



Cymorth i Ferched Cymru
Welsh Women's Aid
Rhoi Merched a Phlant yn Gyntaf
Putting Women & Children First

Welsh Women's Aid

Annual Membership Report: Data from specialist services in Wales 2018/19

Period 01/04/2018 – 31/03/2019



Acknowledgments

Welsh Women’s Aid membership comprises third sector violence against women, domestic abuse and sexual violence (VAWDASV) specialist services in Wales, with whom we have national collaborative partnership agreements which includes how we collate, analyse and use reported data¹.

We are extremely grateful to the specialist services below, who provided their data throughout the year, which has been collated and analysed for the purpose of this report. Quarterly analysis reports are also provided to members for their own use. We acknowledge the increasing demands on our members’ services and appreciate their efforts in working with us to build a national picture of demand and how they have been able to support survivors of abuse. This work complements our members own impact evidence of the success of their services.



Welsh Women’s Aid also collaborates with our members and other services that form regional VAWDASV Specialist Services Provider Forums, to share policy and practice developments and provide an expert voice to regional and national partnerships and boards. This annual data report contributes to regional and national work to improve responses to VAWDASV across Wales, and we appreciate any feedback from services, commissioners, and policy makers so that we can improve future reports.

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¹ **Member organisations in 2019-20:** Aberconwy Domestic Abuse Service, Atal Y Fro, Bangor and District Women's Aid (now merged with DASU North Wales), Calan DVS, Cardiff Women's Aid, Carmarthen Domestic Abuse Services, Clwyd Alyn Housing Association (CAHA) Women's Aid, Cyfannol Women's Aid, DASU North Wales, Gorwel, Montgomeryshire Family Crisis Centre, Newport Women's Aid (now merged with Cyfannol Women’s Aid), North Denbighshire Domestic Abuse Service, Thrive Women's Aid, RASASC North Wales, Safer Merthyr, Safer Wales, Stepping Stones North Wales, Swansea Women's Aid, Threshold DAS, West Wales Domestic Abuse Service, Women's Aid – RCT.



Foreword

“The women in this service saved my life. I couldn’t cope and they gave me my life back. I was living in an unreal situation and they understood. They made me feel less isolated and helped me find myself again.” (Survivor)

“The refuges ...break down the isolation, get you out of the situation, and believe you. Even though we’re all from different backgrounds they’re holding us all cos they know what we’ve been through. I don’t know what could happen if they weren’t here.” (Survivor)

“What will happen if these services go? Who will be there to help? They’re already struggling. You can’t see it, but they try to help all the time.” (Survivor)

We hear every day about the difference that support from specialist services has had on peoples lives.

As a federation of 20 specialist services across Wales, countless survivors and allies, Welsh Women’s Aid is constantly working to profile the strengths and life saving work of this sector and survivors and working towards securing true space for action. Although investment in violence against women, domestic abuse and sexual violence (VAWDASV) specialist services is still relatively small compared to other sectors in Wales, the impact they can have on the life of survivors of abuse, their families and communities, is significant and vital. Therefore, we will continue to campaign for secure and sustainable funding to support this work through reports such as this which profile what is often a hidden issue.

Recently, many of our members across Wales have been celebrating their fortieth year and others have been working for even longer serving their local communities. Welsh Women’s Aid has profiled some of these stories through our Forty Voices, Forty Years² project which highlighted the impact of work to end violence against women in Wales over the past four decades. We have also been working together to develop our new five year strategy this past year, which is working to provide specialist services with space for action and impact greater than the sum of our parts through our strength as a federation.

Welsh Women’s Aid and many of our members work with women, men, children and young people others to deliver services for survivors, interventions with perpetrators and support and advice for professionals. Although we work with all of these individuals, we have a strategic focus on violence against women due to the disproportionate impact these forms of abuse by men have on women and girls. Some of our members’ services are small local specialist providers and others are regional or national in their scope. The support provided by these organisations is also diverse and includes delivery of refuge-based support, rape crisis support, community and outreach support for women, children and young people, and men across Wales.

As a federation, Welsh Women’s Aid aims to prevent violence against women, domestic abuse and sexual violence from happening in the first place while ensuring provision of quality services for survivors that build on strengths, meet needs and reduce the harmful effects of abuse over time. We work in partnership with survivors, specialist services and others and strengthen our movement to achieve change that lasts. We provide advice, consultancy, support and training to deliver policy and service improvements for the benefit of survivors. This annual membership data report builds on our quarterly data analysis, to provide a national picture of the demand for and impact of our network of specialist services.

Tina Reece, Head of Services and Survivor Engagement, Welsh Women’s Aid

² <https://www.welshwomensaid.org.uk/what-we-do/40-voices-40-years/>



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Introduction

Welsh Women's Aid is the national umbrella body for third sector violence against women, domestic abuse and sexual violence (VAWDASV) specialist services in Wales. Our vision is a world in which women and children live free from domestic abuse, sexual violence and all forms of violence against women and by doing so achieve independence, freedom and liberation from oppression. We are working as a federation so that:

- Violence against women, domestic abuse and sexual violence is better understood, challenged and prevented.
- Governments, agencies and communities held accountable for delivering action for change by women and children.
- The state, agencies and communities deliver more effective responses to violence against women, domestic abuse and sexual violence.
- Survivors access early support which meets their needs and improves their health and well-being.
- Specialist services are strengthened and supported to effectively meet diverse needs and reduce harmful effects of violence.
- Women and children have healthy, safe and equal relationships.

The prevalence of violence against women, domestic abuse and sexual violence remains largely hidden. The extent of femicide, rape, domestic abuse, forced marriage, sexual harassment, female genital mutilation and other forms of abuse are often invisible in official statistics nationally and locally, and there is a lack of consensus about how such violence should be defined and measured and how this can best be achieved. Recent estimates by the UK Government put the cost of domestic abuse for victims in England and Wales as £66 billion.³

This report focuses on the referrals to and use of services by survivors, for the 2018/19 financial year.

The data is limited to that provided by members of our federation through the year and at the year-end, and by our Wales database of provision of local and national VAWDASV specialist services.

Specifically, the data sources that inform this report are:

Quarterly Monitoring Data

At the end of each quarter in 2018/19, Welsh Women's Aid distributed a data form to gather output and outcome statistics from member services.

This annual data analysis report comprises the cumulative datasets submitted by our members to depict nationally the demand for their services and the nature of the responses provided across Wales.

'Routes to Support' database

Data has also been included from "Routes to Support", the only UK-wide online database which contains up to date information about local and national domestic abuse and other violence against women services throughout the UK. This report includes data for all services in Wales – wider than our membership – to provide a national picture of demand and provision of services throughout Wales.

The Routes to Support project is managed by Welsh Women's Aid (for Wales) in partnership with Women's Aid Federation of England, Scottish Women's Aid and Women's Aid Federation of Northern Ireland.

Live Fear Free Helpline

Data has been included from the national Live Fear Free helpline in Wales, managed and delivered by Welsh Women's Aid and funded by Welsh Government.

³ <https://www.gov.uk/government/publications/the-economic-and-social-costs-of-domestic-abuse>



2018-19: National overview



The **Live Fear Free Helpline** responded to **31,981** calls, emails and web chats

21,599 survivors were referred to local specialist services during the year, this is a **61% increase from 2017/18**



20,405 survivors were supported by specialist services during the year, which is a **68% increase from 2017/18**

Refuge and community-based support for domestic abuse:



2,482 survivors (adults and children) benefited from **refuge-based support**

89% of survivors felt safer after accessing refuge services



512 survivors were unable to be supported in refuges because of a lack of service space, capacity or resources



268 children and young people were living in emergency refuges each quarter of last year



30 women without 'recourse to public funds' were supported in refuge who would have otherwise faced destitution



16,591 survivors were supported by domestic abuse **community-based services**.

At the year-end **239 survivors** were on waiting lists for community support.

Community based support for sexual violence:



1,332 survivors received support from **dedicated sexual violence services**



At the year-end **251 survivors** were on waiting lists for rape crisis support at 3 WWA member services

21,599 survivors were referred to VAWDASV specialist services in Wales for help and support in 2018/19;

- 18,375 survivors were referred to specialist domestic abuse community-based services,
- 2,223 survivors were referred for refuge-based support, and
- 1,001 were referred to dedicated sexual violence/rape crisis services.

20,405 survivors were supported by VAWDASV specialist services in 2018/19:

- 16,591 survivors were supported by specialist domestic abuse community-based services; 12,442 were women, 956 were men, and 3,193 children and young people (including some referred the previous year(s)),
- In comparison, 2,482 survivors were supported in refuge-based support services; 1,390 were women, 22 were men and 1,070 children under 16 years of age, and
- 1,332 survivors were supported in dedicated sexual violence/rape crisis services.

Refuge-based support services:

Of 2,223 survivors who were referred to refuge-based support services, **2,156 (97%) were women and 67 (3%) were men.**

- Of the **2,156 women referred** for support;
 - o **1,215** were accommodated and supported (including 19 taken from the waiting list), **691** were unable to be supported by the service when and where they needed refuge, and **269** did not accept support offered by the service.
- Of the **67 men referred** for refuge-based support;
 - o **15 were accommodated and supported, 35 were unable to be supported, and 16 did not accept the support** offered by the refuge-based support. **1** man was placed on a waiting list.

Where data is available, 77% of survivors who were unable to access refuge (512) were due to issues surrounding capacity; whether this was because they were full, unable to meet support needs due to complex needs, lacked accessibility for disabled survivors, lacked resources to support women unable to claim benefits, the survivors were high risk or had previous criminal convictions, or were displaying abusive behaviour.

The **most common single reason** that survivors were unable to access refuge-based support was due to there being no space available when they needed help: **125 (19%) of survivors were unable to access refuge space for this reason.**

Sexual violence specialist services:

Across three member services providing specialist sexual violence support across Wales⁴, a total of **1,001 referrals** were made during 2018/19 (**844 women, 157 men**), and **1,332 survivors were engaging with and supported** through dedicated sexual violence services (1,141 women and 191 men).

Domestic abuse community outreach services:

Of the 18,375 survivors referred to domestic abuse community-based support, **16,672 (91%) were women and 1,703 (9%) were men.**

- Of **16,672 women referred** for support;
 - o **10,325** engaged with the service and were supported, **742** were unable to be supported due to resources/capacity issues and **5234** did not accept support offered by the service. The remaining 371 referrals were placed on waiting lists for services.
- Of **1,703 men referred** for support;
 - o **844** engaged with the service and were supported, **114** were unable to be supported due to resources/capacity issues, and **664** did not accept support offered by the service (with the remaining 81 placed on waiting lists).

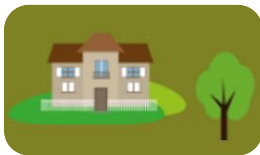
⁴ 1 service based in Gwent, and 2 in North Wales



About specialist services

Specialist services for survivors (delivered, for example, through refuge-based services that include refuge-based support, floating support and community outreach support; or through rape crisis and sexual violence support and counselling; independent advocacy and 'one stop shop' women's centres) aim to deliver needs-led, strengths-based, gender responsive, trauma informed support. These services protect, support and empower survivors and their children and work to prevent violence and abuse from starting and escalating, and are provided by specialised staff with in-depth knowledge of violence against women, domestic abuse and sexual violence.

This report focusses on our member services that offer physical and emotional safety, support, advocacy and practical help, delivered through a combination of **refuge-based support, community outreach support**⁵ and **dedicated sexual violence/rape crisis services**. Refuge-based services form part of a national and UK network of provision that helps families to have 24-hour access and move between refuges if needed.



Refuge-based support

delivers a planned programme of therapeutic and practical support, above and beyond a safe

place to stay, and access to peer support from other survivors.

This includes 24-hour access; information and practical help, individual and group support and safety planning; counselling; support and advocacy with housing, finances including benefits/debt, health and well-being, parenting, immigration, legal, criminal and family justice systems, education and employment. The service is designed to meet, and is led by, the needs of survivors and their children, and is delivered by support workers (including dedicated support workers for children and young people) trained and experienced in violence against women, domestic abuse and sexual violence, in an environment which empowers women and children and promotes their autonomy and self-determination. This also includes resettlement support which helps survivors move on to rebuild their lives and establish themselves in local communities.



Domestic abuse/VAWDASV community outreach support

delivers advocacy, protection and support for survivors in local communities through

helpline support and information; short and long-term psychological counselling; information and practical help, individual and group support, and safety planning; peer support groups; support and advocacy with housing and sustaining tenancies, support with finances including benefits/debt, health and well-being, parenting, immigration, legal issues, education and employment; advocacy and support for survivors accessing specialist domestic violence courts, criminal and family justice systems; advocacy and education to support survivors using primary care, maternity and urgent treatment health services (e.g. IRIS advocacy in GP practices); and advocacy, support and counselling for survivors who have experienced multiple forms of abuse.



Dedicated rape crisis and sexual violence services

provide services to survivors of rape and sexual assault through counselling,

therapeutic sessions, individual or group support. Trained professionals are also available to provide information and advocacy with health services, housing, finances, well-being, parenting, education and employment, as well as providing support through the legal process, should individuals choose to report or not.

⁵ Includes 'floating support'. Floating Support is support provided in the community funded by *Supporting People* where the aim is to provide housing-related support in the community to sustain tenancies or re-house survivors.



Partnership working includes institutional advocacy, training, provision of expert advice and upskilling

professionals, services and partnerships to better identify, respond to, and prevent violence and abuse, and providing referral pathways from public services for survivors to access specialist support.



Prevention work in local communities through community engagement and supporting champions to speak out against

violence; education of children, young people and adults; supporting survivors to engage in service improvement; delivering empowerment programmes (e.g. employability, anti-poverty work) and challenging inequality between men and women and intersectional discrimination which is the predominant cause and consequence of violence against women, domestic abuse and sexual violence.



Promotion of equality and human rights, which includes developing and delivering services that are led by and for women and led by and for Black

and minority ethnic (BME) women. Safe separate provision for men and women, and services led by/for women and by/for BME women enable specialist services to operate from a framework of empowerment and self-determination. Services not only provide safety and support, but also empower women who see and hear that their experiences of sexism, racism or homophobia are not isolated, and help women find mutual support and self-determination. The provision of tailored support to survivors from Black and minority communities and to survivors who are women, by support workers who understand the particular risks and dynamics of violence experienced by women and experienced in different communities and the barriers to approaching mainstream services, is highly valued by survivors of abuse.

Risk management and behaviour change perpetrator programmes; some services also provide behaviour change and risk management programmes and individual interventions for perpetrators, which includes domestic violence

perpetrator programmes and parallel partner/victim safety and support services.

The Live Fear Free Helpline offers 24-hour 365-days-a-year lifeline for survivors impacted by violence against women, domestic abuse and sexual violence. It provides a main point of contact to survivors, family/friends and professionals, delivering holistic and integrated responses including information/sign-posting; needs and risk assessments; safety-planning, support and advocacy; and referral pathways to specialist and general services in Wales and the UK.

Access to all specialist services is through a combination of self-referrals, referrals from other agencies, or referrals from the national Live Fear Free Helpline (delivered by Welsh Women’s Aid and funded by Welsh Government).

Quality standards: VAWDASV specialist services in Wales operate within a framework of accredited quality service standards which provide benchmarks for service providers, funders and commissioners about the extent and mix of services that should be available, who should provide them, and the evidence-based principles and practice base from which they should operate. In Wales, Welsh Women’s Aid delivers the National Quality Service Standards for domestic abuse services, supported by Welsh Government, that operate alongside dedicated sexual violence service standards for Wales accredited by Rape Crisis England & Wales and Survivors Trust. These are accompanied by Imkaan’s service standards for specialist services led by and for Black and minority women, and Respect standards for working with perpetrators.

VAWDASV specialist services in Wales define “specialist services”⁶ as agencies/services:

- That are delivered independently from the state (i.e. third sector) and whose core business it is to support survivors and/or perpetrators and/or children and young people impacted by any form of violence against women, domestic abuse and sexual violence (i.e. rape and sexual assault including child sexual abuse, domestic abuse, sexual harassment, forced marriage, FGM, sexual exploitation including through the sex industry, trafficking and modern day slavery and so-called ‘honour’ based violence);
- Whose delivery is needs-led and gender-responsive, recognising the continuum of violence against women and ensuring interventions and prevention work connects VAWDASV to wider patterns of sex and other intersectional inequalities, including ethnicity, class, gender identity, age, ability, sexuality, religion and belief;
- Whose understanding and delivery is informed by analysis⁷ of VAWDASV being gendered and a cause and consequence of inequality between women and men, which intersects with factors such as ethnicity, age, class, sexuality and disability to impact on experiences of abuse and routes to recovery. VAWDASV specialist services recognise that these forms of violence are entirely preventable, they happen to women and girls disproportionately, because they are women and girls, as a means of social control, which maintains and reproduces unequal power relations and presents an obstacle to achieving equality and human rights for women and girls;
- That differ from ‘general support’ services in that the organisations/services have a gender and culturally responsive and holistic service delivery model, in accordance with the UK quality standards frameworks for such services, and are run by and for the communities they serve. In doing so they offer a uniquely empowering experience particularly to women and children and to BME communities, as the client group is reflected in staffing, management and governance structures of these organisations.

VAWDASV specialist services work in accordance with the following criteria (subject to availability of funding):

1. VAWDASV specialist services are delivered within recognised quality assurance and accreditation frameworks. A summary of common standards across these frameworks are set out by the Lloyds Foundation Commissioning Guidance for VAWDASV for Wales.
2. VAWDASV specialist services not only deliver protection, prevention and support services that empower survivors (adults and children) and/or address the behaviour of perpetrators, but also work in partnership with state services and communities to provide institutional advocacy and improve public sector practice, and prevent abuse from starting and escalating.
3. VAWDASV specialist services collaborate to deliver the core provision set out in the Istanbul Convention (Articles 23-28), namely refuge-based support, community-based support, independent advocacy and counselling, one to one and group support, and are equipped to deliver dedicated support for children and young people (including one-to-one support, group work programmes and play therapy).
4. VAWDASV specialist services are locally-based and Welsh-specific, offering services in Welsh and English, and able to meet service users’ multi-lingual language and support needs where Welsh/English aren’t their first language.
5. VAWDASV specialist services are provided by staff with in-depth knowledge of violence against women, domestic abuse and sexual violence in accordance with DVSV National Occupational Standards and the National Training Framework.
6. VAWDASV specialist services maintain the vital importance of survivor support services delivered by and for women, and by and for Black and minority communities, that embed gender, sexuality, age, ability, culture, ethnicity and language based support across their services.
7. VAWDASV specialist services do not impose services but work alongside survivors (adults, children and young people) to ensure they are able to make informed choices and involve survivors in their development, delivery, management and review.
8. BME VAWDASV specialist services are skilled in identifying needs and experiences of specific forms of VAWDASV that may be missed within specialist services not led by/for BME communities. They offer a range of services and are able to access women who may not even recognise their experiences as violence, and create flexible and diverse support systems, sensitive to the fact that for many BME women, refuge, counselling or other support services may be unfamiliar and/or stigmatised.

⁶ Statutory Guidance for the Commissioning of VAWDASV Services in Wales, p.13.

<http://www.assembly.wales/laid%20documents/sub-ld12217/sub-ld12217-e.pdf> [accessed November 2019].

⁷ This perspective is supported by evidence from the United Nations, World Health Organisation, European Convention and UK strategies.



1. Who uses specialist services?

Violence against women, domestic abuse and sexual violence occurs in all communities and is widespread throughout every socioeconomic group, irrespective of age, gender identity, ability, sexuality, ethnicity religion or belief. However, it often remains hidden due to threats, shame, embarrassment and fear.

Men are disproportionately perpetrators of abuse and women are disproportionately impacted by domestic violence and abuse, sexual violence and child sexual abuse, stalking, so called 'honour-based' violence, forced marriage and female genital mutilation (FGM), gang related violence, and human trafficking.

Some groups of women are more likely to be abused, including younger women, disabled women and girls, women and girls with mental health support needs, drug/alcohol dependency, or facing homelessness. Women from some Black and minority groups may face further barriers to seeking help due to racism, discrimination, stigmatisation and community rejection.

Welsh Women's Aid promotes an intersectional approach, recognising the unique experiences of survivors of abuse and the ways in which difference and disadvantage may help or hinder access to support, safety and justice. Differences such as age, sex, gender, class, ethnicity, ability and sexuality intersect to inform lived experiences and these factors can further reinforce conditions of inequality and exclusion. This means that sex and gender-based violence can also be connected to factors such as ethnicity, age, class, disability and sexuality.

Specialist services are committed to anti-discriminatory practice and to address the intersecting inequalities experienced by women and men, when delivering support services.

Member services are encouraged to disaggregate data by the nine 'protected characteristics' identified in the Equality Act 2010 (sex, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership, and pregnancy and maternity). This data is collected for survivors who are newly referred to and who engage with specialist services for support⁸, to help services comply with their legal responsibility to ensure services are accessible and targeted, and that anyone using their services is treated fairly and not discriminated against.

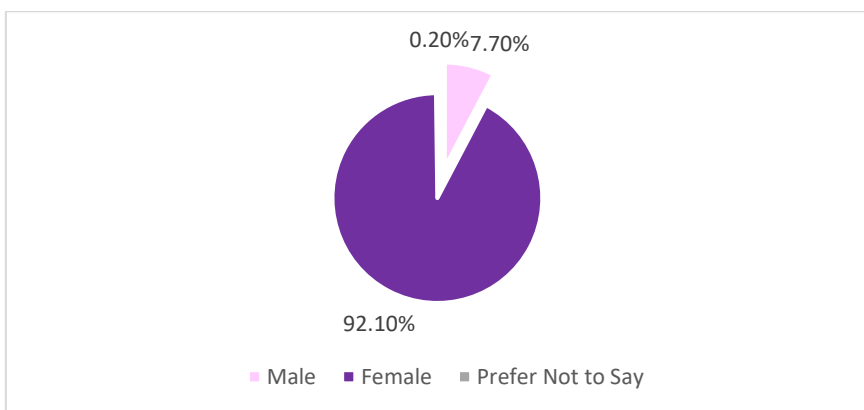
1.1: Sex: female and male survivors

Data was provided for 12,495 of 13,192 survivors (94.7%) who were referred into and engaged with specialist services during 2018/19.

Across all services the vast majority of survivors were female (92% in community services, 99% in refuge services and 84% in sexual violence services). For sexual violence services there was a higher proportion of male survivors supported at 15%.

⁸ Data is available for survivors who engaged with community-based, sexual violence and refuge-based services only. Data related to protected characteristics related to children and adults aged 16+.

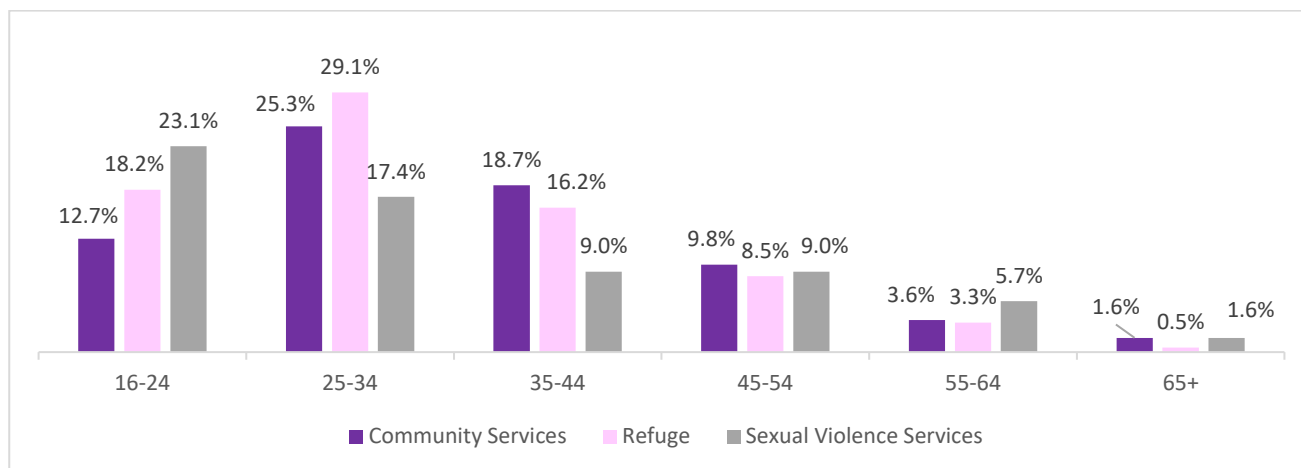
Chart 1: Sex of survivors engaging with refuge, community-based support and sexual violence services, following referral



1.2: Age

Of 13,192 survivors who engaged with and were supported by refuge, sexual violence services and community-based services following referral, data was available for 8,950 survivors.

Chart 2: Age of survivors engaging with refuge, community-based support and sexual violence services, following referral



Of survivors accessing refuge and community-based support (for whom data was available), most were aged between 25 and 34: 343 survivors (29.1%) using refuge-based support and 2,668 survivors (25.3%) using community-based support were aged between 25 and 34. For survivors accessing sexual violence services, the most common age was 16-24 with almost a quarter being in this age bracket (175, 23.1%). In total, 1727 young people (13.8%) aged 16 to 24 were supported by services, with 1337 (12.7%) accessing community-based support and 215 (18.2%) accessing refuge services.

Available data suggests that survivors aged 65 and over were less likely to engage with specialist services, according to available data: 166 survivors (1.6%) aged 65 and over accessed community-based support, 12 (1.6%) accessing sexual violence services and 6 survivors (0.5%) aged 65 and over accessed refuge-based support.

1.3: Disability

In the last census around 1 in 5 people in the UK and 1 in 4 people in Wales reported being disabled or having a ‘limiting’ long-term health condition. Many disabled people have ‘hidden’ impairments that are not immediately obvious to someone who doesn’t know their circumstances.

Welsh Women's Aid supports and advocates the social model of disability. We understand an 'impairment' to be "a characteristic or long-term trait, which may, or may not, result from an injury, disease or condition". Someone therefore might identify as disabled, not because of the impairment itself but because of the discrimination experienced by people with an impairment, when the barriers put up by society interact with their impairment to deny them access or participation.

Of survivors who engaged with specialist services following referral, 1010 (7.7%) identified as disabled.

Research shows⁹ that disabled people are more likely to experience violence and abuse than non-disabled people, and we are working with specialist services, and Disability Wales, to encourage specialist services to be more accessible to disabled people.

For more information about VAWDASV and disability, please refer to our recent 2019 report with Disability Wales surveying survivors, which sets out recommendations for specialist and public services.¹⁰

1.4: Gender reassignment

During 2018/19, available data from local services states that 4 survivors supported by specialist services have disclosed gender reassignment. An additional 6 people also identified as a gender identity other than men or women .

Specialist services across Wales are encouraged to provide services in accordance with Welsh Women's Aid Transgender Policy (updated in consultation with members in 2016)¹¹ which commits to supporting the realisation of rights for trans people, and the delivery of trans inclusive services and support. Specialist services in Wales receive policy guidance, training and support to ensure trans people who have experienced abuse are supported to access services that best meet their needs. This means that anyone identifying as needing women-only or men-only support services (e.g. refuges) or as needing any form of support and advocacy in the community, should be offered a service that meets their need for support to access safety and to recover from abuse.

1.5: Race and ethnicity

The majority of survivors using refuge-based support and community-based support (for whom data was available) identified as 'White British' (i.e. Welsh, English, Scottish or Northern Irish): 821 survivors (68.9%) using refuge-based support, 510 (67.2%) in sexual violence services and 6,319 survivors (59.9%) using community-based support.

125 survivors (10.6%) using refuge-based support, 10 survivors (1.3%) using sexual violence services and 762 survivors (7.2%) using community-based support identified as being Black, Asian, of Mixed Parentage or ethnic group other than 'White British'.

Data on race and ethnicity was not available for 293 survivors (23.8%) in refuge-based services, 273 (34.4%) in sexual violence services and 4,088 survivors (36.6%) in community-based services.

Rates of gender-based violence are highest amongst Black and minoritised (BME) women, and its impact combines with the impact of intersectional discrimination which fails to support and protect many BME women from violence and abuse. This can lead to disproportionately high levels of femicide ("honour-killings")

⁹ ONS (2016) Focus on Violent Crime and Sexual Offences

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse#heavily-victimised-groups-of-partner-abuse>

¹⁰ <https://www.welshwomensaid.org.uk/wp-content/uploads/2019/04/WWA-and-Disability-Wales-2019-report-Final-ENG.pdf>

¹¹ The policy is available online: <http://www.welshwomensaid.org.uk/2018/04/transgender-inclusion-statement/>

and abuse-driven suicide.¹² Specialist services would like to do more in Wales to ensure their support services are accessible to BME survivors (also see 'No Recourse to Public Funds, below).

A full breakdown of ethnic backgrounds recorded from available data is provided in Table 1.

Table 1: Ethnic backgrounds of survivors in services

	Community		Refuge		Sexual Violence Services	
White (British)	6319	59.9%	812	68.9%	510	67.2%
White (Other)	18	0.2%	1	0.1%	1	0.1%
White (Gypsy or Irish Travellers)	20	0.2%	13	1.1%	0	0.0%
Black (British)	208	2.0%	26	2.2%	0	0.0%
Black (African)	42	0.4%	10	0.8%	1	0.1%
Black (Caribbean)	39	0.4%	2	0.2%	1	0.1%
Black (Other)	16	0.2%	3	0.3%	0	0.0%
Mixed Ethnic (White & Black Caribbean)	74	0.7%	15	1.3%	0	0.0%
Mixed Ethnic (White & Black African)	37	0.4%	8	0.7%	0	0.0%
Mixed Ethnic (White & Asian)	51	0.5%	11	0.9%	0	0.0%
Mixed (Other)	52	0.5%	10	0.8%	2	0.3%
Asian (Indian)	19	0.2%	2	0.2%	2	0.3%
Asian (Pakistani)	69	0.7%	3	0.3%	2	0.3%
Asian (Bangladeshi)	18	0.2%	0	0.0%	1	0.1%
Asian (Chinese)	89	0.8%	14	1.2%	0	0.0%
Asian (Other)	10	0.1%	7	0.6%	0	0.0%
Data Unavailable	4088	36.6%	293	23.8%	273	34.4%

1.6: Religion or belief

There was a low response rate regarding religion, with data missing for 64.2% of survivors supported (8,463).

Table 2: Breakdown of religion or belief of survivors

	Community		Refuge		Sexual Violence Services	
None	2148	20.3%	500	42.4%	70	9.2%
Atheist	124	1.2%	24	2.0%	2	0.3%
Buddhist	14	0.1%	1	0.1%	0	0
Christian (all denominations)	717	6.8%	152	12.9%	11	1.4%
Jewish	0	0.0%	0	0.0%	0	0%
Hindu	13	0.1%	3	0.3%	0	0%
Muslim	207	2.0%	53	4.5%	3	0.4%
Sikh	7	0.1%	4	0.3%	0	0%
Other	204	1.9%	23	2.0%	2	0.3%
Prefer Not to Say	332	3.1%	79	6.7%	36	4.7%
Data unavailable	7403	66.3%	391	31.8%	669.00	84.4%

¹² Siddiqui H (2018) Counting the cost: BME women and gender-based violence in the UK

2,718 survivors (21.8%) were recorded as having no religion or belief; the highest proportion recorded across all categories. 447 survivors (3.6%) chose not to disclose.

The most prevalent category of religion amongst those for whom data was available was Christian (all denominations) where 880 survivors (7%) were recorded, followed by 263 survivors (2.1%) recorded as Muslim. Of the 13,192 survivors who engaged with services following referral, data for religion and belief was missing for 8,463 survivors (64.2%).

1.7: Sexual orientation

Table 3: Sexual orientation recorded in services

	Community		Refuge		Sexual Violence Services	
Bisexual	85	0.8%	18	1.5%	7	0.9%
Gay or Lesbian	71	0.7%	13	1.1%	6	0.8%
Heterosexual	5021	47.6%	878	74.5%	204	26.9%
Prefer not to say	268	2.5%	8	0.7%	19	2.5%
Data unavailable	5724	51.2%	313	25.4%	557	70.2%

Of survivors who engaged with specialist services following referral, just under half of survivors identified as heterosexual (6,103 survivors (48.8%)). In refuge-based services, 878 survivors (74.5%) identified as heterosexual, in sexual violence services 204 survivors (26.9%) and 5,021 survivors (47.6%) in community-based services.

A minority of survivors identified as bisexual (110 survivors, 0.9%) or gay or lesbian (90 survivors, 0.7%). 295 survivors (2.4%) chose not to disclose their sexuality.

Data was not available for 6,594 survivors.

1.8: Pregnancy and maternity

Of the data submissions completed, a total of 464 women (4% of the sample) were reported as being pregnant; 58 survivors (5%) in refuge-based services, 16 survivors accessing sexual violence services (2.5%) and 390 survivors (4%) in community-based services.

1.9: Welsh language

305 survivors (2.3%) who accessed services spoke Welsh as their first language; 125 survivors in the community (1.1%), 158 in sexual violence services (19.9%) and 22 in refuge (1.8%).



2. Domestic Abuse Community-Based Support

Domestic abuse community outreach support includes services that are provided for survivors in the community, such as drop-in, group work, advocacy, counselling and peer-support (see above ‘About Specialist Services’). Across Wales, 19 Welsh Women’s Aid member organisations¹³ deliver domestic abuse community-based support services. In 2018/19, VAWDASV community/outreach services supported 16,591 survivors (12,442 women, 956 men and 3,193 children).

2.1: Referrals and access to service

Table 4: Survivors supported and referred to VAWDASV community-based support

	Women	Men	Children	Total
Total supported	12,442	956	3,193	16,591
Total new referrals to community-based support from April 2018	16,672	1,703	-	18,375
No. of new referrals supported	10,325	844	-	11,169
No. of new referrals who did not accept support	5,234	664	-	5,898
No. of new referrals who were not accepted by service	742	114	-	856
No. of new referrals on waiting list	235	4	-	239

During 2018/19, 18,375 survivors were referred into community-based support services; 16,672 women (91%) and 1703 men (9%).

Of total referrals made, 11,169 survivors (61%) were able to be supported, while 5,898 survivors (32%) did not accept support, 856 (5%) were unable to be supported by the service due to resource and capacity issues. 239 survivors were still held on waiting lists at the year-end as demand for support exceeded the capacity to support survivors.

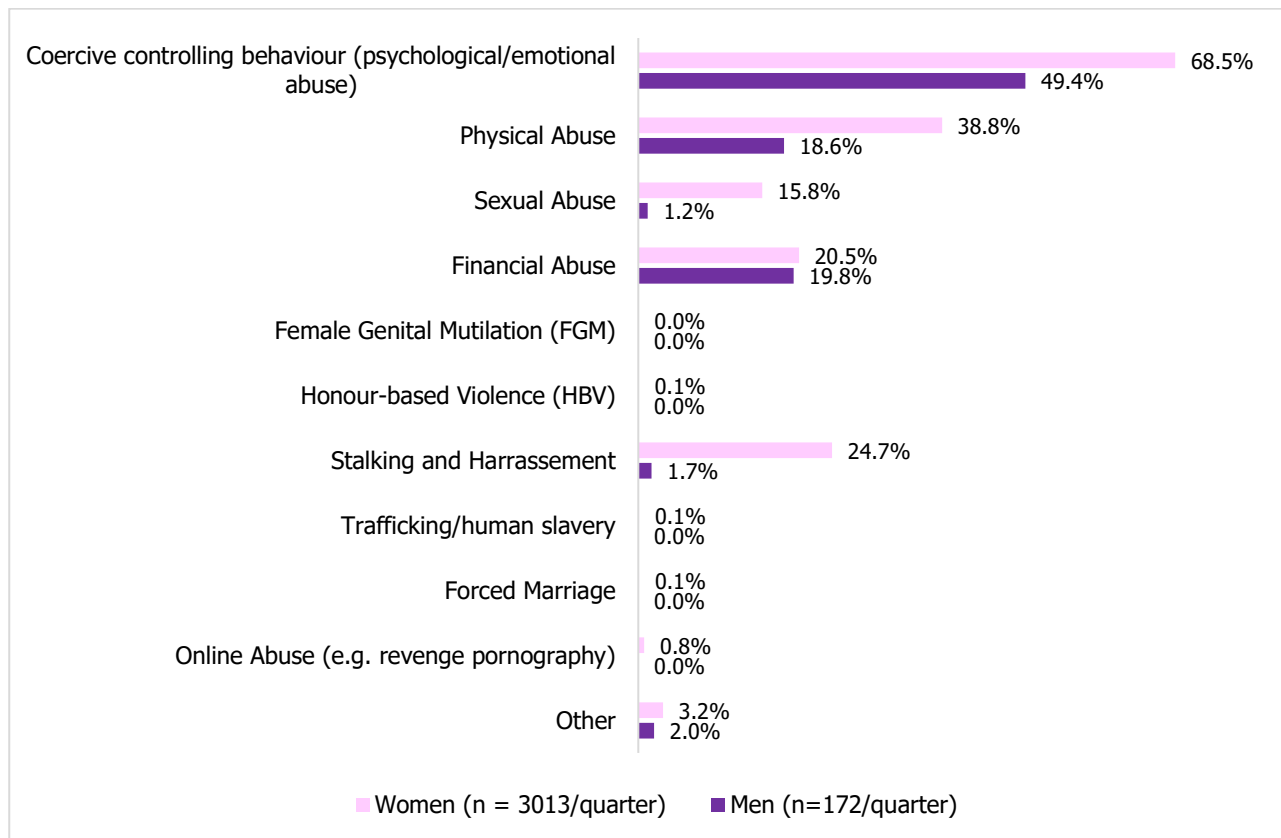
2.2: Types of abuse disclosed (domestic abuse)

Domestic abuse is the exercise of control by one person over another within an intimate or close family relationship; the abuse can be sexual, physical, financial, emotional or psychological. It is usually a pattern of behaviour, and happens irrespective of sex, age, carer responsibility, class, disability, gender identity, immigration status, ethnicity, geography or religion. However, the sex and gender of the victim and of the perpetrator influences the severity, risk, and harm caused, as well as access to available services and to justice. Violence against women and girls is rooted in the unequal position of women and girls in society, and in the sex discrimination and social norms and gender stereotypes that perpetuate such violence.

¹³ See appendix 1 for list of WWA member organisations delivering community-based services.

Abuse types were reported for an average of 4,292 women and 345 men per quarter¹⁴. Survivors are more likely to experience multiple types of abuse at any one time, and on average, survivors reported experiencing between 1 and 2 different abuse types¹⁵.

Chart 4: Abuse types experienced in community-based support



The most common type of abuse disclosed by survivors using domestic abuse services was **coercive controlling behaviour**, with an average of 67% survivors experiencing this type of abuse. Per quarter, an average of 2,064 women (68.5%) and 85 men (49.5%) were reported as experiencing it.

2.3: Support Needs

Many survivors have a range of support needs associated with their experience of abuse, which can include mental health issues, substance misuse, financial support, homelessness, involvement in the justice system, poverty and debt.

Specialist services in Wales provide services to meet a range of support needs that are often exacerbated by discrimination or multiple disadvantage, to help survivors recover from the abuse, and improve their quality of life, well-being and safety.

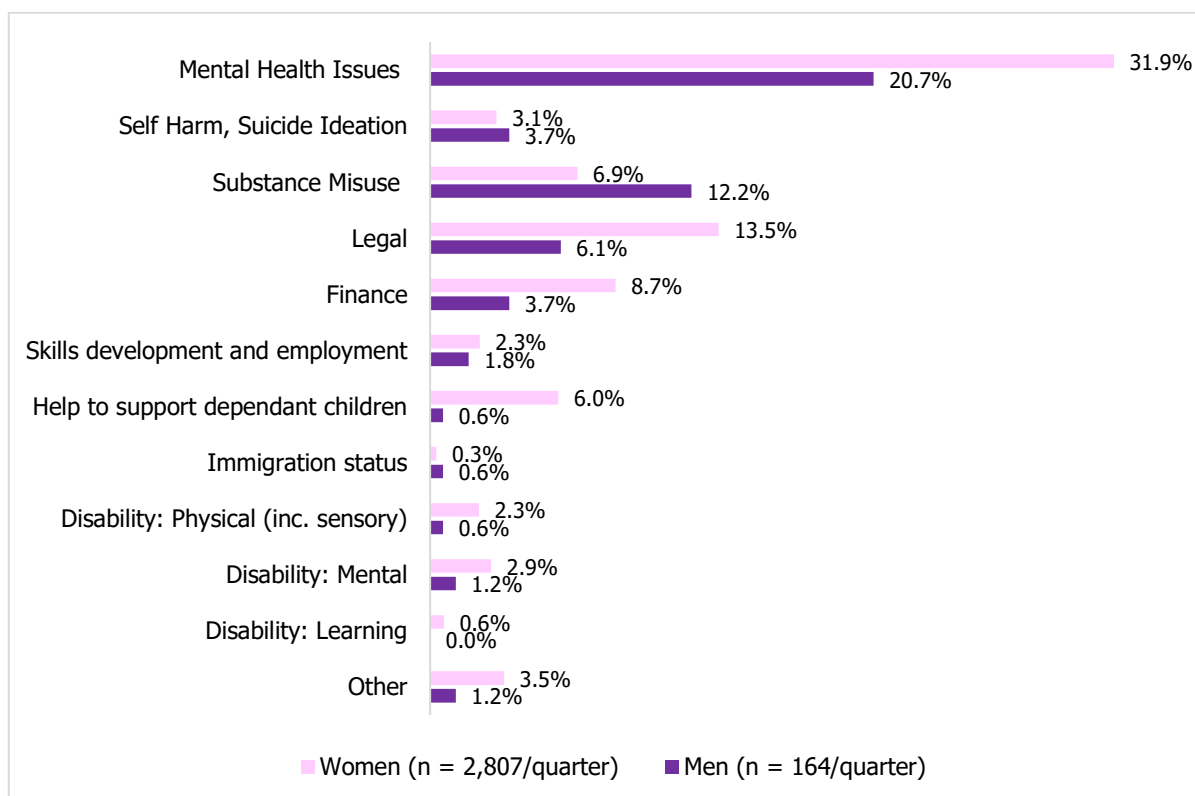
Additional support needs (i.e. additional to direct support associated with the abuse) were reported for an average of 2,807 women and 164 men per quarter¹⁶.

¹⁴ Data is calculated from the quarterly datasets for all survivors in service. As survivors are in-service over multiple quarters, WWA cannot use the cumulative data for the full year due to recurring data of individuals, and therefore double-counting of abuse experienced by survivors. The quarterly average has been used to represent the prevalence of abuse types disclosed by survivors in-service in any one period.

¹⁵ Total number of abuse types divided by total number of survivors included in the dataset.

¹⁶ Data is calculated from the quarterly datasets for all survivors in service. As survivors are in-service over multiple quarters, WWA cannot use the cumulative data for the full year due to recurring data of individuals, and therefore double-counting of survivors support needs. The quarterly average has been used to represent the support needs of survivors in-service in any one period.

Chart 6: Additional support needs in community-based support



Some survivors may also have support needs associated with their identity or life experience, which may include experiences of intersectional discrimination. Disabled survivors, for example, who face discrimination that cause barriers to accessing support, may need service adjustments¹⁷ to access aspects of the support available and not all services have facilities to provide this. Services reported that the number of survivors with support needs relating specifically to being **disabled** was low, with 6% overall, an average of 162 women (5.8%) and 3 men (1.8%) reported per quarter. This year, disability was split into physical, mental and learning, with mental disability being the highest (82 survivors, 3%). It should be noted that the additional support needs represent those in service, and does not take into account survivors who may not have been accepted into service due to lack of capacity to support their needs.

'I was assigned an advocate and then a support worker once I was in refuge. I couldn't have thought about reporting to the police otherwise. I don't know how I would have rebuilt my life without the support of women's aid.' (Survivor)

2.4: Services and Support for Children and Young People

As well as providing specialist services for women and men who have experienced VAWDASV, many WWA member services also support children and young people, in some cases with dedicated children and young people workers.

Data shows that 1,656 children and young people were supported alongside their parents in year 2018/19 (978 female and 678 male). As well as children and young people being supported alongside their parent, 1,537 children were supported in their own right (876 females and 661 males).

In line with proposed Welsh Government national indicators, collection of data regarding awareness raising in schools has begun. In 2018/19, 5,054 children and young people attended awareness raising sessions on VAWDASV in their schools based on the returns of our members.

¹⁷ *Using a service: reasonable adjustments for disabled people*, Equality and Human Rights Commission, 2016. Available at: <https://www.equalityhumanrights.com/en/multipage-guide/using-service-reasonable-adjustments-disabled-people>

WWA is campaigning to increase the funding for this specialist support to ensure all children and young people are able to access the help they need.

2.5: Sex of Perpetrator

For the first time, this year data is being routinely gathered regarding the sex of the perpetrator, in order to evidence the gendered nature of violence.

Table 5: Sex of Perpetrator

	Female Survivor	Male Survivor
Male Perpetrator	4473	81
Female Perpetrator	269	165

Data on the primary perpetrator of abuse was obtained for 4,988 survivors who were supported in 2017/18. 91% of the total reported perpetrators were male (4,554) with the remaining 9% reported as female (434). Where the survivors were female, this rose to 94% (4,473) and only 6% of perpetrators were female (269). Where survivors were male, a third of perpetrator were reported as also being male (33%, 81) with the majority being female (67%, 165).

2.6: Multi-Agency Risk Assessment Conference (MARAC) Referrals

Survivors assessed as being 'high risk' of significant harm/homicide from perpetrators of domestic abuse are referred from the specialist services to a multi-agency risk assessment conference (MARAC), which is attended by key agencies to deliver coordinated safety-planning action around the survivor and their family where high risk perpetrators have been identified¹⁸.

Risk to survivors is dynamic, and is likely to change throughout the course of survivors' engagement with a service. The level of risk determined at the point of assessment may therefore not be reflective of the actual risk to individual survivors at any given time.

In 2018/19, 856 survivors were referred to MARAC by community-based services; 775 (91%) were women and 81 (9%) were men.

An average of 194 women per quarter were referred to MARAC; an increase of 46% from the previous year in which an average of 133 women per quarter were referred to MARAC.

2.7: Moving on from specialist support

Due to the effects of violence against women, domestic abuse and sexual violence, survivors are likely to have ongoing needs which may require support over a long period (i.e. counselling, survivor programmes, peer support groups etc.). Survivors may also continue to access drop-in or other support services within the facility after completion of another service. Therefore, data on ceasing access to specialist support is not collated.

¹⁸ See Appendix 3 for further information.

2.8: Welsh Government Outcomes¹⁹

Table 6: When surveyed after using VAWDASV Community/Outreach services;

Community-based support services	Yes		No		Don't know		Total survivors asked	No. of submissions
No. of survivors reporting feeling safer	1155	76%	351	23%	22	1%	1528	32
No. of survivors reporting being provided with the information and advice they need to access services and support, and are able to make informed choices	1192	79%	308	20%	8	1%	1508	32
No. of survivors reporting an improvement in their quality of life & wellbeing	1003	73%	355	26%	20	1%	1378	32
No. of survivors reporting being better able to access appropriate support services	1026	76%	297	22%	35	3%	1358	32

To assess the impact of services, questions regarding safety, information, access to services and wellbeing are asked of survivors. Through accessing community-based services, over 70% of survivors reported improvements in the categories. Findings may be lower than expected due to variants in when these questions were asked, for example if they were asked after only attending one drop in appointment results would be lower than after 6 months of support.

¹⁹ See Appendix 4 for details



3. Refuge-based support

Across Wales, 19 organisations (that are Welsh Women's Aid members or direct services)²⁰ deliver:

- 43 refuge-based support services providing emergency accommodation and refuge-based support to women and children subjected to domestic and sexual abuse. This network of specialist services provide a total of **242 refuge units to women and children** across Wales, a 14% increase of 30 units since 2017/18; 226 units in communal or self-contained refuges (49 self-contained), 15 are "dispersed units" and 1 is a "move-on units"²¹.
- 6 refuge-based support services providing emergency accommodation and refuge-based support to men and children subjected to domestic abuse. A total of **37 units are accessible for men and their children**.

Across Wales, Routes to Support data confirms that in 2018/19 there were an additional 6 organisations (who are not members of Welsh Women's Aid) delivering 5 refuges, 7 self-contained refuges and 3 dispersed units across Wales, providing 68 refuge units for women and children (no units provided for men and children)²².

Chart 9 (below) provides data from Welsh Women's Aid members and direct services, and non-member services from the Routes to Support database to depict the national provision of refuge services, not just within the WWA member services but across Wales.

The availability of refuge-based support in Wales is additional to any other supported housing provision for women and men impacted by domestic and sexual abuse across Wales, delivered in generic services. The number of supported housing units available for survivors of abuse (recorded by 'Supporting People' commissioners) may therefore differ from the data on Routes to Support, which is a database of specialist services.

3.1: Access to refuge-based support in Wales

Local refuge-based provision forms an essential part of the national network of refuge-based support across Wales and the UK. Due to the nature of domestic abuse, it is often necessary for women and children to move out of their home region to another area or local authority. As such, research evidences that women's refuges should not be considered, planned and funded as local services; but as regional and national services, hosted locally²³.

"Routes to Support", the UK violence against women and girls service directory is the UK-wide online database which contains information about domestic abuse and other violence against women services throughout the UK. The Routes to Support project, managed by the 'Project Partners'²⁴, provides up to date information about local and national services from member and non-member organisations.

This enables us to identify areas where survivors are most likely to experience difficulty in accessing services, taking into consideration a number of external factors such as area size, population and room sizes which can impact accessibility and demand on refuge services in Wales.

²⁰ See appendix 1 for list of WWA member organisations delivering refuge-based services.

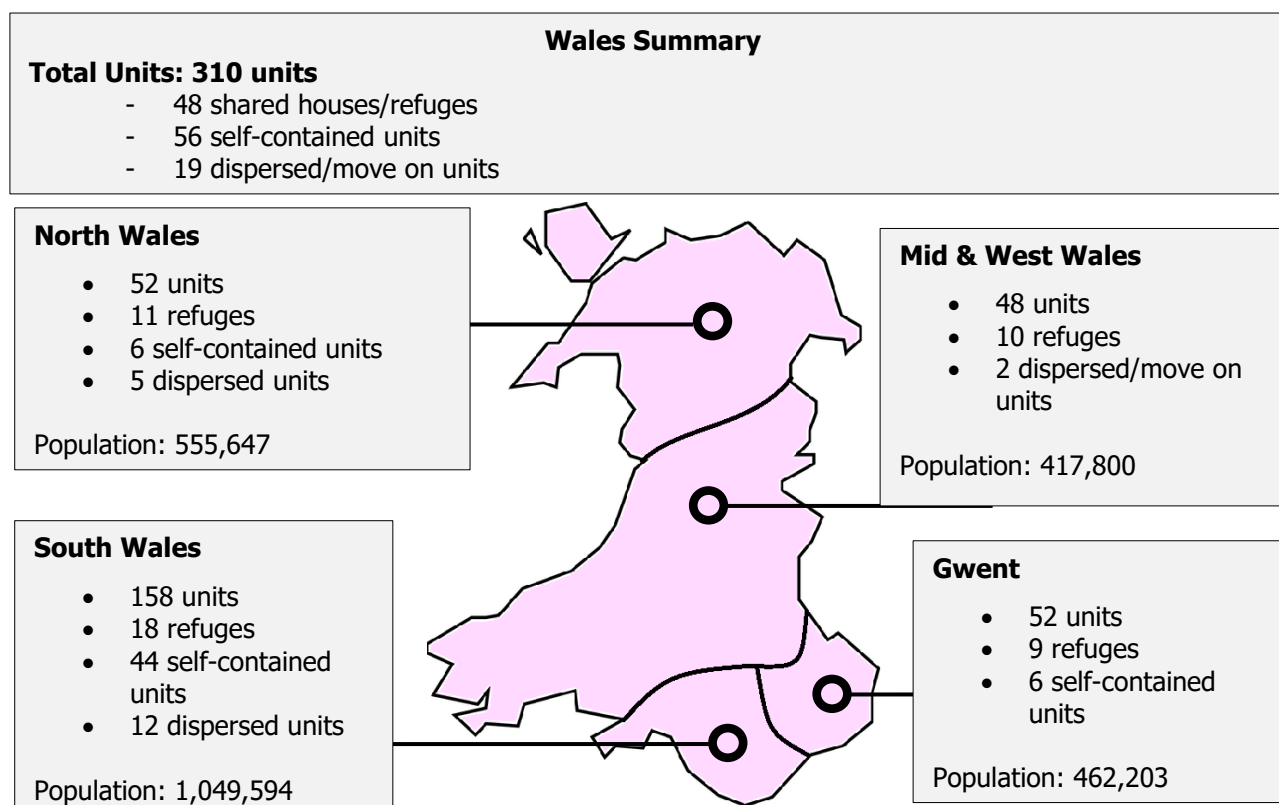
²¹ See appendix 3: Glossary of Terms for unit descriptions.

²² Correct as at 1st May 2018.

²³ Bowstead, J (2015). Available at: <http://journals.sagepub.com/doi/10.1177/0261018315588894>

²⁴ Women's Aid Federation of England, Women's Aid Federation of Northern Ireland, Scottish Women's Aid and Welsh Women's Aid.

Chart 9: Refuge spaces and population in Wales in 2018/19²⁵



Population source: Office for National Statistics, 2017²⁶

Survivors may experience difficulty in accessing services either due to distance, or subsequent demand. This demonstrates the importance of having a national network which is available to all survivors – regardless of their location. Rurality can also present challenges to staff and support workers.

3.2: Referrals and access to service

Table 7: Survivors referred to VAWDASV refuge-based support

	Women	Men	Children	Total
Total supported	1,390	22	1,070	2,482
Total new referrals to refuge-based support from April 2018	2,156	67	-	2,223
No. of new referrals supported	1,215	15	-	1,230
No. of new referrals who did not accept support	269	16	-	285
No. of new referrals who were not accepted by service	691	35	-	726

During 2018/19 a total of 1,412 adults²⁷ (1,390 women and 22 men) and 1,070 children were supported by refuge-based support services in Wales²⁸.

A total of 2,223 referrals (2,156 women and 67 men) were made to refuge-based services, of which 1,230 referrals (55%) were able to be supported (1,215 women and 15 men).

²⁵ Refuge and unit data comprises data provided to Welsh Women’s Aid by member services, and data held on Routes to Support database of non-member services

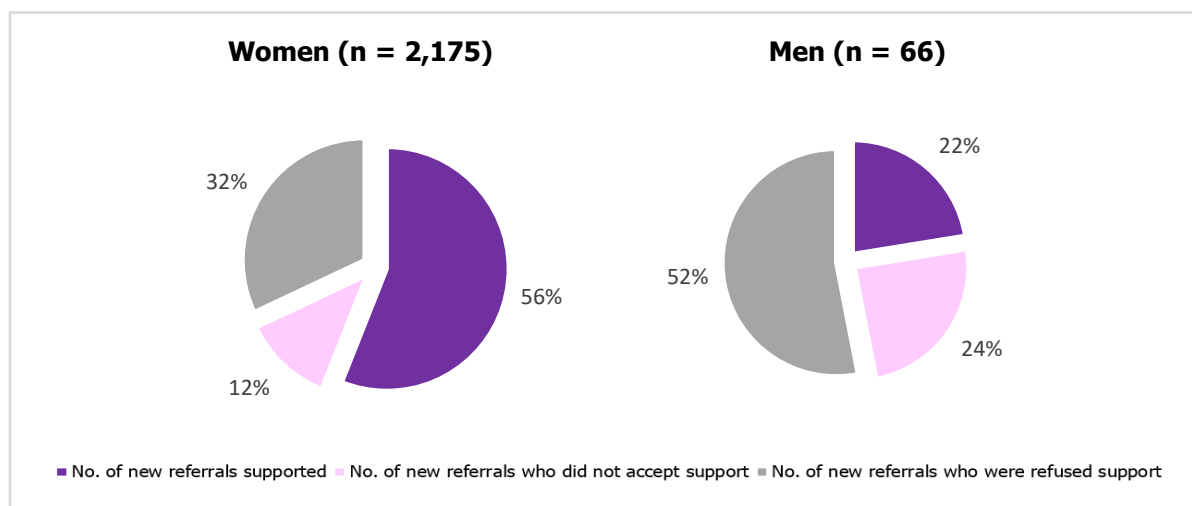
²⁶ Revised population estimates for England and Wales: mid-2012 to mid-2016 (18+), Office for National Statistics, 2017.

²⁷ This includes survivors who were in refuge-based services at the beginning of 2018/19 and those who were referred and accommodated during 2018/19.

²⁸ WWA Member services only.

726 survivors (691 women and 35 men) were unable to be supported by the service (33% of referrals) and 285 survivors (269 women and 16 men) did not accept support (13% of referrals). There is some overlap from those referred in the previous year, who were then supported in this financial year, making the number of referrals supported, did not accept and were not accepted higher than the total new referrals from April 2018.

Chart 10: Proportion of referrals accepted, refused and declined support



Women accounted for 97% of total referrals to refuge-based services during 2018/19. More than half of those referred were able to be supported (1,215, 56%)²⁹ and almost one third (32%) were unable to be supported by the service where and when they needed help, due to availability of space and service resource/capacity issues³⁰.

Men accounted for 3% (67) of total referrals in 2018/19. 15 men referred were accommodated, accounting for 22% of total referrals, while over half of men (35, 52%) referred to refuge-based services were unable to be supported by the service; the most common reason reported being no space in the refuge (8, 23%).

Some agencies or professionals may enquire about refuge space or support provision prior to referral, and may therefore be aware that the service cannot support the survivor prior to referral. The actual demand for refuge may therefore be much higher.

3.3: Survivors unable to be supported

Survivors unable to be supported by the refuge at the point of referral

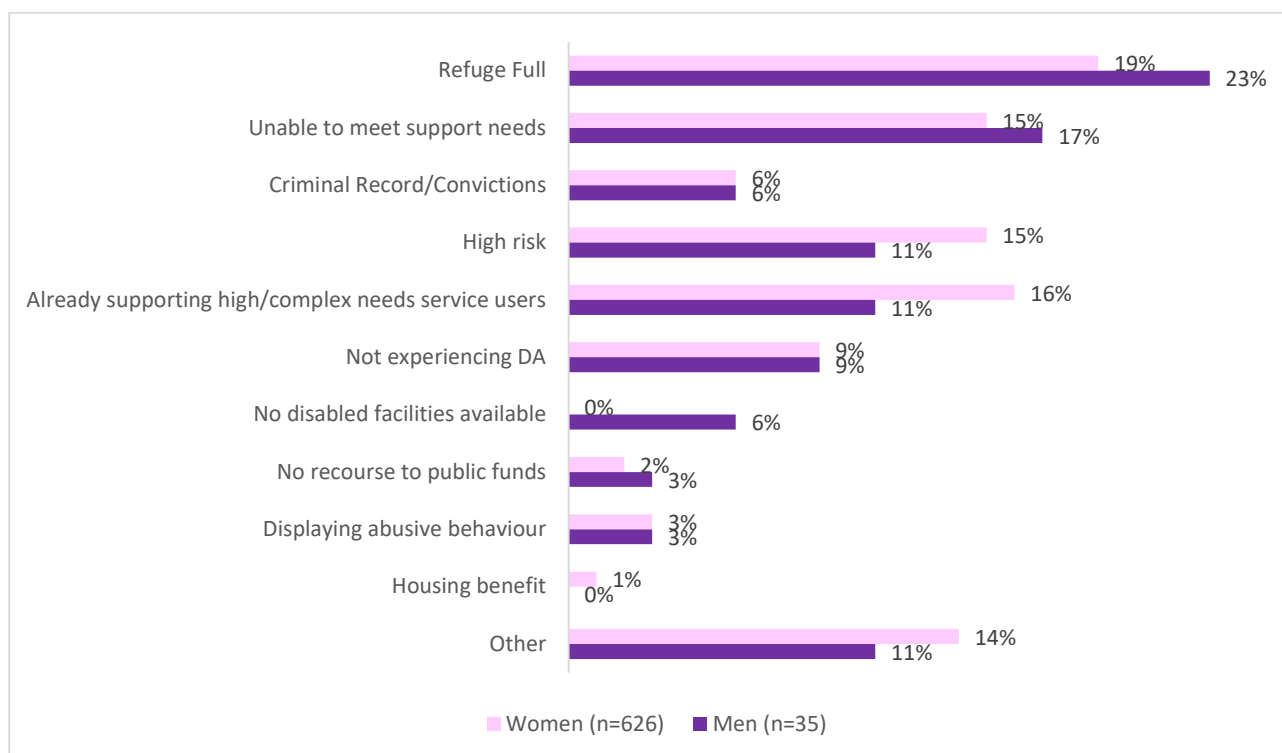
A total of 726 survivors were unable to be supported by the refuge-based support service after referral. The reasons were recorded for 661 survivors (91%) (626 women and 35 men).

Where data was available **77% of survivors (512) were unable to access refuge due to reasons surrounding capacity**, including the refuge being full, unable to meet support needs, already supporting high support needs, high risk, criminal convictions, no disabled facilities available, no recourse to public funds, displaying abusive behaviour and housing benefit.

²⁹ Data on referral outcome available for 2175 women and 66 men; remaining survivors can sometimes be on waiting lists throughout the year so are unaccounted for in these statistics

³⁰ Please refer to section 3.5 for reasons survivors were not able to be supported by the service.

Chart 11: Reasons for survivors not being accepted into service



Expectedly, the highest proportion of women and men were not able to be supported by the service because the **refuge was full**: 117 women (23% of 626 referrals) and 8 men (19% of 35 referrals) were not supported for this reason.

The second most prevalent reason for survivors not being accepted into refuge-based support was because the **service did not have the capacity to meet their support needs**. Not all services in Wales are resourced to have the capacity to offer support to survivors with additional/complex support needs, and are limited in how many families they are able to support due to current occupancy, staffing and funding.

99 survivors (15%) were not supported because their support needs could not be met by the service, and a further 103 survivors (16%) were not supported because the service was already at capacity in terms of the number of families already being supported with identified ‘complex’ support needs.

Table 8 shows, of the 36 refuge services in Wales, the number and proportion of services who can consider supporting women with specific support needs.

Although the primary reason recorded by services is due to lack of space, the table below further highlights the difficulty some women may encounter should there be availability, and the number unable to be supported on the grounds of additional support needs (“Already supporting high/complex needs”) may therefore be much higher.

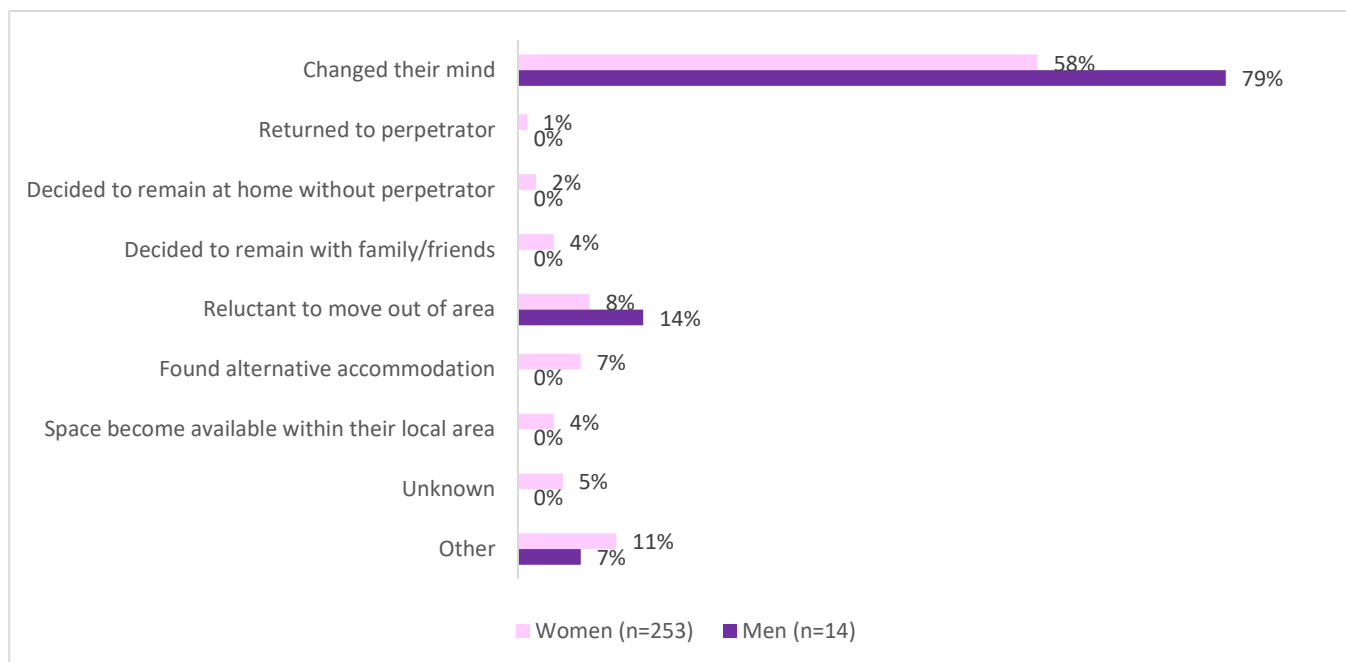
Table 8: Number of refuge-based support organisations who accept women with additional support needs (Routes to Support, May 2019)

Additional Support Needs	No. of services	% of services
Women with Mental Health support needs	31	86%
Women with drug dependency needs	25	69%
Women with alcohol dependency needs	27	75%
Women on Methadone programme	29	81%

A total of 96 women (15%) and 4 men (11%) were assessed as being **'high risk of being harmed'** if they were accommodated in the refuge, because of the proximity of the property to their abuser or the perpetrator knowing the location of the survivor/refuge.

Survivors who did not take up the support following referral

Chart 12: Reasons for not accepting support



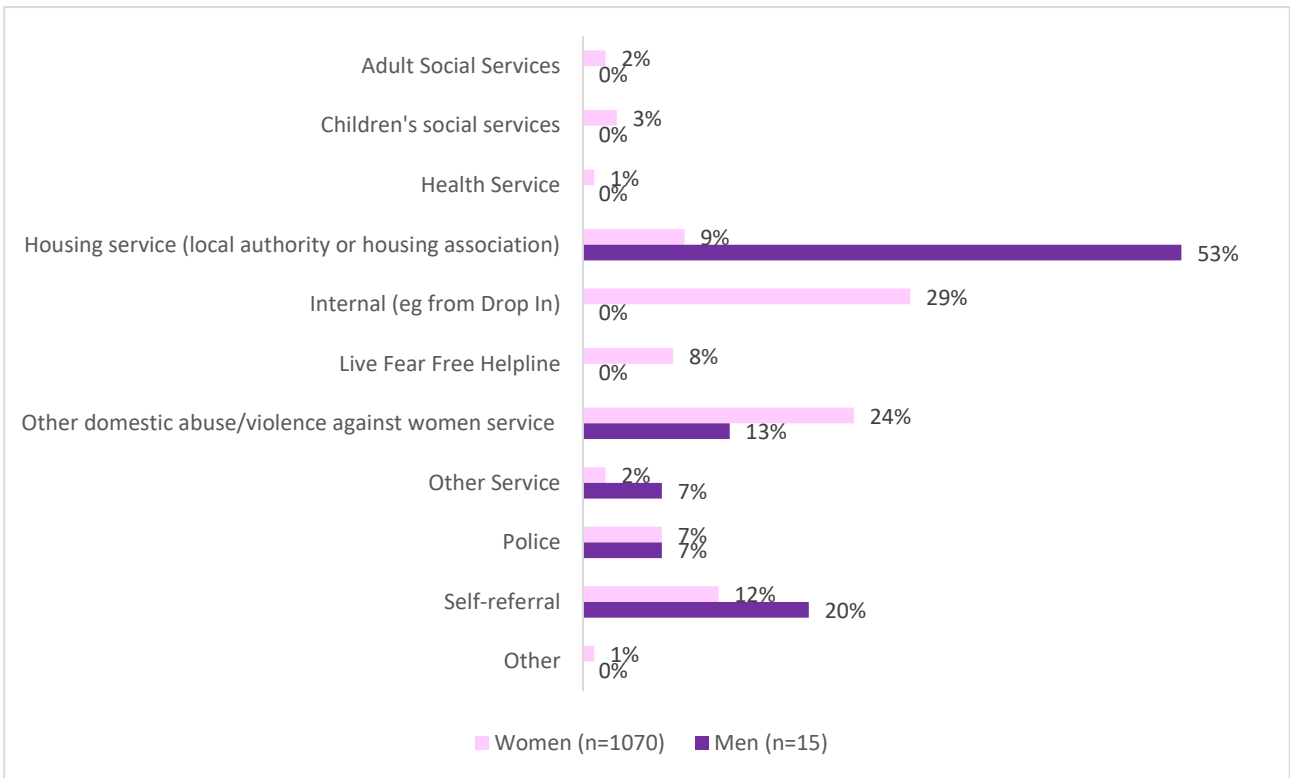
A total of 285 survivors did not accept support from the service following referral. The reasons were recorded for 267 survivors (253 women (94%) and 14 men (88%)). Over half of the total number of women (148, 58%) and 11 men (79%) who were referred to refuge reported they had changed their mind prior to accessing the service.

21 survivors (19 women and 2 men) did not accept refuge space because they were reluctant to move out of their home area. As discussed, availability of refuge space can impact the accessibility to refuge as survivors may often be required to relocate temporarily which means relocating away from their home, family, job and sometimes, their children.

3.4: Referral sources and location

Data on referral source was collected for 88% of new starters during 2018/19 (1070 women – 88% and 15 men – 100%).

Chart 13: Referral source

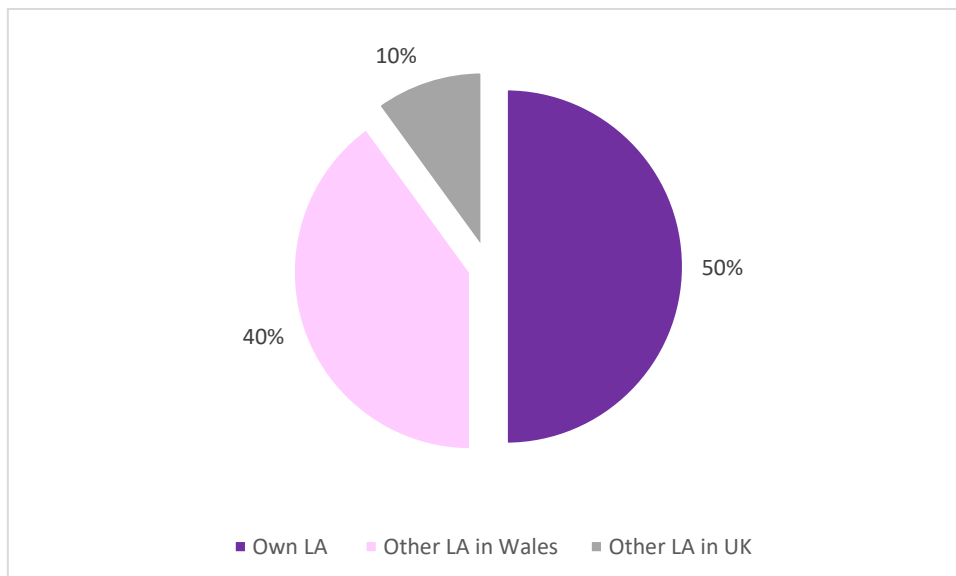


This year, the highest referral source for women was from an internal service, which referred 314 survivors (29%). Other VAWDASV services referred 256 women to refuges this year (24%).

‘Other VAWDASV services’ would refer to external organisations within the sector who may not have capacity to support survivors themselves, and ‘internal service’ would refer to another VAWDASV service being delivered within the organisation such as drop-in, IDVA etc. Both of these referral sources indicate that the survivor has already been accessing support for domestic abuse, and as such has been assessed by a professional as requiring refuge support. Over half of referrals of women (570, 53%) have therefore received some level of support prior to accessing refuge.

Referral area

Chart 14: Referral Location



Survivors and their children fleeing domestic abuse need quick access to the national (and UK) network of refuge-based support. Survivors will not always be accepted or referred to refuges within the same area because there may not be capacity at that point to accept referrals, or it may not be safe to be housed within proximity to the perpetrator(s).

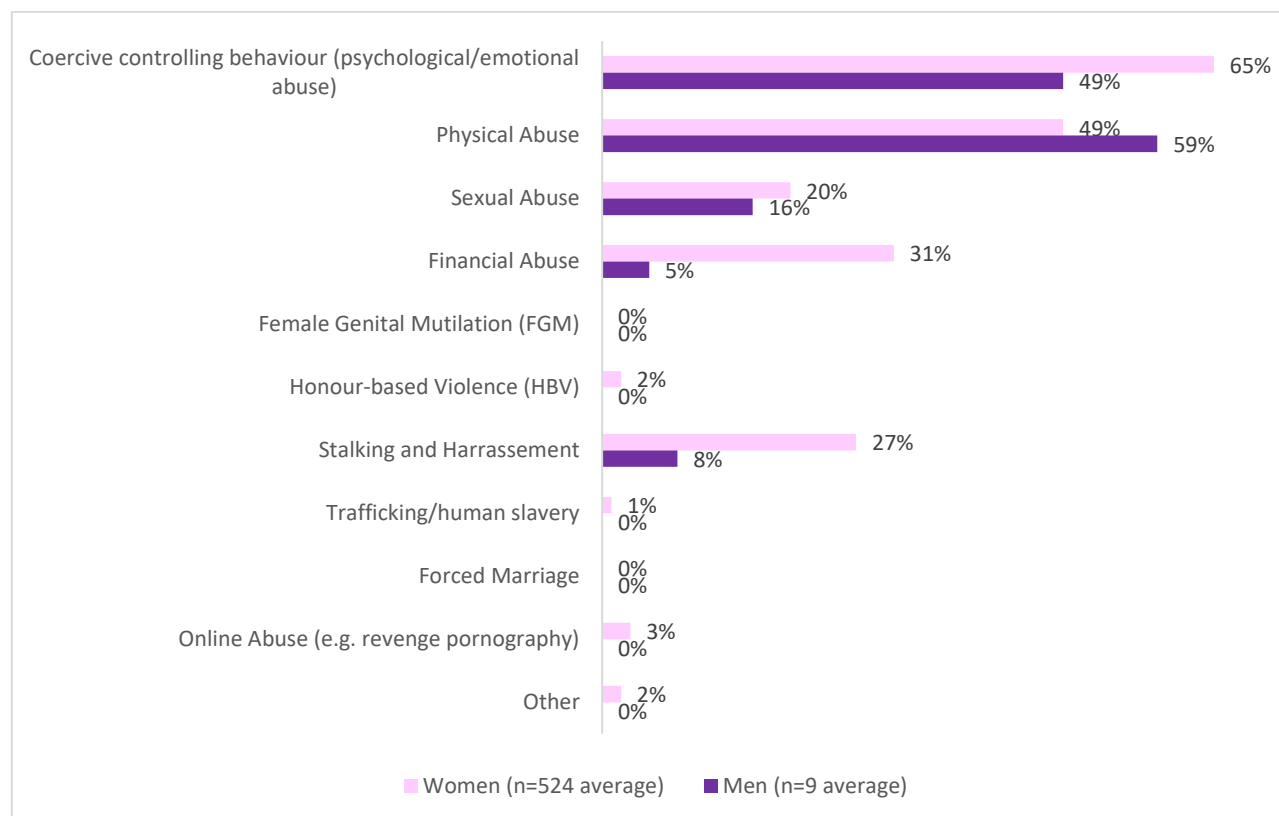
For example, of the 726 survivors who were not able to be supported by the service, 125 (117 women and 8 men) were turned away because the refuge was full, and 100 (96 women and 4 men) were assessed as being high risk on the grounds that the perpetrator knew their location³¹.

Data was provided for 955 survivors (78%) who were referred to and accessed refuge-based support services during 2018/19. Specialist services reported that half of survivors (483, 50%) were supported within their own local authority area.

One half of survivors were not supported within their own local authority; over one third (381, 40%) were supported in a different local authority area within Wales and 91 survivors (10%) travelled from elsewhere in the UK, reflecting the need for the national network of refuge services which enables survivors to move across local authority boundaries to access support and safety.

3.5: Types of abuse disclosed

Chart 15: Abuse types experienced by survivors in refuge-based support



Abuse types were reported for an average of 524 women and 9 men per quarter³². On average, women and men both reported experiencing over 2 different types of abuse³³. Not all services currently record this data,

³¹ Please refer to Section 3.5 for full breakdown of reasons for survivors not being accepted by the refuge at point of referral.

³² Data is calculated from the quarterly datasets for all survivors in service. As survivors are in-service over multiple quarters, WWA cannot use the cumulative data for the full year due to recurring data of individuals, and therefore double-counting of abuse experienced by survivors. The quarterly average has been used to represent the prevalence of abuse types disclosed by survivors in any one period.

³³ Total number of abuse types divided by total number of survivors included in the dataset.

so the reported abuse types has been measured alongside the number of survivors supported for the respective services only.

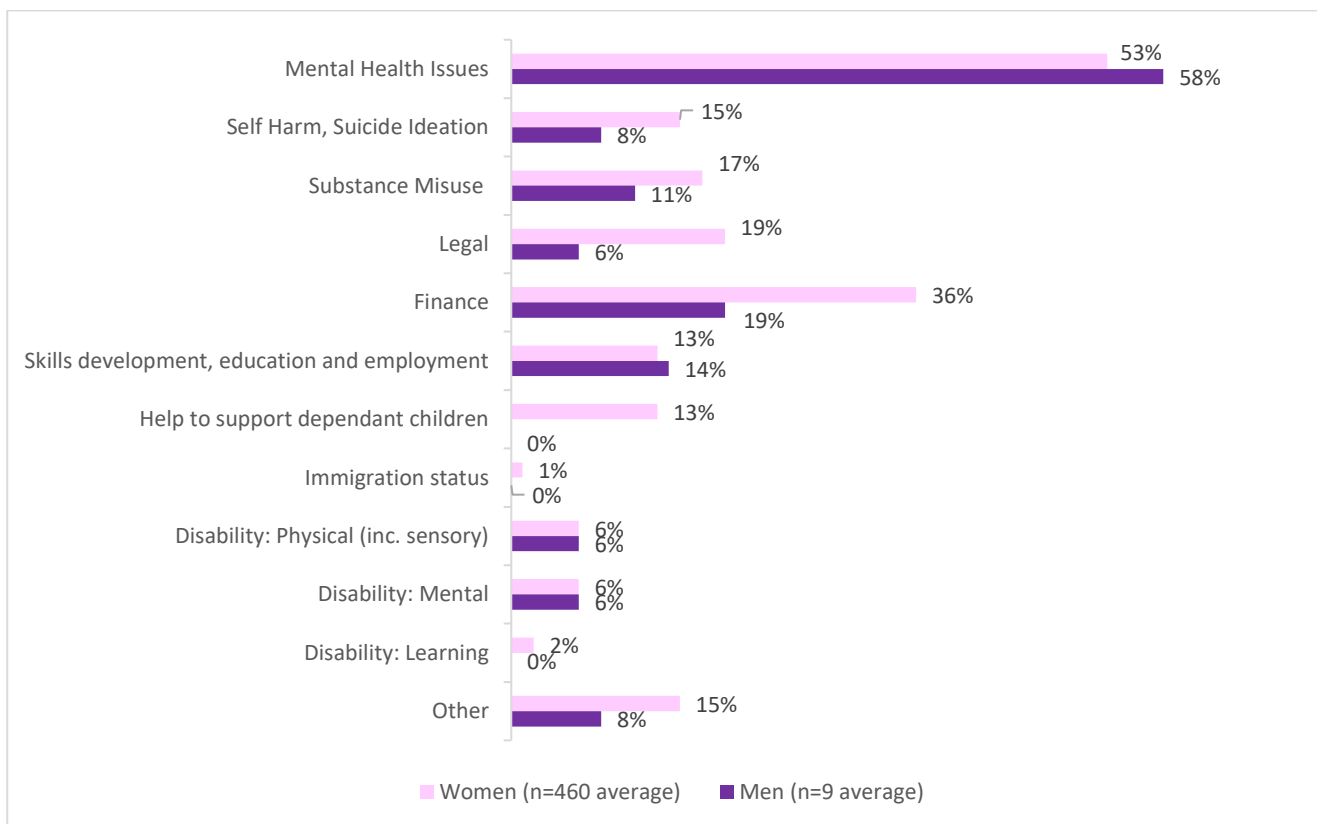
The most prevalent form of abuse disclosed by survivors was **coercive control** – which encompasses emotional and psychological abuse as well as a range of other tactics – or pattern of behaviour – to take away the person’s liberty, freedom and sense of self. This may include isolation, degradation, surveillance and micro-regulation of everyday life (monitoring phone calls, dress, food consumption, social activity) to reduce the person’s space for action.

This year, of 9 men accommodated and supported in refuges per quarter, 5 disclosed coercive control in any one quarter.

3.6: Support Needs

Many survivors have a range of support needs associated with their experience of abuse. For instance, survivors who have experienced financial abuse and restricted access to funds are likely to require support in accessing financial support. Some survivors may also have complex support needs not associated with their abuse, such as disability, which must be addressed by the service in order to provide support. For instance, survivors with physical impairments may require adapted living spaces, wheelchair accessibility, and/or personal care. Other support needs may include communication assistance (for example, sign language interpretation), accessible transportation, or information being made available in other formats (for example, Braille, large-print information etc.)³⁴. Provision of support across a wide-range of needs is therefore vital in providing all survivors with the best opportunity to rebuild their lives and be better placed to live independently and free from abuse.

Chart 17: Additional support needs of survivors in refuge-based support



³⁴ Disability and domestic abuse, Public Health England, 2015. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

Additional support needs were reported for an average of 460 women and 9 men per quarter³⁵. On average, women reported having 2 different support needs, and men reported having between 1 and 2 different support needs³⁶.

63% of survivors in refuge (244 out of 460 women (53%) and 5 out of 9 men (58%)) disclosed having **mental health support needs**, such as depression, anxiety, PTSD etc.

In this year, need by disability was disaggregated into physical, mental and sensory disability, in order to more accurately depict the needs of survivors. For both women and men, an average of 6% of survivors per quarter needed assistance with physical disability (including sensory) and an additional 6% needed support around mental disability (27 women and 1 man, and 28 women and 1 man respectively). No men reported needing assistance with learning disabilities, however an average of 8 women per quarter did need support regarding this.

Table 9 shows, of the 22 organisations delivering refuge-based support in Wales, the number and proportion of services who provide accessible services to meet specific support needs.

The table shows a significant shortfall in facilities, with **less than half of services (13 out of 36) providing wheelchair access across their refuges, and even fewer being able to support women with hearing or visual impairments, or with learning difficulties**. Despite the increase in survivors supported with needs relating to being disabled, the total supported still represents a minority and the lack of provision further highlights the difficulty disabled survivors with additional support needs may encounter when seeking support via refuges.

Table 9: Number of refuge-based support services with disability provision (Routes to Support, May 2018)

Disability Provision	No. of services	% of services
Wheelchair Access	13	36%
Hearing Impairment	5	14%
Visual Impairment	2	6%
Support available for women with learning difficulties	1	3%
Able to accommodate carer	5	14%

3.7: Children of survivors in refuge-based support

During 2018/19, an average of 268 children were supported per quarter³⁷ in refuge-based services alongside their parents³⁸.

On average, 170 survivors (32%) per quarter had children residing with them in refuge and 54 (10%) had children residing elsewhere (such as family, friends, in the care of social services etc.).

Service providers contributing to this report were asked to provide a breakdown of place of residence of children not in refuge. Data was collected for an average of 82 children per quarter. 45% of the children not in refuge were reported as being with another family member (an average of 149 per quarter) followed by 25% being housed with social services, which includes temporary and permanent foster care (81 children and young people per quarter on average). An average of 39 were with their other parent who was not the perpetrator (12%) whilst 1% were still with the perpetrator whilst their parent was in refuge (35).

³⁵ Data is calculated from the quarterly datasets for all survivors in service. As survivors are in-service over multiple quarters, WWA cannot use the cumulative data for the full year due to recurring data of individuals, and therefore double-counting of survivors' support needs. The quarterly average has been used to represent the support needs of survivors in any one period.

³⁶ Total number of support needs divided by total number of survivors included in the dataset.

³⁷ Data is calculated from the quarterly datasets for all children in service. As children can be in-service over multiple quarters, WWA cannot use the cumulative data for the full year due to recurring data of individuals, and therefore double-counting of number of children supported. The quarterly average has been used to represent the number of children supported in refuge in any one period.

³⁸ Not all children who were accommodated in refuge received dedicated support due to lack of funding

On average, 40 of the 268 children (15%) supported per quarter were on the Child Protection Register.

3.8: Sex of Perpetrator

For the first year, data is being routinely gathered regarding the sex of the perpetrator, in order to evidence the gendered nature of violence.

Table 10: Sex of Perpetrator

	Female Survivor	Male Survivor
Male Perpetrator	743	1
Female Perpetrator	51	13
Identifies as Another Gender	3	0

Data on the primary perpetrator of abuse was obtained for 811 survivors who were accommodated in refuges during 2018/19.

92% of the total reported perpetrators were male (744) with the remaining 9% reported as female (64). Where the survivors were female, this rose to 93% (743) and only 6% of perpetrators were female (51), with 3 perpetrators identifying as another gender (<0%). Where survivors were male, 7% of perpetrators were reported as also being male (1) with the majority being female (93%, 13).

3.9: Multi-Agency Risk Assessment Conference (MARAC) Referrals

Data for MARAC referrals was collected on a quarterly basis for all survivors residing in refuge-based support services.

On average, 36 women (7%) supported per quarter were assessed as being at ‘high risk’ of significant harm/homicide and were referred to MARAC for coordinated safety-planning. In 2018/19, a total of 2 men supported in refuge throughout the year were referred to MARAC.

3.10: No Recourse to Public Funds: refuge-based support

This year, 32 survivors were referred to refuge-based support services in Wales who, because of their insecure immigration status, had ‘no recourse to public funds’. 30 survivors without recourse to public funds were accommodated and supported in refuges (some of whom were in refuge when the year began so were not included in the referral statistics).

Residence permits that allows someone to live in the UK may include the condition that the person has “no recourse to public funds”. If so, it means they are not be able to claim most benefits, tax credits, homelessness assistance or social housing (a full list of what is classed as ‘public funds’ and exceptions is available at: <http://www.nrpfnetwork.org.uk/information/Pages/public-funds.aspx>).

Access to refuge-based support for survivors of abuse who have “no recourse to public funds” can be more difficult than community-based services because in many cases survivors will initially have no means of paying for their rent.

In addition, many migrant women are unable to leave an abusive relationship for fear of being deported as their visa may be dependent on a violent partner or family member. They may also fear destitution if they are economically dependent on a partner or relative who is also their sponsor.

Immigration rules or concessions do allow for victims of domestic violence on spousal visas to remain indefinitely in the UK and claim benefits while they regularise their status, e.g. if someone is a victim of domestic abuse and their relationship has broken down because of domestic violence and they have no

money to support themselves. An exemption claim can be made to access public funds for up to 3 months while UK Visas and Immigration considers an application to settle in the UK.

This concession only applies in certain circumstances, and does not apply to all survivors who are impacted by insecure immigration status and who are destitute as a result of being abused, including for those on others visas or undocumented women. Insecure immigration status may also prevent survivors from seeking help from the police or social services for fear of being arrested and reported to the Home Office.

Despite concessions available, **only 11 of the 36 (31%) refuge services in Wales listed on Routes to Support state they will accept survivors with “no recourse”³⁹.**

3.11: Moving on from specialist support

During 2018/19, 1,191 survivors (1,179 women and 12 men) moved on from refuge services across Wales. The most common length of stay in refuges across Wales is 1 month or less, with 47%.

Table 11 displays the length of time that survivors were accommodated and received refuge-based support.

Table 11: Length of stay in refuge for survivors who left service

	2018/19 ⁴⁰	
1 month or less	542	47%
1 - 2 months	178	16%
2 - 3 months	128	11%
3 - 6 months	192	17%
More than 6 months	103	9%

Move on housing and accommodation

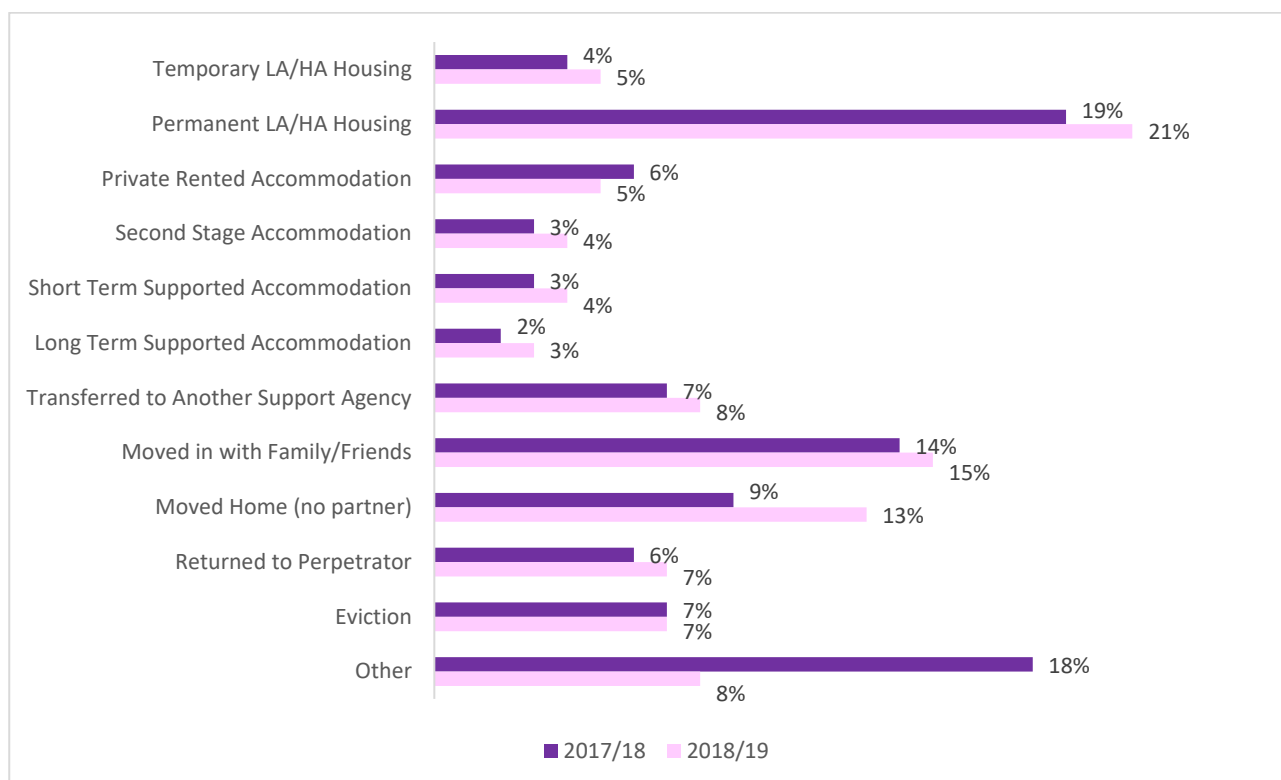
The most prevalent reason for survivors leaving refuge support was having secured permanent local authority/housing association accommodation, accounting for 208 survivors (21%).

For 482 survivors (40%) who moved on from refuge-based support, the local authority area to which they moved was recorded. Two-thirds (297, 62%) of survivors were rehoused in the same local authority area as the refuge-based support, 147 survivors (31%) were rehoused or moved to another area in Wales, and 38 (8%) left refuge to live elsewhere in the UK.

³⁹ Data from Routes to Support at May 2018.

⁴⁰ 2018/19: not available for 48 survivors.

Chart 19: Move on accommodation/reason for ceasing refuge support



3.12: Welsh Government Outcomes

Table 11: When surveyed at the end of their stay in refuge;

Refuge-based support services	Yes		No		Don't know		Total survivors asked	No. of submissions
	No.	%	No.	%	No.	%		
No. of survivors reporting feeling safer	455	89%	44	9%	13	2%	512	36
No. of survivors reporting being provided with the information and advice they need to access services and support, and are able to make informed choices	412	89%	37	8%	14	3%	463	36
No. of survivors reporting an improvement in their quality of life & wellbeing	396	87%	47	10%	12	3%	455	36
No. of survivors reporting being better able to access appropriate support services	410	90%	31	7%	17	3%	458	36

As with community services, survivors are asked about improvements in the 4 areas set out in the table. The percentages of improvement is at or above 87% for all outcomes, higher than community - possibly due to being in refuge when being asked the questions and receiving more intensive support.



4. Sexual Violence Services

The suite of services currently delivered by dedicated rape crisis / sexual abuse support services in our membership include Independent Sexual Violence Advisors (ISVAs), counselling services and group support work.

The services provide dedicated support for adults, children and young people (0-17 years) effected by recent or historical sexual violence and abuse, dedicated support for survivors in the sex industry, survivors of sexual exploitation and trafficking.

Across three member services providing specialist sexual violence support across Wales⁴¹, a total of **1,001 referrals** were made during 2018/19 (**844 women, 157 men**), and **1,332 survivors were engaging with and supported** through dedicated sexual violence services (1,141 women and 191 men).

Table 12: Survivors Referred to Specialist Sexual Violence Services

	Women	Men	Total
Total supported	1,141	191	1,332
Total new referrals to sexual violence services from April 2018	844	157	1,001
No. of new referrals supported	620	173	793
No. of new referrals who did not accept support	12	4	16
No. of new referrals who were not accepted by service	24	4	28
No. of new referrals on waiting list	211	40	251

Due to the demand on services, and the limited availability of support at any one time, survivors are often placed on waiting lists whilst assessment is completed and capacity for support becomes available. Due to the time spent on waiting lists between referral and engagement, a number of survivors supported during 2018/19 are likely to have been referred in the previous reporting period (i.e. 2017/18), which attributes to a higher number of survivors being supported than referred. Additionally, the period of engagement for some survivors may be less so than others, in which case a higher number of survivors can be supported from the waiting list.

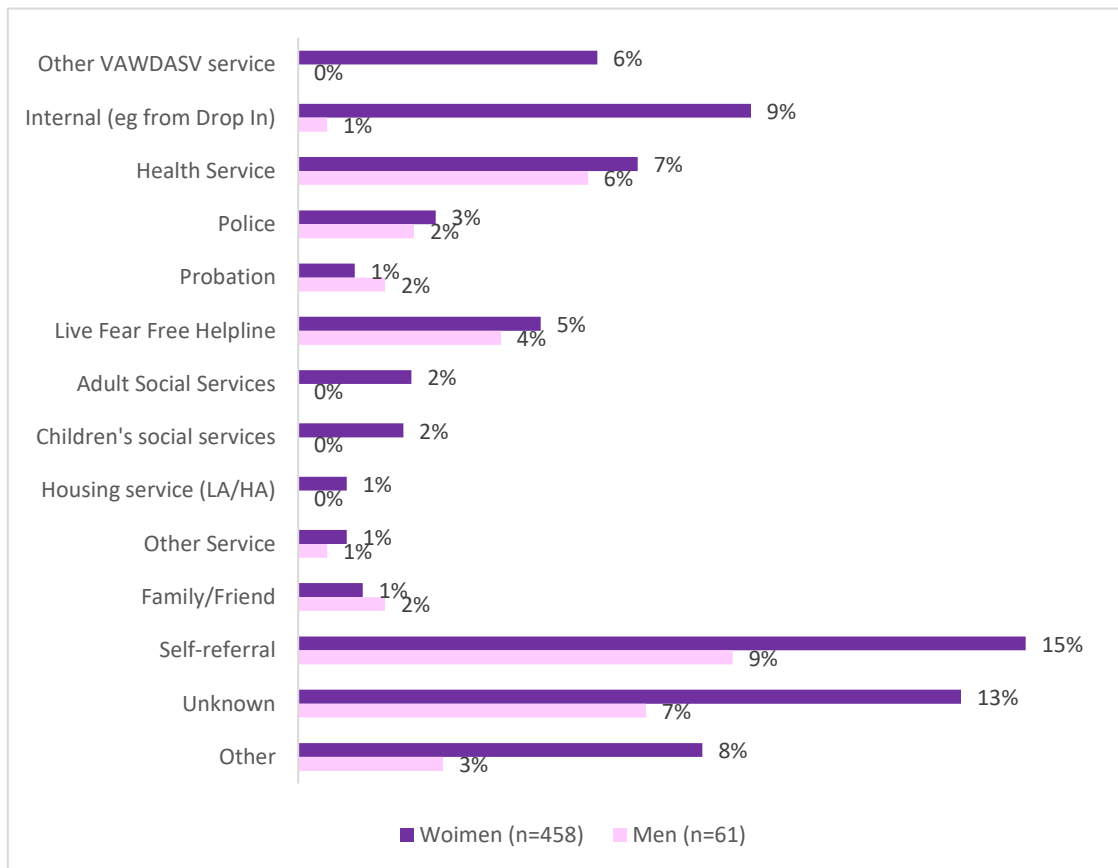
At the end of 2018/19, **251 survivors of sexual violence were on waiting lists for support** (211 women and 40 men) with the 3 services who are members of Welsh Women's Aid.

16 survivors (12 women and 4 men) did not accept support they were offered and 28 were unable to be supported by the service (24 women, 4 men). Where reasons were provided, 3 survivors were refused due to experiencing domestic abuse rather than sexual violence, so they were signposted to more relevant services, whilst 3 survivors (2 women, 1 man) disclosed abusing others after being abused themselves, so were signposted to other services.

⁴¹ 1 service based in Gwent, and 2 in North Wales

Sources of referral into the sexual violence services were recorded for 519 survivors who went on to access the service (458 women and 61 men). The most common source of referral for survivors was through self-referral, accounting for 15% of referrals for women (90 women) and 9% of referrals for men (15).

Chart 20: Referral Source into Sexual Violence Services



As well as recording the source of referral, the location of referral has been recorded for 739 survivors who accessed sexual violence services following referral. Due to the location of the services themselves (2 in North Wales and 1 in Gwent), the location of survivors reflects this, with the majority of survivors originating from North Wales (644, 87% of available data) followed by 93 survivors from Gwent (13%).

Despite these WWA member services not being in their area, 2 survivors outside of Gwent and North Wales accessed these services, with 1 person being from South West Wales, and one person from elsewhere in the UK. It should be noted that sexual violence services are provided in these areas by organisations who are not WWA members.

Table 13: Sex of Perpetrator

	Female Survivor	Male Survivor
Male Perpetrator	121	10
Female Perpetrator	1	0
Identifies as Another Gender	0	0

Data regarding the sex of the primary perpetrator of abuse was only provided for 17% of referrals who started accessing services in 2018/19 (132). This data shows that the majority of perpetrators were male (99%, 131) and only 1% were female (1).

When this is examined for male survivors, the rate of male perpetrator rises to 100% (10).

Abuse types were reported for an average of 402 women and 90 men per quarter⁴². Unsurprisingly, due to the nature of specialist sexual violence services, the highest abuse type experienced was sexual abuse with an average of 94% of women experiencing it (379) and 97% of men (87). Following sexual abuse, coercive control is experienced the most with an average of 18% of women and 4% of men (74 and 4 on average per quarter respectively).

Chart 22: Abuse Types Experienced by Survivors Accessing Sexual Violence Services

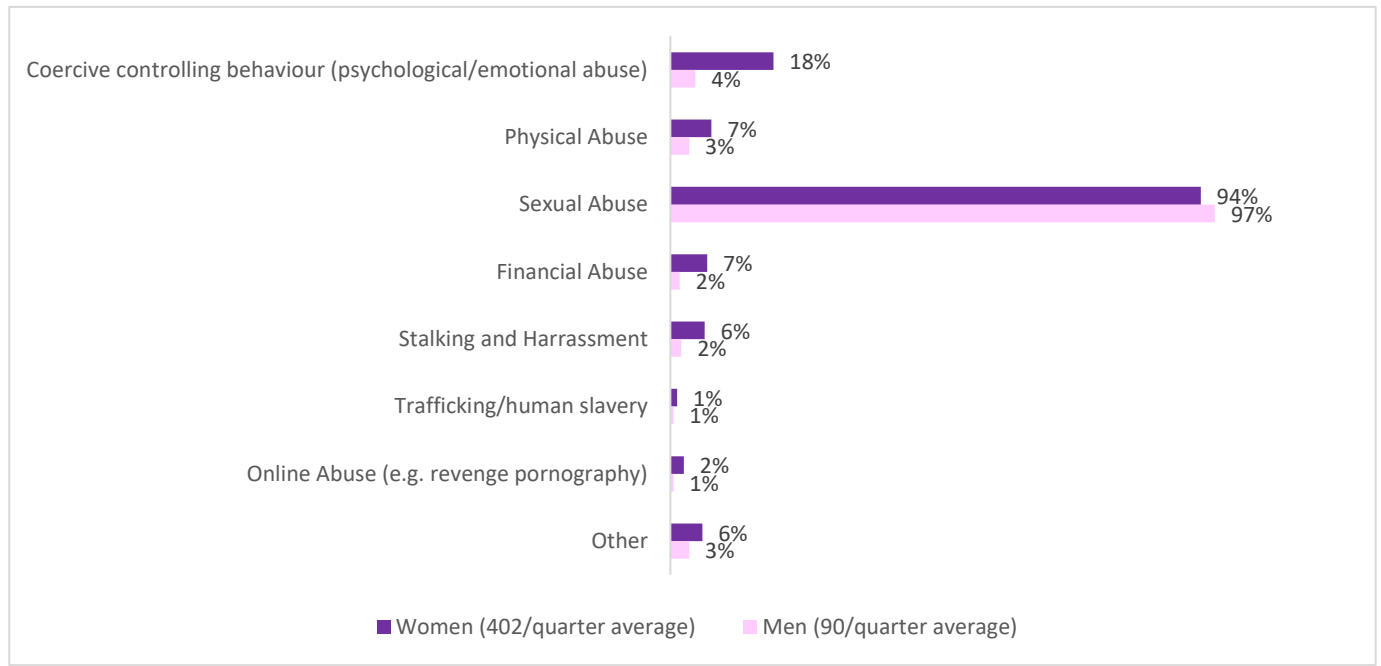
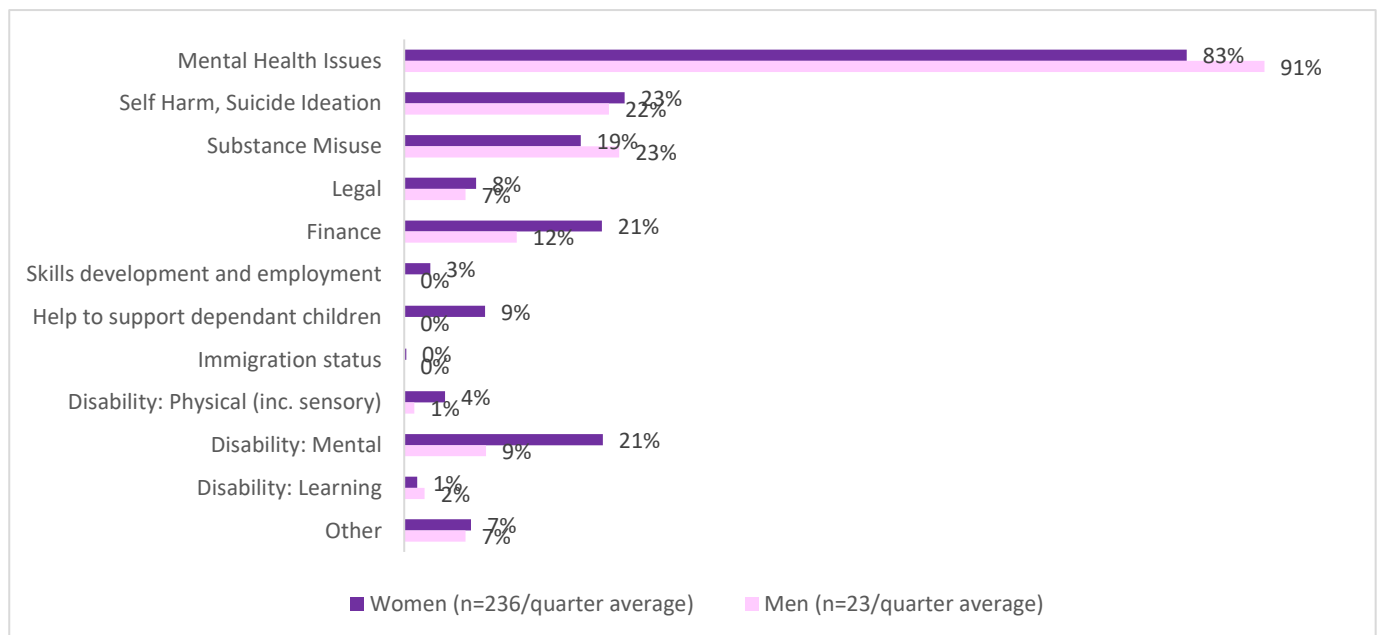


Chart 23: Additional Support Needs for Survivors Accessing Sexual Violence Services



⁴² Data is calculated from the quarterly datasets for all survivors in service. As survivors are in-service over multiple quarters, WWA cannot use the cumulative data for the full year due to recurring data of individuals, and therefore double-counting of abuse experienced by survivors. The quarterly average has been used to represent the prevalence of abuse types disclosed by survivors in any one period.

Additional support needs were reported for an average of 236 women and 23 men per quarter⁴³. The most prevalent support need reported was regarding mental health issues, which were disclosed by an average of 91% of men and 83% of women per quarter (196 and 21 respectively). Rates of survivors needing support surrounding self-harm and suicide ideation are higher for survivors accessing sexual violence services than those accessing community based or refuge services, with 23% compared to 14% of survivors in refuge and 3% of survivors accessing community based services.

⁴³ Data is calculated from the quarterly datasets for all survivors in service. As survivors are in-service over multiple quarters, WWA cannot use the cumulative data for the full year due to recurring data of individuals, and therefore double-counting of abuse experienced by survivors. The quarterly average has been used to represent the prevalence of abuse types disclosed by survivors in any one period.

5. Live Fear Free Helpline

The Live Fear Free Helpline, first established by WWA in 2014 as the Wales Domestic Abuse Helpline, now funded by Welsh Government, but still managed and delivered by Welsh Women’s Aid, is open to anyone who has experienced domestic abuse, sexual violence and/or violence against women, or to friends, relatives, professionals and agencies have concerns or queries about any form of violence or abuse. The service is free, and available 24 hours a day, 7 days a week.

The experienced support team can discuss concerns and provide help, support and information without judgement, blame or pressure. The team are equipped to provide support and information on a range of options and services throughout Wales, including emergency accommodation and access to refuge-based support, access to rape crisis/sexual violence support, counselling, and access to local support services for support with welfare and benefits rights, legal issues, homelessness and health-related support.

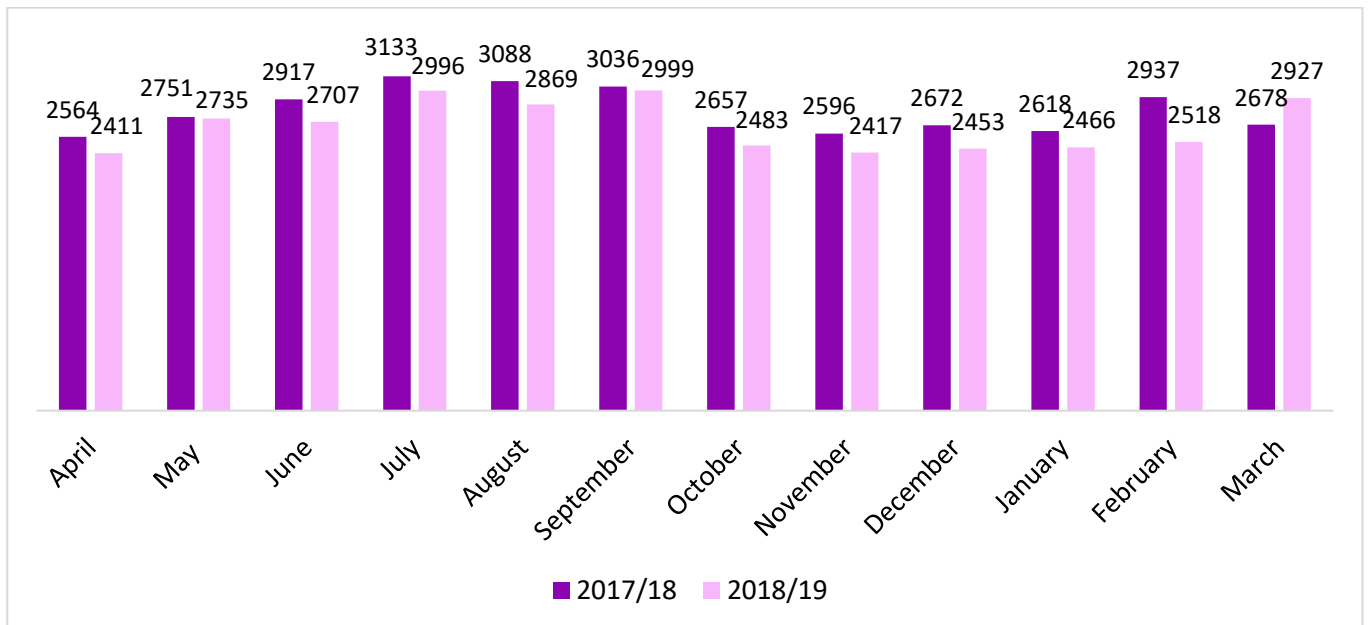
The Live Fear Free helpline holds a number of quality marks and awards for its good practice, including the Helplines Partnership Standard and the Trusted Charity Mark.

5.1: Incoming Calls

During 2018/19, the Helpline received a total of **31,981 contacts; 29,998 incoming calls, 175 emails, 42 texts and 1,766 web chats**. 43 crisis calls were received to the Helpline during the year, which required assistance from Emergency Services.

The volume of contact received during 2018/19 was a 5% decrease from 2017/18, in which a total of 33,642 calls, emails, texts and web chats were received. This was due to a technical change undertaken by the Welsh Government which introduced a lengthy webchat GDPR consent screen in October which needed to be accepted before the chat could be accessed. This has now been rectified and contact volume has increased back to expected levels.

Chart 20: Volume of contact received



The Helpline’s Live Chat facility received 1,766 contacts. This is a significant 2002% increase from 84 in 2017/18.

The Helpline is accessible via telephone, email, webchat and text in order to offer a service that is suitable to the service users’ needs. Webchat continues to increase in number of contacts month on month and is being

closely monitored to ensure that the 95% service response rate (strike rate) isn't compromised (the average length of webchat contact is 4 times that of a telephone call).

During the year, the strike rate was **95.75%**. The Helpline staffing rota is adapted to accommodate new projects to ensure that the strike rate is always taken into account. Call volume data is utilised to determine how staff should be deployed.

The Helpline also undertook 7,651 outgoing calls, ranging from calls to agencies, passing messages on to DAS Groups, survivors participating in the Holding services and Ambulance referral pathways etc. This would take the total number of incoming and outgoing contacts managed by the Helpline to 39,632. The number of Outgoing calls were significantly less than in 17/18 due to ending the PPN pilot with SW Police.

A large percentage of the callers to the Helpline were from people who had been signposted by other agencies, as a result of Welsh Women's Aid publicity, specialist services (via promotion of the out-of-hours service – 'diverted calls') and other partner organisations promoting the service.

Other sources were the police, health, other agencies, social services, posters/leaflets, solicitors, radio/media, word of mouth, website, local authority and callers who had made contact before.

A proportionally small but significant increasing number of referrals are being made by health professionals and emergency services, like national ambulance service staff. Action by the Helpline service in 2019/20 will ensure referral pathways continue to grow with the introduction of Ask and Act.

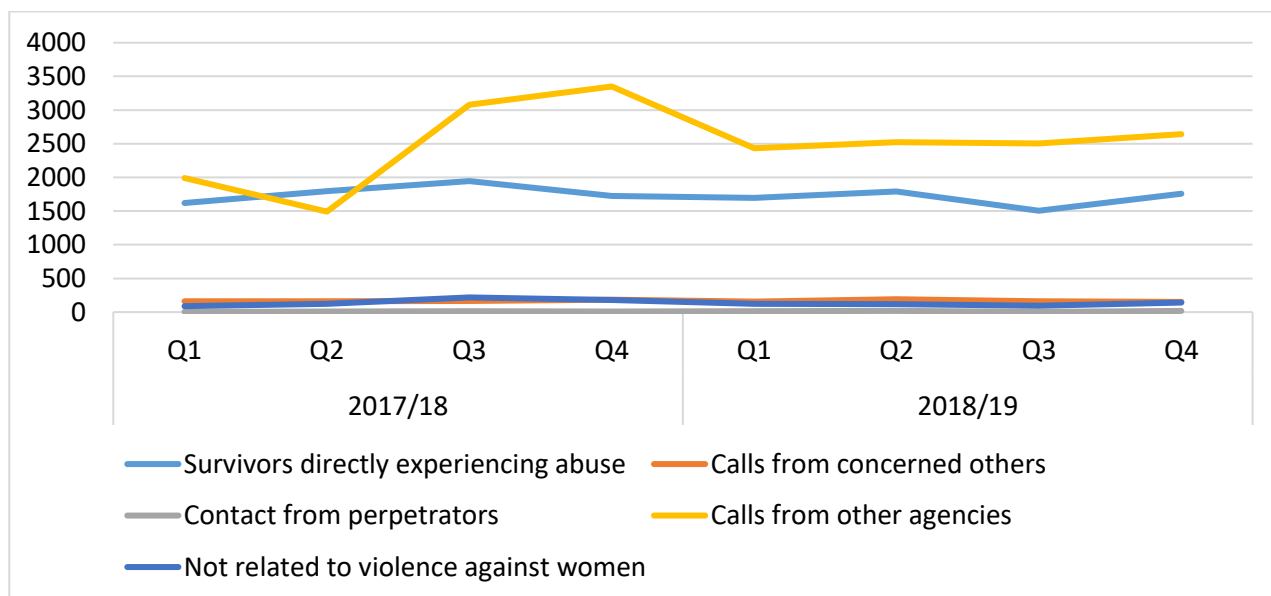
Caller Type

In 2017/18, the caller profile was recorded for 18,035 (56.5%) of the calls received into the Helpline.

During the year, there were 16,850 calls that directly offered support to help survivors of violence against women, domestic abuse or sexual violence. These included survivors directly calling the helpline and professionals calling with the survivor present or on the survivor's behalf.

In both 2017/18 and 2018/19 calls received from other agencies with or on behalf of survivors accounted for more than half of total recorded calls received at 9,913 (54%) and 10,098 (56%) respectively.

Chart 21: Type of caller contacting the Helpline



The second highest volume of recorded calls received was from survivors directly, with a total of 6,752 survivors (37.4%) contacting the Helpline during 2018/19. Of survivors calling directly, 91.5% were women, 5% were men, and 3.5% were of unknown gender. This does not represent the number of people experiencing abuse or the number of survivors being referred to and supported by the Helpline, as other

agencies (such as health or police) will refer survivors to the Helpline who then receive a direct call from the Helpline to offer support. This is supported by the data collected for outgoing calls.

The volume of calls received from concerned others (i.e. family and friends) for 2017/18 and 2018/19 was 671 (3.7%) and 656 (3.6%) respectively. There was a very slight decrease in volume of 2% from 2017/18 to 2018/19. Given that survivors of abuse are most likely to first disclose to friends and family, this suggests that more could be done to raise awareness of the support offered by the Helpline to friends and family of people experiencing VAWDASV. The Welsh Government Bystander campaign could be instrumental in increasing the volume of calls made by Concerned others.

The types of callers recorded is always lower than the volume of incoming calls recorded, because the Helpline receives un-recordable calls for a number of reasons. Due to the sensitive nature of the service, many callers find it too difficult to talk about the reality of their abuse when they are connected to a Helpline support worker. Callers have disclosed that they may try to ring several times before they actually talk about their experiences, which are logged as 'hang ups' (12,796 'hang-up' calls logged during 2018/19). Similarly, the Helpline receives silent calls so cannot establish the nature or type of call (approximately 1,150 received during 2018/19). Other types of calls are missed calls (where all Helpline staff are busy), calls from malicious or abusive callers, testing calls from children and young people, incorrectly dialled numbers, network coverage problems, human error etc., which accounts for the difference between caller types recorded and volume of calls each quarter.

5.2: Children and Young People

During 2018/19, 1,551 survivors experiencing abuse contacted the Helpline and identified they had children who were also impacted by abuse. The Helpline has provided support to the parents of an estimated 2,922 children, and to 19 children and young people who have contacted the Helpline directly.

5.3: Referrals Out

Emergency refuge services

In 2018/19, 1,089 calls were from either agencies or survivors seeking refuge space;

- 271 women (25%) and their children were directly referred to emergency refuge accommodation. It is estimated that on average women have 1.2 children, bringing this total to 596 women and their children needing emergency refuge via the Helpline.
- 818 women (75%) and their children were indirectly referred to emergency refuge accommodation, through a third party. With the average of women with 1.2 children, this brought the total to 1,799 women and their children needing emergency refuge via the Helpline through a third party.

The majority of callers were given information on housing, police, legal, counselling, Social Services, family and children support services and rape and sexual abuse support services.

MARAC

In addition the Helpline service responded to 43 callers in a crisis facing life threatening situations and they were successfully referred to Emergency Services for immediate assistance. A further 216 survivors were supported and given information on a full risk assessed checklist (RIC DASH), were referred to Multi Agency Risk Assessment Conference systems through the Helpline.

Signposting and referral to other agencies

During this period the Helpline referred and signposted callers to other agencies for ongoing or local help and support as needed. **170** survivors wanted to be directly referred to our partner agencies (RASASC, New Pathways and Stepping Stone) for specialised counselling in sexual abuse.

28.2% of referrals were made to other agencies on subjects such as money matters, child contact services, alcohol and substance misuse, men support services, victim and witness support, perpetrators' services, NHS, self-harm support groups and probation.

1,089 referrals (24.0%) were made to emergency refuge. 277 referrals (6.1%) were referred to emergency housing.

In 2018/19, 801 referrals were made to the police accounting for 17.7% of total referrals made – a decrease of 9.8% since 2017/18. Referrals to housing services accounted for 6.1% of referrals made by the Helpline. 277 referrals were received in 2018/19, compared to 450 in 2017/18 – a decrease of 38% year-on-year. It is important to note that there was an increase of 38% from 2016/17 to 2017/18. Therefore the decrease in the number of referrals may be due to an uncharacteristically high number of referrals in 2017/18.

There has been a 24% increase in referrals being made to rape and sexual abuse support services since 2017/18, in which 254 referrals were made compared to 315 in 2018/19. This has continued to increase over the last 3 years from 174 in 2016/17 (81% increase over 3 years), which indicates that there is a raised awareness of the support available.

5.4: Survivor Outcomes and Feedback

Outcome measures are used to evaluate and monitor the quality of the service provided by the helpline, following Helpline Partnership recommendations. During 2018/19, a sample of **2,537** outcomes forms were completed.

- **90.25%** of callers experiencing abuse within the sample had increased their confidence and had been provided with several empowering options after speaking to a helpline support worker.

Survivor Feedback

A service user panel is used during the recruitment process of new Helpline Support Workers. Service users' feedback is therefore instrumental in decision making, which ensures that the voice of the survivor is integral to the service. All Helpline Support Workers ask for feedback from survivors and concerned others when it is deemed safe and appropriate to do so. During 2018/19, 342 evaluations were gathered by the Helpline. All feedback received has been positive, and a sample provided below:

"My greatest gratitude to you, immediate response was excellent. I'm so glad, very helpful, thank you"
Helpline caller (survivor), 2018

"I appreciate your help and this service is fantastic and the only one like it in the UK. I know because I have searched high and low, you do amazing work. Thank you" **Helpline caller (survivor), 2018**

"Diolch yn fawr. Braf iawn siarad yn uniaith Cymraeg" (Thank you very much. Great to be able to speak through the medium of the Welsh language). **Helpline caller (survivor), 2018**

"I felt like a weight has been lifted off my shoulders and you can understand what I've been thinking all along" **Webchat contact (survivor), 2018**

"Excellent service, carry on the good work, we need it" **Helpline caller (survivor), 2018**

"Satisfied and very grateful that you could stay with me while waiting for the police-I was very distressed at that time. Thank you." **Crisis call received from survivor, 2018**

"I could not praise you enough, the social services came to my house today because you referred me and now things are starting to happen. I felt invisible.....I didn't know where to turn to. That day I spoke to you I felt at my lowest-thank you." **Helpline caller (male survivor), 2018**

Agency Feedback

The Helpline received 281 caller surveys from agency staff providing 100% positive feedback on the service they had received from the Helpline, and a sample provided below:

“Really helpful, great that the service runs out of hours. Really helped, feel more empowered to help my client”

“Every time I call I get a brilliant service. Staff always helpful and willing to look for alternative options”

“Very professional, felt very comfortable speaking with her even though she had to discuss uncomfortable things”

“She was magic, very helpful with MARAC referral forms”.

“Fast and efficient service”

“First class service, very helpful, thank you”



Conclusion

This annual data report again demonstrates the need for and effectiveness of the national network of specialist services (refuge-based support and floating support; community outreach support; rape crisis and sexual violence support and counselling; independent advocacy and ‘one stop shop’ women’s centres).

In the last year there has been 31,981 contacts to the Live Fear Free Helpline and 21,599 referrals in to community outreach support, refuge-based support and rape crisis and sexual violence support services.

Although there have been improvements in some areas, it remains unacceptable that a high proportion of survivors continue to be turned away or placed on waiting lists due to the demand on services, and the limited availability of support at any one time.

Last year, 251 survivors were on waiting lists for rape crisis/sexual violence support, and 239 women were on waiting lists for domestic abuse community support, due to the level of demand for services exceeding availability. During the same period, 512 survivors were turned away from accessing refuge-based support due to lack of space or resources to meet their support needs.

It is no wonder that some specialist services are struggling to meet demand for their services, as austerity continues to have a detrimental impact on survivors and on the specialist services established to support them.

In Wales, we have a national commitment to deliver sustainable funding for specialist services, in order to realise the objectives of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, although this is yet to be delivered. In the year ahead, it is vital that Welsh Government, commissioners and charitable funders work with us and our network of specialist services so that capacity is increased where necessary and sustainability achieved. No-one should be turned away from specialist services when they need help: everyone should have equal access to support which meets their long-term needs. At the same time, investment into specialist services must also enable delivery of early help and prevention in communities, if we are to have any real chance of preventing violence against women, domestic abuse and sexual violence across Wales.



Appendices

Appendix 1: Specialist services – service provision

	Organisation	Service	Refuge-based service	Community-based service	Dedicated Sexual Violence Service
1	Aberconwy Domestic Abuse Service	Aberconwy Domestic Abuse Service	Yes	Yes	
2	Atal Y Fro	Atal Y Fro	Yes	Yes	
3	Bangor and District Women's Aid	Bangor Women's Aid	Yes	Yes	
4	Calan DVS	CALAN DVS - Ammanford	Yes	Yes	
		CALAN DVS - Brecon			
		CALAN DVS - Bridgend			
		CALAN DVS - Neath/Pontardawe			
		CALAN DVS - Radnor			
5	Cardiff Women's Aid	Cardiff Women's Aid	Yes	Yes	Data not provided
6	Carmarthen Domestic Abuse Services	Carmarthen Domestic Abuse Services	Yes	Yes	
7	Clwyd Alyn Housing Association (CAHA) Women's Aid	CAHA Women's Aid	Yes	Yes	
8	Cyfannol Women's Aid	Cyfannol Women's Aid (Monmouthshire)	Yes	Yes	Yes
		Cyfannol Women's Aid (Torfaen)			
		Cyfannol Women's Aid (Blaenau Gwent)			
9	DASU North Wales	Deeside Women's Aid	Yes	Yes	
		Glyndwr Women's Aid			
10	Gorwel	Gorwel Gwynedd	Yes	Yes	
		Anglesey Domestic Abuse Service			
11	Montgomeryshire Family Crisis Centre	Montgomeryshire Family Crisis Centre	Yes	Yes	
12	Newport Women's Aid	Newport Women's Aid	Yes	Yes	
13	North Denbighshire Domestic Abuse Service	NDDAS	Yes	Yes	
14	Port Talbot and Afan Women's Aid	Port Talbot Women's Aid	Yes	Yes	
15	RASASC North Wales	RASASC North Wales			Yes
16	Safer Merthyr	Safer Merthyr		Yes	
17	Safer Wales	Safer Wales		Yes	
18	Stepping Stones North Wales	Stepping Stones North Wales			Yes
19	Swansea Women's Aid	Swansea Women's Aid	Yes	Yes	From 2019/20
20	Threshold DAS	Threshold DAS (Llanelli)	Yes		
21	Welsh Women's Aid	Welsh Women's Aid Colwyn Bay	Yes	Yes	
		Welsh Women's Aid Wrexham			
22	West Wales Women's Aid	West Wales Women's Aid - Cardigan	Yes	Yes	
		West Wales Women's Aid - Aberystwyth			
23	Women's Aid - RCT	Women's Aid - RCT	Yes	Yes	
			19	21	3 (4)

Data Contributors:

- **Refuge-based services:** 19 organisations
- **Community-based services:** 20 of 21 organisations (excludes data from one existing member organisation)
- **Dedicated Sexual Violence Services:** 3 out of 3 organisations

Appendix 2: Methodology

Welsh Women's Aid's purpose for collection of data is to gain a national and regional picture of service provision and demand for support, and to support specialist services with their regional and organisational data collection, which helps inform needs assessments. This also enables us to identify trends and patterns to inform our policy, influencing and campaign work for the benefit of our federation and for survivors. Without a robust national picture, the impact of this work is significantly reduced.

Members enter into a partnership agreement ('data agreement') annually, which sets out our respective roles and responsibilities. Services complete the WWA Data Collection Form per quarter of the financial year, which is verified on receipt and evaluated to produce quarterly reports. The full datasets are then combined and evaluated at the end of the financial year to inform this report.

The WWA Data Collection Form (2018-19) requests data in the following sections:

Section	Information Requested
Member Overview	Contact and service details (i.e. number of units, programmes delivered, types of support etc.).
Demographics	Number of survivors in refuge and community services, broken down by protected characteristics (age, gender, religion/belief etc.)
Refuge	Data surrounding number of survivors who have accessed refuge services.
Community-Based Support	Data surrounding number of survivors who have accessed community-based services.
Sexual Violence Services	Data surrounding number of survivors who have accessed dedicated sexual violence services.

The series of data requests are further broken down by 'type of survivor':

Type of survivor	Description
'All supported'	All supported survivors in the period, which includes survivors who started in that period and those who are in continual service from a previous period.
'Starters'	Survivors who were referred and accepted into service during that period only.
'Leavers'	Survivors who were exited from service/ceased support during that period.
'Non-starters'	Survivors who were not accepted by the service or did not accept support offered by the service.

For transparency on how and where members' data has been used for reporting, below is a summary of all data requested quarterly, broken down by type of survivor and section/graph reference within this report:

Data Section	Data Requested	Type of Survivor	Report Reference
Demographics	Gender	Starters	Section 1 (pages 11-15)
	Pregnant Women	Starters	
	Religion/Belief	Starters	
	Disability	Starters	
	Sexual Orientation	Starters	
	Ethnicity	Starters	
	Age	Starters	
	Language	Starters	
Community-based support services	Community Overview Statistics (no. of referrals, no. accepted into service, no. refused from service, no. declined service)	All supported Starters Non-starters	Section 2.1: Referrals and access to service (pg. 17-18); Table 4
	Children with their parents in Outreach and Community Services	All supported	Section 2.1: Referrals and access to service (pg. 17); Table 4
	Referral source	Starters	Section 2.2: Referral Sources (pg. 18-19); Chart 3
	Types of abuse	All supported	Section 2.3: Types of abuse disclosed (pg. 19-21); Chart 4 & 5
	Additional support needs	All supported	Section 2.4: Support Needs (pg. 21-23); Chart 6 & 7
	Sex of Primary Perpetrator	Starters	NEED REFERENCE
	MARAC Referrals	All supported	Section 2.5: Multi-Agency Risk Assessment Conference (MARAC) Referrals (pg. 23)
	Service user feedback	Leavers	Section 2.8: Welsh Government Outcomes (pg. 25); Table 5

Data Section	Data Requested	Type of Survivor	Report Reference
Refuge-based support services	Refuge Overview Statistics (no. of referrals, no. accepted into service, no. refused from service, no. declined service, no. of leavers)	All supported Starters Leavers Non-starters	Section 3.2: Referrals and access to service (pg. 29-30); Table 7; Chart 10
	Referral source	Starters	Section 3.4: Referrals sources and location (pg. 33); Chart 13
	Local Referral Area	Starters	Section 3.4: Referrals sources and location (pg. 34); Chart 14
	Refusal Reasons	Non-starters	Section 3.3: Survivors unable to be supported (pg. 30-32); Chart 11
	Reasons survivors did not accept	Non-starters	Section 3.3: Survivors unable to be supported (pg. 32); Chart 12
	Tenancy payments and no recourse to public funds	Starters	Section 3.9: No Recourse to Public Funds (pg. 39-40)
	Types of abuse	All supported	Section 3.5: Types of Abuse (pg. 34-36); Chart 15 & 16

	Additional support needs	All supported	Section 3.6: Support Needs (pg. 36-38); Chart 17 & 18)
	Sex of Primary Perpetrator	Starters	Need Reference
	Children & Young people	All supported	Section 3.7: Children of survivors in refuge-based support (pg. 39)
	Place of residence of children not in refuge	All supported	Section 3.7: Children of survivors in refuge-based support (pg. 39)
	Length of stay	Leavers	Section 3.10: Moving On (pg. 40); Table 10
	Move-on/reason for ceasing support	Leavers	Section 3.10: Moving On (pg. 41-42); Chart 19
	MARAC Referrals	All supported	Section 3.8: Multi-Agency Risk Assessment Conference (MARAC) Referrals (pg. 39)
	Local Authority Area Re-Housed	Leavers	Section 3.10: Moving On (pg. 42)
	Service User Feedback	Leavers	Section 3.11: Welsh Government Outcomes (pg. 42)

Appendix 3: Glossary of Terms

Term	Definition
MARAC:	A Multi Agency Risk Assessment Conference (MARAC) is a victim focused risk management meeting attended by all key agencies, where survivors assessed as high risk of harm from perpetrators of domestic abuse are referred and multi-agency safety plans are agreed to reduce the risk posed by the perpetrator.
Refuge unit:	One family room within a communal or self-contained refuge.
Dispersed unit:	A family room/accommodation in a separate location to the communal or self-contained refuge. Typically, where services offer support to male survivors in addition to female survivors, they would be supported separately in dispersed units.
Move-on unit:	Temporary accommodation provided by the service away from the refuge, which has a limited stay period, and is accessed following refuge-based support and prior to independent living. 'Move-on units' are typically studio flats or bedrooms in shared houses in the community where people can live independently with the ongoing support from trained resettlement advisors.

Appendix 4: Welsh Government Outcomes

The Welsh Government measure the effectiveness of services through four key outputs and outcomes for VAWDASV grant recipients, which local authorities are also expected to report on.

1. People reporting they have been provided with the information and advice to access services and support and can make informed choices;
2. People signposted to appropriate support services;
3. Amount of service users reporting feeling safer;
4. People reporting an improvement to their well-being/quality of life.

Not all refuge-based services currently ask service users questions on the above, because *Supporting People* commissioners monitor against a different outcomes framework. To calculate these results, the percentage includes only those who were asked the questions, and not the overall amount of people in services.

Appendix 5: Regional and Local Authority Areas

Region	Local Authority	VAWDASV Strategic Boards & sub-regional arrangements	
North Wales	Conwy	North Wales VAWDASV Strategic Board	
	Denbighshire		
	Flintshire		
	Gwynedd		
	Isle of Anglesey		
	Wrexham		
Mid & West Wales	Carmarthenshire	Mid and West Wales VAWDASV Strategic Board	
	Ceredigion		
	Pembrokeshire		
	Powys		
South Wales	Vale of Glamorgan	Cardiff and the Vale region	
	Cardiff		

	Merthyr Tydfil Borough	Cwm Taf region	South Wales VAWDASV Regional Collaborate Board
	Rhondda Cynon Taf		
	Bridgend		
	Swansea	Western Bay region	
	Neath Port Talbot		
Gwent	Blaenau Gwent	Gwent VAWDASV Strategic Board	
	Caerphilly		
	Monmouthshire		
	Newport		
	Torfaen		