

Crime Reduction Programme

**Reducing Violence
Against Women Initiative**

**Guidance for Agencies:
Collecting and Managing Data**

Produced for the Home Office Policing & Reducing Crime Unit by Ascolto Ltd

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Contents

	Page
Purpose of this document and how to use the guidance	1-3
Background	1
Evaluation	1
Baseline data	2
Using this guidance	3
Self-assessment diagnostic tool	4-14
Individual agency measures	5
Multi-agency measures	6
Referrals of domestic violence / rape and sexual assault	7
Victims	8
Children	10
Repeat victimisation	11
Perpetrators	11
Legal process	13
Consultation and surveys	14
Obtaining and managing data	15-27
Multi-agency approach	15
Case studies	18
Example 1: Using early photographic evidence	18
Example 2: Accident and emergency department	20
Example 3: Outreach and advocacy service	25
Tips and pitfalls	28-29
Questions about using the guidance	30-31
Further Reading	32

Purpose of this document and how to use the guidance

Background

The Reducing Violence against Women Initiative is part of the £250m Crime Reduction Programme (CRP) announced by the Home Secretary in July 1998. The initiative aims to reduce violence against women by targeting two types of violence experienced by women: **domestic violence** and **rape and sexual assault by known perpetrators**. The CRP intends to fund 10-15 projects to reduce domestic violence and 5-10 projects to reduce rape and sexual assault by known perpetrators. The programme will analyse the input, output and outcome measures used by initiatives to evaluate and make comparisons between interventions. The approaches with the greatest impact on reducing these types of crime will be identified by the programme and good practice will be shared on a national basis.

The extent and nature of violence against women needs to be measured so that accurate assessments can be made about the prevalence and incidence of the problem and its impact and costs. Studies however show that few of the agencies involved in dealing with violence against women collect a range of data about the work they are undertaking. Some studies estimate that only 9%¹ - 25%² of the agencies involved in carrying out work related to domestic violence collect data. Quantifiable data is needed to analyse both the extent of the problem and the best ways to allocate resources to reduce violence.

In order to reduce violence against women, agencies need to create common systems of measurement that can be used to generate baseline data against which the impact of interventions can then be measured and the related costs calculated. The CRP requires that **all bidders should have in place, or propose a clear plan to put in place**, the necessary infrastructure to ensure that projects are both deliverable, and likely to make a real and demonstrative impact on domestic violence/rape and sexual assault. The necessary infrastructure includes the **commitment of all relevant agencies involved**, and a **data analysis system** which provides a good understanding of the extent and nature of the problem for the community specified in the bid, and allows the impact of the project to be monitored and assessed. The exact funding criteria are set out in detail in the prospectus.

Bidders that **lack the required data analysis systems and partnership arrangements** can apply for two stages of funding; the first stage for infrastructure development and the second stage for strategy implementation. Once projects have been selected, the Home Office will independently commission **project developers** who will provide professional advice and support to projects. They will help projects establish or improve data systems, and will facilitate the relationship between the agencies, Home Office and evaluation throughout the project's duration.

Evaluation

Central to the programme to reduce violence against women is the evaluation of the impact and cost-effectiveness of interventions. The evaluation will seek to establish the true cost of the intervention, whether the outcomes achieved justify the investment of

¹ Stanko, E., Crisp, D., Hale, C. & Lucraft, L. (1998) Counting the Costs: estimating the impact of domestic violence in the London Borough of Hackney. Bristol: Crime Concern.

² Middlesborough Domestic Violence Task Group (1999) A study of and Responses to Domestic Violence within Middlesborough Crime and Disorder Act Multi-Agency Report.

resources, and what options might exist for the more cost-effective achievement of outcomes. Although the evaluation will be undertaken by independent evaluation teams commissioned and funded by the Home Office, the evaluation will draw upon the data that agencies themselves are collecting.

From the reviews of the research carried out to support the CRP however, it is clear that most agencies are not collecting the data that would be required for the evaluation to take place. For example, there is a lack of information about number of referrals, the interventions used and the cost of those interventions. Interventions can only be robustly evaluated where baseline data exists for analysis and comparisons to be made. The development phase of the CRP, with appointed project developers, will assist agencies in developing their data collection methods and processes if necessary. This will ensure baseline data is available for analysis and comparison by the independent evaluation teams whether this is a comparison of measures pre/post intervention or with a control group where the intervention has not been put in place.

Baseline data

This guidance seeks to assist agencies in developing a data infrastructure whereby current activities can be measured and interventions can be reliably evaluated for impact and cost-effectiveness.

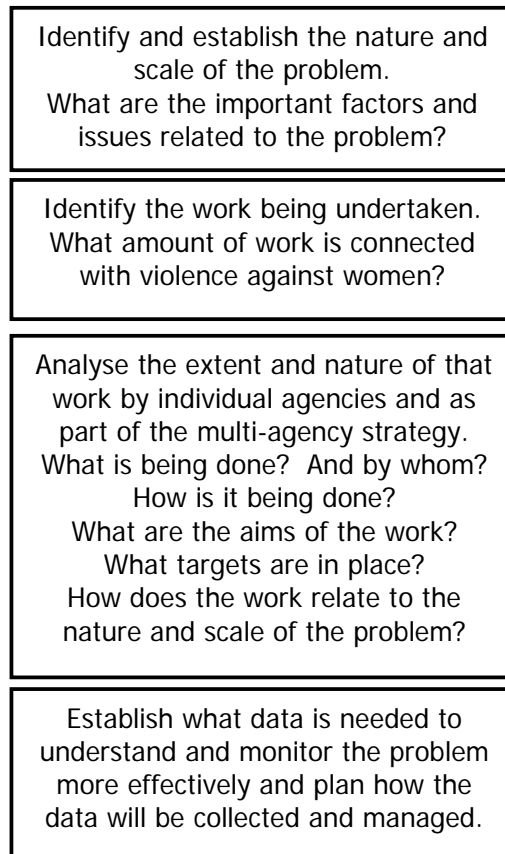
As there are a number of agencies involved in dealing with violence against women, the effect of a change in one agency often impacts on other agencies. For example, an intervention implemented in one agency can have a positive effect in another agency without that agency being directly involved in the implementation of the intervention. Agencies need to be able to assess the impact that changes in other agencies have on the work they are carrying out. Without comprehensive baseline data collection and data sharing across agencies that is not possible.

By using this guidance, individual agencies and agencies as part of a multi-agency approach should be able to examine the existing data collection methods and processes they have in place for monitoring activities and the costs incurred. Agencies will also identify additional data that they may need to acquire and manage, which will enable the more accurate analysis of their work and initiatives. The collection of baseline data should be used to inform strategic decision making about the best way to invest scarce resources in preventing and reducing domestic violence / rape and sexual assault. It allows for:

- strategies to be developed;
- relevant targets to be set; and
- work to be monitored and evaluated.

Agencies will then be in a position to describe the ways in which they have planned, managed and spent their resources.

This diagram shows the key areas that agencies and multi-agency partnerships or forums may need to examine and identify when planning their approach to managing domestic violence / rape and sexual assault.



Using this guidance

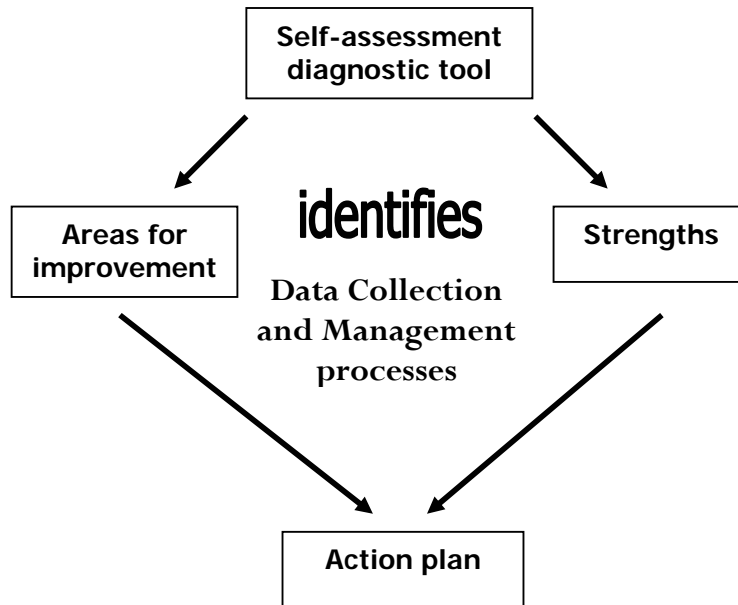
This guidance was primarily prepared to assist organisations, domestic violence forums, multi-agency partnerships and local crime and disorder partnerships in identifying the data they will require to submit applications to participate in the reducing violence against women initiative. For this purpose it should be used in conjunction with the prospectus and invitation to bid. The guidance should raise your awareness of whether your data collection processes meet the criteria for set out in the documentation and how the data will be used to evaluate the proposed intervention.

It was also prepared with other agencies in mind, that may not be intending to bid, but are seeking to improve their data collection and management processes. It therefore aims to assist agencies wishing to analyse the work they are doing, to measure proposed change and to evaluate interventions in the area of domestic violence / rape and sexual assault.

The guidance includes a self-assessment diagnostic section, which agencies can use to assess their current data collection methods. Linked to this assessment is information about how to obtain and manage data that draws on practical case study examples. There is also an action plan for completion.

Self-assessment diagnostic tool

This section is designed to assist you in identifying your **strengths** and the **areas for improvement** in your data collection processes and methods. This information can then be used to draw up an **action plan**.



The range of questions listed covers most situations and types of work that various agencies are involved in undertaking. However, it is **not exhaustive**. It should prompt further thought about the types of data that you could be collecting to analyse the work you are doing and the impact it is having on reducing violence against women. Some questions will be more relevant than others to the work and interventions you are seeking to analyse and know more about. It will assist you to identify the data collection gaps in your agency and those of the multi-agency forum. There may be some data that the multi-agency forum requires which is not being currently collected by any agency within it.

Some of the questions **will not be applicable to your own individual agency** but maybe relevant to the multi-agency forum as a whole. You may not have to directly collect the full range of data listed yourself but where you need access to such data, you do need to ensure that other lead agencies are collecting it and that it is readily available and communicable for your use. This will involve discussion, negotiation and agreements and formal protocols with the other agencies involved.

Please read through the list and complete all the questions that are relevant. Add comments and detail where you consider this is appropriate, as the information you provide here will assist you in identifying the areas you need to include in your action plan.

Individual agency measures

Individual agencies should be able to quantify and measure the services they are providing. The following questions identify some data measures that individual agencies should be collecting. In deciding which data to collect and how to collect it, consideration needs to be given to how other agencies as part of a multi-agency forum are collecting similar data. The data should be compatible with the data collection processes of other agencies to allow data sharing and for comparisons to be made.

What is your total annual budget?	
Do you record all your operating costs in categories?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes; What are your annual staffing costs? What are your annual premises and equipment costs? What are your annual running costs, e.g. telephone, stationery? What are the annual costs of staff/volunteer training?	

A case is usually defined as a report or a referral. Some agencies will measure their caseload by the number of times violence is reported. Therefore where one woman has on several occasions reported violence each report is classed as a case. However, other agencies will measure their caseload differently, so where a woman has on several occasions reported violence these reports will all be counted as one case.

How do you measure your overall caseload, e.g. report, referral, women, family?	
How does this compare with the measurements used by other agencies?	
What is your total annual caseload?	

For many agencies domestic violence / rape and sexual assault cases form only a part of their overall work. It is important that these agencies measure the number of their cases that are domestic violence / rape and sexual assault related. In some cases domestic violence / rape and sexual assault maybe the major reason the agency has become involved yet for other cases it may be a minor issue within the case. Some agencies may find it helpful to measure the part domestic violence / rape and sexual assault has in cases to estimate more accurately the work of their agency and the related costs.

What number and proportion of your cases annually are domestic violence / rape and sexual assault related?	
Do you grade the extent to which domestic violence / rape and sexual assault is involved in the case, e.g. main factor or minor factor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the average cost for a domestic violence / rape and sexual assault case? (<u>Total cost of dealing with the cases</u>) (The number of cases dealt with)	

The following questions are to assist individual agencies to work as part of a multi-agency approach to domestic violence / rape and sexual assault.

Are you involved in a multi-agency forum(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your involvement in the multi-agency forum(s), e.g. attendance at every meeting, receive minutes only?	
Do you designate a representative(s) to attend the forum(s) on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the representative(s) have the authority to make decisions on behalf of the agency at the meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they able to influence the policy of your agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What level of managerial support is there for the multi-agency forum(s)?	
What is the annual cost of your involvement?	
What other agencies are involved in the forum?	

Multi-agency measures

Agencies not only need to consider the data that they are collecting as individual agencies but also how that data contributes to the overall needs of the multi-agency forum. The following questions relate to the data that individual agencies and agencies that are part of a multi-agency forum will need to consider. It can be completed by:

- individual agencies to assess internal data collection and the relation it has to other agencies; or
- by representatives of a multi-agency forum to identify overall the gaps that exist in data collection between agencies.

Referrals of domestic violence / rape and sexual assault

Referrals of domestic violence / rape and sexual assault can originate from a number of different sources. For example, a person may self-refer to an agency for support or the referral may be made by another agency. Although individual agencies may collect this data themselves, the data collected needs to be compatible and available for use by other agencies. Agencies in a multi-agency forum need to be able to identify how referrals are being made to agencies and whether referrals are being counted accurately between the agencies.

A system that can detail and measure referrals will enable all the agencies to monitor and track cases that are being dealt with by more than one agency and to assess the overall costs involved to all the agencies. Knowing how referrals are being dealt with across all agencies should highlight areas for development and improvement. For example, improving the routing of referrals between agencies, assessing the effect that an early response to a referral may have on reducing violence, understanding what services are requested on referral and those that are most often provided and used. The questions on support may elicit a broad response, but they are intended to assist in identifying the way referrals are managed so that services can be developed and improved. Collecting such data may lead to resources being re-focussed on particular services to meet the needs of referrals. Agencies within a multi-agency forum should consider these questions when planning the measures required for the referrals of domestic violence / rape and sexual assault.

What is the annual number of referrals made to agencies?		
What support is asked for?		
What support is provided?		
Can you estimate the cost of the support provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where referrals are made between agencies, are the point of origin of the referral and subsequent referral agencies recorded?		
For example;	Point of origin	Subsequent referrals
• Police		
• Social services		
• General practitioners		
• Health visitors		
• Accident & emergency departments		
• Schools		
• Housing departments		
• Voluntary agencies		
• Women's refuges		
• Rape Crisis		
• Victim Support		
• Employers		

• Solicitors		
• Neighbours, friends, family		
• Other		
Is the time interval from the incident of domestic violence / rape and sexual assault taking place to the referral being received recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the time interval from the referral being received to the response being actioned recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
What system is in place for making referrals to other agencies, e.g. to monitor referrals and to ensure that appropriate support is provided in the most effective way?		
Are referrals made to other agencies monitored and tracked, e.g. for the services provided and the results and outcome?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Victims

The extent to which individual agencies collect data about victims will depend greatly on the nature of the work and services they are providing. The data being collected by agencies should contribute to the overall data on victims that the multi-agency forum collects. Data on victims is central to assessing the effectiveness of initiatives. For example, identifying the factors associated with an increased likelihood of violence taking place would enable interventions to be made at the optimum time to promote the safety of victims.

These questions relate to the data that agencies should be collecting within the multi-agency forum.

What details are collated concerning the victims of domestic violence / rape and sexual assault?	
Detail	Agency(ies) involved
• Gender	
• Age	
• Ethnic group	
• Health	
• Disabilities –(physical and/or mental)	
• Relationship status (to the perpetrator), e.g. married, separated, in a relationship, acquaintance for under 24 hours, acquaintance, friend, etc.	
• Nature and duration of relationship	
• Habitation status (to the perpetrator), e.g.	

living together, separated, not living together etc.	
• Employment status	
• Pregnant	
• Number of children - Living with the victim - Not living with the victim (address where living)	
• Age of the children	
• Schools children attend	
• Any children with disabilities	
• Child protection issues of any children	
• Type of accommodation the victim is living in	
• Facilities at accommodation, e.g. phone	
• Other people resident in the accommodation	
• Type of area/district, e.g. city centre, rural	
• Nature of injury or abuse	
Nature and incidence of previous victimisation	
Is the victim asked about desistance strategies and their relative effectiveness, e.g. what do they do to try and stop the violence or prevent it happening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many victims have made contact with agencies before?	
How many times have they made contact before (on average)?	
What agencies have they made contact with before?	
Over what period of time was the previous contact(s) made?	
What was the time interval(s) between contact(s)?	
What changes are recorded in their needs since their last contact?	
How are the barriers that may exist for victims who are seeking help identified?	
How are the factors that trigger/encourage victims to seek help identified?	

Children

The Home Office defines domestic violence as violence between current or former partners in an intimate relationship, wherever and whenever the violence occurs³. This definition is for statistical purposes. Although other agencies may recognise, and provide for, children, elders and/or flat-shares as direct victims of domestic violence, their numbers, details and information can be recorded in another category 'other' for statistical purposes. This enables data comparability between agencies.

A number of agencies recognise that children can be affected by living in situations of domestic violence. In domestic violence / rape and sexual assault cases where children are in the family, individual agencies should consider the children and ensure that there can:

- speedily identify the needs of the children;
- carry out risk assessments; and
- promote their safety and well-being.

Agencies may need to refer information about children to other agencies for further action, for example, social services. Multi-agency forums need to ensure that comprehensive data is collected by agencies on children so that it can be shared across agencies and used to promote the safety of children.

In dealing with domestic violence / rape and sexual assault what consideration is given to children in the family?	
What provision is made for children in such circumstances?	
What risk assessment is undertaken?	
What cross-referencing is there between domestic violence / rape and sexual assault and child abuse incidents?	
What protocols for referral and information sharing are in place with social services and schools?	
What liaison is there with the Area Child Protection Committees (ACPC's)?	

³ The Home Office defines domestic violence as violence between current or former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional / psychological or financial abuse. This includes violence by men on women and, by women on men and within same sex relationships but does not include other violence in a domestic setting such as child or elder abuse or between siblings or flat sharers.

Repeat victimisation

Repeat victimisation in the area of domestic crime has been shown to be both common and a reliable indicator of future victimisation. Initiatives aimed at reducing repeat victimisation of domestic violence depend on the accurate and systematic collection of data by agencies. For example, agencies being able to identify cases that are at the greatest risk of repeat victimisation and providing appropriate and timely interventions to reduce violence. This involves identifying repeat victims, the nature of the repeat victimisation and detailing the action taken. As the work crosses a number of agencies, to achieve accurate data collection on repeat victimisation and risk, agencies have to work in partnership.

Is the number of repeat victims recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the total number of repeat victims recorded as a proportion of the total number of domestic violence / rape and sexual assault cases?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are repeat victims identified, e.g. individual agency records?	
Is the time lapse between the repeat victimisation recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the total number of domestic violence / rape and sexual assault incidents from the same perpetrator recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the previous history of domestic violence / rape and sexual assault not previously reported to agencies recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the nature and detail of previous incidents of domestic violence / rape and sexual assault not previously reported recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Perpetrators

In reducing domestic violence / rape and sexual assault, multi-agency forums need to consider the data that is being collected on perpetrators as well as that being collected on victims. A number of agencies collect considerable data on perpetrators, for example, the police and probation service. However, for the purposes of monitoring and tracking perpetrators, multi-agency forums need to be able to link this data to other data being collected by other agencies, for example, by refuges and housing departments. The data being collected by these latter agencies is often of importance to provide up to date information for the tracking of perpetrators. It is only by making full use of all the data being collected by agencies that multi-agency forums will be able to strategically track perpetrators and reduce violence.

What details are collated concerning the perpetrators of domestic violence / rape and sexual assault?

Details	Agency(ies)
• Gender	
• Age	
• Ethnic group	
• Disabilities (physical and/or mental)	
• Relationship status to the victim, e.g. married, separated, same sex relationship, acquaintance, friend, family member, etc.	
• Habitation status, e.g. living together, separated, etc.	
• Employment status	
• Number of children - Living with perpetrator - Not living with perpetrator	
• Access perpetrator has to children	
• Age of the children	
• Schools children attend	
• Any children with disabilities	
• Type of accommodation	
• Other people resident in the accommodation	
• Nature of abuse or injury inflicted	
Are the previous convictions of the perpetrator recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can previous convictions involving the same victim be identified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are details of any complaints against the perpetrator that have been withdrawn recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the civil proceedings taken against the perpetrator recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the results of the civil actions recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How is previous offending linked to similar crimes identified, e.g. link between stranger and acquaintance rape, domestic violence / rape and sexual assault, etc.	
How is the nature of previous unreported and/or undetected offending identified and recorded?	
How are the factors that are common features of offending behaviour identified and recorded?	
Is substance abuse by the perpetrator recorded, e.g. alcohol, drugs, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes;	

At the time of the domestic violence / rape and sexual assault?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As long-term substance abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What action is taken where substance abuse is identified?	
Where treatment has been sought, is the action taken by the agency involved recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are perpetrators monitored or tracked, e.g. for outcome of their treatment, accommodation arrangements, etc.	
How is desistance from violence identified and recorded (desistance is where violence between a perpetrator and a specific victim has ceased)?	

Legal process

Multi-agency forums need to consider the outcome of domestic violence / rape and sexual assault cases referred to individual agencies. They need to be in a position to evaluate new initiatives, for example in applying new civil and criminal remedies. This information may be held by a number of people including:

- the police;
- victims;
- outreach workers;
- survivors; and
- the Crown Prosecution Service (CPS).

What number of reports are made to the police?	
What number of reports to the police lead to a complaint being recorded?	
What number of reports to the police are recorded as a crime?	
What number of complaints lead to a case file being submitted to the CPS?	
What number of case files are accepted by the CPS?	
What number of complaints lead to a successful prosecution?	
What number are guilty pleas?	

What number of complaints are withdrawn?	
What are the reasons for withdrawal?	
What use is made of the Protection from Harassment Act 1997?	
What use is made of Section 23(3)(b) of the Criminal Justice Act 1998 (victimless prosecutions)?	
What number of reports are made to legal representatives and not to the police?	
What number of reports are dealt with by civil law remedies?	
What number of civil law remedy options are used (act and section)?	
What witness support for court cases is requested ?	
What witness support for court cases is provided ?	

Consultation and surveys

Consultation is often used as a method to assess and develop the services agencies provide. For example, whether the services meet the needs of victims or if there are gaps in the services being provided. Whilst this section is intended for multi-agency forums, individual agencies may also need to examine the amount of consultation that they undertake and the people they consult.

What consultation do you undertake e.g. surveys to determine the needs of victims and their children, satisfaction with services etc?	
What methods of consultation do you use e.g. informal groups, surveys?	
Who do you consult with?	
How often does the consultation take place?	
What are the costs of the consultation process?	

Obtaining and managing data

The self-assessment diagnostic tool should have provided you with an indication of the current status of your data collection methods and the way you manage your data. You may have also identified the areas that you need to improve. This section will assist you in how you can gather and use the necessary data you may require. The worked examples provide specific examples of the type of data required for thorough analysis of problems and for evaluation of interventions for their impact and cost-effectiveness. The examples used are **fictitious** cases, written to illustrate how data can be used to assess initiatives and reduce violence against women.

Once you have decided what data you wish to collect from within your own agency, you need to decide how to go about collecting the data. In some cases this may be relatively straightforward, for example, estimating running costs, staff costs, telephone costs, stationery, accommodation costs. This data may already be being recorded in some form.

There should be no ambiguity about the type of data you are recording. It should be clearly defined and not open to interpretation. For example, when counting caseload it should be clearly stated whether you are counting the number of times violence is reported or the number of women you are currently working with. In order to ensure the consistent recording of data between agencies written guidance can be helpful and is often essential where data will be recorded by a number of different people. The methods you select for collecting and recording data should be systematic and should include a mechanism for double-checking and for auditing the accuracy of the data.

Your data collection however should not take place in isolation nor without considering the wider needs of other agencies. In order to gain a holistic view of the problem of domestic violence / rape and sexual assault agencies need to be able to work together to collect and share data where appropriate.

Multi-agency approach

A multi-agency approach to data collection has to be built in an agreed framework. The framework should address agreed methods and protocols to collect and share data. Data collection across agencies within a multi-agency forum requires a strategic and structured approach. Consistency between agencies should be achieved by using agreed definitions, for example, of domestic violence and repeat victimisation. A mechanism for ensuring data quality should be in place and data should be cross-referenced between agencies. Data should be entered to a given timescale and made available to other agencies within an agreed time limit.

These questions should assist a multi-agency approach to data collection and follow the same format as the previous section. They should guide multi-agency forums in designing and refining their approach to data collection to ensure that in all agencies it is managed to the best effect to reduce violence against women.

Does the forum work to agreed definitions, e.g. of domestic violence / rape and sexual assault, repeat victimisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the agreed objectives of the forum?	

What type of action plan does the forum have in place, e.g. short-term and long-term plans, a five year strategic plan, projects, etc.	
Does the plan include agreed targets for the reduction of domestic violence / rape and sexual assault?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the forum have an agreed equal opportunities policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the responsibilities and roles of the individual agencies discussed and agreed at the forum?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the policies of the individual agencies discussed and agreed at the forum?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What monitoring and evaluation criteria are in place for the forum?	
Does the forum (or the agencies in the forum) conduct; <ul style="list-style-type: none"> • safety planning assessments; • graded responses; and • outreach work. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Domestic Violence Co-ordinator in place? If yes; What job description, personnel specification and list of responsibilities are there for the post?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How is the work of the multi-agency forum communicated back to the senior managers and practitioners of the agencies involved?	
What agreed protocol is there in place for information sharing between agencies?	
Has every agency signed up to the protocol?	
Is there a system for shared data collection? If Yes; What is the system for shared data collection, e.g. shared database of information on computer? How is the issue of confidentiality dealt with?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Multi-agency collection of consistent and compatible data should provide a more accurate overview of domestic violence / rape and sexual assault. As the following case studies show, the impact of an intervention in one agency will normally have an effect in other agencies. An intervention can only be robustly evaluated if the full impact is assessed and the impact is usually wider than the agency implementing the intervention.

Case studies

Please note that the costings used in these case studies are only estimates for the purposes of illustrating the way data can be used. They are simple, rounded numbers so it can easily be seen how they have been calculated. They are not intended to be representative of true costs.

Example 1: Using early photographic evidence

The police in a county town (C town) have been gathering evidence of the injuries sustained by the victims of domestic violence by taking instant photographs of the victim's injuries promptly after they occur. These photographs are then shown to the perpetrator in the police interview and used as evidence in a subsequent trial. Baseline data on the number and nature of the pleas entered and the costs of prosecutions has been collected for the last two years. The police would now like to assess whether the early photographic evidence gathering has had any impact on the number of guilty pleas. A nearby town (N town) that is demographically similar has not been gathering such evidence in all cases of domestic violence. It is decided that data of the two towns will be examined to assess the impact of the forensic evidence gathering.

The following data for the previous year is collected to make comparisons:

Data	Comparative data	
	Town C	Town N
The number of reports of domestic violence:	10K	7.5K
The number of reports that are recorded as a crime:	4K (40% of the total number of reports)	2K (27% of the total number of reports)
The number of reports that result in early photographic evidence gathering:	3.7K (93% of the crimes recorded)	0
The cost of the early photographic evidence gathering (including equipment and staff time):	£7000	£0
The number of files submitted to the CPS:	3500 (88% of the crimes recorded)	1500 (75% of the crimes recorded)
The number of files that are accepted by the CPS for prosecution:	3000 (86% of the files submitted to the CPS)	1000 (67% of the files submitted to the CPS)
The number of cases that result in a guilty plea:	2300 (77% of files prosecuted)	300 (30% of files prosecuted)
The cost to the CPS and court of the guilty pleas (@£500 per case):	£1.5 million	£150K
The number that result in a trial:	300	600

The cost to the CPS, court, police and victim of these trials (@£100K per case):	£3 million	£6 million

A local refuge that covers both the towns has undertaken some survey work over the last year to assess the impact that guilty pleas have on the victims of domestic violence. The data they gathered was analysed and used by the police. Some of their data is presented below.

Data	Result
Levels of satisfaction and confidence in the police:	Higher levels of satisfaction and confidence in the police were expressed by those victims who had early photographic evidence of their injuries taken. 80% compared with 40%. These high levels of satisfaction and confidence were expressed whether the case result had been a guilty plea or trial.
Willingness to report domestic violence:	Victims are more likely to report domestic violence to the police if the result is likely to be a guilty plea. (95% of victims).

Brief summary of the case study findings

Town C invested £7K to gather early photographic evidence of the injuries women sustained as a result of domestic violence. A comparison was made with town N where the intervention was not in place. Town C had a higher level of domestic violence reports, a higher proportion (40% compared to 27%) being recorded as crimes and a higher proportion (86% compared with 67%) being accepted by the CPS for prosecution. In town C over twice the proportion of cases resulted in a guilty plea and the cost of these guilty pleas was £1 million more than in town N. However, town C had half the number of cases resulting in a trial and the cost was £3 million less than town N.

Victims had higher levels of satisfaction and confidence in the police where the intervention was in place. They were also more willing to report domestic violence where it was more likely that the result would be a guilty plea.

It can be seen that in this case there has been an increase in the number of guilty pleas. The initiative has had an impact on costs and victim satisfaction. However it is not known what impact this initiative had on attrition rates, the incidence of domestic violence and repeat victimisation. It is also not clear what effect it had on other agencies. Further work and analysis is needed to evaluate the possible impact that the initiative has had on these factors.

Example 2: Accident and emergency department

A hospital decided to introduce routine questioning on domestic violence as a cause of injury in the accident and emergency department (A&E).

The hospital manager believed that incidents of domestic violence were not being identified by staff at A&E. Studies reveal that women consistently report that they want to be asked about domestic violence by health professionals and if they are not specifically asked, they do not disclose. As domestic related crimes are more likely to be repeated than any other crime, the manager suspected that women were repeatedly reporting injuries to A&E, which if they had been identified earlier as the result of domestic violence could have been prevented. The following example illustrates the data that could be collected before and after the introduction of routine questioning to assess the impact of the initiative on domestic violence.

The hospital started to retrospectively collect the number of reported injuries they had identified as a result of domestic violence over the last six months. The data collected also identified the number of cases that involved repeat victimisation. They also examined the records to determine whether the injured party had previously attended A&E with an unsubstantiated injury that could have been attributed to a possible domestic violence injury. The implications of having to deal with the additional cases where domestic violence was not identified earlier as the cause of the injuries were examined. They also identified the number of domestic violence cases they had referred to other agencies. They asked the other agencies to supply data about the way in which these cases were dealt with and the costs involved.

The baseline data they collected for the six-month period was:

- The number of reported injuries they had identified as being as a result of domestic violence.
 - **This number was twenty.**
- The number of reports that involved repeat victimisation. In this case, where on more than one occasion domestic violence injuries had been sustained by the same victim.
 - **This number was ten and the number of victims involved was three. Two of the victims had reported domestic violence injuries on four separate occasions and the other victim had reported injuries on two separate occasions.**
- The health care used in the reported injuries they identified as being as a result of domestic violence and the treatment costs.
 - **In summary on five occasions three victims were hospitalised for between two and five days, in total for ten days. The other treatments provided involved X-rays and treatment for minor wounds and bruising. The costs of providing all the treatments were estimated at £20K.**
- The number of times victims had previously attended A&E with an unsubstantiated injury that could have been attributed to a possible domestic violence injury.
 - **It was found that two victims fell into this category and each had attended on three occasions without the injuries being identified as a result of domestic violence. However they had both disclosed their most recent injuries as being the result of domestic violence.**

- The estimated cost of not having identified these injuries as being as a result of domestic violence earlier.
 - **It was estimated that if these injuries had been identified as being as a result of domestic violence at the first report, potentially six further injury reports to the A&E could have been avoided. The estimated costs of dealing with the six reports were £2K.**
- The number of domestic violence injury reports referred to other agencies.
 - **They referred 12 victims to other agencies on 15 separate occasions. Three victims were referred on more than one occasion, one to the same agency and two to different agencies as their needs had changed from the first referral.**
- The way in which those cases were dealt with by the agencies involved.
 - **Data was collected about the services the agencies had provided to the victims and this was entered into a spreadsheet on a computer so that A&E could work with the other agencies to assess the services that victims had received and the services that had been successful. Protocols were drawn up for sharing data and all the agencies involved supported the multi-agency approach to gathering and sharing data.**
- The costs to the agencies.
 - **The costs of the services provided by the other individual agencies were calculated and made available to hospital staff. The services had cost a total of £3K.**

Having obtained that data they then:

- Estimated the costs of training staff in asking injured women patients about domestic violence as a cause of their injuries.
 - **This was estimated as £1K and included the costs of staff time to attend the training, training materials and personal aide memoir cards for all trained staff.**
- Estimated the additional time required to question injured parties about domestic violence.
 - **It was estimated that the additional time would be ten minutes per patient.**
- Estimated the cost of the time that it would take for the questioning to take place.
 - **The estimated costs of routine questioning was £1K over a six month period and included the cost of staff time and the likely extra staff hours required to back fill whilst questioning took place.**
- Estimated the cost of carrying out a satisfaction survey for the intervention.
 - **Estimated at £500.**

They then implemented the routine questioning for a year and collected the following data over the latter six-month period:

- The number of reported injuries that were identified as being as a result of domestic violence.
 - **This was 35 out of the 100 women routinely questioned over the six months.**

- The number of reports that involved repeat victimisation.
 - **This number was four and the number of victims involved was two.**
- The health care used in the reported injuries they identified as being as a result of domestic violence and the treatment costs.
 - **In summary on two occasions one victim was hospitalised for two and three days, (in total five days hospitalisation). The other treatments provided involved X-rays and treatment for minor wounds and bruising. The costs of providing all the treatments were estimated at £8K.**
- The number of times victims had previously attended A&E with an unsubstantiated injury that could have been attributed to a possible domestic violence injury.
 - **None**
- The additional time it took for the routine questioning to take place
 - **On average routine questioning took fifteen minutes per patient. It was estimated to take ten minutes.**
- The cost of the time for the questioning to take place
 - **The total cost of the routine questioning was £1.5K this included the staff costs in backfilling for the questioning to take place. This was more than the estimate due to the routine questioning taking longer than expected.**
- The knock on impact the time taken to question patients had on other services in the department, in particular performance targets for waiting times to consultations.
 - **No adverse effect was found in the period and in fact performance targets over the period improved by 5%. Provision had already been made to back fill the estimated additional time routine questioning would take but this back fill only provided 2/3 of the cover required.**
- The number of domestic violence cases referred to other agencies.
 - **They referred 33 victims to other agencies on 35 different occasions. Two victims were referred to two different agencies as their needs had changed from the first referral.**
- The way in which those cases were dealt with by the agencies involved.
 - **The services provided to victims by the other agencies were recorded and a breakdown of the frequency of their use was made. The costs of the services provided by the other agencies were calculated and totalled £4K. The agencies found that of the 33 victims referred to them the average length of time spent with each victim was 30% shorter than before.**
- The results of the satisfaction survey.
 - **All the women routinely questioned were surveyed and they expressed high levels of satisfaction (90% extremely to highly satisfied) at having the opportunity to talk about domestic violence. 90% of the 65 women who were questioned but whose injuries were not the result of domestic violence felt reassured by the questions. They also expressed the opinion that they would disclose injuries at the A&E that were the result of domestic violence. Just nearly 91% (30) of the victims of domestic violence stated that without the direct**

questioning about the cause of their injuries they would not have disclosed that the injuries were a result of domestic violence and that they would probably not have sought assistance.

Data summary table

Measure	Before	After
Reported injuries identified as domestic violence	20	35
Number of repeat victimisations	10	4
Number of victims involved	3	2
Health care costs	£20K	£8K
Number of unsubstantiated injuries reported	6	0
Number of victims involved	2	
Costs	£2K	
Number of referrals to other agencies	15	35
Number of victims involved	12	33
Costs to agencies	£3K	£4K

Brief summary of the case study findings

In summary the hospital gathered data to identify the nature and level of the domestic violence problem. Using this data they then estimated the cost of an intervention and decided what aspects to measure whilst the intervention was in place. They included some measures of the likely impact their intervention might have on other agencies involved in dealing with domestic violence. They implemented the intervention for a year. They gathered data and after a year they examined the last six months of data they had collected and made a comparison with the baseline data.

The number of injuries that were identified as being the result of domestic violence increased by 75%. The health care cost of the reported injuries that were identified as the result of domestic violence decreased by £12K or 60%.

Missed cases were reduced from six to zero, as in the last six months none of the victims had previously attended A&E with an unsubstantiated injury that could have been attributed to a possible domestic violence injury.

The number of reports that involved repeat victimisation fell from ten to four and the number of repeat victims from three to two. It is likely that this reduction in repeat victimisation was achieved by a combination of factors, for example, the effects of early identification of domestic violence and the higher rate of referrals to other agencies that increased from 15 to 35.

The initiative had an effect on other agencies that has only been partially described. There was an increase in referrals as expected in the short term and overall costs

increased (£1K) but the average cost of dealing with a referral was lower, £200 per case (15 cases costing £3K) compared with £86 per case (35 cases costing £4K).

The overall cost of the intervention to the hospital was £2.5K but the savings to the hospital were in region of £14K. The satisfaction survey showed that the intervention had a wider impact on all women questioned and not just on those who had sustained injuries as a result of domestic violence. Further analysis of data from other agencies would assess more accurately the overall impact of the intervention.

Example 3: Outreach and advocacy service

A multi-agency forum would like to examine and evaluate an outreach and advocacy service that the local women's refuge intend to implement within the next year for a period of twelve months. The women's refuge intends to offer outreach services to support domestic violence survivors in their own homes and survivors who are difficult to reach. They want to set up a drop in centre where two outreach workers will offer support and practical assistance to survivors. The multi-agency forum decide that they want to measure the impact the initiative will have on domestic violence not only in the women's refuge but also in the other agencies in the forum.

The women's refuge has already started to plan the measures that they will collect as an agency but they believe that the initiative will have an impact on the other agencies in the forum. They present to the forum the following measures that they will to start to collect immediately as an agency:

- the number of cases the women's refuge deal with every year;
- the average cost per case;
- the proportion of cases that are from minority ethnic communities;
- the service that the women request;
- the service that is provided;
- the breakdown of costs related to the services provided;
- the origin of cases and the way they are referred to the women's refuge;
- the ways women find out about the service if they self-refer;
- the number of women that are being referred by the women's refuge to other agencies;
- the number of cases which involve repeat victimisation and the nature of the repeat victimisation; and
- the number of women that are pursuing legal action and/or civil remedies.

They will also measure the following data once the intervention is in place:

- the number of women using the drop in centre every year;
- the frequency with which women use the drop in centre;
- the costs of running the outreach and advocacy service; and
- the average cost per case of the outreach and advocacy service.

The forum discusses these measures and decides that other agencies in the forum should collect additional data that will assess more widely the overall impact the initiative is having. It is decided that the multi-agency forum should co-ordinate the identification of the data that will be required to fully measure the impact of the initiative. Agencies will be identified as being responsible for the collection of the additional data. It is also decided that full use of a computer database will be made to monitor and track cases before and whilst the initiative is being implemented. Data will be available for sharing with the other agencies in the forum within twenty-four hours by using the computer database.

A number of agencies in the multi-agency forum have already begun to complete an assessment of the data they will be collecting.

For example, the housing department will collect data and make it available for use by the other agencies:

- the total number of cases dealt with that are domestic violence referrals;
- the total cost of re-housing these cases;
- the average cost per case;
- the number and proportion of cases that originate from the women's refuge;
- the cost of re-housing these cases; and

- the average cost per case of re-housing referrals from the women's refuge.

The police for example, will collect the other data and make it available for use by the other agencies:

- the total number of domestic violence incidents reported;
- the number and proportion of incidents where a referral has been made to the women's refuge and the proportion that are taken up;
- the number of reports of domestic violence that involve repeat victimisation;
- the number and proportion involving women who are women's refuge case referrals;
- the number of domestic violence incidents recorded as a complaint;
- the number and proportion involving women who are women's refuge case referrals;
- the number of complaints that are submitted as files to the CPS;
- the number and proportion involving women who are women's refuge case referrals;
- the number of complaint files that are accepted by the CPS;
- the number and proportion involving women who are women's refuge case referrals;
- the number of successful prosecutions;
- the number and proportion involving women who are women's refuge case referrals;
- the number of complaints that are withdrawn; and
- the number and proportion involving women who are women's refuge case referrals.

Points for further discussion and action

The forum would like to discuss and action the following points:

- identify the additional data they need to collect;
- identify the agency or agencies that will be responsible for collecting the data; and
- discuss and agree the protocols for the sharing of data and limitations for its use.

They use an action plan to organise the work that they wish to complete for the next stage of the work.

Part of the action plan for case study example 3

This table shows an illustration of the actions that the multi-agency forum case study decided to document as a result of their discussions.

Areas that require addressing defined into goals and objectives	Action required to achieve objectives	Cost of action	Date by which the objectives to be achieved	Person responsible for the action
To identify the additional data that needs to be collected by agencies in the multi-agency forum	<ul style="list-style-type: none"> • All the agencies within the forum will complete an assessment of the data they are collecting and the data they will need to collect or have access to in order for the initiative to be examined and evaluated. This data should be documented / listed. • The February meeting of multi-agency forum will consider the data lists and assess whether further data is required to supplement the data that will be collected. 	£500	March 2000	J. Chan S. McLaughlin
To identify the agency or agencies that will be responsible for collecting the data required	<ul style="list-style-type: none"> • From the data lists agencies will be assigned to be responsible for collecting certain data. • The full data list will be established and circulated to agencies with details of responsibilities. 	£100	March 2000	J. Chan R. Kumar
To discuss and agree the protocols for the sharing of data and limitations for its use	<ul style="list-style-type: none"> • A consultation document will be circulated to all agencies in February with the proposed areas that a protocol between agencies should cover. • The March meeting of the multi-agency forum will discuss the protocols for the sharing of data and the limitations for the use of data. • The final protocol will be drawn up at the meeting and circulated for comment. • Agencies will then agree and sign the protocol by the end of March. 	£200	April 2000	R. Kumar S. Lamparter

Tips and pitfalls

- Make maximum use of the data that you are already collecting both in your agency and if applicable, as part of multi-agency data collection.
- You should work towards achieving a co-ordinated systematic approach to gathering data. The data collection should be linked to the aims and objectives, and the strategic plan of your agency.
- Start to collect all the data you might require now. The more comprehensive the range of data you collect, the better. It can be developed and refined over time.
- Multi-agency relations are usually complicated and there needs to be some formal structure and approach if the data collection is to be successful and useful to all the agencies involved.
- Protocols for information gathering and sharing need to be discussed and agreed - it can take time to achieve a consensus of all the agencies involved.
- Data collection systems are not always compatible and definitions are not always consistent between agencies.
- The data collected needs to be detailed for both victims and perpetrators and any children involved. This will allow perpetrators to be identified and tracked in the future and for support to be provided to victims and children.
- The identification of repeat victims may not be possible if the data is inaccurate, e.g. misspellings, house names/number, postcodes.
- Data being collected by different agencies should comply with agreed guidelines and standards. For example, agreed definitions for domestic violence should be adopted so that all agencies are counting and comparing like with like. Repeated reports of domestic violence by the same victim should be measured and recorded in the same way in all the agencies.
- Multi-agency data collection and sharing should be supported by senior management in each of the agencies.
- Making data readily available outside normal office hours can be difficult whether this is to internal users or to other agencies.
- Information should be recorded and made available to agreed timescales.
- Duplication of data and double counting of data between agencies should be avoided, for example by using a common cross-referencing process.
- A system should be put in place from the outset to monitor the accuracy and quality of the data collected.
- A change in the way data is collected can delay data processing and accessibility and introduce inconsistency.
- Confidentiality can be a difficult issue to resolve. To some extent it depends on the trust that the agencies have in each other that information will remain confidential and that improper use of data will not occur. Multi-agency trust is a product of working together and respecting each other's views and roles. This can take time to build but working

together should be a planned commitment by all agencies. Protocols covering confidentiality, information sharing and access to data should be developed and signed by senior officers/executives of the forum.

- A useful starting point and guide to resolve some of the confidentiality issues may be to emphasise that data should only be used to maximise the safety of women and children.
- An agreed system should be in place from the outset to deal with breaches of confidentiality.

Questions about this guidance

This guidance is available for downloading on the Home Office Website at:

[www/homeoffice.gov.uk/violenceagainstwomen/crp.htm](http://www.homeoffice.gov.uk/violenceagainstwomen/crp.htm)

If you have any questions about this guidance or any comments about the content please contact:

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Further Reading

Crisp, D. and Stanko, B. (2000) 'Monitoring costs and Evaluating needs' in *Reducing Domestic Violence...What works? Briefing notes*. Crime Reduction Research Series, Policing and Reducing Crime Unit, London: Home Office. Available from PRCU, Room 415, Clive House, Petty France, London SW1H 9HD, tel (0207) 271 8232 or fax (0207) 271 8344.

Dhiri, S. and Brand, S. (1999) Analysis of costs and benefits: guidance for evaluators. Crime Reduction Programme, RDS, London: Home Office. Available from Information and Publications Group, Room 201, Home Office, 50 Queen Ann's Gate, London SW1H 9AT, tel (0207) 273 2084 or fax (0207) 222 0211.

Stockdale, J., Whitehead, C. and Gresham, P. (1999) 'Applying economic evaluation to policing activity. Police Research Series paper 103, Policing and Reducing Crime Unit London: Home Office. Available from PRCU, Room 415, Clive House, Petty France, London SW1H 9HD, tel (0207) 271 8232 or fax (0207) 271 8344.