpetrator. To the extent that rather than bring them to the custody sergeant, they feel this person needs to go to hospital to be assessed by the, the, the mental health crisis team. And they take them there and, more often than not, they will have a look at them and say no, there's nothing here which warrants them being sectioned under the Mental Health Act back over to the police. What do we do with them then (FG 1, Line 692-701, p23)

Officers have reported that current risk assessment procedures such as the DASH Risk Identification Check-list which is to be completed during all domestic violence incidents, is not an effective or practical tool. The check-list is said to be too long and not applicable in all cases. Officers also reported that questions can be insensitive and that gaining permission from victims to complete the DASH is always a difficulty.

...the sheer scale of it, to get through at a time where there is extremely difficult, we're trying to get the basics, trying maybe to get a violent person off side, trying to get evidence of a criminal offence, and then we produce this nine page form to try and do there, it's just the tool doesn't fit (FG 1, Line 171-180, p6)

With regards to working in partnership, officers reported feeling that they are not supported by the wider response services making positive action for victims more difficult to achieve. The unavailability of support from social services and domestic violence response officers [public protection unit officers] during peak times (evening and weekends) means that the responsibility is on responding officers to take action; officers felt they were not always best placed to do so. This lack of support is also considered a major resource on police time; often minimising the availability of officers to attend additional domestic violence calls.

Officers further discussed issues directly associated with victims themselves. Many individuals tend not to continue with prosecution and to maintain an abusive relationship. This in turn results in numerous repeat calls to the police during peak times of violence. Furthermore, the issuing of

non-molestation orders as a form of protection for victims is viewed by officers as over used and too easily accessible. Non-molestation orders are seen as no longer being taken seriously by the public, with over use resulting in a loss of significance.

Non-molestation orders are widely abused, so they are. There's people taking out non-molestation orders and still, you know, still being in the relationships with the person, still living with them, (FG 2, Line 521-523, p19)

Officers also reported a belief that many victims tended to call the police as a last resort given they did not know where else to seek help. Officers reported that victims themselves may not want to deal with the police as a form of response but that a lack of public knowledge of alternative sources of help leaves victims with little option but to call the police. Officers felt that during such times they are not trained to respond to the needs of the victims, given these needs are often emotional / psychological. Police training does not provide protocols for responding to emotional abuse. Furthermore, although officers found that their training informed their understanding of domestic violence, such knowledge has little practical transference to the diverse cases faced by officers. For example, officers noted that training sessions for responding officers did not include in-depth details of the purpose of MARAC and its functions. Officers felt that this was a shortfall when trying to encourage victims to engage with services as they were unable to explain the process in any great depth.

Even asking their consent and they ask us "Well what is that?" and you're kind of... winging it a little bit because we don't really know. You're just saying all sit on a panel and there's other agencies there and hoping they don't ask too many more questions 'cause I don't have a clue. (FG 5, Line 233-237, p9)

Many of the officers generally felt that that the role of a police officer during and after a domestic incident is misunderstood resulting in a negative public perception of police responding to domestic violence. Officers expressed, throughout the focus groups that they would encourage everyone to report a domestic incident; that said it became clear that officers are sometimes restricted in how much help they can offer. Depending on the situation, context, and type of violence, police officers felt that they were sometimes not the best and most appropriate response. Police officers had very little time for further enquiry during domestic violence

cases; they reported that the support of both voluntary and statutory services during such times is greatly needed.

Well I think one of the big things is that again we work within the law so there has to be an offense committed and it is multi agency. You know, so we cannot... we cannot take on a social workers role or a counsellor's role or a women's aids role, you know. That's why it's multi agency and everybody has a responsibility to try and- also the victim has a responsibility. You know and there's only so much we can do (FG 6, Line 38-44, p2)

The results of officer focus groups have helped to highlight the importance of understanding domestic violence response from the service provider perspective and the need for partnership working.

Officers recognised the multi-dynamic nature of domestic violence and the need for a multiagency response. Many of the officers felt that they had been subjected to unfair criticism due to the onus on police responding to domestic violence as a single entity rather than a collective effort; they felt that the context of the response and the actual role of a responding officer needed to be better understood by other agencies and victims.

The fact of police officers, well which hat do we put on going to this call? Am I a counsellor today, Am I a parent, Am I this persons husband or wife, Am I a doctor, Am I...That's... People think police are there... and we're police, they don't realise exactly what we do (P3: Our big bag of hats.) It's a big bag of hats, it really is! (P4: One stop shop.) Yeah. (FG 2, Line 677-681, p24)

Table 8: Similarities in Reporting Across Groups of Survivors and Responding Officers

Emotional abuse is not considered or viewed as a serious crime resulting in a lack of reporting by victims to the PSNI and a barrier which hinders police response due to lack of protocol.

The DASH Risk Identification Checklist is too long and impersonal. Although this helps highlight the main risk factors associated with victimisation, this form should be reviewed and refined.

A lack of clear physical evidence is a barrier to reporting and responding. Officers have limited opportunity for enquiry resulting in only a partial understanding of the victimisation context when called to a domestic incident.

Further support and a partnership approach by both statutory and voluntary services is needed to truly meet the needs of victims.

Mental health issues are associated with domestic incidents. Further awareness and training for officers would be beneficial.

Victims are unaware of the processes involved after making a 999 call particularly the longer term follow up and where exactly to access specific supports. This may impact a victim's willingness to call Police and may incorrectly cloud perceptions of officers responding as a result of negative outcomes.

Officers felt that Non-molestation orders are used too readily and the women felt that they are often ineffective as a protection tool.

Officer domestic violence training needs to improve and reflect diverse case responding and include in-depth mental health training.

Victims need to be supported and informed by the public prosecution service to help secure convictions.

Results of short situational scenarios:

Based on comparisons of all scores it can be seen that survivors generally perceived all types of violence (physical, sexual, emotional) to be more severe than officers. With the exception of physical violence, survivors were more likely to call the police for help if they had witnessed / overheard an incident. Further details of these results and the content of the situational scenarios can be found in the full report.

Overall Comparative findings:

Overall there are a number of important issues which were independently highlighted and addressed by both survivors and responding officers. A final review of results from both groups highlighted several similarities in their reporting on police responding to domestic violence in Northern Ireland. Table 8 provides an overview of the points which were raised independently by both groups (e.g., issues in which survivors and officers were in agreement):

Conclusion:

It is important to acknowledge the vigorous efforts of many police officers and the challenges faced by the PSNI when trying to deliver a high standard of service. Nevertheless, the inconsistent approach by not only the PSNI but other statutory services means that many women are continuing to feel vulnerable and unsupported. Police responding needs to be free from judgment, victim focused, and victim led to ensure that the needs of a victim are being met. Positive action and small considerations such as reassurance and listening can have vast impacts towards empowering victims to become survivors. It is also important to recognise that police officers can only provide help when a victim is willing to avail of this. Victims also have a responsibility to work with services in order to achieve the best possible outcome. The public and other agencies need to recognise that officers are generally not faced with the 'text book' case of domestic violence but rather domestic violence is multifaceted and complex. Police officers are also limited in their response given that the duty of an officer is far wider than responding to domestic violence. Police officers can only work within their resources; it is no longer acceptable to attribute blame, it is the responsibility of everyone to take into consideration their role towards effective change and provide a responsive and effective service to meet the needs of victims.

The current report proposes a number of key recommendations in order to help optimise police responding to intimate partner violence in Northern Ireland:

Recommendations:

The full report discusses the recommendations as part of an overall discussion and review of findings; please refer to the full report to ensure each recommendation is interpreted in the correct context. For the purpose of this executive summary, recommendations have been grouped under broader headings for statutory and voluntary organisations which may wish to consider them.

PSNI Training Recommendations:

- All service members involved in the police responding process, including call handlers should undertake comprehensive domestic violence awareness and responding training.
- Domestic violence training should highlight and emphasise the importance of an empathic approach and dealing with substance misuse and different types of violence.
- Mental health awareness should be incorporated into domestic violence training for responding officers given it has been noted as both a risk factor and outcome associated with domestic violence. Mental health awareness training should be designed, delivered, and formally evaluated by mental health practitioners and researchers to ensure effectiveness. In England during 2014, a pilot placement of psychiatric nurses in 10 police stations was implemented to help support officers in all cases relating to mental health, such a pilot could also be considered for implementation in Northern Ireland.
- Training should include information on diverse case responding (for example, same sex relationships, male and female victims, older couple's domestic violence) and how to do so in a practical manner and in conjunction with the law.

Service Response (both voluntary and statutory services) Change Recommendations:

- A system of response should be put in place for repeat callers. This could involve additional communication between statutory and voluntary support services mediated by a domestic violence officer to call out or follow-up more closely with repeat victims reducing the resource impact on the PSNI.
- Specialist domestic violence officers (DVO's) or criminal justice workers via Women's Aid, should be placed on a shift based rota ensuring their availability at all peak times (e.g., evenings and weekends). This steady availability would help ensure that responding officers and the victims are consistently supported. This would also allow DVO's to relay the context of incidents when discussed at MARAC meetings.
- Victims should be informed and supported throughout the justice system process by the PSNI, PPS, and voluntary services such as Women's Aid. The Domestic Violence Thematic Review – Updated Report (2011) recommends that this could be achieved through the appointment of independent domestic violence advisors (IDVA's). In addition, awareness raising should occur regarding each organisations roles and responsibilities and this should be made clear to all organisations concerned, and to the victims. Victims should have an opportunity to contact key services directly who can meet their needs beyond the PSNI. This could include targeted information leaflets with key contact details for both voluntary and statutory services
- All agencies tasked with responding to domestic violence and supporting victims should be held accountable and independently evaluated by an independent agency on their contribution to the MARAC. The MARAC should also be strictly monitored in order to maintain a strong partnership among agencies. All police officers of all ranks should be briefed on what MARAC is and how it works for the benefit of the victim. Responding officers who deal with domestic violence call outs should have an opportunity to provide a written report for the MARAC meetings (if the DVO was not in attendance at the call out) to enable them to provide a clear context of the situation to

MARAC participants. This will allow for more detailed and targeted action to be devised to meet the needs of the victims.

Future Research Recommendations:

- Based on suggestions by both survivors and officers, a full review of the DASH Risk Model and its practical implications during initial police responding should be addressed.
- A pilot study should be devised and implemented introducing Domestic Violence Protection Orders in Northern Ireland. These orders are a civil provision used as immediate protection for victims. DVPO's can be put in place by officers without the permission of a victim. They are used to give victims time and space to receive the support they need and have strict breach actions attached.

Governmental Recommendations:

- “The definition for domestic violence and abuse now includes ‘controlling coercive behaviour’ to reflect, more comprehensively, the full range of acts involved. This revision was informed by changes made to the Home Office definition of domestic violence, following its consultation in England and Wales in 2011/12” (Stopping Domestic Violence and Abuse in Northern Ireland, 2013-2020, Public Consultation Document, 2013, p23). Civil or criminal remedies should be developed to specifically address response to this type of domestic violence in order to help determine what requires police responding and/ or other types of response for example, voluntary support services
- Continued efforts should be geared towards the development of practices which will address and tackle the true nature of intimate partner violence through education reform, the implementation of practises which have been piloted and proved to work and interventions which are designed to inform and empower help seeking behaviours with victims. For example, Police Scotland's introduction of a dedicated Domestic Abuse Task Force and a domestic violence services awareness campaign similar to the ‘Choose Well’ campaign recently implemented by the NHS.

Copy of full report available on request;

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