



**The Cardiff Women's Safety Unit:
Understanding the Costs and
Consequences of Domestic Violence**

21st January 2005

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The Cardiff Women's Safety Unit: Understanding the Costs and Consequences of Domestic Violence

Executive Summary

1. The WSU was referred 3228 women and their 4085 children from mid-December 2001 through 31st July 2004. This report is based on a random sample of 120 structured interviews with clients coming to the WSU for a recent 12-month period (1 Aug 03 – 31st Jul 04), and police data on domestic violence in the Cardiff area for the years 2001-2004.
2. Similar to Cardiff residents generally, most WSU clients are white (90%), British (94%) and speak English (99%). A substantial proportion of women are struggling financially, and all care for children.
3. The average woman coming to the WSU is in a chronically abusive relationship, where she has endured nearly 6 years of emotional and physical abuse, about 5 years of financial abuse and 4 years of sexual abuse. A majority of WSU clients also report experiencing an escalation in the severity, duration and frequency of the abuse. About 9 in 10 women have told their friends or family about the abuse and have sought outside help. About 9 in 10 women already have tried to end the relationship.
4. The costs associated with domestic violence in Cardiff were conservatively estimated at £15.5 million annually. If distributed evenly across all households in Cardiff, this would be an annual 'tax' of £125. In contrast, the operating costs of the WSU are about £250,000 annually, or a tax of less than £2 per household. The conclusion is that implementing innovative and coordinated multi-agency approaches is a tiny fraction of the costs currently associated with domestic violence.
5. Women coming to the WSU have had negative effects on their employability as a result of domestic violence. For example, 1 in 4 had missed work at some point in their lives due to physical abuse, and 1 in 20 reported having lost their jobs. There were similar negative effects due to emotional abuse.
6. Domestic violence also produces negative consequences on women's health. About 1 in 4 have attended A+E in their lifetimes. Unfortunately, relatively few had ever been asked by A+E staff about their experiences of domestic violence. Additionally, while 1 in 3 had seen their GP due to domestic violence, in only a fraction of incidents did the GP enquire about their experiences of domestic violence. This represents a huge loss in the potential to respond to domestic violence by the health care system.
7. Analysis of police data indicate that several positive trends continue in Cardiff. For example, the number of repeat victims has decreased from 31% in 2001 (pre-WSU) to 17% in 2002, 20% in 2003, and 16% in 2004. The number of victims refusing to make a complaint has decreased from 51% in 2001 to 39% in 2002, 33% in 2003, and 14% in 2004. The number of concern for children reports submitted by officers has increased from 14% in 2001 to 26% in 2002, 45% in 2003, and 54% in 2004.
8. About 6 in 10 women reported being satisfied or very satisfied with the police generally, while 2 in 10 were neutral and about 2 in 10 were dissatisfied or very dissatisfied with the police response. The majority of victims (about 6 in 10) wanted the police to perform functions consistent with the SWP pro-arrest policy (i.e., arrest the perpetrator). However a substantial minority of victims (about 3 in 10) wanted the police to comfort them and provide them with information and/or referrals to other agencies. Only a fraction (about 1 in 10) did not want the police involved.
9. What most women want from criminal justice involvement is to be safe. However they have different ideas as to what type of outcome will be most likely to facilitate their safety. About one-half preferred a treatment-oriented response from the CJS, whereas about one-quarter wanted the CJS to punish the perpetrator. Women felt that safety was most likely to be achieved by either providing treatment to the perpetrator or by ending the relationship (i.e., not necessarily from the perpetrator being punished).
10. The women coming to the WSU have extremely positive perceptions of the service they received. All the women rated the WSU staff as helpful or very helpful – none of the women perceived the WSU to be unhelpful. Similarly, all of the women were satisfied or very satisfied with the service they received – none were dissatisfied. Importantly, none of the women felt that meeting with the WSU would put her in more danger. All of the women agreed or strongly agreed with the idea that meeting with the WSU would result in a reduction in the violence in their lives.

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Acknowledgments

Many thanks go to the staff of the WSU, whose positive attitude towards the evaluation process and tireless commitment to collecting data, all the while providing support to women and their children, continues to be impressive and a model for other agencies nationwide. Jan Pickles, OBE has my utmost admiration. Thanks are also due to the officers working in the Domestic Violence Unit who provided the police data. Additionally, much gratitude is due to the women who were willing to provide such personal information about themselves and their families. The information you provided is invaluable and does help to improve the services provided to other women and families coping with domestic violence. Whilst every effort has been taken in the preparation of this publication, no liability is assumed by the author for any errors or omissions.

The Cardiff Women's Safety Unit: Understanding the Costs and Consequences of Domestic Violence

Introduction

The WSU provided service to its first client on 10 December 2001, and as of 31st July 2004, **3228 women and their 4085 children have been referred to the WSU**. The WSU provides a central point of access for women and their children experiencing domestic violence or known-perpetrator rape in the Cardiff area. While the overriding aim of the WSU is to help victims gain safety, the WSU team also provides advice, advocacy, specialist counselling services, legal services, housing services, refuge provision, target hardening and collects evidence. In this way, victims are provided with an effective, immediate and consistent range of support services at one referral point. Through the provision of these services, the WSU hopes to restore women's faith in the criminal justice system in order to improve reporting rates for domestic violence and known perpetrator rape and to reduce the level of attrition of these types of cases.

The aim of the WSU is to facilitate **inter-agency cooperation** to provide victims with a seamless response to their cases. The WSU has also developed protocols with the South Wales Police (SWP) and the Crown Prosecution Service (CPS) in Cardiff to provide more effective and sensitive treatment of victims, and has engaged in a media campaign to draw attention to the prevalence of these crimes. Additionally, the WSU provides multi-agency training to increase professionals' understanding and awareness in identifying risk and providing protection for women and children experiencing domestic violence and/or known perpetrator rape.

People from many agencies working together conceptualised how a **'one-stop-shop'** for women experiencing domestic violence in Cardiff should take shape. The WSU was therefore the 'baby' of people who had invested time and effort from the beginning. Additionally, the day-to-day working relationships of people from the police, the CPS, the WSU, refuge and others are imbued with trust, understanding and cooperation (Robinson & Pickles, 2003). Partly because many of the key players are professionals with extensive knowledge of and many years experience within the criminal justice system, relationships go back further than the creation of the WSU. The vision of the WSU is to bring about sustainable change in the multi-agency arena and to help create a culture in Cardiff where domestic violence and non-consensual sex are not accepted. It is believed that only through multi-agency partnerships can this be accomplished.

This **second evaluation of the WSU** is divided into four sections.¹ The first examines the costs associated with domestic violence, and particularly how this needs to be understood in comparison to the benefits arising from multi-agency arrangements (such as those embedded in the daily practice of the WSU). The second section briefly describes the methodology employed in the current study. The third section presents the findings of the current evaluation, including the abusive histories of those women referred to the WSU, their perceptions of the police and what they hope to gain from criminal justice involvement in their lives, the consequences of domestic violence on their employability and health, and finally their experiences and satisfaction with the WSU. The last section of the report discusses the conclusions and recommendations arising from this evaluation.

Before proceeding on to the main structure of the report, however, it is useful to provide evidence of the continuing positive trends that are observable in the official police data from Cardiff over the last few years. These are discussed below.

Evidence of Success in Cardiff

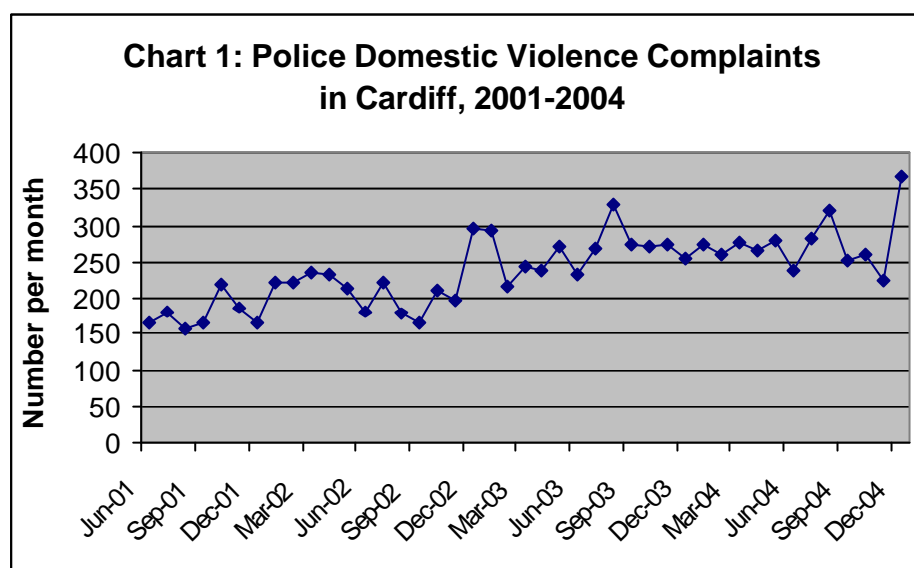
Three indicators that showed a significant improvement following the implementation of the WSU in the first evaluation report were the percentage of victims refusing to make a police complaint, repeat victims and concern for children reports. The **continuing positive trends** over time for these important indicators are presented in the charts that follow. Percentages in each chart represent the proportion of complaints of a certain type divided by the total number of complaints for that month.

¹ The evaluation report of their first year of operation may be downloaded from the author's website at <http://www.cf.ac.uk/socsi/whoswho/robinson.html>.

First it should be noted that the number of domestic violence complaints received by police has increased over the years (see Chart 1). The yearly averages are as follows: in 2001 the average monthly total was 190, compared to 215 in 2002, 264 in 2003, and 275 in 2004.

▪ Pre-WSU	Jan – Dec	2001	(average monthly total)	190
▪ WSU 1 st year	Jan – Dec	2002	(average monthly total)	215
▪ WSU 2 nd year	Jan – Dec	2003	(average monthly total)	264
▪ WSU 3 rd year	Jan – Dec	2004	(average monthly total)	275

Therefore the population of victims that is coming to the attention of the police (and subsequently the WSU) is growing, perhaps indicating a greater willingness on the part of victims to come forward and report domestic violence to outside agencies. It is important to emphasize that the positive trends in performance (discussed below) are occurring in the context of also having to manage and deal with an increasing workload.



Victims Refusing to Make Complaints

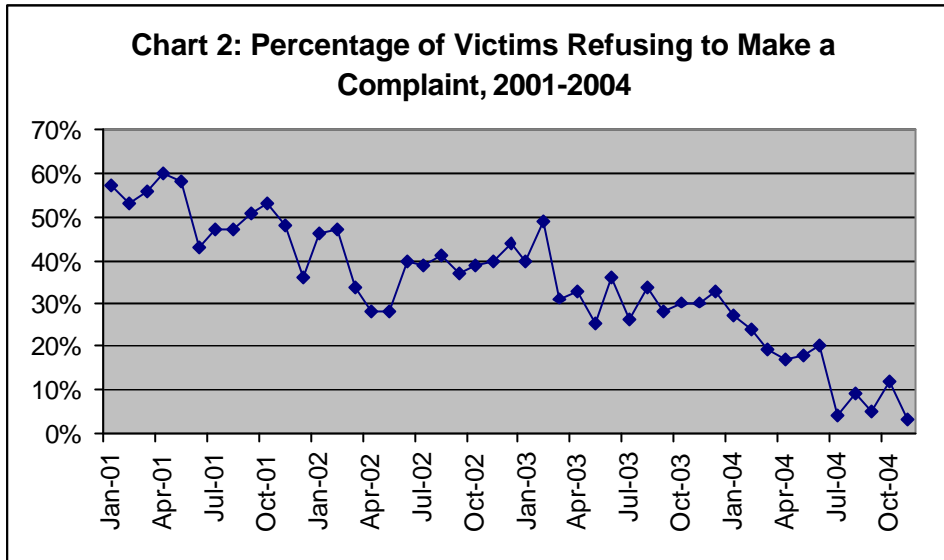
The number of incidents where the victims refused to make a complaint has decreased post-WSU (see Chart 2). Yearly averages for one year pre-WSU (2001) and three years (post-WSU) are as follows:

▪ Pre-WSU	Jan – Dec	2001	(1169 out of 2282 total)	51.2%
▪ WSU 1 st year	Jan – Dec	2002	(997 out of 2578 total)	38.7%
▪ WSU 2 nd year	Jan – Dec	2003	(1029 out of 3166 total)	32.5%
▪ WSU 3 rd year	Jan – Nov	2004²	(423 out of 2928 total)	14.4%

Overall, it is clear that there has been a **steady reduction in the amount of victims who refuse to make a complaint** against their abusive partner. This signals more willingness on the part of victims to initially proceed with a case, even if they later decide to not participate in a criminal prosecution of their partner. This finding is even more notable given that the number of victims police are handling is actually increasing. It also signals that multi-agency partnerships in Cardiff are starting to 'narrow the justice gap'.³

² The police did not collect this data for the month of December.

³ The government's paper *Narrowing the Justice Gap* (2002) was published based on the premise that the 'justice gap' arises from perpetrators being brought to justice in only one-fifth of crimes recorded by the police. One aspect of a three-pronged approach to narrowing the gap is focused on enhancing criminal justice processes, to encourage better practice and inter-agency coordination at local levels: it is these reforms which impact on victims and witnesses.

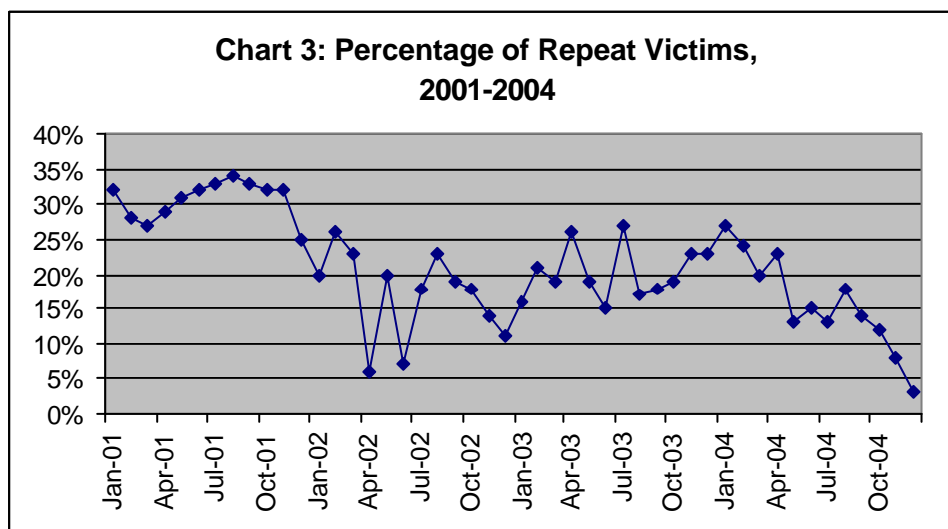


Repeat Victimization

Chart 3 shows that over time the percentage of incidents where there was a repeat victim also has decreased. The trend reflects consistent and substantial reductions in the amount of repeat victims coming to the attention of police each month. Repeat victimisation is an important indicator to monitor as the aim of multi-agency work in Cardiff is to prevent domestic violence thus reducing repeat victimisations. The yearly averages are as follows:

- Pre-WSU Jan – Dec **2001** (698 out of 2282 total) **30.6%**
- WSU 1st year Jan – Dec **2002** (441 out of 2578 total) **17.1%**
- WSU 2nd year Jan – Dec **2003** (635 out of 3166 total) **20.1%**
- WSU 3rd year Jan – Dec **2004** (515 out of 3295 total) **15.6%**

That **repeat victimisation has decreased substantially** is an indication that multi-agency partnerships in Cardiff are working. They are working in the sense of preventing further crimes to victims from occurring, and consequently reducing the costs incurred by both victims and government in Cardiff. Given that domestic violence is seldom a 'one-off' event,⁴ reducing repeat victimisations means that reductions in violence are occurring in relationships that otherwise might be chronically abusive.



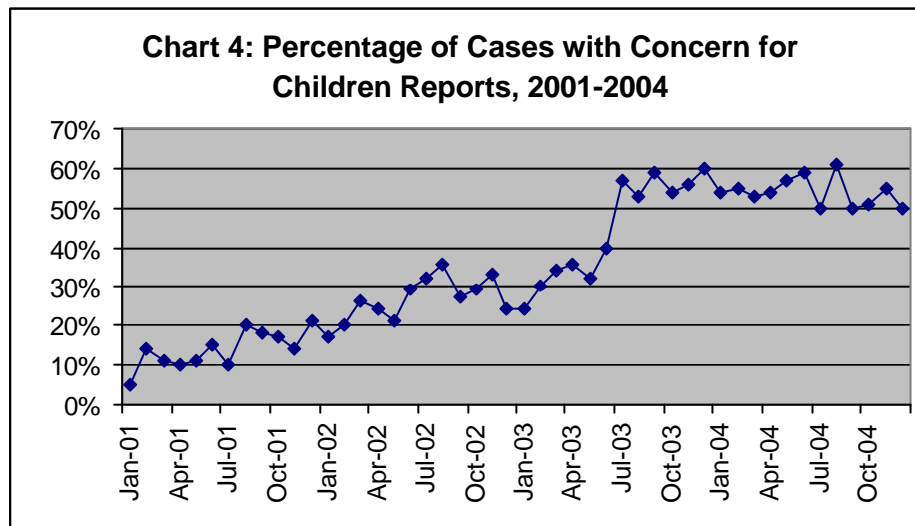
⁴ For example, research on very high-risk victims in Cardiff showed that the average woman had 3 previous police complaints *with the same partner* that caused the current incident (Robinson, 2004). This figure does not include domestic violence not reported to the police, violence committed by other partners, or domestic violence committed in jurisdictions outside of Cardiff.

Concern for Children Reports

Since the implementation of the WSU the number of Concern for Children reports (F11a forms) completed by police officers has increased substantially over time (see Chart 4). In January 2001, police made these reports in only 5% of domestic incidents. In January 2002 they made these reports in 17% of incidents, increasing to 24% of incidents in January 2003, and in January 2004 the figure increased to 54% of incidents. The yearly figures are as follows:

▪ Pre-WSU	Jan – Dec	2001	(303 out of 2282 total)	13.7%
▪ WSU 1 st year	Jan – Dec	2002	(676 out of 2578 total)	26.2%
▪ WSU 2 nd year	Jan – Dec	2003	(1421 out of 3166 total)	44.9%
▪ WSU 3 rd year	Jan – Dec	2004	(1778 out of 3295 total)	54.0%

This appears to be a stable trend that reflects an **increased dedication by police to documenting situations where children are at risk** (either physically or psychologically) from domestic violence. It is also a useful reminder that policy changes take time to translate into changes in daily practice, which is another reason why long-term rather than short-term monitoring and evaluation is necessary.



1. The Cost of Domestic Violence

In Britain, it has been estimated that the cost of domestic violence per year to England and Wales is approximately **£23 billion annually** (Walby, 2004). This estimate includes the following costs:

- £3 billion to public services
 - Criminal justice system (police, prosecution, probation, courts, prison, legal aid)
 - Health and social services (NHS treatment of physical injuries and mental health, Social and Children's Services)
 - Housing and refuge (emergency housing, refuge costs, housing benefits, etc.)
- £3 billion lost economic output
 - Time off work due to injuries
- £17 billion for individual suffering
 - Human and emotional costs

The same report concludes that the cost of domestic violence to the British criminal justice system (CJS) is around £1 billion per year – or one-quarter of the budget for violent crime and 8% of the total cost of crime.

In the US, the cost of domestic violence committed against adults has been estimated at **\$67 billion per year** (Miller et al., 1996), and the cost of this type of crime alone accounts for 15% of total crime costs. This figure includes:

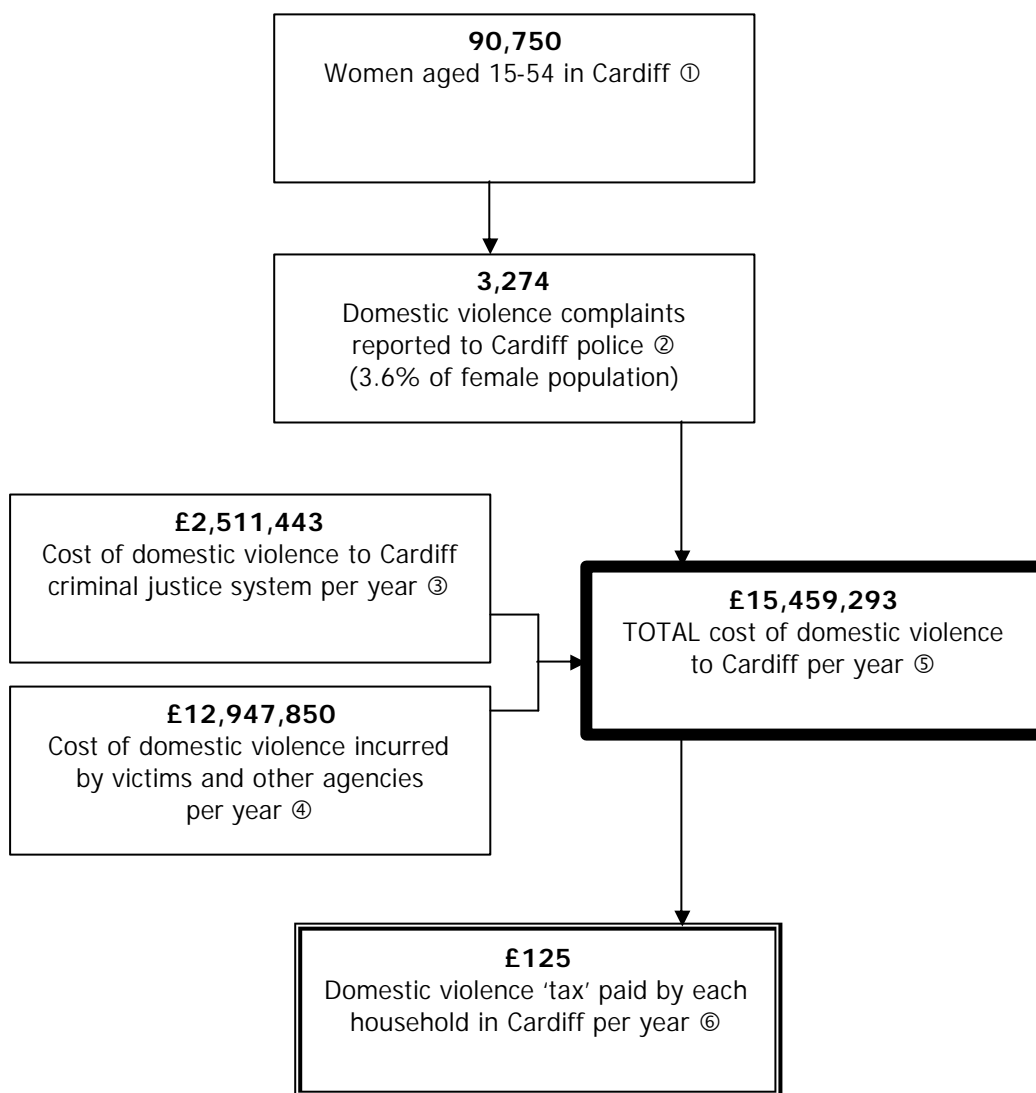
- C \$1.8 billion in medical expenses
 - Payments for hospital and physician care, emergency medical transport, prescriptions, etc.
 - Mental health care provided by psychiatrists, psychologists, social workers, etc.
- C \$7 billion in other tangible losses
 - Police and fire services (other CJS costs not included)
 - Victim services provided by Victim Service Agencies
 - Productivity losses such as wages, fringe benefits, housework, insurance claims, etc.
- C \$58 billion for reduced quality of life
 - Pain, suffering, fear and lost quality of life

These are particularly conservative estimates because they do not include two of the largest costs associated with crime – the cost of operating the criminal justice system and the cost of actions taken to reduce the risk of becoming a crime victim. For the crime of domestic violence, the cost of long-term effects on victim earnings resulting from psychological injuries were not included. The costs are also restricted to adults over 18 years of age.

It is important to understand the costs of crime for several reasons (Post et al., 2002). First, it helps policy makers determine whether the cost of a program outweighs the cost of the crime. Second, it reminds us that crime is a public health issue. Publicity campaigns and prevention programs can help reduce the cost of crime to individuals, insurance companies, state agencies, and society in general. Third, officials working in the criminal justice system need to be aware of the economic costs of crime. Drawing attention to the financial cost of violent crime is important because it is a misconception to believe that only victims of property crimes suffer economic losses. Ignoring the economic burden placed on society by domestic violence translates into policies and programs that misunderstand and underestimate the cost of this crime (Post et al., 2002). The next section looks at the cost associated with domestic violence to one city in Britain in a typical year.

The Cost of Domestic Violence to Cardiff

The diagram below provides an overview of the extent of domestic violence in Cardiff, and the costs to both individuals and the state from this crime. As is explained in the accompanying text that follows the diagram, these estimates are conservative. It is therefore likely that the actual costs are much higher.



Box ① refers to the number of adult women currently living in Cardiff. While domestic violence can affect women of any age, the overwhelming majority of cases seen by the criminal justice system and the WSU fall within this age category. The figure was obtained from 2001 census statistics.

The figure of 3,274 police complaints reported in **Box ②** refers to the 12-month period 1 August 2003 – 31 July 2004. This figure represents those incidents reported to police and recorded by police as domestic violence in Cardiff. Therefore it does not include those offences not reported to police (i.e., the 'hidden' figure of crime). BCS estimates show that 5.9% of women experienced domestic violence (physical assaults and/or frightening threats) in the past year. Other research shows higher levels of unreported domestic violence – 11% to 17% in the past year (Coid, 2000; Stanko, 2000). The figure of 3.6% is thus likely to be an underestimate of the actual amount of domestic violence occurring in Cardiff. Subsequently, changes in the amount of crime (e.g., domestic violence increases) or the proportion of crime that comes to the attention of the criminal justice system (e.g., more victims feeling confident to call the police, or more victims participating in the prosecution of their cases) could substantially impact the costs incurred by the criminal justice system.

Box ③ provides an estimate of the costs of domestic violence to the criminal justice system in Cardiff. Costs to the criminal justice system include prosecution, Magistrates court, Crown court, jury service, legal aid, non legal-aid defence, Probation service, Prison service, other CJS costs, criminal injuries compensation administration, costs of non-police elements and police activity. The figure is based on costs of £215 per incident of common assault, and £2422 per incident of wounding (Walby, 2004). A very conservative estimate of three-quarters of police complaints being common assaults and one-quarter being some form of wounding was used to calculate the total costs to the criminal justice system. Common assaults are the 'cheapest' type of crime for which per incident costs are available. The estimated costs to the Cardiff CJS would be much higher if homicides, sexual offences, harassment and property crimes committed between

intimates (e.g., criminal damage) were included. Likewise, the estimated costs also would be higher if the proportion of crimes assumed to be common assaults was reduced. However it was not possible to obtain per incident costs for all of these types of crimes, or to establish their exact proportionate contribution to the total amount of 'domestic violence' crime in Cardiff. Even using the most conservative methodology yielded a very large figure of **£2.5 million annual criminal justice costs**.

Box ④ provides an estimate of both intangible and tangible costs incurred to both individuals and state agencies operating outside of the criminal justice system. These costs include physical and emotional impact on victims, victim services, lost output and health services and are estimated at £270 per incident of common assault and £15,000 per incident of wounding (Brand & Price, 2000). Most of this is borne by individual victims in the form of the physical and emotional impact of domestic violence. Annually Cardiff incurs a further **£13 million annually from the negative consequences of domestic violence**.

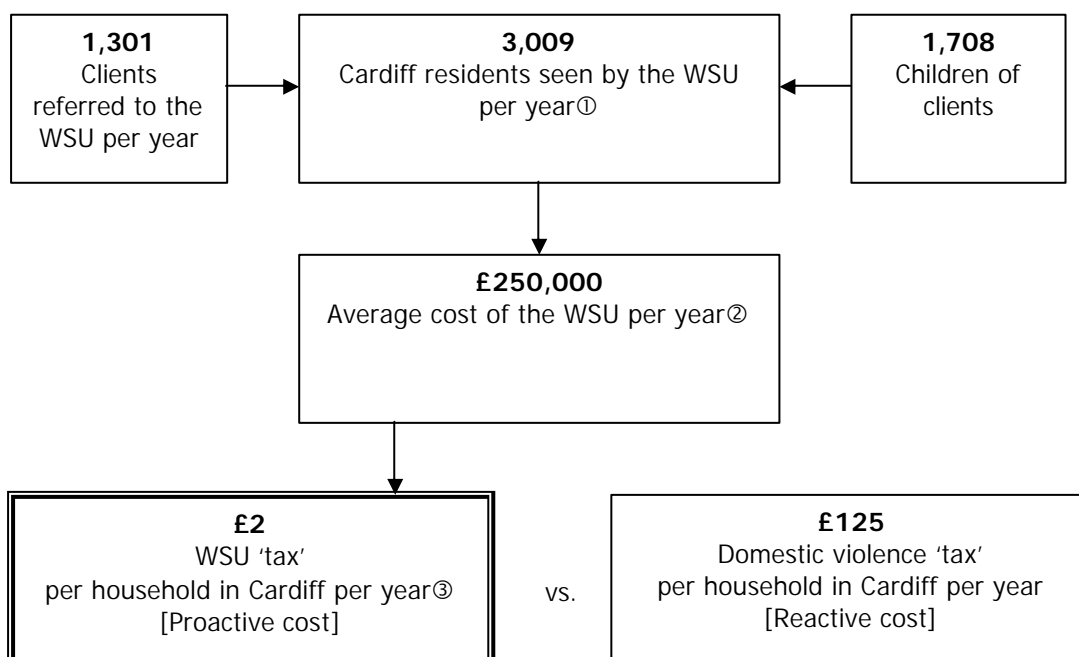
Box ⑤ combines the above two estimates for a **total of £15.5 million per year**. The crime of domestic violence obviously has huge costs to Cardiff, and these costs are paid year in and year out.

To put such a large figure in a personal context, what if the total cost of domestic violence was conceptualized as a 'tax' that had to be paid by each household each year? **Box ⑥** shows that a **'domestic violence tax' would cost every household in Cardiff £125 per year**. This amount is based on the 2001 census figure of 123,580 households with residents in Cardiff. A similar methodology was used by Post et al. (2002) to calculate a 'rape tax' for Michigan residents.

Given the extent of domestic violence and its costs to individuals living in Cardiff as well as the state purse, what is the impact of implementing an initiative such as the WSU? How do the costs of taking a proactive, preventative approach to domestic violence compare to the costs associated with the traditional method of reactively responding to crime?

The Cost of the WSU

The next diagram provides an overview of how much 'cost' is associated with running the WSU. The first issue to bear in mind is that the 'benefits' of having the WSU in Cardiff are not included in the diagram. These are discussed in the sections that follow. However what is immediately apparent is that the costs associated with running a program that aims to take a proactive response to domestic violence is a fraction of the cost associated with the traditional reactive approach to domestic violence (as stated previously, an estimated £15.5 million annually for Cardiff alone).



Box ① refers to the 12-month period 1 August 2003 – 31 July 2004. The WSU comes into contact with about **3,000 women and children annually**. This figure is typical of the amount of women and their children seen annually by the WSU since its inception in December 2001.

The average operating budget of the WSU is provided in **Box ②**. The WSU was set up with £300,000 from the Home Office in 2001. This lasted until additional funding was provided jointly by the Home Office and the Welsh Assembly Government for the 03/04 fiscal year (£218,232). Now the WSU has been provided with project (as opposed to core) funding by the WAG. For the 04/05 fiscal year they will be provided with £217,253, and the 05/06 year £229,646. However a higher average operating budget was used in the diagram above because each year the WSU successfully obtains 'supplemental' funds in the form of small grants and trust funds in order to expand the services they provide to Cardiff residents (e.g., nurse secondment, etc.). Therefore the **'true' operating costs of the WSU are approximately £250,000 annually** and this is the amount that would be needed to implement and run a similar program elsewhere.

If the cost of running the WSU was distributed equally amongst all occupied households in Cardiff, **Box ③** shows that a 'WSU tax' would amount to a mere **£2 annually**. This is only 1.6% of the cost associated with a traditional reactive response to domestic violence in Cardiff. The next section describes some of the positive changes that are occurring in Cardiff as a result of the WSU.

Reducing the Costs of Domestic Violence in Cardiff

As indicated previously, several positive trends are occurring in Cardiff. As opposed to the previous discussion of the costs associated with domestic violence, these trends refer to observable benefits achieved by implementing the WSU in Cardiff. As is typical when dealing with crime and criminal justice, **it is difficult to describe the 'benefits' in monetary terms**. For example, one positive outcome associated with innovative programs that provide service to victims of crime is that their subsequent reporting and participation with the criminal justice system increases because they are more confident that their complaint will be taken seriously. This means that the costs incurred by the criminal justice system may actually rise as a result of a program like the WSU. On the other hand, reductions in repeat victimisations can be conceptualized as providing a savings to the criminal justice system (as well as other agencies such as health care). Other saving might be achieved in the long-run, as violence and abuse decrease in a particular community that takes a proactive and coordinated response. Therefore it is difficult to put a price on the value achieved by investing in different types of innovative programs that deal with victims of crime.

However it is fairly straightforward to compare the costs associated with running a program such as the WSU, compared to continuing with 'business as usual'. We have seen that domestic violence costs Cardiff (at least) £15.5 million per year, versus only £250,000 to operate the WSU. On a national scale, we know that domestic violence costs Britain a staggering £23 billion annually. However, rolling out an initiative such as advocacy programs for domestic violence victims nationally has been estimated at £45 million. It would cost only £22 million to implement Welsh Women's Aid (2002) eight-point plan to increase services for victims and their children living in Wales (or £400 million for all of England and Wales). These may seem like large amounts of money, but **implementing innovative and coordinated multi-agency approaches is a tiny fraction of the costs currently associated with domestic violence**. It is therefore a question of whether existing resources are expended 'up front' in the form of providing services and support to victims in the aim to reduce and/or prevent further violence and abuse in their lives (and the police data show that the number of repeat victims is decreasing in Cardiff), or whether we continue to spend money in a reactive style. In other words, do we continue to pay for treating the symptoms or try to deal with the problem?

This report, in tandem with the first evaluation report of the WSU (Robinson, 2003), provides ample evidence of the services provided to victims by the WSU as well as their satisfaction with the WSU. Particular attention is paid to describing the experiences of victims with abusive partners, as well as the negative consequences of domestic violence on their employability and health.

2. Methodology

Sample

This second evaluation of the WSU includes the 12-month period (1st August 2003 – 31st July 2004). During that period, 1301 women (and their 1708 children) were referred to the WSU. Ten clients were **randomly sampled** from all of the clients seen in each month, resulting in a total sample of 120 women. Therefore, the sample reflects about 10% of the referrals, but because it was chosen randomly we can apply findings from the 120 women to the total population of 1301 women referred to the WSU during that time.

Data Collection

The primary source of data for this evaluation comes from the women who came to WSU for service. Detailed information was gathered from the women as part of the initial interview/assessment process. This allowed WSU staff to facilitate the advocacy and counselling offered to the women as well as collecting information that could be used in this evaluation.

The complete data collection instrument is contained in Appendix A. It contains the following sections: client demographic information; abuse history; perpetrator information and criminal history; client perceptions of the police response; referral information; services offered to client; outcomes of criminal case proceedings; and client perceptions of WSU service. The instrument gathered **quantitative and qualitative information** via closed and open-ended questions. Both forms of data are used in this report.

Due to the sensitive nature of the meetings between WSU staff and clientele, the completion of the data collection instrument had to be secondary to the primary goal of making women feel comfortable, secure and safe. There was some initial reticence on the part of WSU staff that the data collection forms would be perceived to be intrusive to the women and perhaps intimidating due to their length and the detailed nature of the questions. Once the forms were used, however, their benefits were immediately apparent. For example, the forms helped WSU staff structure their initial intake interview with clients and reminded them of the many types of information that needed to be collected for a comprehensive history and needs assessment to be completed. Additionally, the instruments proved to be a **therapeutic tool** to many women. For example, the forms helped many clients put a name to the various abusive behaviours they had experienced from their partners. For example, some clients had not previously considered types of financial and/or emotional abuse to be "abusive." Many unwanted sexual acts also were not considered to be abusive until they were revealed to WSU staff. The instruments therefore helped women realise the exact nature of the abuse within their relationships and provided a structured way that they could talk about these painful incidents.

The WSU took great effort to insure the women knew that the information they provided would be held in the strictest **confidence**. Typically the WSU staff member would use the instruments to structure the interview and would fill in forms along the way. Sometimes, however, the woman was too upset at the time and the WSU staff member might consider filling in the form to be insensitive or distracting to the interview process. In those cases the WSU staff gathered as much information as possible from the woman and then filled in the form after the interview was completed. Finally, in other cases the woman would fill in parts of the form herself while still at the WSU and able to have questions answered by WSU staff. It is not ideal, from a research point of view, to have different methods of gathering data. However, using these various data collection methods insured that the primary goal and mission of the WSU (to help and support women who have been victimised by domestic violence and/or known-perpetrator rape) was not superseded by efforts to collect data for the evaluation of the WSU.

3. Findings

Description of WSU Clients

Demographic characteristics of the 120 women in the sample are presented in Table 1. The women range in age from 18 to 80 years old, with an average age of 32.⁵ Over 80% are less than 40 years old. **All of the clients have children in the home**, and about 4% are currently pregnant. Ages were noted for the first four children present in the home: the average age of each was about 8 years old. Similar to Cardiff residents generally, **most WSU clients are white (90%), British (94%) and speak English (99%)**.

Table 1: Demographic Characteristics of WSU Clients.

<u>Variable</u>	<u>Value</u>	<u>Percent</u>
Gender	Female	100.0
Age in years	Less than 20	6.8
	21 through 30	36.8
	31 through 40	40.2
	41 through 50	14.5
	51 and Older	1.7
Ethnicity	White/British	89.7
	Black	4.3
	Asian	2.6
	Other	3.4
Nationality	British	94.0
	Other	6.0
English Speaker	No	0.9
	Yes	99.1
Currently Pregnant	No	96.5
	Yes	3.5
# Children in Household	1	29.0
	2	40.9
	3	14.0
	4	8.6
	5+	7.6
# Family Members in Household	1	8.4
	2	29.0
	3	30.8
	4	14.0
	5+	17.8

Notes:

N=120 WSU clients reporting. All percentages listed are valid.

The types of resources that WSU clients have access to are displayed in Table 2. Almost all have access to a telephone but only about 4 in 10 have access to or use of a motor vehicle. In terms of employment, about 4

⁵ When the 80-year old woman is removed from the sample, the oldest woman is 52 years old. The mean age remains 32 years old.

in 10 are working either full or part time. For those that do have a private income, the amount is about £800 per month. A majority of women (80%) receive benefits and these are estimated to amount to approximately £360 per month. The most common type of benefit is income support. The overwhelming majority of 'other benefits' are child benefits. About half of the women live in council housing. The overall picture painted by this information is that **a substantial proportion of women are struggling financially**, especially when we take into account that all of them are caring for children.

Table 2: Resources Available to WSU Clients.

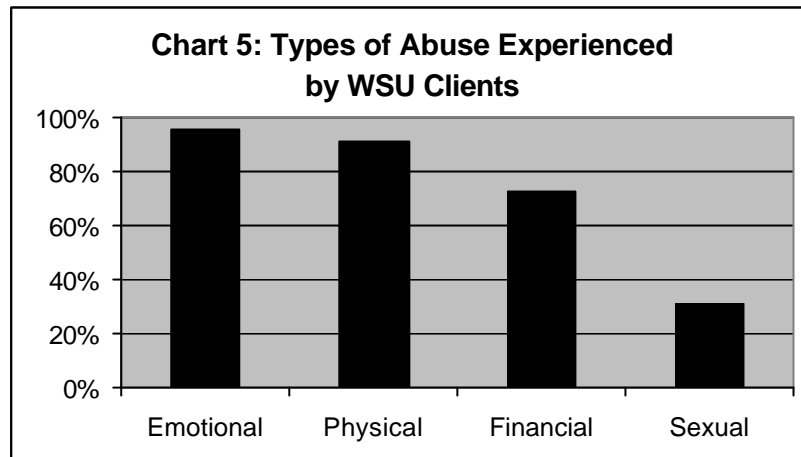
<u>Variable</u>	<u>Value</u>	<u>Percent</u>
Access to Telephone	No	0.9
	Yes	99.1
Access to Motorised Vehicle	No	58.5
	Yes	41.5
Use of Motorised Vehicle	No	59.4
	Yes	40.6
Employment Status	Full time	22.4
	Part time	20.7
	Student	2.6
	Retired	0.9
	Career	1.7
	Unemployed	31.0
	Other	20.7
Private Income	No	62.4
	Yes	37.6
If yes, average monthly amount?		£816.63
Benefits	No	20.4
	Yes	79.6
If yes, average monthly amount?		£360.40
If yes, type of benefit?	Income support	52.3
	Disabled living allowance	2.4
	Working families tax credit	27.9
	Incapacity benefits	3.5
	Other benefits	46.6
Housing Type	Detached/semi	41.8
	Terraced	37.3
	Flat	17.3
	Family/friends	2.7
	Homeless	0.9
Housing Tenure	Owner occupied	35.0
	Private rented	15.5
	Council housing	49.5
Tenant	Client	69.9
	Both client and perpetrator	30.1

Notes:

N=120 WSU clients reporting. All percentages listed are valid.

Victims' Experiences and Perceptions of Domestic Violence

The chart below displays the types of abuse that women referred to the WSU have had with their current partners (see also Table 3, next page).⁶ In other words, this would be the abusive relationship that led to their contact with the WSU. It should be noted that the abuse and violence reported in this table does not constitute lifetime estimates (which as the first WSU report showed are substantially higher), but rather their most recent abusive experiences.



First it apparent that the average woman seen by the WSU has experienced multiple types of abuse from her current partner. For example, almost all women report experiencing **emotional abuse** (96%).

Examples of this type of abuse include:

- C I can't get on with my life as constant phone calls demanding to know where we are
- C He has had affairs
- C When we come in to contact for access visits for our son
- C Stalking and harassment
- C Tries to make me feel guilty about wanting a divorce
- C Puts me down and tells me I'm crazy
- C Controlling and paranoid
- C Name calling, threatened to kill me a number of times
- C He was rude to family/friends and he would stop them coming to the house
- C He threatened to slit me open and see my guts fall out

A significant majority of women (92%) also report experiencing **physical abuse** from their current partner. This type of abuse may range from very minor to very serious. However, the average woman referred to the WSU reported experiencing 3 violent acts from her current partner and 10 violent acts in her lifetime.⁷ Additional comments made by the women further describe how this type of abuse manifests itself:

- C Tried running me over, pushed shopping trolley into my legs, hit me, head butted me
- C Since we met there have been episodes of violence, pushing and kicking
- C At first the alcohol would make him violent, he later became more snappy and violent without the alcohol

⁶ 'Current partner' is a term used to describe the partner who inflicted the abuse rather than someone the WSU client is currently in a relationship with. The client may be currently in a relationship with the abusive partner, or the relationship may be in some stage of termination.

⁷ These figures are taken from the Violence Assessment Index (VAI) which is included in the Client Assessment Form located in Appendix A. This is a list of 28 actions that a person might experience within an intimate relationship. It should be noted that the VAI cannot reflect the *total* amount of violence that a person has experienced because it does not gather information about frequency, but rather just if the type of action was ever perpetrated by the current partner or any former partner.

- C Sporadic but intensified around the time of the trial
- C Abuse occurs over issue of contact of son
- C Physical abuse only started when I attempted to leave much later on in the relationship

Financial abuse is another commonly experienced form of abuse, with almost three-quarters of women documenting this type of behaviour by their current partner. Examples reported by the women include:

- C Took money from me to pay for drugs
- C He did not provide money and took all of my income
- C Always kept me short of money
- C Bullied me into spending money
- C He is bankrupt, irresponsible, wouldn't pay for anything and left me in debt
- C He kept all of the money and gave me £5 per week
- C He kept the money and I was afraid to ask for money
- C Sometimes he takes cards and money to stop me going out
- C Sometimes he would take my benefit book

Finally, **sexual abuse** was also reported in about one-third of relationships. This compares to one-fourth of women in the first WSU report. Additional comments made by the women include:

- C Forced sex
- C Used to bring a man back to the house
- C Wanted to wear my underwear, was very forceful
- C Just started doing this and it frightened me
- C After the birth of the baby and my pelvis was inflamed he was drunk and made me have sex with him
- C At the beginning of the relationship he would kick me out of bed if I didn't want to have sex
- C He has got nastier, I just got used to it, he is a very dangerous man

Table 3: WSU Clients' Abusive Experiences with Current Partner.

<u>Variable</u>	<u>Value</u>	<u>Emotional Abuse</u>	<u>Physical Abuse</u>	<u>Financial Abuse</u>	<u>Sexual Abuse</u>
Experienced this type of abuse	No	4.3	8.5	27.2	69.4
	Yes	95.7	91.5	72.8	30.6
Duration of abuse	Mean years	5.7	5.6	4.8	3.6
Occurrence of incidents	Monthly	4.8	15.7	9.8	8.3
	Weekly	17.3	13.7	19.7	12.5
	Daily	12.5	4.9	9.8	8.3
	Constant	44.2	7.8	32.8	20.8
	Other	21.2	57.8	27.9	50.0
Escalation in severity	No	8.2	11.8	31.6	25.0
	Yes	91.8	88.2	68.4	75.0
Escalation in duration	No	17.6	36.1	21.6	23.1
	Yes	82.4	63.9	78.4	76.9
Escalation in frequency	No	11.5	22.4	30.8	15.4
	Yes	88.5	77.6	69.2	84.6

Notes:

N=120 WSU clients reporting. All percentages listed are valid.

Experiencing Multiple Forms of Abuse

As mentioned previously, nearly all of the women experienced both physical and emotional abuse from their current partners. A further three-quarters experienced financial abuse, and about one-third experienced sexual abuse in their relationships. Analysis of the four types of abuse showed that **financial abuse appeared to be the common link** between them. In other words, women who experienced financial abuse were also more likely to experience the other three types of abuse. Specifically, perpetrators who committed financial abuse also:

- C Increased physical abuse from 40% to 67% of women
- C Increased mental abuse from 40% to 74% of women
- C Increased sexual abuse from 68% to 87% of women

One explanation for financial abuse increasing the likelihood of the other forms of abuse is that the comments from victims indicate the **jealousy/control** exerted by their partners over financial matters, or the use of money to exert control over the victim. In other words, financial abuse is another way that jealous or controlling behaviour may manifest itself within abusive relationships. This is similar to findings from a recent analysis of risk factors present for very high-risk victims in Cardiff (Robinson, 2004), which showed that jealous or controlling partners significantly increased the likelihood of 11 out of 14 documented risk factors. Specifically, jealous/controlling perpetrators also were more likely to have a criminal record, to injure the victim, to have financial problems, to have aggravating problems (e.g., alcohol, drug, or mental health problems), to have threatened to kill the victim, to have choked or strangled the victim, and to have threatened suicide. They also were more likely to be in relationships that have been or are about to separate and to have conflict over child contact. Jealous perpetrators increased the likelihood that the abuse is become worse or more severe. They also were related to the victims having suicidal thoughts. The current study also shows that they may be more likely to perpetrate sexual abuse within relationships. However, more research is needed to further investigate this issue.⁸

The extent of the domestic violence experienced by WSU clients also is worth documenting. The average woman coming to the WSU has endured nearly **6 years** of emotional and physical abuse, about 5 years of financial abuse and 4 years of sexual abuse. Therefore, these are not 'one-off' events but rather **chronically abusive relationships**, encompassing multiple types of abusive behaviours experienced over a significant period of time. These results are similar to those found in the first evaluation of the WSU. Internationally, the median time spent in violent relationships is 6 years although younger women may leave sooner (WHO, 2002).

Escalation of Abuse

A majority of WSU clients also report experiencing an **escalation in the severity, duration and frequency of the abuse** – regardless of whether it is emotional, physical, financial, sexual or a combination of types. For example, about three-quarters of women report that the abuse has been escalating, and usually reports that it has been escalating in severity, duration and frequency. Walby and Myhill (2001) note that while escalation is not inevitable, it is probable that assaults are more likely to increase in severity over time unless there is a change in circumstances. This gives some understanding of why the situation is currently under the remit of the WSU and why so many women report being currently in the process of trying to get out of these abusive relationships (see next table). Other researchers also have noted that escalation of abuse is likely to trigger victim help-seeking. For example, women were more likely to call the police if the violence was frequent, severe or caused injury (Walby & Allen, 2004) and were more likely to decide to leave an abusive relationship when the violence was escalating (Stroshine & Robinson, 2003).

Perceptions of the Abuse

⁸ For example, it would be important to specifically ask the victims about the perpetrator's use of jealousy and control within the relationships, and whether they believe this is linked to the perpetrator's use of different kinds of abuse. Also, it is necessary to document how jealousy/control changes or increases over time, and the impact this has on the perpetration of different forms of abuse within the relationship. Sexual abuse within intimate relationships is a particularly sensitive issue which consequently makes its empirical investigation more difficult. However, research conducted with the WSU has repeatedly shown the importance of both jealousy/control and sexual abuse as risk factors for the escalation of domestic violence. What is now needed is more research to tease out the how, when and why.

The next table provides an overview of how clients feel about the current abuse (see Table 4). These perceptions are important to document because domestic violence victims are not a homogeneous group: what one woman perceives as particularly threatening will not necessarily be the same for the next woman. Therefore we must have some understanding not only of the nature and prevalence of the abuse, but also **how the woman perceives herself within the abusive situation.**

What is noteworthy is that so many women perceive themselves to be in **very dangerous situations.** For example, an overwhelming majority (84%) believe they will be injured by the perpetrator, and a further 43% believe they may be killed. More than half are worried that their children might be hurt.

It is therefore perhaps not surprising that a **majority of women (89%) want to end the relationship, and even more (92%) already have tried to end the relationship.** These findings call to mind other research which illustrates how leaving an abusive partner is better described as a process rather than a discrete event, sometimes incorporating many attempts over the years. Given the relative lack of resources at the disposal of most women coming to the WSU, and the presence of children in the lives of all women in this study, this compounds the difficulty of leaving an abusive partner. What is now well understood is that leaving an abusive relationship is not a discrete event, but rather a process whereby most women leave and return several times before finally deciding to end the relationship (WHO, 2002), with some estimating this occurs five times before the relationship is terminated (Griffing et al., 2002).

Most women reported feeling unable to cope with the current situation (80%). However it is encouraging that an overwhelming majority have told their friends or family about the abuse (93%) and have sought outside help for the abuse (93%). Therefore **most women are not keeping the abuse a secret** from those most likely to provide her with support (however this does not necessarily mean that the abuse was not secret during the earlier stages of the relationship).

Other research has reached similar conclusions. Contrary to the view of battered women as 'helpless', most victims do seek help when their relationship turns abusive (Gondolf & Fisher, 1988; Wauchope, 1988). Furthermore, women will seek help more frequently when the violence persists, and also are more likely to turn to formal institutions (e.g., advocacy programs, the police, their GP, the church, etc.) for help when the violence persists (Dobash et al., 1985). As discussed below, when they find these services to be helpful they are in a better position to end the abusive relationship.

Table 4: WSU Clients' Perceptions Regarding Current Abuse.

<u>Variable</u>	<u>Value</u>	<u>Percent</u>
Believes may be injured by perpetrator	Agree	84.2
	Disagree	5.3
	Unsure	10.5
Believes may be killed by perpetrator	Agree	42.5
	Disagree	32.7
	Unsure	24.8
Feels unable to cope	Agree	80.0
	Disagree	13.6
	Unsure	6.4
Wants to end relationship	Agree	88.8
	Disagree	5.6
	Unsure	5.6
Has tried to end relationship	Agree	92.4
	Disagree	5.7
	Unsure	1.9
Has told friends/family about abuse	Agree	92.8

	Disagree	6.3
	Unsure	0.9
Has sought outside help for abuse	Agree	92.7
	Disagree	6.4
	Unsure	0.9
Feels protective of perpetrator	Agree	31.0
	Disagree	59.0
	Unsure	10.0
Feels isolated from help	Agree	30.8
	Disagree	60.6
	Unsure	8.7
Is worried that children might be hurt	Agree	54.5
	Disagree	33.0
	Unsure	12.5

Notes:

N=120 WSU clients reporting. All percentages listed are valid.

The above results indicate the most women coming to the WSU are:

- 1) in very dangerous situations,
- 2) recognize the seriousness of the abuse, and have told friends and family about it, and
- 3) want to and have tried to end their relationships.

As Barnish (2004) notes from a recent review of the literature on domestic violence:

“Results [of past research] suggest that as abuse becomes more dangerous, pervasive, and uncontrollable, women are likely to take a sequence of steps to try and stop it, and that they are likely to be boosted to take decisive action to terminate the relationship when external validation is available, and when their help-seeking efforts receive a robust response from the criminal justice system” (p. 60).

The next section describes victims’ experiences with the police, satisfaction with the police, and what they would like to happen as a result of criminal justice intervention into their lives.

Victims’ Perceptions of the CJS

Given that most women coming to the WSU have experienced criminal incidents of domestic violence, and the majority of referrals to the WSU come from the South Wales Police, it is important to assess their experiences of the police response, and also what they want to happen as a result of this criminal justice intervention into their lives. The next two tables report on these aspects of their experience.

Perceptions of the Police

Table 5 (next page) focuses on **clients’ perceptions of the police response**. About 6 in 10 report being satisfied or very satisfied with the police generally, while 2 in 10 were neutral and about 2 in 10 were dissatisfied or very dissatisfied with the police response.

Clients tended to want the police to perform functions consistent with the SWP pro-arrest policy. For example, **the most common desire was for the police to arrest the perpetrator** (67%), followed by making the perpetrator leave (54%) or providing information or referrals (35%). It was less common for the women to expect or want police to comfort them (18%), and hardly any women wanted the police to attempt to reconcile them with the perpetrator (4%).

These are similar to results found in the first WSU report (Robinson, 2003), which showed that almost three-quarters of women (73%) wanted the police to make an arrest. About half of the women surveyed felt that arrest would produce positive benefits such as decreasing domestic violence (47%), helping the victim get the support she needs (55%) and teaching the perpetrator a lesson (48%).

Women who wanted police to make an arrest did not tend to want other police actions as well. For example, they were not significantly more likely to also want the police to comfort them or to provide information or referrals. The only relationship that was significant was that women who wanted police to comfort them also tended to want information and/or referrals from the police. These results indicate that there may be roughly 3 types of victims, each of who hold different expectations of police involvement:

- C Group 1: Those who want police to make an arrest
 - o This is the majority of victims (about 6 in 10)
- C Group 2: Those who want police to comfort them and provide them with information and/or referrals to other agencies
 - o This is a substantial minority of victims (about 3 in 10)
- C Group 3: Those who do not want the police involved
 - o This is a very small group of victims (about 1 in 10)

It may be useful for police officers to bear these results in mind when responding to domestic violence incidents. Additionally, there is no substitution for simply asking victims what they would like to have happen, and wherever feasible following their wishes. Finally, the demeanour with which officers treat victims at the scene is a very important determinant of their levels of satisfaction, regardless of what actions the officers actually take (Robinson, 2003). Therefore officers should always take time to listen to victims, and treat them with as much courtesy, empathy and understanding as is possible.

Table 5: Client Perceptions of the Police Response.

<u>Variable</u>	<u>Value</u>	<u>Percent</u>
Overall satisfaction with police	Very dissatisfied	14.0
	Dissatisfied	7.5
	Neutral/don't know	18.7
	Satisfied	37.4
	Very satisfied	22.4
The client wanted the police to....		
	arrest the perpetrator	
	No	33.3
	Yes	66.7
make perpetrator leave	No	45.7
	Yes	54.3
try to reconcile her with the perpetrator	No	96.2
	Yes	3.8
provide information/referrals	No	64.8
	Yes	35.2
comfort/reassure her	No	81.9
	Yes	18.1
Did not want police involved	No	91.3
	Yes	8.7
Contacted police previously for a similar problem	No	15.2
	Yes	69.6

	Unknown	15.2
Would call police again for help	No	1.9
	Yes	86.8
	Unknown	11.3

Notes:

N=120 WSU clients reporting. All percentages listed are valid.

It is notable that very few victims did not want the police involved (less than 9%). Furthermore, most women have had police contact in regards to domestic violence in the past (70%), and still hold fairly high opinions of the police response (other research has found that satisfaction decreases as experience with service provides increases). One additional finding to note from Table 5 is that an overwhelming majority (87%) would call the police again for help if needed. This is a logical but very positive consequence of have generally high levels of satisfaction with the police. Other research has shown that poor experiences with the police can reduce the likelihood that women will contact them again, or indeed participate with other aspects of the criminal justice response to their case such as prosecution. Therefore these are very positive results, although the police response could be improved still further (e.g., about 20% of victims were dissatisfied with the police).

In conclusion, it would seem that **most victims of domestic violence want police to make arrests** on their behalf (i.e., follow the SWP preferred arrest policy). The supremacy of the law enforcement function over other types of services that the police could provide at the scene (such as separation or mediation) fits well with most officers' own conceptualizations of the police role as one that should be primarily concerned with 'fighting crime'.

Expectations about Criminal Justice Involvement

Next, Table 6 presents information about **what clients want from criminal justice involvement**. Their desires are listed in order from the most common to the least common. By far the most common response by women was **'to be safe'** (80%). However they might have different ideas as to what type of outcome will be most likely to facilitate their safety. Most stated that they wanted the relationship to be over (63%). Relatively few (11%) were interested in the relationship continuing without the violence.

In terms of other types of interventions that might result from criminal justice involvement, the most common desire expressed by women was **for their partners to receive some kind of help**. For example, nearly half wanted anger management therapy or some other type of counselling for the perpetrator (45%), and their next most common desire was for the perpetrator to receive treatment for their alcohol and/or drug problem (35%). Nearly a quarter of women also desired treatment for themselves (24%), however very few wanted to engage in couples' therapy (1%).

A desire for a more **punitive response** by the criminal justice system was less common, however about one-quarter (26%) did want the perpetrator to receive a custodial sentence. Only about 1 in 10 desired the perpetrator to receive probation or a fine as a result of criminal justice involvement.

Table 6: What Clients Want from Criminal Justice Involvement.

<u>Variable</u>	<u>Value</u>	<u>Percent</u>
To be safe	No	20.6
	Yes	79.4
Relationship to be over	No	37.4
	Yes	62.6
Anger management/counselling for perpetrator	No	54.9

	Yes	45.1
Treatment for perpetrator's alcohol/drug problem	No	64.7
	Yes	35.3
Custodial sentence for perpetrator	No	74.5
	Yes	25.5
Counselling for herself	No	76.5
	Yes	23.5
Relationship to continue without the violence	No	89.1
	Yes	10.9
Perpetrator made to pay a fine	No	89.2
	Yes	10.8
Perpetrator put on probation	No	90.2
	Yes	9.8
Don't know what should happen	No	91.8
	Yes	8.2
Couples therapy	No	99.0
	Yes	1.0

Notes:

N=120 WSU clients reporting. All percentages listed are valid.

Analyses were conducted to determine the relationships between these various desires from criminal justice involvement. Results indicated that women who desired alcohol/drug treatment for the perpetrator also wanted anger management/counselling for the perpetrator. These victims were also more likely to want counselling for themselves. This group appears to prefer treatment-oriented goals as a result of criminal justice involvement. Next there was a group of women who wanted a custodial sentence for the perpetrator and who also were more likely to want them to be put on probation and to pay a fine. These women appear to want the CJS to use its punitive capabilities when dealing with the perpetrator. These results can be summarized as follows:

- C Group 1: Those who want a treatment-oriented response from the CJS
 - o This group comprises about half of victims
- C Group 2: Those who want a punitive response from the CJS
 - o This group comprises one-quarter or less of victims

Interestingly, the women who desired safety as a result of criminal justice involvement (the overwhelming majority of women) were significantly more likely to want anger management/counselling for the perpetrator and to want the relationship to be over. There was **no statistical association between any punitive criminal justice action and the desire for safety** – in other words the women surveyed did not feel that they could achieve safety in this way. Instead, they felt that safety could be achieved by either providing treatment to the perpetrator or by ending the relationship. Specifically, of the 81 women who reported wanting 'to be safe' as a goal of criminal justice involvement:

- C 57 also wanted the relationship to be over
- C 41 also wanted anger management/counselling for the perpetrator
- C 30 also wanted alcohol/drugs counselling for the perpetrator
- C 21 also wanted counselling for themselves
- C 19 also wanted a custodial sentence for the perpetrator
- C 11 also wanted the perpetrator to pay a fine
- C 10 also wanted the perpetrator put on probation
- C 7 also wanted the relationship to continue

- C 5 did not know what else they wanted
- C 1 also wanted couples' therapy

The next section discusses some of the consequences of experiencing domestic violence for the sample of women studied – specifically on their employability and on their health. Tables 7 and 8 reports on these experiences being attributed to domestic violence committed by the current perpetrator and also any domestic violence experienced in their lifetimes. The tables further differentiate between those negative consequences caused by physical abuse versus emotional abuse.

The Consequences of Domestic Violence

Consequences of Domestic Violence on Women's Employability

In the US it has been estimated that women lose **nearly \$18 million in earnings each year** as a result of domestic violence (Greenfeld et al., 1998). Furthermore, American women incur an estimated \$24 million a year in medical expenses, most of which is paid by employee-sponsored health care plans (Greenfeld et al., 1998). Organizational costs associated with domestic violence in the US have been estimated up to **\$5 billion annually**. Organizational costs include:

- Absenteeism
- Tardiness
- Lowered productivity
- Turnover
- Increased security costs
- Medical expenses

Past researchers (see Moe and Bell, 2004 for a review) have identified numerous effects of domestic violence on women's work and employability, including:

- Direct effects of domestic violence on women's work due to **immediate physical abuse**
 - physical injuries
 - homicide
- Direct effects of missing work due to **long-term ailments**
 - chronic pain
 - vision or hearing loss
 - ulcers
 - indigestion
- Direct effects of missing work due to **mental impairments** resulting from abuse
 - depression
 - anxiety
 - post-traumatic stress disorder
 - drug/alcohol dependence
- **Harassment/abuse at work** including
 - stalking and/or assaults immediately prior to or during a work shift
 - hiding of car keys and/or transportation money to hinder attempts to get to work
 - repeated calling or emailing throughout the work day
 - spreading lies to bosses or work colleagues
 - destroying work documents
- **Not being able to look for work** due to physical and psychological abuse which contributes to their social isolation, emotional degradation, low self-esteem and feelings of worthlessness
- **Leaving a job** due to demands or threats, or as part of leaving a community to escape the domestic violence
- **Uncertainty or fear from staying at a job**, and therefore having the abuser know when/where the victim is much of the time
- **Termination** due to poor performance, absenteeism, or disruptive behaviour caused by abuser

Furthermore, the workplace also can be a site of victimization for many women. In the US it was estimated that women were 5 times more likely to be victimized by a partner at work than were men (Warchol, 1998).

As Table 7 indicates, it is apparent that women have had **negative effects on their employability** as a result of domestic violence. First, almost 12% had missed work due to physical abuse perpetrated by their current partner, and 23% had missed work at some point in their lives due to physical abuse. A smaller but not insubstantial amount of women also report having lost their job due to physical abuse (3% from current partners and 5% ever in their lifetimes). It is noteworthy that there were similar negative effects on employability due to emotional abuse. It is important to not discount the pronounced negative impact of emotional abuse.

Analyses reveal that women who suffer effects on their employability from one type of domestic violence (e.g., physical abuse) are also more likely to suffer effects on their employability from the other type (e.g., emotional abuse). For example, the majority of women who report missing work due to physical abuse also have missed work due to emotional abuse. Similarly, those that have lost their jobs due to one type are more likely to have lost their jobs due to the other type. These findings simply remind us that **physical abuse and emotional abuse intertwine to produce negative consequences on women’s lives**. Therefore the impacts of both forms of abuse on women must be addressed.

Table 7: Consequences of Domestic Violence on Employment.

<u>Variable</u>	<u>From Physical Abuse</u>		<u>From Emotional Abuse</u>	
	<u>Current Perpetrator</u>	<u>Ever in Lifetime</u>	<u>Current Perpetrator</u>	<u>Ever in Lifetime</u>
Has missed work	11.7	23.3	10.8	23.3
Has lost job	2.5	5.0	2.5	4.2

Notes:

N=120 WSU clients reporting. All percentages listed are valid.

Consequences of Domestic Violence on Women’s Health

Domestic violence is one of the most common causes of injury to women. On average, abused women have a higher likelihood of operative surgery, visits to and by doctors, hospital stays and mental health consultations throughout their lifetimes compared to women who have not experienced domestic violence, even controlling for other potentially relevant factors (Campbell, 2002; WHO, 2002). In a recent review of the literature on domestic violence (see Barnish, 2004), the following notable findings relating to domestic violence and women’s health were documented:

- C Average rates of **clinical depression** amongst abused women were 48% across 18 studies (but depression tends to recede once women are out of abusive relationships).
- C Average rates of **post-traumatic stress disorder** amongst abused women were 64% across 11 studies.
- C Average rates of **suicidal thoughts and attempts** amongst abused women were 18% across 13 studies.
- C Average rates of **alcohol misuse** amongst abused women were 19% across 10 studies and drug misuse were 9% across 4 studies. Domestic violence precedes alcohol and drug misuse in most studies, but it has been recognized that for some women there will be a complex recursive relationship, particularly amongst those who have also experienced childhood abuse.
- C Domestic violence experienced by pregnant women has been shown to double their risks of **miscarriage**.

The statistics in the next table show that women coming to the WSU have had **negative impacts on their health** due to domestic violence (thereby contributing to the huge annual budget expended by the health care system on domestic violence, as explained previously) (see Table 8, next page). While only a minority (5%) reported going to A+E as a result of abuse inflicted by their current partner, almost one-quarter (24%) previously had attended A+E in their lifetimes. Unfortunately, despite the large number of women attending A+E as a result of domestic violence, relatively **few had ever been asked by A+E staff about their**

experiences of domestic violence. This represents a huge loss in the potential to report and respond to domestic violence by the health care system, as most women appear to be falling through the cracks if A+E staff happen to be the first service provider they see as a result of domestic violence. It is even more worrying if we take note of the proportion of women hospitalised as a result of the injuries sustained from domestic violence (0.8% from current partner but 11% from any partner).

The results are slightly better, but still disappointing with respect to General Practitioners (GPs). While 11% had seen their GP due to domestic violence perpetrated by their current partner, and nearly one-third (33%) had seen their GP in their lifetimes due to domestic violence, **in only a fraction of incidents did the GP enquire about their experiences of domestic violence.**

These results about the response of health care providers are more negative than those found recently by an analysis of BCS data (Walby & Allen, 2004). That study concluded that a great majority of women survivors who reported seeking medical treatment for their injuries following the worst incident in the previous 12-months were asked about and disclosed the cause of their injuries. However, despite disclosure only about one-quarter were referred on to someone else who could help them. A useful checklist about what health care providers should know about the spectrum of victimization is contained in Appendix B.

Finally, while it has been documented that domestic violence creates **enormous costs** for the health care system, it also costs individual women money. About 3% reported spending money on medicine or treatment as a result of the current abuse, but almost 16% had done so in their lifetimes. This would be financial commitments on top of the already strapped budgets of most WSU clients.

Table 8: Consequences of Domestic Violence on Health.

<u>Variable</u>	<u>From Physical Abuse</u>		<u>From Emotional Abuse</u>	
	<u>Current Perpetrator</u>	<u>Ever in Lifetime</u>	<u>Current Perpetrator</u>	<u>Ever in Lifetime</u>
Has gone to A + E	5.0	24.2	3.3	8.3
Has had A + E staff ask about DV	1.7	8.3	0.8	0.8
Has been hospitalised	0.8	10.8	0	3.3
Has seen GP	10.8	32.5	8.3	20.8
Has had GP ask about DV	5.8	15.0	5	6.7
Has spent money on medicine/treatment	2.5	15.8	1.7	8.3

Notes:
N=120 WSU clients reporting. All percentages listed are valid.

Women’s Experiences with and Perceptions of the WSU

What Women Get From the WSU

As mentioned in the introduction, the WSU team provides advice, advocacy, specialist counselling services, legal services, housing services, refuge provision, target hardening and collects evidence. It is expected that by providing victims with an effective, immediate and consistent range of support services at one referral point, women will be supported and able to make informed decisions about their circumstances (i.e., whether to end the relationship, whether to participate with criminal proceedings, etc.).

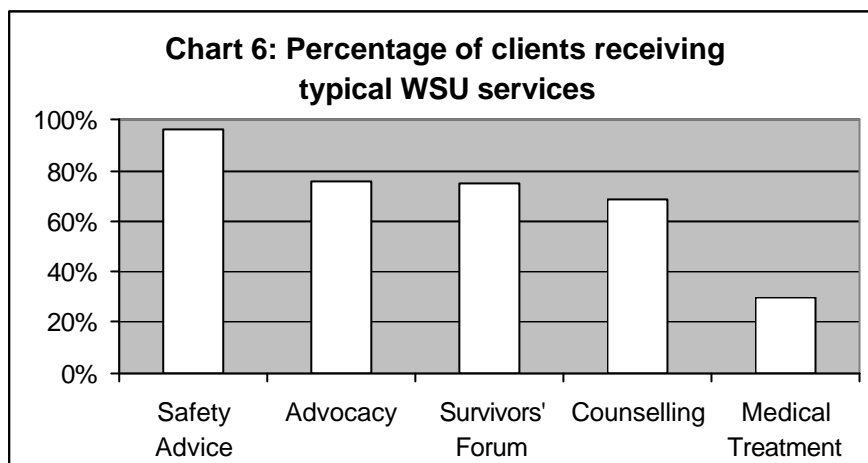
The number of agencies referring victims to the WSU is evidence of the **inter-agency collaboration** that the WSU has helped to foster in the Cardiff area. Many different organisations and individuals have taken

responsibility for referring victims to the WSU. To date, more than 30 different groups/agencies/or categories of people have referred women to the WSU. However the biggest source of referrals made to the WSU continues to be the Domestic Violence Unit (DVU) of the South Wales Police, followed by the CPS. It is standard protocol for the DVU to fax all new domestic violence incident reports to the WSU within 24-hour hours, so that the WSU can initiate contact with the victim. In this way, victims who are in contact with the criminal justice system receive advocacy and advice about the criminal proceedings. However, women who are experiencing domestic violence that is not known to the police or other CJS agencies also come into contact with the WSU via referrals from other agencies such as Social Services or health care agencies. Indeed, the WSU is now so well known in Cardiff that women refer themselves, victims refer their friends/family that also are experiencing domestic violence, and others in the community get involved.

To fully understand what the WSU does on a day-by-day basis, it is perhaps most useful to firstly hear from the victims themselves. Comments from the victims illustrate specific examples of what kinds of services the WSU provides to women and their children experiencing domestic violence. In response to the question, **"In what ways has the WSU helped you?"** victims responded with the following:

- C Supportive, helped me understand I'm not alone. Helped me with finding a refuge and helped me understand that the bad things that happened to me are not my fault.
- C I have never been able to go through with prosecution before. I was scared as he has abducted my daughter previously.
- C Even though I could not get in to see them they kept ringing me. Once my leg was better they even offered to send me a taxi. They helped me sort out my two children.
- C My husband is a police officer and I did not know who to tell; so it was fantastic meeting you at the unit as you are not the police.
- C Counselling, I can keep coming back. They have helped me see it is his problem and they don't blame me.
- C Help me make my property safe, help me move, so that I can make a fresh start.
- C I was given information and made aware of my rights if anything happened in the future. I felt like I was being supported and I was being listened to. Thank you.
- C It was good to talk to someone who understood. The advice and support was good. Knowing I was not the only person this was happening to and that there was someone to turn to.
- C Keeping me informed during whole of criminal proceedings.
- C They are on the end of the phone and they chase up the police for me.
- C Able to talk without being judged, given useful information and reassured me I was doing the right things with regard to protecting my family.
- C Helped me understand that what my ex-partner was doing was wrong.
- C Helping to protect myself and my daughter and giving me advice without criticising.
- C Discussed safety/risks through with me. Went through Duluth wheel. Discussed an exit-strategy.
- C They are making me feel like I'm not alone and are supporting me. I don't feel so alone and feel there is a light at the end of the tunnel.
- C Have previously helped me through court cases where he got custodial sentence. They helped me get re-housed, have stopped letters and phone calls from the prison. Have given many hours of emotional and practical support.
- C Accompanied me to court, took my letters to court. I did not think they were that important but they got him prison.
- C Found me refuge and kept ringing me even though I wasn't keeping appointments.

Chart 6 (see next page) displays the most commonly provided services at the WSU. Almost all of the women receive safety advice at the WSU. Nearly 8 in 10 women receive advocacy as well as the Survivor's Forum. About 7 in 10 receive counselling and about 1 in 3 women were advised to seek medical treatment as a result of their experiences of domestic violence. More detail about these services is provided below.



Safety Advice

One of the most common and important tasks undertaken by the staff of the WSU is to provide women experiencing domestic violence with **safety advice**. Typically this is general safety advice that is tailored to the specific circumstances of each woman. For example, a woman might be advised to change her work patterns so that she is not leaving and returning home at the same times each day, or to park her car behind his in the driveway so that she can readily leave if needed. Other advice might include tips for collecting evidence like documenting harassing text messages or phone calls, which may impact upon a criminal prosecution of the abusive partner. The women who require urgent 'exit strategies' usually already have sought – or will be urged to seek – refuge at Women's Aid. Therefore the role of the WSU is to help women be safer as they continue in or try to leave abusive relationships. This constitutes the majority of women coming to the WSU.

The WSU also provides services to clients that are included in the concept of '**target hardening**.' The aim of these services is to make the home and immediate environment of women more impervious to violence. Many women were provided with referrals to the Homesafe agency, which specialises in target hardening for victims of domestic violence. Homesafe provides target hardening services specifically for victims of domestic violence. Homesafe's staff consists of trained lock fitters who respond by the next day to requests for changes to locks and letterboxes. Some of the lock fitters also are trained in counselling. A risk assessment is performed to determine whether staff members need a police escort when they respond to referrals. Homesafe is funded by a bid to the lottery made by Safer Cardiff. The agency received £300,000 for a five-year period. To date, nearly 600 WSU clients have received target hardening from Homesafe.

Additionally, the WSU is able to provide women with **panic alarms**. The WSU obtained £17,000 to invest in panic alarms, which are monitored through community alarm systems which have direct links to the SWP control room. At any given time most panic alarms are being used by WSU clients. Alarms are fitted at a property for 3 months, then removed and reused. However, with the more widespread ownership and usage of mobile phones, panic alarms may be becoming less needed. The WSU is currently looking into obtaining GIS systems to monitor the location of extremely high-risk victims.

Finally, the WSU also liaises with the Crime Prevention Officer of the SWP for further target-hardening advice.

Advocacy

Recall that one WSU staff member is a **Seconded Police Officer** who provides criminal justice information and case follow-up for clients. The role of the Seconded Police Officer is to offer support and advice, particularly related to criminal justice issues, to clients attending the WSU. If the client does not wish to make a complaint against her partner, the officer obtains substantiating evidence by means of a Pocket Book entry, notes injuries, takes Polaroid photographs, completes the FSU9 form (domestic violence report) and faxes the form to the Domestic Violence Unit (DVU)⁹ of the South Wales Police. If a complaint is made, the above are performed in addition to obtaining full antecedent and comprehensive statements and organising scenes of crime photographs. The officer completes necessary forms and liaises with the relevant parties. If it is an indictable offence, the officer contacts the Detective Chief Inspector; for any other offence the

⁹ This unit was previously named the Family Support Unit (FSU), thus the name of the domestic violence report (FSU9) reflects the old name.

Sector Inspector is contacted. The officer keeps the client updated and informed on the progress of her case, attends pre-trial reviews and all court cases.

Since the implementation of the WSU, a rotation of DVOs spends **6-month secondments** to the WSU. In this way, the relationship between the WSU and the DVU is further strengthened, as more officers experience how the WSU operates on a day-to-day basis. Additionally, the WSU and the South Wales Police signed a memorandum of understanding regarding the sharing of information on domestic violence and known-perpetrator rape in the Cardiff area. All WSU staff liaise with the police and share casework with the DVU. This is all further evidence of how multi-agency arrangements are embedded into working practices in Cardiff.

It is the responsibility of all WSU staff to attend court with clients, but typically the Seconded Police Officer provides this service. Typically these are one-day events, but sometimes they last longer. Also, it must be remembered that by the time a client's case might reach trial she has been in contact with multiple members of the WSU over many weeks. With input from the WSU, a special protocol for domestic violence cases has evolved over time. This protocol, agreed by the police, CPS, Magistrates' Court and Crown Court in South Wales, facilitates a victim-oriented approach and outlines the basis for its fast-track system. The special **fast-track court system** in Cardiff was recently included in a national evaluation of specialist domestic violence courts, and the role of the WSU in its success was highlighted (see Cook, Burton, Robinson & Vallely, 2004 for more information).

Finally, the WSU provides advocacy to victims with its participation in the **Multi-Agency Risk Assessment Conferences (MARACs)**. In Cardiff, about thirty victims per month are being identified as very high risk. MARACs have been running monthly (and recently fortnightly) since April 2003. They are attended by members of many agencies, including police, probation, local authority, health, housing, refuge and the WSU. MARACs provide a forum for sharing information and taking actions that will reduce future harm to high risk victims and their children. The circumstances of very high risk victims and their children are discussed and plans are created to help promote their safety. An initial evaluation of the MARACs was recently completed (see Robinson, 2004 for more information), with results indicating that the majority of victims (about 6 in 10) had not been revictimised since the MARAC. These are very positive results that reveal the benefits of taking a multi-agency approach to helping women (and their children) who are experiencing domestic violence. The second phase of the evaluation will be published later this year.

Survivor's Forum/Counselling

The majority of women are provided with referrals to **counselling** and encouraged to participate in the Survivor's Forum (see next paragraph). Women coming to the WSU are provided support from the staff there, but due to the often chronic nature of the abuse they have experienced, may require more counselling to deal with their histories of abuse. Referrals to the counselling service provided by Women's Aid are given routinely, but often not taken up initially by most women. Usually becoming safe is enough for most women to move on, so the uptake of counselling is low. However for some women 'becoming safe' enables them to acknowledge their need for counselling, so they will take up the referral some weeks or months after the initial contact with the WSU. The WSU provided an investment of £35,000 to the Women's Aid counselling service.

The **Survivor's Forum** is an excellent example of the flexible and accountable service provided by the WSU. The group arose as clients expressed an interest in follow-up from the WSU and particularly wanted to meet with other women facing the same issues. The Survivor's Forum is a **victim-led informal group** where clients meet to discuss current problems and to provide each other with support. The meetings are held at the WSU. Since the first meeting in March 2002, the Survivor's Forum has continued to meet every fortnight at the WSU. The group has a small budget to fund workshops of interest (e.g., aromatherapy, massage, etc.). For example, the WSU is now a registered centre for acupuncture and provides a free service to clients. The feedback from victims/survivors is that it is an uplifting treatment giving them energy and strength at a time when these are depleted resources. The Operational Manager of the WSU also discusses pertinent topics as appropriate (e.g., the power and control wheel, the criminal justice system, etc.). There is also a phone network between the women that provides an informal hotline service when a woman needs support. The Survivor's Forum has provided an invaluable service to many women, in particular those that view discussion as a healing process and those that want advice and support with regard to how to help their children heal from witnessing and/or experiencing domestic violence.

Referrals to Other Agencies

One of the strengths of the WSU is its established relationships with other agencies. Not only does it accept referrals from other agencies in Cardiff (including health, criminal justice, and voluntary sector), but it also

refers women on to other agencies depending on their needs (see Table 9, next page). That is why the WSU has been conceptualized as a 'one-stop-shop' for victims of domestic violence: because it can help to address a range of issues the women identify by **fast-tracking women to the appropriate services** (if they lie outside the WSU). In that way, the WSU is not 'precious' with its clients but instead works freely with all those that can provide assistance.

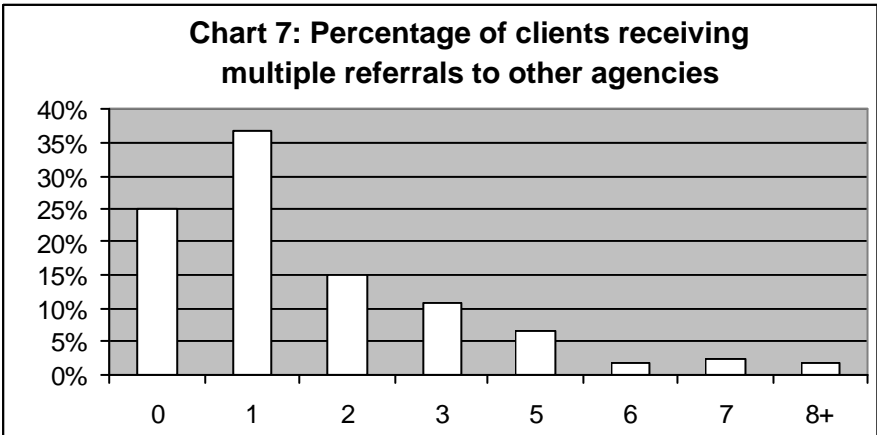
Table 9: Types of Referrals Received by WSU Clients.

<u>Variable</u>	<u>Value</u>	<u>Percent</u>
Client was referred to another agency	No	20.7
	Yes	79.3
If yes, which type of agency (tick all that apply)...		
	Police	26.7
	Counselling	18.3
	Housing	17.5
	Homesafe	17.5
	Social Services	11.7
	CPS	10.0
	Women's Aid	9.2
	NSPCC (kids programme)	9.2
	Health visitor	5.8
	Probation	5.0
	NSPCC (perp programme)	3.3
	School	3.3
	BAWSO	3.3
	Rape Crisis	1.7
	GP	1.7
	Midwife	1.7
	Hospital	1.7
	Victim Support	1.7

Notes:

N=120 WSU clients reporting. All percentages listed are valid.

Chart 7 (see below) illustrates the amount of referrals received by WSU clients. As can be seen, only about one-quarter of women do not require any referrals. About one-third of women receive one referral to an agency outside the WSU, and the rest (about 38%) receive 2 or more referrals. This reminds us that – **despite the wide range of services provided within the WSU itself – many other agencies can and do make valuable contributions to the services received by victims of domestic violence living in Cardiff.** Therefore, the high levels of satisfaction that victims feel for the WSU (discussed in the next section) at least in part also reflect well upon the other agencies working in partnership with the WSU.



What Women Think About the WSU

The women coming to the WSU have **extremely positive perceptions of the service they received from the WSU** (see Table 10). All the women rated the WSU staff as helpful or very helpful – none of the women perceived the WSU to be unhelpful. Similarly, all of the women were satisfied or very satisfied with the service they received – none were dissatisfied.

Importantly, none of the women felt that meeting with the WSU would put her in more danger. This is a sign that the WSU is achieving its aim of providing a proactive service but can do so without further jeopardizing her safety or that of her children.

Table 10: Clients' Perceptions of WSU Service.

<u>Variable</u>	<u>Value</u>	<u>Percent</u>
Overall helpfulness of the WSU	Very helpful	87.3
	Helpful	12.7
	Neutral/don't know	0.0
	Unhelpful	0.0
	Very unhelpful	0.0
Believes meeting with the WSU will put her in more danger	Strongly agree	0.0
	Agree	0.0
	Neutral/don't know	12.9
	Disagree	30.7
	Strongly disagree	56.4
Thinks the WSU will help reduce the violence in her life	Strongly agree	54.7
	Agree	32.1
	Neutral/don't know	13.2
	Disagree	0.0
	Strongly disagree	0.0
Overall satisfaction with the WSU	Very satisfied	84.0
	Satisfied	15.1
	Mixed	0.9
	Dissatisfied	0.0
	Very dissatisfied	0.0

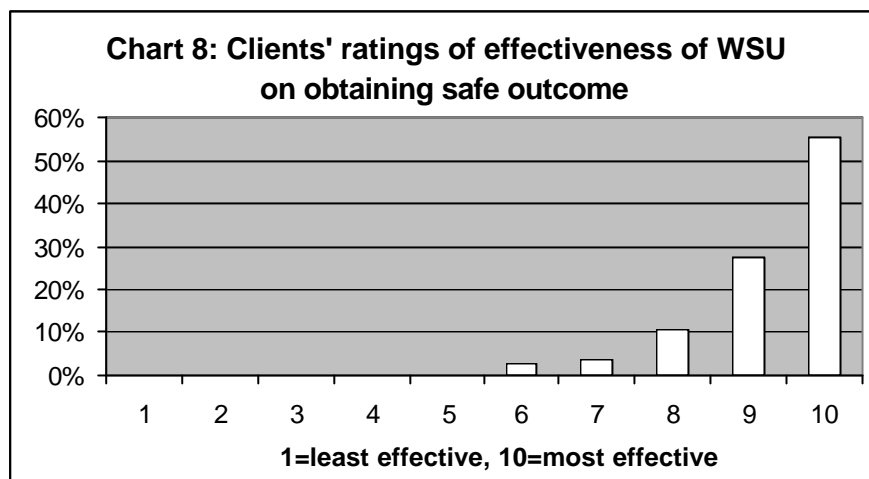
Notes:

N=120 WSU clients reporting. All percentages listed are valid.

These questions were completed in the presence of a WSU staff member in two-thirds of cases.

Client responses did not differ significantly ($p < .05$) depending on whether WSU staff were present.

All of the women agreed or strongly agreed with the idea that meeting with the WSU would result in a reduction in the violence in their lives (see Chart 8, next page). The average woman rated the WSU a 9 out of 10 in terms of being effective at obtaining a safe outcome. This is particularly noteworthy because the women not only feel satisfied with the service they received, but also believe that that service will actually produce **a positive difference in their lives**. This is different from what domestic violence victims say about other service providers (e.g., police), where they might be satisfied but do not necessarily think that the service will produce measurable change in their lives.



Comments from the victims further demonstrate their extremely positive impressions of the WSU. In fact, it was difficult for most women to think of any ways the WSU had not been able to help them, as the comments below illustrate.

- C Get husband help.
- C Legal advice.
- C It would be good if they could get help for him.

These concerns are likely to be addressed with new initiatives currently being developed in Cardiff (see next section). When asked how the WSU could improve their service, most women wanted 'more of the same' in terms of expanded hours, locations, staff, etc. For example:

- C More time available to continue helping their clients.
- C Be open 24-hours and have a branch in Caerphilly.
- C There should be more of them.
- C More staff.
- C Nicer building.
- C I feel they should be the only people dealing with my case. It is humiliating having to tell your story over and over to different people.

Finally, general comments from the women about their experiences with the WSU further demonstrate the good feelings they have about the WSU:

- C Thank you for keeping me sane as he has made me feel like I was losing it completely.
- C Thank you for helping me realise how at risk I was. I was afraid he would kill my children and me. I hope he gets help and keeps his job. He has been under a lot of stress at work.
- C I would like other organisations to take me seriously like the WSU has.
- C WSU have been very helpful with all my needs and concerns.
- C I know that my partner knows the WSU are involved and people are aware of what he is doing to my children and me and that he can no longer get away with it.
- C Warm, friendly confidential setting.
- C They are friendly and relaxed you can tell them your experience and they don't judge you.
- C It's a shame that there was somewhere like the unit years ago when my mum was a battered wife.
- C All the staff have been very helpful and have always been there for me.
- C When I received a call from the WSU I found it comforting that I was not alone, and where the WSU couldn't help they put me onto the right track.
- C Thank you so much, I didn't know where to start. But with the help of the police and WSU staff I feel you understand and will not hurt him but help us both.

These findings evidence the extremely positive impact that the WSU makes on the lives of many people living in the Cardiff area. The WSU provides support, advocacy, safety advice and counselling, and referrals to other agencies. But most of all it is the personal contact, non-judgmental attitude and friendly, safe environment that means the most to victims and their children.

4. Conclusions and Recommendations

Evidence of WSU Effectiveness

Data analysed in this report provide several indications of the positive impact made by the WSU. First, to date more than 3228 women and their 4085 children in the Cardiff area received (at least) one phone call offering support and advocacy from the WSU. Most of these women were the recipients of one-to-one sessions with trained staff that included advice, support, counselling, referrals, and criminal justice advocacy. Many women received multiple sessions and continue to receive **on-going support** from the WSU.

Analyses of police data show that many positive trends are observable. For example, the number of women experiencing **repeat victimisation is decreasing**. The number of victims refusing to make complaints is declining. The number of concern for children reports submitted by police officers is increasing. Furthermore, most women have been satisfied with how the police have responded to their cases.

Women coming to the WSU are most concerned with **achieving safety** for themselves and their children. Nearly all have told friends and family members about the abuse occurring in their intimate relationships and have sought help from outside agencies such as the WSU. Their overwhelming priority is to be safe, and they feel this is most likely to be achieved by providing perpetrators with some kind of treatment (e.g., counselling, alcohol/drug treatment, etc.) and/or by ending the relationship. These findings are consistent with other research which suggests that women might come into contact with the criminal justice system for reasons other than having their partner simply punished (Cook, Burton, Robinson, & Vallely, 2004; Cretny & Davis, 1997; Ford, 1991; Robinson, 2003; Robinson & Cook, 2004). Furthermore most women coming to the WSU have tried or are planning to end the relationship. As Barnish (2004) noted "Women are likely to be boosted to take decisive action to terminate the relationship when external validation is available" (p. 60). As indicated by comments from the women, the WSU provides that source of external validation. As one said, "[The WSU] gave me the strength to leave my partner."

The evaluation of the WSU by the women themselves is perhaps the most important indicator of effectiveness. In all areas surveyed the WSU received extremely high marks. Not only did they provide extremely practical advocacy and referrals to women, but they also provided a safe area where women and their children could be supported and comforted during a difficult time. As one woman summed up, "It was good to talk to someone who understood." It is apparent that since its inception, **the WSU has made a positive impact on the lives of many women and children** living in the Cardiff area.

It is important to recognize that producing these positive changes has been very **cost-effective** as well. In comparison to the £125 that each household in Cardiff would have to pay annually for the costs of domestic violence, operating the WSU costs each household less than £2 each year. Many people working in the WSU as well as many other statutory and voluntary agencies are working tirelessly to produce the observable changes described in this report. They should feel proud that their commitment to providing a coordinated community response to victims of domestic violence is 'paying off'.

Continued Expansion of WSU Service

During the three years that the WSU has been operating in the Cardiff area, it has been instrumental in the development of other types of innovative responses to domestic violence victims. As mentioned previously, there is now a **specialist domestic violent court** operating in Cardiff, with fast-track procedures available in both Magistrates' and Crown Courts (see Cook, Burton, Robinson & Vallely, 2004). The WSU liaises closely with the Crown Prosecution Service in all cases where a criminal charge has been laid, and provides advocacy to all victims who decide to participate in the criminal prosecution of their partners.

Another recent innovation in Cardiff is the **Multi-Agency Risk Assessment Conferences** (MARACs) for very high-risk victims of domestic violence. The WSU plays a vital role in these fortnightly safety planning sessions by providing timely information from the victim's perspective and a safe place to contact and assist victims and their children (see Robinson, 2004).

In the last few weeks the WSU has expanded its service to include providing **advocacy for male victims** of domestic violence. The men's project was officially launched on 4th January 2005 and is designed to provide assistance and advice to both gay and straight male victims of domestic violence. However it has

been supporting men since October 2004, and to date has accepted 48 referrals (the majority are heterosexual men). This expansion of service provides help to another 'hidden populations' of victims, as recommended in the last WSU evaluation report.

Other recent developments include funding for a **seconded nurse** to liaise with the WSU. The nurse will be based in a local A+E unit and will refer incoming patients who are victims of domestic violence directly to the WSU. This will be very beneficial in tackling the 'hidden' figure of crime that goes unreported to police or other criminal justice agencies. It also helps to address the deficiencies in reporting by health practitioners as described in this evaluation. Routine enquiry about domestic violence in health care settings is the overarching goal, and midwives and health visitors are set to assist with this across Wales in 2005.

Recommendations for Further Improvement

As this evaluation makes clear, **health care settings** are an important place where women should feel safe disclosing domestic violence. Many women evidently report to A+E or their GPs with injuries or other problems stemming from experiencing physical, sexual or emotional abuse from their current or former partners, yet only a small percentage of these women are actually asked about domestic violence. As detailed above, while some progress is being made to improve the reporting of responding to domestic violence by health care providers, more work needs to be done to more fully close these gaps. As we know, not all women experiencing domestic violence go to the police for help, and therefore other agencies in the community must take responsibility for helping women access available support services like the WSU. It is therefore recommended that further training and protocols are developed to get all health care professionals to routinely enquire about domestic violence and to refer victims to the appropriate agencies as necessary.

Given their extremely important role as the first point of contact for many women and their children experiencing domestic violence, **the police response** is important to continually monitor and improve. While the SWP and Cardiff BCU in particular have developed many innovative procedures for improving the service they provide to victims of domestic violence, and should be highly commended for these efforts, it is apparent that more training on issues relating to domestic violence would be beneficial. Centrex has an accredited program but it is not currently a training priority as it has only been given to custody officers. It is therefore recommended that training on domestic violence be prioritized on the training agenda.

The **Integrated Domestic Abuse Programme** (IDAP)¹⁰ for perpetrators of domestic violence soon will be rolled out across Wales. In Cardiff it is expected that implementation will occur during September 2005. As the results of this evaluation and much other research makes clear, many women often want their partners to receive treatment. Some may even prefer a treatment-oriented response over punishment from the criminal justice system. This development means that treatment will be much more readily available to perpetrators in the near future, thus fulfilling the expectations and desires of many women experiencing domestic violence in Cardiff. It is recommended that an evaluation of this program incorporates the viewpoints of victims given that they and their children are often most impacted by the success or failure of perpetrator programmes.¹¹

Finally, improving what is known as the '**civil/criminal interface**' would be another way to improve the services provided to victims of domestic violence living in Cardiff. A recent application has been made for funding to provide **in-house civil legal services** at the WSU. This would take the form of a full-time qualified Solicitor to run civil cases from the WSU and to provide WSU clients with advice on pertinent civil issues such as divorce and child custody matters. Providing this service would help to make civil justice more accessible to poor and ethnic minority women. A part-time black or ethnic minority caseworker would maximize the use of the service to hard-to-reach groups. The Legal Services Commission will make a funding decision in 2005. Lifting the means testing barrier for this pilot will need to be examined. Most women referred to the WSU would benefit from civil legal advice and therefore it is recommended that this pilot program is funded to provide women with more holistic service provision.

¹⁰ More information can be found at <http://www.crimereduction.gov.uk/domesticviolence43.htm>.

¹¹ Another aspect of this development worth mentioning is the potential for the court (e.g., magistrates or judges) to take a lead role in the monitoring of offenders. Judicial monitoring combined with perpetrator programmes is being evaluated in the US, and initial results indicate that this approach is more effective than perpetrator programmes alone (e.g., an evaluation of the Bronx, New York Criminal Domestic Violence Court will be published in July 2005).

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**From this perpetrator, have you ever experienced Sexual Abuse or Violence? ? Yes
? No**

If yes, duration of abuse _____ months _____ years

**If yes, frequency of abuse is
? constant ? daily ? weekly ? monthly ? other: _____**

**If yes, feels pattern of abuse escalating
? in severity ? in duration ? in frequency**

Comments: _____

**From this perpetrator, have you ever experienced Emotional/Mental Abuse? ? Yes
? No**

If yes, duration of abuse _____ months _____ years

**If yes, frequency of abuse is
? constant ? daily ? weekly ? monthly ? other: _____**

**If yes, feels pattern of abuse escalating
? in severity ? in duration ? in frequency**

Comments: _____

**From this perpetrator, have you ever experienced Financial Problems? ? Yes
? No**

If yes, please describe the type of financial problems: _____

If yes, duration of abuse _____ months _____ years

**If yes, frequency of abuse is
? constant ? daily ? weekly ? monthly ? other: _____**

**If yes, feels pattern of abuse escalating
? in severity ? in duration ? in frequency**

Comments: _____

Client's perception of the current situation: (Tick one box for each statement)

	Agree	Disagree	Unsure
I feel I may be injured by the perpetrator			
I feel I may be killed by the perpetrator			
I feel unable to cope with the abuse			
I want to end the relationship			
I have tried to end the relationship			
I have told my family and/or friends about the abuse			
I have sought outside help for the abuse (police, counselling, etc.)			
I feel protective of the perpetrator			
I feel isolated from help			
I am worried that my kids might be hurt (? Not applicable)			

LIFETIME HISTORY OF ABUSE

This section gathers information about the most recent abusive incident that the client has experienced. The goal of this section is to gather detailed information about the types of abuse experienced during the most recent incident as well as that previously experienced in the client's lifetime.

The first part is about physical abuse, injuries, and treatment received. The second part is about mental abuse, mental health outcomes, and treatment received.

VIOLENCE ASSESSMENT INDEX (Tick all that apply)

Current	Ever	
?	?	Punched or kicked the walls or furniture
?	?	Broke your glasses or tore your clothing
?	?	Tie you up or restrain you from moving or leaving
?	?	Forced you to do something against your will (specify: _____)
?	?	Pushed or shove you
?	?	Grabbed you
?	?	Held his hand over your mouth
?	?	Twisted your arm
?	?	Slapped you with an open hand (specify where on body: _____)
?	?	Dragged you or pulled you by your hair
?	?	Bit you (specify where on body: _____)

- | | | |
|---|---|--|
| ? | ? | Hit you with a fist
(specify where on body: _____) |
| ? | ? | Kicked you
(specify where on body: _____) |
| ? | ? | Kicked or punched you in the stomach when pregnant |
| ? | ? | Burned you (specify with what: _____
and where on body _____) |
| ? | ? | Threw something at you |
| ? | ? | Aside from throwing something, did he hit you with object
(specify object: _____) |
| ? | ? | Tried to hit you with an object |
| ? | ? | Drove recklessly to scare or hurt you |
| ? | ? | Tried to choke or strangle you |
| ? | ? | Tried to smother or drown you |
| ? | ? | Forced sexual activity against your will |
| ? | ? | Made to engage in sex acts that make you uncomfortable |
| ? | ? | Threatened you with an object or weapon
(specify : _____) |
| ? | ? | Hurt you with a weapon (specify: _____) |
| ? | ? | Threatened to kill you |
| ? | ? | Hit or otherwise hurt the kids |
| ? | ? | Any other actions not mentioned
specify: _____) |

INJURY ASSESSMENT INDEX (Tick all injuries resulting from physical abuse)

Current	Ever	
?	?	Cuts on face
?	?	Bruises on face
?	?	Cuts on arms/legs
?	?	Bruises on arms/legs
?	?	Cuts anywhere on body
?	?	Bruises anywhere on body
?	?	Soreness without bruises
?	?	Burns anywhere
?	?	Rug burns anywhere
?	?	Loose, broken, or lost teeth
?	?	Split lip
?	?	Lost hair
?	?	Bite wounds
?	?	Black eye(s)
?	?	Fractured bones
?	?	Broken ribs
?	?	Broken nose, jaw, or cheekbone
?	?	Broken arm or leg
?	?	Sickness or vomiting
?	?	Internal injuries
?	?	Strains or sprains
?	?	Dislocated joints
?	?	Blackout or unconsciousness
?	?	Concussion or other head injury
?	?	Pregnancy complications
?	?	Miscarriage

- | | | |
|---|---|--|
| ? | ? | Any injuries from sexual activity |
| ? | ? | Wound from weapon |
| ? | ? | Permanent scarring |
| ? | ? | Digestive problems (IBS, reflux, etc.) |
| ? | ? | Any other injuries not mentioned
(specify: _____) |

VIOLENCE TREATMENT INDEX (Tick all that apply as a result of injuries)

- | Current | Ever | |
|---------|------|--|
| ? | ? | Has missed work (specify #days: _____) |
| ? | ? | Has lost job (specify #times: _____) |
| ? | ? | Has gone to A&E (specify #times: _____) |
| ? | ? | Has had A&E staff ask about abuse |
| ? | ? | Has been hospitalized (specify #times: _____) |
| ? | ? | Has seen GP (specify #times: _____) |
| ? | ? | Has had GP ask about abuse |
| ? | ? | Has spent money on medicine/treatment (specify £_____) |

****The next section is about psychological or mental abuse that you may have experienced from your current partner or from a previous partner.**

MENTAL ABUSE INDEX (Tick all that apply)

- | Current | Ever | |
|---------|------|---|
| ? | ? | Shouted and screamed at you |
| ? | ? | Swore at you or called you names |
| ? | ? | Ignored or made light of your feelings |
| ? | ? | Ridiculed or criticised you in public |
| ? | ? | Criticised your family or friends to you |
| ? | ? | Harassed your family or friends in some way |
| ? | ? | Discouraged your contact with family or friends |
| ? | ? | Threatened to hurt your family or friends |
| ? | ? | Threatened to hurt the kids |
| ? | ? | Shouted at the kids |
| ? | ? | Tried to humiliate you |
| ? | ? | Broken or destroyed something important to you |
| ? | ? | Abused or threatened to hurt pets |
| ? | ? | Punished or deprived children |
| ? | ? | Threatened to take children away from you |
| ? | ? | Left you somewhere with no way to get home |
| ? | ? | Threatened to end the relationship |
| ? | ? | Tried to force you to leave your home |
| ? | ? | Threatened to commit suicide |
| ? | ? | Questioned you about your activities |
| ? | ? | Tried to provoke an argument |
| ? | ? | Deliberately keep you short of money |
| ? | ? | Made you feel pressured to have sex |
| ? | ? | Made to feel bad (used, dirty, uncomfortable) about sex |
| ? | ? | Had sex to placate or appease him (out of fear) |
| ? | ? | Compares you to other women |

- ? ? Point at you
- ? ? Nag you
- ? ? Any other abuse not mentioned
(specify: _____)

MENTAL HEALTH ASSESSMENT INDEX (Tick all that apply as result of abuse)

- | Current | Ever | |
|---------|------|------------------------------------|
| ? ? | ? ? | Alcohol misuse |
| ? ? | ? ? | Drug misuse (specify drug: _____) |
| ? ? | ? ? | Depression |
| ? ? | ? ? | Anxiety |
| ? ? | ? ? | Paranoia |
| ? ? | ? ? | Panic attacks |
| ? ? | ? ? | Sleeping disorder (specify: _____) |
| ? ? | ? ? | Agrophobia |
| ? ? | ? ? | Suicidal thoughts |
| ? ? | ? ? | Homicidal thoughts |
| ? ? | ? ? | Other (specify: _____) |

MENTAL TREATMENT INDEX (Tick all that apply as a result of mental health issues)

- | Current | Ever | |
|---------|------|---|
| ? ? | ? ? | Has missed work (specify #days: _____) |
| ? ? | ? ? | Has lost job (specify #times: _____) |
| ? ? | ? ? | Has gone to A&E (specify #times: _____) |
| ? ? | ? ? | Has had A&E staff ask about abuse |
| ? ? | ? ? | Has been hospitalized (specify #times: _____) |
| ? ? | ? ? | Has seen GP (specify #times: _____) |
| ? ? | ? ? | Has had GP ask about abuse |
| ? ? | ? ? | Has spent money on medicine/counseling (specify £_____) |

CHILDHOOD EXPERIENCES

You may choose not to ask these questions as they are particularly sensitive.

Has the client experienced any of the following:

- | | | | |
|---------------------------------------|-------|------|--------------|
| Physical violence as a child | ? Yes | ? No | ? Don't know |
| Witnessing parents' domestic violence | ? Yes | ? No | ? Don't know |
| Sexual abuse as a child | ? Yes | ? No | ? Don't know |
| Sexual abuse as a young adult | ? Yes | ? No | ? Don't know |

Any additional comments about client's history of abuse: _____

PERPETRATOR'S CRIMINAL HISTORY

Prior history of domestic violence with client?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
If yes, Arrests	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Convictions	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Custodial sentences	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Prior history of domestic violence with other women?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
If yes, Arrests	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Convictions	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Custodial sentences	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Prior history of other violent offences?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
If yes, Arrests	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Convictions	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Custodial sentences	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Prior history of drug offences?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
If yes, Arrests	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Convictions	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Custodial sentences	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Prior history of property offences?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
If yes, Arrests	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Convictions	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know
Custodial sentences	<input type="checkbox"/>	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	don't know

CLIENT'S PERCEPTIONS OF POLICE SERVICE

How satisfied were you with how the police handled your situation?

Very satisfied

Satisfied

Neutral/don't know

Dissatisfied

Very dissatisfied

What did you want the police to do for you at the incident? (Tick all that apply)

Arrest the perpetrator

Make the perpetrator leave

Try to reconcile you and the perpetrator

Provide you with information and/or referrals

Comfort you

I did not want the police involved

Other: _____

Have you contacted police previously for a similar problem?

Yes

No

Unsure

Would you call the police again if you needed help for this problem? Yes
 No
 Unsure

What do you want to result from this incident? (Tick all that apply)

- Custodial sentence for the perpetrator
- Perpetrator put on probation
- Perpetrator made to pay a fine
- Treatment for alcohol/drugs for the perpetrator
- Anger management/counseling for the perpetrator
- Counseling for myself
- Couples therapy for you both
- For the relationship to continue without the violence
- For the relationship to be over
- To be safe
- I don't know what I want to happen
- Other: _____

REFERRAL INFORMATION

Has the client been referred by the WSU to another agency? Yes No

If yes, tick all that apply:

- Police (Beat) Police (DVU)
- CPS Probation
- BAWSO Women's Aid
- Social Services Victim Support
- Rape Crisis Counselling
- NHS Direct Hospital
- GP Health Visitor
- Midwife
- NSPCC (kids programme)
- NSPCC (perpetrator programme)
- Housing Home Safe
- Sure Start/Home Start
- School
- Other (specify: _____)

Services Offered to Client

Was client offered:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| safety advice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| advocacy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| counselling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| survivors' forum | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| to seek medical treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CASE INFORMATION AND OUTCOMES

Date of First Offence (dd/mm/yy): _____ / _____ / _____

Date of First Referral to WSU (dd/mm/yy): _____ / _____ / _____

Police Referral # _____

CPS File Reference # _____

Date of Court Appearance(s) (dd/mm/yy):
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

Victim attended court when applicable Yes No

Case Result:

- ? Case Discontinued (Victim Retracted)
- ? Case Discontinued (Other Reason)
- ? Guilty plea
(specify offence(s): _____)
- ? Guilty after trial
(specify offence(s): _____)
- ? Bound over
(specify offence(s): _____)
- ? Not guilty after trial

Sentence:

- ? Not applicable
- ? Conditional discharge
- ? Bind over (specify £ _____ over _____ months)
- ? Fine (specify £ _____)
- ? Custody (specify _____)
- ? Community punishment order
- ? Community rehabilitation order

Any other information about the criminal justice response to this case:

CLIENT'S PERCEPTIONS OF WSU SERVICE

Please tick whether this section was completed with the help of or in front of WSU staff. ?yes ?no

The goal of this section is to understand in what ways the WSU provides helpful service to women, and in what ways WSU can improve its service to women. Your honest responses to these questions will enable us to more effectively help women.

Overall, how helpful do you find the services provided by the WSU?

- ? Very helpful
- ? Helpful
- ? Neutral/don't know
- ? Unhelpful
- ? Very unhelpful

In what ways has the WSU helped you?

In what ways has the WSU NOT been able to help you?

Do you have any ideas about how the WSU could improve their service to women?

Appendix B: What Health Care Providers Should Know about the Spectrum of Victimization

Reprinted from S. L. Hamby (2004). The spectrum of victimization and the implications for health. In K. Kendall-Tackett (Ed.), *Health Consequences of Abuse in the Family* (pp. 7-27). Washington DC: American Psychological Association.

- The spectrum of family victimization includes partner violence, child abuse and neglect, elder abuse and sexual assault. It also includes less recognized forms such as sibling assault and assault of family members with disabilities.
- There is a significant degree of overlap among child abuse, partner violence, and sexual assault in the same home, with most estimates ranging from 24% to 60%. Multiple forms of abuse should not be assumed, however.
- Health care settings as diverse as emergency departments, primary-care practices, gastroenterology departments, paediatric clinics, radiology departments, surgery centres, and obstetrical care clinics all see high numbers of family violence victims.
- Mandatory reporting obligations for child abuse, elder abuse, and partner violence should be disclosed early in any clinical interview. Providers should be familiar with the laws and know which categories of victims require mandatory reporting.
- Vulnerable family members need privacy and protection from the perpetrator during the initial screening and subsequent interviews. Adult patients should be allowed to designate what medical information will be disclosed and to whom it will be disclosed.
- Assessments should inquire about all major forms of family violence, not just one or two. Systematic screenings yield much more disclosures than informal reports.
- There may be more than one victim in a household.
- There may be victims who are unknown to your patient.
- Participation on a coordinated community response team is the best-established method of interagency communication and has been shown to improve services to victims.
- Documentation of contacts with victims of violence are often subpoenaed for criminal cases and for civil cases, including those pertaining to custody of children, divorce, and competency or power of attorney. Records can also be needed to qualify for exemptions to welfare rules.
- Mental health documentation should follow the patient's report closely, emphasize behavioural descriptions, and avoid victim blaming.
- Many patients, especially adult victims of childhood abuse, may wish to protect their privacy as much as provide documentation of the victimisation. It is important to be sensitive to patients' wishes for privacy and not to provide access to mental health notes to more providers than is absolutely necessary.
- Family violence has many dynamics that are common across all forms of violence. These include perpetrator power that arises out of the family role the perpetrator holds, easy access to family victims, and betrayal of family trust.
- Children and adults with cognitive impairment may lack the legal standing or cognitive skills needed to assist in protecting themselves from violence.
- Parents of minor age children may be more vulnerable to violence because they fear losing custody of their children.
- Witnessing/indirect victimisation is another way that trauma affects entire families. Two of the most important forms are witnessing domestic violence and secondary trauma that affects family members of people who have suffered through war or oppression.

- Increased medical utilisation, traumatic injury, death, chronic pain, and gastrointestinal disorders have been documented in survivors of many forms of family violence.
- Sexual assault victims may experience unique sequelae, including pregnancy, sexually transmitted diseases, subsequent fear of sex, arousal dysfunction and decreased sexual interest.
- Abused pregnant women are at risk for a variety of adverse effects on fetuses and may have limited access to prenatal care.
- Neglected and abused children may experience impaired brain development through the effects of stress or malnutrition. Neglected children are at risk for academic underachievement that may have lasting consequences.
- Family violence is one of the most common problems confronted by adults and children alike; it is more common than psychotic symptoms, suicidal ideation, or a variety of other issues for which mental health professionals more routinely screen in psychological assessments. A basic knowledge about the spectrum of family violence is an important and efficient tool for providing better quality health care.