

The Welsh Government's proposed 'Ending Violence Against Women and Domestic Abuse (Wales) Bill': Recommendations from the Task and Finish Group

Final Report

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Terms of Reference

The role of the group is to:

- Use their knowledge and expertise to support the Policy Lead in the development of the policy content of the Bill, including delivery and enforcement mechanisms;
- Use their networks to consult as widely as possible on policy content of the Bill;
- Provide and inform the commissioning (if appropriate) of a sound rationale and evidence base for any recommendations;
- Prioritise the issues to be addressed by the Bill; and
- Produce a report that will inform the drafting of the White Paper.

The group was appointed in March 2012 and has agreed to serve until September 2013.

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Chapter 1. INTRODUCTION

The Task and Finish Group Report will set out the group's recommendations for the Welsh Government's new legislation to 'end violence against women and domestic abuse'. It will draw on the engagement events that have been conducted across Wales with stakeholders and service users; and provide a synthesis of research evidence to support the recommendations.

This introductory chapter includes the following sections: (1) vision for the new legislation, (2) decisions regarding terminology, (3) the Welsh context, and (4) overview of our recommendations.

This chapter is followed by three chapters, one for each of our thematic groups of recommendations: Chapter 2 (leadership), Chapter 3 (education), Chapter 4 (strengthening services). We provide a concluding discussion in Chapter 5.

1.1 VISION

The VAW Team within Welsh Government, in collaboration with the Task & Finish Group, has developed the following 'vision' for the proposed legislation. This vision sets out the content and scope of the proposed legislation, and as such can serve as an introduction to the report.

First, however, it is important to make explicit the fact that the Task and Finish Group does not speak for the Welsh Government. The aim of the group is to provide expert advice and information to the Welsh Government, so that Welsh Government may take informed and evidence-based decisions on how to address these complex issues. Thus, the vision reflects the Welsh Government's intention for the legislation whereas this report represents the Task & Finish group's vision.

The Vision for the Legislation [excerpt]

The vision of Welsh Government is for Wales to be a self confident, prosperous, healthy nation and society which is fair to all. This can only be achieved if our communities are resilient, safe places that provide an equal opportunity for everyone to contribute. The enduring social problems of violence against women, domestic and sexual violence have no place in our communities and must be eliminated. These forms of violence and abuse, which predominantly affect women and girls, remain significant barriers to Wales becoming a fair and prosperous society.

The purpose of the Bill, as stated by the First Minister in 2011 when he announced the legislative programme, is to address the social issues within the elements of prevention, protection and support. The Bill will not seek to address criminal justice issues but will complement existing criminal law.

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The policy intent for this legislation will be consistent with and underpin the Right to Be Safe Strategy which was introduced in 2010...

Having established the vision of the Welsh Government, the report of the Task and Finish Group now follows. Before proceeding, however, the Group would like to state its support for taking a rights-based approach to this issue, as well as one that recognises the health and well-being impacts of violence and abuse on women, children, and men. The Group also would like to acknowledge the need for significantly improved and long-term targeted efforts at prevention.

1.2 DECISIONS REGARDING TERMINOLOGY

What do we mean?

For this report to deliver valuable advice and recommendations, terminological choices must be clearly stated. Commonly understood definitions of terms such as 'gender-based violence', 'violence against women', 'intimate partner violence', 'domestic violence', 'domestic abuse' and 'sexual abuse/violence' are provided in Appendix A.

It is essential to have clarity regarding the scope of the Bill, including a sensible rationale for the types of violence/abuse that it should attempt to respond to versus those that are addressed by other government policies and laws. Decisions regarding terminology are important because it is vital to ensure that all service providers are working from the same definitions when designing and delivering interventions to respond to and prevent violence/abuse, and when measuring the scope of the problem. It is also key that there is clarity that creates understanding of *why* women and girls are disproportionately affected in order to begin to challenge and change attitudes.

The terminology employed to describe the proposed legislation has shifted somewhat from when it was first mentioned in the WG's programme for government 2011-16. In that document, under actions designed to 'reduce domestic abuse and violence against women' the statement was made that a 'Domestic Abuse Bill' would be introduced, and that government would continue to take forward the *Right to Be Safe* strategy, which was described as a 'violence against women strategy' (p. 26). More recently, the proposed legislation has been described by the First Minister as the 'Ending Violence Against Women and Domestic Abuse (Wales) Bill'.

Because of the complexity and shifting nature of the definitions of these concepts, the Task & Finish Group has endeavoured to provide advice on the risks and benefits of various possible titles for Bill (see Table 1). The T&F Group is not recommending a title for the proposed legislation, but rather attempting to describe what they perceive to be the likely pros and cons of different terminological choices.

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Table 1A. Likely implications of different terminological choices.	
'Ending Violence Against Women''	
<p>Pros:</p> <ul style="list-style-type: none"> • <i>Correctly signals the focus of the legislation being on ending all forms of violence against women</i> • <i>'Violence against women' is a term that is clearly understood, naming those most often victimised (women)</i> • <i>VAW is consistent with WG's Right to be Safe strategy and UK policy, which has been gender-specific for some time</i> • <i>VAW is the term most often chosen by governments to name their offices /policies on this issue (also see Appendix B)</i> • <i>Avoids the issue of separating out other forms of VAW e.g. DA, SV, which are internationally understood to be the most prevalent forms of VAW</i> • <i>Enables and reinforces that prevention work must come from a strongly gendered focus in order to reduce prevalence.</i> • <i>Fulfils requirements of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, 'based on a gendered understanding of violence against women and domestic violence' (Article 18).</i> • <i>Will make it clear 'on the ground' (e.g., to service commissioners) that commissioning specialist gender-specific services is not only ok but often preferable to meet victims' needs</i> 	<p>Cons:</p> <ul style="list-style-type: none"> • <i>Only naming 'women' risks alienating 'men', stirring unhelpful debate (i.e., 'where are the men?')</i> • <i>Only naming 'women' time-limits the legislation, risks making the legislation not fit-for-purpose in future years</i> • <i>Misses out 'girls', not consistent with UK strategy 'Violence Against Women and Girls'. This could be easily rectified by calling it 'Ending VAWG'</i>
'Ending Violence Against Women and Domestic Abuse'	
<p>Pros:</p> <ul style="list-style-type: none"> • <i>All benefits of the term 'VAW' mentioned above</i> • <i>'Domestic abuse' is a term that captures a range of experiences that should be addressed in the legislation (e.g., honour-based violence)</i> • <i>Includes all victims of domestic</i> 	<p>Cons:</p> <ul style="list-style-type: none"> • <i>All risks related to 'VAW' mentioned above</i> • <i>VAW sector dislikes separation of 'DA' as this is the most common form of 'VAW' – implies 'VAW' does not include DA</i> • <i>'Domestic abuse' is a broad term with shifting meanings (e.g., UK</i>

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<p><i>abuse (e.g., men)</i></p> <ul style="list-style-type: none"> • <i>The First Minister has already announced this new title, which is the preferred one in the opinion of the VAW sector out of these options (if simply 'Ending VAW' is not an option)</i> 	<p><i>government's consultation)</i></p> <ul style="list-style-type: none"> • <i>Excludes sexual violence against men that is <u>not</u> perpetrated in the context of an intimate relationship (e.g., male victims of stranger rape) – negative implications for service provision (e.g., SARCs/RCCs/ISVAs)</i> • <i>SV remains an 'invisible' issue compared to DA; alienates SV sector</i>
'Ending Violence Against Women, Domestic Abuse and Sexual Violence'	
<p>Pros:</p> <ul style="list-style-type: none"> • <i>All benefits of the term 'VAW' mentioned above</i> • <i>All benefits of the term 'DA' mentioned above</i> • <i>Includes all victims of sexual violence (e.g., men)</i> • <i>Includes all forms of sexual violence (e.g., stranger rape)</i> • <i>Makes SV as an issue just as visible as DA; welcomed by the SV sector</i> 	<p>Cons:</p> <ul style="list-style-type: none"> • <i>All risks related to 'VAW' and 'DA' mentioned above</i> • <i>VAW sector dislikes separation of 'DA' and 'SV' as these are the most common forms of 'VAW' – implies 'VAW' does not include DA or SV</i> • <i>Also VAW sector concerned that the separation runs the risk of not addressing the gendered nature of VAW</i>
'Ending Domestic, Sexual and Gender-Based Violence'	
<p>Pros:</p> <ul style="list-style-type: none"> • <i>This phrase has been tested elsewhere (entire phrase used by the Irish Government)</i> • <i>'Gender-based violence' is considered synonymous with VAW, yet doesn't have the risks associated with exclusively naming women (e.g., alienating men)</i> • <i>GBV including 'gender' recognises the 'gendered' nature of violence, and is used elsewhere in strong laws/policies aimed at protecting women and girls (Spain, US)</i> • <i>Includes all victims and all types of domestic violence</i> • <i>Includes all victims and all types of sexual violence</i> • <i>Would be fit-for-purpose in years to come as it is a broad, flexible phrase to describe a complex social problem which can affect all members of society</i> 	<p>Cons:</p> <ul style="list-style-type: none"> • <i>Does not make visible the primary victims (women, girls)</i> • <i>'Gender-based violence' as a term might not be understood as not in wide usage in Wales/UK</i> • <i>GBV not consistent with terminology used in UK strategy 'Violence Against Women and Girls' or WG Right to be Safe strategy</i> • <i>GBV could be considered to include hate crimes perpetrated against LGBT people</i> • <i>Risks being seen as 'gender-neutral' (in a bad way, i.e., gender inequality, gender oppression not recognised because 'women' are not named); alienates VAW sector</i> • <i>Linked to above, this could result in possible negative impacts in relation to Gender Equality Duty and protection of women-only services</i>

In conclusion, our view is that the proposed legislation should focus on those types of abuse and violence that are *usually* committed within the context of close social relationships, and that *predominantly* affect women and girls. For example, it should

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encompass 'sexual violence/abuse' which is mostly perpetrated against women and girls by people known to them such as family members and partners, but this is not to say that other forms of 'sexual violence/abuse' should be excluded from the proposed legislation (e.g., stranger rape, drug-assisted sexual assault, male victims of sexual assault, etc.). Likewise, the proposed legislation should aim to tackle 'domestic abuse', which is primarily committed against women by men in the context of an intimate relationship, whilst not ignoring other, less prevalent forms of 'domestic abuse' (e.g., honour-based violence committed by extended family members).

We feel that the proposed legislation should not attempt to address violence or abuse that is primarily directed at children by adults (e.g., maltreatment, abuse, or neglect of children by parents), as the response to those issues is covered in child protection and safeguarding legislation. However, under-18s should feature in the proposed legislation in terms of education and prevention, as they are witnesses to domestic violence in the home and they may experience these intimate forms of violence and abuse within their own relationships. Furthermore, excluding under-18s would be inconsistent with the UK Government's adoption of the 'Violence Against Women and Girls' definition and would therefore cause complications when dealing with intimate violence suffered by under-18s, such as female genital mutilation (FGM) and forced marriage. We want to see Welsh Government committed to the 'prevention agenda', implementing initiatives designed to prevent children and young people from growing into 'perpetrators' and 'victims', such as better education and public awareness campaigns (see our recommendations along these lines in Chapter 3).

1.3 THE WELSH CONTEXT

1.3.1 *Costs to Wales*

The work of Sylvia Walby¹, in the UK, on the cost of domestic violence is generally considered the best source of information for estimating the financial costs of domestic abuse to society. Her recent estimates indicate that domestic abuse costs the British economy £5.8bn a year, made up of the estimated costs to business - through absence, loss of productivity and rapid turnover of employees costing around £2.7bn; and the estimated cost to the public sector, in terms of medical and social services, which represents around a further £3.1bn.

Population-based estimates² applied to the work of Sylvia Walby suggest an annual cost in Wales amounting to £303.5 million. It is important to acknowledge that these figures do not include any element of human and emotional costs, estimated in the research as an additional £522.9 million in Wales. Furthermore, these figures do not

¹ <http://www.ndvf.org.uk/files/document/1299/original.doc>

² <http://www.avaproject.org.uk/media/60461/costs%20of%20dv%20by%20local%20authority.pdf>

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include other forms of gender-based and sexual violence that also produce enormous human and emotional costs for society.

These figures are so dramatic that it can be difficult to appreciate how these economic impacts operate at the individual level. Table 1A (next page) establishes the link between exposure to domestic violence as a child and educational attainment as a teenager, and consequently income earned as an adult. Obviously, exposure to other forms of violence and abuse would undoubtedly have a detrimental impact on children's development; however, research on these other forms is not available.

Recent research conducted in the US shows that a child's exposure to domestic violence (as a witness), has the same detrimental effect on their IQ as directly experiencing maltreatment (Enlow et al., 2012). Infants aged 0-2 are particularly vulnerable. IQ and educational attainment are highly correlated (Dreary et al., 2007). Educational attainment, and in particular the key outcome of Level 2 qualifications, is clearly linked to employability and the amount of income earned (i.e., in 2007 the Learning and Skills Council found that *'good GCSEs equal a £2,000 salary boost'*). Thus, the economic reality is that exposure to domestic violence reduces the educational potential, and subsequently the income and earning potential, of a significant number of Welsh girls and boys each year.

Table 1A. The link between exposure to domestic violence as a child and loss of income as an adult

- 1) A child born who is exposed to domestic violence during infancy (aged 0-2) has, by age 8, a 7-point reduction in their IQ compared to a child who was not exposed to domestic violence during infancy (Enlow et al., 2012).³
- 2) IQ is correlated with educational attainment in that a pupil with an average cognitive ability test score (IQ=100) has a 58% chance of obtaining a Level 2 qualification (5 GCSEs), a standard deviation increase (IQ=115) or decrease (IQ=85) altered the values to 91% and 16%, respectively (Dreary et al., 2007).
- 3) Exposure to domestic violence thus reduces IQ by one-half of one standard deviation; as a consequence the odds of a pupil achieving the Level 2 qualification are significantly reduced.
- 4) Qualifications are related to levels of employment and income earned as adults. For example, 1 in 4 people aged 25 to 29 with no GCSEs at grade C or above lacked but wanted paid work in 2010 compared to 1 in 15 of those with degrees or equivalent. Adults without the minimum set of qualifications (5 GCSEs) earn on average £55 a week less.⁴

³ Reductions in IQ held even after controlling for socio-demographic factors, maternal IQ, birth complications, birth weight and cognitive stimulation in the home.

⁴ See www.poverty.org.uk

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Although domestic violence has a major impact upon children's intellectual development, as shown above (also see review of research in Section 3.1), it is important to remember that domestic violence is *one of many* detrimental life experiences that impacts upon children's cognitive development. Domestic violence, low IQ, truanting, and offending are *all* associated with chaotic, anti-social lifestyles. Interventions designed to support families and children need to be broad enough to recognize the role that domestic violence plays without disregarding other important influences on children.

In conclusion, research shows that gender-based violence, domestic and sexual abuse have devastating consequences for the individual victim, their family and wider society. They drain the resources of employers, public and voluntary services, causing untold pain and suffering to those who are abused. Such issues are everyone's problem and we all have a part to play in their eradication. Victims of gender-based violence, domestic and sexual abuse are more likely to experience homelessness, alcohol misuse, social exclusion, low educational attainment, crime and ill-health (both mental and physical). These strong correlations support the socio-economic arguments to suggest that prioritising and integrating services to address this at an early stage, would not only positively impact the citizens of Wales but also make economic sense; public bodies cannot afford not to address it. If Wales is to be a self-confident, prosperous, healthy nation the Welsh Government must take effective action to tackle gender-based violence, domestic and sexual abuse.

1.3.2 Policy and Law-Making in Post-Devolution Wales

There are significant international differences in the prevalence of gender-based violence, domestic and sexual abuse and the responses crafted by individual governments to address it. These responses have not developed in a vacuum, but are the products of specific socio-political and legislative contexts.

Wales has a unique socio-political context, established by its history, bilingual status, varied geography, small size, and devolution settlement. Unlike Scotland and Northern Ireland, Wales continues to share a single legal jurisdiction with England. Consequently, Westminster retains control over some agendas relevant to responses to domestic and sexual abuse in Wales (policing and criminal justice) while others are devolved to Cardiff (health, education, public services). All parties must be committed to working together, across the boundaries of devolved and non devolved responsibilities, to tackle this important agenda. There are new opportunities posed by devolution for policy and law-making with regard to tackling gender-based violence, domestic and sexual abuse in post-devolution Wales but also challenges in terms of an added layer of complexity. This must be borne in mind as it has affected the scope and to some extent the content of the recommendations of the Task & Finish Group.

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1.3.3 Evidence for Our Approach: Violence and Abuse in Wales

The aim of this section is to provide a discussion of: (a) recent trends in Wales, (b) disproportionate impact on women, and (c) male victims. First, we will show evidence suggesting decreases in the prevalence of *some* of these forms of violence over time, which suggests that the multi-agency and preventative approaches that have been put in place over the past decade may be working. This informs our recommendations to bolster these types of approaches as effective methods for addressing violence.

Data discussed in this section also make it clear that, although disproportionately affecting women and girls, domestic and sexual violence does also affect men and boys. This is the evidence underpinning our position that the legislation must take a gender-inclusive approach, whilst recognising women and girls are most often the victims.

Recent trends in Wales. Official sources of data (e.g., the British Crime Survey, police data, and health data) have their limitations. They are products of particular perceptions and definitions of violence, and are unreliable for a host of reasons (Maguire, 2012). Despite their limitations, they do give us a picture of the numbers of people who are willing to report having been victimized each year, and the levels of injuries they sustained. They are also useful for indicating changes over time as the measures and collection methods remain fairly constant. Official statistics appear to indicate declines in violence and abuse over recent years. The most recent British Crime Survey (2010/11) found that estimated levels of domestic abuse were at the lowest levels since 2004/05 when the self-completion module⁵ was first included. The main limitations with regard to the BCS, that is relevant to this report, is that it measures *incidents* when domestic violence is better understood as a *pattern* of behaviour. The gendered nature of domestic violence can be obfuscated by a focus on incidents, where as examining repeated and more severe domestic violence clearly shows a disproportionate impact on women, as we discuss in the next sub-section.

According to the BCS, for both men and women, there has been a decline with most of the headline measures of intimate violence. Specifically, 3 of the 4 main categories (non-sexual partner abuse, non-sexual family abuse and stalking) have all shown statistically significant decreases between the 2004/05 and 2010/11 (Britton, 2012). Police recorded violence against the person offences have also decreased over this period. Supporting this finding is Professor Walby's 2009 update to her

⁵ The under-reporting of crime to the police is known to be particularly acute for intimate violence offences and one of the strengths of the BCS is that it covers many crimes that are not reported to the police. Figures on prevalence of domestic violence based on face-to-face BCS interviews are regularly published but the issue of willingness to disclose incidents in face-to-face interviews means that this crime type is particularly liable to under-reporting using this method. Prevalence rates for domestic violence from the self-completion module are around five times higher than rates obtained from face-to-face interviews on the main BCS (see Walby and Allen, 2004).

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2004 research which showed that the total cost of domestic violence has *fallen* by £23 billion to around £16 billion per year. She found that this decrease had been partly achieved by the development and increased utilisation of public services. She concluded that investment in public services to reduce domestic violence has been cost effective.

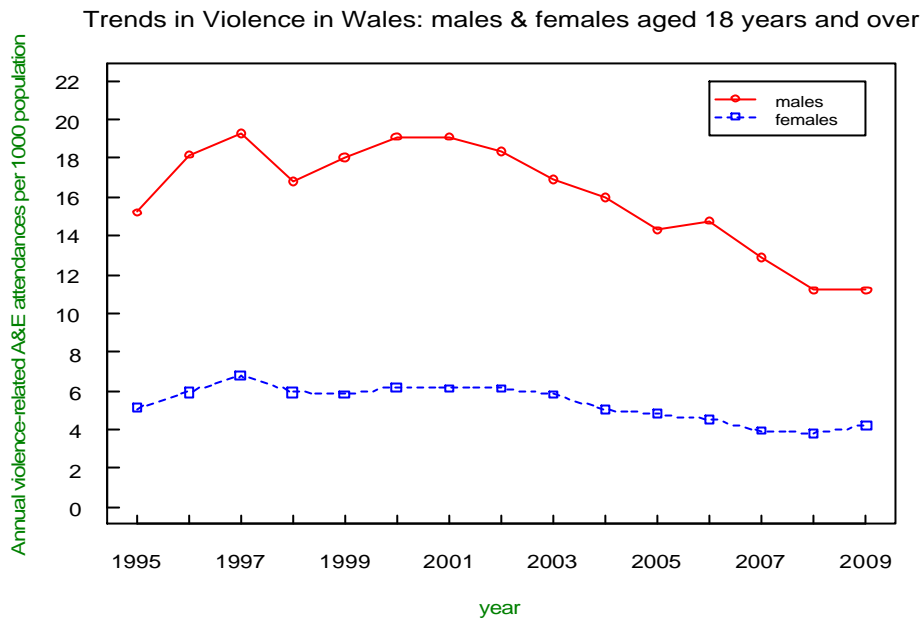
Longitudinal trends using BCS data specific to Wales were not available at time of writing, so it is not possible to establish the existence of similar or different trends in recent years.⁶ During 2011-12 Welsh police recorded 48,576 incidents of domestic violence across Wales. Roughly one-third of incidents turn into crimes, resulting in 13,821 domestic violence crimes over the same period. For the two forces providing data, it can be seen that men represent less than one-fifth of victims of domestic violence crimes (14% in Gwent, 22% in North Wales).

Data from Emergency Departments (EDs) across England and Wales also portrays a complicated picture. Measuring violence from injury records is not without its limitations, however, as violence leading to hospital treatment represents the most serious violence and does not include violence which leads to no injury or injury deemed not to require hospital treatment. Sivarajasingam et al. (2011) showed that the annual violence-related injury rate in England remained relatively consistent over the period 1995-2009, whereas for Wales it decreased substantially after 2001, all but eliminating the disparity between the two countries. As the authors explain, reasons for this will be complex and multifaceted, yet they note that *"It is also possible that community level violence prevention has been more effective in Wales than in England and over a longer period, reflecting the development, for example, of anonymised information sharing between EDs and other community partners which began in Wales and which was implemented across the country by the Welsh Government before it became a UK coalition commitment."* However, data from Welsh Emergency Departments (see Figure 1A, next page) also shows that reductions in the prevalence of violence over time have not been as pronounced for women as they have for men, indicating the need to continue and further develop robust responses to preventing and responding to the forms of violence most often experienced by women (e.g., domestic and sexual violence).

⁶ Although a request was made, and accepted, by the Home Office to produce the headline figures specifically for Wales in June 2012, these were not able to be delivered in time to include in this report.

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Figure 1A.



Source: Page & Shepherd (2012)

Moreover, evidence about other types of violence against women possibly suggests a different picture. Sexual assault has not shown the same declines domestic violence, according to either BC S or police data. Regarding honour-based violence, data from three quarters of the 52 police forces responding to a FOI request showed that over 2,800 cases of HBV were recorded in 2010 (Payton, 2012a). Among the 12 forces which also provided data for previous years, there was an average *increase* of 42% from the previous year. Data was particularly sparse from Wales: Gwent did not provide data; Dyfed Powys reporting no instances of HBV; North Wales reported 2 incidents; South Wales reported 43 incidents. It is highly likely that these figures do not represent the full extent of honour-based violence in Wales given the demographics of the region and the experiences of organisations working with women and girls from ethnic minorities in Wales.

In conclusion, the overall conclusion from these data sources is difficult to assess as each shows only a partial glimpse of the overall picture, affected by its own unique set of limitations. Regardless of whether recent trends are stable, decreasing, or increasing, the total volume of people affected means that a strong and coordinated approach from government must be implemented.

Disproportionate impact on women and girls. It is impossible to understand the risk of violent victimisation without considering gender (Brookman & Robinson, 2012). For example, the 2009/10 British Crime Survey showed that men had higher levels across all the legally defined categories of violent crime (wounding, assault, etc). On the other hand, women were at greater risk of domestic violence (4.6% compared to 2.6%). Furthermore, the data show that women suffer both *more serious* and *more frequent* domestic assaults than men; for example, 1 in 9 women reported having

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experienced 'severe force' from a partner since the age of 16, compared to 1 in 20 men. Risk of serious sexual assault was also found to be far greater for women (1 in 20 women compared to 1 in 331 men). A similar gendered pattern is apparent in homicide, in that, although men have a higher risk overall, women are at a much higher risk of domestic homicide: in 2009/10, 54% of female victims aged 16 or over had been killed by their partner, ex-partner or lover compared to 5% of male victims (Coleman *et al.* 2011).⁷ Women indicated twice the level of mental or emotional problems, due to domestic violence, than men (33% and 14% respectively) (Hoare & Jansson, 2008). There are strong correlations between the incidence of domestic abuse and other forms of violence against women, with victims often experiencing multiple forms and types of violence and abuse across the lifespan.

The most recent BCS data (2011/12), disaggregated for Wales⁸, shows that women experienced twice the levels of 'any domestic abuse' (defined as partner or family non-physical abuse, threats, force, sexual assault or stalking) within the past year (11.1% compared to 5.1%). Rates of 'any sexual assault (including attempts)' (which includes serious sexual assaults, rapes, assault by penetration and less serious sexual assaults) were also significantly higher for women (3.2% compared to .7%). Similarly, rates of stalking were also much higher for women (7.8% compared to 3.5%).

The recent Kafka Brigade-led work in Rhondda Cynon Taf provides further compelling evidence of the disproportionate impact on women and girls in one area of Wales:

- 86% of all reported incidents were against women;
- the majority of victims were aged between 20 and 29 years old;
- the majority were unemployed;
- 55% had children;
- 71% of victims' children had witnessed the abuse;
- 81% of victims were pregnant at the time of the abuse;
- 71% of incidents occurred in the home;
- 67% of abuse was between intimate partners;
- on average, a victim would present to Accident and Emergency 11 times before action was taken;
- domestic abuse accounted for 25% of all violent crime in RCT;
- the Merthyr Tydfil and RCT Community Safety Partnerships were trying to deal with between 300 and 500 referrals each month; and
- some estimates suggest that as few as 2% of domestic abuse incidents are reported to the Police.

To date the consultation events with stakeholders and service users⁹ has shown widespread understanding of the disproportionate impact suffered by women and girls. However, evidence from many sources, including the perspectives of those

⁷ By contrast, the overall homicide rate for men was 16 per million population and 7 for women.

⁸ Many thanks to Maya Bhudia at the Crime Statistics Office for providing these figures.

⁹ Three consultation events were held across Wales (South/West/North) during the Spring of 2012 to inform the work of the Task & Finish Group and the development of the Welsh Government's White Paper which will go out for public consultation during the Autumn 2012.

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attending the consultation events, shows that anyone can be affected by these forms of intimate violence and abuse, as victims can be from across the whole spectrum of society, including older people, all ethnicities, religions and beliefs, people with disabilities and people from the Lesbian Gay Bisexual and Transgender (LGBT) community.

Male victims. Every year, Home Office statistics remind us that, while women are most often the victims, men are also subject to domestic and sexual violence. As previously indicated, proportionately, men are much less likely to be victimized by these types of intimate crimes, yet even for a small country such as Wales the percentages translate into significant numbers of men desiring a professional and empathetic response to the trauma they have experienced.

Data from the Dyn Project¹⁰, an initiative developed to provide support to male victims located in Cardiff as well as an all-Wales helpline and website, has gathered much national and international attention as a recommended model for addressing the unique issues faced by male victims of domestic abuse (both heterosexual and GBT). Operational since January 2005, the project has received a steadily increasing number of referrals: 417 referrals in 2011/12, representing a 207% increase over the 201 referrals received in 2009/10. The project also received 706 calls to the helpline (a 36% increase from the previous year). There were a further 34,863 visits to www.dynwales.org, the website set up to provide online information and advice to male victims. It should be noted that the website indicates a large volume of interest in the subject but does not necessarily indicate levels of victimization.

Referrals to the Dyn Project tend to be, on average, 70% heterosexual and 30% gay/bi-sexual. Key lessons learned from providing services to male victims include: a) male victims do not want the same services as female victims, and b) many male 'victims' are also 'perpetrators'. For example, both independent evaluations of the Dyn Project revealed that nearly half of heterosexual clients had a history or were currently known to be perpetrating abuse against their female partners (Robinson & Rowlands, 2006; Nolan, 2011). Thus, the existence of the Dyn Project provides much needed attention to the issues faced by male victims of domestic abuse, whilst also highlighting the complex reality of providing services based on need. Wales is at the forefront by attending to this issue rather than shying away from it, and this important work needs to be sustained. Furthermore, the responses crafted by governments have to be able to respond to long-term changes in societal norms which will impact upon people's willingness to identify, report, and respond to violence and abuse. While it is hard to imagine men ever coming to represent a majority of victims, at some point they might represent more than only a small fraction of service users.

As stated previously, women are much more likely to fall victim to the most serious and damaging levels of domestic and sexual violence. Implementing a model to respond to the most high-risk cases further reinforces the gendered nature of these

¹⁰ Current figures kindly provided by the Dyn Project Coordinator, Simon Borja. Also see Robinson, A. L. and Rowlands, J. (2006) and Nolan, J. (2011) for independent evaluations of the Dyn Project.

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crimes, as data for England and Wales shows that on average 97% of referrals to Multi-Agency Risk Assessment Conferences (MARACs, see also section 4.3.2) are for women.¹¹ Although only 3.83% of victims going through Welsh MARACs are male (compared to 3.47% nationally), this still represents approximately 200 Welsh men deemed to be at very high risk of repeat violence who are gaining multi-agency support each year (CAADA, 2012).

Sexual violence is another issue that is much more likely to affect women and girls, yet the impact on men and boys cannot be ignored. For example, since Cardiff's Sexual Assault Referral Centre (named 'Ynys Saff', Welsh for 'Safe Island') opened in 2009, 181 male clients have accessed services, compared to 1285 female clients over the same period. The SARC seems to be a particularly important service for boys and young men as the age profile of male clients is younger. Specifically, a greater proportion of male clients were younger than 18 years old at the time of referral (33% of male clients were children aged 3-10 and 25% were young people aged 11-17) compared to female clients (9% were children and 28% were young people). LGBT clients are more likely to be male, and male young people coming to the SARC were more likely to be considered vulnerable due to mental health factors, compared to female young people (aged 11-17) (Robinson et al., 2012). It is notable that, regardless of the victim's sex, *nearly all perpetrators are men*,¹² a pattern that is true of SARCs nationally.

In conclusion, this section has illustrated the importance of providing services based on need, which are available to all that need them. A gendered perspective is also required when interpreting these statistics. Masculinity is associated with violence in most cultures and Wales is no exception; thus, all preventative work and interventions must be designed to address *men's violent behaviour*, while at the same time recognizing that both men and women may be the victims of violence that is overwhelmingly perpetrated by men.

1.5 OVERVIEW OF RECOMMENDATIONS

Our recommendations fall into three high level themes that cut across issues of prevention, protection and support. They respond to gaps identified by stakeholders, service providers and extant research for a number of years. They are designed to improve the response taken to all victims who have experienced one or more of any of the forms of gender-based violence, domestic and sexual abuse. In brief, they are:

- **Stronger leadership** across public services in Wales that is independent, can monitor and challenge, providing a strategic overview;
- **Better education and awareness** across the lifetime, that includes the public and professionals;

¹¹ See http://www.caada.org.uk/marac/MARAC_data_and_performance.html

¹² Since Ynys Saff opened on 1st Oct 2008, there has been less than 10 female perpetrators out of approximately 1,800 cases (<0.006%).

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- **Strengthening and integrating services** that are timely, consistent, effective and of a quality standard.

Evidence from the Welsh Government's 10,000 Safer Lives project is consistent with these three thematic areas of recommendations, as that research identified the following as priorities for action:

- Strategic direction and leadership;
- Improved multi-agency training;
- Effective information-sharing;
- Prevention (with an emphasis on early intervention and education for children and young people); and
- Consistent, high quality services.

Wales is internationally recognised as being innovative in providing services to victims of domestic abuse and violence against women and in public awareness raising campaigns about these issues; however, this recognition is now in danger of being lost. Service provision is far from uniform, and local government funding and support is inconsistent across Wales. Delivery of services is patchy with no consistent, strategic oversight of the issue. The issue is further compounded by the many different forms of abuse and violence that are considered 'gender-based violence', 'violence against women', 'domestic abuse' and 'sexual abuse'. The development of responses to each has produced many policies, procedures, care pathways, and bespoke interventions. There is now a need for integration, coordination, and rationalisation of services to produce a better response for victims. We feel that, considered as part of an integrated whole rather than a pick-n-mix toolkit, our recommendations will achieve better prevention, protection and support for those affected by gender-based violence, domestic and sexual abuse, than is currently the case in Wales.

We draw upon a number of sources of evidence to support the recommendations we make in this report, including:

- Existing published research evidence (e.g., academic papers, evaluation reports, grey literature, etc.);
- Evidence from meeting with stakeholders and practitioners during three public consultation events held across Wales in May-June 2012. These events were attended by members of the T&F Group and information was obtained from participants via roundtable discussions and individual feedback forms.
- Data obtained for the purposes of this report (e.g., BCS data, police data, performance monitoring data on Welsh MARACs, etc.).

The various sources of data informing our recommendations are described and discussed in Chapters 2, 3 and 4, where we explain and make our recommendations. In Chapter 5 we provide a summary of our recommendations along with a discussion of our view that these recommendations should be adopted in total as, taken together, they represent a comprehensive, integrated approach.

Chapter 2. RECOMMENDATIONS FOR IMPROVING LEADERSHIP AND ACCOUNTABILITY

"A strong and independent monitoring mechanism is of utmost importance to ensure that an adequate response to this problem is given." (Council of Europe, 2011)

2.1 WHAT IS THE ISSUE?

The Welsh story is one of innovative operational change at the local level influencing strategy at the national level. But more needs to be done. Our view is that strong, strategic leadership will be necessary to deliver improved frontline service delivery that is effective, sustainable, and consistent across Wales as well as to coordinate interventions that create attitudinal change.

There is a lack of coherence at the national level which translates into a lack of consistency and effectiveness at the local level. Wales is not unique in this regard but the issue is complicated by how Welsh Government is devolved in some, but not all, areas of Government that have a responsibility for dealing with violence and abuse within Welsh communities. The issue is further compounded by the fact that the issue of 'violence against women and domestic abuse' encompasses many different forms of abuse and violence, each spawning their own cluster of policies, procedures, care pathways, and bespoke interventions (e.g., Sexual Assault Referral Centres, Domestic Abuse Coordinators, All-Wales Anti-Human Trafficking Coordinator, FGM Health and Safeguarding Community Based Project set up by BAWSO, Independent Domestic Violence Advisors, ACPO Honour-Based Violence Strategy, Dyn Project for male victims of domestic abuse, All Wales Domestic Abuse and Sexual Violence Helpline, One Stop Shops, Safer Wales' Streetlife project for sex workers, etc. just to name a few).

Leadership is essential for making progress in terms of a) prevention, b) protection and c) support for these victims. The following list is by no means exhaustive, but does provide *a few examples* of how effective leadership is essential for tackling this complex problem:

Prevention: Who makes sure that **every** child/young person in Wales receives evidence-based, age-appropriate education that empowers them to choose healthy relationships, stay safe and advice about what to do if they can't?

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Protection: Who has responsibility for monitoring the performance of the MARACs that are operating in **every** Welsh Local Authority? Who has the strategic overview across Wales?

Support: Who ensures that **all** victims have access to effective and quality services that improve their wellbeing and safety, regardless of where they live in Wales?

Leadership is essential if our aim is to achieve lasting cultural change in Wales. In other words, where no one accepts the use of violence or abuse within relationships, and everyone knows where to turn for help if it should be needed.

Consider the case of child abuse and neglect: it used to be overlooked, nobody's business. Today a range of professionals consider child protection 'core business' and know what to do to help a child in need. Leadership was crucial for driving this change forward, and as noted in Professor Munro's (2010) review, the provision of overall leadership and direction remains essential to promote effective interagency working on behalf of children.

Today the same leadership is required on behalf of individuals and families affected by domestic abuse and violence against women. Even within agencies that have a duty to help, even amongst staff in receipt of specialist training, it remains the case that adult victims (and their children) of intimate violence and abuse pose a challenge to service providers. Even if individual frontline professionals are committed to helping an individual victim, they might encounter systemic barriers that get in the way of providing the most effective, timely assistance to the person standing before them. Strategic leadership is necessary to identify and remove the systemic barriers negatively impacting upon the practice of frontline staff.

2.2 EVIDENCE

The Welsh Government's 10,000 Safer Lives project indicated that '*strategic direction and leadership*' should be considered one of five priority areas for action. Specifically, the report noted that "*where domestic abuse is a strategic issue for the Local Service Board, this has led to effective changes across public services through strategic direction, as demonstrated in the Cwm Taff region.*" Strategic leadership was seen to be necessary to "*unblock barriers to information sharing*" and to "*ensure that training is attended by key frontline staff across public services*". Ironically, it was noted that senior leaders across Wales "*did not engage*" with the regional workshops organised to inform the 10k Safer Lives report.

Other evidence highlights the importance of leadership and strategic direction. For example, the 2010 report prepared by the Kafka brigade found that "*management of services for domestic violence victims is typically through relatively low level coordination, and goodwill*", whereas "*genuine, active leadership from senior managers and politicians is crucial to improvement*". Likewise, the Map of Gaps

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report (Coy et al., 2009) noted that leadership from Government is crucial to because *'where decisions are left to localised decision-making the postcode lottery is reinforced'*.

If the 'leadership gap' is apparent for domestic abuse, a relatively high-profile issue where much progress is made in recent years, then it will come as no surprise that leadership is also lacking for other aspects of VAW. For example, within the sexual violence sector, a lack of strategic direction is attributed with rape and sexual abuse being seen as *'below the radar'* of relevant agencies (Robinson, 2009a). Accordingly, Baroness Stern's recent review recommended that *'local machinery'* was put in place to *'ensure a strategic approach to victims of rape'* and also that *'Government reports annually to Parliament on progress made'* (HM Government, 2010). Leadership is also seen to be missing in relation to honour-based violence. The Iranian and Kurdish Women's Rights Organisation (IKWRO) recently noted that *"the national HBV forum – previously chaired by ACPO – has not been convened since 2009 and there has been no public reporting on the progress made against commitments contained in ACPO's HBV strategy"* (IKWRO briefing, 2011).

To conclude, the issue is that leadership and strategic direction are known to be lacking. There is ample evidence demonstrating that this is the reality in Wales. Leadership is sorely needed because there is evidence of good practice but no one at senior level to take responsibility for embedding this across Wales. Leadership is required because many of the issues are sensitive, disturbing and *'below the radar'* of both frontline professionals and most citizens. Leadership is essential for translating policies and strategies into the sorts of services that will make a difference on the ground, through effective planning, supporting and resourcing frontline professionals. Finally, leadership is required because the Welsh Government's commitment in this area, as indicated by this legislative initiative, *must* lead to an effective and sustainable programme of change.

2.3 OUR RECOMMENDATIONS

Wales is internationally recognised as being innovative in this field. Services and strategies designed in Wales are considered *'best practice'* the world over. One notable example is the Council of Europe's *Convention for Preventing and Combating Violence Against Women and Domestic Violence (2011)*, in which Article 51 promotes the use of multi-agency risk management conferences for high risk victims (MARACs first originated in Cardiff in 2003). However this is now in danger of being lost, as delivery is patchy and oversight of the issue is absent.

Strategic direction and leadership is necessary for:

- a) Promoting cross-policy responses on all forms of domestic abuse and violence against women (e.g. SV, HBV, trafficking, FM, FGM);
- b) Monitoring performance and holding agencies to account (institutional advocacy);

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- c) Identifying and promoting best practice (driving up standards); and
- d) Benchmarking progress (regionally, across Wales, within the UK and internationally).

We are proposing a champion who is independent and has the power to fill the leadership gap, with a particular emphasis on those disproportionately affected.

We propose a 'Commissioner for Ending Violence against Women'.

The creation of a new, high profile position is essential to provide ownership of the issue at a senior level (strategically) while also enabling improved joint-working across government departments (operationally) and the identified regional structures. The Commissioner would be appointed by ministers and work closely with government, but we believe this role must include an *independent monitoring function*.

As we envision it, the role would need to be one with some *real authority*, if it is to work. The Commissioner's authority would need to be based on a foundation of structured accountability for those who deliver public services in this area. There are two obvious levers to make this a reality. Firstly, by the Commissioner having a direct input into funding issues. Secondly, by the Commissioner being able to hold individuals and public bodies to account for service delivery (e.g., through a requirement on the public bodies to publish annual reports against standards, and/or through the Commissioner's own investigations and reports). The Commissioner needs to have sanctions available to use (e.g., financial penalties) to deal with failing local services and these will need to be considered and defined.

The Commissioner would need to complement (not duplicate) other existing national offices and structures. Most notably, we see the Commissioner sitting on the National Independent Safeguarding Board for vulnerable adults, as proposed in the Social Services (Wales) Bill. Another core function of the Commissioner's role would be to participate in existing inspectorates (e.g., CCSIW).

Our review of international practices (see Appendix B for further details) has indicated that, to our knowledge, there are no other countries that have appointed Commissioners with duties relating to violence against women, gender-based violence, domestic or sexual abuse. There are a few examples of national champions (e.g., the White House Advisor on VAW in the US) and national observatories (e.g., Spain and Ireland most notably) but, to our knowledge, no other country has implemented both of these strategies to provide national leadership on VAW.

Both a Commissioner and an Observatory provide an independent critical voice about the performance of government. They would each undertake a distinct, yet interlinked set of responsibilities.

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2.3.1 Duties of a Commissioner

The duties of a 'Commissioner for Ending Violence Against Women' would include:

- Establishing a coherent 'All-Wales VAW Agenda' that includes a strong outcomes framework for sustainable intervention, with a sharp focus on local implementation, so the Commissioner can enforce high-quality standards in service delivery for victims and perpetrators (as part of our 'high level proposals for strengthening services', discussed in Section 4.2).
- Holding Welsh Government, Local Authorities, Education, Health and voluntary sector organisations to account whilst challenging the impact of non-devolved functions from the Home Office and Ministry of Justice;
- Providing leadership and demonstrating authoritative expertise on all forms of violence against women, domestic and sexual violence;
- Being a liaison between Welsh Government, UK Government and the specialist VAW sector to ensure cross-departmental cooperation and commitment;
- Coordinating with Government departments to ensure the successful implementation of the *Right to be Safe* strategy (and all relevant UK and Welsh legislation);
- Developing strategies, standards for service delivery and training programmes to address the issue of violence against women, domestic and sexual violence in line with best international practice;
- Driving the development of new initiatives and policy aimed at combating violence against women, domestic and sexual violence;
- Development and implementation of awareness raising campaigns to ensure that victims are aware of the availability of services in their locality and that people are made aware of the extent and impact of these crimes across Wales, with attitudinal change as the overriding objective.

Although independent, we envision that the Commissioner would be appointed by, and accountable to, Ministers and work closely with Welsh Government and the UK Government on non-devolved functions. To accomplish their duties most efficiently and effectively the Commissioner would be supported by a 'national observatory' (research and analysis unit), described further below. If the Commissioner is to deliver a comprehensive all-Wales approach of a high standard then he or she will need to receive timely, robust analyses on a wide and changing spectrum of issues in order to challenge ineffective policies and practices (e.g., housing needs of vulnerable young women; changing rates of disclosure amongst elderly victims in healthcare settings; number of Welsh primary schools adopting a 'whole schools' approach and what this looks like; monitoring rates of referrals of BME victims to MARACs, etc.) at various levels (e.g., Local Authorities, spatial regions, or particular agencies or systems delivering services within Wales).

A 'national observatory' is understood to be a group, centre, or office (virtual or otherwise) designed to collect, process, and analyze data on a particular topic, with a view to drawing up reports to help understand the current situation, developments

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and achievements around a particular topic (e.g., public health, crime, drugs, violence against women), as well as challenges and progress achieved, so that evidence can be used to input into planning and implementing public policies. The specific form the observatory takes, both administratively and structurally, as well as its scope of operations, will depend on the characteristics and needs of each country.¹³

The term 'observatory' resonates in the international arena, particularly with respect to violence against women. However there was concern within the Task & Finish Group that the term 'observatory' might be too passive and/or reflective and an alternative that suggests a more dynamic/interactive role might be preferable. Some possible alternatives include:

- VAW Data Task Force
- Commissioner's Monitoring and Research Unit
- Welsh Centre for VAW Research
- Ending VAW Research Unit

For the remainder of the report, however, we will use 'observatory' as this is the established term for this sort of office.

2.3.2 Functions of an Observatory

The functions of a 'Welsh Observatory on Violence Against Women' would include:

- To provide bespoke analyses of specific streams of evidence in order to support the Commissioner to deliver his or her objectives;
- Working to establish a body of Welsh research evidence alongside a continuously updated synthesis of international evidence to inform the Commissioner's strategic policy directions;
- Providing a single gateway and signposting service to a wide range of high-quality evidence and expertise to support both the Commissioner and frontline professionals;
- Assisting the Commissioner in monitoring Government performance in relation to commitments and outcomes of policies, actions and international commitments on violence against women, domestic and sexual violence;
- In consultation with the Commissioner, drafting a national report on violence against women that offers an independent, critical, yet helpful document from which Welsh Government can formulate responses to continually refine and improve performance.

Experience from other countries suggests that Observatories can provide an important, independent resource providing benefits to many (citizens; individual service providers, policy-makers and politicians; statutory agencies; NGOs; regional

¹³ For further information see

<http://www.oas.org/dsp/alertamerica/documents/ManualforNationalObservatories.pdf>

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and national government offices and groups). Observatories are usually located outside of government ('nongovernmental observatories'); for example, in NGOs (Ireland) or universities (Canada, Sweden). However they can also be attached to government, such as in Spain ('governmental observatories'). Depending on their location and the objectives they aim to achieve, they may be funded by government, research councils, universities, or a combination of these sources. Their funding and placement also depends on what existing leadership mechanisms are available within a country, along with what research and analysis units that are currently available. Therefore the design of an observatory is influenced by what existing structures it is supposed to complement or replace. For example, it could replace some existing structures that are currently publicly funded but whose roles are no longer necessary, or justifiable, or could be subsumed. The aim is to have a new support structure for the Commissioner that builds on existing capacity to provide more than what is currently available. In short, the various possible options will need careful consideration to identify the most effective and cost-effective model.

CEDAW's most recent review for the UK (2008) recommended such an observatory be established. Following a conference earlier this year organised by the Wales Violence Against Women Action Group (WVAWAG) entitled 'Progress, Not Process: Making Sure the Violence Against Women Bill Delivers for Women in Wales', the post-conference report noted: *"There was widespread support among delegates for an independent observatory on violence against women, a women's champion, and/or a Special Rapporteur on Violence Against Women, which/whom should have a regulatory and observatory role and whose responsibilities should include to monitor the legislation, report on its impact, enforce duties, raise awareness of the legislation and issue, oversee services, ensure minimum standards, and collect evidential and prevalence data."* Furthermore, there was considerable support for the introduction of such a leadership role from participations in the consultation events. The common view is reflected by this quote from one participant: *"The ideas of 'championing' women's rights to prevent VAWG should be extended to AT LEAST local authorities and public bodies, or ideally across the Welsh Government. This needs to be a person of authority who can actually make things happen... (e.g., by imposing sanctions)."*

Some basic details of the more visible observatories on the international stage are provided below. It can be seen that most have a combination arrangement with both government and nongovernmental actors contributing in terms of their funding and location.

- **Denmark:** *Danish National Observatory on Violence* (located in NGO, funded initially by EU Daphne project)
- **Ireland:** *Observatory on Violence Against Women* (located in NGO, funded initially by EU Daphne project) [www.nwci.ie/whatwedo/violence-against-women-and-children/]
- **Spain:** *State Observatory of Violence Against Women* (located in NGO, funded exclusively by Govt, implemented as part of the Spanish Organic Act 2004) [www.observatorioviolencia.org]

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- **Canada:** *Canadian observatory on the justice system response to intimate partner violence* (located within university, funded by Social Sciences and Humanities Research Council) [<http://www.unb.ca/observ/>]
- **Sweden:** *National Centre for Knowledge on Men's Violence Against Women* (located within university, commissioned by Govt) [<http://nck.uu.se/en/>]
- **Australia:** *Australian Centre for the Study of Sexual Assault* (funded by Govt, hosted by Australian Inst of Family Studies, a Govt statutory agency) [<http://www.aifs.gov.au/acssa/about.html>]

There is no single model for an observatory. There is no precedent in terms of a leadership model that includes both a commissioner and an observatory. Thus, there is an opportunity to be creative and design something that is both cutting-edge and fit-for-purpose for Wales. Some alternative models of commissioner/observatory arrangements are provided in Appendix C.

Chapter 3. RECOMMENDATIONS FOR BETTER EDUCATION AND AWARENESS

“Changing people's attitude and mentality towards women will take a long time - at least a generation, many believe, and perhaps longer. Nevertheless, raising awareness of the issue of violence against women, and educating boys and men to view women as valuable partners in life, in the development of a society and in the attainment of peace are just as important as taking legal steps to protect women's human rights.” (United Nations)

3.1 WHAT IS THE ISSUE?

We believe that preventing violence against women, domestic abuse and sexual violence before it starts should be a key aim of the proposed legislation. To accomplish this we need to improve people's awareness of the harm caused by violent and abusive behaviour, in whatever form it manifests, as well as challenge the damaging attitudes and stereotypes that often accompany the acceptance and use of violence. Another way to approach this is to ensure that adults, young people and children understand key concepts such as respect, fairness, and consent, the cornerstones of healthy relationships. Further, these must drive their everyday decisions, and underpin their expected standards of interpersonal relations.

It is widely accepted that there are dramatic and serious effects of children witnessing violence and abuse in the home. Exposure to domestic abuse is linked to a wide range of trauma-related symptoms in children, which can affect their physical, psychological and social health and well-being. Several meta-analyses have established a link between children's exposure to domestic violence and emotional and behavioural problems (Kitzmann, et al., 2003; Wolfe et al., 2003) as well as poor peer relationships, low academic attainment and engagement in risky health behaviours. A more recent review of literature found that children and adolescents living with domestic violence are at increased risk of experiencing emotional, physical and sexual abuse, of developing emotional and behavioural problems and of increased exposure to the presence of other adversities in their lives (Holt et al., 2008).

Although domestic abuse is known to adversely affect children of all ages, exposure to traumatic experiences during the early years can be particularly disruptive to children's emotional, behavioural and social development (Kitzmann, et al., 2003).

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Infants and small children exposed to domestic abuse experience distress which can harm brain development (Osofsky, 2003). Babies under one tend to have poor health, poor sleeping habits and to cry excessively (Jaffe et al., 1990). Children under five years may blame themselves for the adult behaviour and display more problem behaviour than any other age group (Carlson, 2000; Davies & Cummings, 1994; Hughes & Luke, 1998). A cohort study that followed pregnant women and their babies found that experiencing antenatal domestic violence was associated with postnatal violence, and both of these were linked to future behavioural problems in children at 42 months (Flach et al., 2011).

Children's intellectual abilities may be particularly damaged by living in violent homes. As indicated in Chapter 1, exposure to domestic violence has a pronounced suppression effect on IQ (Enlow et al., 2012). Other research has confirmed that exposure to violence is associated with lower cognitive functioning (Rossman, 1998; Rossman & Rea, 2005), with witnesses performing as poorly as children experiencing multiple forms of family violence (Huth-Bocks et al., 2001; Rossman, 1998; Rossman & Rea, 2005). The findings of Huth-Bocks et al. (2001) appear to suggest that children's verbal abilities are particularly vulnerable to developmental delays, with witness children performing significantly worse than a comparison group, even after controlling for the effects of socio-economic status and child abuse. A study of 3-5 year olds also showed that those children exposed to domestic violence had lower verbal functioning than did their non-exposed peers (Ybarra et al., 2007).

In the longer term, development delay linked to the experience of domestic abuse can lead to poor educational performance, disrupted schooling, concentration difficulties and memory problems. Domestic abuse can also affect a child's social skills, since it can limit the ability to feel empathy, make a child feel isolated and unable to make friends. Research has revealed increased aggressive behaviour in children who have had these experiences at home (Fantuzzo et al., 1997). A US study of a school-based sample of 10- to 12-year olds, canvassing a range of victimizations (e.g., child maltreatment, sexual victimization, witnessing, and indirect victimization, peer victimization), found that multiply victimized youth had higher levels of psychological distress and lower academic grades than minimally victimized youth and those primarily victimized by their peers (Holt et al., 2007). A study of 14-17 year olds found that exposure to interparental violence increased the likelihood of girls engaging in risky sexual behaviour (Elliott et al., 2002a).

Witnessing violence in the home also increases the chances of living with violence in later life. A frequently reported finding in the literature is that men who reported witnessing domestic violence as children, or who experienced physical abuse themselves as children, are more likely to commit domestic violence later in life (Hines & Saudino, 2002). Following a sample of 543 children over a 20-year period found that childhood exposure to parent-to-parent violence tripled the odds of using any violence toward a partner as an adult (Ehrensaft et al., 2003). A prospective longitudinal study of 213 individuals followed from adolescence into adulthood showed that exposure to physical and verbal aggression at age 12-14 were each positively associated with perpetration of abuse and victimisation at age 32 (Cui et

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al., 2010), even after taking into account the effects of maltreatment by a parent in childhood. However, while that relationship has been repeatedly documented, it is probably small (i.e., 20-30% of current perpetrators were raised in violent families); therefore it is one important part of the story but not the 'whole story' (Cares, 2009). Furthermore, more must be learned about the damaging effects of witnessing other forms of violence against women on the development of children.

Aligned to the issue of 'better education and awareness' is the need for frontline professionals to understand *what* constitutes violence against women, domestic abuse, and sexual violence, as well as to understand *why* women and girls are disproportionately affected. They must know how to identify when people are experiencing these forms of violence and abuse, and what to do about it following a disclosure. This is true for employers, educational and health professionals, and frontline service providers (e.g., police and social workers, among others). Obviously, ensuring continuing education and training for professionals is essential for delivering our measures for 'strengthening services', discussed in Chapter 4 and for making progress in terms of a) prevention, b) protection and c) support for victims of domestic, sexual, and gender-based violence. For example:

Prevention: Education and public-awareness campaigns to promote healthy relationships for children, young people and adults and challenge the acceptance and use of violent and abusive behaviour within interpersonal relationships.

Protection: Continuing education and training for frontline professionals to ensure they play their appropriate part in single and multi-agency interventions designed to protect victims and hold offenders to account.

Support: Effective and quality service provision for victims, delivered by highly-skilled professionals working to the highest standards.

Internationally, in Britain, and in Wales the issue of 'prevention' has been identified as fundamental to efforts to combat and reduce gender-based violence, domestic and sexual abuse. 'Prevention' encompasses many activities at many levels. International best practice includes all of the following strands:

- (1) **Raising public awareness** through general campaigns (e.g., respecting human rights, VAW identified as a manifestation of inequality) and specific campaigns (e.g., to heighten knowledge of laws, services available);
- (2) **Providing compulsory education** at all ages that promotes gender equality, including the rights of women and girls to be free from violence and abuse; and,
- (3) **Training professionals** across agencies to consistent standards (e.g., education professionals, frontline service providers, employers, media).

In the following sections we will discuss the evidence and make recommendations in each of these areas.

3.2 EVIDENCE

3.2.1 Raising public awareness

“Preventing violence against women and domestic violence requires far-reaching changes in attitude of the public at large, overcoming gender stereotypes and raising awareness. Local and regional authorities can be essential actors in implementing these measures by adapting them to specific realities.” Council of Europe (2011)

Challenging negative gender stereotypes and attitudes about violence and abuse through public awareness campaigns is a key area of preventative work. Research has shown that men with more sexist and misogynistic attitudes are more likely to be sexually aggressive and to perpetrate violence against women (Flood et al., 2009). Victim-blaming is alive and well, as recent research that found nearly a third of people in the UK believe that a woman is partially or wholly responsible for being raped if she was drunk (Home Office, 2009). Public commentary on Twitter about the victim sexually assaulted by the Welsh footballer Ched Evans is a particularly nasty expression of these attitudes. Young people also have a worryingly high level of experience with, and acceptance of, violence and abuse within intimate relationships. For example, research undertaken by the NSPCC showed that one in three teenage girls (aged 13-17) experienced unwanted sexual acts while in a relationship, and one in four had suffered physical violence (Barter et al., 2009).

The Kafka (2010) report also raised issues that highlight the importance of increasing people's understanding and awareness of violence against women and domestic abuse. Firstly, Jenna (the Kafka case) herself did not perceive her situation as 'domestic abuse' for many years, and this held her back from accessing specialist support. Secondly, a number of opportunities to refer Jenna to specialist domestic abuse support were missed by statutory and third sector agencies.

The UK government's current communication strategy is premised on the idea of the public consisting of four attitudinal groups (Government Equalities Office, 2011):

1. **'Eyes closed'**. This group are 'mainly perpetrators' whose attitudes are 'entrenched', who perceive violence against women as a 'right' and who have 'no desire to change'.
2. **'Blinkered'** people – including some victims and some perpetrators – who perceive violence against women and girls as a 'private matter', and those who have 'made a decision to support unequal gender practices due to religious, moral or practical beliefs' (ibid: 16) . Although 'open to change' and

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'challenge', members of this group are likely also to endorse arguments about 'shared culpability' and/or arguments about cultural causation.

3. **'Half-Light'** people are those who are 'largely supportive of women', but either do not know how, or do not feel it is their business, to actively challenge those who are violent. This group can also include perpetrators who are 'actively considering and seeking change' (ibid: 14), men and women who think rape is wrong but who sometimes attribute blame to sexual assault victims who are drunk, and women who 'put up with occasional violence from a partner because most of the time he is a good husband and father' (ibid: 16).
4. **'Enlightened'** people who 'vocally' disapprove of violence against women and girls and are supportive of 'women's equality' (ibid: 16). This group of people act on these beliefs to challenge perpetrators and help victims.

The government's assumption is that some viewers, at least, can be persuaded over the longer term to accept the attitudinal values of the neighbouring group (e.g., following exposure to a good campaign, some 'blinkered' people might shift into the 'half-light' group, some 'half-light' people might become increasingly 'enlightened', etc.). The authors of the Government Equalities Office's (2011) *Guide to Good Practice* are, however, less optimistic about the possibility of changing those deemed 'eyes closed' through social marketing alone.

Government-led attempts to change attitudes about harmful behaviours can be successful, as evidenced by campaigns on smoking cessation and drink driving, and more needs to be to raise public awareness about domestic, sexual and gender-based violence. Evaluations of such campaigns indicate that they appear to have most impact on informing victims/survivors that domestic violence is a crime, as well as informing them where they can get help and support. As a consequence, they frequently result in increased reporting to the police and greater demand for domestic violence services in local areas (Harne & Radford, 2008).

One recent high-profile example of a public awareness campaign was the *This is Abuse* campaign which ran in 2010 (www.thisisabuse.direct.gov.uk). Home Office research found that 9 out of 10 of those who watched the film agreed that it had made an 'impact' on them (Roberts and Charlesworth, 2011); however, only 1 in 4 said they would, having seen the video, seek advice about an abusive relationships and/or visit the campaign website. It is unclear what the longer term outcomes from this type of public awareness campaign might be, either positive or negative, and there does not appear to be an evidence base aimed at addressing this question. The findings highlight the importance of public awareness campaigns being delivered as part of a 'package' that also includes education and zero tolerance messages.

It should be noted that media campaigns are needed to raise awareness for *all* forms of violence against women (i.e., not 'just' domestic abuse). The Welsh Government's recent campaigns ('One step too far'¹⁴ and 'Stop blame'¹⁵) were well received

¹⁴ See <http://www.youtube.com/watch?v=GdWXOo7wZ7g>

¹⁵ See <http://www.youtube.com/watch?v=yGI-b60BWN4>

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internationally and within Wales as they challenged underlying beliefs and values about gender roles and women. Creating a public discussion managed on social networking sites, as part of the campaign, was acknowledged as a creative approach. Materials embedded in 'YouTube' from the campaigns have been used by some schools and other agencies in Wales delivering preventative education and training.

3.2.2 Providing compulsory education

"Attitudes, convictions and behavioural patterns are shaped very early on in life. The promotion of gender equality, mutual respect in interpersonal relationships and non-violence must start as early as possible and is primarily a responsibility of parents. Educational establishments, however, have an important role to play in enhancing the promotion of these values." Council of Europe (2011)

Recognising the importance of the 'prevention agenda', the Labour government proposed that compulsory preventative education was to be embedded in schools through the national curriculum. Since the change of UK government in May 2010, however, the commitment to national curriculum content has been relinquished in favour of freeing schools to *choose* the kinds of PSHE (personal, social and health) education they regard as best, and/or best value.

In Wales, differing priorities and commissioning arrangements have further contributed to an inconsistent approach to embedding this type of learning within the school environment. For example, the All Wales Schools Programme has for the last two years delivered inputs on domestic abuse for the PSHE leads in schools but, as it is voluntary, it depends on schools having a motivated teacher running the PSHE who then delivers ad hoc sessions. Other schools buy in limited inputs from Hafan Cymru and other providers. The 10,000 Safer Lives workshops clearly acknowledged a need to educate and raise awareness amongst children, and identified promising programmes (e.g., those delivered in schools by the third sector, such as Hafan Cymru and Atal Y Fro).

As Table 3A (next page) shows, most educational programs in Wales are delivered in secondary schools. Little provision is made for primary school pupils, even though experts recognize that *"Primary schools should be supporting children to learn about safe touch, risky relationships and where to get help"* (Lewis & Martinez, 2006). Most are of short duration (less than six sessions), when evidence suggests a minimum of six sessions is necessary, along with one-to-one drop in sessions afterwards (NFER, 2011, p. 60). Research has shown that taking a 'whole school approach' produces

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more significant attitudinal change than does 'one-off' initiatives (Hester & Westmarland, 2005).

Table 3A. Preventative education vs Exposure to domestic violence among Welsh school children¹		
	Secondary Schools (11-17)	Primary Schools (Under 11)
Number of school children in Wales¹⁶	201,230	259,189
Estimated number witnessing DV in their lifetimes¹⁷	35,215 (17.5%)	31,103 (12.0%)
Estimated number witnessing DV each year¹⁸	5,030 (2.5%)	8,294 (3.2%)
Estimated number experiencing DV each year¹⁹	10,061 (5%)	-
Estimated number receiving education about DV in school each year	47,897 (24% of all pupils)	6,350 (2% of all pupils)

Table 3A takes a very conservative estimate of the number of school aged children that will be exposed to domestic violence as witnesses, or that will experience it themselves. Thus, existing provision in Wales is not sufficient in scope to reach those children *known* to be affected by domestic violence, let alone to send a preventative message to the majority of school children 'unaffected' by domestic abuse. Furthermore, education about other forms of intimate violence and abuse that disproportionately affect girls and young women remains absent.

The Welsh Government recently commissioned the NPER to provide an evaluation of the scope and content of preventative education across Wales (NPER, 2011). Known as 'Domestic Abuse Initiatives' (DAIs), the report found that a total of 22 DAIs are currently being delivered across Wales in schools and other educational settings which have "*both differences and similarities in terms of their content and foci, range and location, methods and characteristics of delivery, and monitoring and evaluation processes.*" Welsh schools vary considerably in terms of their attitudes to DAIs, with some being '*far less willing*' to have DAIs delivered in their institutions than others. DAIs not being *compulsory* or delivered in all schools was viewed by respondents as a key factor associated with less effective delivery of DAIs. As one respondent stated, '*DAIs should be made part of the curriculum in schools. The government should push*

¹⁶ 2010/11 Welsh Government figures.

¹⁷ Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw (2010). *Child abuse and neglect in the UK today*. NSPCC. (see page 89)

¹⁸ Ibid.

¹⁹ Ibid, see page 90. Under 11s are not asked about domestic abuse within their own intimate relationships.

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for this. There needs to be a top down directive' (NPER, 2011, p. 37). Not surprisingly, a commonly held view by DAI providers was that there should be greater consistency in the nature of what is delivered, how it is presented on the curriculum, and how it is monitored and evaluated. Finally, the NPER report highlighted that teachers in Wales have insufficient training in domestic abuse awareness to deal with disclosures of domestic abuse, even though they represent a natural choice for children and young people to turn to for help if they are experiencing it within their relationships or witnessing it at home.²⁰

Although effectiveness of preventative educational programmes is difficult to assess, the most commonly reported finding in the literature is that young people gain increased knowledge (Barron & Topping, 2008). For example, the majority of young people participating in the Scottish programme run by the Zero Tolerance charitable trust believed that they had learned more about respect, communication, equality, power, violence and abuse (Mullender, 2001). Most felt that they had gained new information and learned to know what to do and where to seek help. Bell and Stanley's (2006) research on the Healthy Relationships programme also demonstrated that pupils had developed their understanding of domestic violence, and this increased awareness was sustained over time. The main messages of this programme are about helping young people develop caring and respectful relationships, consistent with promoting positive messages (i.e., the social norms approach, see De Silva & Blake, 2006). Research has also indicated that young people want to see such programmes integrated into the school curriculum (Mullender, 2001). Most Welsh DAIs lacked rigorous evaluation; for example, that included follow-up to measure longer-term impacts of these programmes on students. However it is reasonable to expect similar results for Welsh children exposed to similar programmes.

In conclusion, we feel that the lack of a systemic approach to delivery and failure to link with the safeguarding agenda in schools is of great concern; thus, we recommend that preventative education about gender equality, healthy relationships, safety and respect should be made statutory within the Welsh PSHE curriculum. Similarly, there was considerable support for providing compulsory education from participations in the consultation events. The common view is reflected by this quote from one participant: *"Healthy relationships should be made a mandatory subject in schools. The current curriculum... is out-dated and optional."* Furthermore, the view was often expressed that schools should be held to account for delivering these messages to children. As one participant expressed, *"Ofsted inspections should include details of a school's response to sexual violence, sexual harassment and sexual bullying."* National oversight of this issue is required, and the Commissioner we have proposed would be the person with responsibility for establishing and enforcing the delivery of preventative education to Welsh schoolchildren.

²⁰ It is reassuring to learn that the Master's in Educational Practice (MEP), a new compulsory qualification for new teachers in Wales commencing in September 2012, will include content on how to recognise and deal with disclosures of domestic abuse within schools.

3.2.3 Training Professionals

***“Training not only... raises awareness among professionals on violence against women and domestic violence, but contributes to changing the outlooks and the conduct of these professionals with regard to the victims. Furthermore, it significantly improves the nature and quality of the support provided to victims.”
Council of Europe (2011)***

Frontline staff within all public bodies need to recognise and understand the implications of experiencing gender-based violence, domestic abuse and sexual violence. To illustrate the importance of training, in this section we focus on the specific example of healthcare professionals, although the messages are applicable to all frontline professionals.

Treating physical injuries and mental health problems resulting from gender-based violence, domestic and sexual abuse is estimated to cost the NHS almost £1.7bn a year (Walby, 2009). In spite of this, awareness about the issue among mainstream health practitioners is low (Department of Health, 2005).

The provision of training for health care practitioners has been advocated for a number of years. Studies have identified that training programs: (1) increase self-efficacy to identify and help victims, (2) increase endorsement of the role of health care practitioners and settings to help victims, and (3) increase comfort in making referrals (Hamberger et al., 2004; Salmon et al., 2006). However over the years the overriding objective of training has changed: from training all practitioners to respond to domestic violence, to training all practitioners to be nonjudgmental and refer patients to the experts such as specialist support providers (Williamson, 2009). We discuss one effective model for increasing the identification and referral of victims within primary care settings (the IRIS model, Feder et al., 2009) in Section 4.4.1, as one mechanism to strengthen the response from health.

Speakers of minority languages face extra barriers in seeking help. Rather than use interpreters, some agencies use a family or community member to carry out interpretation. As noted by IKWRO, in such cases the interpreter may be abusing the woman, or may wish to prevent disclosure of any abuse the woman is suffering at the hands of others. The provision of professional interpreters is essential for the identification of those experiencing intimate forms of violence and abuse. IKWRO recommends that all interpreters working with women receive appropriate training, as has been done in the London borough of Hackney (Payton, 2012b).

3.3 OUR RECOMMENDATIONS

The evidence clearly shows that increasing public awareness and improving education about these issues – for school aged pupils, adults in the community as well as frontline professionals – is essential for preventing, and eventually eliminating, gender-based violence, domestic and sexual abuse in Wales. We propose three groups of recommendations that we believe will produce both short and long-term benefits for Welsh society. Ensuring these proposals are implemented would form an important plank within the Commissioner's platform of work:

1. We believe that **every** person in Wales has a right to access information from government-led attitude campaigns about the positive attributes of relationships (e.g., fairness, respect, consent) as well as negative (e.g., violence, coercive control, abuse). Therefore we recommend:

- Implementing a duty on public bodies to provide public awareness campaigns (national and local) on all forms of intimate violence that predominantly affect women and girls (domestic violence; sexual violence; honour-based violence; female genital mutilation; forced marriage; trafficking). These should be developed in consultation with specialist service providers for accuracy and proper messaging.
- Information about the 'All-Wales Domestic Abuse and Sexual Violence Helpline' should be displayed prominently within agencies across the public, voluntary and private sectors.

2. We believe that **every** child/young person in Wales has a right to access evidence-based, age-appropriate education that empowers them to choose healthy relationships, stay safe and provides advice about what to do if they are experiencing or witnessing violence or abuse. Therefore we propose:

- Preventative education about gender equality, healthy relationships, safety and respect should be made statutory within the Welsh PSHE curriculum in order to tackle all forms of violence against women and girls;
- Statutory guidance should be issued to schools to promote a 'whole school' approach, linked to the safeguarding agenda; and
- In addition to schools, preventative programmes should be delivered in other settings to reach all children/young people across Wales, including those who are not in mainstream education (e.g., young people not in employment or education, NEETs), again linked to the safeguarding agenda.

We wish to commend the Welsh Government for including a component on recognising and responding to children's experiences of abuse within the new qualification for teachers in Wales (the Master's in Educational Practice, MEP).

3. We believe that **every** professional, regardless of the agency in which they work, has a right and an obligation to access high-quality training and information about how to ask, identify, and refer someone to specialist support. Therefore we propose:

- Mandatory training for frontline service providers that is sector specific and nationally developed so the message is consistent across Wales. This training

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should be linked to a CPD qualification. Only evidence-based training should be delivered, and ideally the training would be combined with other mandatory training (e.g., diversity or safeguarding).

- Provide a summary of evidence-based approaches for frontline professionals. This summary would need to be commissioned and employers should take responsibility for circulating it to their employees.
- Agencies should ensure that funding is allocated and used to provide professional interpreters, or should use trustworthy services such as language line (<http://www.languageline.co.uk/>). Agencies should be required to demonstrate that the interpreters they have procured are bound by an appropriate code of conduct and have undergone relevant training.

3.3.1 Expected Impact

Improved confidence to teach about healthy relationships, gender equality, violence

Improved ability to effectively deal with disclosures and make safe referrals

Teachers/school staff
Health professionals
Service providers
Employers
Public sector workers

Improved public awareness

Knowledge and understanding of different types of abuse
Knowledge of how and where to seek help
Knowledge of unacceptability of VAW and the attitudes which normalise it

Improved attitudes amongst children, young people, adults

Less acceptance of violence
Less acceptance of damaging gender stereotypes
Less victim-blaming
More respect towards women and girls

Improved referrals/access to specialist services

Service providers more likely to ask/ identify/ refer
Public more likely to identify/ seek help/ accept help
Increased confidence in relation to consistent, good quality service providers
Increased awareness of services available
Increased ability to identify gaps in provision

Chapter 4. RECOMMENDATIONS FOR STRENGTHENING SERVICES

“Eliminating violence requires extensive multi-agency co-operation as part of an integrated approach... The term ‘integrated approach’ refers to the integrated human rights based approach addressed as the ‘three P approach’, aiming to integrated prevention, protection and prosecution.” Council of Europe (2011)

4.1 WHAT IS THE ISSUE?

Service provision needs to be enhanced: a) made more sustainable in terms of funding, b) made more consistent in its delivery by frontline staff, c) made to reach all areas of Wales, and d) provided routinely across a broader spectrum from prevention to crisis intervention.

Many different services come into contact with those affected by gender-based violence, domestic and sexual abuse. Interventions with victims might range from routine enquiry in hospital or Primary Care settings which aim to facilitate disclosure, to direct service provision to victims, such as assistance with safe accommodation (emergency, temporary, refuge), counselling and medical attention, to relief provided through the civil and criminal justice process as part of multi-agency partnership approaches.

The proposed legislation aims to strengthen services by helping and supporting frontline practitioners to deliver the full spectrum of relevant interventions to a more consistent, quality standard. Strengthening services will in turn lead to service users having better experiences and improved outcomes. Strengthened services are required for effective *prevention* of violence and abuse, appropriate *protection* and high-quality *support* for all those subjected to violence and abuse.

Our proposals for strengthening services must be considered in relation to the proposals we have already made in Chapter 2 (leadership) and Chapter 3 (education). For example, our proposal for training to ensure all relevant service providers and organisations are able to identify the signs of gender-based violence, domestic and sexual abuse is essential for improving service delivery. Strategic leadership and independent monitoring is necessary to ensure high-quality standards are maintained.

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Sustainability. Funding arrangements for specialist services for victims of violence against women, domestic abuse and sexual violence are reactive rather than strategic. They tend to be made on a short-term basis meaning that even established, effective services must use their time re-applying for funding rather than delivering services. In addition, there is often an impact on recruitment and retention of staff as only short-term contracts can be issued, this can lead to high turnover of staff and loss of expertise. Regular turnover of staff and loss of expertise inhibits the development of productive working relationships between agencies, making them less effective than they would be otherwise.

Inconsistent delivery. When good practice exists it is not always delivered in a consistent way, even when staff have received the appropriate training. For example, health professionals do not consistently carry out routine enquiry, relevant agencies do not always attend MARACs. There is also inconsistency in the delivery of sexual violence services as not all SARCs are meeting the All Wales SARC Service Specification. Individuals who have experienced these profoundly intimate and traumatic forms of violence and abuse deserve to receive an appropriate, informed response from a trained professional.

Postcode lottery. A 'postcode lottery' in service provision has been a complaint for many years; some areas of Wales simply do not have the types and levels of services that are required to adequately protect and support those citizens who have been identified as victims. This is true even when considering the type of abuse that receives the most attention and funding (domestic abuse); the gaps are more pronounced when we consider other types of violence and abuse (e.g., honour-based violence, female genital mutilation). As the WVAWAG noted in their 2009 report, *'there remain significant gaps in provision and many vulnerable women who have suffered violence either remain in dangerous situations or are not being given the assistance they require to rebuild their lives.'*

4.2 OUR HIGH-LEVEL RECOMMENDATIONS

Innovative services were developed in Wales to address gender-based violence, domestic and sexual abuse, and have become established as best practice for Britain and across Europe. Despite this, service provision is far from uniform, and local government funding and support for these initiatives is inconsistent across Wales. The proposed changes are expected to lead to higher standards of service provision, more consistent implementation and more effective partnership working on behalf of those citizens subjected to violence and abuse.

What actions can Welsh Government take to strengthen services? To make existing services: more sustainable, more consistently delivered, and available to all citizens in Wales (no matter where they live)?

To achieve this reality we have a number of high-level proposals (see Table 4A, next page). These proposals would form a core area of work for the 'Commissioner for

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Ending Violence Against Women in Wales'. The following changes would provide the overarching framework for strengthening services:

Table 4A. High-level proposals for strengthening services.

(1) Establish a coherent all-Wales VAW agenda. An all-Wales VAW outcomes framework will be developed by the Commissioner which includes regional²¹ and local outcomes. The development of a strong framework for sustainable intervention, with a sharp focus on local implementation, is necessary for the Commissioner to enforce high-quality standards in service delivery for victims and perpetrators.

(2) Develop Regional VAW plans. These plans will be informed by a needs assessment of the region's population, and by localised plans, and must indicate how the Commissioner's outcomes framework will be achieved. These plans will have to be submitted and approved by the Commissioner, as they will provide the foundation for evidence-based monitoring and holding areas to account.

(3) Promote multi-agency working on VAW. It will be necessary for public bodies to work together and not at cross-purposes to make progress on their Regional VAW plan. The actions taken by public bodies will be monitored by the Commissioner, who will ensure they are held accountable for delivery high-quality services.

(4) Develop a sustainable all-Wales commissioning framework. There will be a duty to provide services in accordance with the needs assessment. Service provision must be based on demand rather than implementing all services to the same level in all areas. Prioritising the use of effective services that are good value for money and are consistent with a prevention agenda (e.g., target-hardening rather than over-reliance on refuge) is essential. Adopting service delivery standards to ensure high quality specialist services are commissioned.

4.2.1 Expected Impact

Service users will be provided with an effective and consistent service, no matter where they live in Wales.

²¹ Welsh Government has created six Spatial Area Plans for Wales: North West, North East, Central, Pembrokeshire, Swansea Bay, and South East. We propose that these provide a useful regional structure to complement the local structure (22 Local Authorities) and the all-Wales level. See <http://wales.gov.uk/location/strategy/spatial/?lang=en>

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Higher standards of service provision, more consistent implementation, greater accountability, and more effective partnership working.

Maintenance of specialist service provision that is based on evidenced need, with a focus on multi-agency approaches.

We also have a number of proposals that are specific to particular areas, including: (1) strengthening multi-agency approaches and responses, (2) strengthening the response from Health, and (3) strengthening the housing options. These, along with discussion of the evidence that underpins our proposals, are discussed in the following sections.

4.3 STRENGTHENING MULTI-AGENCY APPROACHES

In this section we discuss the evidence to support our proposals for strengthening multi-agency approaches to gender-based violence, domestic and sexual abuse. There is much evidence in support of taking a multi-agency approach to these issues. Multi-agency approaches are seen to be 'visions of effective policy' across Europe with regard to gender-based violence (Hagemann-White, 2008). In the UK, the Home Office concluded that *'local policy and practice has been transformed in some areas by multi-agency domestic violence work'* and the Home Affairs Select Committee (2008) reaffirmed this by stating that *'multi-agency responses are needed to respond effectively to domestic violence'* (p. 110). Many local and national governments have explicitly endorsed multi-agency approaches for domestic violence and have linked funding to interventions that are consistent with this ethos (Robinson & Maxwell, 2008). Multi-agency approaches are necessary because any comprehensive strategy that is truly victim-focussed will include many types of support (e.g., advocacy, counselling, criminal justice advice, practical assistance with housing or benefits, medical attention, etc.), offered in varied locations (e.g., community-based, police, medical), by different personnel (e.g., DVAs or ISVAs, specialist support workers, counsellors, specialist police, forensic medical examiners, etc.). Thus, many agencies have a role to play, including non-statutory agencies that represent the 'victim's voice' (i.e., the individual victim's unique needs and concerns). Commonly referred to as 'specialist support services for victims', these initiatives have been identified as absolutely essential for successful multi-agency partnership work on all forms of violence against women (e.g., SARCs for sexual violence, Streetlife project for sex workers, POPPY project for trafficked women, etc.), in addition to domestic violence. These important services are described in the next section.

4.3.1 Specialist Support Services for Victims

“... specialist support services have specialised in providing support and assistance tailored to the – often immediate – needs of victims of specific forms of violence against women or domestic violence and are not open to the general public.... Parties to the Convention [are required] to set up or arrange for a well-resourced specialist support sector.” Council of Europe (2011)

A substantial body of research has investigated the provision of specialist advice and support to victims of domestic violence in the UK, which draws on work conducted in the US pointing to the benefits of providing advocacy to women in community-based settings (Cook et al., 2004; Howarth, Stimpson, Barran and Robinson, 2009; Parmar et al., 2005; Robinson, 2003, 2006; Sullivan, 1991; Sullivan and Bybee, 1999; Vallely et al., 2005;). For example, an evaluation of one such project in Cardiff showed how providing a central point of access for victims improved the type and range of services they received, including their access to advice, advocacy, information, counselling, legal services, housing services, and ‘target-hardening’ (the latter is discussed further in Section 4.5) (Robinson, 2003). A similar project in Glasgow also provided a range of services in a ‘one-stop-shop’ style, leading to enhanced multi-agency responses and similar positive outcomes amongst victims (Robinson, 2006). Providing victims with an effective, immediate and consistent range of support services at one referral point is one of the strengths of community-based advocacy. These projects, by being responsive to the unique needs of each individual, deliver ‘woman-defined’ rather than ‘service-defined’ advocacy, which is the recommended approach (Davies, Lyon, & Monti-Catania, 1998).

Providing community-based support and advice for victims of domestic violence is not a new concept, originating in refuges in the 1960s. In these refuges, women willing to flee their homes were able to access support. The next stage was to offer services to women living in the community via ‘outreach’ or ‘floating support’ units that were *not* based within refuges. ‘Advocacy’ emerged in several areas in the 1990s to provide support and advice to *all* types of victims in the community, even those still in relationships with the perpetrator. The workers who provide advocacy services to victims of domestic violence have come to be known (since circa 2005), via current government policies and funding arrangements, as Independent Domestic Violence Advisors or ‘IDVAs’. Their role has further developed as one focussed on very high-risk victims of domestic violence. IDVAs navigate multiple systems and are crucial contributors to multi-agency initiatives, especially Multi-Agency Risk Assessment Conferences (MARACs, discussed in the next section).

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These developments in the domestic violence sector have been applied to services for victims of sexual violence. This resulted in the Home Office's decision to provide funding and assistance to test the utility of a new type of specialist support worker to assist victims of sexual violence: the Independent Sexual Violence Advisor (ISVA). ISVAs assist victims of sexual violence and work out of Sexual Assault Referral Centres (SARCs) or Rape Crisis Centres. The UK Government recently re-stated the need to *'improve how we support the provision of services to victims of sexual violence to ensure they have access to adequate support'* (HM Government, 2011).

Specialist support providers such as IDVAs are vital contributors to the 'coordinated community response' model, yet they are only one part: their success depends on the local availability of other necessary support services (e.g., outreach, long-term support, etc.). National research has indicated their effectiveness. IDVAs' specialist skills and ability to provide both individual and institutional advocacy are shown to be very highly valued by victims and by partner agencies (Robinson, 2009). These workers also produce demonstrably positive outcomes for victims, improving their safety and well-being. Specifically, the national evaluation of IDVAs found that 57% of 1,247 high-risk victims experienced a complete or near cessation in the abuse they were suffering following the support of an IDVA (Howarth et al., 2009). This outcome varied as a function of intensity of support and multiple interventions mobilised: from 67% for those receiving intensive support and multiple interventions to 44% for those who did not. This was supported by 76% of victims reporting improved feelings of safety, confirmed in turn by IDVAs reporting reduced risk in 79% of cases. Importantly, less than 1% of victims reported that they felt less safe following support from an IDVA.

Despite the evidence of the centrality of specialist support services for victims to both the UK government's current strategy and the Welsh Government's *Right to be Safe* strategy, funding of these services remains problematic. We know that a range of services will be needed and these should be supplied in a routine, consistent way. Unfortunately, however, in the past year there has been a 31% decrease in funding of the domestic violence and sexual abuse sector by local authorities, a reduction of £2.4m from £7.8m in 2010/11 to £5.4m in 2011/12 (Towers & Walby, 2012). Further compounding the future instability of funding arrangements for specialist support services, the UK government recently announced in its *'getting it right for victims and witnesses strategy'* (MoJ, 2012) the intention to devolve the commissioning of local victim support services to Police and Crime Commissioners. Similarly, national research on MARACs found that respondents were concerned that local efficiency challenges may have a significant negative impact on participation in MARACs (see also next section) (Steel et al., 2011). These developments will more than likely reinforce the 'postcode lottery' of service provision and the Welsh Government should take effective action within the proposed legislation to remedy this situation.

The long-term consequences of 'under-serving' victims have to be recognised and addressed by Local Authorities, Welsh Government, and the UK government, if the multi-agency initiatives they promote in their strategies are to have any meaningful effect.

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4.3.2 Multi-Agency Risk Assessment Conferences

The evidence base on MARACs is very limited, given their widespread implementation across Britain. The national review of the MARACs completed by the Home Office (Steel et al., 2011) confirmed that the original evaluation of the Cardiff MARACs remains the only outcome evaluation of the MARACs (Robinson, 2004). This is nearly 10 years old. However there is much support for both continuing and strengthening the MARAC process, as evidenced by the consultation events across Wales. For example, a commonly expressed sentiment amongst the consultation participants was that MARACs should be placed on statutory footing.²²

This view of Welsh stakeholders is consistent with the national research on MARACs which found that the vast majority of respondents (83%) to a survey (targeted at MARAC Chairs; IDVAs; and DV/ MARAC coordinators) supported the view that it would be beneficial to place MARACs on a statutory footing (Steel et al., 2011). Advantages from such a change were perceived to be: better agency representation; stronger accountability; and improved continuity and consistency. Interviews with that NMSG (National MARAC Steering Group) and case study interviews similarly suggested that placing MARACs on a statutory footing would give the arrangements '*more weight*' providing a stronger justification for agencies in allocating resources to MARAC participation. Linked to this was the suggestion that it could lead to improved accountability which in turn could improve agency attendance and facilitate the successful follow-up of actions by making it easier to challenge agencies that were not participating fully.

Some potential drawbacks from placing MARACs on a statutory footing were expressed by the NMSG. First, it was suggested that whilst placing MARACs on a statutory footing may increase attendance levels it would not necessarily lead to people buying into the process but rather '*just doing it because they have to*'. There were also concerns expressed over possible increased bureaucracy; greater burden on agencies; and concern that victim's views may be lost or victim engagement would decline.

Given the importance of MARACs in the response to violence against women and domestic violence, and the priority within the proposed legislation to strengthen and improve service delivery, it seems crucial to take a closer look at the performance of

²² MARACs are not a statutory requirement. Similar arrangements for offenders known as Multi-agency public protection arrangements (MAPPA) entail a statutory requirement for the prison service, the police and probation to work together to 'manage the risks posed by dangerous offenders in the community' and can involve police surveillance, regular home visits, and other control measures (Maguire *et al.* 2001; Kemshall 2001, 2008). Placing MARACs on a 'statutory footing' would thus make attendance at these meetings a statutory obligation for the devolved agencies in Wales (i.e., education, health, and social services but not police or criminal justice practitioners). Research has shown that MARACs could not function effectively without the participation of police, who usually chair the meetings and deliver many of the actions required to address the safety needs of the victims; thus, devolution poses a particular challenge in terms of how the proposed legislation could strengthen the MARACs.

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MARACs in Wales. CAADA collects and disseminates some aggregate performance data on 261 of the 264 MARACs currently in operation, on behalf of the Home Office (see Table 4B, next page). The key indicators used to assess performance are: (1) repeat victimisation (as measured by police); (2) proportion of referrals coming from agencies other than the police; and, (3) diversity indicators such as proportion of referrals that are BME victims.

	Wales (n=22)	National (n=261)
<i>Volume of cases</i>		
Number of cases	5,194	55,489
Number of children	6,545	73,005
<i>Sources of referrals</i>		
Percentage of referrals from Police	72.65%	62.49%
Percentage of referrals from IDVAs	6.33%	14.60%
Percentage of referrals from Probation	3.94%	2.66%
Percentage of referrals from Vol. Orgs.	6.07%	6.61%
<i>Diversity indicators</i>		
Percentage BME	3.06%	13.64%
Percentage LGBT	0.65%	0.66%
Percentage with Disability	1.77%	1.77%
Percentage Male	3.83%	3.47%
<i>Key performance indicator</i>		
Repeat victimisation rate	25.86%	22.99%

What is notable from Table 4B is that Welsh MARACs rely much more heavily on referrals from police. Increasing the number of non-police referrals and improving agency representation were the most commonly identified priority areas for future development for MARACs (Steel et al., 2011). By this measure, Welsh MARACs are performing less well. It seems particularly worrying that in Wales IDVAs are making half the referrals as IDVAs nationally. However, more in-depth research is necessary to investigate and fully understand the drivers of MARAC performance, both nationally and for Wales.

Another key performance indicator (police data on repeat victimisation) also indicates that Welsh MARACs are slightly less effective (26% repeats compared to 23% nationally). Amongst the four Welsh police forces, the rates ranged from 25% to 28%, but variation amongst MARACs themselves shows variation from 13% to 39% repeats. Although there are many caveats with this measure (most notably that victims might choose not to contact the police following a MARAC, even though they might be experiencing further abuse or violence), it is worth interrogating further.

²³ For the 12 month period to March 2012. Data kindly supplied by CAADA.

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In conclusion, there is evidence to suggest that shifting MARACs from a voluntary to a statutory obligation would be beneficial, and there exists widespread stakeholder support in Wales for such a change, as it was a commonly expressed view by participants in the consultation events. As one participant stated, *"Ensuring that MARAC continues to improve performance, consistent governance and monitoring is needed. MARAC needs to be statutory to ensure partner agencies are engaged in the process and are held accountable for lack of compliance."* Whilst we do recommend placing a statutory duty on public bodies to participate in multi-agency processes, such as the MARACs, we also believe that more detailed research is needed into the drivers of performance in Welsh MARACs (in particular, *what* constitutes good performance and *why* some MARACs perform better than others). We believe that the approaches employed to strengthen MARACs should be evidence-based.

Finally, although our view is that strengthening the MARAC process is an essential priority for Welsh Government, we must not lose sight of the fact that the MARAC model is a response to only a fraction of victims requiring an integrated, professional response. Those victims at 'low' or 'medium' risk are missed by the MARAC model. This is a big gap and one that must be addressed. One promising model to address this gap has been identified and is discussed in the next section. However there are many other models that capitalize on the demonstrable benefits of multi-agency working (e.g., the SARC paediatric review group; Gwent 'hub'; 'one-stop-shops' that have been funded via capital grants) and whilst they are not all discussed here, we feel that the principle of multi-agency working should be adhered to and should underpin all existing service delivery arrangements as well as those that are developed in future.

4.3.3 Multi-Agency Conference Calls

One method to facilitate earlier intervention in cases of domestic abuse (i.e., before they become high risk and are referred to MARACs) has been implemented in Gwent, known as Domestic Abuse Conference Calls. A recent evaluation of the DACCs provides some information about this new multi-agency process and its associated outcomes (Thomas & Allen, 2012). The DACC process includes the following stages: a) all Gwent Police domestic abuse incident logs are automatically transferred to a shared website, b) all agencies across Gwent are invited to log on securely to the website and, using the information disclosed by the police, access their own systems to research the named persons to determine what information they hold on the parties in question, c) a standard time for the conference call is arranged for particular areas of Gwent for each weekday morning, d) agency representatives dial in and attend the call (which is chaired by the Domestic Violence Officer), sharing their own information, expertise and view points of the current and historic situation, and e) actions are agreed and the DVO records the actions on the share website.

The agreed overarching multi-agency outcomes from DACCs include:

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1. People discussed at the DACC receive a rapid response and early intervention
2. People discussed at the DACC are less at risk of domestic abuse
3. Domestic abuse perpetrators discussed at the DACC are identified and held accountable.

Several headline findings emerged from the evaluation. First, agency representatives found the DACC to be highly beneficial, as they would not have been privy to the information obtained via the call in any other way. The DACCs also increased the identification and referral of victims to specialist services. For example, Blaenau Gwent Domestic Abuse Service (BGDAS) identified a 54% increase 10/11 versus 11/12 in referrals to their service as a direct result of the DACC. Second, it was felt that the interventions offered to victims at all levels of risk were smarter, as they were more timely and appropriate to the specific needs of the individuals. Agencies were more aware of serial perpetrators and victims, therefore were felt to be in a better position to offer more holistic interventions. In conclusion, this preliminary research suggests that the DACC is a useful model to improve rapid response and early intervention and as such, could be considered as a useful complement to the MARAC process. Like MARACs, it could also be applied to other forms of gender-based violence and abuse if this was considered to be appropriate by partner agencies.

4.3.4 Our Recommendations for Multi-Agency Work

Our recommendations for strengthening and supporting existing multi-agency approaches and responses:

- Place a statutory duty on devolved public sector bodies to contribute to a multi-agency process that manages risk and improves safety for victims (e.g., Multi-Agency Risk Assessment Conferences or MARACs).
- Provide routine, consistent long-term funding for specialist support services for victims.
- Strengthen services for low and medium-risk victims through the introduction of a common assessment and care pathway utilising the national helpline to support other professionals manage a disclosure, risk assessment, safety plan, and referral.
- Place a statutory requirement on public bodies to share relevant information through agreed multi-agency information sharing protocols.
- Strengthen standards of one-stop-shops and support the co-location of services.
- Support the consistent implementation of RESPECT accredited perpetrator programmes across Wales

4.4 STRENGTHENING THE RESPONSE FROM HEALTH

There are numerous physical and mental health effects from experiencing violence and abuse that have been documented in the literature. For example, in the US, domestic violence accounts for between a quarter and half of all women presenting for treatment in emergency rooms (US Department of Justice, 1998). The British Medical Association (BMA) stated that there is growing evidence to confirm that domestic violence 'has serious and long-lasting consequences on the health and wellbeing of the victim and their family members', such as chronic pain, arthritis, hearing or sight deficits, seizures or frequent headaches, stress, stomach ulcers, and hypertension (BMA, 2007). Mental health effects from domestic violence have been extensively documented in the literature; for example, anxiety, depression, post-traumatic stress disorder (PTSD), low self-esteem and suicide ideation (Hastings & Kantor, 2004). Women with a history of physical or sexual abuse are at increased risk for unintended pregnancy, sexually transmitted infections and miscarriages (Campbell et al., 2000; Campbell et al., 2002). Furthermore, a recent study found that sexual victimization increased the rate of (completed) suicide by 14-fold in a population-based study of Danish women (Gradus et al., 2012).

Between 6% and 23% of women attending general practice will have experienced physical or sexual abuse from their partner or a previous partner in the preceding year. Yet only around 15% of women with a history of domestic violence have any reference to violence in their medical record in primary care (Health Foundation, 2010). Although routine enquiry about domestic abuse amongst female patients has been advocated the Department of Health in the UK and the American Medical Association in the USA for some time, research shows that on average only 10% of physicians screen female patients for intimate partner violence (Rodriguez et al., 1999; Elliott et al., 2002b). In a study by Shepherd et al. (1999) only 24% of nurses felt able to discuss this subject with patients even though they did view it as part of their professional remit. Many reasons have been identified in the literature as to why health care practitioners fail to enquire about domestic or sexual abuse, even when there is evidence to suggest that their patient is being abused, including: (1) fear of offending the patient, (2) lack of self-confidence, (3) inadequate training and (4) lack of time in clinical situations (see Keeling, 2008 for a review).

4.4.1 Improving Identification and Referral

Very recently, a particularly effective remedy for this situation has been identified and subject to rigorous evaluation in the UK. The Identification and Referral to Improve Safety (IRIS) trial is a primary care training and support programme to improve the management of women experiencing domestic violence (Feder et al., 2011). The Health Foundation (2010) described IRIS as aiming "*to provide training and support for staff to bridge the gap between the voluntary sector and primary care, to harness the strengths of each, and to provide an improved domestic violence*

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service.” In the trial, 24 practices received the IRIS programme and a further 24 practices were controls and did not receive the intervention. The IRIS programme made a significant impact on the number of disclosures obtained (641 versus 236 in the control group). The number of referrals of patients to advocacy services based in specialist domestic violence agencies was also substantially higher (223 referrals versus only 12 in the control group). This work supports the findings of Wong et al. (2006) whose research demonstrated that training was the most significant determinant of improved awareness and identification of intimate partner violence amongst family doctors, especially their active questioning of patients when there were non-obvious signs of abuse. IRIS has also been shown to be cost-effective (Norman et al., 2010). Thus, it represents a very tangible and distinctive intervention which, when implemented correctly, demonstrably strengthens the response from health professionals to those experiencing domestic abuse. In our view such a model could also be expanded to include other forms of gender-based and sexual violence, although research evidence supporting this view is not currently available.

It is important to highlight that specialist support services for victims play an essential role in the IRIS programme and therefore the sustainability of these types of services (or otherwise) will directly impact upon the successful implementation and delivery of the IRIS programme.

Another example of delivering improved identification and referral is by health boards with an A&E having a specific mechanism and process in place to identify people injured in domestic violence and then to work with them. A recommended model of such an information-gathering process has been incorporated into the College of Emergency Medicine’s (2009) *Guideline for Information Sharing to Reduce Community Violence* and it is our view that this should be adopted across Wales. This categorises the location of violence as ‘own home’ and ‘someone else’s home’ for example. This process should be supported by a specific nurse post dedicated to identifying, supporting and protecting those women and girls who have been injured in violence. Furthermore, more effective management of the mental health effects from exposure to violence is recommended and one evidence-based model for achieving this has recently been published by the Royal College of Psychiatrists (Shepherd & Bisson, 2012).

4.4.2 Respecting Patients’ Privacy

Another noteworthy intervention for improving the response from health relates to the use of additional screens and arrangements to give patients privacy when registering the purpose of their visit in healthcare settings. In a randomised controlled trial, Shepherd et al. (2005) found that patients valued privacy when speaking to receptionists in A&E and Primary Care settings. Providing screens or other small adjustments to enable a private conversation facilitated the disclosure of sensitive information, as the information could be provided confidentially. Based on the findings from their research, Shepherd et al. (2005) recommended that adjustments be made across health services, as they would be straightforward to

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provide and would have benefits for patients across the NHS in Wales. As their research reminds us, human rights legislation safeguards the privacy and dignity of patients. Making improvements to the infrastructure of healthcare settings to ensure confidential communication between receptionists and patients appears warranted. This would bring healthcare settings to the same standards for confidentiality as banks and Post Offices, where people expect to be able to confidentially communicate their needs and concerns.

4.4.3 Our Recommendations for Health

Our recommendations for strengthening the response from health:

- Linked to our recommendations for compulsory training for frontline practitioners ('lifelong education'), we recommend implementing a multi-agency model to facilitate routine enquires across Wales (e.g., IRIS scheme).
- All health boards with an A&E should have a specific mechanism and process in place to identify people injured in domestic violence and then to work with them (e.g., College of Emergency Medicine guideline). This process should be supported by a specific nurse post dedicated to identifying, supporting and protecting those women and girls who have been injured in violence.
- Implement a multi-agency care pathway across Wales to more effectively manage the mental health effects from exposure to violence (e.g., Royal College of Psychiatrists guideline).
- Improve existing building infrastructure to support patient's confidential disclosure (e.g., privacy screens/arrangements within surgeries), to support health professionals in fulfilling their duty 'to ask and to act' across Wales. All new buildings must conform to this requirement.
- The NHS should adopt policies to ensure it can adequately identify and respond to health complications and adverse effects from experiencing forms of violence such as female genital mutilation (FGM), including the provision of reconstructive surgery.²⁴

²⁴ See for example <http://www.bbc.co.uk/news/health-18900803>

4.5 STRENGTHENING HOUSING OPTIONS

"We want the first choice for people who have experienced domestic abuse to be to remain in their own homes. Where necessary, we want the further development of services that can make it safe for them to do so." (WAG, 2009)

"...wherever possible, victims should be kept safe in their own homes by the perpetrator having to leave not the victim." (WAG, 2010)

Domestic violence-related homelessness represents a small but significant contributing factor behind homelessness in the UK. As noted by the Welsh Government in their *Domestic Abuse Guidance: Supporting People and Multi-Agency Working*, 'domestic abuse is a major cause of family homelessness and has an adverse impact on family health and wellbeing' (2007; p. 5). Of the 6,255 Welsh households accepted as homeless during the last year, 700 were fleeing domestic violence or the threat of domestic violence (11%). Of these, 270 had dependent children. However, these figures mask regional differences. For example, in Cardiff for the period April-June 2010 there were 175 households accepted as eligible and of these, 40 (23%) indicated that the main reason for the loss of their last settled home was the violent breakdown of a relationship. As noted by Crisis (2008), "*traumatic life experiences, such as sexual abuse and violence, regularly feature in the causes of women's homelessness.*" Indeed, 87 of 89 housing applications made in Cardiff during 2009/10 which were due to loss of home as a result of domestic violence were for female applicants (Robinson et al., 2012). In 61 of these cases, the female applicant was a single mother with dependent children.

The housing needs of people made vulnerable or homeless by gender-based, domestic and sexual violence poses a complex service delivery issue involving both statutory and voluntary organisations. Much progress has been made in recent decades in order to meet the needs of these clients; however, gaps and challenges remain that signal the need for a new, smarter, coherent all-Wales approach.

4.5.1 Safe and Smart Accommodation Choices

Emergency temporary accommodation (refuge) has long been a cornerstone of specialist domestic abuse service provision offered in Wales and across the UK by a range of providers. The trauma that women and their children experience as a result of intimate violence and abuse, and the high level of risk that they experience when leaving the perpetrator, mean that women need safe supported accommodation in

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which to live before being ready to move to more independent accommodation, or able to return home.

In Wales there are 277 refuge bed spaces available to women fleeing domestic abuse; 271 of these are available to women with children. Thus, a small number of bed spaces are made available for men fleeing domestic abuse. In 2011/12, Women's Aid groups across Wales supported nearly 2000 women and over 1500 children and young people. Women-only safe spaces (Refuges) combine emergency access accommodation with a range of support services, enabling victims (usually women and their children) to have a safe place to live, away from the perpetrator, while they receive specialist support to address their emotional, housing, health and financial needs. The emphasis taken by refuge providers is on safety and security, including: physical security; confidentiality of location; and security measures such as CCTV, strengthened doors and panic alarms.

Safety is also paramount in emotional terms. Emotional support is provided within refuges by specially trained workers. Support is also received from peers (i.e., other families within refuge who share similar experiences). Refuge is a safe space where those fleeing domestic abuse can stay while receiving specialist support for dealing with the trauma that they have experienced at the hands of the perpetrator, and receive support while considering their options for the future, including receiving advice about housing and making arrangements for longer-term accommodation. Information and practical support on legal issues, benefits, housing, children's issues and other matters related to the experience of domestic abuse are also provided within refuges. Clearly, refuge provides many benefits to those affected and, in all likelihood, this type of housing option will be needed for many years to come in order to safeguard the most vulnerable at-risk women and children.

However, this Bill provides an opportunity to radically change how refuge is provided within Wales. In England the model has been to widen the number of refuge providers in order to drive down the cost; this has resulted in a de-skilling of the workforce. We believe the opposite strategy should be pursued in Wales; skilling up the workforce for a reduced flow into refuge. Refuge must be viewed as the 'expensive option', both in terms of financial and emotional costs. Our view, therefore, is that refuge should be used as a last resort, and in a proportionate way.

The 'Oxford model' is relevant here in that it manages admissions to acute healthcare by reducing demand. In terms of meeting the housing needs of victims, we propose that the provision of timely, consistent target-hardening to all areas, which is not dependent on the nature of the tenancy, would reduce demand for refuge. Our belief is that only those people that are so at risk that they cannot be made safe in their own homes should access refuge accommodation. Refuge should be provided as a last resort, and time-limited, with a date for move-on accommodation being allocated as soon as is safely possible. The systemic 'Oxford' approach applied to planned admissions into hospitals has resulted in better use of limited resources and better outcomes for patients. This model could be applied equally well to the provision of refuge: clients in emergency situations can be

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accommodated safely, whilst those clients with planned moves into refuge know exactly when they will leave. The model implemented by Cardiff Women's Aid, for example, illustrates how adopting this approach enables more women to move into more appropriate accommodation in a planned and coordinated manner (although the applicability of this model to rural areas has not yet been demonstrated). Such an approach reduces the de-skilling of women victims that we know occurs once they stop being 'in charge/responsible' of their own homes. It reduces the number of children that are moved out of their familiar environments, away from their friends and the things they know, and into refuge.

The report from the Gwent pilot in the *Welsh Domestic Abuse Modernisation Project* found that there was significant 'bed-blocking' in refuge due to families having to stay longer than is required because of a lack of move-on options, further increasing the scarcity of refuge space (Nicholas, 2012). Likewise, consultation with service providers indicated that staying in refuge longer than desired was a concern (often due to re-housing delays and when a woman had no recourse to public funds), and felt that moving from refuge into self-contained supported housing was preferred to staying for a longer period in refuge.

Refuge, by not being integrated into move-on accommodation due to a restricted volume of homes available, has become part of a blocked system. Refuge needs to be seen and treated as an expensive and valuable resource and used in a targeted and skilled way. Thus, smarter use of refuge is interlinked with a sufficient supply of target-hardening services and move-on accommodation, which are discussed in the following sections.

4.5.2 Adequate Provision of Target-Hardening

In the UK, government attempts to prevent homelessness have shifted in recent years from supporting the victim through removing them from their home (i.e., providing refuge accommodation) to looking at solutions to ensure that the victim can remain in their property. This indicates a will to keep the victim and her children in their own home, going to the schools and clubs they know, and close to supportive family and friends. This strategic shift was followed by an enhancement of existing support provision with the introduction of schemes focusing on keeping victims in their homes. These have been developed across the UK with the introduction of the Sanctuary Scheme in England and the HomeSafe scheme in Wales as two examples of target-hardening services. Target-hardening can be defined as the "*installation of physical security measures to a property*" that are undertaken to allow the person to remain safe in their own home and reduce the risk of further crime (Borja, 2009).

Past research on initiatives that include target-hardening provision has shown clear benefits (see also Table 4C, next page). For example, research on Specialist Domestic Violence Courts (SDVC) indicated how victims felt that the inclusion of practical support measures, such as providing new locks and panic buttons, were especially

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invaluable in increasing their feelings of safety (Vallely et al., 2005). Similarly, research on Multi-Agency Risk Assessment Conferences (MARACs), initiated for very high-risk victims of domestic violence, found that the practical assistance undertaken as a result of these multi-agency meetings, in particular having their locks changed, was highly valued. In fact, it was the most often noted service mentioned by the women interviewed (Robinson & Tregidga, 2005). In a recently concluded large multi-site evaluation of providing advocacy services to victims of domestic violence, nearly half of 1247 high-risk victims were provided access to some form of housing security and most victims cited these changes in their housing as facilitating their safety (Howarth et al., 2009). Further evidence illustrating the positive impact of providing target-hardening (free of charge, and by specially trained lock-fitters) from the evaluation of the Cardiff HomeSafe project is provided in Table 4C below.

Table 4C. Keeping victims safe in their own home.²⁵

Responses from victims of domestic abuse about receiving target-hardening services:

- 99% felt safer as a result of the service;
- 87% felt the service would help reduce the violence or threat of violence; and
- 49% stated they would have had to leave their home without the service.

"Anything that helps someone stay in their own accommodation is a winner all round. Some women and children are re-housed in an area where they don't know anyone, on council estates; the kids change schools...and all because the individual is a victim of violence. So if you can encourage the person to stay and it can work for them then...it shows that DV doesn't necessarily have to change your life." [Practitioner]

"I think the HomeSafe scheme is a brilliant idea... I am scared to death of my ex-husband and he has forced his way into my home before now. But I know he can't now and my son and I are most safe. Thank You to HomeSafe." [Service User]

"We would have had to go into refuge if not for the service, which would have been upsetting for the children". [Service User]

Currently, target-hardening indicatives are variable across Wales, in relation to availability and who is funding the project. A recent study found that target-hardening was provided to victims of domestic abuse in 21 out of 22 local authority

²⁵ Robinson et al. (2010) *Final Evaluation Report on the Cardiff HomeSafe Project*.

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areas in Wales (Borja, 2009). Although this might suggest that the provision of target-hardening is mainstreamed in Wales, these services are only able to respond to a fraction (<10%) of the total number of victims of domestic abuse who might benefit from them (Borja, 2009). Furthermore, the unfortunate reality is that many of these schemes have lost their funding since the 2009 report, including the very highly commended and respected Cardiff HomeSafe scheme which had been in operation since 1995.

Wales has never had a systematic approach to target-hardening; it was dependent on where you lived and the nature of your tenancy. This is highly problematic. Welsh Government along with Local Authorities are not living up to the promises made in the *10-Year Homelessness Plan* nor the *Right to be Safe* strategy. Target-hardening should be provided to adequate levels and embedded into supportive multi-agency responses such as Cocoon Watch, DACCs and MARACs. By integrating target-hardening into all Housing Association maintenance functions, an all-Wales service could be provided at low cost. Thus, target-hardening would be delivered both to tenants (as part of tenancy agreements) and to non-tenants (as part of their community responsibility, to develop wider community stability). The cost of this would be balanced with the cost savings from reducing refuge demand.

Research evidence along with extensive practitioner experience indicates that there are many women who wish to stay in their own homes and target-hardening initiatives would enable this to happen with increased confidence. If we wish to sure that all women are safe from harm and are able to exercise control over the choices they make in relation to their lives, then the provision of target-hardening must play an important part (but only if the risk posed by staying in the property is not deemed by trained professionals to be too great, in which refuge accommodation would be the more appropriate intervention).

Furthermore, we feel that basic target-hardening initiatives such as changing locks on properties should be an integral part of ALL landlords' responsibilities and should be available to ALL victims regardless of their (current) level of risk. Such basic target-hardening of a property to reduce the chances of the perpetrator returning and letting themselves back in could be the most appropriate response, coupled with police action if necessary. It is not unusual for the woman to be rendered helpless to stop him returning and for the violence and abuse to be re-established for the sake of the cost of a new lock. Evidence from specialist providers shows that women will state that it was safer to "let" the perpetrator back into the property as she then knew where he was rather than face the uncertainty of when he may "appear" again without warning.

Actions such as changing the locks, installing a panic alarm in premises, or putting a police marker on the property can serve as a deterrent to the offender whilst increasing feelings of safety and well-being for the victim. Target-hardening, however, *must* be part of a coordinated multi-agency response to ensure that it is deployed professionally as well as safely.

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4.5.3 Sufficient Supply of Move-On Accommodation

In Wales there is a lack of move-on accommodation (i.e., accommodation for women and their children who have experienced domestic abuse following their stay in emergency temporary (refuge) accommodation) primarily due to lack of availability in relation to social housing. Consequently, private rented accommodation is becoming more of an option for move-on accommodation, rather than local authority or social housing. There is an urgent need for increased availability and quality of move-on accommodation, as noted within the Welsh Government's violence against women strategy, *The Right to be Safe* (2010) and its latest (2010/11) Annual Report. The current lack of suitable move-on accommodation results in refuges being unable to fulfil their intended purpose of emergency, temporary accommodation, because women and their children stay for longer periods due to a lack of move-on accommodation. Therefore, we feel that addressing the lack of move-on social housing through the private rented sector must be viewed as a positive option, so long as there are regulatory controls in place.

The report from the Gwent pilot in the *Welsh Domestic Abuse Modernisation Project* found that most housing officers felt that development of second stage move-on and alternatives to refuge accommodation-based provision were priority issues (Nicholas, 2012). The report suggested that social landlords have both the capacity and scope to develop policies and practice that increases the choice, protection and housing options for their tenants who are suffering from, or at risk of domestic abuse. Landlords could do more for tenants who are experiencing domestic abuse, look at all options especially target-hardening and tenancy transfer, to avoid homelessness presentations and the disruption this causes to families. A notable example of good practice in this regard was provided by Bron Afon Community Housing in Torfaen (Gwent).

Most women are reluctant to move into private rented sector accommodation for a number of reasons, but ultimately this is reflective of concerns in relation to the standard of the property, the insecurity of tenure (concerns around settling for 6 months and having to move again), and that some private landlords are less scrupulous than social housing landlords. The *Homes for All* consultation has allowed for providers to express their thoughts on how the private sector can be held accountable so that tenants can be afforded peace of mind. It is worth noting that Shelter report that most of their casework is in relation to private landlords so the concept of regulating private landlords should be seen as a viable option.

Another pressing issue concerns women's experiences with frontline staff that deal with applications of homelessness. There is an urgent need for the Housing (Wales) Bill to mandate training housing staff on the dynamics and realities of domestic abuse, so that they can deal with this client group with sensitivity and find solutions that will meet their specific, and often broad-ranging, needs.

Finally, the Welsh Government should ensure that the Housing (Wales) Bill commits to maintaining specialist, women-only support services for women and their children

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who have experienced domestic abuse. Recently, there has been a worrying trend of moving away from commissioning women-only specialist services to the commissioning of gender-neutral contracts. We feel that this does not assist in the understanding of the gendered nature of domestic abuse nor does it ensure that men who are victims receive a service that is based on their specific needs as a client group. The Commissioner could play a very important role in this regard, by ensuring that women-only specialist services continue to be funded.

4.5.4 Our Recommendations for Housing

Our recommendations for strengthening housing options include:

- Make available a fast and effective target-hardening service to all, regardless of tenancy/owner occupation status, which is linked to police watch and police drive by models to ensure that a priority response is provided to victims who have received target-hardening.
- Integrate target-hardening into all Housing Association maintenance functions, so that an all-Wales service can be provided at low cost.
- Refuge must be used as intended: as temporary emergency safe accommodation (for those most at risk of harm or in need of a safe place), for short periods and as the last resort, with more resources over time (as the prevention and early interventions begin to affect change) being directed to keeping the victim in their own home or locality.
- Multi-agency targets should be set that aim to: a) reduce admissions to refuge and b) reduce time spent in refuge, whilst not placing women and children at increased risk of harm.
- Provide open access to refuge for local women and their children which may be short term, whilst the home is target-hardened or the perpetrator arrested or managed/recalled.
- Increased options for move-on accommodation should be available to meet the needs of victims who have to be moved from their homes permanently.
 - Provide an adequate supply of social housing and/or private rented accommodation that is safe and subject to regulatory controls (e.g., a Code of Practice for private sector landlords).
 - Re-housing must be achieved in a timely way, and informed by an assessment of the victim's risk.
 - Consider developing 'move-on panels' across Wales to facilitate the deployment of appropriate housing options.
- Mandatory training for housing officers to ensure a sensitive and professional response to those experiencing violence and abuse.
- Implement robust eviction and removal-from-tenancy procedures for perpetrators, using the civil standard of proof. New tenancies should state clearly that any form of violence against women or domestic abuse constitutes a breach of tenancy by the perpetrator so that, in the case of joint tenancies, one party can be evicted.

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- Ensure the long-term work of enabling victims/survivors to recover and face the world, able to make good choices for themselves and their children, goes on, but is no longer intrinsically linked with housing provision.

Chapter 5. CONCLUDING DISCUSSION

This final chapter provides a summary of the recommendations we have made, followed by a brief discussion and concluding statement.

5.1 SUMMARY OF RECOMMENDATIONS

5.1.1 Leadership

- Establish a new mechanism for strategic leadership and holding public services to account (e.g., a 'Commissioner for Ending Violence Against Women').
- Establish a supportive structure, with a focus on research and analysis, to enable the Commissioner to achieve his or her stated objectives (e.g., a 'Welsh Observatory on Violence Against Women').

5.1.2 Better education and public awareness

Public awareness

- Implement a duty on public bodies to provide public awareness campaigns (national and local) on all forms of intimate violence that predominantly affect women and girls (domestic violence; sexual violence; honour-based violence; female genital mutilation; forced marriage; trafficking). These should be developed in consultation with specialist service providers for accuracy and proper messaging.
- Information about the 'All-Wales Domestic Abuse and Sexual Violence Helpline' should be displayed prominently within agencies across the public, voluntary and private sectors.

Compulsory education

- Preventative education about gender equality, healthy relationships, safety and respect should be made statutory within the Welsh PSHE curriculum in order to tackle all forms of violence against women and girls.
- Statutory guidance should be issued to schools to promote a 'whole school' approach, linked to the safeguarding agenda.
- In addition to schools, preventative programmes should be delivered in other settings to reach all children/young people across Wales, including those who are not in mainstream education (e.g., young people not in employment or education, NEETs), again linked to the safeguarding agenda.

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Training professionals

- Mandatory training for frontline service providers that is sector specific and nationally developed so the message is consistent across Wales. This training should be linked to a CPD qualification. Only evidence-based training should be delivered, and ideally the training would be combined with other mandatory training (e.g., diversity or safeguarding).
- Provide a summary of evidence-based approaches for frontline professionals. This summary would need to be commissioned and employers should take responsibility for circulating it to their employees.
- Agencies should ensure that funding is allocated and used to provide professional interpreters, or should use trustworthy services such as language line (<http://www.languageline.co.uk/>). Agencies should be required to demonstrate that the interpreters they have procured are bound by an appropriate code of conduct and have undergone relevant training.

5.1.3 Strengthening services

Multi-agency work

- Place a statutory duty on devolved public sector bodies to contribute to a multi-agency process that manages risk and improves safety for victims (e.g., Multi-Agency Risk Assessment Conferences or MARACs).
- Provide routine, consistent long-term funding for specialist support services for victims.
- Strengthen services for low and medium-risk victims through the introduction of a common assessment and care pathway utilising the national helpline to support other professionals manage a disclosure, risk assessment, safety plan, and referral.
- Place a statutory requirement on public bodies to share relevant information through agreed multi-agency information sharing protocols.
- Strengthen standards of one-stop-shops and support the co-location of services.
- Support the consistent implementation of RESPECT accredited perpetrator programmes across Wales

Health

- Linked to our recommendations for compulsory training for frontline practitioners ('lifelong education'), we recommend implementing a multi-agency model to facilitate routine enquires across Wales (e.g., IRIS scheme).
- All health boards with an A&E should have a specific mechanism and process in place to identify people injured in domestic violence and then to work with them (e.g., College of Emergency Medicine guideline). This process should be supported by a specific nurse post dedicated to identifying, supporting and protecting those women and girls who have been injured in violence.

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- Implement a multi-agency care pathway across Wales to more effectively manage the mental health effects from exposure to violence (e.g., Royal College of Psychiatrists guideline).
- Improve existing building infrastructure to support patient's confidential disclosure (e.g., privacy screens/arrangements within surgeries), to support health professionals in fulfilling their duty 'to ask and to act' across Wales. All new buildings must conform to this requirement.
- The NHS should adopt policies to ensure it can adequately identify and respond to health complications and adverse effects from experiencing forms of violence such as female genital mutilation (FGM), including the provision of reconstructive surgery.

Housing

- Make available a fast and effective target-hardening service to all, regardless of tenancy/owner occupation status, which is linked to police watch and police drive by models to ensure that a priority response is provided to victims who have received target-hardening.
- Integrate target-hardening into all Housing Association maintenance functions, so that an all-Wales service can be provided at low cost.
- Refuge must be used as intended: as temporary emergency safe accommodation (for those most at risk of harm or in need of a safe place), for short periods and as the last resort, with more resources over time (as the prevention and early interventions begin to affect change) being directed to keeping the victim in their own home or locality.
- Multi-agency targets should be set that aim to: a) reduce admissions to refuge and b) reduce time spent in refuge, whilst not placing women and children at increased risk of harm.
- Provide open access to refuge for local women and their children which may be short term, whilst the home is target-hardened or the perpetrator arrested or managed/recalled.
- Increased options for move-on accommodation should be available to meet the needs of victims who have to be moved from their homes permanently.
 - Provide an adequate supply of social housing and/or private rented accommodation that is safe and subject to regulatory controls (e.g., a Code of Practice for private sector landlords).
 - Re-housing must be achieved in a timely way, and informed by an assessment of the victim's risk.
 - Consider developing 'move-on panels' across Wales to facilitate the deployment of appropriate housing options.
- Mandatory training for housing officers to ensure a sensitive and professional response to those experiencing violence and abuse.
- Implement robust eviction and removal-from-tenancy procedures for perpetrators, using the civil standard of proof. New tenancies should state clearly that any form of violence against women or domestic abuse constitutes a breach of tenancy by the perpetrator so that, in the case of joint tenancies, one party can be evicted.

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- Ensure the long-term work of enabling victims/survivors to recover and face the world, able to make good choices for themselves and their children, goes on, but is no longer intrinsically linked with housing provision.

5.2 DISCUSSION

Our view is that the recommendations contained in this report reflect an *integrated* approach. For example, our recommendations related to the provision of refuge accommodation are linked to our recommendations that target-hardening services be provided, along with an adequate supply of safe and appropriate move-on accommodation. Likewise, our recommendation that a professionally recognised qualification be established for frontline service providers has a direct bearing on the success of rolling out a model for routine enquiry by health providers across Wales.

As each chapter contains recommendations that are interdependent on each other, it would be unwise to 'pick and choose' from our recommendations. Instead, they should be adopted as a comprehensive, coordinated approach. We believe that our recommendations, taken as a whole and rigorously and faithfully implemented, represent the best chance of achieving the Welsh Government's vision for a *'self confident, prosperous, healthy nation and society which is fair to all'*.

One of the key ingredients identified within our recommended approach is the introduction of a new 'Commissioner for Ending Violence Against Women in Wales'. The Commissioner's role is essential if Welsh Government is to successfully develop and implement the recommendations we propose for *preventing* VAW (lifelong education, whole schools approach, uniform practitioner training, public awareness campaigns, etc). The Commissioner's role is equally vital if Welsh Government is to effectively *respond* to VAW (improved multi-agency working, a better response from health, smarter housing options for those affected by violence and abuse, etc). We envision the Commissioner as a short-term appointment (perhaps 5 or 7 years); the investment of a few years to lay the foundation stones for a lasting change in Wales. Rather than adding an unnecessary layer of bureaucracy, he or she will provide a focus for leadership and strategic direction in the short term, facilitating the implementation of a coherent and consistent nation-wide approach that will last for the long term. We do not envision that the broad spectrum of recommended changes outlined in this report could be successfully implemented without a dedicated position of leadership at a national level to drive them forward.

Furthermore, we do not think it likely that a 'Commissioner for Ending VAW' could be effective in their role without the support of an office dedicated to research and analysis of VAW. This 'national observatory' would support the Commissioner by ensuring that decisions are evidence-based. If the Commissioner is to deliver a comprehensive all-Wales approach of a high standard then he or she will need to receive timely, robust analyses on a wide and changing spectrum of issues in order to challenge ineffective policies and practices.

5.2 CONCLUSION

This Bill represents an opportunity for real change in Wales. Judging from the level of attention paid to the Spain's *Organic Act on Integrated Protection Measures against Gender Violence* (2004), with its wide-ranging reforms for tackling violence against women, there is no doubt that the Bill will thrust Wales into the international spotlight. The Bill is widely anticipated across the UK, Europe and beyond, both for its symbolic value and its practical content. The Welsh Government has an opportunity to demonstrate inspired vision and strong leadership, and to tread a clear path for future nations by demonstrating how a developed and forward-thinking country responds to this significant and far-reaching issue.

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APPENDIX A: Definitions of terms

Gender-Based Violence and Violence Against Women

In its 2011 *Convention on preventing and combating violence against women and domestic violence*, the Committee of Ministers of the Council of Europe states that:

"Gender-based violence refers to any harm that is perpetrated against a woman and that is both the cause and the result of unequal power relations based on perceived differences between women and men that lead to women's subordinate status in both the private and public spheres. This type of violence is deeply rooted in the social and cultural structures, norms and values that govern society, and is often perpetuated by a culture of denial and silence."

The expression "gender-based violence against women" in the 2011 Convention is understood as equivalent to the expression "gender-based violence" used in the CEDAW Committee General Recommendation No. 19 on violence against women (1992), the United Nations General Assembly Declaration on the Elimination of Violence against Women (1993). Therefore, their recommendations for combating 'gender-based violence' are understood to be aimed at protecting women from violence resulting from gender stereotypes.

According to the United Nations the term 'violence against women' means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. They say that the term 'Violence Against Women' shall be understood to encompass, but not be limited to, the following:

(a) Physical, sexual and psychological violence occurring *in the family*, including battering, sexual abuse of female children *in the household*, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring *within the general community*, including rape, sexual abuse, sexual harassment and intimidation *at work, in educational institutions and elsewhere*, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned *by the State, wherever it occurs*.

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In its model framework for legislation on violence against women, the United Nations²⁶ recommends that legislation should apply to all forms of gender-based violence and abuse, including but not limited to:

- Domestic violence;
- Sexual violence, including sexual assault and sexual harassment;
- Harmful practices (including forced marriage, female genital mutilation, female infanticide and so-called honour crimes);
- Femicide / feminicide;
- Trafficking;
- Sexual slavery.

Furthermore, the perpetration of these forms of violence and abuse may take place by many different actors, across the following contexts:

- Violence against women in the family (e.g., domestic abuse);
- Violence against women in the community (e.g., sex workers);
- Violence against women in conflict situations (e.g., rape as a weapon of war); and
- Violence against women condoned by the State (e.g., in police custody or committed by security forces).

Violence Against Women and Girls (VAWG)

The addition of 'and girls' to 'violence against women' has been adopted by the UK Government (both the previous Labour administration and the current Coalition Government), and is widely used across the specialist sector in the UK and internationally. The inclusion of girls within this definition allows for forms of intimate violence and abuse to be incorporated which affect under-18s, including for example female genital mutilation (FGM), forced marriage and sexual violence against under-18s.

Defining VAWG as such allows for these forms of gender-based violence to be incorporated within the same definition, which enhances the understanding of their shared causes and consequences, as well as the links between all forms of gender-based violence, and the fact that these forms of violence and abuse disproportionately affect females of all ages and throughout the life cycle.

Domestic Violence

The UK government definition of domestic violence is:

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'

²⁶ United Nations (2010), *Handbook for Legislation on Violence Against Women*.

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This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

In December 2011, the UK government issued a consultation on widening the current cross-government definition of domestic violence to include under-18s and/or to include the concept of 'coercive control'. In addition, the consultation also seeks views on whether the current definition is being applied consistently across government and if it is understood by practitioners, victims and perpetrators. At time of writing, the results of the consultation have not been published.

Domestic Abuse

The Welsh Government's definition:

"Domestic Abuse is best described as the use of physical and/or emotional abuse or violence, including undermining of self confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.

Domestic abuse can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation and the telephone, and stalking.

It can also include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim/survivor. It can also include violence inflicted on, or witnessed by, children. The wide adverse effects of living with domestic abuse for children must be recognised as a child protection issue. The effects can be linked to poor education achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness from running away.

Domestic abuse is not a "one-off" occurrence; it is frequent and persistent."

Intimate Partner Violence

This term is usually used to describe domestic abuse or domestic violence that is committed exclusively by current or former intimate partners (e.g., husband, wife, boyfriend, girlfriend, ex-partners, etc.). Thus, it is a narrower definition that excludes violence or abuse between family members (e.g., brother, sister, mother, grandmother, etc.). For example, the UN definition of intimate partner violence is:

'Behaviour in an intimate relationship that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.'

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Similarly, the World Health Organisation (WHO) defines IPV as:

'Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Intimate partner violence often involves various forms of systematic abusive behaviours usually in combination. These include threats of and actual physical violence, sexual violence, emotionally abusive behaviours, economic restrictions and other controlling behaviours.'

Sexual Violence/Abuse

Sexual violence/abuse is the term used by specialist service providers working in this sector and encompasses all ages and types of offences that have an explicit sexual content (e.g., rape, sexual assault, sexual harassment, sexual abuse, child sexual exploitation). These forms of sexual violence can be perpetrated by family members, current and former sexual partners, other relatives and friends, acquaintances (including colleagues and clients), those in a variety of authority positions, and strangers. The many possible combinations of location and relationships mean that sexual violence can be in private or public locations, and in terms of rape, for example, can include many forms – marital rape, familial/incestuous rape, acquaintance/date rape, stranger rape, gang rape, custodial rape, and rape as a war crime.

The WHO's definition is:

'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting.'

APPENDIX B: International models for providing leadership

This Appendix provides a number of international 'pen portraits' of how leadership on the topic of violence against women and domestic abuse is delivered in different countries and devolved nations. A number of issues are relevant to the proposed legislation in terms of how to address the 'leadership' gap, such as:

- What is the issue (domestic abuse, domestic violence, or violence against women)?
- Where in government is the issue located (justice/crime or gender/equality)?
- How does government receive specialist advice at a national level (structure/content of communication)?
- What is the composition of groups leading on VAW (statutory bodies, NGOs, academics, government officials)?
- What is the remit of such groups (policy advice, monitoring, sanctions, research)?
- What is the ultimate goal (implementation of a national strategy or elimination of VAW)?

Not every pen portrait has the same number of details, nor can they all answer all of the questions above. For some countries information is much more available, accessible and up-to-date. The sample of countries is also biased towards those that produce information in English.

Nevertheless, these country comparisons provide some context within which to consider how Wales might formulate its own mechanism to deliver the following objectives (from the last paper circulated to the T&F group):

- e) Promoting cross-policy responses on all forms of domestic abuse and violence against women (e.g. SV, HBV, trafficking, FM, FGM)
- f) Monitoring performance and holding agencies to account (institutional advocacy)
- g) Identifying and promoting best practice (driving up standards)
- h) Benchmarking progress (regionally and across Wales)

International comparisons

UN:

Special Rapporteur on violence against women, including its causes and consequences. This is a position created in 1994, since 2006 this person reports to the Human Rights Council and the post is considered a 'UN leadership by example' initiative. The SRVAW has a broad mandate with the ultimate goal of eliminating VAW and her duties include: (1) Transmitting urgent appeals and communications to

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States regarding alleged cases of violence against women, (2) Undertaking fact-finding country visits, and (3) submitting annual thematic reports.

Spain:

Spanish Organic Act No. 1/2004 on Integrated Protection Measures against Gender Violence created the *Special Government Delegation on Violence Against Women*. This office is located within the Ministry of Employment and Social Affairs, and its functions 'include the drafting of Government policies on violence against women, and coordinating and promoting all actions taken in this area, necessarily including actions designed to enforce the guarantee of women's rights.' Secondly, the law created the State Observatory on Violence against Women, 'a collegiate body attached to the Ministry of Employment and Social Affairs, whose main functions will be to serve as a centre of analysis regarding the status and evolution of violence against women, and to advise and collaborate with the Delegation in drafting proposals and measures to eradicate this type of violence.'

Spain also has a regional structure involving a *Directorate General for Gender-Based Violence Prevention, Youth Affairs and Juvenile Crime* within each region's Regional Ministry of Presidency office.

Ireland:

The *National Office for the Prevention of Domestic, Sexual and Gender-based Violence* (Cosc) was set up in 2007. Cosc was established to coordinate the state's response to the issues of domestic, sexual and gender-based violence. Cosc is an Irish word meaning 'to stop' or 'to prevent'. Cosc's key responsibility is 'to ensure the delivery of a well coordinated "whole of Government" response to domestic, sexual and gender-based violence.'

Cosc is an executive office of the Department of Justice and Equality, although it has been given a remit to address domestic, sexual and gender-based violence from a cross-government perspective. Thus, the role of the office is to facilitate coordination across the justice, health, housing, education, family support and community sectors. This work includes close interaction with non-governmental organisations (NGOs).

Cosc provides leadership and support to the National Steering Committee on Violence Against Women (NSCVAW) and its sub-committees and the National Steering Committee on Violence against Men (NSCVAM). The Executive Director of Cosc reports to the Secretary General of the Department of Justice and Equality and to the Minister for Justice, Equality and Defence.

Cosc does not provide funding for the running of services for victims; however it does administer funding for awareness raising activities and perpetrator programmes.

One of Cosc's primary tasks has been the development of a *National Strategy on Domestic, Sexual and Gender-based violence*. The Strategy was approved by the

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Government in 2010 and Cosc is now the key government office for ensuring its implementation.

Ireland also has a national observatory. The National Women's Council of Ireland (NWCI) chairs the Observatory on Violence against Women, which prepares annual national reports, and nominates an Irish expert to represent the Observatory in the EU. Reports have been prepared on prostitution, pornography and migrant women.

France:

Effective coordination at national level seems to be lacking. A specialized administration has been set up by the French State to deal with women's rights and equality. Depending on the government in question, this service has fallen under the aegis of a Secretary of State or Minister for Equal Opportunities, or, more recently, the Department for Social Cohesion and Parity.

The service coordinates the work of a decentralized network of regional and departmental offices for which the regional prefect, is responsible. At this sub-national level, *Departmental Commissions for Action against Violence Against Women* are offices which bring together actors in the field, from both state institutions and non-governmental organizations, in order to coordinate training and awareness-raising for those involved and to deal with matters relating to accommodation and housing for women who have been the victims of violence.

Sweden:

The Government divides its work into 18 policy areas. VAW falls within the policy area of 'Democracy, gender equality and human rights' and is a responsibility of the Minister for Gender Equality, located within the Ministry of Education and Research. VAW is clearly conceptualized as a violation of women's rights and physical integrity, rather than a crime/justice issue.

In terms of a specific group or individual acting in an advisory capacity about VAW to Government, there is a *National Centre for Knowledge on Men's Violence Against Women* (NCK), which is a knowledge and resource centre based at Uppsala University. NCK has been commissioned by the Government to 'increase knowledge of men's violence against women in Sweden, and to develop methods for the treatment and care of women subjected to violence.'

Additionally, in 2009 the new Discrimination Act entered into force, and at the same time a new agency, the *Equality Ombudsman*, was established to supervise compliance with the Act. The Equality Ombudsman has access to better tools than the previous anti-discrimination ombudsmen to deal with actors that do not fulfil their obligations under the Discrimination Act. The Equality Ombudsman can apply to the new Board against Discrimination for a financial penalty to be ordered against employers and education providers that do not fulfil their obligation to take active measures. [NB I cannot tell if any VAW issues have been dealt with by this Ombudsman, although the S_RVAW's visit in 2006 recommended Broadening the

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competences of the Equal Opportunities Ombudsman to allow for addressing individual complaints from persons exposed to gender-related violence.']

Austria:

The Federal Minister for Women and the Civil Service has 6 'spheres of activities' within Division II Women and Gender Equality. One of these spheres is violence against women and women-specific legislation. VAW is conceptualized broadly in terms of forms (types of violence/abuse) and on two levels (personal and structural): "Personal and structural violence are mutually dependent and complementary. Hence any effective fight against violence requires policies that address the perpetrator and support the victim while attempting to change the social inequalities between the sexes."

In their most recent CEDAW report, it was noted that 'Austria has enshrined the [CEDAW] Convention in its Constitution, which means that the Federal Provinces also have the obligation to implement it.' The Austrian Act on Protection Against Violence Austria was launched in 1997 and in 2009 was updated to provide for a number of further important measures (e.g., serial perpetration was defined as a new crime). Furthermore, since 2006, "victims of violence, dangerous threats or sexual crimes as well as dependents of persons who could have died because of a criminal act or other dependents who witnessed the crime are entitled by law to psycho-social and legal assistance, free of charge, during proceedings."

All ministries, Federal Province bodies and NGOs dealing with the prevention of violence are represented on the *Advisory Council on Fundamental Issues of Violence Prevention* in the Federal Ministry of the Interior. The tasks of this Council comprise, in particular, the drafting of proposals and position papers in connection with violence prevention projects of the Ministry. For the inter-ministerial preparation of violence prevention measures, working parties are set up which usually also include representatives of NGOs.

Czech Republic:

The Governmental Committee for Equality between Men and Women established the *Committee for the Prevention of Domestic Violence* in 2008. Representatives from all respective ministries and NGOs working in the field of domestic violence participate in the Commission, which aimed to produce a national action plan. The National Action Plan for the Prevention of Domestic Violence (2011-2014) was adopted in 2011. Note the focus on domestic violence.

Netherlands:

The SRVAW's mission to the Netherlands in 2007 recommended: 'Reviewing and consolidating existing policy and practice on all forms of VAW into a comprehensive gender-sensitive policy. The Government should also consider developing a national action plan to eradicate VAW. Overall, without a comprehensive policy on violence against women that is defined within the context of gender inequality, a fragmented, gender-neutral and "law and order"-focused approach prevails, which undermines

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the effectiveness of the many commendable programmes in place to address the problem.'

The Government introduced a new Action Plan for 2008-2011 entitled *De volgende fase* ('The next phase') as a follow up to the *Privé Geweld - Publieke Zaak* ('Private Violence - Public Issue') programme which ran from 2002 to 2008. Under the coordination of the Ministry of Justice the new Action Programme is being carried out in an interdepartmental project, in which five other departments cooperate, as well as the police, the public prosecution, the Board of Dutch municipalities and the probation service. The Minister of Security and Justice took the decision to provide free legal assistance to victims of domestic violence in 2011.

However the 'safety of women and girls' as a governmental responsibility is located within the Gender Equality strand of the Ministry of Education, Culture and Science. So it seems like the Dutch took on the SRVAW's recommendations, but only partially, in that VAW is not wholly seen as an equality/rights issue.

Canada:

Canadian Panel on VAW produced the *Changing the Landscape* (1993) report which contained a national action plan and many recommendations, including the creation of specialist research centres working on different aspects of VAW (there are now 8 of these). One of these is the *Canadian observatory on the justice system response to intimate partner violence*, which is an international network of researchers, practitioners and policy-makers from across many disciplines, housed at the University of New Brunswick. The Canadian observatory supports rigorous inter-jurisdictional analysis on the justice system response to intimate partner violence focusing on identifying policies and strategies to resolve intimate partner violence and exploring how the justice system functions across the country and abroad. Note the focus on IPV and criminal justice.

In addition, the Public Health Agency of Canada leads and coordinates the Family Violence Initiative on behalf of 15 partner departments and agencies. With the long-term goal of reducing the occurrence of family violence in Canada, the Government of Canada provides the Initiative with permanent annual funding (although this may now be ending due to austerity measures). The FVI promotes public awareness; works with government, research and community partners to strengthen the capacity of criminal justice, housing and health systems to respond; and supports data collection, research and evaluation efforts.

United States:

The Department of Justice has an *Office on Violence Against Women* (OVW) with an Acting Director. Created in 1995, its mission is 'to provide federal leadership in developing the nation's capacity to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking.' The OVW administers technical (e.g., minimum standards protocols) and financial assistance (e.g., awarding grants established by

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the Violence Against Women Act). Its location within DoJ highlights the issue being seen as primarily a crime problem.

The *National Advisory Committee on Violence Against Women* (NAC) was re-chartered in 2010 by the Attorney General. The purpose of this federal advisory committee (a mix of practitioners and academics) is to provide advice and recommendations to the DoJ and the Department of Health and Human Services on how to improve the nation's response to VAW, with a specific focus on successful interventions with children and teens who witness and/or are victimized by domestic violence, dating violence, and sexual assault.

The appointment of a *White House Advisor on Violence Against Women* was initiated in 2009. This person has the following duties: to be 'an advisor to the President and Vice President on domestic violence and sexual assault issues; be a liaison to the domestic violence and sexual assault advocacy community; coordinate with the Department of Justice's Office of Violence Against Women (OVW) on implementation of Violence Against Women Act programs; coordinate with the Department of Health and Human Services on implementation of Family Violence Prevention Act services (including the National Domestic Violence Hotline); coordinate with the State Department and USAID on global domestic violence initiatives; and drive the development of new initiatives and policy aimed at combating domestic violence and sexual assault with advocacy groups and members of Congress.'

NB the last visit of the Special Rapporteur to the US in early 2011 commended 'the establishment of dedicated offices on violence against women at the highest level of the Executive.'

Australia:

In May 2008, the Government established a *National Council to Reduce Violence against Women and their Children*. The Council's task was to provide advice on the development of an evidence-based national plan, which became the 'Safe and Free from Violence - The National Plan to Reduce Violence against Women and their Children 2010 – 2022'. The Prime Minister established the *Violence against Women Advisory Group* in 2009. The group is comprised of a mix of professionals and academics and is chaired by a Minister. The role of the Advisory Group is to provide the Australian Government with expert advice on the implementation of the National Plan initiatives.

New Zealand:

The *Family Violence Ministerial Team* was established in 2006, and includes the Ministers for Social Development and Employment, Police, Justice, Education, Health, Women's Affairs, and the Chairperson of the Open Hearing into the Prevention of Violence against Women and Children. The Ministerial Team is informed by the Taskforce for Action on Violence within Families (including members of government, NGOs and the judiciary), which has produced two programmes of action for eliminating family violence. A Taskforce for Action on Sexual Violence

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(TASV) was established in July 2007, as sexual violence was left of the 'family violence' agenda. The Ministry of Women's Affairs (MWA) seems to lead on VAW policies and advice and is part of the Ministerial Team.

Honduras:

Special Inter-institutional Commission for Monitoring the Implementation of the Law Against Domestic Violence was formed in 1997 (government and non-government members). In 2004, the Commission proposed amendments to the law which were enacted in 2006.

Uruguay:

Law for the Prevention, Early Detection, Attention to, and Eradication of Domestic Violence (2002) provided for the creation of a *National and Consultative Council in the Fight against Domestic Violence*, charged with promoting a holistic approach to addressing the needs of victims.

Nigeria:

The Violence Prohibition Bill (2003) proposed the establishment of a *National Commission on VAW* to be fully funded by government as the supervising body of the legislation. The bill has not yet been passed into law.

Indonesia:

National Commission on Violence Against Women was established by Presidential Decree in 1998. This is an independent body tasked with promoting the enforcement of women's human rights and eliminating VAW in Indonesia.

Philippines:

Anti-Violence Against Women and Their Children Act of 2004 provided for an *Inter-Agency Council on Violence Against Women*, composed of national government agencies tasked to have programs to eliminate VAW and to monitor the implementation of the law. The Council formulated the Implementing Rules and Regulations on Republic Act No. 9262, which provides for duties of and guidelines and training programs for implementers.

Domestic comparisons

UK Government:

VAWG Inter-Ministerial Group, chaired by the Home Secretary (to meet quarterly) and a *Cross-departmental VAWG Delivery Board* with responsibility for oversight (to meet every 6 weeks). This structure was established by the Call to End Violence Against Women and Girls: Action Plan (2011).

The CEDAW committee's Universal Periodic Review for the UK (2008) recommended the establishment of an observatory body on VAW.

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Lynne Featherstone, the Parliamentary under Secretary of State for Equalities and Criminal Information was confirmed as *Ministerial Champion for tackling VAWG* overseas on 25th November 2010. The focus of the role is to provide policy coherence and coordination across Whitehall departments on tackling VAWG and to represent the UK overseas. The ministerial champion will also 'actively encourage FCO, DFID and MoD and other relevant Ministers (who retain Ministerial responsibility for VAWG) to use their influence in their domestic, EU and international engagements to drive forward efforts on VAWG.'

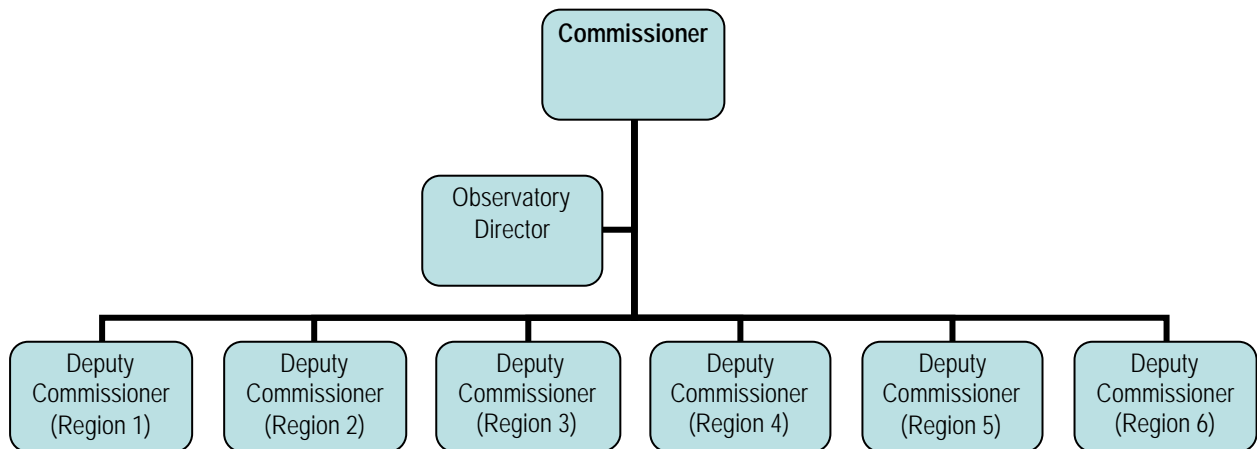
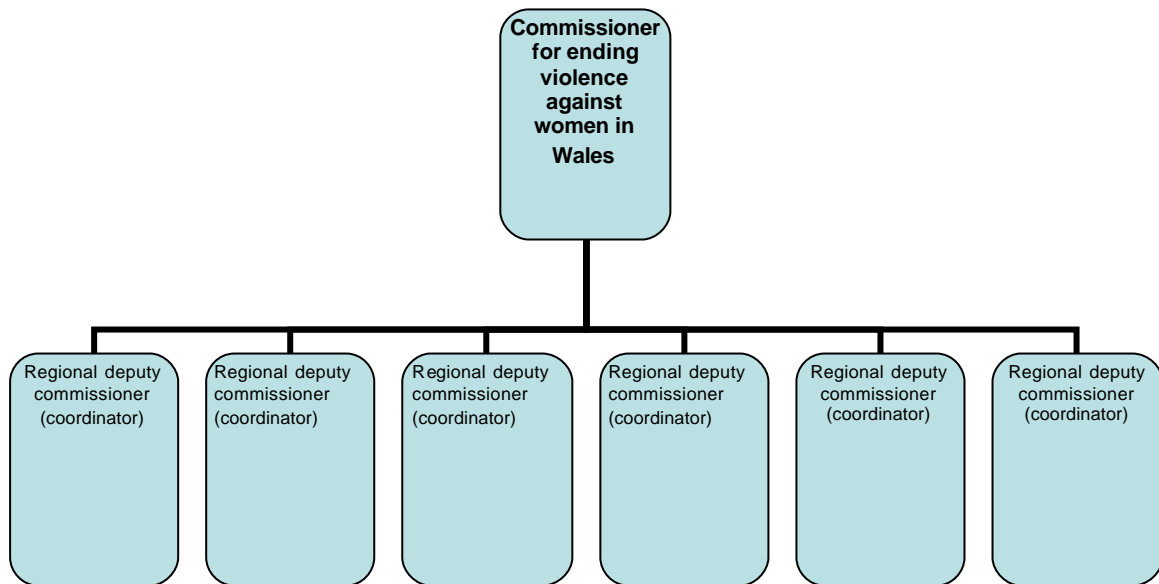
Scottish Government:

National Group to Address Violence Against Women (comprised of politicians and the specialized VAW sector) led on the development of Scotland's strategic approach. Within Scottish Government there is the *Gender Equality & Violence Against Women Team*. Scotland is considered the benchmark for the UK and is known for its ring-fenced, baseline funding for specialised women's VAW services. Also, they have 15 centres as part of a Violence Against Women Training Consortia, established to improve the capacity of agencies to deal with VAW.

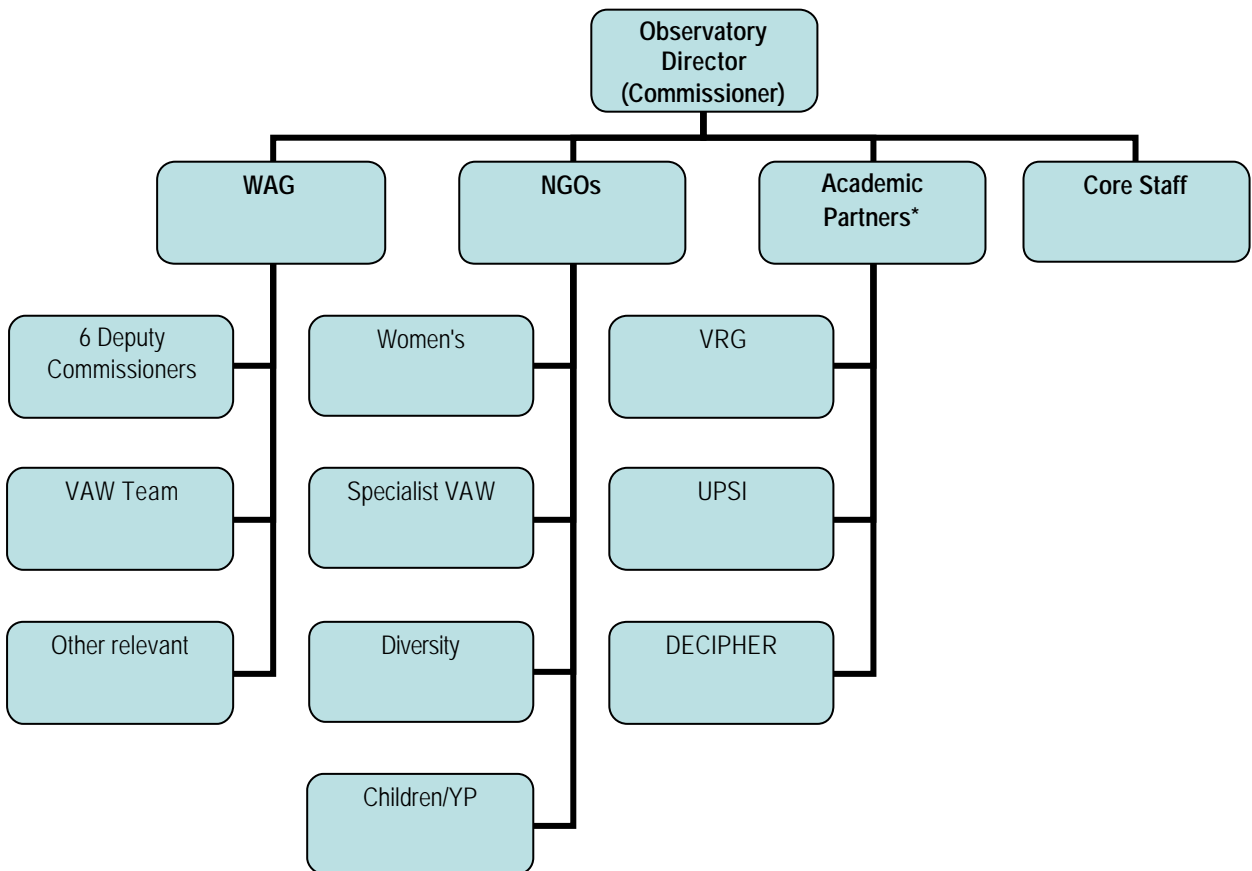
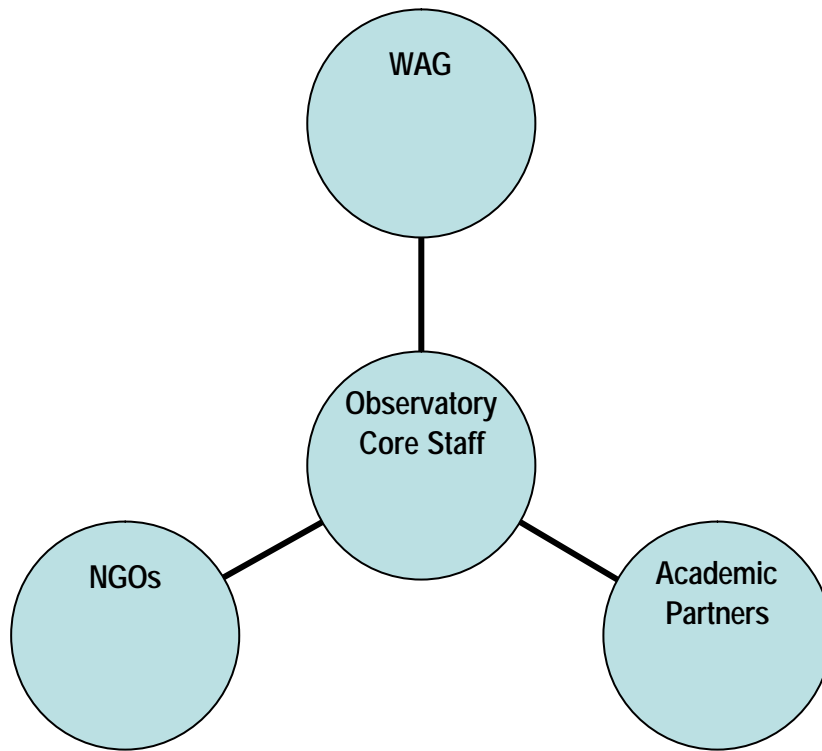
Northern Ireland:

'Tackling Violence at Home: A strategy for addressing domestic violence and abuse in Northern Ireland' was launched in 2005. This report set out the structures for implementing the strategy, including an *Inter-Ministerial Group on Domestic and Sexual Violence*, chaired by the Minister for Health, Social Services, and Public Safety. A Regional Steering Group on Domestic Violence comprising representatives of all the relevant statutory and voluntary agencies was also set up. This group meets quarterly, and is accountable, through the Chair and other Departmental representatives, to Ministers. The Steering Group is seen to be the main driver for implementation of the strategy and for any future change or development of policies on domestic violence. Note focus on domestic violence has meant that now the strategy has been extended to 2013 so that it can run concurrently with the sexual violence strategy.

APPENDIX C: Alternative models of Commissioner/observatory arrangements



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*In this example, relevant research groups from Cardiff University are depicted: Violence Research Group; Universities' Police Science Institute; DECIPHER.

ENDNOTES

ⁱ These estimates are based figures contained in the NEFR (2011) report to Welsh Government, '*A Review of preventative work in schools and other educational settings in Wales to address domestic abuse*' (p.35-36): All Wales School Liaison Core Programme (24,170 pupils in 2008-09), the Hafan Cymru Spectrum programme (an average of 14,677 pupils per year), Crucial Crew (6,000 pupils each year), Tommy Teddy Be Safe (3,000), Safe Relationships programme (2,000), Dating Abuse (1,000), Building Safe Relationships (1,000) and the Lizard's Tale (1,000). Others such as Challenging Attitudes, Reduce Abuse in Youth, the Millbrook Tapes and White Ribbon are estimated to reach between 200 and 500 pupils each year [350 pupils each has been used to calculate this estimate]. All were deemed secondary school pupils, except for the figures for those DAIs clearly identified as delivered to primary school (Tommy Teddy Be Safe, Challenging Attitudes). The figure for Crucial Crew was split between primary and secondary schools as the proportion for each was unclear in the report.