

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 report data¹.

We are extremely thankful 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 (regional and national) are also provided to members for their own use. We acknowledge the increasing demands on their services and appreciate their efforts in working with us to build a national picture of the demand for local services and how services have been able to support survivors of abuse. This complements their own impact evidence of the success of their services.



We also collaborate with 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 2018-19:** Aberconwy Domestic Abuse Service, Atal Y Fro, Bangor and District Women's Aid, 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, North Denbighshire Domestic Abuse Service, Port Talbot and Afan Women's Aid, RASASC North Wales, Safer Merthyr, Safer Wales, Stepping Stones North Wales, Swansea Women's Aid, Threshold DAS, West Wales Women's Aid, Women's Aid - RCT



Foreword

The benefits of local third sector services, independent of Government and the state, are evident². They better understand the needs of communities, are best able to deliver positive change for that the public sector struggles to do alone, they are innovative and flexible in developing solutions to complex issues, and speak out for the rights of their beneficiaries.

Third sector services whose core business it is to address and respond to violence against women, domestic abuse and sexual violence (VAWDASV specialist services) have over four decades of service delivery experience in Wales. They stand alongside survivors to meet their needs, help them access rights and entitlements and to recover from abuse, and provide a voice for those most marginalised and who face multiple barriers accessing services or getting help.

Specialist services provide a national network of vital life-changing and preventative support, for women, children and young people, and men, and some also engage in interventions with perpetrators of abuse to manage their risk and help change their behaviour. Many have achieved Wales sector service standards for domestic abuse, sexual violence and BME women's services.³

Some services are specifically led by and for women and for Black and 'minority ethnic' (BME) women. In doing so, they provide space to share experiences and address the unequal distribution of power across political, social and economic spheres, and deliver woman-centred support informed by values of empowerment, rights and self-determination. The importance of services by and for BME women is vital, to offer gender and culturally responsive support and space to strengthen and promote the leadership, autonomy and self-determination of BME women.

Some services are small local specialist providers and others are regional or national in their scope. The support provided includes delivery of refuge-based support, rape crisis support, community and outreach support for women, children and young people, and men across Wales. Support may involve advice and information, practical help, advocacy, risk management, counselling and therapeutic support, individual and group support, to meet needs associated with domestic abuse, rape and sexual violence, forced marriage, so-called 'honour-based' violence, sexual exploitation, harassment and stalking, female genital mutilation (FGM) and trafficking/modern day slavery.

As a federation, Welsh Women's Aid aims to prevent VAWDASV ensure high quality services for survivors that are needs-led, gender responsive and holistic. We provide advice, consultancy, support and training to deliver policy and service improvements for the benefit of survivors. This annual 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.

Our movement is more than a network of service provision in local communities: survivors of abuse – whether they use services or not – have always been, and remain, central to our work. Many services were founded by inspirational women who are survivors of abuse and many survivors also work in our network of services, and beyond. It's this strong focus on placing survivors at the heart of all we do which makes the Welsh Women's Aid movement a necessary, and effective force for positive change to end violence against women, domestic abuse and sexual violence – a goal which unites us with funders, supporters and the communities we serve.

Eleri Butler, Chief Executive Officer, Welsh Women's Aid

² <https://www.lloydsbankfoundation.org.uk/ourimpact/news/2018/06/18/value-of-small/>

³ Evidence-based National Standards include those established by Welsh Women's Aid (domestic abuse services), Imkaan (BME women's services), Rape Crisis England and Wales, Survivors Trust (sexual violence services), SafeLives (IDVAs) and Respect (perpetrator interventions).



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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 aim is to end violence and abuse and ensure survivors have access to high-quality, needs-led and strengths-based support so that they can live safe, healthy and equal lives, free from abuse. Our federation provides the voice of the specialist sector to inform, influence and improve policy, legislation and practice for the benefit of survivors, working in partnership with services, survivors and other stakeholders to bring about an end to violence against women, domestic abuse and sexual violence.

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. In 2017, Professor Sylvia Walby published a guide to measuring violence against women which sets new standards and provides guidelines for policy makers, commissioners and government in the measurement of such violence.⁴ Welsh Government has re-established work to create National Indicators for VAWDASV prevention, but this is not yet complete.

This report focuses on the referrals to and use of services by survivors, for the 2017/18 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 2017/18, 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.

⁴ Walby S et.al (2017) The concept and measurement of violence against women and men, Policy Press

2017-18: National overview



The **Live Fear Free Helpline** responded to **33,642** calls, emails and web chats – an **11% increase** compared to the previous year



13,422 survivors were referred to local specialist services during the year

12,166 survivors were supported by specialist services during the year



2,505 survivors (adults and children) benefited from **refuge-based support**



431 survivors (96% (415) women) were unable to be supported in refuges because of a lack of service space, capacity or resources



266 children and young people were living in emergency refuges each quarter of last year, a **14% increase** compared to the year before



95% survivors surveyed **felt safer** after using refuge-based support, a **7% increase** from the year before



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



32% more survivors were referred to **domestic abuse community outreach services** compared with the previous year. At the year-end **206 women** were on waiting lists for support. Of **survivors** supported in domestic abuse community-based services:



Over half of survivors supported identified needs relating to their **mental health**



9% of survivors supported identified needs relating to **alcohol or substance use**

In domestic abuse services (refuges and in the community):



Only **73** survivors were aged 65 or over, **875** survivors identified as disabled, and **8%** identified as being Black, Asian, of Mixed Parentage or ethnic group other than 'White British'



Three in four survivors had been subjected to **coercive control**



One in four survivors had been subjected to **stalking or harassment**



17% of survivors disclosed being subjected to **sexual abuse**



893 women and 115 men were referred to members delivering dedicated sexual violence/rape crisis services, and **1,106** survivors were supported



At the year-end **292 survivors** were on waiting lists for rape crisis support

13,422 survivors were referred to VAWDASV specialist services in Wales for help and support in 2017/18;

- 10,138 survivors were referred to specialist domestic abuse community-based support/Outreach Services,
- 2,276 survivors were referred for refuge-based support, and
- 1,008 were referred to dedicated sexual violence/rape crisis services.

12,166 survivors were supported by these specialist services in 2017/18:

- 8,555 survivors were supported by specialist domestic abuse community-based support/Outreach Services; 7,145 were women, 289 were men, and 1,121 children and young people,
- 2,505 survivors were supported in refuge-based support services; 1,410 were women, 30 were men and 1,065 children under 16 years of age, and
- 1,106 survivors were supported in dedicated sexual violence/rape crisis services.

Refuge-based support services:

Of the 2,276 survivors who were referred to refuge-based support services, 2,215 (97%) were women and 61 (3%) were men:

- Of the 2,215 women referred, 1,249 (57%) were accommodated and supported, 670 (31%) were unable to be supported by the service and 270 (12%) did not accept support offered by the service⁵.
- Of the 61 men referred for refuge-based support, 24 (39%) were accommodated and supported, 28 (46%) were unable to be supported and 9 (15%) did not accept the support offered by the refuge-based support.

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: **30% (208) of survivors were unable to access refuge space for this reason.**

62% (431) of survivors (96% (415) women) were unable to be supported in refuges because of a lack of service resources or capacity; whether this was because they were full, unable to meet support needs due to complex needs, lacked accessibility for disabled survivors, or lacked resources to support women unable to claim benefits.

Sexual Violence Specialist services:

893 (89%) women and 115 (11%) men were referred to dedicated sexual violence/rape crisis services in 2017/18 that are members of Welsh Women's Aid.

Domestic abuse community outreach services:

Of the 10,138 survivors referred to domestic abuse community-based support, **9,452 (93%) were women and 686 (7%) were men.**

- Of **9,452 women referred** for support;
 - o **5,690 (66%)** engaged with the service and were supported,
 - o **727 (8%)** were unable to be supported due to resources/capacity issues,
 - o **2,014 (23%)** did not accept support offered by the service⁶.
- Of **686 men referred** for support;
 - o **210 (31%)** engaged with the service and were supported,
 - o **226 (33%)** were unable to be supported due to resources/capacity issues, and
 - o **240 (36%)** did not accept support offered by the service⁷.

⁵ n = 2,189 (data not available for 26 referrals of women)

⁶ n = 8,637 (data not available for 815 referrals of women)

⁷ n = 676 (data not available for 10 referrals of men)



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**⁸ 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.

⁸ 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”⁹ 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 analysis¹⁰ 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.

⁹ “Welsh Women’s Aid (2017) “Report to National Task and Finish Group to inform the development of a Model for Sustainable Funding for VAWDASV Specialist Services in Wales”, developed in collaboration with VAWDASV specialist services across Wales.

¹⁰ 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, r 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 support¹¹, to help services comply with their legal responsibility to ensure services are accessible and targeted, and that that anyone using their services is treated fairly and not discriminated against.

1.1: Sex: female and male survivors

Data was provided for 6,488 of 7,173 survivors (90%) who were referred into and engaged with specialist services during 2017/18. The majority, 6,256 (87%) survivors, were female: 5,210 (88%) female survivors were supported in community-based services and 1,046 (82%) female survivors were supported in refuge-based services.

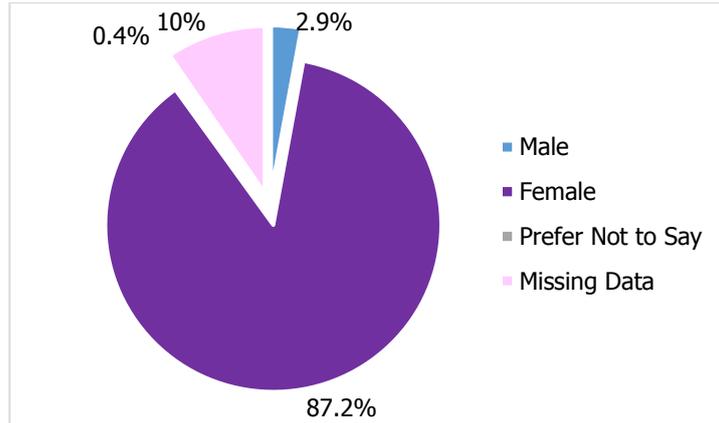
A higher proportion of male survivors were supported by in community-based services than in refuges: 189 male survivors (3%) used domestic abuse community services and 17 male survivors were supported in refuge-based servies (1.3%).

Sex was not disclosed by 26 survivors (0.4%) across refuge and community-based services.

Data was not available for 685 (10%) survivors who were referred into and engaged with specialist services during 2017/18.

¹¹ Data is available for survivors who engaged with community-based and refuge-based services only. Data for 2017/18 is not available for survivors who engaged with dedicated sexual violence support services, but will be available from 2018/19. Data related to protected characteristics related to children and adults aged 16+.

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



1.2: Age

Of 7,173 survivors who engaged with and were supported by refuge and community-based services following referral, data was available for 4,142 survivors (58% survivors). Ages have not been recorded for 315 survivors accessing refuge-based support (25%), and for 2,716 survivors accessing community-based support (46%).

Of survivors accessing refuge and community-based support (for whom data was available), most were aged between 25 and 34: 354 survivors (28%) using refuge-based support and 1,130 survivors (19%) using community-based support were aged between 25 and 34.

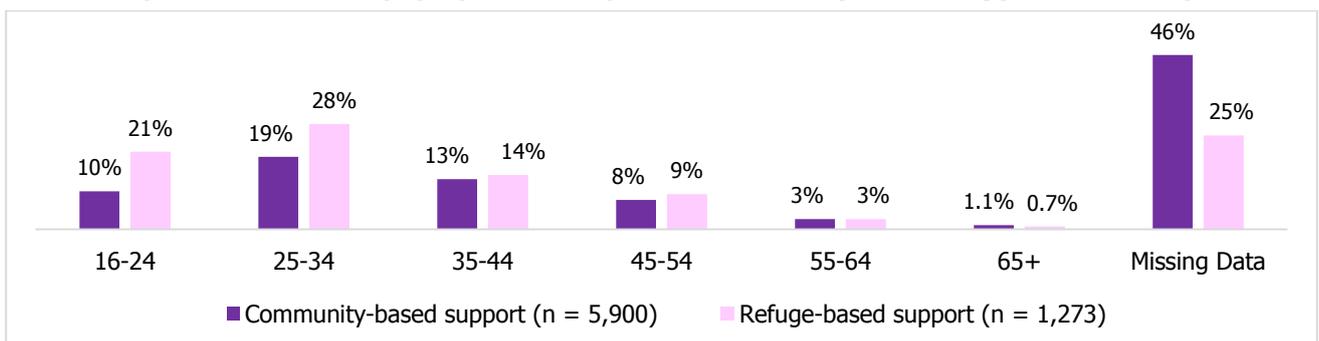
261 young people (21%) aged 16 to 24 accounted for the next largest age-group using refuge-based support, whereas those next most likely to use community-based support were survivors aged 35 to 44 years (780 survivors, 13%).

The proportion of survivors seeking refuge-based support aged between 16 to 34 accounted for almost half of survivors (615 survivors, 48%), whereas the proportion of survivors aged 16 to 34 seeking support in community-based services accounted for less than a third (1,721 survivors, 29%). This could be indicative of a higher demand for refuge-based support amongst younger people or reflect that older survivors face more barriers in accessing refuge-based support.

Available data suggests that survivors aged 65 and over were less likely to engage with specialist services, according to available data: 64 survivors (1.1%) aged 65 and over accessed community-based support and 9 survivors (0.7%) aged 65 and over accessed refuge-based support.

Research shows that older people experience domestic and sexual abuse, and some have been abused over many years. We are working with Aberystwyth University and the Older People’s Commissioner Office, to raise awareness of older people’s needs. More work by specialist services is also needed to ensure their services are accessible to older people.

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



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. The vast majority of 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, 875 (12%) identified as disabled.

Research shows 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.

1.4: Gender reassignment

During 2017/18, available data from local services does not clarify the number of survivors supported by services who have experienced gender reassignment or who identify as non-binary or transgender, although experiential evidence from some services suggests they did support trans survivors last year.

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)¹² 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): 850 survivors (67%) using refuge-based support and 3,165 survivors (54%) using community-based support.

94 survivors (8%) using refuge-based support and 252 survivors (4%) 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 329 survivors (26%) in refuge-based services and 2,483 survivors (42%) in community-based services.

Rates of gender-based violence are highest amongst 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') and abuse-driven suicide.¹³ Specialist services must do more in Wales to ensure their support services are accessible to BME survivors (also see 'No Recourse to Public Funds, below).

¹² The policy is available online: <http://www.welshwomensaid.org.uk/2018/04/transgender-inclusion-statement/>

¹³ Siddiqui H (2018) Counting the cost: BME women and gender-based violence in the UK

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

Table 1: Ethnic backgrounds of survivors in refuge and community-based services

	Community		Refuge	
White (British)	3,165	53.6%	850	66.8%
White (Non-British)	94	1.6%	25	2.0%
White (Gypsy or Irish Travellers)	19	0.3%	13	1.0%
Black (British)	11	0.2%	3	0.2%
Black (African)	17	0.3%	5	0.4%
Black (Caribbean)	12	0.2%	1	0.1%
Black (Other)	4	0.1%	0	0.0%
Mixed (White & Black Caribbean)	9	0.2%	4	0.3%
Mixed (White & Black African)	7	0.1%	4	0.3%
Mixed (White & Asian)	2	0.0%	1	0.1%
Mixed (Other)	30	0.5%	15	1.2%
Asian (Indian)	8	0.1%	4	0.3%
Asian (Pakistani)	10	0.2%	9	0.7%
Asian (Bangladeshi)	8	0.1%	1	0.1%
Asian (Chinese)	3	0.1%	3	0.2%
Asian (Other)	18	0.3%	6	0.5%
Data unavailable	2,483	42.1%	329	25.8%

1.6: Religion or belief

2,460 survivors (34%) were recorded as having no religion or belief; the highest proportion recorded across all categories.

1,021 survivors (14%) chose not to disclose.

The most prevalent category of religion amongst those for whom data was available was Christian (all denominations) where 581 survivors (8%) were recorded, followed by 64 survivors (1%) recorded as Muslim. Of the 7,173 survivors who engaged with community and refuge-based services following referral, data for religion and belief was missing for 2,863 survivors (40%).

Table 2: Breakdown of religion or belief of survivors in community-based support services

	Community		Refuge	
None	1,882	31.9%	578	45.4%
Atheist	41	0.7%	7	0.5%
Buddhist	9	0.2%	1	0.1%
Christian (all denominations)	448	7.6%	133	10.4%
Jewish	1	0.0%	0	0.0%
Hindu	1	0.0%	1	0.1%
Muslim	44	0.7%	20	1.6%
Sikh	8	0.1%	3	0.2%
Other	94	1.6%	18	1.4%
Prefer Not to Say	902	15.3%	119	9.3%
Data unavailable	2,470	41.9%	393	30.9%

1.7: Sexual orientation

Of survivors who engaged with specialist services following referral, over half of survivors identified as heterosexual (3,664 survivors (51%)). In refuge-based services, 776 survivors (61%) identified as heterosexual and 2,888 survivors (49%) in community-based services identified as heterosexual.

A minority of survivors identified as bisexual (70 survivors, 1%), gay or lesbian (81 survivors, 1.1%) (this was not broken down further by sex or gender identity, by services last year).

727 survivors (10%) chose not to disclose their sexuality. Data was not available for 2,631 survivors (37%); 359 (28%) in refuge-based services and 2,272 survivors (39%) in community-based services.

Table 3: Sexual orientation recorded in refuge and community-based support services

	Community		Refuge	
Bisexual	51	0.9%	19	1.5%
Gay or Lesbian	63	1.1%	18	1.4%
Heterosexual	2,888	48.9%	776	61.0%
Prefer not to say	626	10.6%	101	7.9%
Data unavailable	2,272	38.5%	359	28.2%

1.8: Pregnancy and maternity

Of the data submissions completed, a total of 162 women (2.3% of the sample) were reported as being pregnant; 49 survivors (3.8%) in refuge-based services and 113 survivors (1.9%) in community-based services.

1.9: Welsh language

27 survivors (2.1%) engaging with refuge-based services identified as speaking Welsh as their first language, compared with 114 survivors (1.9%) using community-based services.



2. Domestic Abuse Community-Based Support

Summary

13,422 survivors were referred to VAWDASV specialist services in Wales for help and support in 2017/18;

- 10,138 survivors were referred to specialist domestic abuse community-based support/outreach services,
- In comparison, 2,276 survivors were referred for refuge-based support, and 1,008 were referred to dedicated sexual violence/rape crisis services.

12,166 survivors were supported by VAWDASV specialist services in 2017/18:

- 8,555 survivors were supported by specialist domestic abuse community-based support/outreach services; 7,145 were women, 289 were men, and 1,121 children and young people (including some referred the previous year(s)),
- In comparison, 2,505 survivors were supported in refuge-based support services; 1,410 were women, 30 were men and 1,065 children under 16 years of age, and
- 1,106 survivors were supported in dedicated sexual violence/rape crisis services.

More about domestic abuse community-based support:

Of the 10,138 survivors referred to domestic abuse community-based support, **9,452 (93%)** were **women** and **686 (7%)** were **men**.

- Of **9,452 women referred** for support;
 - o **5,690 (66%)** engaged with the service and were supported,
 - o **727 (8%)** were unable to be supported due to resources/capacity issues,
 - o **2,014 (23%)** did not accept support offered by the service¹⁴.
- Of **686 men referred** for support;
 - o **210 (31%)** engaged with the service and were supported,
 - o **226 (33%)** were unable to be supported due to resources/capacity issues, and
 - o **240 (36%)** did not accept support offered by the service¹⁵.
- **206 (2%) women were on waiting lists** to access community outreach support at the year end because of a lack of service resources/capacity to provide support. No men were on waiting lists at the end of the period.

Services reported a 32% increase in number of referrals received since 2016/17¹⁶:

- o Number of women referred in 2017/18 (net change since 2016/17): 9,452 (+2,087)
- o Number of men referred in 2017/18 (net change since 2016/17): 686 (+373)

Services reported a 30% decrease in the number of survivors supported since 2016/17:

- o Number of women supported in 2017/18 (net change since 2016/17): 7,145 (-665)
- o Number of men supported in 2017/18 (net change since 2016/17): 289 (-69)
- o Number of children supported in 2017/18 (net change since 2016/17): 1,121 (-1,992)

Services reported an increase of 81% in number of survivors they were not able to support following referral¹⁷:

- o Number of women not supported in 2017/18 (net change since 2016/17): 727 (+564)
- o Number of men not supported in 2017/18 (net change since 2016/17): 226 (+212)

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, 21 Welsh Women's Aid member organisations¹⁸ deliver domestic abuse community-based support services. In 2017/18, VAWDASV community/outreach services supported 8,555 survivors (7,145 women, 289 men and 1,121 children).

2.1: Referrals and access to service

During 2017/18, 10,138 survivors were referred into community-based support services; 9,452 women (93.2%) and 686 men (6.8%).

Of total referrals made, 5,900 survivors (64%) were able to be supported, while 2,254 survivors (24%) did not accept support, 953 (10%) were unable to be supported by the service due to resource and capacity issues.

206 (2%) survivors were still held on waiting lists at the year-end as demand for support exceeded the capacity to support survivors¹⁹.

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

	Women	Men	Children	Total
Total supported	7,145	289	1,121	8,555
Total new referrals to community-based support from April 2017	9,452	686	-	10,138
No. of new referrals supported	5,690	210	-	5,900
No. of new referrals who did not accept support	2,014	240	-	2,254
No. of new referrals who were not accepted by service	727	226	-	953
No. of new referrals on waiting list	206	0	-	206

In 2017/18, 10,138 new referrals were reported, compared to 7,678 in 2016/17 – a significant increase of 2,460 survivors (+32%) being referred into community-based support services.

Despite the increase in referrals, there has been a slight decrease in the number of survivors who engaged with support following referral, with 5,900 survivors supported in 2017/18 compared to 6,060 last year (-3%).

This year, although the number of referrals has increased, the number of new referrals accepted into service has remained steady. ***This would infer that despite the growing demand for community-based support, there is insufficient capacity and resources in services to support survivors being referred and needing access to support.***

Despite the increased demand for community-based support services, it is likely that the true demand for such services in Wales is still likely to be much higher. Many survivors experience discrimination which place barriers in the way of accessing help and support and geography (e.g.

¹⁴ n = 8,637 (data not available for 815 referrals of women)

¹⁵ n = 676 (data not available for 10 referrals of men)

¹⁶ Data not available for children.

¹⁷ Data not available for children.

¹⁸ See appendix 1 for list of WWA member organisations delivering community-based services.

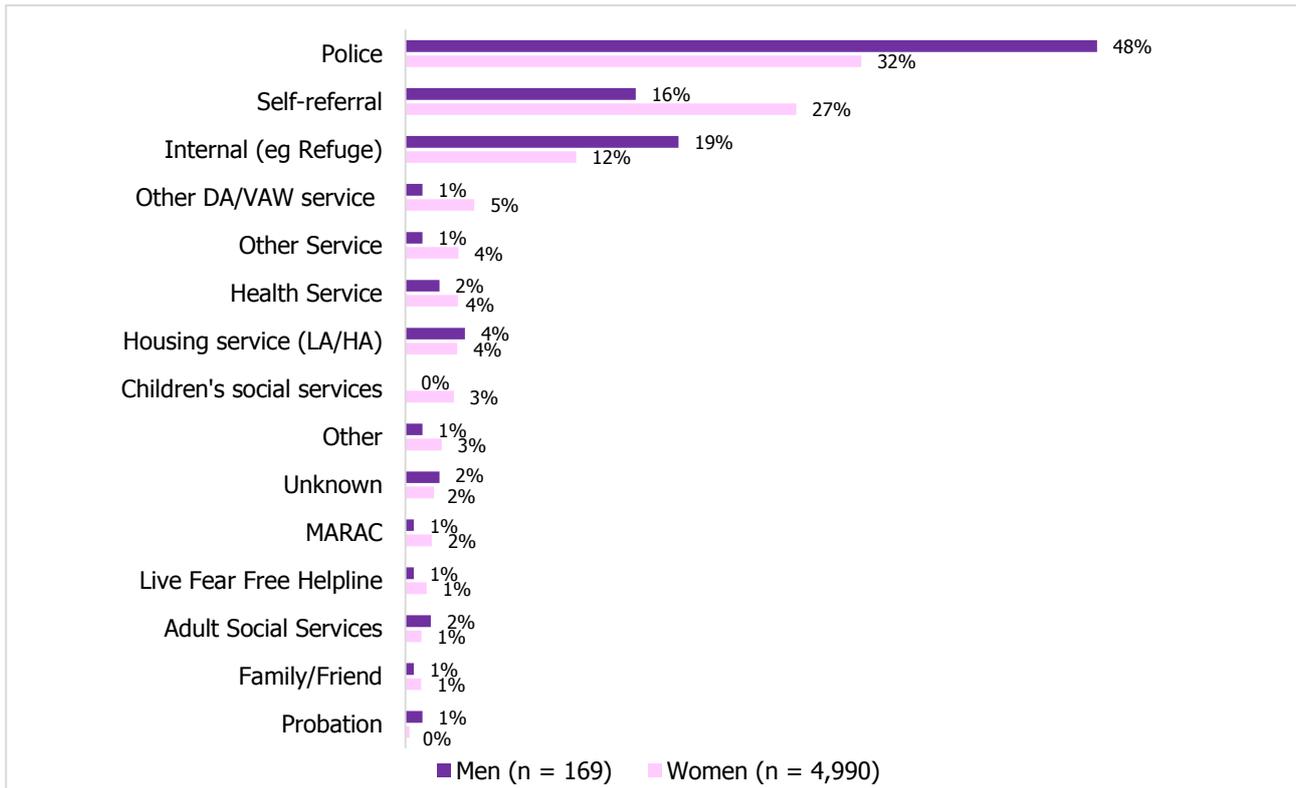
¹⁹ Referral route data is not available for 825 survivors (815 women and 10 men), so percentages calculated at n = 9,313 (8,637 women and 676 men)

living in rural areas) can also hinder survivors from seeking support or accessing services, and can influence the level of awareness or knowledge surrounding domestic abuse and support available. In rural areas of Wales, distance to community-based support services and subsequent scarcity of public transport acts as a particular deterrent for survivors being able to engage with services.

2.2: Referral Sources

Data surrounding referral sources is a useful tool to map the start of a survivor's journey and identify areas or agencies where awareness is strong or lacking. The main referral sources reported across men and women were from police and self-referrals.

Chart 3: Referral source



A total of 1,658 survivors were referred to community-based support by police (1,577 women²⁰ (32%), and 81 men²¹ (48%)).

This is a significant increase since 2016/17, in which referrals of 825 survivors (800 women and 25 men) were made by police, which could be indicative of an increased level of awareness and improved reporting procedures within local police forces.

This is further supported by a report published by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in November 2017²², in which it is reported that the level of domestic abuse recorded by the police has increased by over 60% in less than three years, attributed in part to police forces improving their reporting procedures of these crimes, and subsequently showing more commitment to tackling domestic abuse. It is further suggested that this renewed focus has led to more survivors having the confidence to report crimes.

²⁰ n = 4,990 (data missing for 700 survivors)

²¹ n = 169 (data missing for 51 survivors)

²² *A progress report on the police response to domestic abuse*, HMICFRS, 2017. Available at: <https://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/progress-report-on-the-police-response-to-domestic-abuse.pdf>

Amongst women, self-referrals accounted for the second-most common referral source whereby 1,352 (27%) survivors accessed service via this route. Amongst men, 26 survivors (16%) were recorded as self-referrals, compared to 35 (24%) in 2016/17. Although there would appear to be a slight fall in number of men seeking support through self-referral, the sample of men referred into service is too small to identify any significant trend.

Since 2016/17 there has been a minor decrease in the number of referrals made by family and friends, in which period 69 (2.1%) referrals were made via this source (68 women and 1 man). In 2017/18, 56 (1.2%) referrals were made by family and friends (55 women and 1 man).

During 2017/18, the Live Fear Free Helpline experienced a 15% increase in call volume from friends and family (or 'concerned others'), which accounted for 3.7% of all recorded incoming calls²³. Increased media campaigns and awareness of the Helpline throughout Wales during 2017/18 could therefore be partly attributable to the shift away from referrals to direct services, as awareness in the public domain increases around the support available through the Helpline.

2.3: 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.

Abuse types were reported for an average of 1,844 women and 65 men per quarter²⁴. 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 types²⁵.

The sample size of abuse types recorded by services has increased significantly since 2016/17²⁶ which could be indicative of better recording methods implemented by organisations, and therefore allows for more robust reporting.

Regardless of this, the pattern of prevalence of abuse types experienced by both women and men in community-based support services remains consistent year-on-year (see charts 4 (women) and 5 (men)).

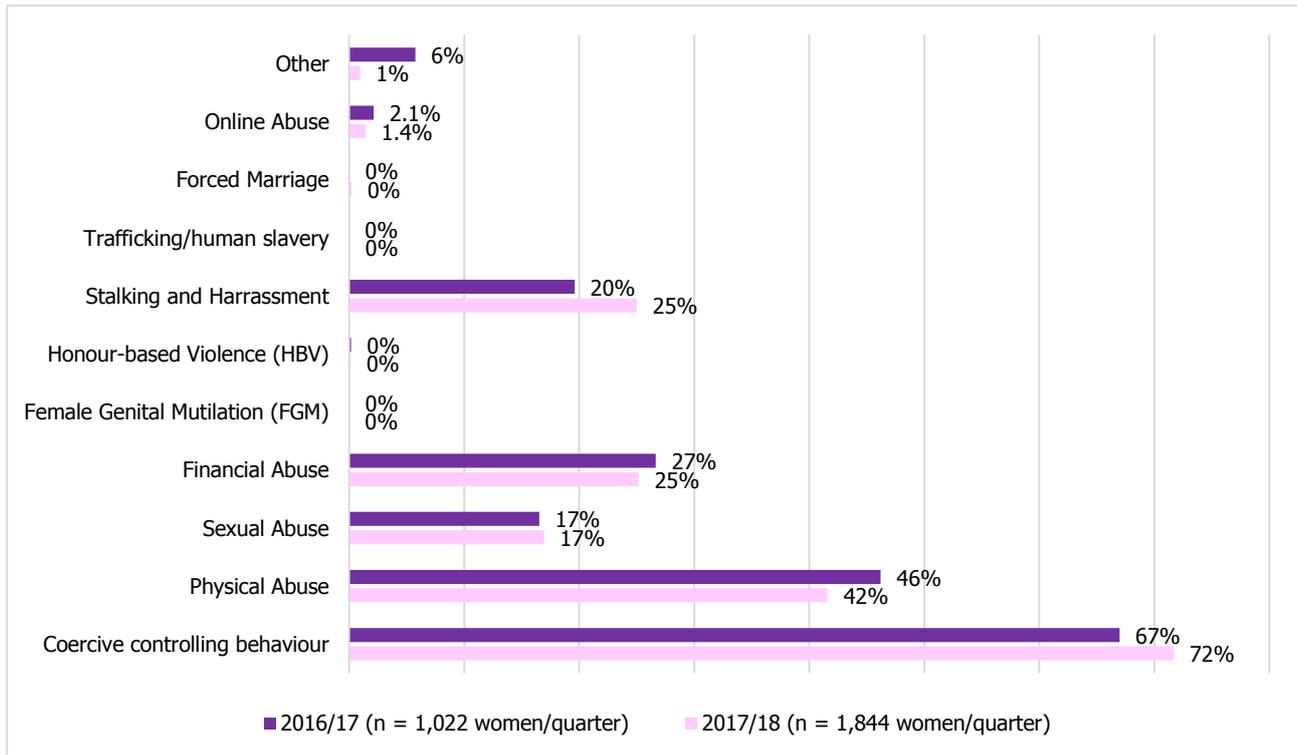
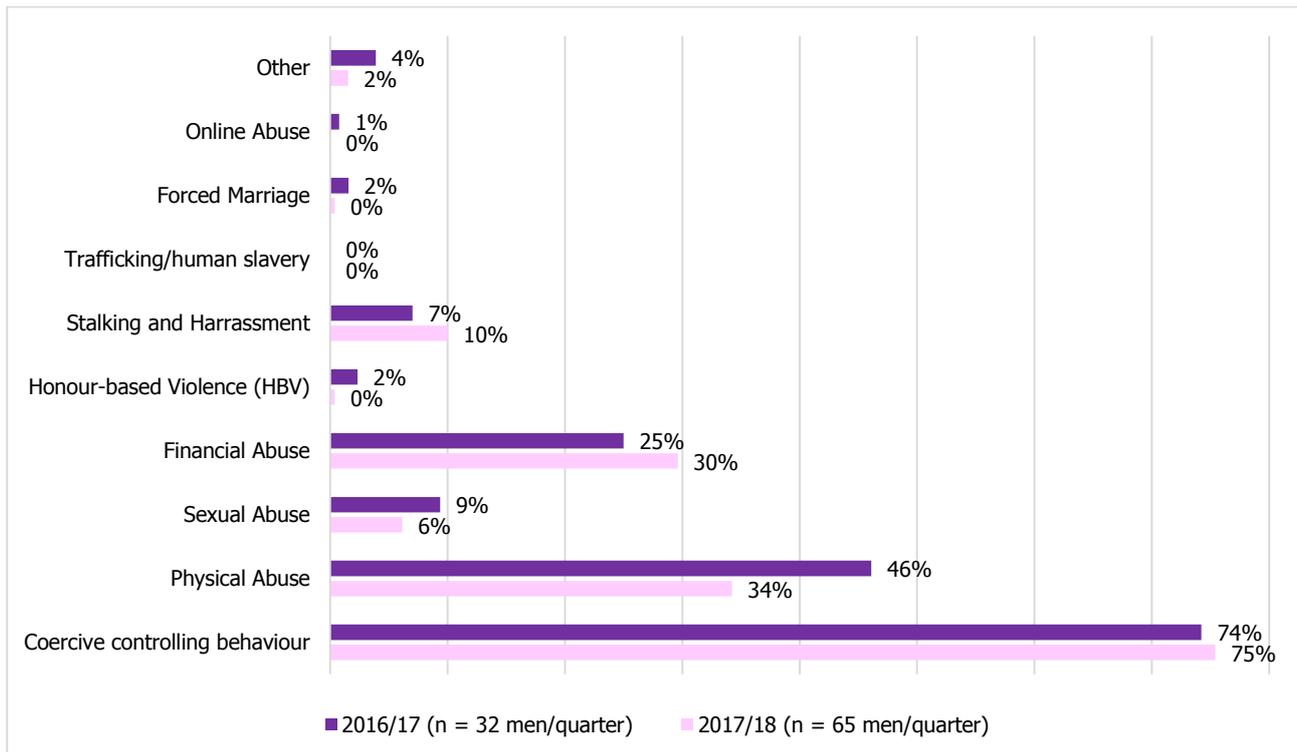
The most common type of abuse disclosed by survivors using domestic abuse services was **coercive controlling behaviour**, with an average of 74% survivors experiencing this type of abuse. Per quarter, an average of 1,322 women (72%) and 49 men (75%) were reported as experiencing it – a slight proportionate increase from 2016/17 in which an average of 685 women (67%) and 24 men (74%) were recorded.

²³ See section 5.1 (Live Fear Free Helpline: Incoming Calls)

²⁴ 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.

²⁵ Total number of abuse types divided by total number of survivors included in the dataset.

²⁶ 2016/17: Abuse types recorded for an average of 1,022 women and 32 men per quarter.

Chart 4: Abuse types experienced by women in community-based support**Chart 5: Abuse types experienced by men in community-based support**

The second most prevalent abuse type experienced by survivors year-on-year was **physical abuse**. Per quarter in 2017/18, an average of 767 women (42%) reported experiencing physical abuse, proportionately similar to 2016/17 in which 472 (46%) women were recorded²⁷. An average of 22 men (34%) were recorded per quarter, compared to 15 (46%) per quarter in 2016/17. Although the proportion of survivors is lower this year, the dataset is larger and found a larger number of survivors experiencing this type of abuse.

²⁷ See Appendix 5 for information regarding 2016/17 data.

Financial abuse remains significant, with 1 in 4 total survivors being affected – 464 women (25%) and 19 men (30%) per quarter. This is proportionate in prevalence since 2016/17, in which 273 women (27%) and 8 men (25%) were reported per quarter.

In 2017/18, 468 survivors disclosed experiencing **stalking and harassment** per quarter – compared to 202 per quarter of 2016/17. 461 women (25%) and 7 men (10%) reported this type of abuse, compared to 200 women (20%) and 2 men (7%) per quarter of 2016/17.

Online abuse encompasses any form of abuse experienced online, through means such as social networks or mobile phones – and includes acts such as image-based abuse, harassment, grooming etc. An average of 26 women per quarter experienced some form of abuse online, representing 1.4% of survivors (compared to 22 per quarter in 2016/17 (2.1%)). This year, no man disclosed being subject to online abuse, and only 1 case was reported amongst men in 2016/17.

Services reported that they supported 10 survivors who had been subjected to **so-called 'honour-based' violence** in 2017/18 – an increase from 7 survivors supported in 2016/17. One case was reported for this type of abuse against men, compared to 3 in 2016/17.

Services did not disclose supporting women or girls impacted by or at risk from female genital mutilation (FGM) in community-based services last year (compared to one survivor supported by domestic abuse community services in 2016/17).

2.4: 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 1,562 women and 64 men per quarter²⁸. Of those included in the sample, survivors reported having between 1 and 2 different support needs²⁹.

More than half of survivors were reported as having **mental health support needs**, which would encompass those suffering from anxiety, depression, PTSD, eating disorders.

In 2017/18, an average 830 survivors (51%) per quarter (798 women and 32 men) were reported as having additional support needs in relation to mental health. In 2016/17, the proportion of women with mental health support needs was proportionately the same at 50%, with 648 women per quarter recorded³⁰. The average number of men recorded as having mental health support needs was similar year-on-year with 27 men per quarter in 2016/17 (compared to 32 in 2017/18), although the proportion was lower at 32% due to the larger sample in that year. The increase in disclosures of mental health support needs by survivors being supported since 2016/17 could be due to a greater willingness to disclose mental health problems, and could also be partly attributable to the increase in public awareness surrounding mental health over recent years.

²⁸ 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.

²⁹ Total number of support needs divided by total number of survivors included in the dataset.

³⁰ See Appendix 5 for information regarding 2016/17 data.

Chart 6: Additional support needs of women in community-based support

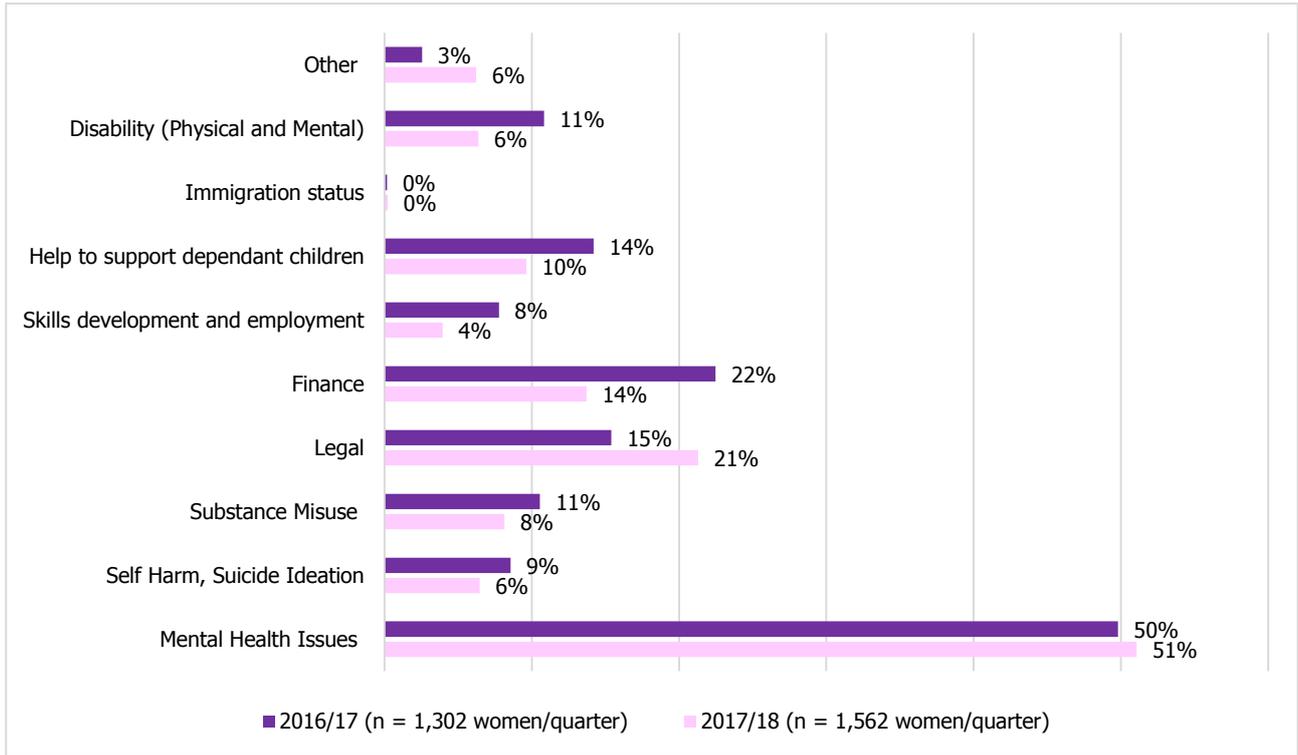
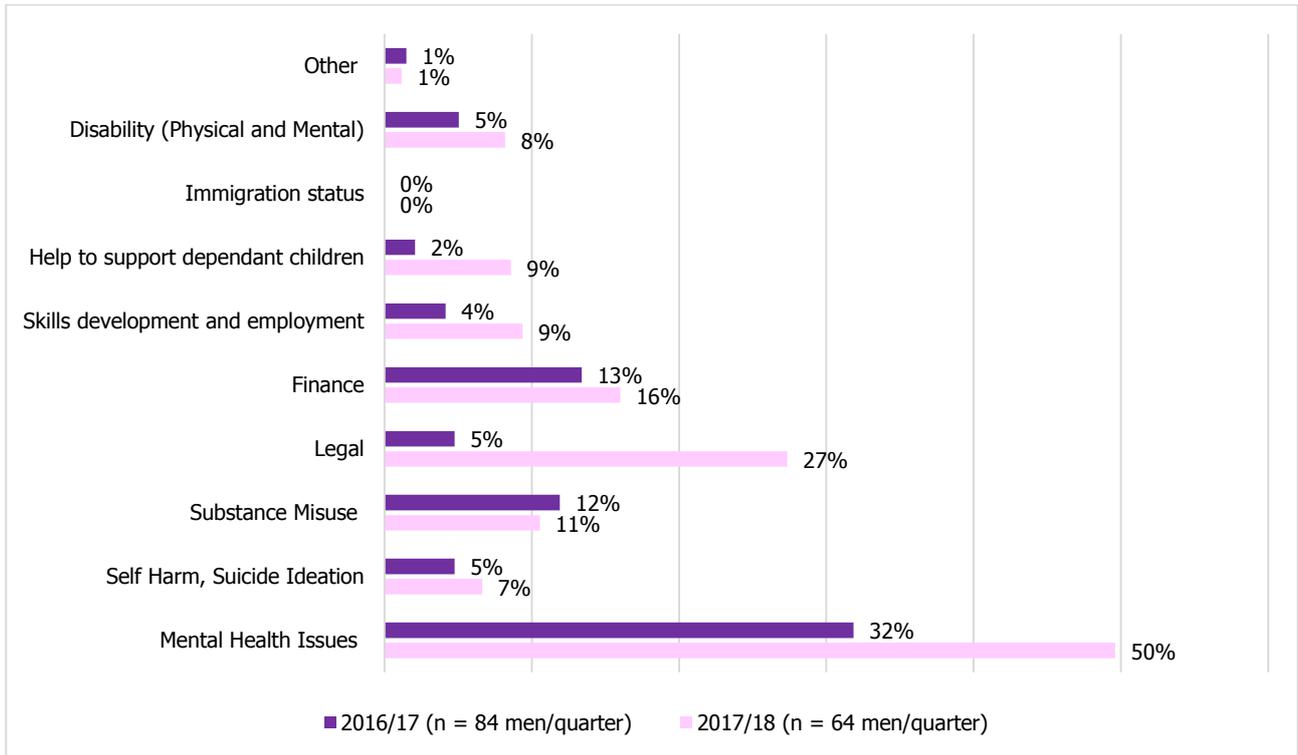


Chart 7: Additional support needs of men in community-based support



Legal support was the second most prevalent support need amongst survivors, with an average of 351 survivors (22%) seeking support per quarter (333 women (21%) and 18 men (27%)).

Legal support includes support with injunctions, reporting to the police, advice around child custody/family law, or support with the criminal justice system. In 2016/17, legal support was only reported for an average of 205 survivors (16%) per quarter (201 women (15%) and 4 men (5%)), which is a significant increase amongst all survivors year-on-year.

Financial support was the third most prevalent support need reported amongst survivors; an average of 214 women (14%) and 10 men (16%) accessing community-based support per quarter required financial support – which would include help or guidance in accessing housing support, income support, child maintenance payments, managing debt etc.

An average 135 survivors (8%) engaging in community-based support had additional support needs in relation to **substance misuse** per quarter of 2017/18 (128 women (8%) and 7 men (11%)). This is a decrease in the number of survivors requiring substance abuse-related support compared to 2016/17, in which 196 survivors (15%) required support (183 women (11%) and 13 men (12%)).

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 may face discrimination that cause barriers to accessing support, may need service adjustments³¹ to access aspects of the support available and not all services may provide this. Services reported that the number of survivors with support needs relating specifically to being **disabled** was low, with an average of 100 women (6%) and 5 men (8%) reported per quarter.

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.

2.5: 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 identified³².

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 number of survivors facing greater risk than recorded.

In 2017/18, 535 survivors were referred to MARAC by community-based services; 532 (99%) were women and 3 (<1%) were men.

An average of 133 women per quarter were referred to MARAC; an increase of 17% from the previous year in which an average of 110 women per quarter were referred to MARAC.

2.6: No Recourse to Public Funds: community-based support

Intersectional discrimination based on race and class or poverty, which also act as barriers to escaping abuse, include factors such as insecure immigration status and no recourse to public funds.

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.

³¹ *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>

³² See Appendix 3 for further information.

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 22 (50%) organisations in Wales listed on Routes to Support and delivering refuge services state they will accept survivors with "no recourse", and 14 of the 23 (61%) non-refuge services³³**. This compares with 70% of refuge services and 90% of community services in England stating they accept women with no recourse to public funds³⁴.

In 2017/18, 15 women who had "no recourse to public funds" were supported by specialist services in the community and 1 woman was placed on a waiting list for support. This number is consistent with the year previous in which 16 survivors without recourse to public funds were supported in the community.

2.7: Moving on from specialist support

Due to the nature of community-based support, 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. Not all services would therefore instigate exit-assessments or cease a survivor's access to support.

Service-exit data is therefore only available for services which operate a "case closure" system, for their support service or programme (e.g. Independent Domestic Violence Advisors are often short-term time-limited services; group programmes may be limited to a set period of weeks).

3,931 survivors (3,838 women and 100 men) left (or ceased using) community-based support during 2017/18; an increase of 1,039 (30%)³⁵ since 2016/17.

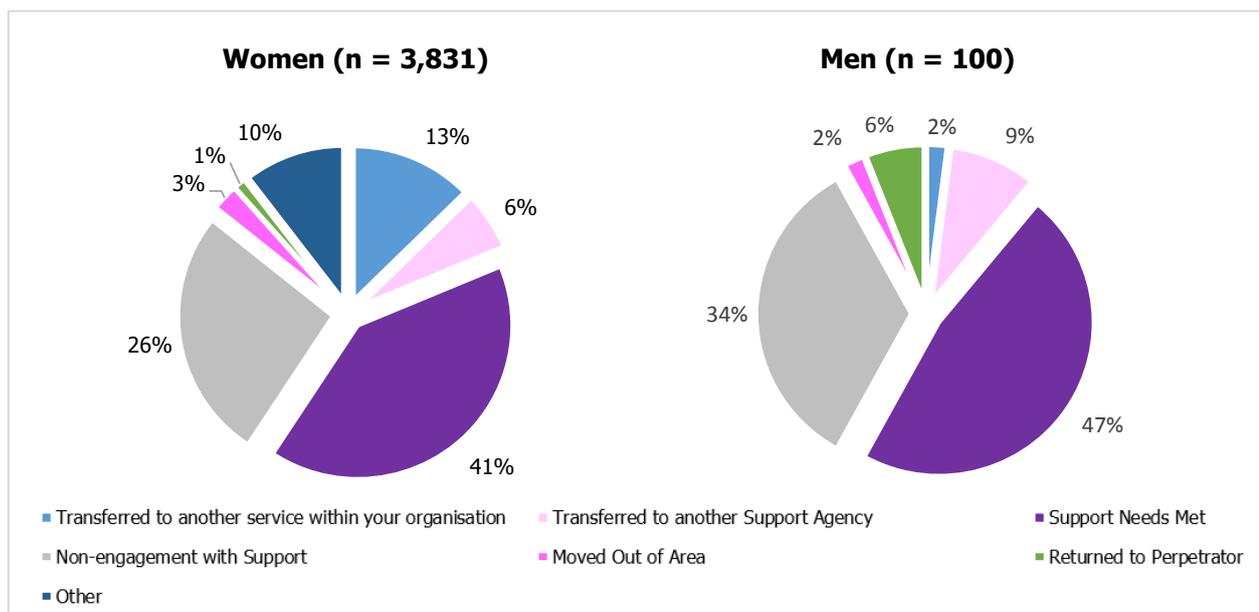
For both women and men, the highest proportion of survivors leaving service was due to their support needs being met, with 1,553 (41%) and 47 (47%) survivors respectively.

For both women and men, the second highest proportion of survivors who were recorded as exiting services - 1,014 (26%) women and 34 (34%) men - did so because they disengaged with the support they were being offered. In both 2016/17 and 2017/18 a higher proportion of men disengaged with services than women (2016/17: 38% of men and 28% of women)

³³ Data from Routes to Support at May 2017.

³⁴ Correct as at May 2017.

³⁵ n = 2,748 (total survivors exited from community-based services in 2016/17)

Chart 8: Reasons for survivors leaving/ceasing support

Whilst services do endeavour to support survivors regardless of whether they remain in a relationship with the perpetrator of abuse, some programmes (such as Recovery Toolkit) can only support survivors who have left their abusive relationships. The number of women whose support ceased because they were remaining with or returning to the perpetrator was 44, accounting for only 1% of women in 2017/18. 44 women were also reported as ceasing service for this reason in 2016/17 (2%). In 2016/17, no men were reported as ceasing service due to returning to the perpetrator, compared to 6 (6%) in 2017/18.

At the point of leaving the specialist service, 9% of men and 6% of women were referred on to another support service in the community.

2.8: Welsh Government Outcomes³⁶

Table 5: 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	792	92%	39	5%	26	3%	857	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	705	96%	6	1%	27	4%	738	32
No. of survivors reporting an improvement in their quality of life & wellbeing	724	93%	17	2%	41	5%	782	32
No. of survivors reporting being better able to access appropriate support services	685	96%	11	2%	21	3%	717	32

³⁶ See Appendix 4 for details



3. Refuge-based support

Summary

13,422 survivors were referred to VAWDASV specialist services in Wales for help and support in 2017/18;

- 2,276 survivors were referred for refuge-based support,
- In comparison, 10,138 survivors were referred to specialist domestic abuse community-based support/outreach services, and
- 1,008 were referred to dedicated sexual violence/rape crisis services.

12,166 survivors were supported by these specialist services in 2017/18;

- 2,505 survivors were supported in refuge-based support services; 1,410 were women, 30 were men and 1,065 children under 16 years of age,
- In comparison, 8,555 survivors were supported by specialist domestic abuse community-based support services; 7,145 women, 289 men, and 1,121 children and young people, and
- 1,106 survivors were supported in dedicated sexual violence/rape crisis services.

More about refuge-based support services:

Of 2,276 survivors who were referred to refuge-based support services, **2,215 (97%) were women** and **61 (3%) were men**.

- Of the **2,215 women referred** for support;
 - o **1,249 (57%)** were accommodated and supported,
 - o **670 (31%)** were unable to be supported by the service when and where they needed refuge, and
 - o **270 (12%)** did not accept support offered by the service³⁷.
- Of the **61 men referred** for refuge-based support;
 - o **24 (39%)** were **accommodated and supported**,
 - o **28 (46%)** were **unable to be supported**, and
 - o **9 (15%)** **did not accept the support** offered by the refuge-based support.

431 of the 698 survivors (62%) unable to be supported by the refuge services was due to a lack of service resources or capacity (415 were women (96%)); whether this was because they were full, unable to meet support needs due to complex needs, lacked accessibility for disabled survivors, or lacked resources to support women unable to claim benefits.

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: **208 (30%) of survivors were unable to access refuge space for this reason**.

45% of survivors in refuges last year **had children**. Of those, 72% were residing in refuge with their children, while 28% had children residing elsewhere.

9% of survivors (102) who left refuge support during 2017/18 were in service for **longer than 6 months**, compared to **4%** (58) in **2016/17**.

Services reported a **13% decrease in number of referrals** received since 2016/17³⁸:

- Number of women referred in 2017/18 (net change since 2016/17): 2,215 (-266)
- Number of men referred in 2017/18 (net change since 2016/17): 61 (-23)

Services reported a **14% decrease in the number of survivors supported** since 2016/17:

- Number of women supported in 2017/18 (net change since 2016/17): 1,410 (-186)
- Number of men supported in 2017/18 (net change since 2016/17): 30 (-1)
- Number of children supported in 2017/18 (net change since 2016/17): 1,065 (-156)

Across Wales, 19 organisations (that are Welsh Women's Aid members or direct services)³⁹ 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 **244 refuge units to women and children** across Wales; 209 units in communal or self-contained refuges, 17 are "dispersed units" and 18 are "move-on units"⁴⁰.
- 5 refuge-based support services providing emergency accommodation and refuge-based support to men and children subjected to domestic abuse. A total of **11 units are accessible for men and their children**; this includes 4 refuge units accessible exclusively by men and their children across Wales, and 7 dispersed units available to both men and women (subject to availability).

Across Wales, Routes to Support data confirms that in 2017/18 there were an additional 4 organisations (who are not members of Welsh Women's Aid) delivering 8 refuges across Wales, providing 67 refuge units for women and children (no units provided for men and children)⁴¹.

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 locally⁴².

"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'⁴³, 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.

³⁷ n = 2,189 (data not available for 26 referrals of women)

³⁸ Data not available for children.

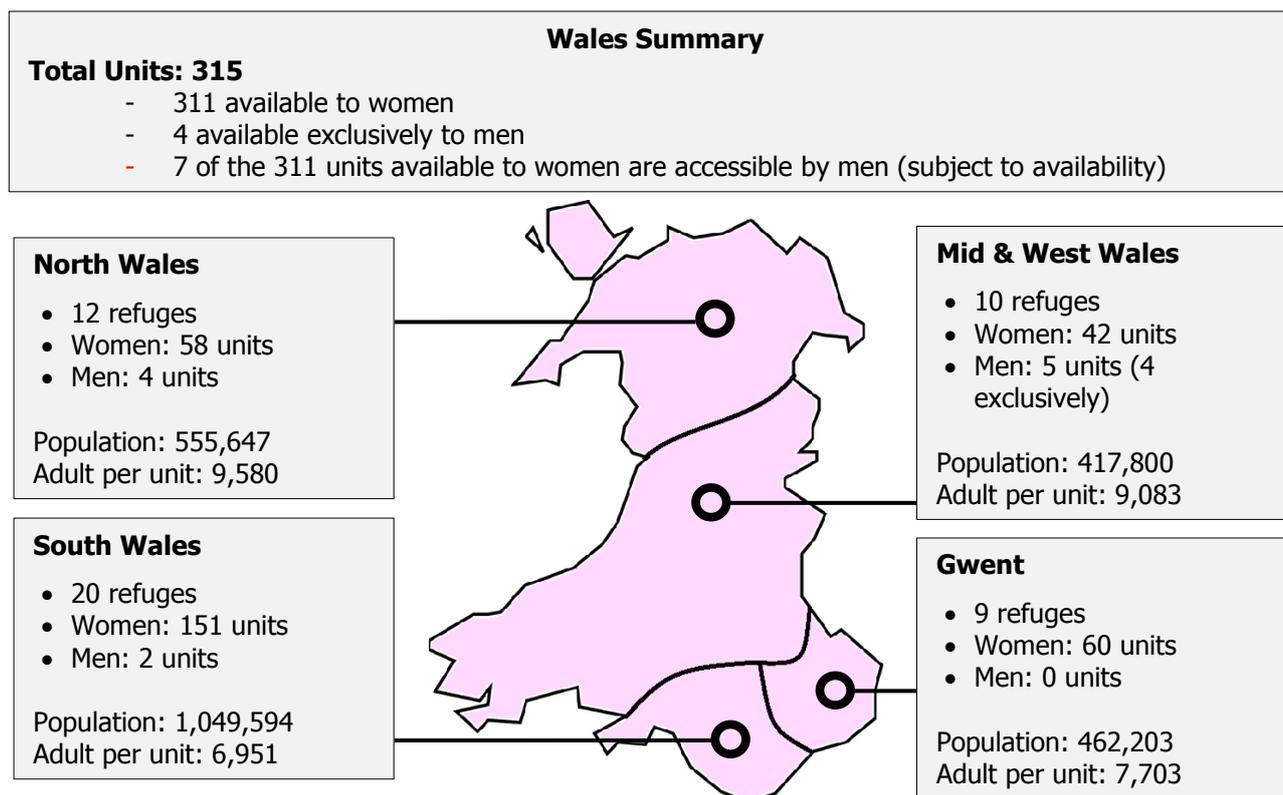
³⁹ See appendix 1 for list of WWA member organisations delivering refuge-based services.

⁴⁰ See appendix 3: Glossary of Terms for unit descriptions.

⁴¹ Correct as at 1st May 2018.

⁴² Bowstead, J (2015). Available at: <http://journals.sagepub.com/doi/10.1177/0261018315588894>

⁴³ 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 2017/18⁴⁴

Population source: Office for National Statistics, 2017⁴⁵

Chart 9 provides the 'adult per unit' count within each region, which is the number of units available in the region measured against the respective population of adults⁴⁶.

The Council of Europe (CoE) use the measure of one unit per 10,000 of the population as the *minimum* standard for the provision of refuge spaces per region⁴⁷, and the 'adult per unit' count in Chart 9 indicates that each region meets the minimum recommended standard (i.e. <10,000 adults per unit), although refuge provision per local authority area will vary – in Wales 18% of local authorities fall below this minimum standard if considered in isolation. Expectedly, the most populated area (i.e. South Wales, which accounts for 42% of the adult population) has the highest number of refuges and units than in any other region.

Meeting the minimum level of provision does also not mean that refuge-based services will be more accessible. Survivors in densely populated areas are likely to encounter difficulty in accessing services within their own or neighbouring local authority due to demand, and survivors in rural areas may encounter difficulty in accessing services due to distance. For instance, although the local authorities in Mid & West Wales have relatively low numbers of adults per unit (i.e. <10,000), the region represents 53% of the total area of Wales and the concentration or scarcity of refuges throughout the region is likely to fluctuate significantly. Survivors may therefore 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.

⁴⁴ 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

⁴⁵ *Revised population estimates for England and Wales: mid-2012 to mid-2016 (18+)*, Office for National Statistics, 2017.

⁴⁶ Dataset includes men and women, aged 18+

⁴⁷ *Protecting Women Against Violence*, Council of Europe, 2007. Available at:

https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EN_CDEG_2007_3_complete.pdf

Survivors may encounter further difficulty in accessing refuge-based support depending on number of children. A total of 1,459 vacancies were posted on Routes to Support during 2017/18, and table 6 provides a breakdown of the number of vacancies allocated for specified family sizes – restricting access by women who did not fit the criteria.

It is important that any remodelling of refuge-based support services takes in to account the above barriers to accessing support across the national network of provision as well as ensuring sufficient community provision is expanded to meet demand for support. Commissioning arrangements must prioritise meeting the demonstrated needs of survivors, addressing barriers to provision and the development and support of community-based provision delivered by VAWDASV specialist services in regions across Wales.

Table 6: Vacancies available by number of children they can accommodate

Family size	No. of vacancies posted	%
Single woman (single woman only)	789 (276)	54.1% (18.9%)
Woman and 1 child	1095	75.1%
Woman and 2 children	870	59.6%
Woman and 3 children	479	32.8%
Woman and 4 children	122	8.4%
Woman and 5+ children	29	2.0%

3.2: Referrals and access to service

During 2017/18 a total of 1,440 adults⁴⁸ (1,410 women and 30 men) and 1,065 children were supported by refuge-based support services in Wales⁴⁹.

A total of 2,276 referrals (2,215 women and 61 men) were made to refuge-based services, of which 1,273 referrals (56%) were able to be supported (1,249 women and 24 men).

698 survivors (670 women and 28 men) were unable to be supported by the service (31% of referrals) and 279 survivors (270 women and 9 men) did not accept support (13% of referrals)⁵⁰.

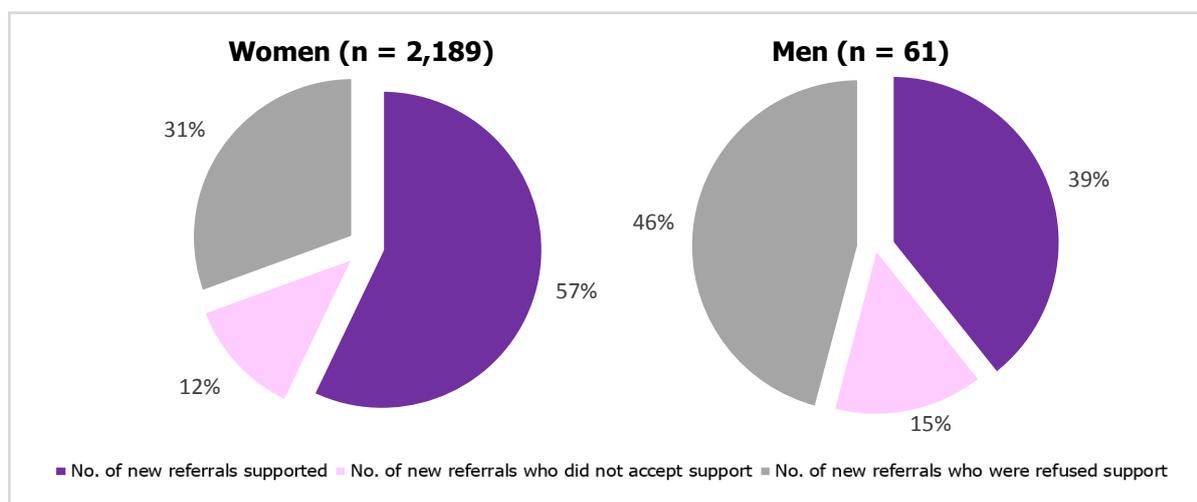
Table 7: Survivors referred to VAWDASV refuge-based support

	Women	Men	Children	Total
Total supported	1,410	30	1,065	2,505
Total new referrals to refuge-based support from April 2017	2,215	61	-	2,276
No. of new referrals supported	1,249	24	-	1,273
No. of new referrals who did not accept support	270	9	-	279
No. of new referrals who were not accepted by service	670	28	-	698
No. of new referrals on waiting list	0	1	-	1

⁴⁸ This includes survivors who were in refuge-based services at the beginning of 2017/18 and those who were referred and accommodated during 2017/18.

⁴⁹ WWA Member services only.

⁵⁰ Referral route data is not available for 26 survivors (women), so percentages calculated at n = 2,189

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

Women accounted for 97% of total referrals to refuge-based services during 2017/18. More than half of those referred were able to be supported (1,249, 57%) and almost one third (31%) were unable to be supported by the service where and when they needed help, due to availability of space and service resource/capacity issues⁵¹.

Men accounted for 3% (61) of total referrals in 2017/18. 24 men referred were accommodated, accounting for 39% of total referrals, while almost half of men (28, 46%) referred to refuge-based services were unable to be supported by the service; the most common reason reported being no space in the refuge (9, 32%).

In 2016/17, a total 2,565 referrals were made to refuge-based support services. In 2017/18, 289 fewer referrals were received by member organisations; a decrease of 13%. Referrals of women was -266 (-12%), and of men was -23 (-38%). It should be noted that the number of referrals to refuge-based support may not represent an accurate picture of demand in Wales. 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 number of referrals to refuge may therefore be much higher.

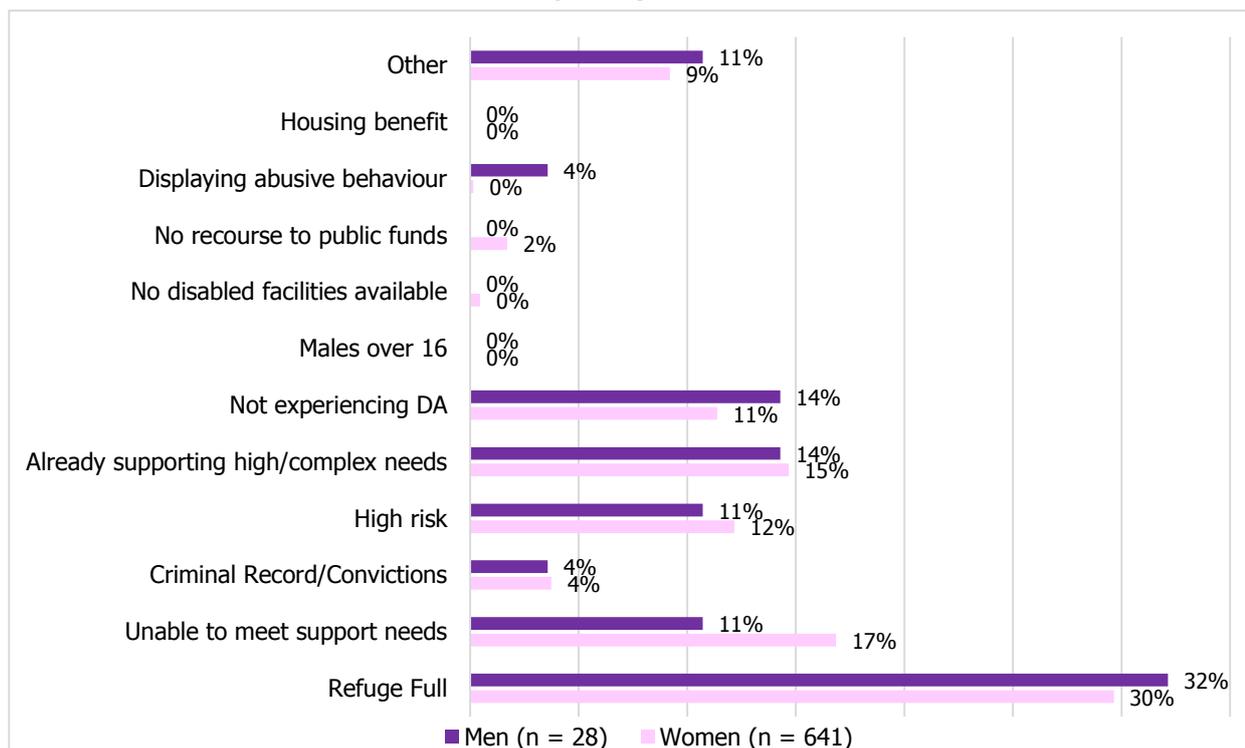
The significant increase in referrals to community-based support could also be indicative of a shift in demand from emergency refuge to earlier intervention support through outreach services – which can be further explored by looking at the sources of referral.

3.3: Survivors unable to be supported

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

A total of 698 survivors were unable to be supported by the refuge-based support service after referral. The reasons were recorded for 669 survivors (96%) (641 women and 28 men).

⁵¹ 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**: 190 women (30% of 641 referrals) and 9 men (32% of 28 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.

112 women (17%) were not supported because their support needs could not be met by the service, and a further 94 women (15%) 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 22 organisations delivering refuge-based support 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 2018)

Additional Support Needs	No. of services	% of services
Women with Mental Health support needs	21	95%
Women with drug dependency needs	17	77%
Women with alcohol dependency needs	18	82%
Women on Methadone programme	20	91%

A total of 78 women (12%) and 3 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.

24 women (4%) and 1 man (4%) were unable to be supported in the refuge due to having **criminal records/convictions**. 18 of the 22 organisations (82%) delivering refuge-based support services in Wales are able to support 'ex-offenders'⁵². Given the co-existence between women involved in the justice system and their experience of violence and abuse, having criminal records remains a barrier for women who need access to support.

'**Other**' reasons for refusal (for services who provided further detail) encompassed reasons such as non-engagement with support (i.e. refusal to complete assessment, not returning calls), survivor already safe in another refuge, and more suitable accommodation being available elsewhere. 'Other' reasons were listed for a total of 55 women (9%) and 3 men (11%).

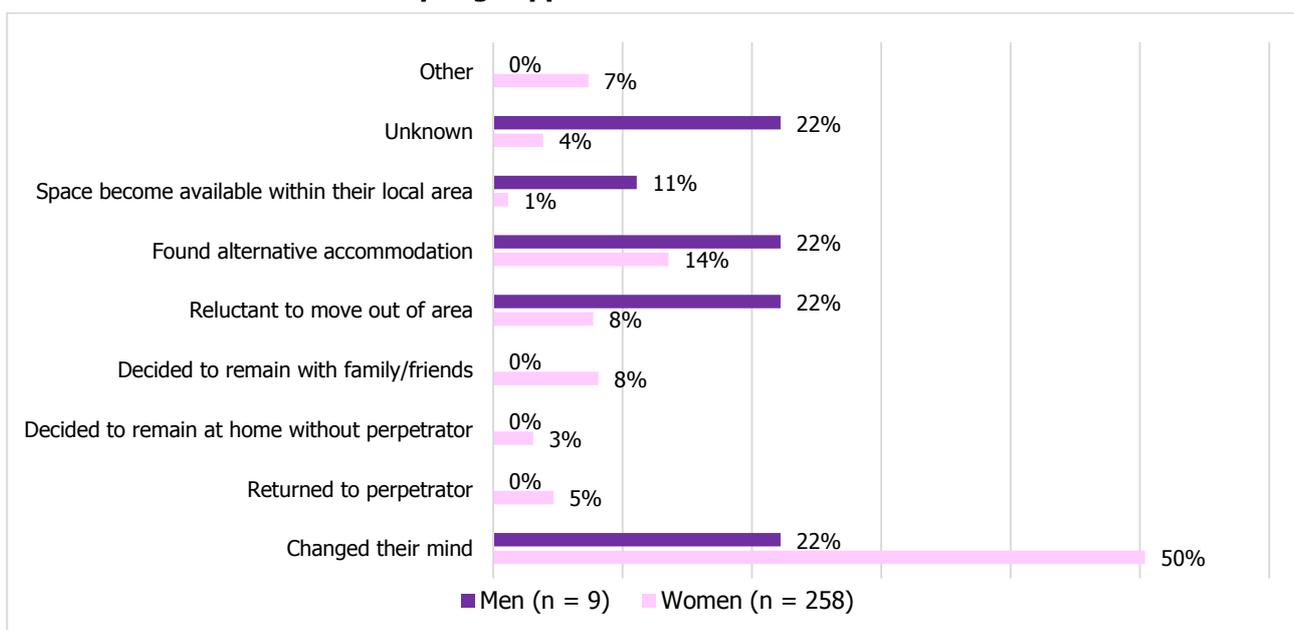
Survivors who did not take up the support following referral

A total of 279 survivors did not accept support from the service following referral. The reasons were recorded for 267 survivors (258 women (92%) and 9 men (100%)). Half of the total number of women (130, 50%) and 2 men (22%) who were referred to refuge reported they had changed their mind prior to accessing the service. The second most prevalent reason for women not accepting refuge space was because they found alternative accommodation, with 35 women not taking up the refuge space for this reason (14%).

22 survivors (20 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.

In 2017/18, 12 women (5%) returned to the perpetrator rather than access refuge-based support – an increase from 7 women who returned to the perpetrator in 2016/17. No men were recorded as returning to the perpetrator in either 2017/18 or 2016/17. Survivors who remain with or return to perpetrators may be supported in community-based services.

Chart 12: Reasons for not accepting support



⁵² Routes to Support, May 2018

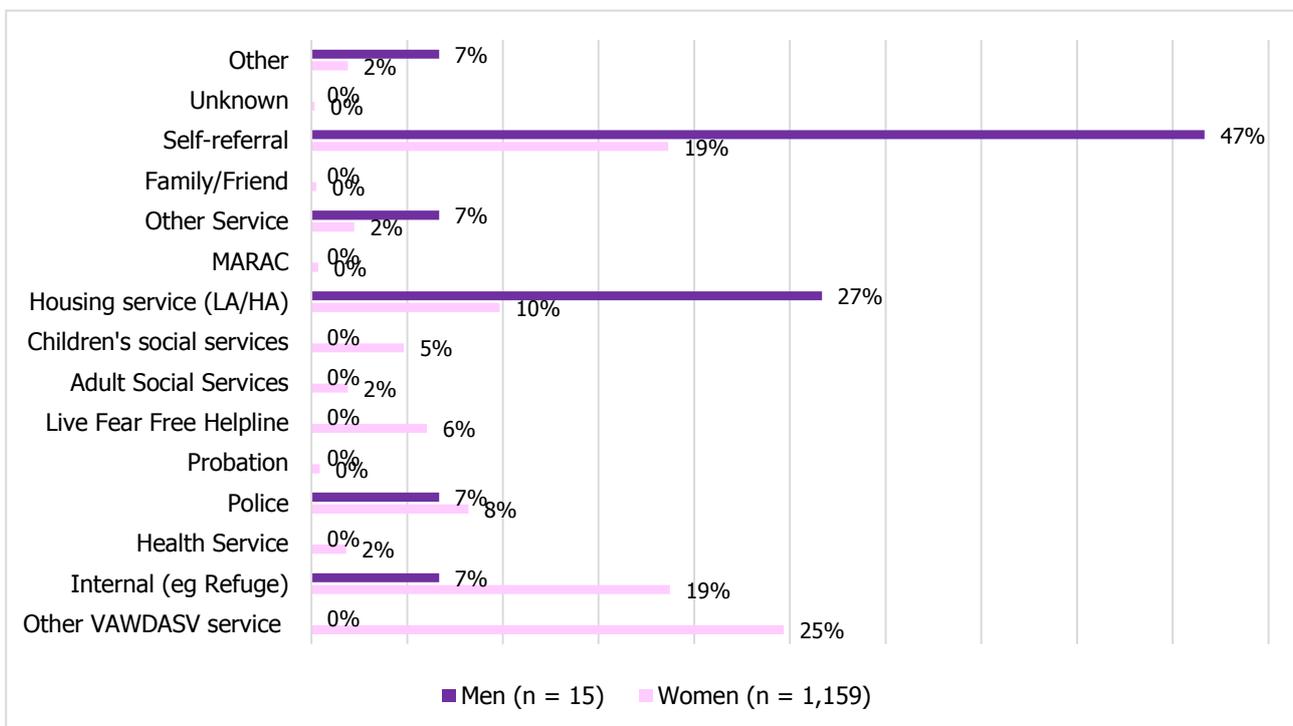
3.4: Referral sources and location

Referral sources for women have remained the same year-on-year with the highest proportion being made from other VAWDASV services, with 286 women (25%) being referred from this source (similarly, 26% of referrals (320) in 2016/17).

The second highest referral source for women was from an internal service which referred 217 survivors (19%) in 2017/18 (as per 2016/17 in which 230 women (19%) were referred internally).

'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. Nearly half of referrals of women (503, 43%) have therefore received some level of support prior to accessing refuge.

Chart 13: Referral source



In 2017/18 there has been an increase in men's self-referrals to refuge-based support from 5 to 7.

The highest source of referrals to community-based services was by police, yet referrals from police to refuge-based services was only 96 (95 women and 1 man), accounting for 8% of women and 7% of men. This would indicate that the majority of domestic abuse cases handled by police are firstly referred to community-based support services such as IDVA services rather than into emergency refuge.

Referral area

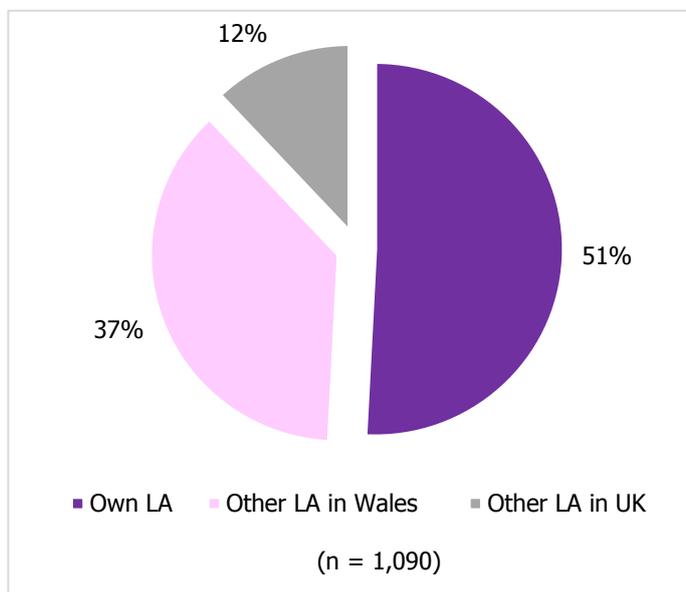
Survivors and their children fleeing domestic abuse need quick access to the national (and UK) network of refuge-based support. Survivors will not always be accepted or referred to refuges within the same area because there may not be capacity at that point to accept referrals, or it may not be safe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

For example, of the 698 survivors who were not able to be supported by the service, 208 (199 women and 9 men) were turned away because the refuge was full, and 87 (84 women and 3 men) were assessed as being high risk on the grounds that the perpetrator knew their location⁵³.

Data was provided for 1,090 survivors (86%) who were referred to and accessed refuge-based support services during 2017/18. Specialist services reported that over half of survivors (554, 51%) were supported within their own local authority area, in comparison to 445 survivors (47%) in 2016/17.

Nearly one half of survivors were not supported within their own local authority; over one third (405, 37%) were supported in a different local authority area within Wales and 131 survivors (12%) 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.

Chart 14: Area of referral



3.5: Types of abuse disclosed

Abuse types were reported for an average of 444 women and 8 men per quarter⁵⁴. On average, women and men both reported experiencing over 2 different types of abuse⁵⁵. Not all services currently record this data, 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.

Since its recognition as a crime in late 2015 which can carry a custodial sentence, awareness of coercive control has increased amongst public sector services. This year, an average of 362 women (81%) in refuge-based services in any one quarter disclosed experiencing coercive control. In 2016/17, an average of 335 women (76%) were recorded as experiencing this type of abuse⁵⁶ ⁵⁷. Increased awareness and recognition of the behaviours by both survivors and professionals may therefore count in-part to the slight increase in disclosures. Some survivors may not recognise coercive control as constituting abuse, and may therefore take longer to recognise and disclose.

⁵³ Please refer to Section 3.5 for full breakdown of reasons for survivors not being accepted by the refuge at point of referral.

⁵⁴ 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.

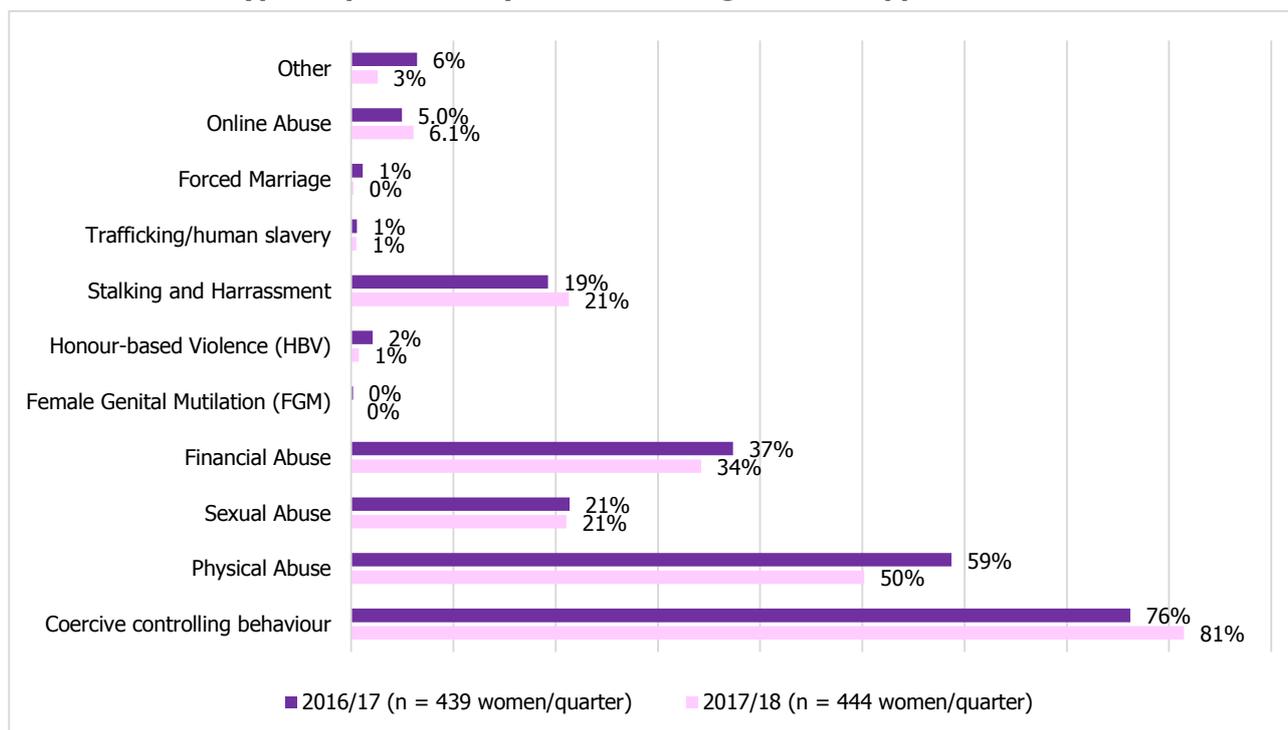
⁵⁵ Total number of abuse types divided by total number of survivors included in the dataset.

⁵⁶ 2016/17: Abuse types recorded for an average of 439 women and 10 men per quarter.

⁵⁷ See Appendix 5 for information regarding 2016/17 data.

'Other' forms of abuse reported by survivors included isolation and threats to harm children and pets, which are included within the definition of coercive control under Government guidance⁵⁸.

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



Year-on-year, the types of abuse disclosed by women remains relatively consistent, with the second and third highest recorded abuse types being **physical abuse** (2016/17: 258 women/quarter, 2017/18: 223 women/quarter) and **financial abuse** (2016/17: 164 women/quarter, 2017/18: 152 women/quarter), respectively.

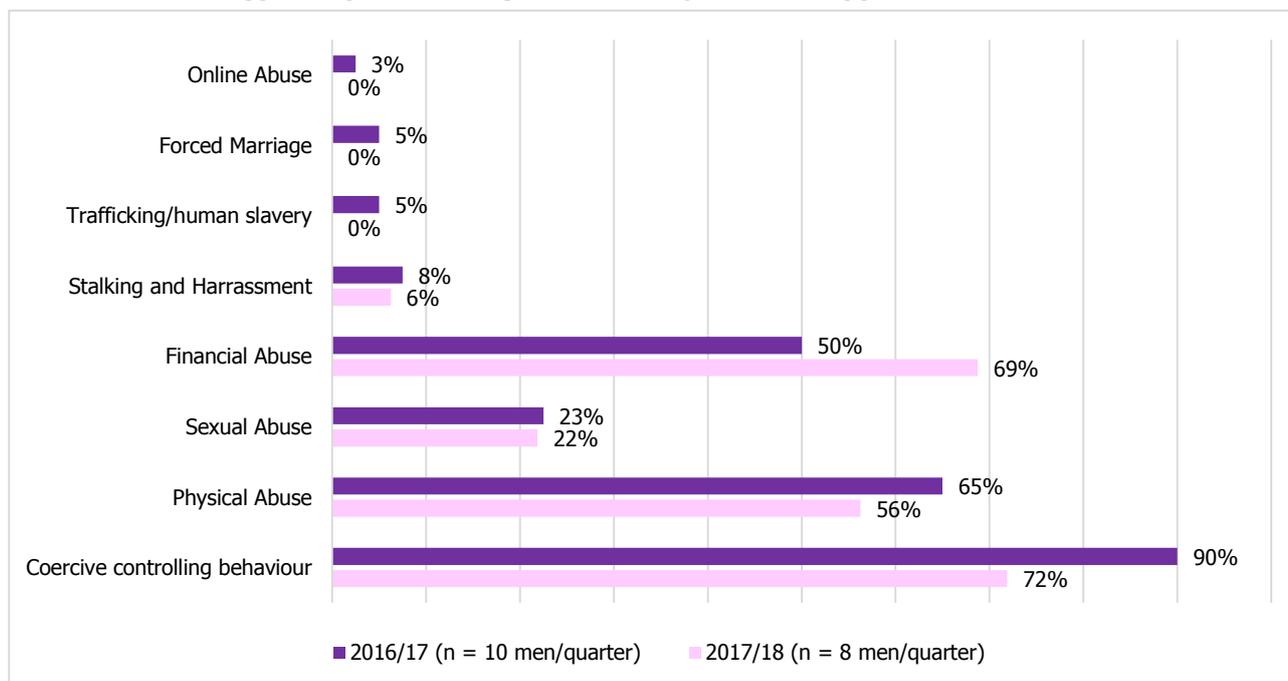
In 2017/18, one in five women disclosed experiencing **sexual abuse** (94 of 444) and one in five disclosed being **stalked or harassed** by the perpetrator (95 of 444).

The number of women being subject to **online abuse** has increased from an average of 22 per quarter in 2016/17 to 27 in 2017/18 – an increase from 5% to 6.1%.

An average of 3 survivors per quarter disclosed being subject to **so-called 'honour-based violence'** in 2017/18, compared to 9 per quarter in 2016/17.

In 2017/18, no survivors in refuges disclosed female genital mutilation (FGM), compared to one survivor disclosure per quarter in 2016/17.

⁵⁸ Controlling or Coercive Behaviour in an Intimate or Family Relationship, CPS, 2017. Available at: <https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship>

Chart 16: Abuse types experienced by men in refuge-based support

This year, of 8 men accommodated and supported in refuges per quarter, 5 disclosed coercive control in any one quarter. In 2016/17, an average of 9 out of 10 men per quarter were recorded as experiencing this type of abuse. Due to the small sample of male survivors for whom data is available, trends or conclusions around abuse types experienced by men experiencing domestic abuse cannot be drawn.

There has been an increase in the prevalence of financial abuse experienced by men, whereby 3 out of 4 men disclosed experiencing financial abuse in 2017/18, compared to 2 out of 4 men in 2016/17.

No disclosures of trafficking/human slavery, so-called honour-based violence or forced marriage were reported throughout 2017/18 amongst men. Proportionately, fewer cases of online abuse and stalking and harassment are disclosed by men, but the sample is too small to draw any significant conclusions.

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. Survivors of physical abuse or coercive control, for instance may experience anxiety or depression as a result of abuse endured.

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.)⁵⁹. 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.

⁵⁹ 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

Not all services currently record this data, so the additional support needs have been measured alongside the number of survivors supported for the respective services only.

Additional support needs were reported for an average of 401 women and 9 men per quarter⁶⁰. On average, women reported having 2 different support needs, and men reported having between 1 and 2 different support needs⁶¹.

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

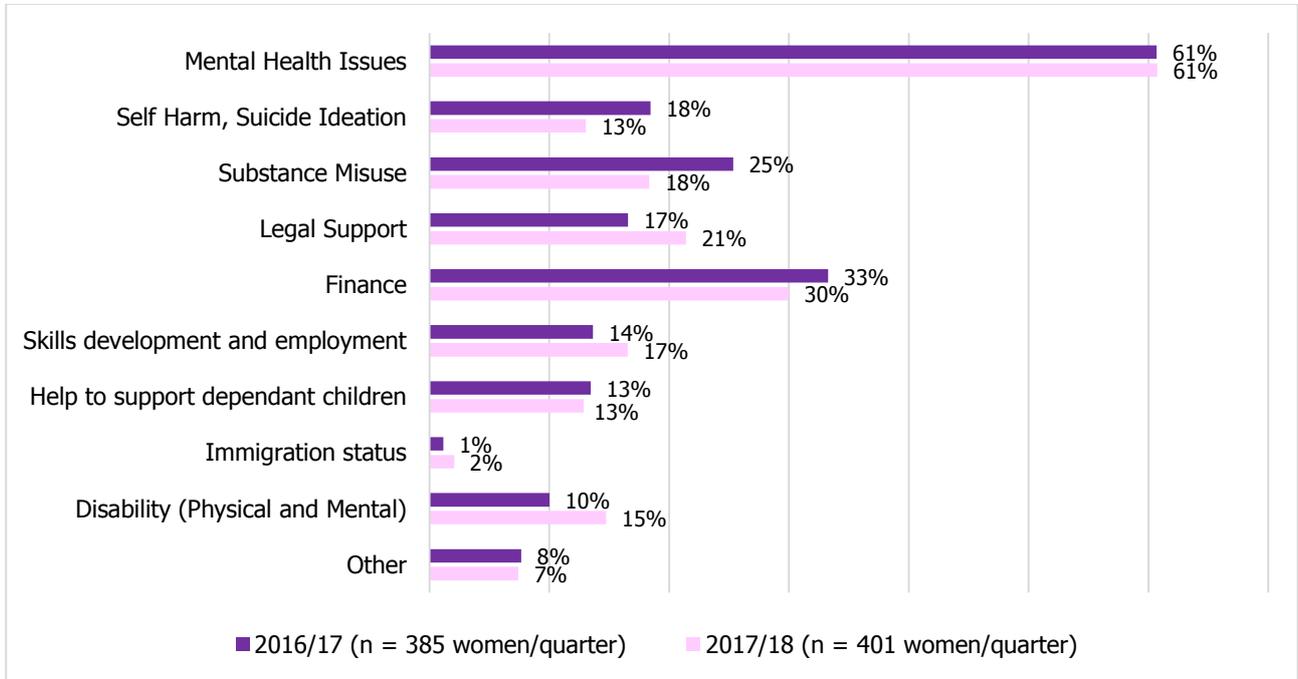
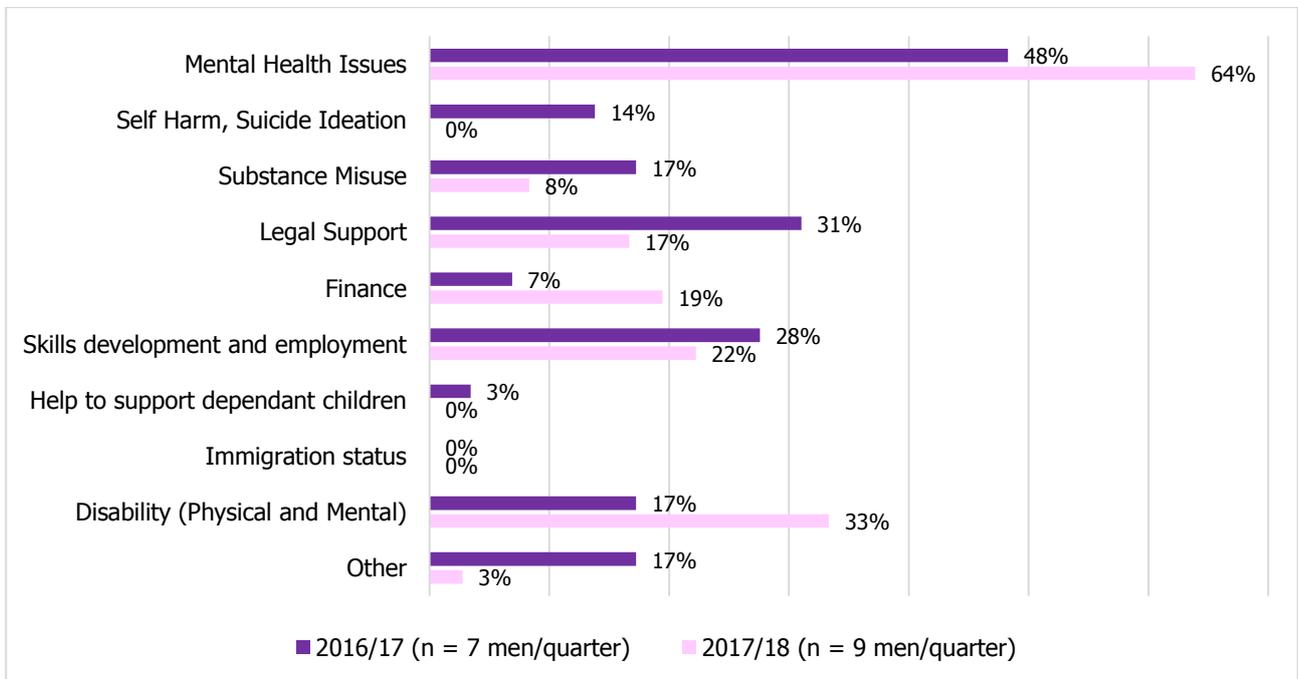


Chart 18: Additional support needs of men in refuge-based support



⁶⁰ 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.

⁶¹ Total number of support needs divided by total number of survivors included in the dataset.

Nearly two in three survivors in refuge (243 out of 401 women (61%) and 6 out of 9 men (64%)) disclosed having **mental health support needs**, such as depression, anxiety, PTSD etc. Proportionately, there has been no change in the number of women disclosing mental health issues in refuge-based support since 2016/17, in which an average of 234 women (61%) women were recorded as disclosing per quarter⁶². The sample of male survivors is too small to draw any conclusion regarding prevalence of mental health support needs amongst men.

The second most prevalent support need amongst women was in relation to those requiring **finance-related support**, with an average of 120 women (30%) per quarter. There has been little change in demand for this support since 2016/17, in which an average of 128 women (33%) per quarter required finance-related support.

The biggest change in support needs amongst women since 2016/17 was in relation to **substance misuse**, which is reported as a 7% decrease year-on-year. In 2017/18, an average of 74 women (18%) per quarter in refuge-based support services had support needs for substance misuse compared to 98 women (25%) per quarter in 2016/17.

In 2017/18, more than 200 women were not able to be supported in refuges because the service lacked resources/capacity to support their complex needs (see section 3.3). The reason for fewer survivors having support needs in relation to substance misuse could therefore be partly attributable to a shortfall in services who are able to offer support to survivors with these support needs (see section 3.3, Table 8).

There was an increase in number of survivors requiring support in relation to being disabled: 59 women (15%) and 3 men (33%) per quarter (compared to 39 women (10%) and 1 man (17%) in 2016/17).

Table 9 shows, of the 22 organisations delivering refuge-based support in Wales, the number and proportion of services who do not discriminate against disabled survivors and provide accessible services to meet specific support needs.

The table shows a significant shortfall in facilities, with **less than half of organisations (10 out of 22) providing wheelchair access across their services, 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	10	45%
Hearing Impairment	7	32%
Visual Impairment	1	5%
Support available for women with learning difficulties	3	14%
Able to accommodate carer	3	14%

Although the sample is small, only one man per quarter was reported as having support needs in relation to substance misuse.

⁶² See Appendix 5 for information regarding 2016/17 data.

3.7: Children of survivors in refuge-based support

During 2017/18, an average of 266 children were supported per quarter⁶³ in refuge-based services alongside their parents⁶⁴. This has increased by 14% since 2016/17, in which an average of 228 children were supported per quarter.

On average, 166 survivors (33%) per quarter had children residing with them in refuge and 64 (13%) 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 84 children per quarter. More than a third of children (32, 38%) per quarter were reported as being housed with Social Services (either in foster care or permanent residency). 20 children (24%) per quarter were reported as residing with another family member, 15 children (18%) were recorded as living with their other parent who is not the perpetrator, and 8 (9%) remained in the care of the perpetrator.

On average, 45 of the 266 children (17%) supported per quarter were on the Child Protection Register.

3.8: 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, 32 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 2017/18, a total of 2 men supported in refuge throughout the year were referred to MARAC.

For further information about MARAC referrals by community services, see above.

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

This year, 33 survivors were referred to refuge-based support services in Wales who, because of their insecure immigration status, had 'no recourse to public funds'. Of these, 25 survivors (76%) without recourse to public funds were accommodated and supported in refuges.

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.

⁶³ 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.

⁶⁴ Not all children who were accommodated in refuge received dedicated support due to lack of funding

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 22 (50%) organisations in Wales listed on Routes to Support and delivering refuge services state they will accept survivors with "no recourse", and 14 of the 23 (61%) non-refuge services⁶⁵**. This compares with 70% of refuge services and 90% of community services in England stating they accept women with no recourse to public funds.

3.10: Moving on from specialist support

During 2017/18, 1,149 survivors (1,129 women and 20 men) moved on from refuge services across Wales, compared to 1,171 survivors in 2016/17.

Table 8 displays the length of time that survivors were accommodated and received refuge-based support, year-on-year.

Table 10: Length of stay in refuge for survivors who left service

	2016/17 ⁶⁶		2017/18 ⁶⁷	
1 month or less	546	50%	526	49%
1 - 2 months	201	18%	189	18%
2 - 3 months	120	11%	114	11%
3 - 6 months	166	15%	143	13%
More than 6 months	58	5%	102	9%

The proportion of survivors in refuge for up to 6 months remained relatively steady year-on-year, with almost half of survivors (526, 49%) leaving refuge within their first month.

The biggest difference in proportion of survivors was in relation to those who left after more than 6 months in refuge, which had nearly doubled from 2016/17 to 2017/18 from 58 (5%) to 102 (9%).

This could be indicative of a shortage for local authority housing, or of a longer wait for housing depending on the individual survivors' circumstances. For instance, councils may give less priority to those with a history of antisocial behaviour or rent arrears, to those who already own a property, or those who have no local connection with the area⁶⁸; subsequently restricting the number of survivors who are able to move on from refuge.

⁶⁵ Data from Routes to Support at May 2017.

⁶⁶ 2016/17: data not available for 80 survivors.

⁶⁷ 2017/18: not available for 75 survivors.

⁶⁸ *Going on the council waiting list*, National Homelessness Advice Service, 2017. Available at: https://www.nhas.org.uk/docs/Factsheet_Going_on_the_council_waiting_list_June_2017.pdf

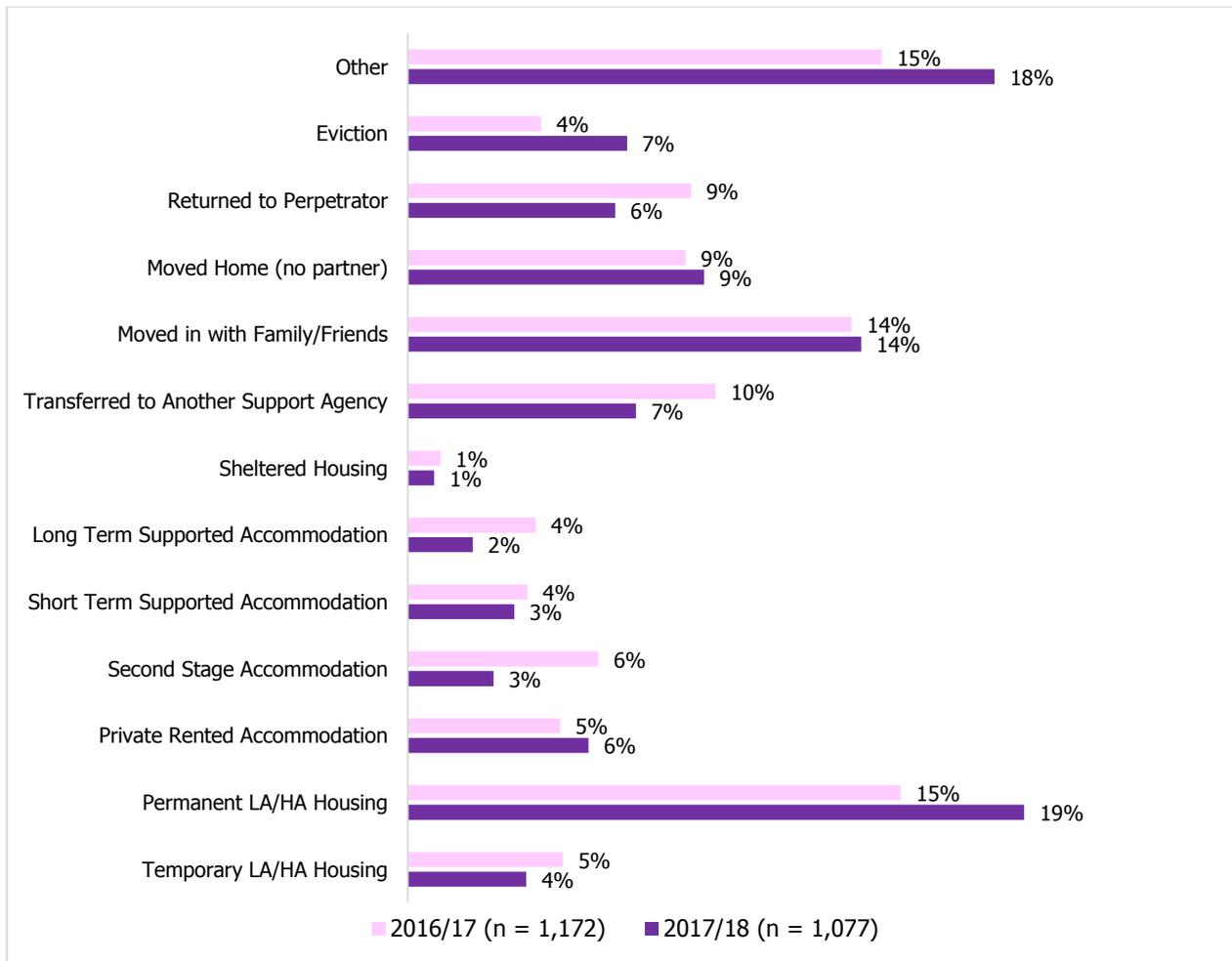
Move on housing and accommodation

The most prevalent reason for survivors leaving refuge support was having secured permanent local authority/housing association accommodation, accounting for 208 survivors (19%).

The second most prevalent move-on was to friends/family which accounted for 153 survivors (14%); a minor increase from 145 (13%) the year previous.

There was a slight increase in number of survivors moving to private rented accommodation, from 56 (5%) in 2016/17 to 61 (6%) in 2017/18.

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



The proportion of survivors moving to both short term and long term supported accommodation has decreased since 2016/17.

In 2017/18, 22 survivors (2%) were moved on to long term supported accommodation and 36 (3%) were moved to short term supported accommodation; compared to 47 (4.3%) and 44 (4.1%), respectively.

Supported accommodation typically refers to a rented unit which provides supervision, care and support, and would cater for survivors with additional support needs such as mental health, substance misuse or disability, for example. Although there has been no proportionate change in the number of survivors requiring support for additional support needs in relation to mental health, there is a decrease in the number of survivors being moved on to supported accommodation, which could indicate a shortage in provision.

100 survivors (9%) returned to their own home without the perpetrator, comparably to 2016/17 in which 97 survivors (9%) left refuge-based support for this reason. Fewer survivors returned to the perpetrator in 2017/18, with 70 survivors (6%) ceasing support for this reason compared to 89 (8%) in 2016/17.

For 385 survivors (34%) who moved on from refuge-based support, the local authority area to which they moved was recorded. Two-thirds (224, 63%) of survivors were rehoused in the same local authority area as the refuge-based support, 105 survivors (27%) were rehoused or moved to another area in Wales, and 36 (9%) left refuge to live elsewhere in the UK.

3.11: Welsh Government Outcomes⁶⁹

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	403	95%	8	2%	15	4%	426	41
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	400	95%	6	1%	16	4%	422	41
No. of survivors reporting an improvement in their quality of life & wellbeing	396	93%	5	1%	27	6%	428	41
No. of survivors reporting being better able to access appropriate support services	400	95%	4	1%	18	4%	422	41

⁶⁹ See Appendix 4 for details

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 Wales⁷⁰, a total of **1,008 referrals** were made during 2017/18 (**893 women, 115 men**), and **1,106 survivors**⁷¹ were engaging with and supported through dedicated sexual violence services.

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 2017/18 are likely to have been referred in the previous reporting period (i.e. 2016/17), which attributes to a marginally 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 2017/18, **292 survivors of sexual violence were on waiting lists for support**, which represents 26% of referrals awaiting support in dealing with their experience(s) of sexual violence and abuse.

For services who keep waiting lists, the average time of wait is 2 months. A minority of survivors were reported as waiting up to 6 months. One service has an average time between assessment to accessing counselling of 65 days; another has waiting times of between 2-6 months.

72 survivors (women only) did not accept support they were offered and 5 were unable to be supported by the service (4 women, 1 man). Information investigating reasons for refusals either by the survivor or the service provider are not currently available.

Welsh Women's Aid will be working with member services delivering specialist rape crisis/sexual violence services to enhance the data currently gathered by our federation throughout the year ahead. New members and new services delivered through existing members will provide a better insight into the demand and delivery of specialist sexual violence services across multiple regions in Wales.

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

⁷¹ No gender breakdown available.

5. Live Fear Free Helpline

The Live Fear Free Helpline, funded by Welsh Government and 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.

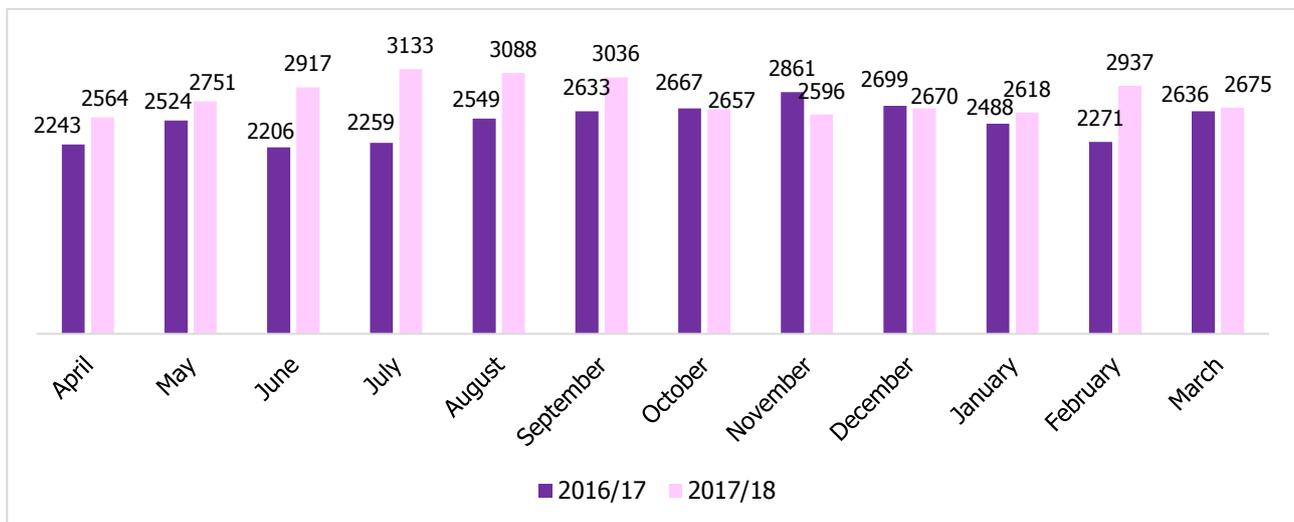
The experienced support team can discuss concerns and provide help, support and information without judgement, blame or pressure. The team are equipped to provide support and information on a range of options and services throughout Wales, including emergency accommodation and access to refuge-based 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..

5.1: Incoming Calls

During 2017/18, the Helpline received a total of **33,642 contacts; 33,008 incoming calls, 138 emails and 496 web chats**. 33 crisis calls were received to the Helpline during the year, which required assistance from Emergency Services.

The volume of contact received during 2017/18 was an 11% increase from 2016/17, in which a total of 33,036 calls, emails and web chats were received.

Chart 20: Volume of contact received



The Helpline's Live Chat facility was launched on the 28th July 2016, and has increased significantly since its implementation. Within the first 12 months of launch the volume of webchats increased by 420% (84)⁷².

The significant increase in webchats has resulted in a slight drop to the strike rate, from 98% at point of launch to 95% at the end of 2017/18. The reason for this is because webchats take longer for Helpline staff and volunteers to deal with than calls. The average length of a webchat is 18.5 minutes in comparison to the average length of a phone call of 4 minutes, which has impacted on the strike rate. However, the target strike rate of 95% has been retained and further monitoring will be undertaken to identify spikes and trends for allocation of resources.

⁷² Calculation based on number of webchats received between July to September 2016 and July to September 2017.

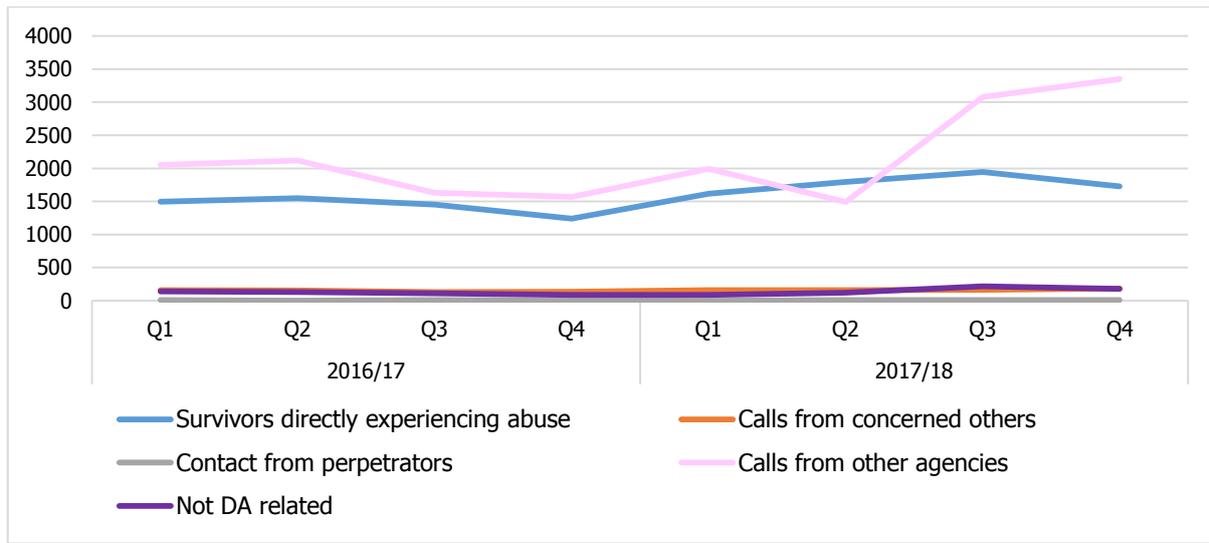
Caller Type

In 2017/18, the caller profile was recorded for 18,307 (55%) of the calls received into the Helpline.

During the year, there were 16,999 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 2016/17 and 2017/18 calls received from other agencies with or on behalf of survivors accounted for more than half of total recorded calls received at 7,369 (52%) and 9,913 (54%) 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 7,086 survivors (39%) contacting the Helpline during 2017/18. Of survivors calling directly, 6,768 (95.5%) were women and 318 (4.5%) were men. 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 2016/17 and 2017/18 was 583 (3.5%) and 671 (3.7%) respectively. This was an increase in volume of 15% from 2016/17 to 2017/18, which indicates that there is an increased awareness surrounding VAWDASV. During 2017/18, Welsh Women's Aid led a social media campaign which was targeted at friends and family of survivors experiencing violence against women, domestic abuse and sexual violence, raising awareness of the Helpline service being a source of support and information for them too.

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'. Similarly, the Helpline receives silent calls so cannot establish the nature or type of call. Other types of calls include 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.

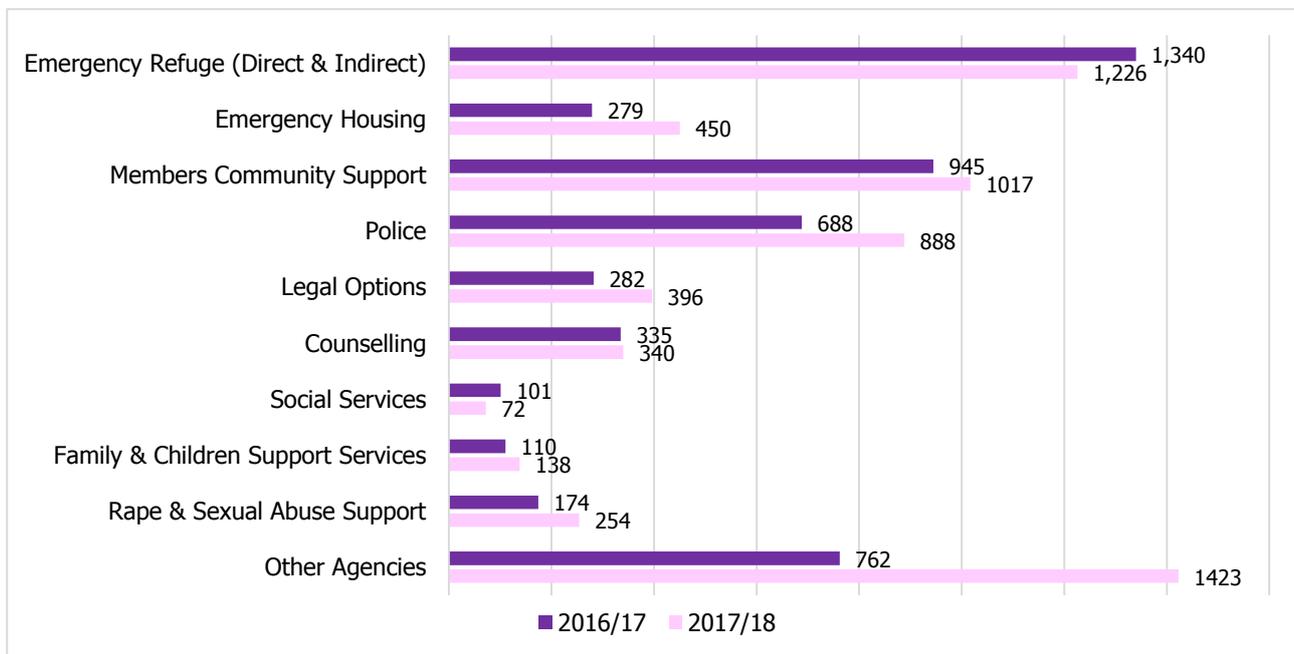
5.2: Children and Young People

During 2017/18, 1,912 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 3,422 children⁷³, and to 29 children and young people⁷⁴ who have contacted the Helpline directly.

5.3: Referrals Out

A total of 6,204 referrals were made by Helpline staff during 2017/18, which includes specialist domestic abuse refuge and community-based support services, housing, police, legal services, counselling etc. The highest number of survivors were referred to 'other agencies' which includes for example, services dealing with money matters, alcohol and substance misuse, perpetrators' services, NHS, self-harm support groups and probation services.

Chart 22: Referrals made by Live Fear Free Helpline



1,226 referrals (20%) were made to emergency refuge, facilitated through Routes to Support, the UK-wide online database which contains information about domestic abuse and other violence against women services throughout the UK. 1,017 referrals (16%) were referred to members of Welsh Women's Aid delivering domestic abuse community-based support services – an increase of 7% since 2016/17.

In 2017/18, 888 referrals were made to the police accounting for 14% of total referrals made – an increase of 23% since 2016/17. Referrals to housing services – which accounted for 7% of referrals made by the Helpline – received 450 referrals in 2017/18, compared to 279 in 2016/17 – an increase of 38% year-on-year.

There has been a 31% increase in referrals being made to rape and sexual abuse support services since 2016/17, in which 174 referrals were made compared to 254 in 2017/18. Specifically, 147

⁷³ Figure based on number of children disclosed by survivor who has contacted the Helpline directly (3,148), and an estimate of 274 children of those who did not disclose (1.8 children average). Does not take into account referrals made through other agencies.

⁷⁴ A child/young person who has disclosed they are under the age of 17.

survivors (58%) contacted the Helpline specifically requesting for a referral to Welsh Women's Aid member services for specialised counselling in sexual abuse.

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 2017/18, a sample of 2,914 outcomes forms were completed with survivors.

- 91% 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 2017/18 310 evaluations were gathered by the Helpline. All feedback received has been positive, and a sample provided below:

"100% over and above, very caring and you can't train that kind of thing. Helpline is fantastic"
Helpline caller (survivor), 2017

"Felt able to open up and didn't feel judged. I now know what my options are. Thank you very much"
Helpline caller (survivor), 2017

"I sincerely thank you so much for your time. You have been an amazing help and have provided so much information that I feel confident I can start helping her as soon as possible. I can't thank you enough, you do amazing work."
Helpline caller ('concerned other'), 2017

"...100% 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 and that everyone was against me and nobody was ever going to be able to help me. I didn't know where to turn but now I feel counted and listened to. I can see my daughter. That day I spoke to you I felt at my lowest, that I have ever been, in a dark place and I felt lifted and I just can't believe that this is happening. This is the first time I have ever asked for help and you did what you said you were going to do, thank you."
Helpline caller (male survivor), 2017

"Satisfied and very grateful that you could stay with me whilst waiting for the police – I was very distressed at that time. Thank you."
Crisis call received from survivor, 2017

Agency Feedback

The Helpline received 271 caller surveys from agency staff providing 100% positive feedback on the service they had received from the Helpline, and a sample provided below:

"Got through quickly and received all the advice needed. I would definitely recommend this service to my colleagues."

"I always use the Live Fear Free Helpline as I can never get through to the English line. Also useful as we border Wales and victims sometimes seek refuge over the border"

"Ace- the staff are always helpful and well informed, also totally professional. Make me feel reassured that I am asking the right questions and passing on the correct information."



Conclusion

This annual data report clearly 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 33,642 calls to the Live Fear Free Helpline and 13,422 referrals into community outreach support, refuge-based support and rape crisis and sexual violence support services.

The data continues to demonstrate that specialist services deliver support that creates positive change for survivors of abuse and meets their needs: 95% of survivors reported they felt safer and 93% of survivors reported an improvement in their quality of life & wellbeing, following support from specialised staff with in-depth knowledge of violence against women, domestic abuse and sexual violence.

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, 292 survivors were on waiting lists for rape crisis/sexual violence support, and 206 women were on waiting lists for domestic abuse community support, due to the level of demand for services exceeding availability. During the same period, 431 survivors were turned away from accessing refuge-based support due to lack of space or resources to meet their support needs.

Survivors in refuges are also experiencing increasingly longer stays in crisis accommodation, with the number of survivors in refuge for more than 6 months doubling since 2016/17.⁷⁵ This suggests that more complex support needs are being addressed whilst in refuges and a shortage of appropriate or safe move-on housing provision for survivors when they need to move on.

In 2017, we published the annual 'State of the Sector' report, which revealed the impact of funding restrictions on specialist services and survivors of abuse who depend on these services in Wales. The continuing evidence from specialist services in Wales is that there is a lot of uncertainty of the funding landscape for the coming year and increased competition for ever more limited funding.

This coincides with increasing referrals into community services and a corresponding increase in survivors impacted by multiple disadvantage and more complex 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.

⁷⁵ Refer to Table 8.



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			
5	Cardiff Women's Aid	Cardiff Women's Aid	Yes	Yes	(From 2018-19)
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)			
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	
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:** 20 organisations (19 above plus data from one former member organisation)
- **Community-based services:** 21 of 21 organisations (includes data from one former member organisation; 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 (2017-18) 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.

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
	Reasons for ceasing Outreach/Community Support	Leavers	Section 2.7: Moving on from specialist support (pg. 24-25); Chart 8
	MARAC Referrals	All supported	Section 2.5: Multi-Agency Risk Assessment Conference (MARAC) Referrals (pg. 23)
	No recourse to public funds	Starters	Section 2.6: No Recourse to Public Funds: community support (pg. 23-24)
	Service user feedback	Leavers	Section 2.8: Welsh Government Outcomes (pg. 25); Table 5
	Additional information about services delivered, including no. of survivors/CYP supported, source of funding, service objective etc.	All supported	N/A (fields left incomplete for high proportion of data submissions, so no substantial conclusions could be drawn)
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

Data Section	Data Requested	Type of Survivor	Report Reference
Refuge-based support services	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)
	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
	No move on available	All supported	N/A (fields left incomplete for high proportion of data submissions, so no substantial conclusions could be drawn)
	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: 2016/17 data calculation changes

In 2017/18, the reported abuse types and additional support needs submitted by members who record them has been calculated from the quarterly datasets. The quarterly average has then been used to represent the prevalence of abuse types and additional support needs disclosed by survivors in-service in any one period. Percentages are therefore calculated based on only the sample provided.

In 2016/17, where services did not collect the abuse types or support needs of survivors, this was recorded as 'missing data' and included in the sample to generate the proportion of prevalence. For the purpose of this report, 2016/17 'missing data' has been excluded from the calculations to generate like-for-like comparisons. Due to this change in methodology, the 2016/17 data reported for abuse types and additional support needs within this report differs to the data reported in *Summary of 2016/17 Data from Specialist Services in Wales*.

Appendix 6: 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	South Wales VAWDASV Regional Collaborate Board
	Cardiff	Cwm Taf region	
	Merthyr Tydfil Borough		
	Rhondda Cynon Taf		
	Bridgend	Western Bay region	
	Swansea		
	Neath Port Talbot		
Gwent	Blaenau Gwent	Gwent VAWDASV Strategic Board	
	Caerphilly		
	Monmouthshire		
	Newport		
	Torfaen		