



*Briefing and case studies
December 2017*

Co-located specialist advocated/educators

Welsh Women’s Aid is the national umbrella organisation working to end violence against women, domestic abuse and sexual violence.

We work with all specialist services and partner agencies to achieve our mission, which is to prevent domestic abuse, sexual violence and all forms of violence against women and ensure high-quality services for survivors that are needs-led, gender-responsive and holistic. The values and principles that inform our work are founded on gender and intersectional equality, human rights and non-discrimination, with a focus on empowerment, collaboration, integrity and excellence.

Our membership comprises of 22 violence against women, domestic abuse and sexual violence (VAWDASV) specialist services in Wales, with whom we have national partnership agreements to ensure our work is coordinated and integrated.



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For more information about Welsh Women’s Aid, please go to www.welshwomensaid.org.uk

© Welsh Women’s Aid 2017 **INTRODUCTION: VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE IN WALES**

In 2016/17 in Wales:

- **14,129** women, men, children and young people were provided with refuge-based support and community-based advocacy and support by Welsh Women's Aid member services¹;
- **500** survivors (456 – 90% were women) were unable to be supported in refuges when they needed help, because of a lack of service resources or capacity. Of these, **249** survivors could not be accommodated and supported by refuges in Wales because there was no space available in the service contacted when they needed help²;
- There were **30,036** calls, webchats and emails to the Live Fear Free Helpline in Wales and 14,088 individuals were supported, including 13,505 survivors, 583 friends and family members.³
- In Wales in 2016, at least **13 women** are known or suspected to have been killed by men. On average, this is one woman killed every 28 days. South Wales Police Force area had the second highest number of women killed by men in England, Wales and Northern Ireland in 2016, with **8** women killed by suspected male violence, just below the Metropolitan Police.^{4 5}
- In 2016/17 there were **251** rape prosecutions in Wales, with a conviction rate of 55.4%. This rate is below the average across England and Wales, at 57.6%.⁶ In the same year, there were **792** prosecutions for sexual assault, with a conviction rate of 79.2%, comparable to the average across England and Wales at 79.5%.⁷
- In 2016, Welsh police forces recorded a total of **58,709** domestic abuse incidents and crimes.⁸

In England and Wales,

- An estimated **137,000** women and girls are living with the consequences of female genital mutilation (FGM) in England and Wales.⁹ Research suggests that while rates of FGM vary between rural and urban areas, an estimated **1,270** women are currently living with FGM in Cardiff alone.¹⁰
- The Office for National Statistics estimates that over **one in four** women - **27%** in Wales and England - and **13%** of men, experience domestic abuse in their lifetime. This amounts to around **353,080** women in Wales of a population of 1,307,702 women over the age of 16.¹¹

Cost to society:

¹ Welsh Women's Aid, 'Summary of 2016/17 Data from Specialist Services in Wales', 2017.

² Ibid.

³ Welsh Women's Aid, 'The Live Fear Free Helpline: Helpline Annual Report: 1st April 2016-31st March 2017', *Welsh Women's Aid*, 2017.

⁴ K. Ingala Smith, '2016', *Counting Dead Women*, <https://kareningalasmith.com/2016/03/03/2016/>, (accessed 17 Oct 17).

⁵ Brennan, D., *The Femicide Census: 2016 findings, annual report on cases of femicide in 2016*, <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2017/12/The-Femicide-Census-Report-published-2017.pdf> (accessed 13 Dec 17).

⁶ Crown Prosecution Service, 'Violence against Women and Girls Report: Tenth Edition 2016-17, Annex 1' *CPS*, 2017.

⁷ Ibid.

⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/appendixtablesfocusonviolentcrimeandsexualoffences>, (accessed 14 Nov 2017).

⁹ A. Macfarlane, 'Prevalence of Female Genital Mutilation in England and Wales: National and local estimates', *City University London*, 2015.

¹⁰ This figure is an estimate based on rates of prevalence for Cardiff presented as 7 women per 1,000 female population (around 181,600): A. Macfarlane, 'Prevalence of Female Genital Mutilation in England and Wales: National and local estimates', *City University London*, 2015.

¹¹ Office for National Statistics, 'Compendium: Intimate personal violence and partner abuse', *ONS*, 2016.

- Domestic violence costs Wales **£303.5m** annually: **£202.6m** in service costs and **£100.9m** to lost economic output.¹² These figures do not include any element of human and emotional costs, which research estimates costs Wales an additional **£522.9m**.
- UK Government figures estimate that each adult rape costs society over **£96,000** in its emotional and physical impact on survivors, lost economic output due to convalescence, treatment costs to health services and cost incurred in the criminal justice system with sexual violence costing society in England and Wales an estimated **£8.5 billion**.¹³

CO-LOCATION OF SPECIALIST SERVICES

Health boards have legal requirements to ensure that their services are recognising and responding to violence against women, domestic abuse and sexual violence (VAWDASV). However, as with most services, health are no stranger to funding cuts and requirements to meet high standards under pressurised conditions. Due to the high volumes of people accessing health services, they would naturally see a high proportion of survivors of VAWDASV presenting. This places them in a position where they will be dealing with disclosures. Without appropriate training and/or access to specialist services to signpost to, this could leave services giving disappointing or inappropriate responses. Survivors have reported that an inappropriate response can be devastating.¹⁴

A cost effective and safe, assured way to meet the requirements outlined in the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015; the Social Services and Well-being (Wales) Act 2014; and the NICE Quality Standards, would be to collocate specialist VAWDASV staff or services within health settings, and more importantly embed them into practice.

WHAT ARE VAWDASV SPECIALIST SERVICES?

Across Wales, specialist VAWDASV services provide needs-led support for survivors and their families tailored to their individual experience of VAWDASV and the internal and external resources available to them. This national network of specialist services aims to meet survivors' needs while providing expert knowledge on the complex and often multifaceted issues that face survivors of abuse. They also provide a package of needs-led support for survivors and their families escaping VAWDASV, delivering community based outreach and floating support services as well as refuge and accommodation options. They provide safety and support with housing, health and legal matters that help survivors to recover from abuse and to achieve independence.

THE BENEFITS OF VAWDASV SPECIALIST SERVICES

Specialist service provision can be effective in reducing costs as it aims to enable survivors not only to escape the abuse they are experiencing, but to build resilience, and ultimately gain independence. Welsh Women's Aid and Women's Aid Federation England's have

¹² S. Walby, 'The Cost of Domestic Violence', Update 2009.

¹³ Home Office (2005) 'The economic and social costs of crime against individuals and households 2003/04', 2005. Figures from this report were up-rated to 2009 prices in the UK government response to the Stern Review (2011). See https://www.sericc.org.uk/pdfs/5953_government-stern-review.pdf.

¹⁴ Are you listening, am I being heard – WWA Survivor Consultation: A report of the recommendations made by survivors of violence, domestic abuse and sexual violence, to inform the National Strategy in Wales, 2016

developed a new model for support called Change that Lasts. This new model sets out that the role of support services is to build on and nurture the internal and external resources available to survivors, reducing their longer-term need to draw on public resources¹⁵. This is supported by survivors of VAWDASV, captured in a survivor's consultation by Welsh Women's Aid where it was stated:

"It's not about creating specialist in every service but making sure general services have enough information to signpost you to the right services for your needs at that time" (Sarah)¹⁶*

During the consultation, it was clear that survivors felt that the lack of safe spaces, separate to others had prevented them from asking for help when they presented at health settings:

"He hit me and bruised me and took me to hospital but he sat with me all the time so no one said anything" (Hannah)*

"I had gone through FGM... women try to hide things because we are frightened, they should ask us when we are alone, women together, let us know it's safe to talk, like 'are you ok' or 'are you struggling" (Sophia)*

"I did not even know that I could speak to my GP or tell anyone at the hospital what was happening to me." (Christina)*

Survivors also spoke about their concerns about health services medicalising their need for support for the trauma they had experienced, and treating them with medication, without access to specialist services or other talking therapies. Long waiting lists for counselling services or lack of provision of therapeutic services in some areas was a real concern for many survivors:

"I disclosed that things had happened which led me to feeling suicidal and there and then the police referred me to the crisis team in hospital, they asked me do you still feel the same, I said I don't really know, and they said that's good enough, here's some sleeping tablets, off you go." (Magda)*

SPECIALIST SERVICES PROVIDING POSITIVE HEALTH OUTCOMES

¹⁵ Change that Lasts: Transforming responses to domestic violence and abuse, Women's Aid Federation England and Welsh Women's Aid, 2015.

¹⁶ Are you listening, am I being heard – WWA Survivor Consultation: A report of the recommendations made by survivors of violence, domestic abuse and sexual violence, to inform the National Strategy in Wales, 2016

**Promising Practice: Swansea Women's Aid
DAISE (Domestic Abuse Information Support and Empowerment)**

The DAISE project supports women and children living in the community of Swansea who have or currently are experiencing domestic abuse. Support is offered on a one to one basis and provides information, advice and sign posting on a range of issues such as: domestic abuse, safety, housing, finances, legal issues, physical and mental health, child related issues, substance misuse, emotional support, referrals for supplementary services such as freedom programme, recovery toolkit, counselling , homeopathy and complementary therapy.

In the case of Holly* (41), support provided included:

- Safety planning and support to end the relationship safely
- Advice about housing options and access to refuge
- Advice about benefits and support to claim her own benefits
- Budgeting
- Advice about impact of domestic abuse on children and referral for specialist support for her daughter
- Sign-posting for legal advice
- Counselling referral
- Referral to Freedom Programme
- Emotional support
- Referral for complementary therapies
- Sign-posting to community activities

The outcome of this support was that Holly* left her relationship safely, liaised with school and police, secured private rented accommodation, applied for benefits in her own name, accessed legal advice regarding child contact and divorce proceedings, accessed Freedom Programme to reflect on experiences of domestic abuse, support accessed for daughter, received counselling and accessed homeopathy in order to address physical and emotional impact of abuse.

Holly* has resettled in her new home. She would like to access training/education and secure a job as her husband never allowed her to work. She plans to make new friends and volunteer in the future. The following costly outcomes have been prevented by this intervention:

- Domestic abuse and escalation
- Social Services Involvement
- Homelessness application
- Adult Mental Health Services
- Health Services
- Poor school attendance
- Debt/rent arrears

Promising practice: Cardiff Women's Aid PATH project

The Path model aims to support each woman to regain a positive sense of herself, to construct meaning from her experiences, to expand her repertoire of choices and skills, to improve her mental health and to empower her to regain control of her life and future. This is done through using a number of different therapeutic approaches such as cognitive-behavioural therapy and strategies found in experiential, dynamic, and psycho-educational schools.

The path model has been guided by the accumulated voices of women and what they found helpful in alleviating their distress and promoting their well-being. The majority of our clients can really relate and connect to the strategies used within Path as a result and often feedback a preference for this style of counselling compared to other counselling they have experienced in the past.

INDEPENDENT DOMESTIC VIOLENCE ADVOCATES

Independent Domestic Violence Advocates, commonly referred to as IDVAs, engage with those identified to be at risk of serious harm or homicide. They are trained and accredited to OCN level 3 qualification and the role is defined by the accredited training body Safelives, who state that: *"The main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans."*¹⁷

IDVA's work within a multi-agency approach to safeguarding the victim and can be based within most settings. There are many examples of IDVA's collocating within health settings, providing insight into a successful way to implement and embed services for patients and comply with the legal and policy requirements.

An example of this is practice sits within Cardiff and the Vale Health Board, where an IDVA is situated within the University of Wales Hospital, receiving referrals from within the hospital for victims who have presented in A&E departments as well as those who have been identified via the maternity department.

¹⁷ <http://www.safelives.org.uk/sites/default/files/resources>

Promising practice: Cardiff and Vale Health Board IDVA Service

The Police and Crime Commissioner together with Cardiff and Vale UHB have funded the role of the Health IDVA for 2 years. This post commenced in October 2016.

The role of the Health IDVA is to support patients and staff of C&V UHB who are experiencing domestic abuse. So far, the role has been embedded within the Emergency Unit, Maternity and we are currently introducing the role to Mental Health Services.

Number of Health IDVA referrals in year 1	167
Number of clients that have been contacted, domestic abuse support has been discussed and safety planning has been completed. Some of these clients have been seen face to face and with some this safety planning has been completed via phone.	78
Number of Safe Lives DASH RIC assessments completed and safety/support plans completed	45
Number of MARAC referrals	23
Breakdown of referrals received who have not had assessments completed	47 declined support 46 already supported by community IDVA agency 17 unable to contact/complete assessment – shared with health professionals where possible to follow up offer of support 4 out of area and referred to local DV service 6 on-going contact
Out of the referrals received, the total number of children living in households impacted by domestic abuse	179

With regards to the support needs of the clients it has been found that a high proportion ve additional support needs with 29 out of 45 disclosing mental health support needs and many having general health needs. For these clients support has included liaising with health services including mental health services and adult services and making referrals for support which helps to provide a holistic approach to the support offered.

In addition to the frontline support work, the Health IDVA role includes training and raising awareness of domestic abuse amongst staff. This includes advice and guidance on how to ask about domestic abuse, how to respond to disclosures and what support can be offered.

Feedback from staff has been very positive with lots commenting that they feel more comfortable asking about domestic abuse knowing that there is an IDVA onsite that they can get advice from and who can see the patient. For many clients who are not ready to access support from a community based domestic abuse agency or do not know how, the Health IDVA can be a bridge to accessing on-going domestic abuse support . Furthermore as clients often present to health services in crisis, the Health IDVA can provide an invaluable role by offering support at this time when it is most needed.

Research has also indicated that there are vast benefits to co locating IDVA's within health settings such as hospitals and GP surgeries¹⁸.

For example, research has found that typically young victims (under 20 years old) present at A&E rather than community services. This provides an opportunity to intervene earlier and offer support in an attempt to prevent future victimisation, which would improve the overall wellbeing of the young person as well as potentially saving health service resources in the longer term.

Another benefit of co-location is the high level expertise and experience of specialist services around VAWDASV, as well as the time available to invest in discovering the victim's circumstances. Health services have targets to meet which means that their time is often stretched and allows little or no room for the in-depth interaction that the victim requires in order to effectively safety-plan and find the most appropriate service to signpost them on to.

It has also been found that high risk victims of domestic abuse are more likely to present at a health setting such as A&E or GP surgery on numerous occasions prior to asking for or feeling ready to receive specialist support. Research has found that in extreme cases victims reported that they attended A&E 15 times during the preceding 12 months before receiving support from a domestic abuse service¹⁹. This supports the case for co-location of specialist services within health settings as it provides an opportunity to engage at an earlier point of the survivor's journey should they wish.

This pattern of attendance at health services was also found within WWA's Survivor Consultation where a survivor stated:

*"I went to the doctor for 3 abortions in so many months. No one ever asked me why. If they had asked I would have told them."*²⁰ (Alice*)

To conclude, this paper has outlined the benefits of collocating specialist services within health services both to financial cost and to survivors who would potentially access. Welsh Women's Aid's Change that Lasts model is a strengths-based, needs led approach to tackling VAWDASV to try and intervene at an earlier stage in the cycle of abuse. This model is cross-sector, calling for a more integrated approach from agencies that are able to respond, including health. An infographic outlining the potential financial cost of a typical survivor journey, comparing with the cost saving if domestic abuse is identified at an earlier point and providing a multi-agency response at a much earlier point. As outlined in this paper, a common benefit of specialist VAWDASV services operating in health settings is that they are in a prime position to intervene at an earlier stage of a survivor's journey, which could provide opportunities to prevent further access to health services as a result of VAWDASV.

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¹⁸ Safelives: Themis 2012

<http://www.safelives.org.uk/sites/default/files/resources/Themis%20Practice%20Briefing%20FINAL.pdf>

¹⁹ Ibid.

²⁰ Ibid.