

Acknowledgments

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

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



¹ **Member organisations in 2019-20:** Aberconwy Domestic Abuse Service, Atal Y Fro, , 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, , Thrive Women's Aid, RASASC North Wales, Safer Merthyr, Safer Wales, Stepping Stones North Wales, Swansea Women's Aid, Threshold DAS, West Wales Domestic Abuse Service, Women's Aid – RCT.

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

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Foreword

I would like to say that the support I have received at a very low time has been invaluable. All members of staff have been supportive and welcoming. I attended the toolkit course and met some lovely ladies; with I am still in touch with. Enjoyed doing the course and found a lot of strength from it. I strongly feel that I would not be in the position I am today without the support of your wonderful team, and knowing I can still call into the coffee morning and still have contact if needed is a safety blanket for me.

(Survivor accessing support from a Welsh Women's Aid membership service)

Welsh Women's Aid member services have always been on the frontline responding to survivors in crisis; making sure that they have a place of safety and are supported to rebuild their lives to achieve independence and autonomy. However, never was the importance of their work more evident than at the end of financial year 2019/20 when the government imposed a lockdown restricting the population's movement and many survivors' already reduced space for action. Our network of specialist services responded swiftly to this new reality by adapting their provision and offering a much-needed lifeline to survivors.

Welsh Women's Aid is a federation of specialist services, survivors, campaigners and allies across Wales. Some of our members' services are small local specialist providers and others are regional or national in their scope. The support provided by these organisations is diverse and includes delivery of refuge-based support, rape crisis support, community and outreach support for women, children and young people, and men across Wales.

Last year our member services supported 21,188 survivors. The value of their work cannot be quantified by numbers alone but rather by the significance and impact of their work. The flexibility of their provision that is tailored to the individual's needs, builds on their strengths and aids their recovery from trauma is critical in transforming survivors' lives and delivering a change that lasts.

Despite all their vital importance, many of our services operate in an uncertain environment having to compete for funding that is often delivered in short-term yearly cycles. Welsh Women's Aid will therefore continue to campaign for a sustainable funding model in Wales that ensures that no survivor is turned away or has to wait to receive support. We know that black and minoritised women, women with no recourse to public funds, disabled women, women who face multiple disadvantage or are sexually exploited are missed out from strategic planning and commissioning plans. We continue to put their experiences front and centre in our work to make sure that their needs are prioritised and that specialist services are appropriate supported and resourced to bring about change for all survivors in Wales.

We continue to amplify the voices of survivors to keep the spotlight on an issue that has often remained hidden from the public eye. In order to achieve our vision of a world in which women and children live free from domestic abuse, sexual violence and all forms of violence against women we need to prevent abuse and violence from happening in the first place. We work in partnership with survivors, specialist services and communities to strengthen our movement to challenge harmful attitudes and hold perpetrators to account.

We provide advice, consultancy, support and training to deliver policy and service improvements for the benefit of survivors. This annual membership data report builds on our quarterly data analysis, to provide a national picture of the demand for and impact of our network of specialist services.

Miriam Merkova, Head of Services and Survivor Engagement, Welsh Women's Aid



Contents

Introduction	5
2019-20: National Overview	6
About Specialist Services	8
VAWDASV specialist services in Wales define “specialist services” as agencies/services:	10
1. Who uses specialist services?	11
2. Domestic abuse community-based support	17
2.1: Referrals and access to service	17
2.2: Types of abuse disclosed (domestic abuse)	17
2.3: Support Needs	18
2.4: Services and Support for Children and Young People	19
2.5: Sex of Perpetrator	20
2.6: Multi-Agency Risk Assessment Conference (MARAC) Referrals	20
2.7: Moving on from specialist support	20
3. Refuge-based support	21
3.1: Access to refuge-based support in Wales	21
3.2: Referrals and access to service	22
3.3: Survivors unable to be supported	23
3.4: Referral sources and location	26
3.5: Types of abuse disclosed	27
3.6: Support Needs	28
3.7: Children of survivors in refuge-based support	29
3.8: Sex of Perpetrator	30
3.9: Multi-Agency Risk Assessment Conference (MARAC) Referrals	30
3.10: No Recourse to Public Funds: refuge-based support	30
3.11: Moving on from specialist support	31
4. Sexual violence services	33
5. Live fear free helpline	36
Conclusion	40
Appendices	41
Appendix 1: Specialist services – service provision	41
Appendix 2: Methodology	42
Appendix 3: Glossary of Terms	45
Appendix 4: Regional and Local Authority Areas	45



Introduction

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

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

The prevalence of violence against women, domestic abuse and sexual violence remains largely hidden. The extent of femicide, rape, domestic abuse, forced marriage, sexual harassment, female genital mutilation and other forms of abuse are often invisible in official statistics nationally and locally, and there is a lack of consensus about how such violence should be defined and measured and how this can best be achieved. Recent estimates by the UK Government put the cost of domestic abuse for victims in England and Wales as £66 billion.²

This report focuses on the referrals to and use of services by survivors, for the 2019/20 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 2019/20, 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.

² Home Office, *Research and analysis: The economic and social costs of domestic abuse*. (UK Government website, 2019). Available at:

www.gov.uk/government/publications/the-economic-and-social-costs-of-domestic-abuse.



2019-20: National overview



The **Live Fear Free Helpline** responded to **32,270** calls, emails and web chats

22,431 survivors were referred to local specialist services during the year, this is a **4% increase** from 2018/19



21,188 survivors were supported by specialist services during the year, which is a **4% increase** from 2018/19

Refuge and community-based support for domestic abuse:



2,522 survivors (adults and children) benefited from **refuge-based support**



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



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



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



17,223 survivors were supported by domestic abuse **community-based services**.

At the year-end **533 survivors** were on waiting lists for community support.

Community based support for sexual violence:



1,443 survivors received support from **dedicated sexual violence services**



At the year-end **251 survivors** were on waiting lists for rape crisis support at 4 WWA member services

22,431 survivors were referred to VAWDASV specialist services in Wales for help and support in 2019/20;

- 18,871 survivors were referred to specialist domestic abuse community-based services,
- 2,242 survivors were referred for refuge-based support, and
- 1,318 were referred to dedicated sexual violence/rape crisis services.

21,188 survivors were supported by VAWDASV specialist services in 2019/20:

- 17,223 survivors were supported by specialist domestic abuse community-based services; 13,076 were female, 759 were male, 76 identified as another sex and 3,312 children and young people (including some referred the previous year(s)),
- In comparison, 2,522 survivors were supported in refuge-based support services; 1,325 were female, 42 were male 1 survivor identified as other and 1,154 children under 16 years of age, and
- 1,443 survivors were supported in dedicated sexual violence/rape crisis services.

Refuge-based support services:

Of 2,242 survivors who were referred to refuge-based support services, **2,136 (95%) were female, 105 (5%) were male and 1 (<1%) identified as another sex** (who was subsequently accepted).

- Of the **2,136 females referred** for support;
 - o **1,102** were accommodated and supported, **731** were unable to be supported by the service when and where they needed refuge, and **287** did not accept support offered by the service.
- Of the **105 males referred** for refuge-based support;
 - o **18** were accommodated and supported, **72** were unable to be supported, and **17** did not accept the support offered by the refuge-based support.

Where data is available, 78% of survivors who were unable to access refuge (574) were due to issues surrounding capacity; whether this was because they were full, unable to meet support needs due to complex needs, lacked accessibility for disabled survivors, lacked resources to support women unable to claim benefits, the survivors were high risk or had previous criminal convictions, or were displaying abusive behaviour.

The **most common single reason** that survivors were unable to access refuge-based support was due to there being no space available when they needed help: **184 (25%) of survivors were unable to access refuge space for this reason.**

Sexual violence specialist services:

Across four member services providing specialist sexual violence support across Wales³, a total of **1,318 referrals** were made during 2019/20 (**1101 females, 214 males and 3 survivors who identify as another sex**), and **1,443 survivors were engaging with and supported** through dedicated sexual violence services (1,269 females, 172 males and 2 other).

Domestic abuse community outreach services:

Of the 18,871 survivors referred to domestic abuse community-based support, **17,406 (92%) were female, 1,329 (7%) were male and 136 (1%) identified as another sex.**

- Of **17,406 females referred** for support;
 - o **10,847** engaged with the service and were supported, **1599** were unable to be supported due to resources/capacity issues and **4122** did not accept support offered by the service.
- Of **1,329 males referred** for support;
 - o **701** engaged with the service and were supported, **168** were unable to be supported due to resources/capacity issues, and **477** did not accept support offered by the service.

³ 1 service based in Gwent, 1 in South Wales and 2 in North Wales



About specialist services

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

This report focusses on our member services that offer physical and emotional safety, support, advocacy and practical help, delivered through a combination of **refuge-based support, community outreach support**⁴ 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.

⁴ 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”⁵ 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 analysis⁶ 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.

⁵ Welsh Assembly, *Statutory Guidance for the Commissioning of VAWDASV Services in Wales*, p.13. (Senedd Wales website, 2019). Available at: www.assembly.wales/laid%20documents/sub-ld12217/sub-ld12217-e.pdf

⁶ This perspective is supported by evidence from the United Nations, World Health Organisation, European Convention and UK strategies.



1. Who uses specialist services?

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

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

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

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

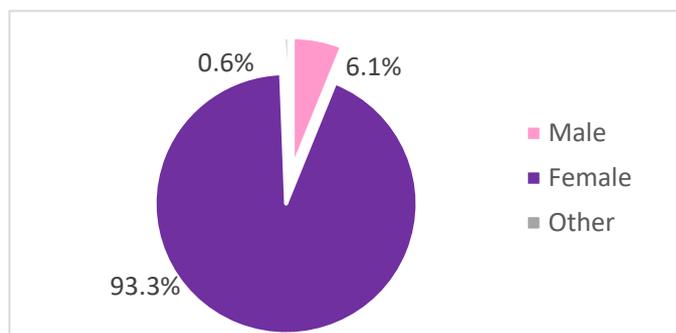
Specialist services are committed to anti-discriminatory practice and to address the intersecting inequalities experienced by women and men, when delivering support services.

Member services are encouraged to disaggregate data by the nine ‘protected characteristics’ identified in the Equality Act 2010 (sex, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership, and pregnancy and maternity). This data is collected for survivors who are newly referred to and who engage with specialist services for support⁷, to help services comply with their legal responsibility to ensure services are accessible and targeted, and that anyone using their services is treated fairly and not discriminated against.

1.1: Sex: female and male survivors

Data on sex was provided for all survivors who were referred into and engaged with specialist services during 2019/20. Across all services the vast majority of survivors were female (93% in community services, 98% in refuge services and 86% in sexual violence services). For sexual violence services there was a higher proportion of male survivors supported at 14%. For the first year, all data collected also provides the option for survivors to be recorded as an ‘other’ sex. In demographics, this was recorded for 0.6% of the cohort.

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

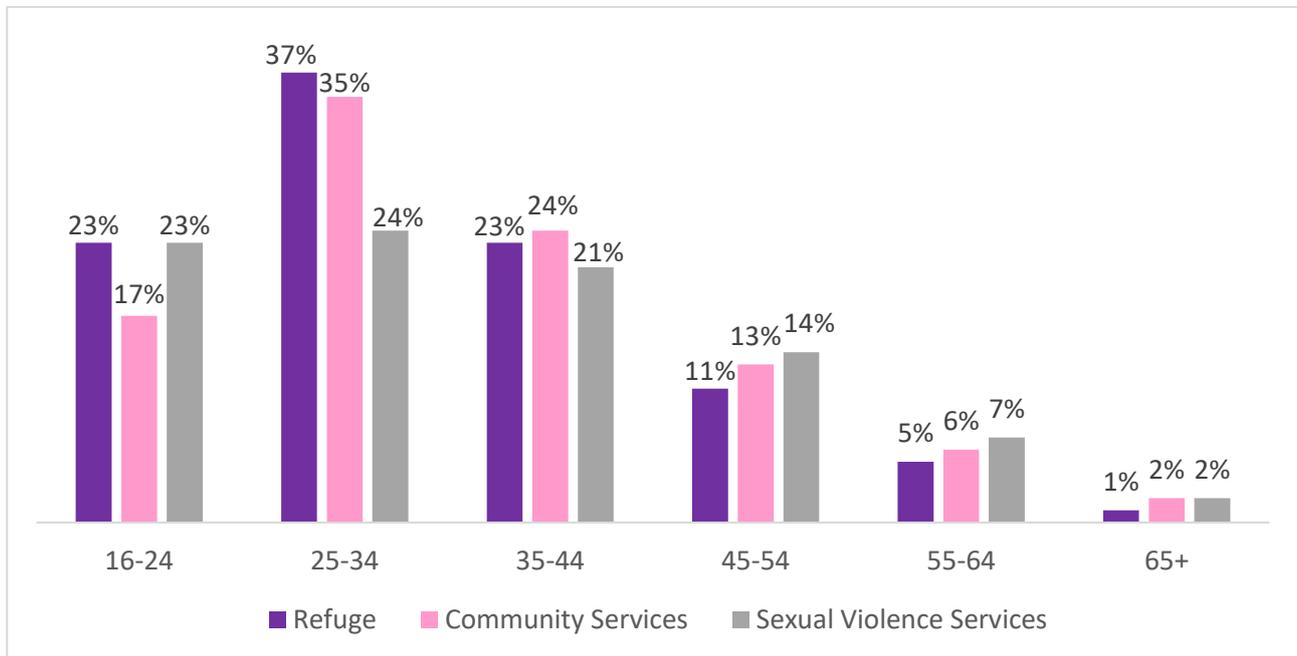


⁷ Data is available for survivors who engaged with community-based, sexual violence and refuge-based services only. Data related to protected characteristics related to children and adults aged 16+.

1.2: Age

Of 13,596 survivors who engaged with and were supported by refuge, sexual violence services and community-based services following referral, data was available for 10,477 survivors.

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



Of survivors accessing all services (for whom data was available), the most prevalent age was between 25 and 34 with 383 (37%) in refuge, 3106 survivors (35%) in community-based services and 146 (24%) in sexual violence services. In total, 1843 young people (18%) aged 16 to 24 were supported by services, with 1469 (17%) accessing community-based support, 237 (23%) accessing refuge services and 137 (23%) in sexual violence services.

Available data suggests that survivors aged 65 and over were less likely to engage with specialist services; according to available data: 188 survivors (2%) aged 65 and over accessed community-based support, 10 (2%) accessing sexual violence services and 9 survivors (1%) aged 65 and over accessed refuge-based support.

1.3: Disability

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

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

Of survivors who engaged with specialist services following referral, 900 (6.6%) identified as disabled.

Research shows⁸ that disabled people are more likely to experience violence and abuse than non-disabled people, and we are working with specialist services, and Disability Wales, to encourage specialist services to be more accessible to disabled people.

For more information about VAWDASV and disability, please refer to our recent 2019 report with Disability Wales surveying survivors, which sets out recommendations for specialist and public services.⁹

1.4: Gender reassignment

During 2019/20, available data from local services states that 14 survivors supported by specialist services have disclosed gender reassignment.

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)¹⁰ 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): 788 survivors (70%) using refuge-based support, 576 (67%) in sexual violence services and 6,035 survivors (52%) using community-based support.

183 survivors (16%) using refuge-based support, 23 survivors (3%) using sexual violence services and 958 survivors (8%) using community-based support identified as being Black, Asian, of Mixed Parentage or ethnic group other than 'White British'.

Data was unavailable for 5033 (37%) of all supported survivors, 150 (13%) in refuge, 4628 (40%) in community services and 255 (30%) in sexual violence services.

Rates of gender-based violence are highest amongst Black and minoritised (BME) women, and its impact combines with the impact of intersectional discrimination which fails to support and protect many BME women from violence and abuse. This can lead to disproportionately high levels of femicide ('honour-killings') and abuse-driven suicide.¹¹ Specialist services would like to do more in Wales to ensure their support services are accessible to BME survivors (also see 'No Recourse to Public Funds, below).

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

⁸ ONS, *Focus on Violent Crime and Sexual Offences*. (ONS website, 2016). Available at: www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse#heavily-victimised-groups-of-partner-abuse

⁹ The report is available online: www.welshwomensaid.org.uk/wp-content/uploads/2019/04/WWA-and-Disability-Wales-2019-report-Final-ENG.pdf

¹⁰ The policy is available online: www.welshwomensaid.org.uk/2018/04/transgender-inclusion-statement/

¹¹ Siddiqui H., *Counting the cost: BME women and gender-based violence in the UK*. (Wiley online library, 2018). Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/newe.12076>

Table 1: Ethnic backgrounds of survivors in services

	Refuge		Community-based Services		Sexual Violence Services	
White: British (Welsh/English/Scottish/Northern Irish)	788	70%	6035	52%	576	67%
White: Irish	1	0%	9	0%	0	0%
White: Irish or Gypsy Traveler	8	1%	21	0%	1	0%
White: Other	63	6%	210	2%	11	1%
Mixed/multiple ethnic group: White and Asian	5	0%	30	0%	3	0%
Mixed/multiple ethnic group: White and Black African	7	1%	29	0%	0	0%
Mixed/multiple ethnic group: White and Black Caribbean	7	1%	44	0%	0	0%
Mixed/multiple ethnic group: Other mixed	12	1%	81	1%	3	0%
Asian or Asian British: Bangladeshi	16	1%	51	0%	0	0%
Asian or Asian British: Chinese	2	0%	20	0%	0	0%
Asian or Asian British: Indian	2	0%	46	0%	0	0%
Asian or Asian British: Pakistani	14	1%	61	1%	1	0%
Asian or Asian British: Other Asian	19	2%	119	1%	0	0%
Black or Black British: Black African	7	1%	78	1%	3	0%
Black or Black British: Black Caribbean	1	0%	12	0%	0	0%
Black or Black British: Other Black	4	0%	45	0%	1	0%
Other Ethnic Group: Arab	13	1%	54	0%	0	0%
Other Ethnic Group: Other	2	0%	48	0%	0	0%
Data Unavailable	150	13%	4628	40%	255	30%

1.6: Religion or belief

There was a low response rate regarding religion, with data missing for 58.4% of survivors supported (7948).

Table 2: Breakdown of religion or belief of survivors

	Refuge		Community-based Services		Sexual Violence Services	
No religion	533	48%	3072	26%	136	16%
Buddhist	6	1%	15	0%	0	0%
Christian (all denominations)	147	13%	935	8%	16	2%
Hindu	3	0%	11	0%	0	0%
Jewish	0	0%	1	0%	0	0%
Muslim	66	6%	259	2%	5	1%
Sikh	2	0%	16	0%	0	0%
Other	16	1%	152	1%	0	0%
Prefer Not to Say	64	6%	193	2%	0	0%
Data Unavailable	284	25%	6967	60%	697	82%

3741 survivors (27.5%) were recorded as having no religion or belief; the highest proportion recorded across all categories. The most prevalent category of religion amongst those for whom data was available was Christian (all denominations) where 1098 survivors (8.1%) were recorded, followed by 330 survivors (2.4%) recorded as Muslim.

1.7: Sexual orientation

Table 3: Sexual orientation recorded in services

	Refuge		Community-based Services		Sexual Violence Services	
Bisexual	27	2%	122	1%	4	0%
Gay/homosexual male	3	0%	65	1%	3	0%
Lesbian/homosexual female	21	2%	124	1%	7	1%
Heterosexual	827	74%	5330	46%	340	40%
Other	0	0%	7	0%	0	0%
Prefer not to say	16	1%	95	1%	68	8%
Data Unavailable	227	20%	5878	51%	432	51%

Of survivors who engaged with specialist services following referral, just under half of survivors identified as heterosexual (6,497 survivors (48%)). In refuge-based services, 827 survivors (74%) identified as heterosexual, in sexual violence services 340 survivors (40%) and 5,330 survivors (46%) in community-based services.

A minority of survivors identified as bisexual (153 survivors, 1%) or gay males (71 survivors, 0.5%) or lesbian (152, 1%). 7 survivors identify with another sexual orientation (0.1%). 179 survivors (1.3%) chose not to disclose their sexuality. Data was not available for 6,537 survivors (48%).

1.8: Pregnancy and maternity

Of the data submissions completed, a total of 459 women (3.6% of the sample) were reported as being pregnant; 59 survivors (5.4%) in refuge-based services, 4 survivors accessing sexual violence services (0.5%) and 396 survivors (3.7%) in community-based services.

Data was also provided regarding the number of women supported who have had a child within the previous year – 287 (2.3%) of female survivors supported had given birth in the previous year; 55 in refuge (5%), 224 (2%) in community services and 8 (1%) of females in sexual violence services.

1.9: Language

246 survivors (1.8%) who accessed services spoke Welsh as their first language; 90 survivors in the community (0.7%), 158 in sexual violence services (16.4%) and 16 in refuge (1.4%). 450 survivors spoke a first language other than English or Welsh (3.3%); 68 in refuge (6%), 325 (2.8%) in community services and 57 (6.7%) in sexual violence services.

1.10 Marital Status

In financial year 2019/20, a new category of data was collected regarding marital and relationship status. Data on marital status is missing for 68% of new starters in services (9181).

Where data is available, the most prevalent status is single with 16% of survivors (2243) followed by separated (5%, 739) and then married (5%, 641).

Table 4: Marital/Relationship Status

	Refuge		Community-based Services		Sexual Violence Services	
Single	424	38%	1700	15%	119	14%
Co-habiting	41	4%	302	3%	22	3%
Engaged	8	1%	10	0%	0	0%
Married / Civil partnership	76	7%	515	4%	50	6%
Separated	83	7%	656	6%	0	0%
Divorced	23	2%	156	1%	1	0%
Widow/Widower	4	0%	10	0%	4	0%
Other	7	1%	204	2%	0	0%
Data Unavailable	455	41%	8068	69%	658	77%



2. Domestic Abuse Community-Based Support

Domestic abuse community outreach support includes services that are provided for survivors in the community, such as drop-in, group work, advocacy, counselling and peer-support (see above 'About Specialist Services'). Across Wales, 19 Welsh Women's Aid member organisations¹² deliver domestic abuse community-based support services. In 2019/20, VAWDASV community/outreach services supported¹³ 17,223 survivors (13,076 females, 759 males, 76 survivors who identify as another sex and 3,312 children).

2.1: Referrals and access to service

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

	Female	Male	Other	Children	Total
Total supported	13076	759	76	3312	17223
Total new referrals to community-based support from April 2019	17406	1329	136	-	18871
No. of new referrals supported	10847	701	73	-	11621
No. of new referrals who did not accept support	4122	477	62	-	4661
No. of new referrals who were not accepted by service	1599	168	8	-	1775
No. of new referrals on waiting list at end of March 2020	491	33	9	-	533

During 2019/20, 18,871 survivors were referred into community-based support services; 17406 females (92%), 1329 males (7%) and 136 survivors who identify as another sex (1%).

Of total referrals made, 11,621 survivors (62%) were able to be supported, while 4,661 survivors (25%) did not accept support, 1,775 (9%) were unable to be supported by the service due to resource and capacity issues¹⁴. 533 survivors were still held on waiting lists at the year-end as demand for support exceeded the capacity to support survivors.

2.2: Types of abuse disclosed (domestic abuse)

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

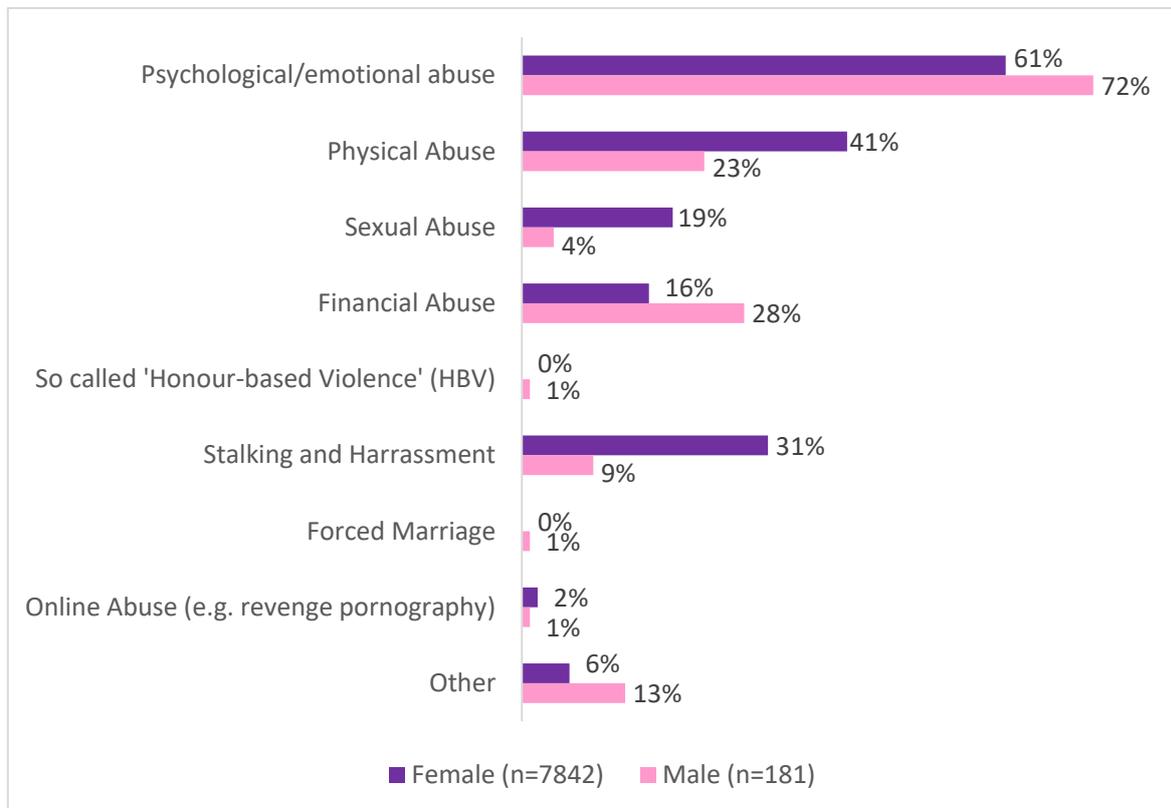
¹² See appendix 1 for list of WWA member organisations delivering community-based services.

¹³ Total supported calculated with total supported figure in Q1, then all new starters from Q2, Q3 and Q4 to eliminate double counting of survivors supported in all quarters

¹⁴ Percentages do not add up to 100% due to referrals being placed on waiting lists while waiting for capacity/appropriate support

Abuse types were reported for 8023 survivors who started accessing the services following referral (7842 female and 181 males)¹⁵. 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 types¹⁶.

Chart 4: Abuse types experienced in community-based support



The most common type of abuse disclosed by survivors using domestic abuse services was **psychological/emotional abuse**, with 61% survivors experiencing this type of abuse.

2.3: Support Needs

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

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

Some survivors may also have support needs associated with their identity or life experience, which may include experiences of intersectional discrimination. Disabled survivors, for example, who face discrimination that cause barriers to accessing support, may need service adjustments¹⁷ to access aspects of the support available and not all services have facilities to provide this.

Additional support needs (i.e. additional to direct support associated with the abuse) were reported for 6011 survivors (5816 females and 195 males)¹⁸.

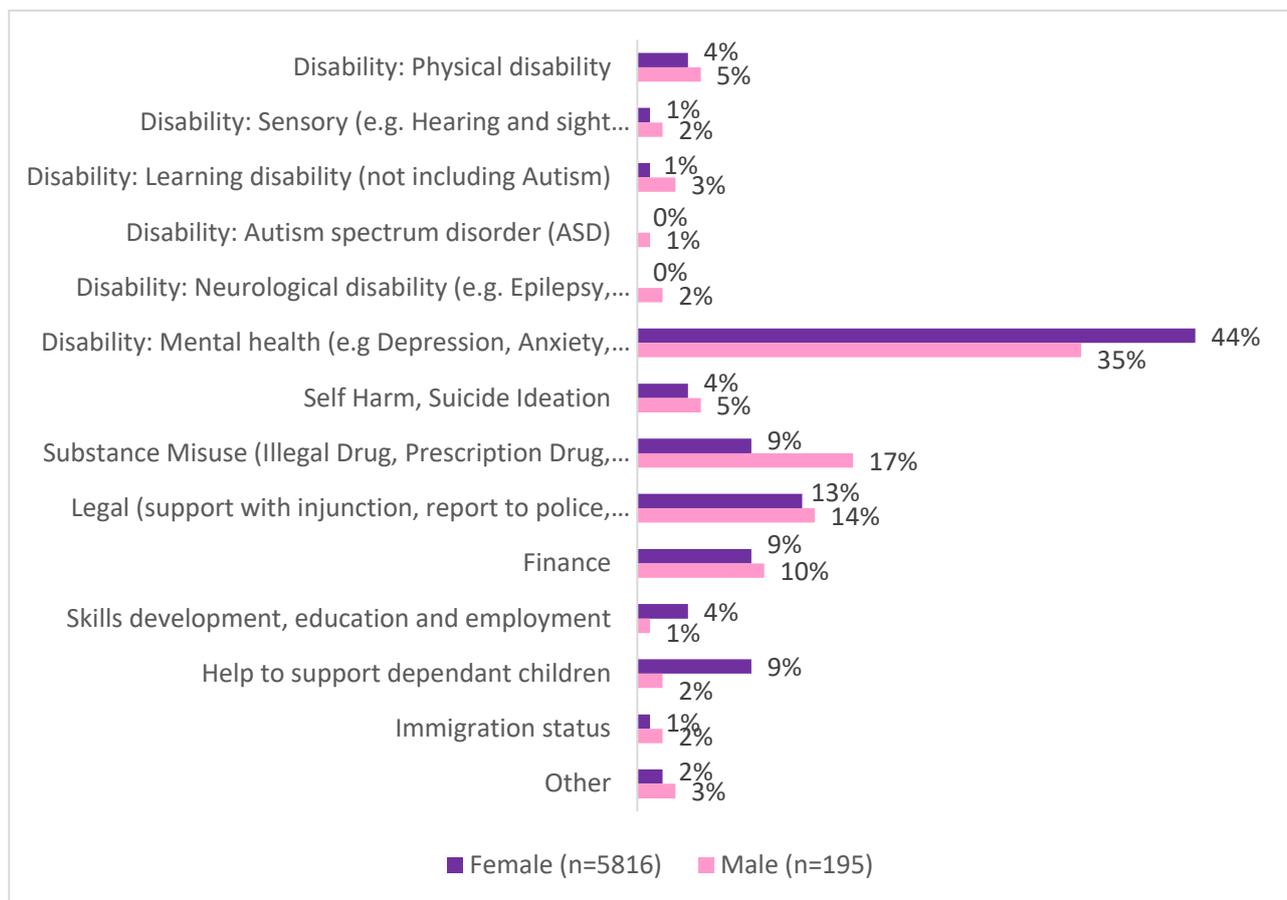
¹⁵ Data is not available for any survivors who identify as another sex (73), 3005 females and 520 males

¹⁶ Total number of abuse types divided by total number of survivors included in the dataset.

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

¹⁸ Data is not available for any survivors who identify as another sex (73), 5031 females and 506 males

Chart 5: Additional support needs in community-based support



Services reported that the highest support need for survivors was that of a **disability related to mental health**, which was disclosed by 44% of survivors (2570 females and 68 males). This is followed by survivors who need assistance in relation to **legal issues**, for example support to obtain injunctions or deal with the family courts (733 females and 27 males).

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.

2.4: Services and Support for Children and Young People

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

Data shows that 3,312 children and young people were supported in year 2019/20 (1,729 females, 1,493 males and 90 children that identify as other sex).

In line with proposed Welsh Government national indicators, collection of data regarding awareness raising in schools has begun. In 2019/20, 6,661 children and young people attended awareness raising sessions on VAWDASV in their schools based on the returns of our members.

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

2.5: Sex of Perpetrator

Data is now being routinely gathered regarding the sex of the perpetrator, in order to evidence the gendered nature of violence.

Table 5: Sex of Perpetrator

	Female Survivor	Male Survivor	Other Sex Survivor
Male Perpetrator	6783	117	9
Female Perpetrator	377	332	8
Other Sex Perpetrator	1	0	0

Data on the primary perpetrator of abuse was obtained for 7,627 survivors who started accessing support in 2019/20. 91% of the total reported perpetrators were male (6,909) with 9% reported as female (332) and <1% as another sex (1 perpetrator).

Where the survivors were female, this rose to 95% (6,783) and only 5% of perpetrators were female (377), with 1 identifying as another sex. Where survivors were male, over a quarter of perpetrator were reported as also being male (26%, 117) with the majority being female (74%, 332). Where survivors identify as another sex, the majority of perpetrators were male (53%, 9) with 43% being female (8).

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

Survivors assessed as being 'high risk' of significant harm/homicide from perpetrators of domestic abuse are referred from the specialist services to a multi-agency risk assessment conference (MARAC), which is attended by key agencies to deliver coordinated safety-planning action around the survivor and their family where high risk perpetrators have been identified¹⁹.

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

In 2019/20, 1124 survivors were referred to MARAC by community-based services; 1017 (90%) were female, 96 (9%) were male and 11 (1%) were another sex.

While MARAC referrals can be made by community based VAWDASV services, referrals can also originate from other organisations, meaning survivors are discussed at meetings without being referred by the service. Therefore, data is now recorded on numbers of survivors in the service who are discussed at MARAC meetings, regardless of where the referral came from. 1580 survivors in total were discussed at MARAC during this year (1466 female, 104 male and 10 other sex).

2.7: Moving on from specialist support

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

¹⁹ See Appendix 3 for further information.



3. Refuge-based support

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

- 43 refuge-based support services providing emergency accommodation and refuge-based support to women and children subjected to domestic and sexual abuse. This network of specialist services provide a total of **220 refuge units to women and children** across Wales: 175 units in communal or self-contained refuges (38 self-contained), 6 are “dispersed units” and 1 is a “move-on units”²¹.
- 6 refuge-based support services providing emergency accommodation and refuge-based support to men and children subjected to domestic abuse. A total of **36 units are accessible for men and their children**.

Across Wales, Routes to Support data confirms that in 2019/20 there were an additional 6 organisations (who are not members of Welsh Women’s Aid) delivering 5 refuges, 7 self-contained refuges and 4 dispersed units across Wales, providing 66 refuge units for women and children (no units provided for men and children)²².

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

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

3.1: Access to refuge-based support in Wales

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

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

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

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

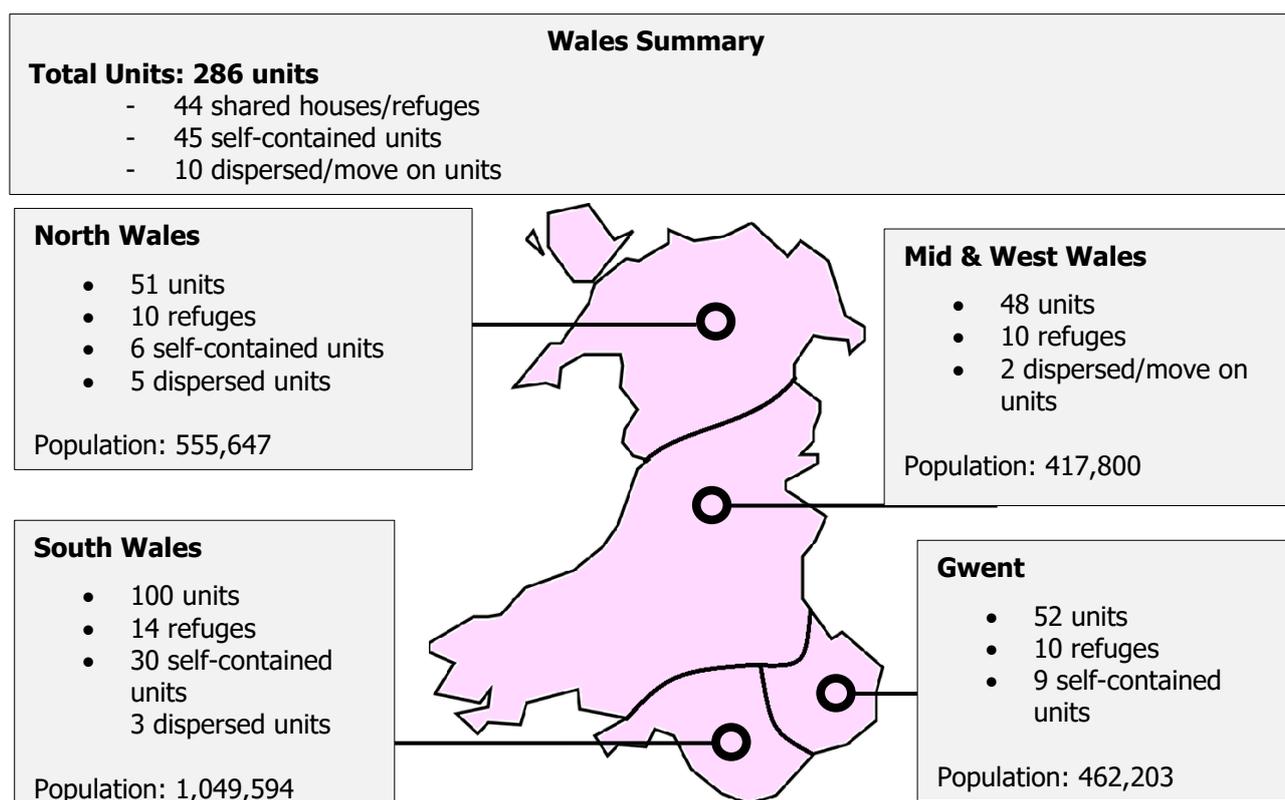
²¹ See appendix 3: Glossary of Terms for unit descriptions.

²² Correct as of 1st May 2018.

²³ Bowstead, J., *Why women’s domestic violence refuges are not local services*. (SAGE journals, 2015). Available at: <http://journals.sagepub.com/doi/10.1177/0261018315588894>

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

Chart 6: Refuge spaces and population in Wales in 2019/20²⁵



Population source: Office for National Statistics, 2017²⁶

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

3.2: Referrals and access to service

Table 7: Survivors referred to VAWDASV refuge-based support

	Female	Male	Other	Children	Total
Total survivors supported in refuge-based services in 2019-20	1325	42	1	1154	2522
No. of new referrals received in period	2136	105	1	-	2242
No. of survivors referred and engaged with service	1102	18	1	-	1121
Survivors not able to be supported by service	731	72	0	-	803
No. of survivors who did not accept support from service	287	17	0	-	304
No. of survivors on the waiting list at the end of the year	1	0	0	-	1

During 2019/20 a total of 1,368 adults²⁷ (1,325 female, 42 male and 1 person who identifies as ‘other sex’) and 1,154 children were supported by refuge-based support services in Wales²⁸.

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

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

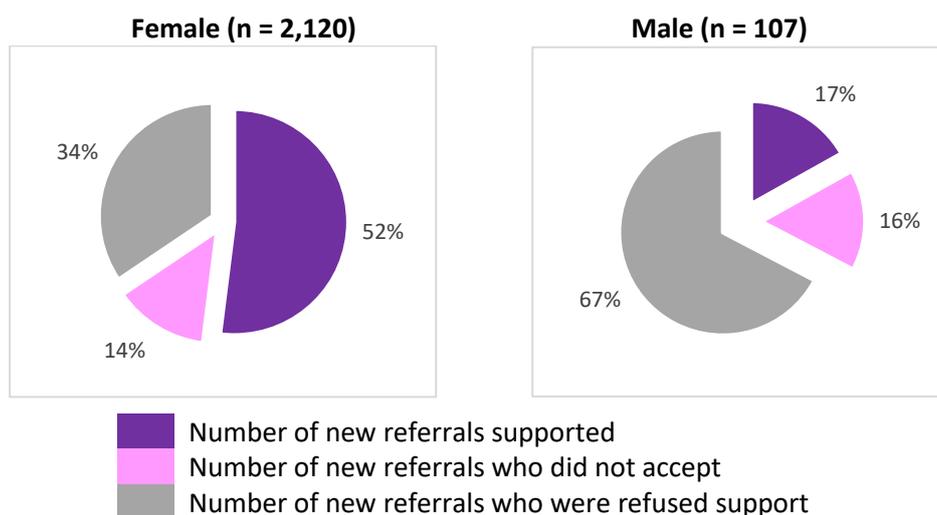
²⁷ This includes survivors who were in refuge-based services at the beginning of 2018/19 and those who were referred and accommodated during 2018/19.

²⁸ WWA Member services only.

A total of 2,242 referrals (2,136 female, 105 male and 1 other) were made to refuge-based services, of which 1,121 referrals (50%) were able to be supported (1,102 female, 18 male and 1 other).

803 survivors (731 female and 72 male) were unable to be supported by the service (36% of referrals) and 304 survivors (287 female and 17 male) did not accept support (14% of referrals). This year, the number of supported, refused and did not accept support does not add up to the number of referrals, with 14 referrals not accounted for; this may be due to contacts still being made with prospective clients, or process still be determined e.g. whether they need refuge or if community support would be more appropriate.

Chart 7: Proportion of referrals accepted, refused and declined support



Females accounted for 95% of total referrals to refuge-based services during 2019/20. More than half of those referred were able to be supported (1,102, 52%)²⁹ and just over one third (34%) were unable to be supported by the service where and when they needed help, due to availability of space and service resource/capacity issues³⁰.

Males accounted for 5% (105) of total referrals in 2019/20. 18 men referred were accommodated, accounting for 17% of total referrals, while two thirds of males (72, 67%) referred to refuge-based services were unable to be supported by the service; the most common reason reported being no space in the refuge (46, 67%).

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

3.3: Survivors unable to be supported

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

A total of 803 survivors were unable to be supported by the refuge-based support service after referral. The reasons were recorded for 740 survivors (92%) (671 females and 69 males).

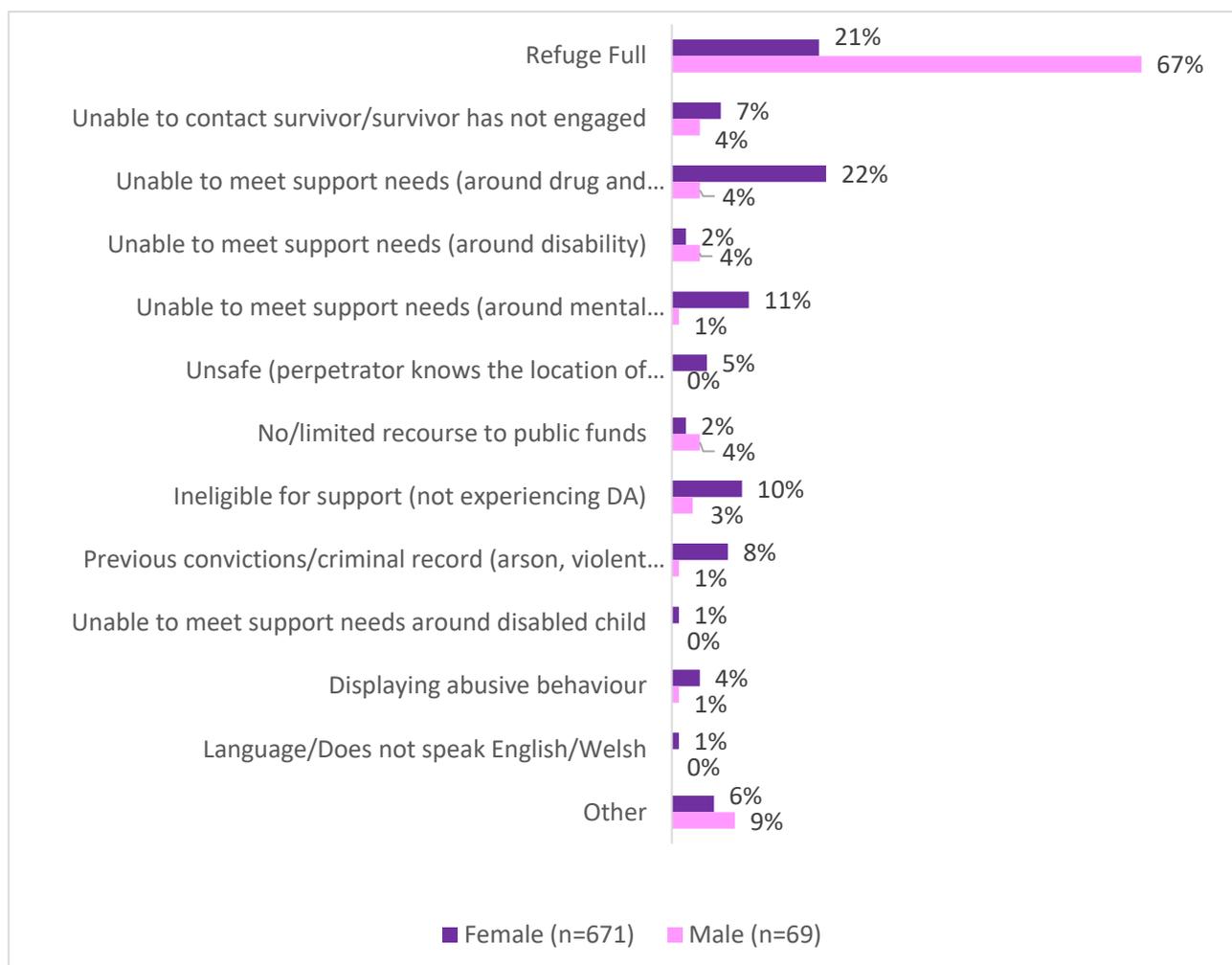
Where data was available **78% of survivors (574) were unable to access refuge due to reasons surrounding capacity**, including the refuge being full, unable to meet support needs, unsafe for the survivor, criminal

²⁹ Data on referral outcome available for 2120 women and 107 males; remaining survivors can sometimes be on waiting lists throughout the year so are unaccounted for in these statistics, or survivors can be taken off waiting lists so are not included in total referral figures

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

convictions, no disabled facilities available for their child, no recourse to public funds, displaying abusive behaviour and language.

Chart 8: Reasons for survivors not being accepted into services



Expectedly, the highest proportion of women and men were not able to be supported by the service because the **refuge was full**: 138 females (21% of 671 referrals) and 46 males (67% of 67 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 regarding drugs or alcohol**. Not all services in Wales are resourced to have the capacity to offer support to survivors with support needs around substances, with some refuges being ‘dry’ and not allowing any alcohol on the premises. Being **unable to meet support needs around mental health** was third with 10%, equal with the percentage of survivors who were not supported as they were not experiencing domestic abuse (10% of females, 3% of males).

52 survivors (7%) were not supported because the survivor has previous convictions or a criminal record for violent offences, or arson which could invalidate insurance.

Table 8 shows, of the 34 refuge services in Wales, the number and proportion of services who can consider supporting women with specific support needs.

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

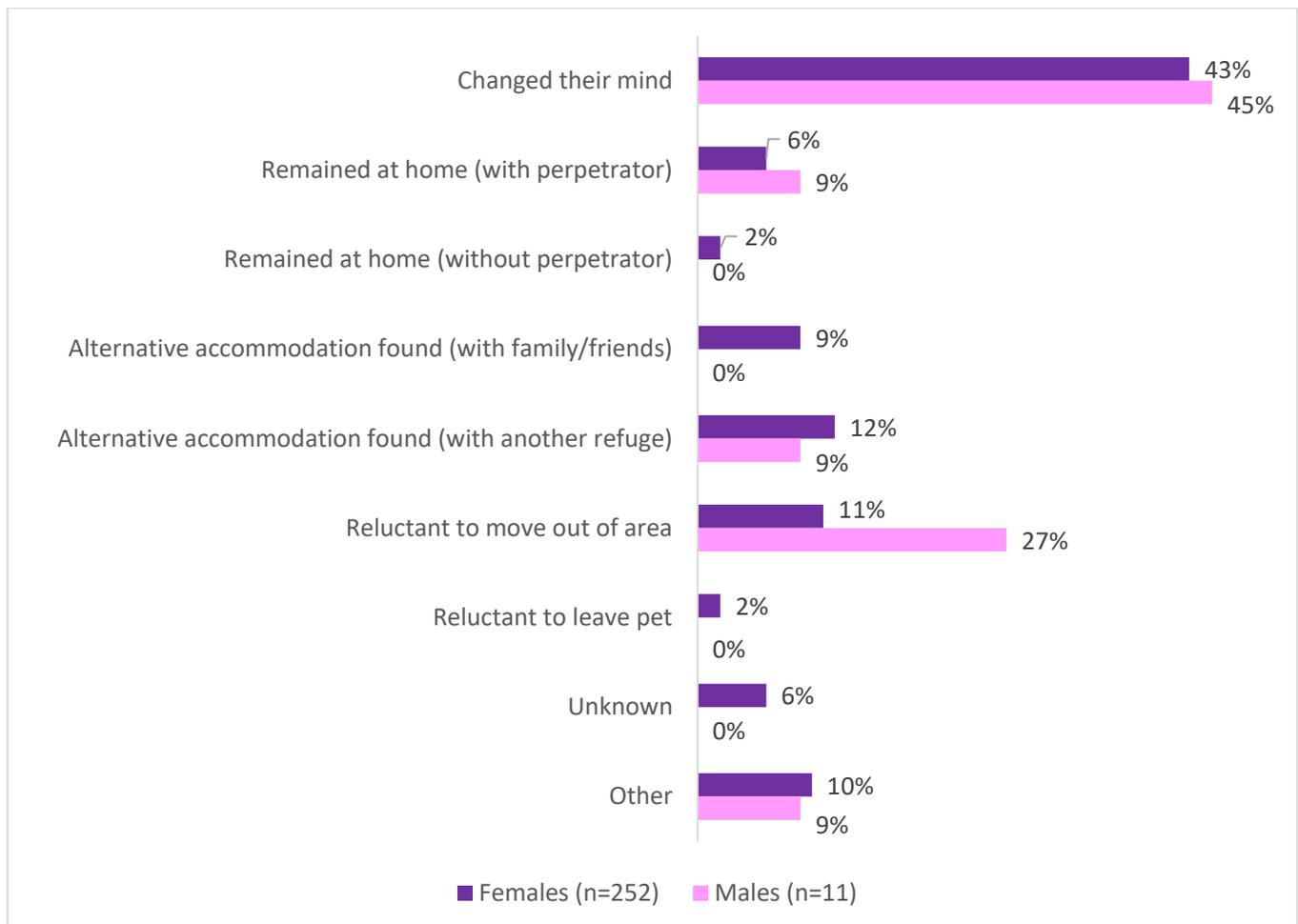
Table 8: Number of refuge-based support organisations who accept women with additional support needs (Routes to Support, May 2020)

Additional Support Needs	No. of services	% of services
Women with Mental Health support needs	30	88%
Women with drug dependency needs	24	71%
Women with alcohol dependency needs	26	76%
Women on Methadone programme	28	82%

A total of 36 females (5%) were assessed as being *'unsafe'* if they were accommodated in the refuge, because of the proximity of the property to their abuser or the perpetrator knowing the location of the survivor/refuge.

Survivors who did not take up the support following referral

Chart 9: Reasons for not accepting support



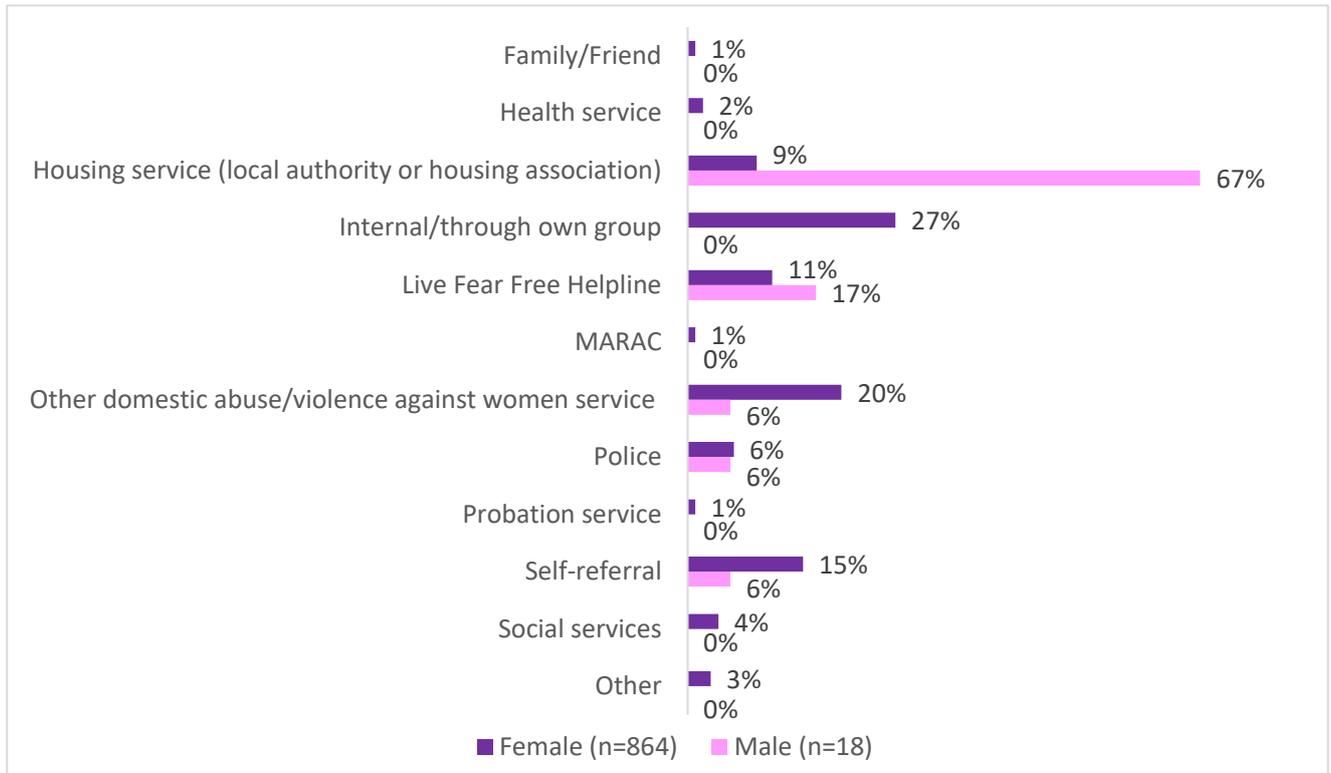
A total of 304 survivors did not accept support from the service following referral. The reasons were recorded for 263 survivors (252 females (88%) and 11 males (65%)). Almost half of the total number of women (108, 43%) and 5 men (45%) who were referred to refuge reported they had changed their mind prior to accessing the service.

31 survivors (28 females and 3 males) did not accept refuge space because they were reluctant to move out of their home area. As discussed, availability of refuge space can impact the accessibility to refuge as survivors may often be required to relocate temporarily which means relocating away from their home, family, job and sometimes, their children.

3.4: Referral sources and location

Data on referral source was collected for 79% of new starters during 2019/20 (864 females – 78% and 18 males – 100%).

Chart 10: Referral source



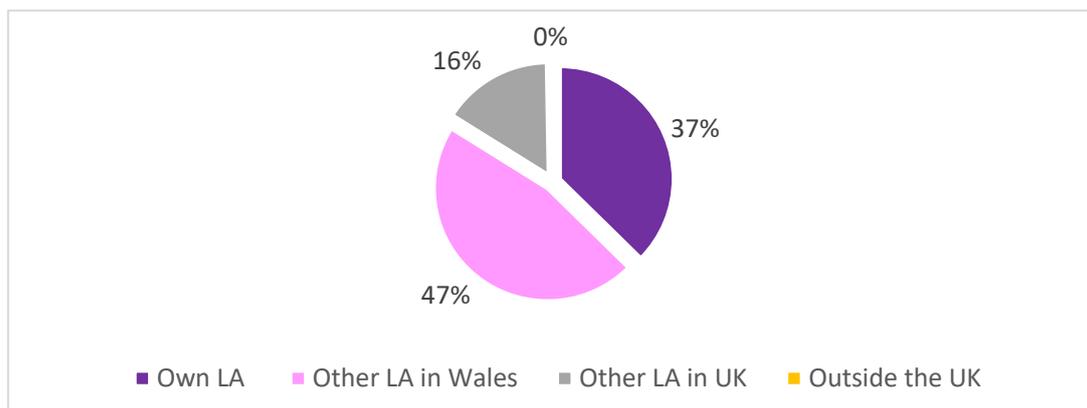
This year, the highest referral source for females was from an internal service, which referred 235 survivors (27%). Other VAWDASV services referred 175 women to refuges this year (20%).

‘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. Almost half of referrals of females (409, 47%) have therefore received some level of support prior to accessing refuge.

For males, the majority of referrals of new starters came from housing services (local authority or housing association) with 67% (12 males) followed by referrals from the Live Fear Free Helpline with 17% (3 referrals).

Referral area

Chart 11: Referral Location



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

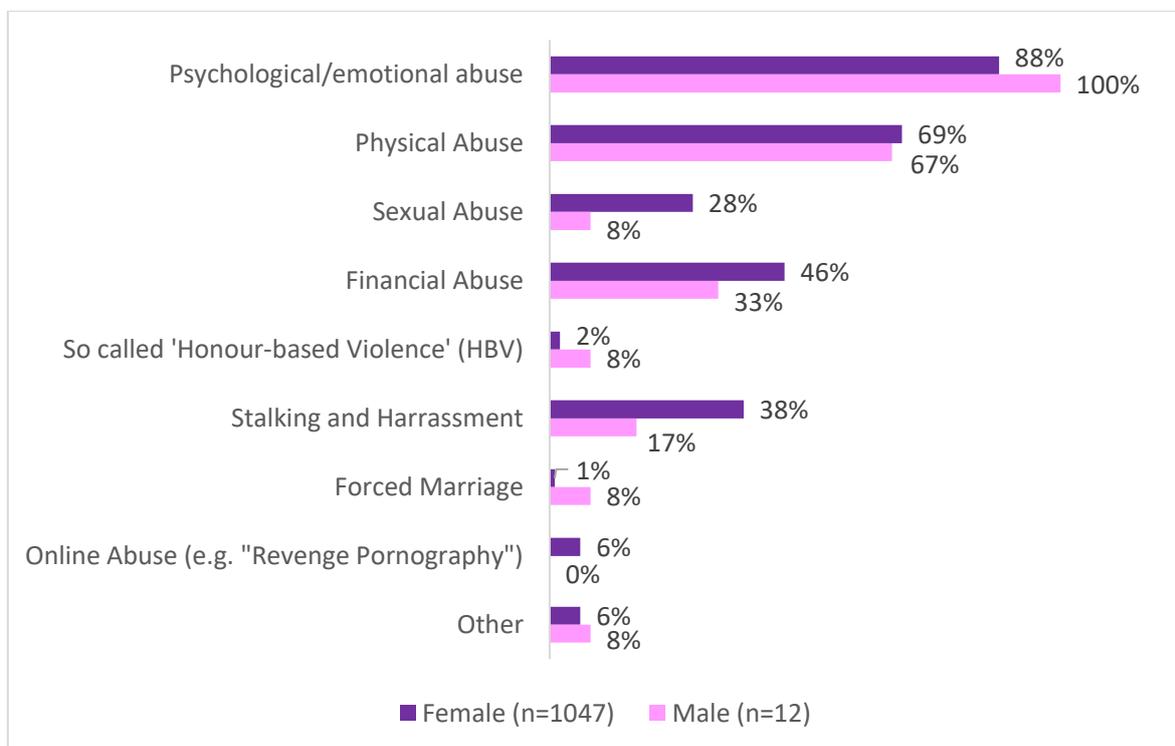
For example, of the 803 survivors who were not able to be supported by the service, 184 (138 females and 46 males) were turned away because the refuge was full, and 36 (36 females, 0 males) were assessed as being high risk on the grounds that the perpetrator knew their location³¹.

Data was provided for 746 survivors (67%) who were referred to and accessed refuge-based support services during 2019/20. Specialist services reported that over a third of survivors (279, 37%) were supported within their own local authority area.

Almost half of survivors (347, 47%) were supported in a different local authority area within Wales and 118 survivors (16%) 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. 2 survivors (<1%) travelled from outside of the UK to access refuge services.

3.5: Types of abuse disclosed

Chart 12: Abuse types experienced by survivors in refuge-based support



Abuse types were reported for 1047 females and 12 males who started accessing services after being referred³². On average, females and males both reported experiencing over 2 different types of abuse³³. Not all services currently record this data, so the reported abuse types have been measured alongside the number of survivors supported for the respective services only.

The most prevalent form of abuse disclosed by survivors was **psychological/emotional abuse** with 100% of males and 88% of females experiencing this (918 females and 12 males). This may include isolation,

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

³² Data was not obtained for the person who identifies as other sex who was supported

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

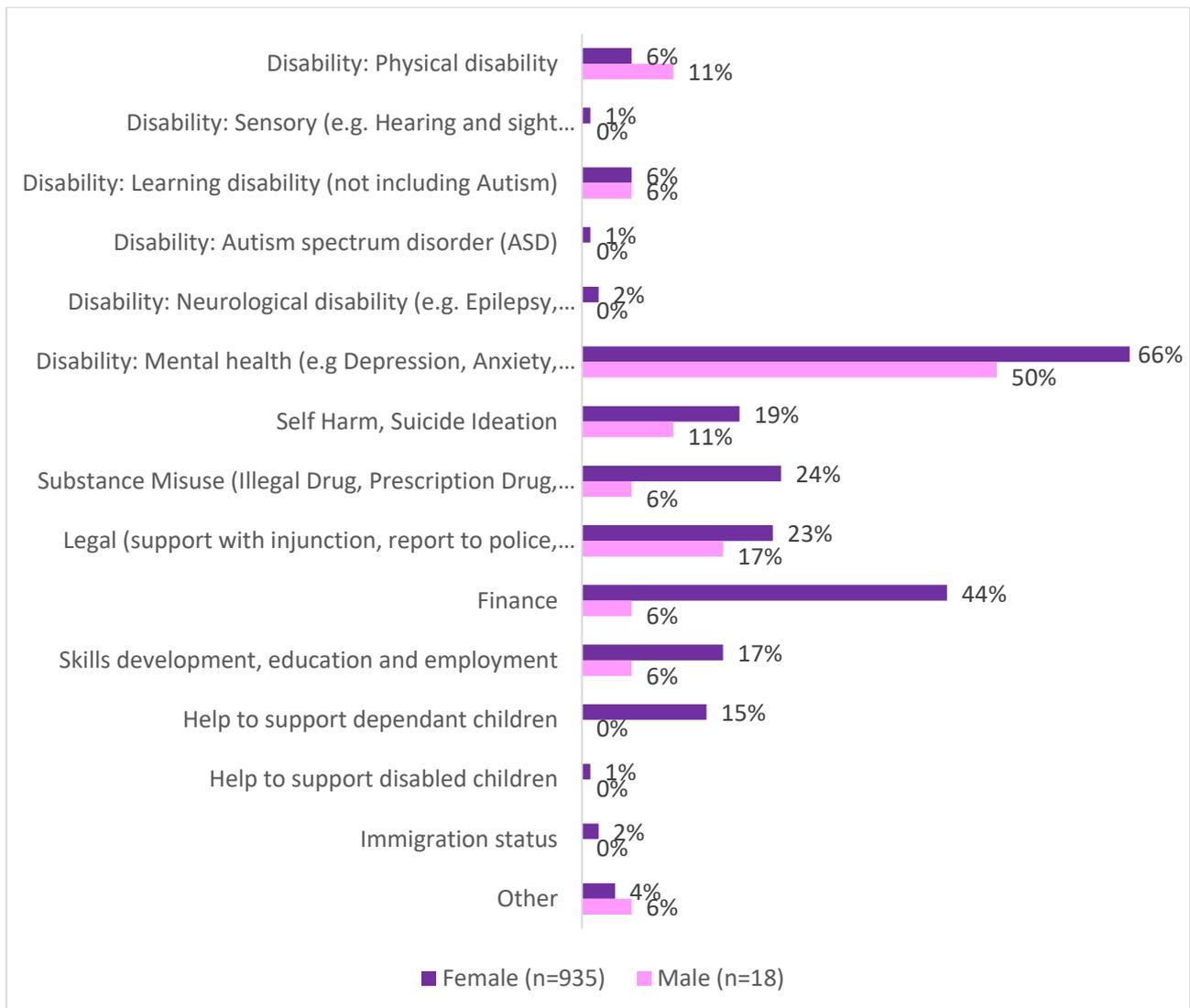
degradation, surveillance and micro-regulation of everyday life (monitoring phone calls, dress, food consumption, social activity) to reduce the person’s space for action.

This was followed by **physical abuse**, with 69% of females (722) and 67% of males (8) reporting experiencing this.

3.6: Support Needs

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

Chart 13: Additional support needs of survivors in refuge-based support



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

Additional support needs were reported for 935 females and 18 males who started accessing refuge services following referral during this year³⁵. On average, women reported having 2 different support needs, and men reported having between 1 and 2 different support needs³⁶.

This year, disability was disaggregated to types, in order to provide a more complete picture of the variety of support needs of survivors. 66% of survivors in refuge (617 out of 1102 females (66%) and 9 out of 18 males (50%)) disclosed having support needs from a **disability related to mental health**, such as depression, anxiety, PTSD etc. The next most frequent disability need was that of **physical disabilities**, with 7% of survivors (60 females and 2 males).

For males, the second most prevalent need related to **legal support**, which 17% reported (3 males) whereas for females, the second most prevalent need was for **financial assistance** with 44% (416).

Table 9 shows, of the 34 refuge services in Wales, the number and proportion of services who provide accessible services to meet specific support needs.

The table shows a significant shortfall in facilities, with **less than half of services (13 out of 34) providing wheelchair access across their refuges, and even fewer being able to support women with hearing or visual impairments, or with learning difficulties**. Despite the increase in survivors supported with needs relating to being disabled, the total supported still represents a minority and the lack of provision further highlights the difficulty disabled survivors with additional support needs may encounter when seeking support via refuges.

Table 9: Number of refuge-based support services with disability provision (Routes to Support, May 2020)

Disability Provision	No. of services	% of services
Wheelchair Access	13	38%
Hearing Impairment	4	12%
Visual Impairment	2	6%
Support available for women with learning difficulties	1	3%
Able to accommodate carer	5	15%

3.7: Children of survivors in refuge-based support

During 2019/20, an average of 289 children were supported per quarter³⁷ in refuge-based services alongside their parents³⁸.

On average, 130 survivors (46%) per quarter had children residing with them in refuge and 70 (25%) 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 92 children per quarter. 33% of the children not in refuge were reported as being with another family member (an average of 30 per quarter) while 39% being housed with social services, which includes temporary and permanent foster care (36 children and young people per quarter on average). An average of 13 were with their other parent who was not the perpetrator (14%) whilst 12% were still with the perpetrator whilst their parent was in refuge (11).

³⁵ No additional support data for the 1 survivor who does not identify as male or female sex

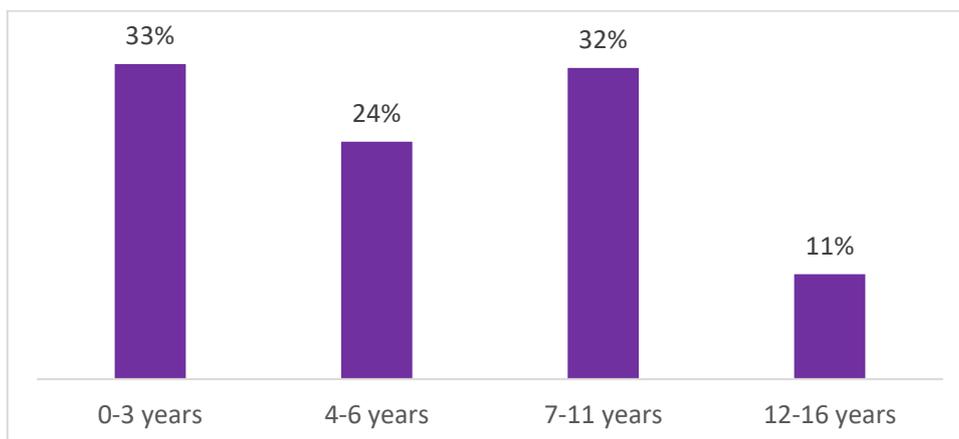
³⁶ Total number of support needs divided by total number of survivors included in the dataset.

³⁷ Data is calculated from the quarterly datasets for all children in service. As children can be in-service over multiple quarters, A quarterly average has been used to represent the number of children supported in refuge in any one period to prevent double counting.

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

Data was also collected on age of the children in refuge with their parent; data was collected for an average of 249 children per quarter.

Chart 14: Age of Children in Refuge (Average/Quarter)



A third of children were between 0 and 3 years of age (an average of 81 per quarter) followed by 32% of 7-11 year olds (average of 80 per quarter) and 24% 4-6 years (61).

3.8: Sex of Perpetrator

Data is also routinely gathered regarding the sex of the perpetrator, in order to evidence the gendered nature of violence.

Table 10: Sex of Perpetrator

	Female Survivor	Male Survivor
Male Perpetrator	806	3
Female Perpetrator	43	12
Identifies as Another Gender	0	0

Data on the primary perpetrator of abuse was obtained for 864 survivors who were accommodated in refuges during 2019/20.

94% of the total reported perpetrators were male (809) with the remaining 6% reported as female (55). Where the survivors were female, this rose to 95% (806) and only 5% of perpetrators were female (43). Where survivors were male, 20% of perpetrators were reported as also being male (3) with the majority being female (80%, 12).

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

Data for MARAC referrals made in each quarter was collected for survivors residing in refuge-based support services, as well as numbers of survivors in refuge who were discussed on MARAC each quarter.

In total, 211 referrals were made to MARAC for survivors in refuge (210 females, 1 male) as they were assessed as being at 'high risk' of significant harm/homicide and were referred to MARAC for coordinated safety-planning. 206 survivors housed in refuge were discussed at MARAC conferences in the year, regardless of where the referral came from (e.g. if they were referred by education – 203 females, 3 male).

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

This year, 68 survivors were referred to refuge-based support services in Wales who, because of their insecure immigration status, had 'no recourse to public funds'. 54 survivors without recourse to public funds

were accommodated and supported in refuges (some of whom were in refuge when the year began so were not included in the referral statistics).

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

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

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

Immigration rules or concessions do allow for victims of domestic violence on spousal visas to remain indefinitely in the UK and claim benefits while they regularise their status, e.g. if someone is a victim of domestic abuse and their relationship has broken down because of domestic violence and they have no money to support themselves. An exemption claim can be made to access public funds for up to 3 months while UK Visas and Immigration considers an application to settle in the UK.

This concession only applies in certain circumstances and does not apply to all survivors who are impacted by insecure immigration status and who are destitute as a result of being abused, including for those on others visas or undocumented women. Insecure immigration status may also prevent survivors from seeking help from the police or social services for fear of being arrested and reported to the Home Office. This year, only 6 of the survivors with NRtPF were eligible for the concession (11%).

3.11: Moving on from specialist support

During 2019/20, 1,055 survivors (1,039 females, 15 males and 1 person identifying as ‘other’ sex) moved on from refuge services across Wales. The most common length of stay in refuges across Wales is 1 month or less, with 42%. Table 11 displays the length of time that survivors were accommodated and received refuge-based support.

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

	2019/20 ³⁹	
1 month or less	437	42%
1 - 2 months	194	19%
2 - 3 months	128	12%
3 - 6 months	194	19%
6 - 12 months	63	6%
More than 12 months	16	2%

Move on housing and accommodation

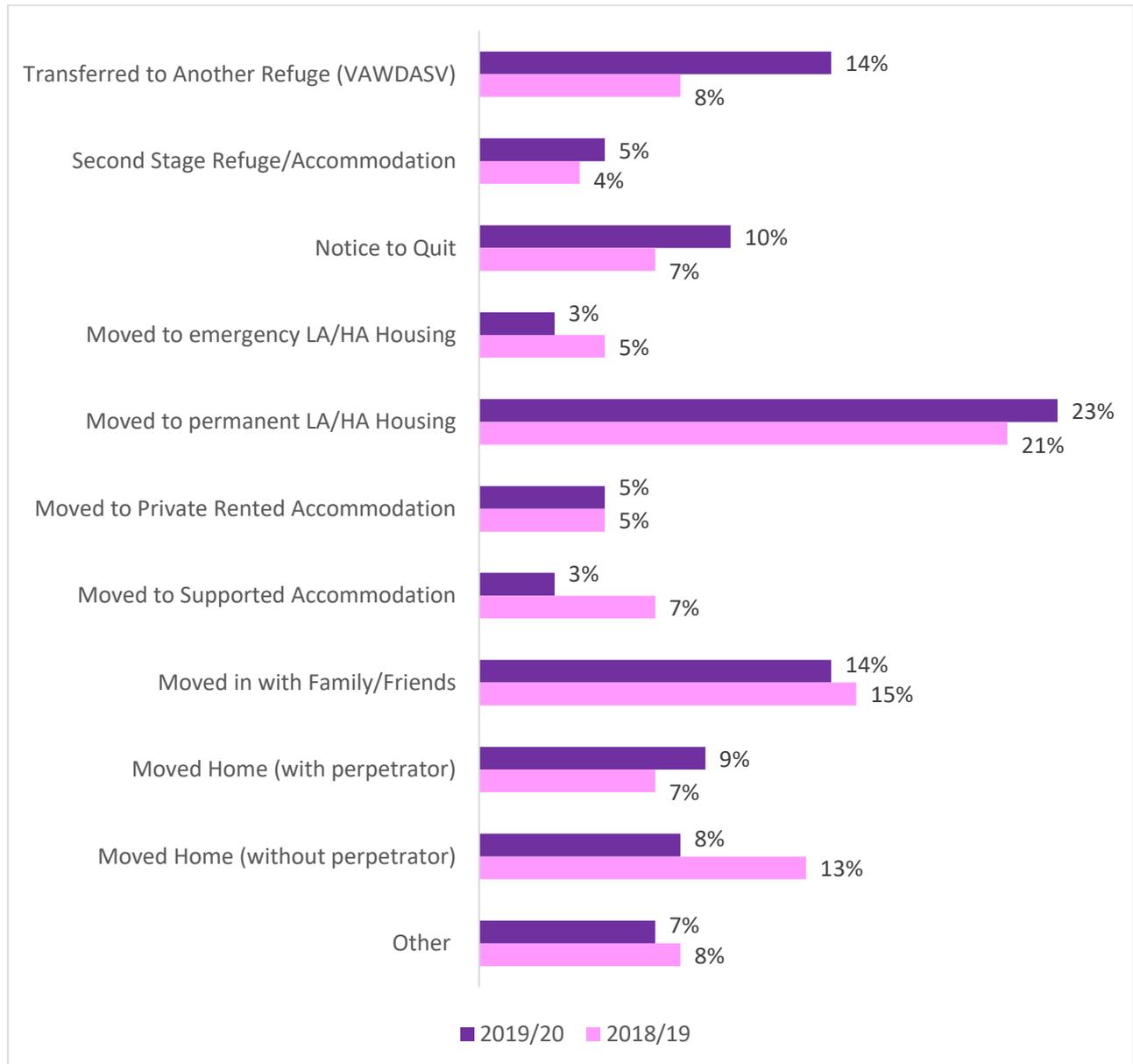
The most prevalent reason for survivors leaving refuge support was having secured permanent local authority/housing association accommodation, accounting for 214 survivors (23%).

For 557 survivors (53%) who moved on from refuge-based support, the local authority area to which they moved was recorded. Almost three quarters (397, 71%) of survivors were rehoused in the same local authority area as the refuge-based support, 122 survivors (22%) were rehoused or moved to another area in

³⁹ 2019/20: not available for 23 survivors.

Wales, and 37 (7%) left refuge to live elsewhere in the UK. 1 person relocated outside of the UK on leaving refuge (<1%).

Chart 15: Move on accommodation/reason for ceasing refuge support





4. Sexual Violence Services

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

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

Across four member services providing specialist sexual violence support across Wales⁴⁰, a total of **1,318 referrals** were made during 2019/20 (**1101 females, 214 males and 3 who identify as another sex**), and **1,443 survivors were engaging with and supported** through dedicated sexual violence services (1,269 females, 172 males and 2 other sex).

Table 12: Survivors Referred to Specialist Sexual Violence Services

	Female	Male	Other Sex	Total
Total supported	1269	172	2	1443
Total new referrals to sexual violence services from April 2019	1101	214	3	1318
No. of new referrals supported	735	117	2	854
No. of new referrals who did not accept support	15	3	0	18
No. of new referrals who were not accepted by service	30	3	0	33
No. of new referrals on waiting list at the end of March 2020	205	45	1	251

Due to the demand on services, and the limited availability of support at any one time, survivors are often placed on waiting lists whilst assessment is completed and capacity for support becomes available. Due to the time spent on waiting lists between referral and engagement, a number of survivors supported during 2019/20 are likely to have been referred in the previous reporting period (i.e. 2018/19), which attributes to a higher number of survivors being supported than referred. Additionally, the period of engagement for some survivors may be less so than others, in which case a higher number of survivors can be supported from the waiting list.

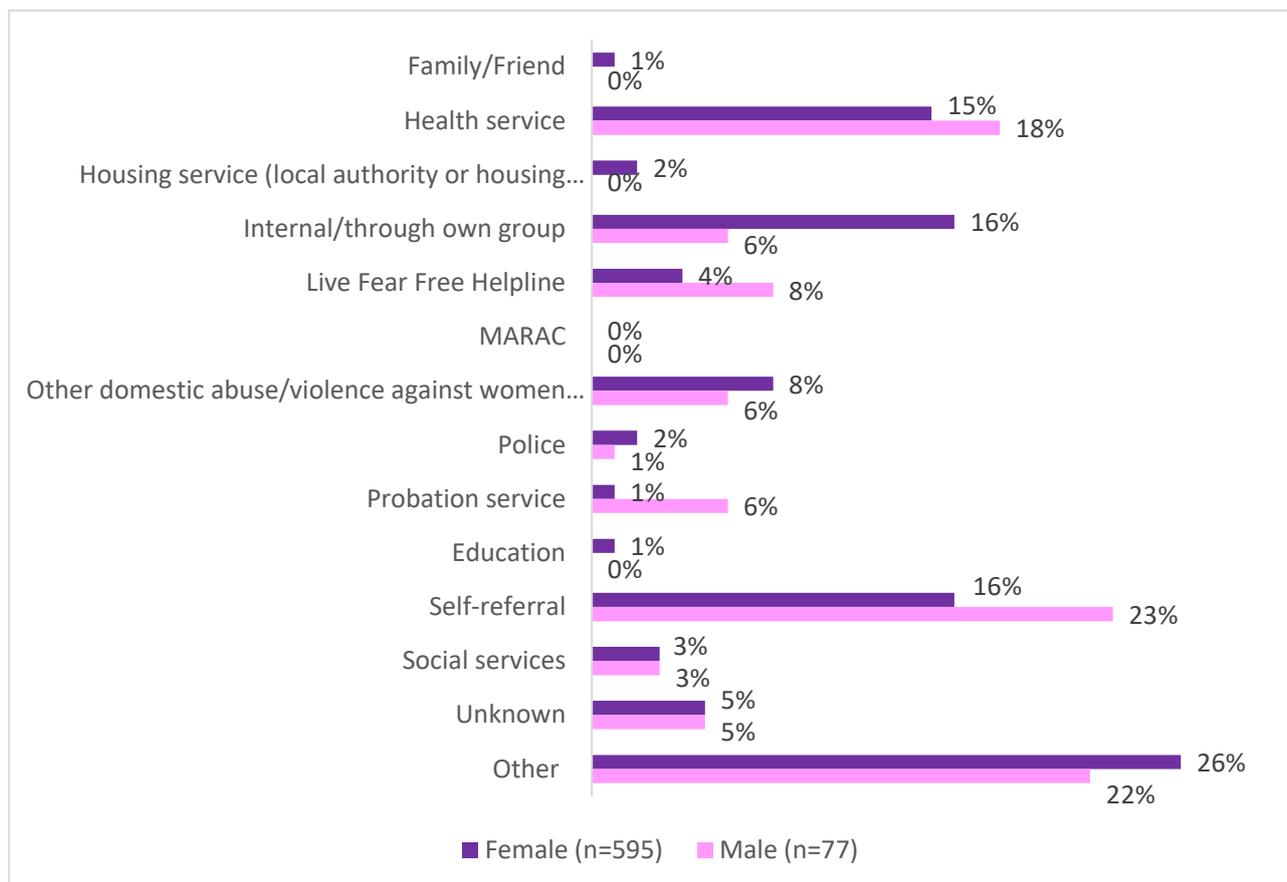
At the end of 2019/20, **251 survivors of sexual violence were on waiting lists for support** (205 females, 45 males and 1 other sex) with the 4 services who are members of Welsh Women's Aid.

18 survivors (15 females and 3 males) did not accept support they were offered and 33 were unable to be supported by the service (30 females and 3 males). 88% of those refused were due to being unable to contact the survivor, meaning attempts were terminated (29/33), while 9% were unable to be supported due to complex mental health needs (3 survivors) and 1 survivor was displaying abusive behaviour (3%).

Sources of referral into the sexual violence services were recorded for 674 survivors who went on to access the service (595 females, 77 males, 2 other). The most common source of referral for survivors was through 'other' sources of referral, accounting for 23% of referrals (26% of females and 22% for males). 2 people who identify as another sex had information recorded on their referral: 1 from the Live Fear Free Helpline and 1 from 'other' source.

⁴⁰ 1 service based in Gwent, 1 in South Wales and 2 in North Wales

Chart 16: Referral Source into Sexual Violence Services



As well as recording the source of referral, the location of referral has been recorded for 846 survivors who accessed sexual violence services following referral. Due to the location of the services themselves (2 in North Wales, 1 in South Wales and 1 in Gwent), the location of survivors reflects this, with the majority of survivors originating from North Wales (601, 71% of available data) followed by 179 survivors from Gwent (21%) and then 62 in South Wales (7%). There were also 4 referrals from elsewhere in the UK (<1%). It should be noted that sexual violence services are provided in other areas by organisations who are not WWA members.

Table 13: Sex of Perpetrator

	Female Survivor	Male Survivor
Male Perpetrator	236	9
Female Perpetrator	0	0
Identifies as Another Gender	0	0

Data regarding the sex of the primary perpetrator of abuse was only provided for 29% of referrals who started accessing services in 2019/20 (245). This data shows that all perpetrators were male (100%, 245) regardless of sex of the victim.

Abuse types were reported for 716 survivors who started support with services this year⁴¹. Unsurprisingly, due to the nature of specialist sexual violence services, the highest abuse type experienced was sexual abuse with 100% of survivors experiencing it (623 females, 91 males and 2 people who identify with another sex). Following sexual abuse, psychological/emotional abuse is experienced the most with 19% of survivors (132 females and 6 males).

⁴¹ data unavailable for 138 survivors

Chart 17: Abuse Types Experienced by Survivors Accessing Sexual Violence Services

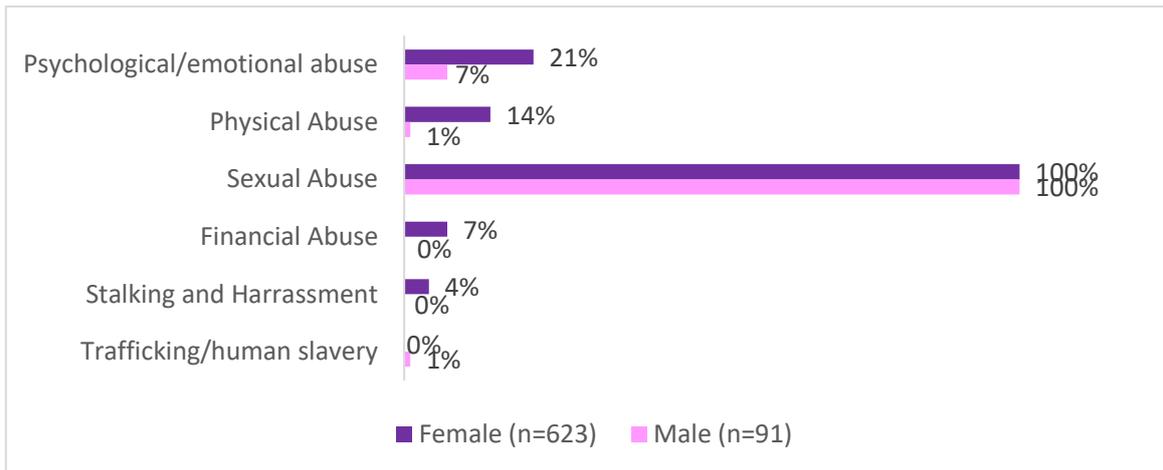
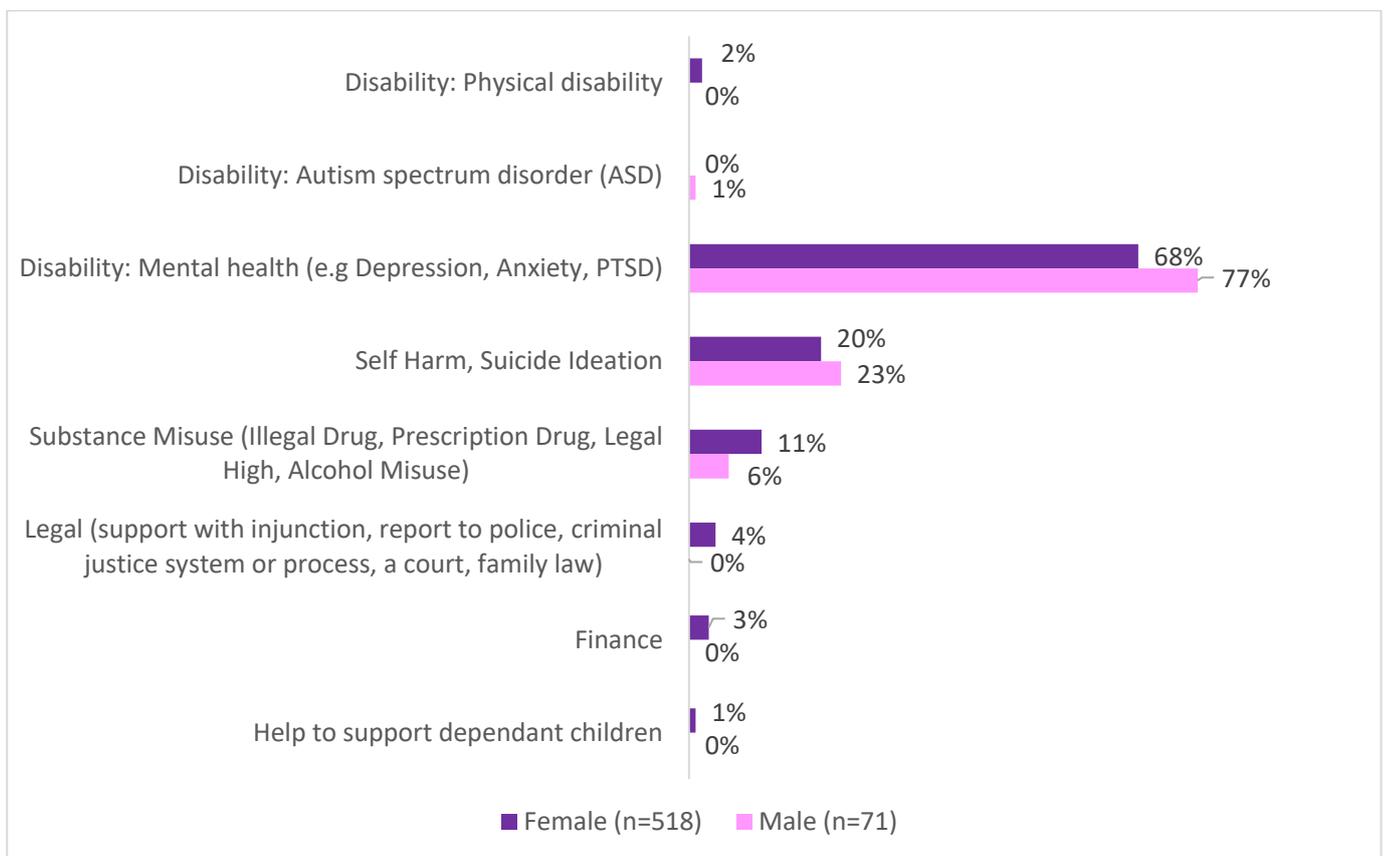


Chart 18: Additional Support Needs for Survivors Accessing Sexual Violence Services



Additional support needs were reported for 591 survivors who had been referred into and started support at a service⁴². The most prevalent support need reported was regarding disability related to mental health issues, which were disclosed by 77% of males, 68% of females and 100% of people who identify as another sex (353, 55 and 2 respectively). Rates of survivors needing support surrounding self-harm and suicide ideation are higher for survivors accessing sexual violence services than those accessing community based or refuge services, with 20% compared to 18% of survivors in refuge and 4% of survivors accessing community based services.

⁴² Data not available for 261 survivors

5. Live Fear Free Helpline

The Live Fear Free Helpline, first established by WWA in 2004 as the Wales Domestic Abuse Helpline, now funded by Welsh Government, but still managed and delivered by Welsh Women’s Aid, is open to anyone who has experienced domestic abuse, sexual violence and/or violence against women, or to friends, relatives, professionals and agencies have concerns or queries about any form of violence or abuse. The service is free, and available 24 hours a day, 7 days a week.

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

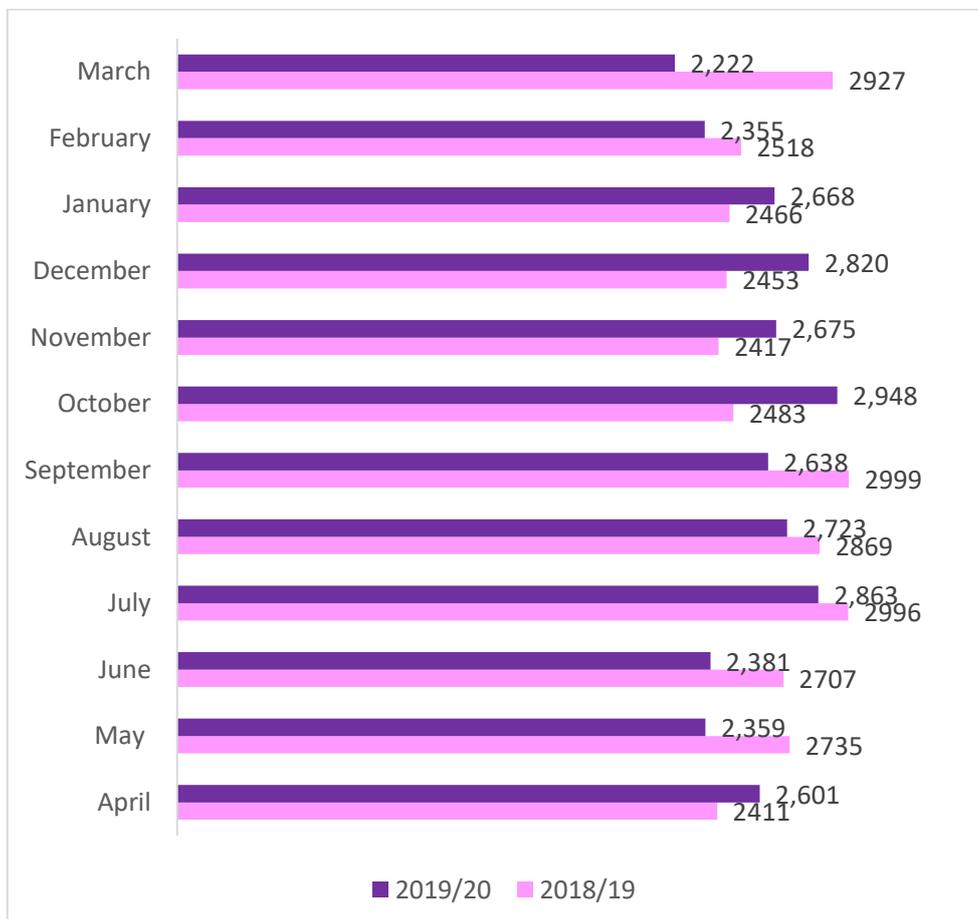
The Live Fear Free helpline holds a number of quality marks and awards for its good practice, including the Helplines Partnership Standard and the Trusted Charity Mark.

5.1: Incoming Calls

During 2019/20, the Helpline received a total of **32,270 contacts: 30,506 incoming calls, 177 emails, 129 texts and 1,458 web chats**. 52 crisis calls were received to the Helpline during the year, which required assistance from Emergency Services.

The volume of contact received during 2019/20 was a 0.9% increase from 2018/19, in which a total of 33,647 calls, emails, texts and web chats were received. Helpline contacts could have increased further, however call volumes were affected in February and March 2020 by the COVID-19 pandemic and the resulting restrictions on everyday life.

Chart 19: Volume of contact received



The Helpline is accessible via telephone, email, webchat and text in order to offer a service that is suitable to the service users' needs. Webchat continues to increase in number of contacts month on month and is being closely monitored to ensure that the 95% service response rate (strike rate) isn't compromised (the average length of webchat contact is 4 times that of a telephone call).

During the year, the strike rate was **97%**. The Helpline staffing rota is adapted to accommodate new projects to ensure that the strike rate is always taken into account. Call volume data is utilised to determine how staff should be deployed.

The Helpline also undertook 7,281 outgoing calls, ranging from calls to agencies, passing messages on to DAS Groups, survivors participating in the Holding services and Ambulance referral pathways etc. This would take the total number of incoming and outgoing contacts managed by the Helpline to 39,226.

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

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

A proportionally small but significant increasing number of referrals are being made by health professionals and emergency services, like national ambulance service staff.

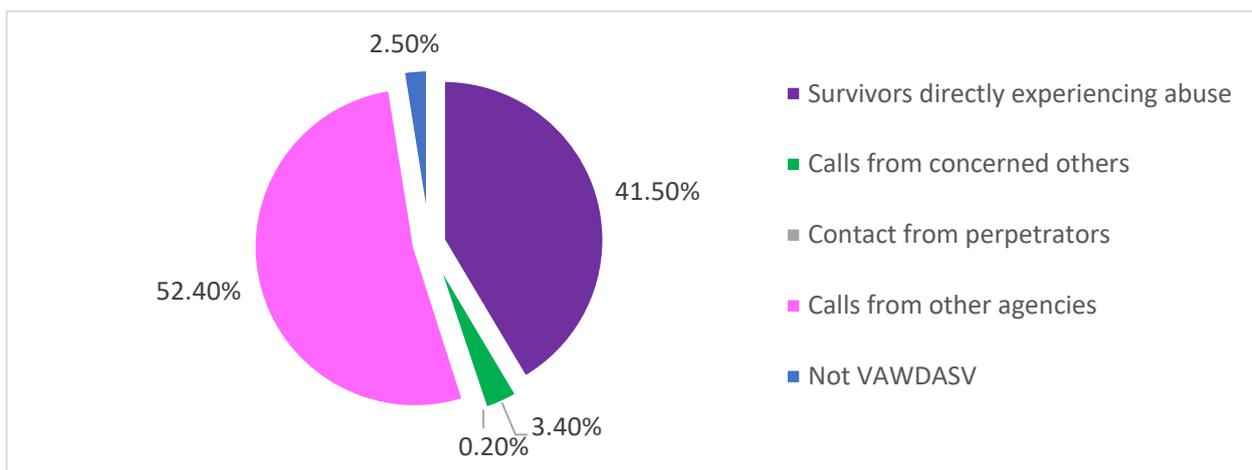
Caller Type

In 2018/19, the caller profile was recorded for 18,288 (60%) of the calls received into the Helpline.

During the year, there were 17,174 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 2018/19 and 2019/20 calls received from other agencies with or on behalf of survivors accounted for more than half of total recorded calls received at 10,098 (56%) and 9,589 (52.4%) respectively.

Chart 20: Type of caller contacting the Helpline



The second highest volume of recorded calls received was from survivors directly, with a total of 7,585 survivors (41.5%) contacting the Helpline during 2019/20. Of survivors calling directly, 88% were female, 5% were men, and 7% were of unknown gender. This does not represent the number of people experiencing abuse or the number of survivors being referred to and supported by the Helpline, as other agencies (such as health or police) will refer survivors to the Helpline who then receive a direct call from the Helpline to offer support. This is supported by the data collected for outgoing calls.

The volume of calls received from concerned others (i.e. family and friends) for 2018/19 and 2019/20 was 656 (3.6%) and 630 (3.4%) respectively. There was a very slight decrease in volume of 4% from 2018/19 to 2019/20. Given that survivors of abuse are most likely to first disclose to friends and family, this suggests that more could be done to raise awareness of the support offered by the Helpline to friends and family of people experiencing VAWDASV.

The 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 are missed calls (where all Helpline staff are busy), calls from malicious or abusive callers, testing calls from children and young people, incorrectly dialled numbers, network coverage problems, human error etc., which accounts for the difference between caller types recorded and volume of calls each quarter.

5.2: Children and Young People

During 2019/20, 1,527 survivors experiencing abuse contacted the Helpline and identified they had children who were also impacted by abuse. The Helpline has provided support to the parents of an estimated 2,867 children, and to 16 children and young people who have contacted the Helpline directly.

5.3: Referrals Out

Emergency refuge services

In 2019/20, 1,085 calls were from either agencies or survivors seeking refuge space;

- 314 women (29%) and their children were directly referred to emergency refuge accommodation. It is estimated that on average women have 1.2 children, bringing this total to 691 women and their children needing emergency refuge via the Helpline.
- 771 women (71%) and their children were indirectly referred to emergency refuge accommodation, through a third party. With the average of women with 1.2 children, this brought the total to 1,696 women and their children needing emergency refuge via the Helpline through a third party.

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

Signposting and referral to other agencies

During this period the Helpline referred and signposted callers to other agencies for ongoing or local help and support as needed. **382** survivors wanted to be directly referred to our partner agencies (RASASC, New Pathways and Stepping Stone) for specialised counselling in sexual abuse.

23% of referrals (1030) were made to other agencies on subjects such as money matters, child contact services, alcohol and substance misuse, men support services, victim and witness support, perpetrators' services, NHS, self-harm support groups and probation.

1,085 referrals (24.0%) were made to emergency refuge. 371 referrals (8%) were referred to emergency housing.

In 2019/20, 788 referrals were made to the police accounting for 17% of total referrals made – a decrease of 1.6% since 2018/19. Referrals to housing services accounted for 8% of referrals made by the Helpline. 371 referrals were received in 2019/20, compared to 277 in 2018/19 – an increase of 34% year-on-year.

5.4: Survivor Outcomes and Feedback

Outcome measures are used to evaluate and monitor the quality of the service provided by the helpline and reported to Welsh Government. During 2019/20, 302 evaluation forms were gathered by the Helpline from callers experiencing abuse where it was safe and appropriate to do so.

91.39% of callers in the sample reported an improvement in their emotional wellbeing as a result of their interaction with the Helpline.

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. All feedback received has been positive, and a sample provided below:

"Feels reassured, was worried but feels better. Not panicking anymore" **Helpline caller (survivor), 2019**

"Thank you so much for taking the time to talk to me today. It makes such a difference talking to someone I don't know- I found it so easy to talk to her. Thank you." **Helpline caller (survivor), 2019**

"Very understanding, reassured her and told her to look after herself, which is hard but important, lady was brilliant". **Helpline caller (a concerned other), 2019**

"Good service, nice to talk to someone who understands a male perspective" **Helpline caller (male survivor), 2019**

"Been phoning the helpline for the last 5 weeks, I have spoken to different people- I felt that I've had more support from the Helpline than the police. I called today on a positive and felt I needed to let you know as I am really happy." **Helpline caller (survivor), 2019**

"If it hadn't been for the advert on the telly I would have just sat back." **Helpline caller (survivor), 2019**

"Thank you very much for your helpful advice and support. It has made me feel that I am not alone and can make the correct decisions calmly" **Helpline caller (survivor), 2020**

"Thank you so much, I find it easier messaging how I feel. I get scared admitting in person or over the phone how low and how much it's affecting me". **Helpline caller (survivor), 2020**

Agency Feedback

The Helpline received 203 caller surveys from agency staff providing 100% positive feedback on the service they had received from the Helpline, and a sample provided below:

"This service is invaluable for us- so grateful for your help"

"We always use the helpline...always recommend your service"

"Every time I have used this line the service has been superb; this line gives people hope"

"Very helpful, really very nice, I couldn't ask for more"

"Made her feel safe sharing the information and what would be done next, very reassuring about the referral process, a good helpful Line".

"Very professional, very appropriate, I relied on the helpline for 7 years, central hub for my work, been fab."

"Really good service and easy to access, we rely on this service a lot".



Conclusion

This year, the annual data report demonstrates again the need for the national network of specialist VAWDASV Support Services and the vital work that Welsh Women's Aid's federation delivers.

In the last year there were 32,270 contacts to the Live Fear Free Helpline and 22,431 referrals to community outreach support, refuge-based support and rape crisis and sexual violence support services.

The recent health pandemic has demonstrated that the survivors who access specialist services are only the tip of the iceberg in the number of people who are living with abuse in Wales. We, therefore, cannot afford for any survivor to be turned away or placed on waiting lists due to the demand on services, and the limited availability of support at any one time.

Last year, 251 survivors were on waiting lists for rape crisis/sexual violence support, and 533 women were on waiting lists for domestic abuse community support, due to the level of demand for services exceeding availability. During the same period, 574 survivors were turned away from accessing refuge-based support due to lack of space or resources to meet their support needs.

Years of austerity have led to a de-investment in the sector as well as having a detrimental impact on gender equality, survivors' lives and their space for action. This has subsequently put women in increasingly more vulnerable position whilst specialist services are having to deliver support with reduced funds.

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 makes a clear national commitment for the delivery of sustainable funding for specialist services in order to realise its objectives. It is important that the Welsh Government delivers on its commitments, develops and implements a sustainable funding model in Wales.

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 – Now merged with Gorwel	Bangor Women's Aid	Yes	Yes	
4	Calan DVS	CALAN DVS - Ammanford	Yes	Yes	
		CALAN DVS - Brecon			
		CALAN DVS - Bridgend			
		CALAN DVS - Neath/Pontardawe			
		CALAN DVS - Radnor			
5	Cardiff Women's Aid	Cardiff Women's Aid	Yes	Yes	Data not provided
6	Carmarthen Domestic Abuse Services	Carmarthen Domestic Abuse Services	Yes	Yes	
7	Clwyd Alyn Housing Association (CAHA) Women's Aid	CAHA Women's Aid	Yes	Yes	
8	Cyfannol Women's Aid	Cyfannol Women's Aid (Monmouthshire)	Yes	Yes	Yes
		Cyfannol Women's Aid (Torfaen)			
		Cyfannol Women's Aid (Blaenau Gwent)			
9	DASU North Wales	Deeside Women's Aid	Yes	Yes	
		Glyndwr Women's Aid			
10	Gorwel	Gorwel Gwynedd	Yes	Yes	
		Anglesey Domestic Abuse Service			
11	Montgomeryshire Family Crisis Centre	Montgomeryshire Family Crisis Centre	Yes	Yes	
12	Newport Women's Aid – now merged with Cyfannol	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	Yes
20	Threshold DAS	Threshold DAS (Llanelli)	Yes		
21	Was Welsh Women's Aid, Now DASU	Colwyn Bay	Yes	Yes	
		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	4 (5)

Data Contributors:

- **Refuge-based services:** 19 organisations
- **Community-based services:** 20 of 21 organisations (excludes data from one existing member organisation)
- **Dedicated Sexual Violence Services:** 4 out of 4 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 (2019/20) requests data in the following sections:

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

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

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

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

Data Section	Data Requested	Type of Survivor	Report Reference
Demographics	Gender	Starters	Section 1 (pages 11-16)
	Pregnant Women	Starters	
	Religion/Belief	Starters	
	Disability	Starters	
	Sexual Orientation	Starters	
	Ethnicity	Starters	
	Age	Starters	
	Language	Starters	
	Marital status	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: Referrals and access to service (pg. 17); Table 4
	Referral source	Starters	Section 2.1: Referral Sources (pg. 17); Table 4
	Types of abuse	All supported	Section 2.2: Referrals and access to service (pg. 17-18); chart 4
	Additional support needs	Starters	Section 2.3: Support Needs (pg. 18-19); Chart 5
	Children with their parents in Outreach and Community Services	Starters	Section 2.4: Types of abuse disclosed (pg. 19)
	Sex of Primary Perpetrator	Starters	Section 2.5: Sex of Perpetrator (pg. 20); Table 5
	MARAC Referrals	All supported	Section 2.6: Multi-Agency Risk Assessment Conference (MARAC) Referrals (pg. 20)

Data Section	Data Requested	Type of Survivor	Report Reference
Refuge-based support services	Refuge Overview Statistics (no. of referrals, no. accepted into service, no. refused from service, no. declined service, no. of leavers)	All supported Starters Leavers Non-starters	Section 3.1: Referrals and access to service (pg. 21-22); Table 7; Chart 6
	Referral source	Starters	Section 3.2: Referrals sources and location (pg. 22-23); Table 7; Chart 7
	Refusal Reasons	Non-starters	Section 3.3: Survivors unable to be supported (pg. 23-25); Chart 8; Table 8
	Reasons survivors did not accept	Non-starters	Section 3.3: Survivors unable to be supported (pg. 25); Chart 9
	Local Referral Area	Starters	Section 3.3: Referrals sources and location (pg. 26); Chart 10 & 11
	Types of abuse	Starters	Section 3.5: Types of Abuse (pg. 27-28); Chart 12

Data Section	Data Requested	Type of Survivor	Report Reference
Refuge-based support services	Additional support needs	Starters	Section 3.6: Support Needs (pg. 28-29); Chart 13; Table 9
	Children & Young people	All supported	Section 3.7: Children of survivors in refuge-based support (pg. 29-30); Chart 14
	Sex of Primary Perpetrator	Starters	Section 3.8: Sex of Perpetrator (pg. 30); Table 10
	MARAC Referrals	All supported	Section 3.9: Multi-Agency Risk Assessment Conference (MARAC) Referrals (pg. 30)
	Tenancy payments and no recourse to public funds	Starters	Section 3.10: No Recourse to Public Funds (pg. 30-31)

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