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Building Effective Responses: An Independent Review of Violence against Women, Domestic Abuse and Sexual Violence Services in Wales

Research Summary

Social research

Number: 45/2014

Independent researchers from the Connect Centre for International Research on Interpersonal Violence based in the School of Social Work at the University of Central Lancashire were commissioned by the Welsh Government in 2013 to conduct research into violence against women, domestic abuse and sexual violence services in Wales. The research aimed to inform the forthcoming Ending Violence Against Women and Domestic Abuse (Wales) Bill, implementation of the legislation and future policy more generally, as well as informing future funding decisions.

1. Introduction

The remit of the review covers:

- Domestic abuse, including that experienced in Lesbian, Gay, Bisexual and Transgender (LGBT) relationships and elder abuse.
- Violence against women, including female genital mutilation (FGM), forced marriage and honour-based violence.
- Sexual violence including rape, sexual assault and harassment.
- Sexual exploitation including prostitution and trafficking¹ for sexual purposes.
- Services for women and men who are victims or perpetrators of violence against women, domestic abuse or sexual violence. The review does not encompass criminal justice services or housing services and, with the exception of prevention work, services for children and young people in Wales were also excluded from this study.

2. Aims

The research aims were:

1. To construct a typology of the range of relevant services in Wales and beyond, which tackle violence against women, domestic abuse and sexual violence.
2. To assess the existing evidence base underpinning these types of service provision in order to examine their effectiveness, both in terms of outcomes and value for money.
3. To map the current landscape of service provision in Wales.
4. To estimate the prevalence of the different forms of violence against women, domestic abuse and sexual violence and identify the associated need for services.
5. To make recommendations related to informing the Welsh Government's Violence Against Women and Domestic Abuse Team's strategic approach to funding.

¹ In January 2014 the Welsh Government amended its use of the term trafficking to modern slavery. This report makes use of

the term trafficking; referring specifically to those trafficked for the purposes of sexual exploitation.

3. Methods

A mixture of qualitative and quantitative research methods was used to gather evidence from published research and statistics, to map services across Wales and gain insights into the experiences of service providers and service users. There were five components to the research:

1. Analysis of statistical data from the police in Wales, the Home Office, Forced Marriage Unit (FMU) and the Office of National Statistics (ONS) to assess the prevalence of different forms of domestic and sexual violence across Wales.
2. An online mapping survey, in English and Welsh, received a response from 146 organisations providing 349 specialist, public and voluntary sector services across Wales. Services were contacted through three mailing lists compiled with the assistance of the Welsh Government and other organisations and through mailing

organisations, such as CAADA², AVA³ and the All Wales Domestic Abuse and Sexual Violence Helpline.

3. Consultation with five groups of women (53 participants in total) who had used services in North and South Wales. Vignettes were used to focus the discussions around three key questions: what services are available, what services should be available and what are the characteristics of a good quality service?

4. Semi structured telephone interviews with 31 purposively selected stakeholders (23 service providers and 8 national and regional strategic leads holding commissioning or policy roles).

5. A review of UK and international research literature on the availability and effectiveness of service responses to violence against women, domestic abuse and sexual violence.

² Coordinated Action Against Domestic Abuse

³ Against Violence and Abuse, a UK wide group based in London

4. Prevalence of violence against women, domestic abuse and sexual violence in Wales

Violence against women, domestic abuse⁴ and sexual violence are significant problems in Wales. Although there is a lack of robust data, estimates show that domestic abuse affects 11% of women and 5% of men each year in Wales⁵, sexual violence affects 3.2% of women and 0.7% of men⁶; 3.1% of older people are abused or neglected by carers⁷. The latest available estimates show 1% of cases handled by the FMU originate from Wales. In 2013, there were 18 women in Wales trafficked for sexual exploitation identified by the National Referral Mechanism (NRM), representing

⁴ “Domestic Abuse” (Wales), and “Domestic Violence” (England), encompass physical, sexual, psychological, emotional, or financial abuse. In this report “domestic abuse” is used to refer to this broader concept, unless otherwise indicated.

⁵ Robinson, A., Brisbane, J., Farrar, J. Hardy, P., Jones, B., Pickles, J., Shepherd, J. (2012) *The Welsh Government’s proposed ‘Ending Violence Against Women and Domestic Abuse (Wales) Bill’: Recommendations from the Task and Finish Group*, Final Report.

⁶ Ibid, 2012

⁷ O’Keeffe et al (2007) *UK, Study of Abuse and Neglect of Older People. Prevalence Survey Report* for Comic Relief and the Department of Health. “Carers” in this context are a family member, close friend or care worker.

an increase of 80% from 2012. We were unable to find prevalence data for Wales on FGM, however estimates suggest that around 0.4% of all births in Wales are to women with FGM.

Domestic abuse is the most prevalent form of violence against women. Young people aged 16-24 were significantly more likely to have experienced domestic abuse in an intimate relationship in the last year, in 2011-2012. This increased risk is present even when the confounding effects of their greater risk for alcohol consumption, drunkenness and illicit drug taking are taken into account⁸. Over their lifetime (since the age of 16), significantly more women (31%) than men (18%) in England and Wales are victims of domestic abuse⁹.

UK surveys¹⁰ found that the

⁸ Smith, K. (Ed.), Osborne, S., Lau, I. and Britton, A. (2012). *Homicides, Firearm Offences and Intimate Violence 2010/11 (Supplementary Volume 2 to Crime in England and Wales 2010/11)* Home Office statistical bulletin 02/12

⁹ Smith (2012) op cit.

¹⁰ Henderson (2003) *Prevalence of Domestic Violence among Lesbians and Gay Men: Data report to Flame TV*. London: Sigma Research.

prevalence of domestic abuse in intimate LGBT relationships usually mirrors that in heterosexual relationships, with approximately one in four to one in three individuals in LGBT relationships experiencing domestic abuse at some point. Men are more likely to report violence than women. However the samples in the UK surveys cannot be considered representative and few participants are included from Wales.

While the proportion of adults in Wales affected by sexual violence is much lower compared with domestic abuse, the last year has seen a rapid increase in rates of reported sexual offences. Disclosure of historic abuse plays a part in this but historic abuse requires a service response in its own right and disclosure of historic sexual abuse prompts disclosure of current abuse. Only 13% of all sexual violence cases reported in the Crime Survey for England and Wales (CSEW) are officially reported to the police¹¹.

The rate of reported elder abuse in

¹¹ Smith (2012) op cit.

Wales is 3.1%¹². Using Census 2011 population estimates, this equates to just over 17,000 older people in Wales experiencing some form of elder abuse and neglect.

5. Mapping Service Provision across Wales

The range of different interventions and responses in Wales was mapped against a typology of services, developed specifically for the purposes of this research. In common with other such models¹³, the typology had a rights-based framework, drawing on the commitments to uphold rights to protection, in the Welsh Government's Right to be Safe strategy.

The typology covers a continuum of services, assessed at two levels. Figure 1 illustrates the first level assessment, classifying services by the type of violence to be addressed (whether it is domestic abuse, sexual violence, sexual

exploitation, forced marriage and harmful traditional practices such as FGM) and the type of response. The model recognises that a person might experience several types of violence together and that many services now aim to respond to all these forms of domestic and sexual violence.

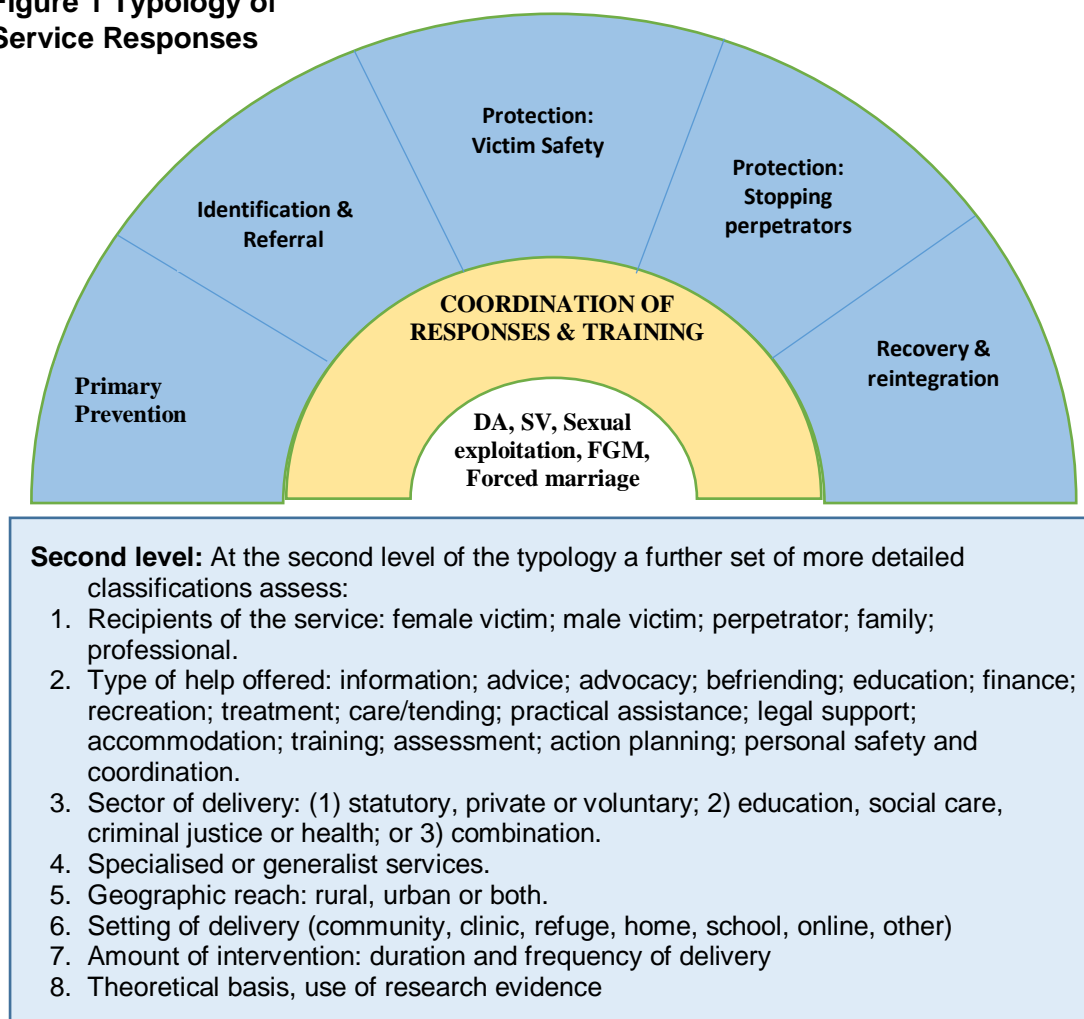
Service responses in the typology are classified into five main types – prevention (stopping violence and abuse from occurring in the first place); identification and referral of those affected; responses which focus on the safety and protection of victims; responses aimed at increasing safety by dealing with perpetrators; and responses which support recovery and social reintegration.

Coordination efforts are included as an essential service response in the typology. Coordination facilitates responses across a number of different services and is sometimes led by a coordinating agency or a designated key worker. Training is included in this field of the typology as it is often aimed at improving interagency collaboration and communication.

¹² O'Keeffe et al (2007) op cit.

¹³ Radford, L. Allnock, D. & Hynes, P. (2014) *Protecting children and adolescents from sexual exploitation and abuse in development and emergency contexts: evidence review*. New York: UNICEF.

Figure 1 Typology of Service Responses



Services responding to domestic abuse were found to be most predominant in Wales with 75% of services addressing this issue. However, results suggest that many services address a broader range of experiences of domestic and sexual violence in line with the Welsh Government's strategy. For example, 50% worked with sexual violence, 29% with sexual exploitation, and 34% with forced

marriage issues. No information however was given on the number of clients with these specific needs who had been helped, so the full extent of experience in working with these issues remains unclear.

The majority of services provided in Wales aim to primarily address immediate protection (44%) or recovery (22%). Fourteen per cent of services described identification

as their primary purpose while 11% reported that their main function was coordination of responses and/or training.

Relatively few of those surveyed (9%) saw working to prevent violence from happening in the first place as being their primary responsibility. This may be because services were asked to select just one out of the five types of service response as their main area of work. Many may have included prevention in their overall response. The survey responses from education, where much of the prevention work with children and young people takes place, were also relatively low.

The survey results show that work on violence prevention in Wales could be broadened beyond education to include community-based interventions promoting empowerment, resistance training and assertiveness in vulnerable groups. Few of these types of programmes were reported in the survey. The literature review found that projects drawing on protective resources that exist in communities, such as bystander

interventions for domestic abuse and sexual violence, show early promising results. These could be developed and tested in Wales.

Over three-quarters (76%) of services said they were open to work with female victims and 41% with male victims. Just over half (51%) worked with families. Just under a quarter (23%) worked with professionals, 23% with the general public. Despite a large proportion of services defining their function as protection, relatively few of the services said they worked with male (16%) and/or female perpetrators (13%) of violence.

A wide range of different types of help are delivered by agencies in Wales, from advice and information to practical help or accommodation services. Coordinating access to other services was the most frequently mentioned form of help provided (69%). While coordination may reduce the need for victims to make contact with multiple agencies, such activity may take time away from direct work with victims or perpetrators and national information networks or hubs may assist here. Approximately two-

thirds of survey respondents described their organisations as offering information and/or advice and work on personal safety, while about half reported providing assessment, action planning, advocacy and/or practical assistance. Around a third offered treatment, education, training, accommodation, legal support and/or financial assistance. Respondents were able to select more than one type of help provided by their services.

Thirty-seven percent of services responding to the survey were based in the public sector and 48% were voluntary sector organisations, the remainder being mostly private or partnership services. Specialist services tend to be located in the voluntary sector and 47% of services responding to the survey were specialist domestic and sexual violence services, while 38% were generalist services.

The survey asked respondents about the geographical areas covered by their services. The proportional spread of services across the regions was calculated. Around one-third of the services

responding to the survey are delivered in the North Wales region. This is unexpected, given that the two largest Welsh cities, with the highest population density, are in the South, whilst mid-Wales constitutes the largest land mass and includes three of the largest local authorities across Wales. It is possible that the survey received better distribution and elicited more interest in North Wales but we have no evidence of this.

The majority of services (55%) worked in an area combining urban and rural locations, 18% were in rural areas and 27% were in urban locations.

The duration of a service intervention varied according to type. Thirty-five per cent of survey respondents, mostly providing support services to victims, said they provided a service 'as required'. Structured interventions, which follow protocols or prescribed curricula, were more likely to be time limited.

A number of respondents indicated that the service they provided was informed by feminist theory and

research, including references to the Duluth model and coercive control models. Other services, informed predominantly by theoretical models, were therapeutic and mental health services, which referenced various psychosocial and psychodynamic models of intervention. Some respondents said an understanding of local unmet need was the rationale for their service. Some organisations were delivering interventions that had been piloted or evaluated in other areas. The majority of services (60%) claimed they had used user satisfaction and individual monitoring of outcomes (56%) to evaluate their impact. Only 31% had undertaken any pre- and post-test evaluation.

The educational levels and training of staff in this sector vary considerably and the consultation groups with service users confirmed this. Under 24% of staff were said to have graduate, postgraduate or professional level qualifications.

Just over half the services (53%) reported that service users were consulted or involved in the

development of the service but 45% of services did not involve service users in current service delivery.

Less than a quarter of services (24%) were described as having secure funding. A third of those responding described their funding arrangements as short term and insecure.

6. Views of Service Users and Stakeholders

Fifty-three service users were consulted about their experiences of finding help in Wales. Stakeholder views on services were explored through 31 interviews (23 with service providers and 8 with national and regional strategic leads holding commissioning or policy roles). In keeping with similar research, service users interviewed said they appreciated having specialist domestic and sexual violence services.

“Without Women’s Aid I think we would all be out on the street...it is the support and the knowledge that they have as well.” (*Service User*)

Many women were reluctant to approach statutory agencies; they were not confident that information would not be shared without their knowledge or prior approval and they thought that seeking help might be interpreted as a sign of 'not coping' with implications for their parenting role. Moreover, they noted that variations between practitioners in statutory services made it difficult to predict what response they would receive. However, the police and hospitals were often identified as the first port of call. There was a lack of availability of good interpreters for people whose first language was not English, particularly in health settings, and those provided by the Home Office were not trusted.

Accessibility, location and stigma associated with services were key concerns raised by service users and stakeholders. Poor access for Black Minority Ethnic and Refugee (BMER) women was a shared concern. A failure to match provision to need was a common theme and two types of gaps were identified: general gaps relevant to everyone and equity gaps related to specific groups such as rural

women, disabled women, male victims and women with additional needs such as alcohol misuse issues. Gaps in services mentioned most frequently by service users were refuge accommodation, particularly specialist refuges for BMER women. Stakeholders identified clear gaps in services for female and male adult survivors of childhood abuse, in community based perpetrator services; service coverage across North Wales was judged to compare poorly to that in South Wales. This latter observation contrasted sharply with the findings of the survey, which showed a balance of provision between North and South.

Whilst a number of stakeholders mentioned the increase in male victims, little evidence of service take-up was offered. One interviewee described a refuge specifically for male victims which had received no referrals in the previous year:

“That service became open to men and we’ve not had a referral from a male which has been very interesting. We didn’t expect tens of them, but certainly we had expected some referrals through and we’ve not had any in the year.” (*Provider 20*)

Both service users and stakeholders considered that men’s needs were likely to be different to women’s and noted that services needed to be mindful of this before they expand their remit to cater for both female and male victims.

As found in other research with survivors, women consulted in Wales wanted timely responses from services and they valued professionals who treated them with respect and honoured confidentiality. The accessibility of 24 hour services and helplines was emphasised. The service users wanted wider and more open advertising of services addressing violence against women, noting that wider advertising might also help in shifting public attitudes. Service users emphasised the need for training for all professionals who came into contact with violence against women, domestic abuse or sexual violence. This included practitioners in generalist services

such as health and housing. It was considered important to have specialist knowledge and assistance available to all staff in respect of complex issues such as benefits and housing.

One-Stop-Shops were seen as a valuable resource by service users and stakeholders, and they were thought to be valuable in rural areas. However, some queries were raised about variations in quality of service in One-Stop-Shops across Wales.

Difficulties in finding safe accommodation were concerns for women without recourse to public funds and for women with paid employment. Most service users agreed that alternative and affordable housing was difficult to find and increased awareness is needed concerning the housing needs of families who experience domestic abuse.

Stakeholders noted that the focus on risk assessment and risk management for domestic abuse had positive and negative consequences. MARACs provided positive examples of a focus on risk

although there could be difficulties in obtaining GP engagement in MARACs. A negative consequence was the concentration of resources on high risk cases seemingly at the expense of women assessed at lower levels of risk. Some interviewees hoped that the proposed Multi Agency Safeguarding Hubs (MASHs) would better address lower level risks and prevent escalation.

A number of examples of innovative practice in work with women and perpetrators in Wales were identified by stakeholders. Innovative practice included: a One-Stop-Shop with gym facilities; printing Helpline numbers on all NHS and Welsh Government employees' payslips; developing working practices with the ambulance service and the police Body Cam pilot (where police officers have cameras attached to their vests when attending a domestic abuse incident).

As with the professionals surveyed, stakeholders raised many concerns about uncertain funding for domestic and sexual violence

services. Funding for domestic and sexual violence services in Wales comes from a variety of sources, including the Welsh Government, but lack of secure, long term funding which would facilitate service planning and contribute to the stability and build the expertise of the workforce was identified as a significant problem for this sector. Extending joint commissioning, particularly that including health as a partner, was seen as a possible way forward. Some stakeholders also suggested that developing shared minimum service standards could improve both quality of service, in times when resources were scarce and dwindling, and efficiency in working together.

"I do think it would be much better if we could start off from the beginning going, what services do we need?...what do we need and let's jointly commission services to make sure, because at the moment, it's like robbing Peter to pay Paul. And we're forever trying to pick up the pieces"
(Provider 16)

7. Service Responses and Evidence for their Effectiveness

A semi-systematic review of published academic research and

non-academic reports ('grey literature') was completed to gather together evidence on what services are available and which are most effective in preventing and responding to domestic and sexual violence. Following a thorough search of key electronic research databases and screening for relevance and quality, 397 documents were reviewed.

Globally and across the UK, it is clear that a wide range of services to prevent and respond to domestic and sexual violence are currently being delivered. Many of the interventions described in published literature originated in the USA, although interventions in FGM and honour-based violence are more likely to have developed in low-income nations. One of the difficulties with this literature is the lack of relevance or fit of programmes to the Welsh context.

There is a lack of strong evidence for any one intervention or package of responses. However, some high quality studies exist to suggest some service responses are more likely to be effective. More evidence was identified addressing

protection and recovery responses than for other types of response. As yet, there is little robust evidence on the effectiveness of different methods of working together and coordinating service and community responses, so this is clearly a priority for future research development.

The research evidence is strongest for domestic abuse advocacy services for women and for violence prevention programmes delivered in schools. There is moderately strong evidence for targeted prevention work with at-risk or vulnerable groups in the community, showing improvements in knowledge and attitudes about violence among service recipients. Some school based prevention programmes show a limited impact in reducing violent behaviour. Although generally favoured as a prevention strategy by governments, the evidence on the effectiveness of media campaigns is inconsistent with studies showing mixed effects.

The 'grey literature' provides some evidence on the effectiveness of integrated responses to sexual

violence through models such as the Sexual Assault Referral Centres (SARCs).

One-Stop-Shops working with domestic abuse are an important feature of the service landscape in Wales and are valued by users and stakeholders, but co-location is not the only feature of a coordinated model. The effective features of coordinated models include partnerships, community coalition, information sharing protocols, and clear allocation of roles and case management.

There is moderate evidence to support the introduction of community programmes for male perpetrators of domestic abuse if these include strategies for keeping participants engaged and motivated. The evidence for the effectiveness of interventions for sex offenders is weak and inconclusive.

Evidence on effective responses towards forced marriage, FGM, trafficking and sexual exploitation is currently very limited. However, there is some evidence for the effectiveness of responses in

health settings to identify and support women who have experienced FGM. This could be developed further in selected sites in Wales.

There is scope for offering evidence-based recovery responses for all forms of violence, for example, counseling or therapeutic work, by locating them within universal health settings.

There is good evidence for use of cognitive behavioural therapy interventions to treat adult victims with trauma symptoms, anxiety and depression. For certain forms of violence, such as sexual assault and FGM, the reach of recovery services may be wider when they sit alongside complementary identification and referral services.

The severe shortage of robust evaluation research is in itself a significant finding from this study. Serious consideration should be given to commissioning and conducting high quality research in Wales on the impact of interventions currently in use to prevent and respond to domestic and sexual violence.

8. Conclusions and Recommendations

Violence against women, domestic abuse and sexual violence are entrenched, widespread and complex problems whose extent, nature and consequences have only recently begun to be widely recognised¹⁴. In commissioning this research, the Welsh Government has set in motion a challenge to find ways to make a real impact on ending these forms of violence and on reducing the harm they inflict.

Key recommendations to take this project forward, discussed in detail in the full research report, are:

Recommendation 1: The Welsh Government should commission a detailed analysis of the CSEW data (formerly known as the British Crime Survey) at local area level, to obtain more specific data for Wales and its regions.

¹⁴ Krug, et al. 2002 (eds) (2002) *World report on violence and health*. Geneva: World Health Organization; Walby, S. (2004) *The Cost of Domestic Violence*, DTI Women and Equality Unit; Welsh Assembly Government (2010) *Right to be Safe*, www.cymru.gov.uk Available: <http://wales.gov.uk/docs/dsjlg/publications/commsafety/100325besafefinalenv1.pdf>

Recommendation 2: In the light of the gaps in the existing data, the Welsh Government should seek to work closely with those helplines it already funds and with other Welsh or national helplines to obtain data on calls for help/assistance related to violence and abuse in LGBT groups, FGM, honour-based violence, forced marriage and trafficking for the purposes of sexual exploitation.

Recommendation 3: In a context where new definitions and forms of abuse are emerging, it is important to emphasise that domestic abuse is by far the most prevalent form of abuse addressed by this report and services should continue to reflect this.

Recommendation 4: Organisations with knowledge and expertise in those types of violence and abuse where prevalence is lower or less is known about prevalence should be encouraged to retain and build that knowledge. This includes expertise in sexual violence, FGM, honour-based violence, forced marriage and trafficking for the purposes of sexual exploitation as well as skills

in working with particular communities such as LGBT groups, older people and BME communities.

Recommendation 5: The Welsh Government should ensure that funding for those interventions for which there is good evidence, such as IDVA services and school based prevention programmes, is secure and available on a continuing basis and is not susceptible to fluctuations in local budgets.

Recommendation 6: The evidence concerning screening for domestic abuse indicates the need to take account of which setting women are seen in and which groups are being screened. There is evidence to support screening in maternity services but in other health and social care settings, targeted enquiry directed at those for whom there are indications that this may be appropriate is advised. The Ask and Act policy needs to be supported by training, referral routes and a supportive organisational culture.

Recommendation 7: The evidence base for perpetrator

programmes in domestic abuse is still developing in the UK. At this stage in the development of the evidence base, no particular model stands out, so implementation and testing of a range of perpetrator programmes within the Welsh context is encouraged.

Recommendation 8: Given the lack of evidence for the effectiveness of current interventions for sexual offenders, there is a need to develop new approaches and models for work with this group; innovation and testing are required in this field.

Recommendation 9: Protective responses to FGM should be delivered in or linked with health settings. Health settings such as maternity services are where the likelihood of identification is highest, and where there is good evidence for medical interventions that promote recovery.

Recommendation 10: In addition to implementing school based prevention programmes, the Welsh Government should consider piloting community based prevention programmes such as

the Bystander programmes.

Recommendation 11: The Welsh Government should ensure that training is available for staff in the violence against women, domestic abuse and sexual violence sector to develop skills and knowledge in work with forced marriage, honour-based violence, FGM and trafficking for sexual exploitation purposes. Ensuring easy access to those with specialist knowledge in these fields is another means of improving knowledge and skills across services.

Recommendation 12: The Welsh Government should work with higher education and training organisations to support the goal of ensuring a skilled workforce in this sector across Wales.

Recommendation 13: The Welsh Government should proceed to develop its plans for an All Wales Hub or information network that would take on the task of providing information on and/or access to services for both professionals and for those seeking help.

Recommendation 14: Offering providers longer-term contracts would increase stability and capacity in the sector. The higher costs of delivering services in rural areas should be acknowledged in contracts and grants.

Recommendation 15: Joint commissioning activity, involving health, but also bringing a range of agencies and organisations together in funding arrangements could be developed further in Wales. Perpetrator programmes represent a service where different models of joint commissioning could be piloted and evaluated and where interagency ownership might contribute to the robustness of the intervention. Extending joint commissioning could contribute to a more cohesive sector, remove duplication and save costs.

Recommendation 16: Expertise in delivering services to those experiencing sexual violence should be protected and ways should be found of making these skills and knowledge available to other organisations who may encounter experience of sexual violence as part of their wider remit.

Recommendation 17: Similarly, specialist knowledge and skills in intervening in forced marriage, honour-based violence, trafficking for sexual purposes and FGM need to be shared across organisations through knowledge or information hubs or networks.

Recommendation 18: Generalist services such as health, education and the police have a key role to play in identifying victims of violence and abuse, in providing early intervention for those at low and medium risk and in referring on to relevant specialist services. The Welsh Government should consider supporting implementation of the NICE Guidance¹⁵ on the health and social care response to domestic abuse since this Guidance looks likely to provide a strong impetus for the full range of health services to engage more fully with the issues of domestic abuse and violence against women. The appointment of an

NHS Champion for Combatting Violence Against Women, Domestic Abuse and Sexual Violence who is charged with implementation of the NICE Guidance in Wales would be one means of achieving this.

Recommendation 19: Training is essential for staff in generalist frontline services who are involved in identification and referral as well as early intervention. Such training should address attitudes and awareness, safe information sharing and knowledge of local services as well as local referral paths and protocols.

Recommendation 20: Concerns about safety have meant that services for victims of violence and abuse have traditionally not been widely advertised. Service users themselves are now suggesting that the sector needs a more visible public profile and wider advertising might be tested through pilot projects.

Recommendation 21: One-Stop-Shops evoke positive responses from service users and other professionals. There are few

¹⁵ NICE (2014) *Domestic Violence and Abuse: how health services and social care and the organisations they work with can respond effectively*. NICE Public Health Guidance 50. Available: <http://www.nice.org.uk/nicemedia/live/14384/66668/66668.pdf>

rigorous evaluations of their work and the Welsh One-Stop-Shops offer an opportunity for such testing to be implemented.

Recommendation 22: Careful consideration needs to be given to the question of which services could be delivered online and which face-to-face. Further consultation with service users on this issue is recommended.

Recommendation 23: More needs to be done to develop the skills and knowledge of all agencies in this sector to work with the BMER population. Organisations with specialist skills and expertise in working with BMER groups could play a central role in disseminating skills and knowledge through training or via the provision of advice and information. This should include information on support available under the Destitution Domestic Violence (DDV) Concession¹⁶.

Recommendation 24:

¹⁶ The DDV Concession allows victims on spousal visas who are escaping domestic abuse access to benefits while they make a claim for indefinite leave to remain in the country.

Professional interpreting services need to be made more easily accessible and interpreters need to be appropriately trained and more closely linked to specialist services working with violence against women, domestic abuse and sexual violence.

Recommendation 25: Protocols for the safe sharing of information in all cases, not just high-risk cases, need to be developed in consultation with service users and providers. Such protocols need to build on existing models currently used in Wales and should be implemented in generalist as well as specialist services.

Recommendation 26: Services should adopt relevant and meaningful approaches for involving service users in the design and delivery of services. The Welsh Government is encouraged to collect and disseminate good practice examples of service user involvement in this sector.

Recommendation 27: Local authorities in Wales should develop a log of services for domestic

abuse, sexual violence and violence against women in their area which recognises the links between services and identifies gaps. This should include estimates of capacity or volume of service. There is also scope for linking data on incidence to improve knowledge about service demand at the level of local authorities.

Recommendation 28: More needs to be done to develop the evidence base for interventions; in addition to testing specific interventions such as perpetrator programmes, this could be achieved by building individual outcome monitoring or aggregated data analysis into contracts or grant funding. However, the cost implications of this work would need to be acknowledged.

Recommendation 29: More research should be undertaken with survivors and recent service users to capture their evaluations of new and specific services, for example, services for LGBT communities, FGM, forced marriage, trafficking and honour-based violence services.

Authors

Vashti Berry, Nicky Stanley,
Lorraine Radford, Melanie McCarry
and Cath Larkins

The Connect Centre, University of
Central Lancashire

ISBN 978-1-4734-1340-5