



Cymorth i Ferched Cymru
Welsh Women's Aid

Annual Membership Report: Data from specialist services in Wales 2021/22

Period 01/04/2021 – 31/03/2022

Published by:
Welsh Women's Aid,
Pendragon House
Caxton Place
Pentwyn
Cardiff CF23 8XE

Welsh Women's Aid (2022) Annual Membership Report: Data from specialist services in Wales 2021/22. Cardiff: Welsh Women's Aid



Foreword

After working on the front lines of the pandemic, individuals and specialist services are now entering a new period of uncertainty defined by the rising energy prices and other costs of living, affecting both their service users and staff. In order for the decades of experience and expertise of these specialist services to continue, commissioners and funders must ensure they continue to receive adequate resources. This will be Welsh Women's Aid's primary focus in the coming months.

Specialist violence against women services, including domestic abuse and sexual violence specialist support for men and boys, continue to provide a vital role in communities across Wales. By nature this work is often not largely visible for safety reasons, but, as you will see in this report, they are continuing to help those who need it most.

Although demand and complexity of cases has remained high post lockdowns, you will see from the data within this report that the majority of those who need help are able to access it. For those with complex needs including intersecting discrimination, Welsh Women's Aid continues to advocate for new and increased funding alongside the innovative approaches being trialled within our membership. We hope that together we will be able to work towards a system in Wales which is truly needs-led, trauma informed and survivor focused.

Contents

Introduction	1
National Overview: 2021/22	3
About specialist services	4
Who uses specialist services?	7
1.1: Sex of survivors	8
1.2: Age	8
1.3: Disability	9
1.4: Gender identity	10
1.5: Race and ethnicity	10
1.6: Religion or belief	11
1.7: Sexual orientation	12
1.8: Pregnancy and maternity	13
1.9: Language	13
1.10: Marriage and civil partnership	13
Refuge-based support services	15
2.1: Referrals and access to services	15
2.2: Survivors unable to be supported	16
2.3: Referral sources and location	19
2.4: Children of survivors in refuge-based support	21
2.5: Sex of primary perpetrator	22
2.6: Types of abuse	23
2.7: Support needs	24
2.8: Multi-agency risk assessment conference (MARAC) referrals	25
2.9: No Recourse to Public Funds: Refuge-based support	25
2.10: Moving on from specialist support	25
Community-based support services	28
3.1: Referrals and access to service	28
3.2: Children and young people service provision	29
3.3: Sex of the primary perpetrator	30
3.4: Types of abuse disclosed	30
3.5: Support needs	31
3.6: Safeguarding and Multi-agency Risk Assessment Conference (MARAC) Referrals	32

Contents

Sexual Violence services	34
4.1: Referrals and access to service	34
4.2: Referral sources	35
4.3: Sex of the primary perpetrator	36
4.4: Types of abuse disclosed	36
4.5: Support needs	37
Live Fear Free Helpline	39
5.1: Call volume	39
5.2: Caller information	41
5.3: Supporting children and young people	42
5.4: Signposting and referrals to other agencies	43
5.5: User feedback	45
5.6: Survivor and concerned other feedback	45
5.7: Other agency feedback	46
Appendices	47

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 are 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.¹ This does not account for the cost of all other forms of violence against women and girls, including sexual violence, so called honour-based abuse and sexual exploitation.

1 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.

This report focuses on the referrals to and use of specialist services by survivors, for the 2021/22 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 2021/22, 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 the national 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 the Welsh Government.

National Overview: 2021/22



The Live Fear Free Helpline responded to **35,491** contacts.

10,296 survivors were referred to local specialist services during this financial year.

Refuge-based support services



1,117 survivors benefitted from refuge-based support services.

848 survivors were unable to be supported by refuge-based support services.

244 children and young people, on average, were living in refuge.

24 survivors without 'recourse to public funds' (NRPF) were supported by refuge.

Community-based support services



13,708 survivors were supported by community-based support services.

901 survivors were unable to be supported by community-based support services.

2,767 children and young people, were supported directly, this period.

25 survivors were supported to apply for the Domestic Violence Rule.²

Sexual Violence-based support services



2,164 survivors were supported by sexual violence-based support services.

199 survivors remained on the waiting list at the end of Quarter 4.

² Persons who come to the UK on a spouse or partner visa who are experiencing domestic violence can apply for Indefinite Leave to Remain under the domestic violence rule.

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**³ 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,

³ 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.

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.



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 and 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 a 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 the 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 the 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.

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, 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.

When delivering support services, specialist services are committed to anti-discriminatory practice and to addressing the intersecting inequalities experienced by women and men.

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 support⁴, 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.

⁴ 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+.

1.1: Sex of survivors

The sex of survivors was collected for 99% (n=13,048) of survivors who engaged with specialist services in the financial year 2021/22. Across the specialist services, 93% (n=12,076) of all survivors were female whilst male survivors represented 7% (n=958) of the data sample. Of note, <1% (n=14) of survivors were categorised as 'intersex'. Of the 958 male survivors, the highest proportion (n=213, 15%) accessed sexual violence services.

Table 1:
Sex of survivors in specialist support services

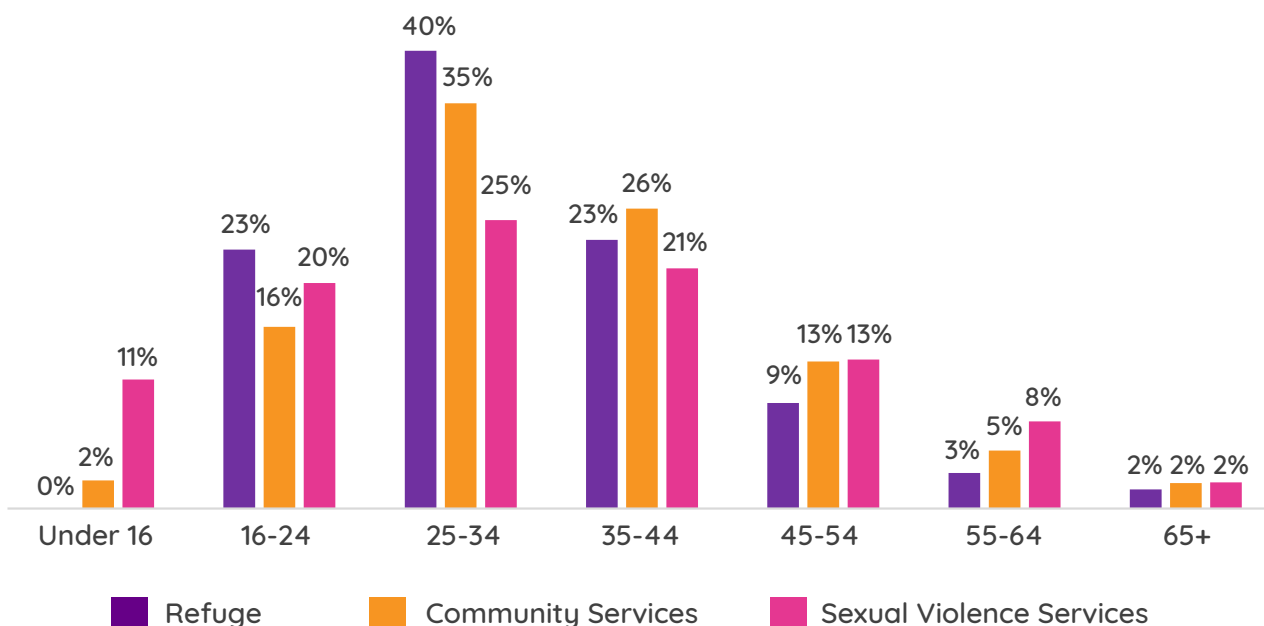
	Refuge-based support		Community-based support		Dedicated sexual violence support	
Male	10	1%	735	7%	213	15%
Female	866	99%	10,031	93%	1,179	83%
Other	0	0%	2	0%	12	1%
Prefer not to say	0	0%	0	0%	8	1%
Total sample	876		10,768		1,412	
Data unavailable	0		189		0	

1.2: Age

The data on age was available for 81% (n=10,693) of the survivors accessing specialist support services. The most prevalent age category of survivors accessing support services this financial year were between the ages of 25-34 (n=3,710, 35%). This aligns with the data provided in the previous financial year (2020/21). Of the 10,693 survivors whose age was recorded, 17% (n=1,794) were aged 16-24 whilst 3% (n=338) were aged 16 or under. This financial year, 2% (n=234) of survivors were aged 65 or over. WWA have supported the Older People Commissioner for Wales report⁵ on the abuse of older people which looks at how support can be more accessible for older people who are or have experienced abuse.

⁵ Older People's Commissioner for Wales, *Stopping the abuse of older people* [Website], <https://olderpeoplewales.com/en/stopping-abuse.aspx>, (accessed 25 August 2021).

Figure 1:
Age ranges of survivors engaging with services following referral



1.3: Disability

Welsh Women's Aid supports and advocates for the social model of disability and thus we aim to remove unnecessary barriers which may prevent survivors with a disability from accessing specialist support services. Of the survivors who engaged with the services, at least 12% (n=1,631) disclosed a disability, with the highest proportion (n=387, 27%) accessing sexual violence-based support services. Of note, it is likely that these figures are an underestimation as not all organisations are able to collate this data. Research⁶ has evidenced that women with a disability are more likely to experience violence and abuse than non-disabled women. For more information about VAWDASV and disability, please refer to our recent report with Disability Wales surveying survivors, which sets out recommendations for specialist and public services.⁷

6 ONS, *Disability and Crime, UK: 2019 [Website]*,

www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compedium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse#heavily-victimised-groups-of-partner-abuse, (accessed 25 August 2021).

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

1.4: Gender identity

Survivors who disclosed their gender identity (n=10,662) revealed that 2% (n=222) identified as a trans person (e.g., transgender, transwomen, transman, transsexual), the highest proportion of whom accessed community-based support services.

1.5: Race and ethnicity

Data on ethnicity was available for 70% (n=9,307) of survivors. Of these, White: British, was the most prevalent ethnicity of survivors (n=8,307, 89%), followed by White: Other (n=242, 3%). Of note, just 11% (n=1,000) of survivors identified as a race or ethnicity other than White British. A full breakdown of ethnicity has been provided in *Table 2*.

Table 2:
Ethnic backgrounds of survivors engaging with services following referral

	Refuge-based support		Community-based support		Dedicated sexual violence support	
White: British (Welsh/English/Scottish/Northern Irish)	547	80%	6,782	89%	978	97%
White: Irish	13	2%	14	0%	2	0%
White: Irish or Gypsy Traveller	4	1%	20	0%	0	0%
White: Other	39	6%	202	3%	1	0%
Mixed/multiple ethnic group: White and Asian	4	1%	25	0%	7	1%
Mixed/multiple ethnic group: White and Black African	4	1%	29	0%	5	0%
Mixed/multiple ethnic group: White and Black Caribbean	3	0%	63	1%	0	0%
Mixed/multiple ethnic group: Other mixed	5	1%	71	1%	2	0%
Asian or Asian British: Bangladeshi	10	1%	53	1%	2	0%

	Refuge-based support		Community-based support		Dedicated sexual violence support	
Asian or Asian British: Chinese	2	0%	14	0%	5	0%
Asian or Asian British: Indian	4	1%	21	0%	0	0%
Asian or Asian British: Pakistani	5	1%	60	1%	1	0%
Asian or Asian British: Other Asian	11	2%	59	1%	0	0%
Black or Black British: Black African	18	3%	69	1%	1	0%
Black or Black British: Black Caribbean	0	0%	19	0%	1	0%
Black or Black British: Other Black	3	0%	45	1%	1	0%
Other Ethnic Group: Arab	4	1%	32	0%	0	0%
Other Ethnic Group: Other	10	1%	37	0%	0	0%
Total sample	686	100%	7,615	100%	1,006	100%
Data unavailable	190		3,342		406	

1.6: Religion or belief

Of the 6,462 (49%) survivors who disclosed their religion or belief, 69% (n=4,433) were recorded as having no religion. The most prevalent categories of religion were 'Christianity (all denominations)' which accounted for 20% (n=1,270) of survivors, followed by Islam which represented 4% of survivors (n=231).

Table 3:
Religion or belief of survivors engaging with services following referral

	Refuge-based support		Community-based support		Dedicated sexual violence support	
No religion	433	67%	3,796	70%	204	53%
Buddhist	1	0%	24	0%	1	0%
Christian (all denominations)	125	19%	1,060	20%	85	22%
Hindu	3	0%	10	0%	0	0%
Jewish	1	0%	2	0%	0	0%
Muslim	43	7%	179	3%	9	2%
Sikh	1	0%	7	0%	1	0%
Other	16	2%	130	2%	12	3%
Prefer not to say	27	4%	221	4%	71	19%
Total sample	650	100%	5,429	100%	383	100%
Data available	226		5,528		1,029	

1.7: Sexual orientation

Sexual orientation was disclosed by 7,698 survivors which represents 58% of all survivors accessing support services in this financial year (2021/22). Of the 7,698 survivors, 89% (n=6,845) disclosed that they were heterosexual. *Table 4* provides a breakdown of sexual orientation by service.

Table 4:
Sexual orientation of survivors engaging with services following referral

	Refuge-based support		Community-based support		Dedicated sexual violence support	
Bisexual	21	3%	118	2%	49	7%
Gay/homosexual male	1	0%	19	0%	6	1%
Lesbian/homosexual female	18	2%	107	2%	17	3%
Heterosexual	683	91%	5,765	92%	397	60%
Other	4	1%	21	0%	28	4%
Prefer not to say	21	3%	256	4%	167	25%
Total sample	748	100%	6,286	100%	664	100%
Data available	128		4,671		748	

1.8: Pregnancy and maternity

Of the 12,076 survivors who disclosed that they were female, 3% (n=370) were pregnant when accessing support services. When each service was viewed in isolation, 4% (n=38) of survivors accessing refuge-based support services, 3% (n=315) of survivors accessing community-based support services and 1% (n=17) of survivors accessing sexual-violence based support services were pregnant. In addition, within this reporting period, 2% (n=284) of females were reported to have had a child in the previous 12 months.

1.9: Language

In this reporting period, where language was recorded (n=7,924), 3% (n=217) of survivors disclosed that their first language was Welsh. Notably, for 5% (n=377) of survivors, their first language was neither English nor Welsh.

1.10: Marriage and civil partnership

The marital status of survivors accessing support services was recorded for 46% (n=6,117) of all survivors. The highest proportion of survivors were 'single' (n=3,083, 50%), followed by 'separated' (n=1,147, 19%). *Table 5* provides a further breakdown of marriage/civil partnership status by service.

Table 5:

Marriage/civil partnership status Refuge-based support Community-based support Dedicated sexual violence support

	Refuge-based support		Community-based support		Dedicated sexual violence support	
Single	317	53%	2,560	50%	206	52%
Co-habiting	66	11%	577	11%	23	6%
Engaged	4	1%	24	0%	5	1%
Married / Civil partnership	70	12%	602	12%	88	22%
Separated	102	17%	999	20%	46	12%
Divorced	26	4%	181	4%	27	7%
Widow/Widower	2	0%	16	0%	4	1%
Other	9	2%	163	3%	0	0%
Total sample	596	100%	5,122	100%	399	100%
Data available	280		5,835		1,013	

Refuge-based support services

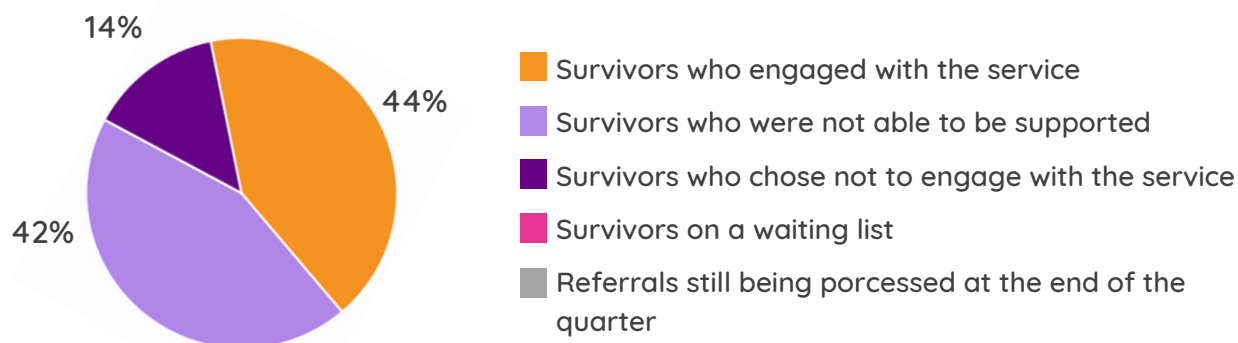
2.1. Referrals and access to services

In this financial year, 1,117 survivors were supported by refuge-based support services, 97% (n=1,089) of whom were female. Of the 1,999 survivors who were referred into the service during this financial year, 44% (n=876) were supported by a service whilst 42% (n=848) of survivors were not able to be supported for reasons such as availability of space, safety and individual needs.

Table 6:
Survivors referred to and accessing refuge-based support

	Women	Men	Other	Total
Total survivors supported in refuge-based services in 2021/22	1,809	28	0	1,117
No. of new referrals received in period	1,928	71	0	1,999
No. of survivors referred and engaged with service	866	10	0	876
Survivors not able to be supported by service	799	49	0	848
No. of survivors who did not accept support from service	278	11	0	289
No. of survivors on the waiting list at the end of Q4	0	0	0	0
Total number of referrals still being processed at the end of Q4	1	1	0	2

Figure 2:
Engagement with refuge-based support services across Wales⁸



2.2. Survivors unable to be supported

Survivors who could not be supported by the refuge

In this financial year, 42% (n=848) of all new referrals were refused refuge-based support services. Where refusal reason was recorded (n=805), a shortage of refuge space was the most prevalent reason for refusal (n=181, 22%), which is congruent with the data provided in the previous financial year. Additional support needs associated with drugs and alcohol represented 17% (n=140) of all refusal reasons and additional support needs associated with mental health represented 12% (n=96). These needs are particularly relevant due to the nature of some communal spaces in many refuges and the presence of young children with other survivors in residence. *Table 7* demonstrates the number of refuge-based organisations in Wales who have the capacity to offer support to survivors with certain additional support needs and services to highlight the additional barriers faced when accessing support services.

⁸ Figure 2 is based on 1,999 referrals; the discrepancy is due to referrals placed on waiting lists across the financial year and therefore does not match the total number of new referrals received in this financial quarter.

Table 7:

Number of refuge-based support organisations in Wales who accept women with additional support needs across 36 services in Wales⁹

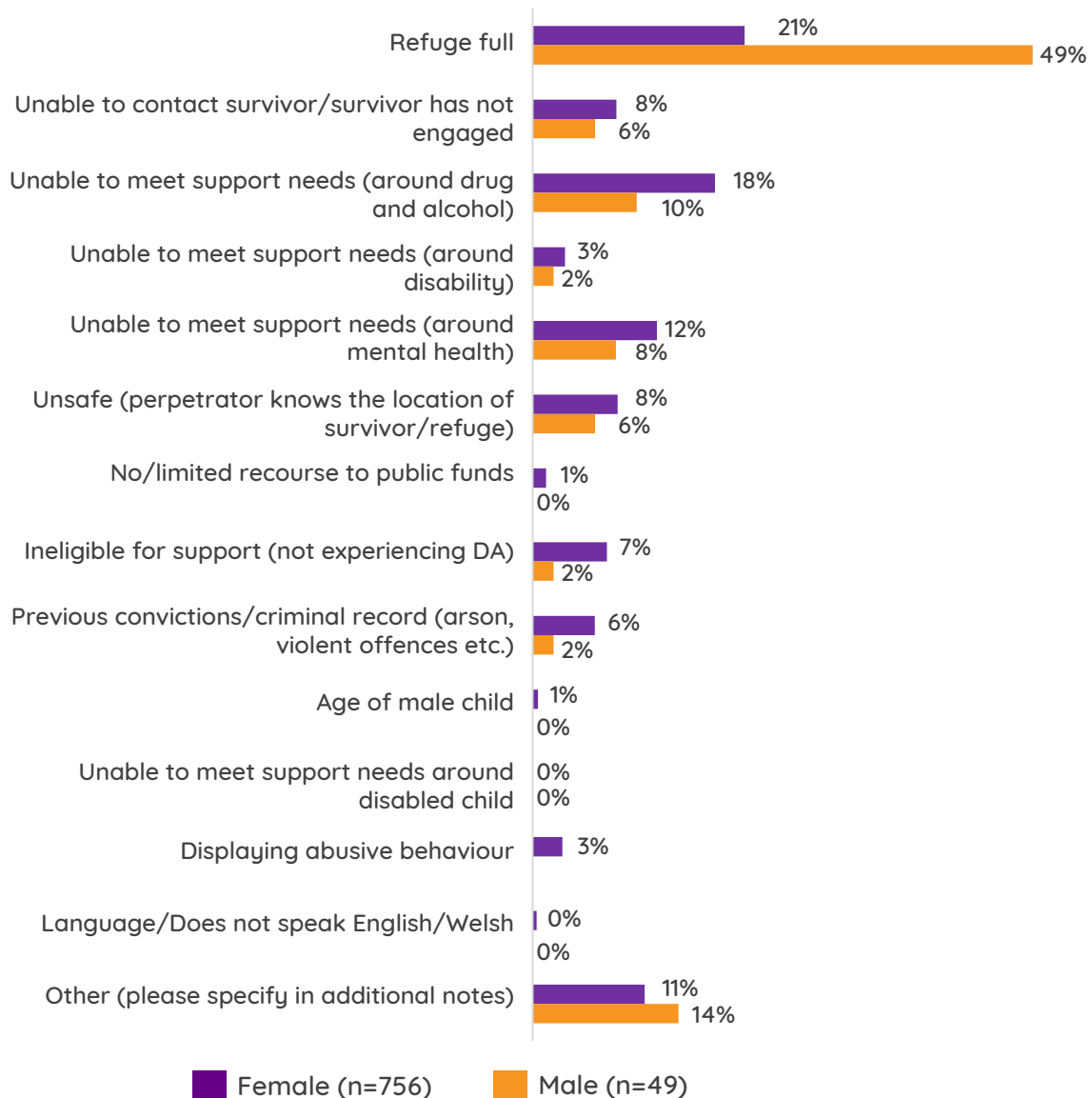
(Routes to Support, October 2021).

Additional support needs	No. services	% of services
Women with mental health support needs	30	83%
Women with drug dependency needs	23	64%
Women with alcohol dependency needs	23	64%
Women on a Methadone programme	29	81%
No Recourse to Public Funds (NRPF)	13	36%
Wheelchair access	14	39%

⁹ This data includes multiple services which may fall under one umbrella organisation.

Figure 3:

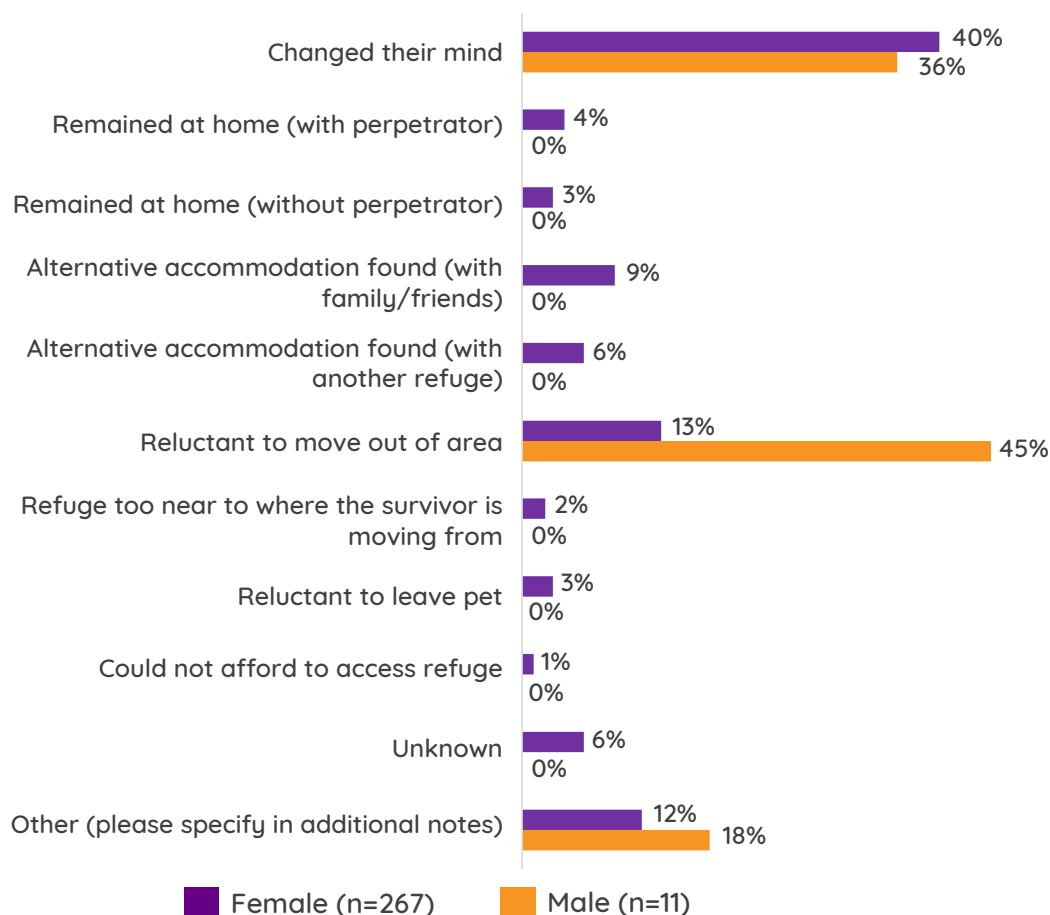
Reason survivors were not able to be supported by services in Wales



Survivors who did not accept support following referral

In this financial year, 14% (n=289) of all survivors referred to refuge-based support services did not accept support, of which the reason was recorded for 96% (n=278). The most prevalent reason documented was 'a change of mind' (n=112, 40%). Of note, 15% (n=41) of the survivors were reluctant to move out of the area and 3% (n=8) of survivors were averse to leaving their pet. The lack of refuge spaces, as aforementioned, has an impact on the accessibility of refuge, as survivors may be required to temporarily relocate which means leaving the comfort of their community, family, work, pets, and children.

Figure 4:
Reason survivors did not accept support from services

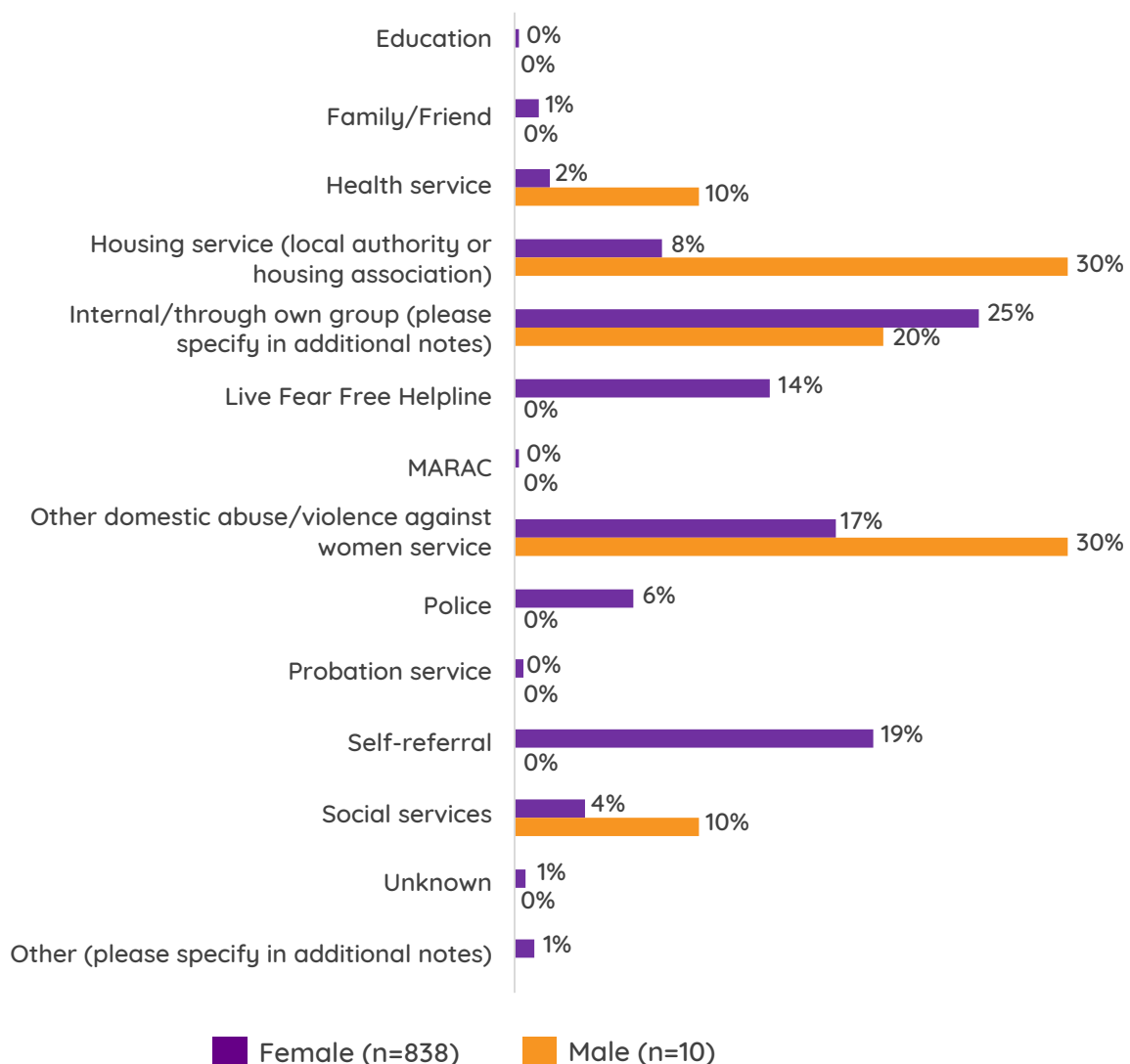


2.3. Referral sources and location

Referral sources

The data on the referral source was collected for 97% (n=848) of all survivors (n=876) accessing support this financial year. Internal referrals (n=213, 25%) and self-referrals (n=163, 19%) were the two most prevalent referral sources in this financial year. In comparison, internal referrals and 'other domestic abuse/violence against women services' were the two most prevalent referral sources in the previous financial year. 'Other VAWDASV services' refers to external organisations within the sector who may not have capacity to support survivors themselves, and 'internal service' refers to another VAWDASV service being delivered within the organisation such as drop-in or IDVA. Both 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. This is a pivotal finding as it demonstrates that it is the wider system prior to refuge that enables engagement. When the data is broken down by sex, the most prevalent referral source for males (n=10) who engaged with refuge-based support services in the financial year was through the housing service (local authority or housing association) (n=3, 30%) and 'other domestic abuse/violence against women services' (n=3, 30%).

Figure 5:
Referral sources for survivors in Wales



Location

Specialist services in Wales provided information on the referral areas of 99% (n=863) of all survivors (n=876) who engaged with refuge-based support services in this financial year. Aligning with the data from the previous year, the largest proportion of survivors (n=379, 44%) were supported by services outside their local authority (within Wales). These findings support the importance of the national network of refuge services which enables survivors to move across local authority boundaries to access support and safety. 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).

Table 8:
Local referral area of survivors who engaged with refuge-based support services

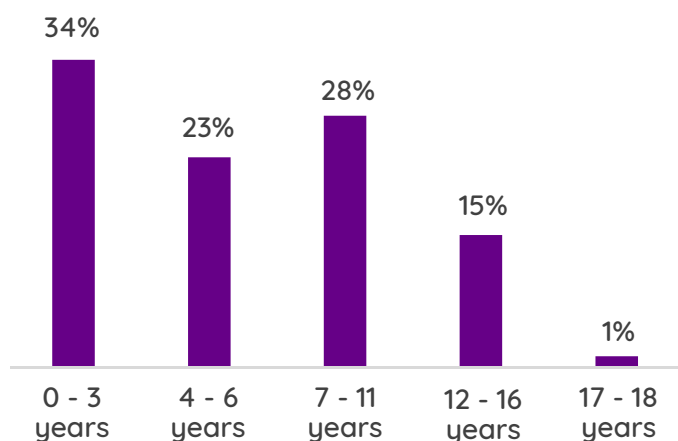
	Female	Male	Total	
Own local authority	363	2	365	43%
Another local authority area in Wales	373	6	379	44%
Another local authority area in UK	117	2	119	14%
Outside of the UK	0	0	0	0%
Data unavailable	13	0	13	

2.4. Children of survivors in refuge-based support

Due to the format in which this data is collated, to avoid double counting, a quarterly average has been used to represent the number of children support by refuge-based support services.¹⁰ Fifteen percent (n=170) of all survivors supported in this financial year (n=1,117) had children who either lived with them at the refuge (n=120) or elsewhere (n=50). Subsequently, it can be purported that refuge-based support services directly supported an average of 244 children in refuge per quarter (Total n = 976). Where data was recorded, the most prevalent age of children who were in the refuge, on average was between 0-3 years (n=81, 34%).

Figure 6:

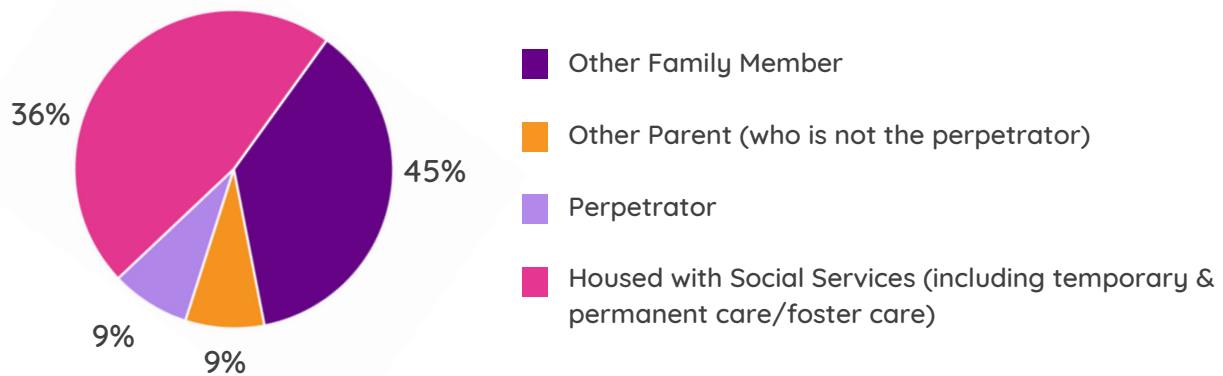
The average age of children in refuge



¹⁰ Data is calculated from the quarterly datasets for all children in service. As children can be in the 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.

In addition to the average of 244 children supported by refuge-based support services in a quarter, there was also an average of 11 children who did not live with survivors in the refuge, 36% (n=4) of whom were housed with social services and 45% (n=5) with another family member.

Figure 7:
Place of residence of the children not housed in the refuge



2.5. Sex of primary perpetrator

The sex of the primary perpetrator was recorded for 97% (n=848) of all survivors (n=876) who engaged with specialist services in this financial year. Of the 848 survivors where the sex of the primary perpetrator was recorded, 93% (n=791) of the perpetrators were male whilst 7% (n=56) of perpetrators were female. A further breakdown revealed that male perpetrators were involved in 94% (n=789) of disclosures by female survivors (n=838).

Table 9:
Sex of primary perpetrator

	Female survivor	Male survivor	Total	
Male perpetrator	789	2	791	93%
Female perpetrator	48	8	56	7%
Identifies as another sex	1	0	1	0%
Data unavailable	28	0	28	

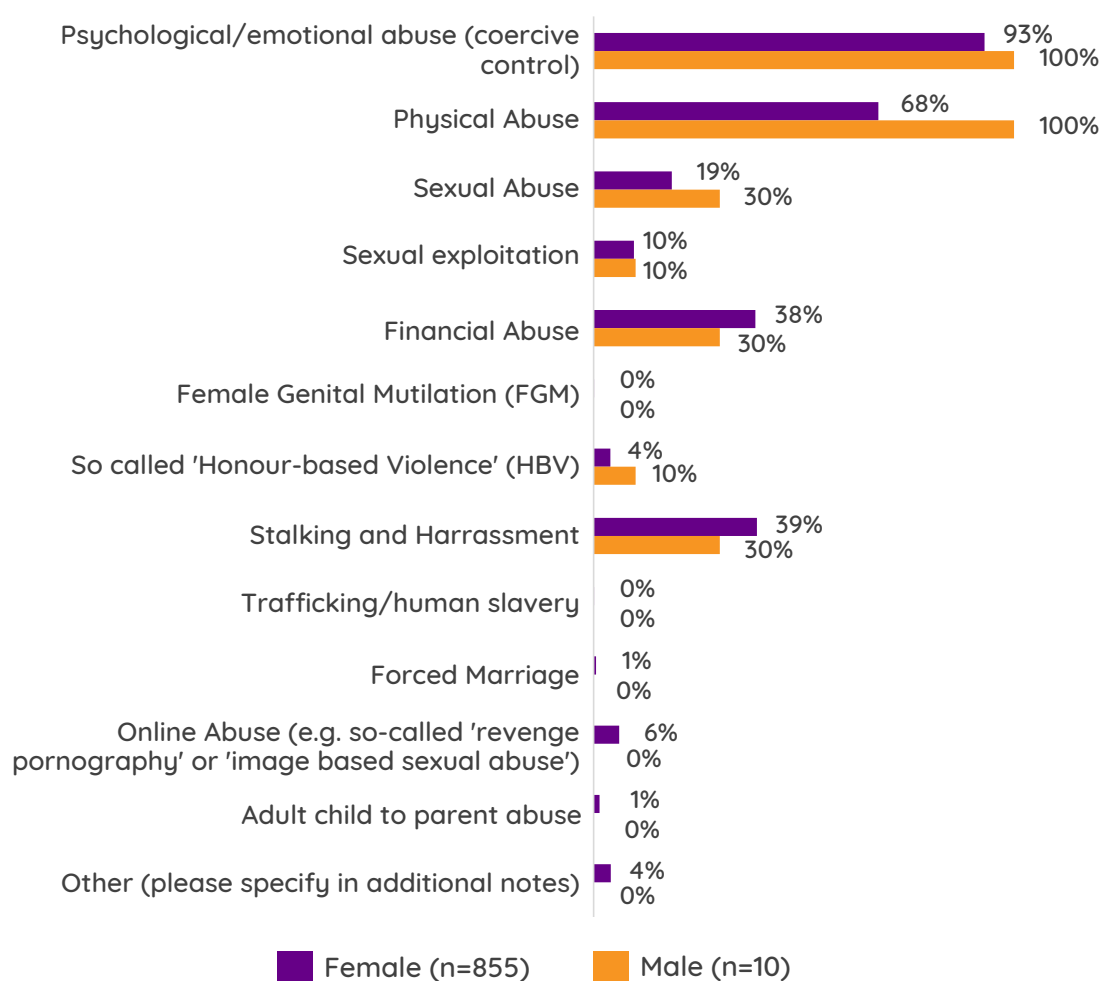
2.6. Types of abuse

Notably, survivors were likely to experience an average of two to three forms of abuse.¹¹ Psychological/emotional abuse (n=805, 93%) and physical abuse (n=589, 68%) were the two most prevalent forms of abuse experienced by survivors (n=865). A substantial proportion of survivors were also experiencing financial abuse (n=332, 38%).

Furthermore, 39% (n=332) of females (n=855) and 30% (n=3) of males (n=10) had been subjected to stalking and harassment. This is a substantial indicator of the need for refuge for women as the abuse continues beyond the end of a relationship. Recently, coercive control which is defined as “an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim”,¹² has been recognised as an ongoing form of abuse which continues post-separation.¹³

Figure 8:

Abuse types experienced by survivors in refuge-based support



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

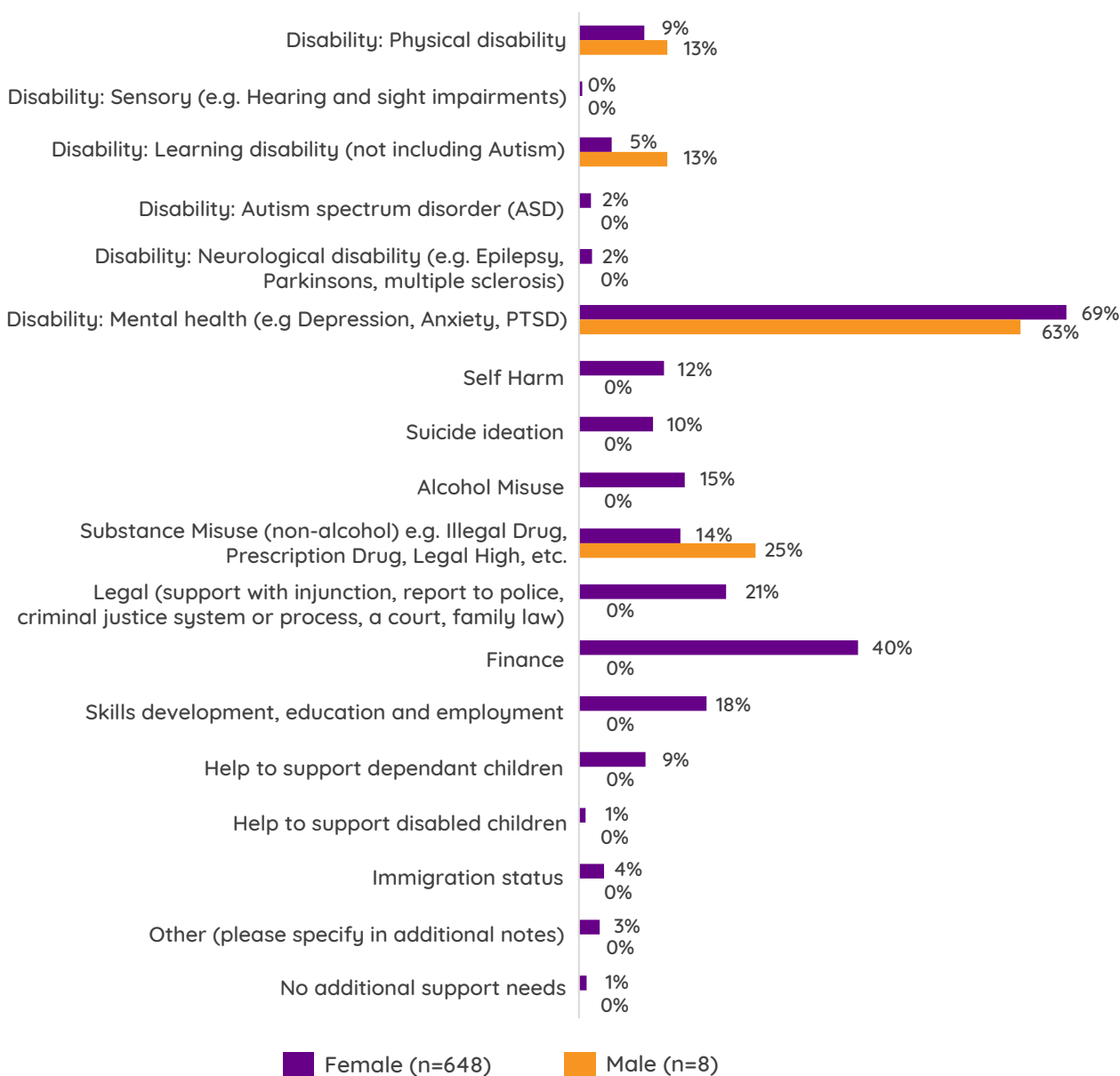
12 CPS, *Domestic abuse* [website] <https://www.cps.gov.uk/crime-info/domestic-abuse#:~:text=Coercive%20behaviour%20is%3A%20an%20act,punish%2C%20or%20frighten%20their%20victim>. [accessed 25 August 2021].

13 Home Office, *Amendment to the controlling or coercive behaviour offence* [website], <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/amendment-to-the-controlling-or-coercive-behaviour-offence> [Accessed 25 August 2021]

2.7. Support needs

There are many survivors accessing refuge-based support services who have additional support needs (*Figure 9*), however, not all services are able to record this data and thus the data presented in this report is likely to be an underestimate. On average, survivors were likely to require between one and two different forms of support. Support associated with mental health (n=452, 69%) and finances (n=256, 39%) were the two additional support needs which were the most prevalent in this financial year. Of note, 9% (n=61) of the survivors who disclosed additional support needs (n=656) had a physical disability, however, according to the 'Routes to Support' database 2021), of the 37 refuge-based support services in Wales, just 35% had wheelchair access. In addition, just 11% of refuges could accommodate a caregiver. These present substantial barriers for survivors.

Figure 9:
Additional support needs of survivors in refuge-based support



2.8. Multi-agency risk assessment conference (MARAC) referrals

Survivors who are assessed as being at a high risk of being subjected to significant harm and/or homicide from perpetrators of domestic abuse are referred from the specialist services to a multi-agency risk assessment conference (MARAC) - a meeting attended by key agencies to discuss options for increasing the safety of the victim.

For survivors who reside in refuge-based support services, the number of referrals made to MARAC and the number of service users who have been discussed at MARAC this financial year have been recorded. In total, 220 referrals were made to MARAC, of which 98% (n=216) were female and the remaining 2% (n=4) were male. There were 238 survivors discussed at MARAC.¹⁴

2.9. No Recourse to Public Funds: Refuge-based support

In this financial year, 26 survivors with 'no recourse to public funds' (NRPF) were referred to refuge-based support services in Wales, 92% (n=24) of whom were supported by refuge-based support services. Whilst women and children with NRPF can still access refuge accommodation and other types of support, the UK Government issued guidance asking local authorities to assist people with NRPF in finding shelter and other support during the pandemic.¹⁵ This may have resulted in the decrease in referrals. For some survivors, their residence permits enable them to live in the UK, however, it may include the 'no recourse to public funds' (NRPF) clause which prevents access to benefits, tax credits, homelessness assistance and/or social housing.¹⁶

2.10. Moving on from specialist support

Length of stay

In this financial year, 867 survivors ceased support with refuge-based support services, of which, data was available for 99.5% (n=863) of survivors. *Table 10* displays the length of time spent in refuge. Of the 863 survivors whose length of stay was recorded, the most prevalent length of stay was 6 days or less (n=157, 18%).

¹⁴ The number of survivors discussed at MARAC were greater than the number of referrals as it is likely that a number of referrals were not discussed in quarter 4 of the previous financial year.

¹⁵ Scottish Women's Rights Centre, *Covid-19 and Support* [Website], <https://www.scottishwomensrightscentre.org.uk/news/covid-19coronavirus-info/domestic-abuse-during-covid-19coronavirus-what-can-i-do/>. [Accessed 26/08/2021]

¹⁶ 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>.

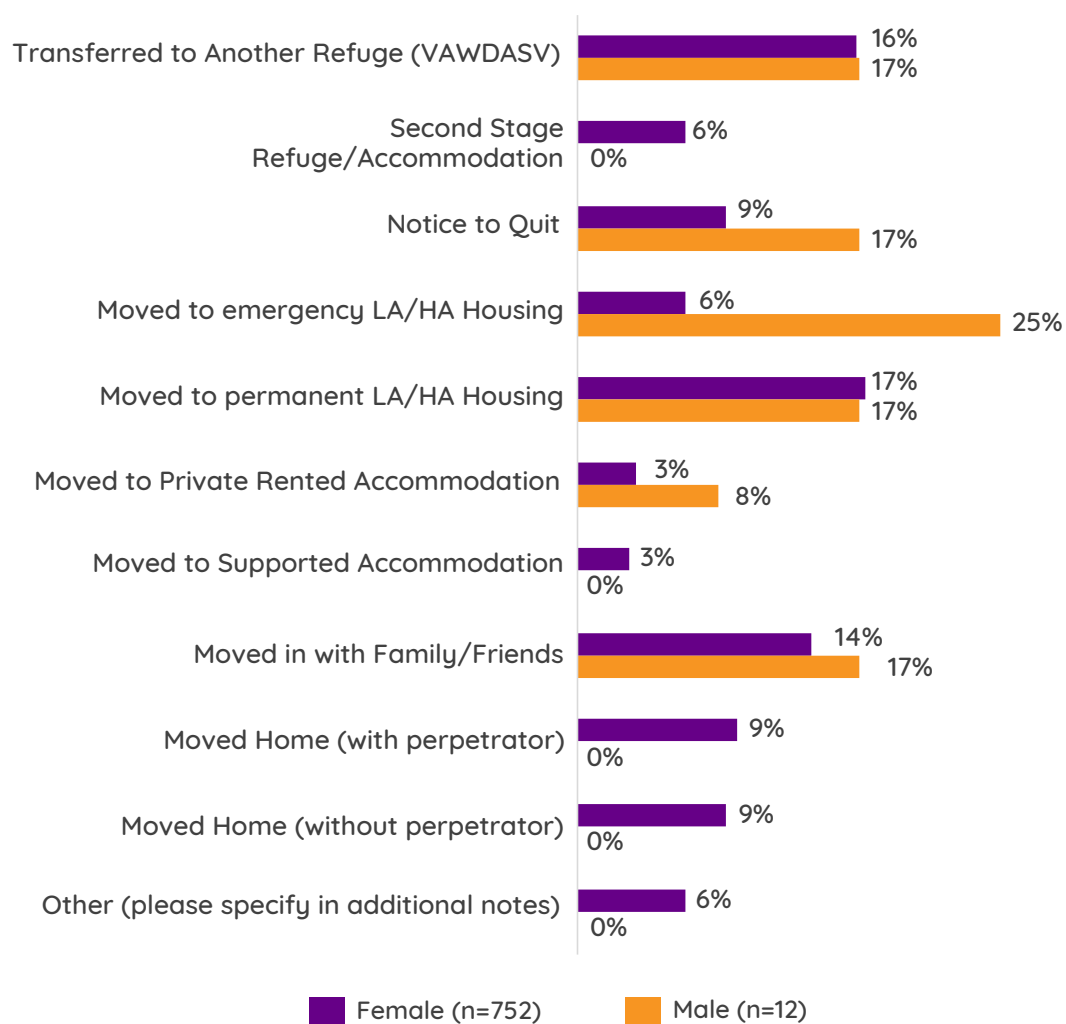
Table 10:
Length of stay for survivors who left the service

	Female		Male		Total survivors	
6 Days or Less	157	19%	0	0%	157	18%
1 - 2 Weeks	109	13%	1	7%	110	13%
2 - 3 Weeks	69	8%	0	0%	69	8%
3 - 4 Weeks	51	6%	0	0%	51	6%
1 - 2 Months	125	15%	4	27%	129	15%
2 - 3 Months	100	12%	2	13%	102	12%
3 - 4 Months	50	6%	0	0%	50	6%
4 - 5 Months	41	5%	4	27%	45	5%
5 - 6 Months	38	4%	3	20%	41	5%
6-12 Months	88	10%	0	0%	88	10%
More than 12 Months	20	2%	1	7%	21	2%
Total	848		15		863	

Move-on reason

The move-on reason was recorded for 88% (n=764) of survivors in this reporting period. Of the 764 survivors whose reason for ceasing refuge was recorded, 17% (n=130) moved to permanent local authority/housing authority homes, 16% (n=126) were transferred to another refuge and 14% (n=106) moved in with family or friends.

Figure 10:
Reason for ceasing refuge-based support



Community-based support services

3.1: Referrals and access to service

Community-based support services in Wales supported 13,708¹⁷ survivors in the community, 92% (n = 12,664) of whom were female. Examples of community-based support services include, but are not limited to, drop-in sessions, group work, advocacy, counselling, and peer-support. It is important to note that this figure is likely to be an underestimate as some member organisations were unable to report their figures.

Table 11:
Survivors referred to and accessing community-based support¹⁸

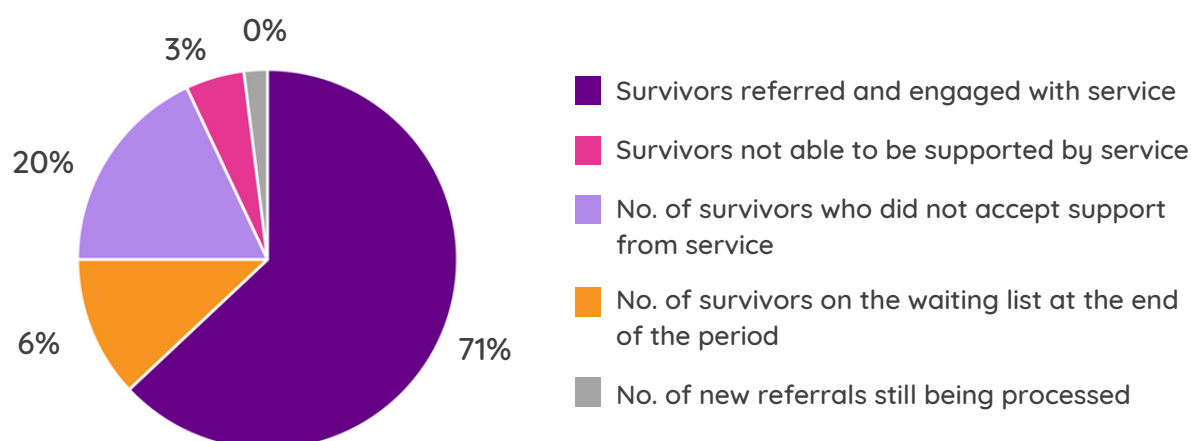
	Female	Male	Other	Data missing	Total
Total survivors supported in community-based services in 2021/22	12,664	883	3	158	13,708
No. of new referrals received in this period	14,610	1,219	3	194	16,026
No. of survivors referred and engaged with service	10,031	735	2	189	10,957
Survivors not able to be supported by service	777	119	0	6	901
No. of survivors who did not accept support from service	2,720	341	0	6	3,067
No. of survivors on the waiting list at the end of Quarter 4	429	2	1	0	432
No. of new referrals still being processed at end of Quarter 4	57	0	0	0	57

There were 16,026 new referrals received in this period. According to the data provided by the national membership of services, 10,957 survivors engaged with the services, which is a 23% decrease from the previous financial year (n = 14,304). Furthermore, there was a 55% decrease in the number of survivors who could not be supported, and a 47% decrease in the number of survivors who did not accept support from a service.

¹⁷ Total supported calculated using total supported figure in Q1, then all new starters from Q2, Q3 and Q4 to prevent double counting.

¹⁸ Inconsistency of 612 referrals in *Table 11* is due to referrals engaging with community-based support services this quarter who may have been on previous waiting lists.

Figure 11:
Engagement with community-based support services across Wales¹⁸



3.2: Children and young people service provision

The national membership of services directly supported 2,767 children, representing a 29% decrease from the previous financial year. Direct services accessed by children and young people can include one-to-one counselling, or group programmes designed to help children and young people come to cope with their experiences of domestic abuse. In 2022, the Welsh Government published their VAWDASV strategy 2022-2026,²⁰ one objective of which stipulates the aim for “increased awareness in children, young people, and adults of the importance of safe, equal and healthy relationships and empowering them to positive personal choices”.

This financial year, 999 children attended awareness raising training/workshops, representing a 397% increase from the previous financial year.

Table 12:
Support delivered to children and young people

	No. supported
No. of children directly supported (either one to one or in family sessions)	2,767
Total children supported this quarter through awareness raising (e.g. in schools)	999

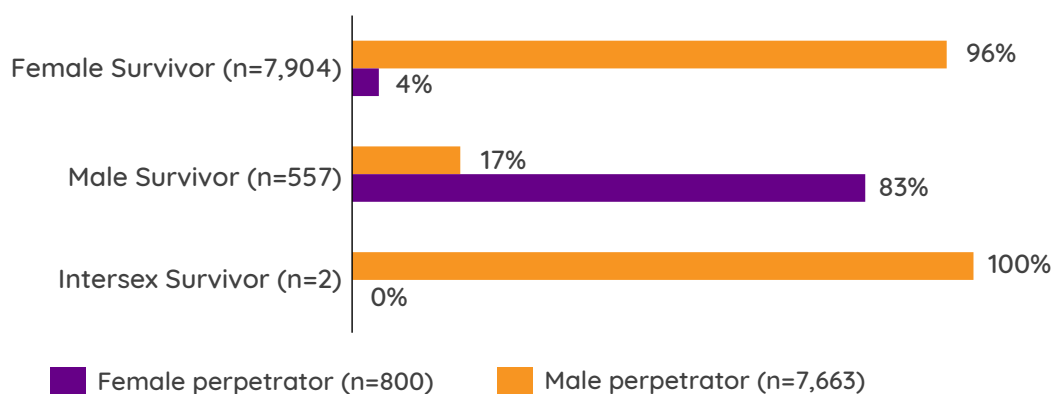
¹⁹ Welsh Government, *Violence against women, domestic abuse and sexual violence: strategy 2022-2026* [website], <https://gov.wales/violence-against-women-domestic-abuse-and-sexual-violence-strategy-2022-2026.html> (accessed 19th July 2022).

3.3: Sex of the primary perpetrator

The sex of the primary perpetrator was recorded for 77% (n = 8,463) of survivors accessing support services in this financial year (total n = 10,957). Of these, 91% (n = 7,663) of perpetrators were male, further demonstrating the gendered nature of VAWDASV. For female survivors (n = 7,904), 96% (n = 7,564) of perpetrators were male, whilst the remaining 4% (n = 340) were female. For male survivors (n = 557), 83% (n = 460) of perpetrators were female and the remaining 17% (n = 97) were male. For survivors who identified as intersex (n = 2), 100% of perpetrators were male (n = 2). Notably, of the survivors who engaged with community-based support services this year and disclosed their sexual orientation (n = 6,286), 92% (n = 5,765) identified as heterosexual.

Figure 12:

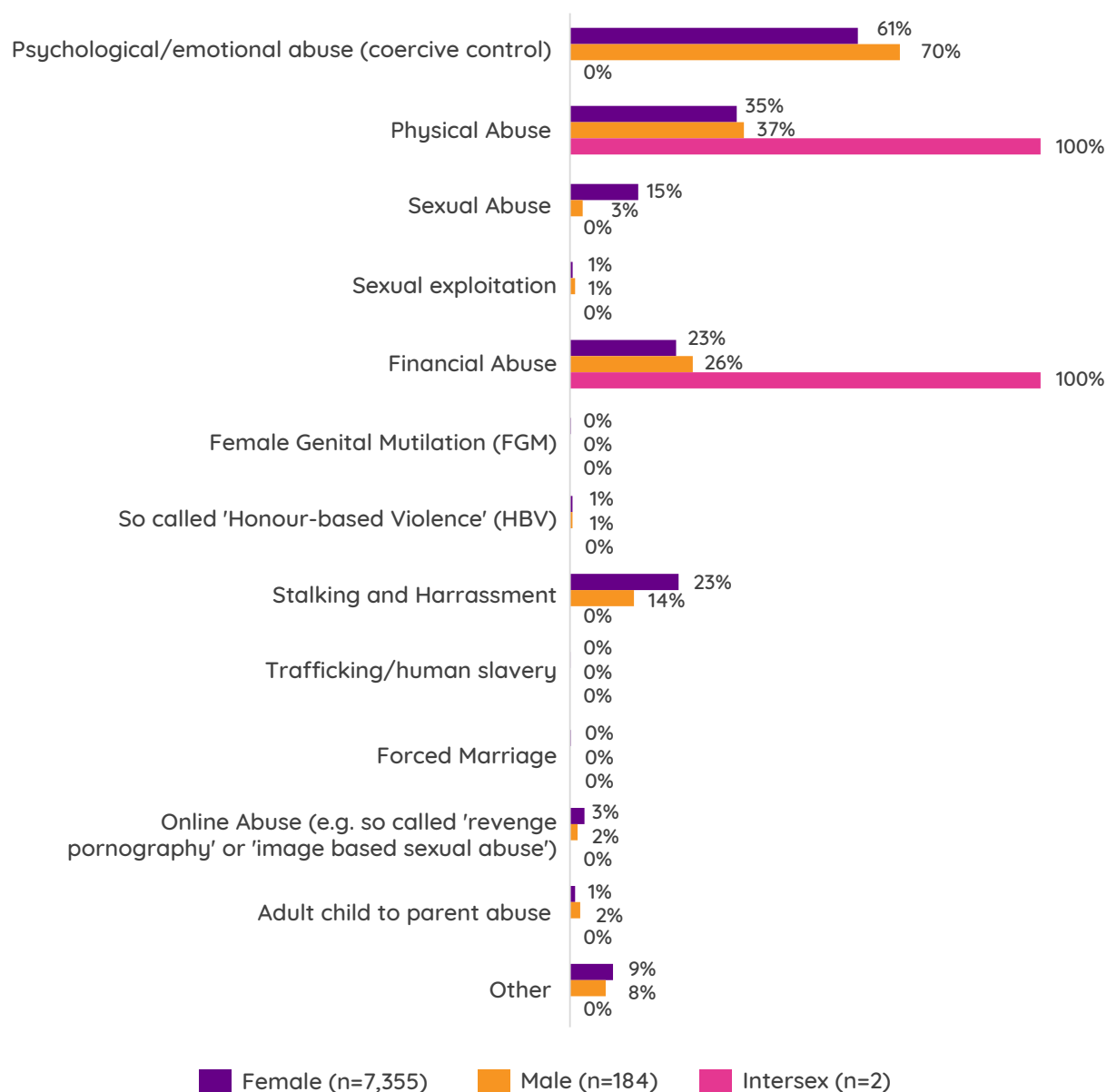
Sex of the primary perpetrator



3.4: Types of abuse disclosed

The abuse experienced by survivors was recorded for 69% (n = 7,549) of all survivors who engaged with community-based support services this financial year (total n = 10,957). As in the last financial year, psychological abuse (n = 4,628, 61%) and physical abuse (n = 2,679, 35%) remained the two most prevalent forms of abuse. Strikingly, despite a 31% decrease in the total number of survivors for whom this information was recorded this year, when compared with last year, there was still a 71% increase in the number of survivors who reported so-called 'honour'-based violence, a 143% increase in the number of survivors who reported trafficking/human slavery, and an 88% increase in the number of survivors who reported forced marriage.

Figure 13:
Abuse types experienced by survivors accessing community-based support services²¹

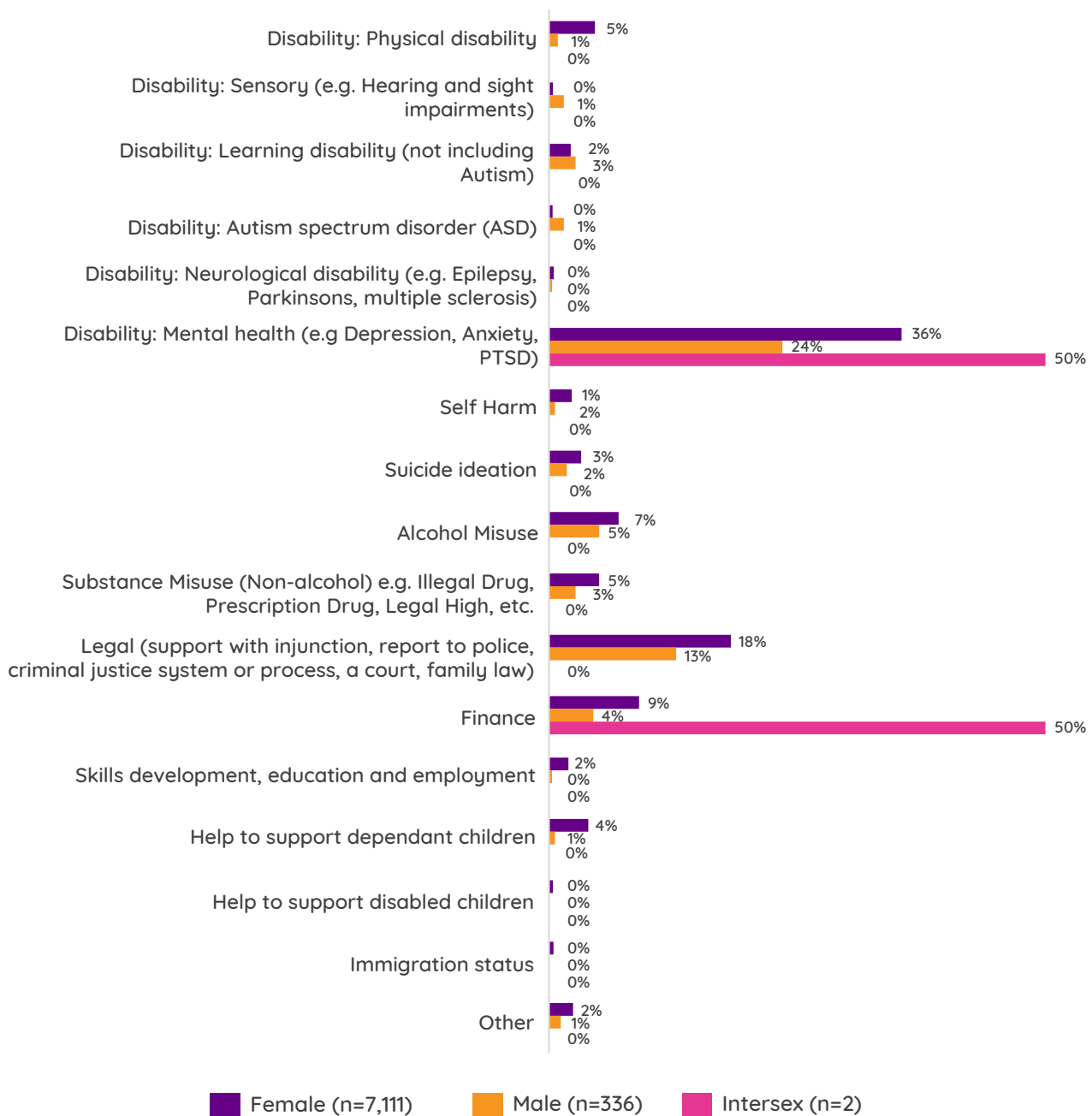


3.5: Support needs

Additional support needs were recorded for 69% (n = 7,475) of all survivors accessing community-based support services this financial year (n = 10,957). As in the last financial year, services reported that the highest support need for survivors was that of a disability related to mental health, which was disclosed by 39% (n = 2,901) of survivors. This was followed by the need for legal support, which was disclosed by 20% (n = 1,469) of survivors and financial support, which was disclosed by 11% (n = 853) of survivors this year. This data aligns with the findings of the previous financial year.

²¹ Discrepancy of 8 survivors due to survivors for whom sex was not recorded.

Figure 14:
Additional support needs in community-based support services



3.6: Safeguarding and Multi-agency Risk Assessment Conference (MARAC) Referrals

Survivors who are assessed as being at a high risk of being subjected to significant harm and/or homicide from perpetrators of domestic abuse are referred from specialist services to a multi-agency risk assessment conference (MARAC). This is a meeting attended by key agencies to discuss options to increase the safety of the survivor. In 2021/22, 770 referrals were made to a MARAC, whilst 1,378 survivors were discussed at a MARAC. 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 directly referred by the service. Notably, there was an 82% decrease in the number of referrals made to a MARAC when compared with the previous financial year and a 30% decrease in the number of survivors discussed at a MARAC this financial year.

Sexual Violence services

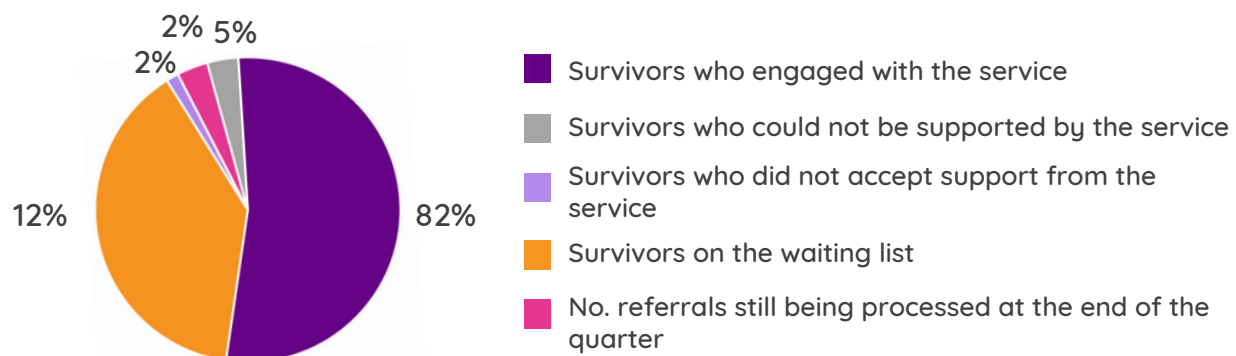
4.1: Referrals and access to service

Referral data obtained from our dedicated sexual violence support services revealed that a total of 2,164 survivors²¹ were supported across the 2021/22 financial year, which represents a 61% increase when compared with the previous financial year. Of the 2,164 survivors, 85% (n = 1,836) were female, 14% (n = 303) were male, 1% (n = 17) identified as intersex, and data was missing for the remaining <1% of survivors (n = 8).

Table 13:
Survivors referred to and accessing sexual violence support

	Female	Male	Other	Data missing	Total
Total survivors supported in this financial year 2021/22	1,836	303	17	8	2,164
No. of new referrals received in this period	1,439	256	16	8	1,719
No. of survivors referred and engaged with service	1,179	213	12	8	1,412
Survivors not able to be supported by service	71	16	0	0	87
No. of survivors who did not accept support	34	6	0	0	40
No. of survivors on the waiting list at the end of Quarter 4	175	22	2	0	199
No. referrals still being processed at the end of Quarter 4	24	3	0	0	27

Figure 15:
Engagement with dedicated sexual violence services²²



²¹ Total supported calculated with total supported figure in Q1, then all new starters from Q2, Q3 and Q4 to prevent double counting.

²² Figure 15 is based on 1,765 referrals; the discrepancy is due to referrals placed on waiting lists across the financial year.

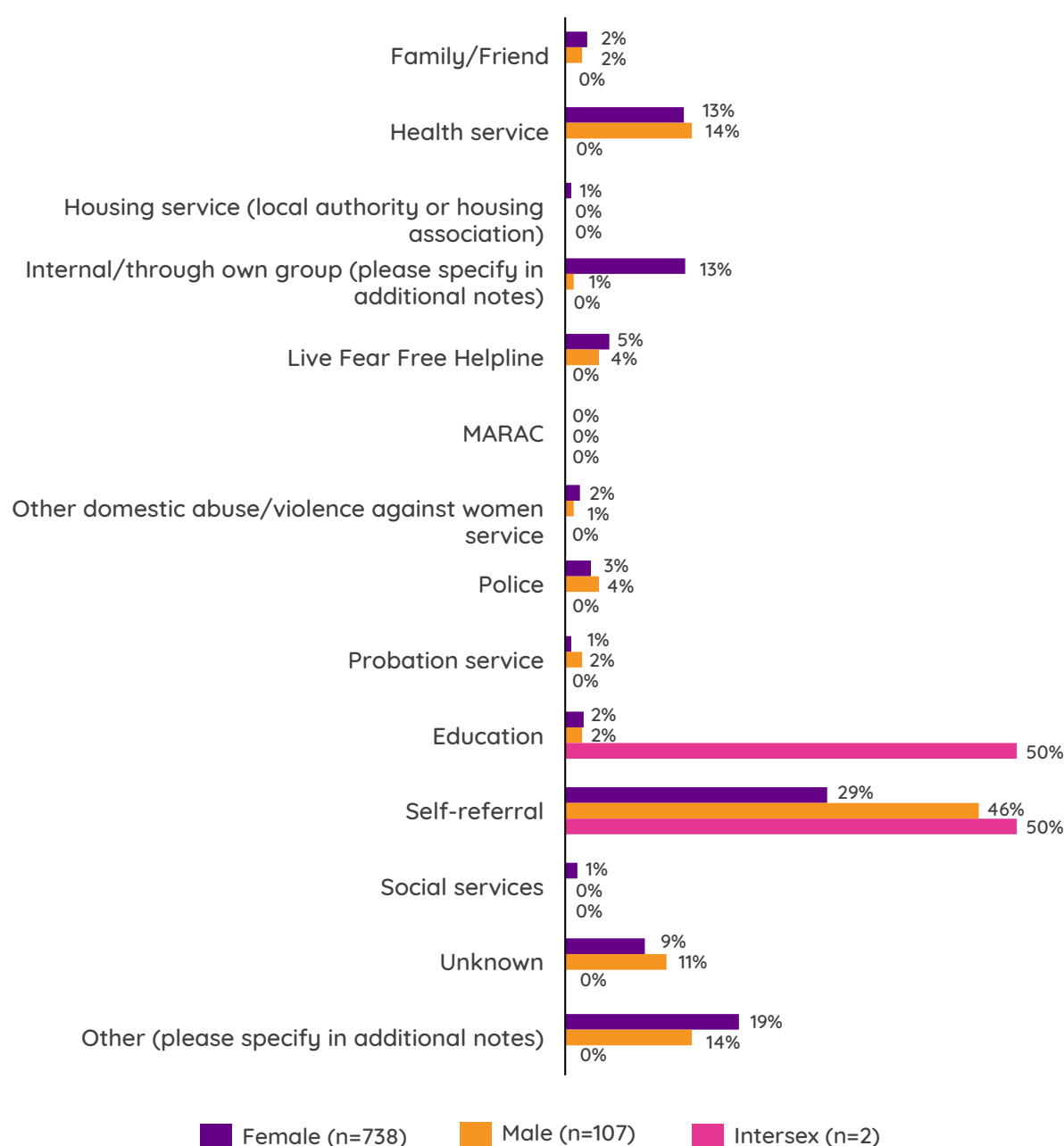
4.2: Referral sources

Referral sources

In this financial year, the source of referral was recorded for 60% (n = 847) of survivors who accessed sexual violence services (total n = 1,412). Of the 847 survivors, self-referral was the primary referral source disclosed (31%, n = 264), which follows the trend seen in the previous financial year. This was followed by 'other' (19%, n = 157) and then health service (13%, n = 112). As in the last financial year, no referrals were made through a MARAC and fewer than 1% of referrals (n = 7) were made via the probation service.

Figure 16:

Referral sources to sexual violence services in Wales



4.3: Sex of the primary perpetrator

The sex of the primary perpetrator was recorded for 44% (n = 618) of all survivors who accessed sexual violence services this financial year (n = 1,412). Of the 558 female survivors where the sex of the perpetrator had been recorded, 97% (n = 540) were male and the remaining 3% (n = 18) were female. For male survivors (n = 57), 88% (n = 50) of the perpetrators were male and the remaining 12% (n = 7) were female. For the 3 survivors who identified as intersex, 67% (n = 2) of the perpetrators were male and the remaining 33% (n = 1) were female.

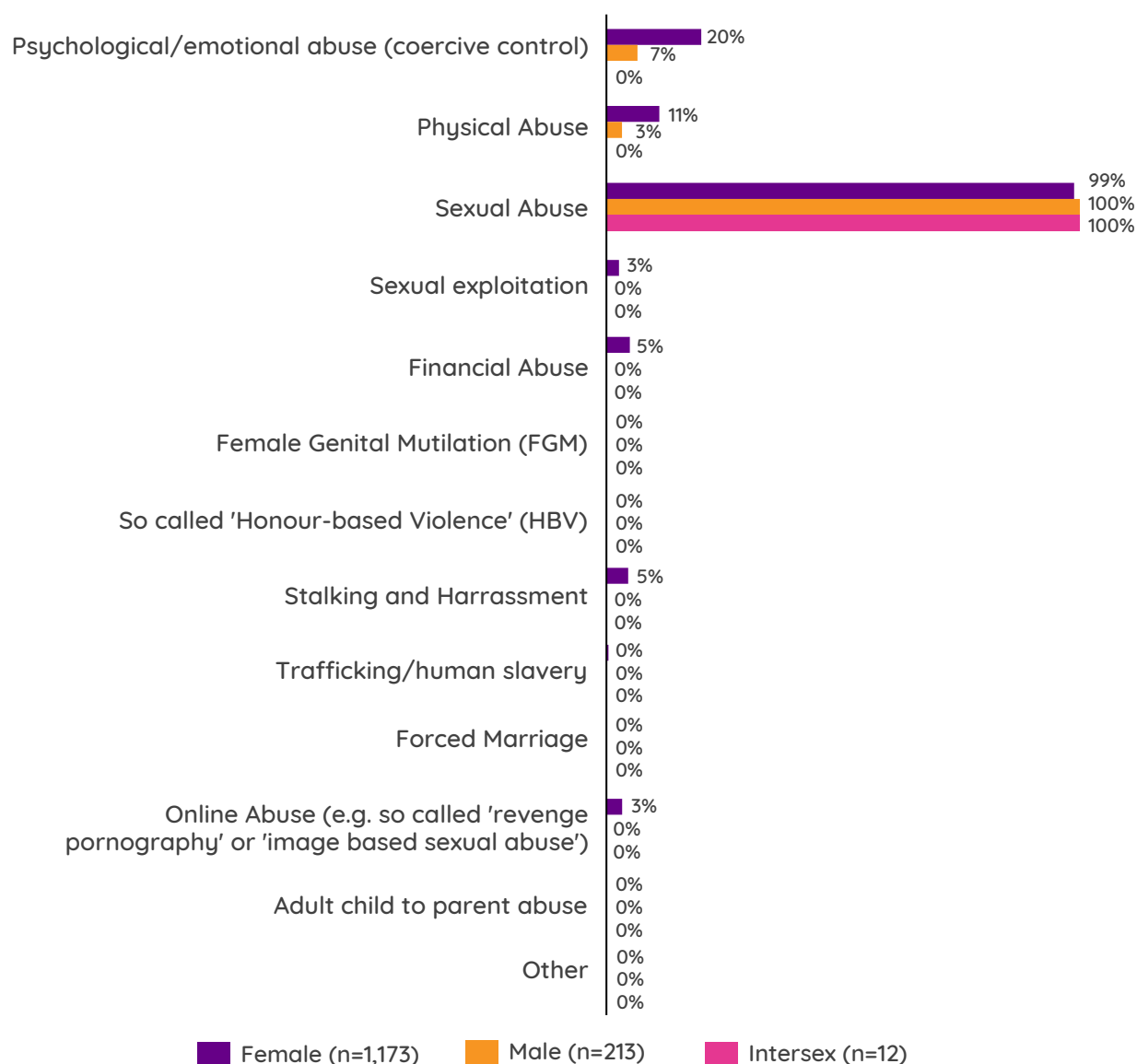
Figure 17:
Sex of the primary perpetrator



4.4: Types of abuse disclosed

The type of abuse experienced by survivors in this financial year was recorded for 99.5% (n = 1,406) of survivors who engaged with sexual violence-based support services this financial year (total n = 1,412). As in the last financial year, sexual abuse remained the most prevalent form of abuse disclosed by survivors (99%, n = 1,392), followed by psychological/emotional abuse (18%, n = 249), and then physical abuse (10%, n = 138).

Figure 18:
Types of abuse disclosed by survivors²³

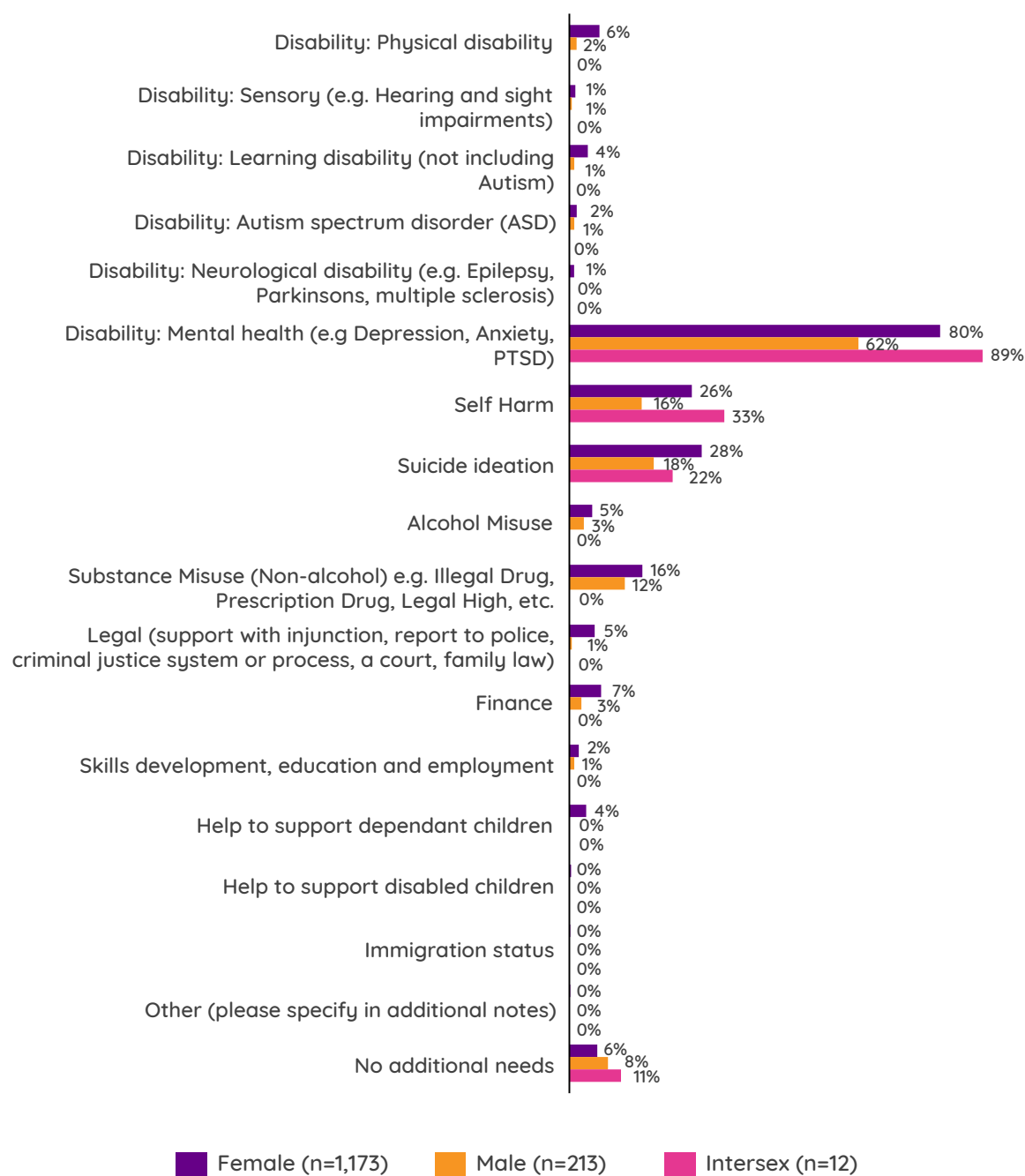


4.5: Support needs

Data pertaining to the additional support needs of survivors was recorded for 92% (n = 1,292) of all survivors who engaged with sexual violence-based support services this year (n = 1,412). Mental health support remained the most prevalent additional support need disclosed by survivors in this reporting period (77%, n = 999), followed by suicide ideation (27%, n = 345) and self-harm (25%, n = 318). In line with the findings from previous financial years, the proportion of survivors with additional support needs surrounding both suicide ideation and self-harm remained higher for those who were accessing sexual violence-based support services (27% and 25% respectively) than for survivors accessing refuge (10% and 12% respectively) and community-based support services (4% and 3% respectively).

²³ Discrepancy of 8 survivors due to survivors for whom sex was not recorded.

Figure 19:
Additional support needs of survivors²⁵



²⁵ Discrepancy of 8 survivors due to survivors for whom sex was not recorded.

Live Fear Free Helpline

Funded by the Welsh Government, the Live Fear Free Helpline was first established by Welsh Women's Aid (WWA) in 2004 as an all-Wales Domestic Abuse Helpline. The helpline is a free and confidential service which is accessible to all persons who have indirect or direct experience of domestic abuse, sexual violence, and/or violence against women. The helpline also supports concerned others, professionals, and agencies 24 hours a day, seven days a week.

5.1: Call volume

Between April 1st 2021 and March 31st 2022, the Live Fear Free Helpline received 35,491 contacts: 31,127 calls, 657 emails, 3,249 webchats and 458 texts. Overall, there was an 18% increase in the total number of contacts when compared to the previous financial year (total number of contacts = 30,063). There was a 40% increase in contacts directly from survivors, a 31% increase in contacts from concerned others, and a 41% increase in contacts received from professionals. Since 2020-21, the Live Fear Free Helpline has experienced:

- 16% increase in the number of calls
- 51% increase in the number of emails
- 34% increase in the number of webchats
- 18% increase in the number of text messages

Table 14:

Volume of contacts received by the LFF Helpline- a two-year comparison

	Annual totals (21-22)	Annual totals (20-21)	Difference (%)
Calls	31,127	26,817	16%
Emails	657	435	51%
Webchat	3,249	2,424	34%
Texts	458	387	18%
Total	35,491	30,063	18%

Last year, we reported an 84% increase in 'silent' modes of contact which coincided with the onset of COVID-19 lockdown restrictions. This pattern has continued throughout this year, with a further 34% increase in the number of contacts via email, webchat and text when compared to the previous year. Accordingly, although there was no change in the average length of a call this year (4.94 minutes), there was a 9% increase in the average length of a webchat, rising from 14.28 minutes last year to 15.66 minutes this year. Taken together, these show that the effects of COVID-19 on all forms of VAWDASV shows no sign of diminishing.

Table 15:
Volume of calls received by the Live Fear Free Helpline (April 2021-March 2022)

	2021-2022	2020-2021	Difference (%)
2021			
April	2,382	1,916	24%
May	2,490	2,055	21%
June	2,794	2,070	35%
July	2,912	2,534	15%
August	2,782	2,325	20%
September	2,630	2,555	3%
October	2,569	2,271	13%
November	2,357	1,903	24%
December	2,734	2,102	30%
2022			
January	2,434	2,313	5%
February	2,470	2,054	20%
March	2,573	2,719	-5%
Total	31,127	26,817	16%

5.2: Caller information

Where possible, the type of caller is recorded by the Live Fear Free Helpline. Due to the sensitive and confidential nature of the service, some callers may find it difficult to discuss their experiences and thus will end the call prior to reaching a Helpline Support Advocate. In other instances, the Helpline Support Advocates may be engaged with another call, or the lines may be disrupted by other types of calls such as testing calls from malicious and abusive callers. In 2021-22, the caller profile was recorded for 26,532 (85%) of all the calls received by the Helpline. Of these:

- 13,007 (49%) were from survivors directly experiencing abuse
- 1,176 (4%) were from concerned others
- 35 (<1%) were from perpetrators
- 10,953 (41%) were from other agencies
- 1,361 (5%) were not VAWDASV related

Table 16:

Type of unique callers- a two-year comparison

	Annual totals (21-22)	Annual totals (20-21)	Difference (%)
Survivors directly experiencing abuse	13,007	9,266	40%
Professionals contacting on behalf of survivors	10,953	7,748	41%
Calls from concerned others	1,176	899	31%
Calls from perpetrators	35	51	-31%
Not VAWDASV related	1,361	885	54%
Total	26,532	18,849	

This year, calls received by the Helpline from survivors directly experiencing abuse accounted for 49% (n = 13,007) of all recorded calls. This represents a 40% increase in the number of calls received from survivors when compared with the previous financial year (2020-21 n = 9,266). Where possible, the demographic data of survivors was recorded. The data collected revealed that 87% (n = 11,248) of survivors were female, 10% (n = 1,254) were male and the remaining 4% (n = 500) were categorised as unknown.

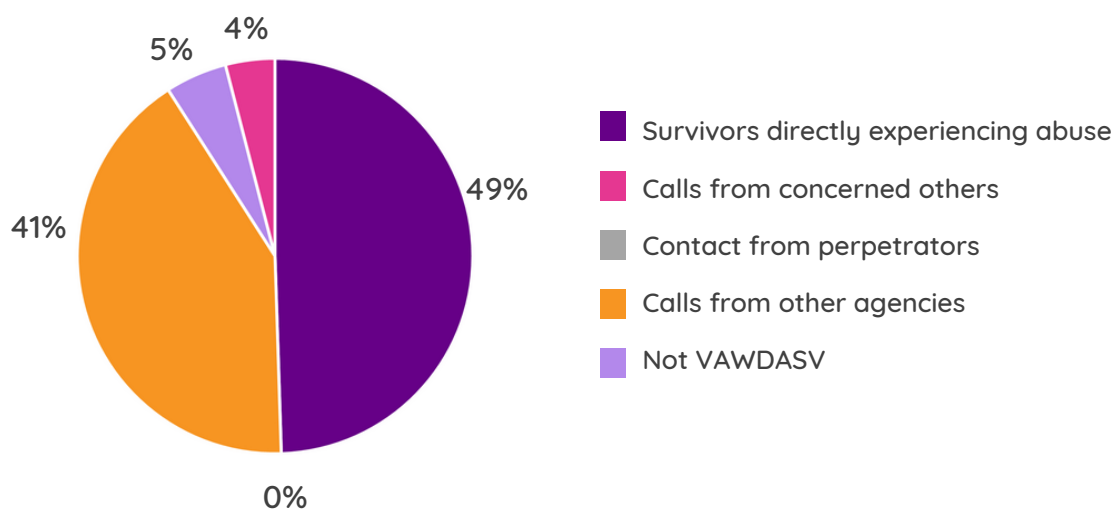
Representing a 31% increase from the previous financial year, the Helpline received 1,176 calls from concerned others. This accounted for 4% of all recorded calls

received by the Helpline in 2021-22.

The Helpline received 35 calls from perpetrators of abuse, which is a 31% decrease from the previous year. Where appropriate, perpetrators of abuse are referred to the Respect phoneline for perpetrators and provided with information about locally accredited community programmes.

Finally, there was a 41% increase in calls from professionals contacting on behalf of survivors (n = 10,953) when compared with the previous year (n = 7,748).

Figure 40:
Type of caller to the Helpline



5.3: Supporting children and young people

Between April 1st 2021 and March 31st 2021, 4,570 survivors who were experiencing abuse reported that they had children and, thus, it can be purported that the Helpline supported the parents of approximately 8,608 children²⁶ (see Table 6). Additionally, 34 children and young people (calls from people under the age of 18) called the Live Fear Free Helpline directly. This represents a 10% increase from the previous financial year (2020/21).

²⁶ denotes estimated data based on the average number of children per family in the UK (1.91) multiplied by the number of contacts for whom this information was unknown.

Table 6:
The number of adults and estimated number of children supported

	Adult survivors	% of adults	Number of children
1 child	1,662	36%	1,662
2 children	1,042	23%	2,084
3 children	458	10%	1,374
4 children	205	4%	820
5 children	71	2%	355
6 children	17	0%	102
7+ children	16	0%	112
Not known	1,099	24%	2,099*
Total	4,570		8,608

*Calculated at 1.91 children per adult.²⁷

5.4: Signposting and referrals to other agencies

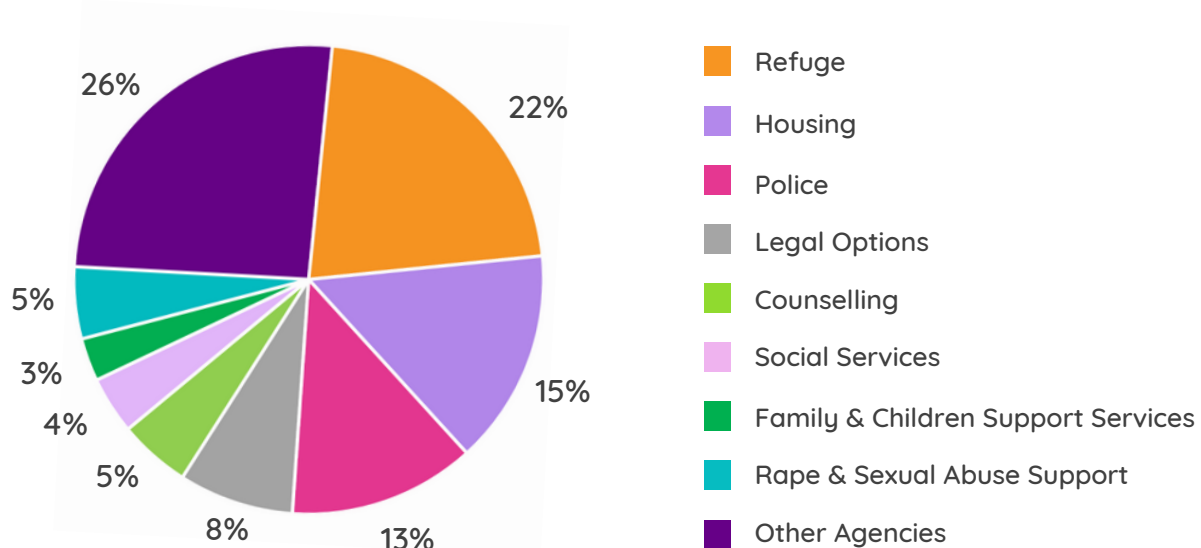
The Helpline directly referred or signposted 10,296 individuals, which is a 25% increase from the previous year (n = 8,209). This includes referrals made to other agencies for support for survivors relating to, for example, money related issues, child contact services, alcohol and substance misuse, male support services, victim and witness support, NHS, and self-harm support groups.

²⁷ ONS, Childbearing for women born in different years, England and Wales: 2015 (2016).

Table 7:
Number of referrals made to other agencies

Referrals made	No. of referrals	% of referrals
Emergency Refuge (Direct & Indirect)	2310	2,084
Emergency Housing	1569	1,374
Police	1315	820
Legal Options	773	355
Counselling	508	102
Social Services	405	112
Family & Children Support Services	287	2,099*
Rape & Sexual Abuse Support Services	466	
Other Agencies	2663	
Total	10296	

Figure 21:
Breakdown of referrals made by the Helpline



5.5: User feedback

When appropriate, Helpline Support Advocates will ask for feedback from service users. It should be noted however, that due to the ongoing COVID-19 pandemic this year, Helpline Support Advocates have been working mostly from home and thus retrieving feedback has become increasingly difficult. To encourage honest feedback, Helpline Support Advocates are not responsible for the collection of their own feedback. Whilst this process is successful whilst office-based, it is a process which has become more challenging whilst working from home. This financial year, there have been no complaints raised against the Helpline regarding the services received.

5.6: Survivor and concerned other feedback

203 service users provided feedback to the Helpline over the course of the year. The feedback revealed an improvement in several outcomes following contact with the Helpline:

- An average of 85% of survivors reported an improved sense of safety.
- An average of 84% of survivors reported an improvement to their emotional wellbeing.
- An average of 85% of survivors reported a reduction in violence, risk, and abuse.
- On average, 100% of survivors revealed that they have accessed information and advice which has enabled them to make informed choices as a result.
- On average, 100% of service users reported that they had been referred to the appropriate support services.

A random sample of the qualitative feedback received from survivors and concerned others this financial year have been presented below:




“Thank you for being kind to me. It means a lot.”

“Before chatting to the worker on the web chat earlier, I hadn’t realised that this could be domestic abuse. I’ve got the support information and numbers I need, but just wanted to talk things through again if that’s okay? The worker earlier was so helpful. I hadn’t realised these things weren’t my fault”

“I am so very grateful for your reply as it has set my mind straight that it is abuse and coercive control.”

“It’s normalised things... I wouldn’t have felt as ready for the counselling without this. You listen to me; you don’t listen out for a symptom.”

“You’ve given me some good pointers... This call has been far more helpful than I ever imagined.”




“When did you grow your angel wings?”- the caller said and thanked me for the information and said he was given a lot more help than he was expecting.”

“You’ve been very helpful and empathetic.’ ‘You’re in a very precious and special profession... for people to feel free to speak in confidence about things that are taboo..’ ‘I hope if anything happens to you, that you find someone to listen to you like you listened to me.’ ‘I’m so glad you were there and I love you for it.”

5.7: Other agency feedback

In addition to the feedback provided by survivors, the Live Fear Free Helpline also collects any feedback received from other agencies, a small selection of which have been provided below for demonstrative purposes.



“You’re all doing a fab job keeping people safe.”

“I highly recommend the Live Fear Free service to others. Each time I have called staff have been extremely pleasant and accommodating. The manner in which staff respond to your call is fantastic, always very friendly and helpful. Thank you for your support each time I have called, you are all amazing!”

“Thanks for update – as always appreciate your kind support of our clients, it’s great knowing clients able to call 24/7 knowing they will get to talk to some one lovely, just when they need to – Thank you.”

“Thank you for the work you do, you really support our service by helping our citizens who are fleeing domestic abuse.”

“Many many thanks for the below. I have a few irons in the fire now!”

Appendices

Appendix 1: Specialist services – service provision

	Organisation	Service	Refuge-based service				Community-based service				Dedicated Sexual Violence Service			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	Aberconwy Domestic Abuse Service	Aberconwy Domestic Abuse Service	YES	YES	YES	YES	YES	YES	YES	YES				
2	Atal Y Fro	Atal Y Fro	YES	YES	YES	YES	YES	YES	YES	YES				
3	Calan DVS	Calan DVS - Ammanford	YES	YES	YES	YES	YES	YES	YES	YES				
		Calan DVS - Bridgend												
		Calan DVS - Neath Port Talbot												
		Calan DVS- South Powys												
4	Cardiff Women's Aid	Cardiff Women's Aid	YES	YES	YES	NO	YES	YES	YES	NO				
5	Carmarthen Domestic Abuse Services	Carmarthen Domestic Abuse Services	YES	YES	YES	YES	YES	YES	YES	YES				
6	Ciwjd Allyn Housing Association (CAHA) Women's Aid	CAHA Women's Aid	YES	YES	NO	YES	YES	NO	NO	YES				
7	Cyfannol Women's Aid	Cyfannol Women's Aid (Monmouthshire)	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES
		Cyfannol Women's Aid (Torfaen)								YES				
		Cyfannol Women's Aid (Blaenau Gwent)								YES				
		Cyfannol Women's Aid (Newport)								NO				
8	DASU North Wales	Colwyn Bay Women's Aid	YES	YES	YES	NO	YES	YES	NO	NO				
		Flintshire Women's Aid												
		Denbigh Women's Aid												
		Rhyl Women's Aid												
		Wrexham Women's Aid												
9	Gorwel	Gorwel (Refuge)	YES	YES	YES	NO								
		Gorwel (Community)					NO	YES	YES	NO				
		Gorwel (Children Services)					YES	YES	YES	NO				
		Gorwel (IDVA)					YES	YES	YES	NO				
10	Montgomeryshire Family Crisis Centre	Montgomeryshire Family Crisis Centre	YES	YES	NO	YES	YES	YES	YES	NO	YES	YES	YES	YES
11	RASASC North Wales	RASASC North Wales												
12	Rhondda Cynon Taff Women's Aid	RCT Women's Aid	YES	YES	YES	YES	YES	YES	YES	NO				
13	Safer Merthyr	Safer Merthyr					YES	YES	YES	YES				
14	Safer Wales	Safer Wales												
15	Stepping Stones North Wales	Stepping Stones North Wales												
16	Swansea Women's Aid	Swansea Women's Aid	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES
17	Threshold DAS	Threshold DAS (Llanelli)	YES	YES	YES	YES								
18	Thrive Women's Aid	Thrive Women's Aid	YES	YES	NO	NO	YES	YES	YES	NO				
19	West Wales Women's Aid	West Wales Women's Aid	YES	YES	YES	YES	YES	YES	YES	YES				
			15	15	12	11	14.7	14	11.08	8.75	3	4	4	4

Appendix 2: Methodology

Welsh Women's Aid collects data to obtain a national and regional overview of the service provision and demand for support, and to support specialist services with their regional and organisational data collection. The data contributes towards the identification of trends and patterns which will inform policy and campaign work and thus will ultimately benefit both the federations and survivors. In the absence of a robust national picture, the impact of this work is reduced.

Each quarter, in line with their partnership agreement with WWA, member services complete the WWA data collection form which are then combined annually to provide an annual overview.

The WWA Data Collection Form (2020/21) 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.).
Protected Characteristics	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
'Total supported'	Total 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.

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

Welsh Women's Aid

Pendragon House, Caxton Place,
Pentwyn, Cardiff, CF23 8XE

02920 541 551

info@welshwomensaid.org.uk

www.welshwomensaid.org.uk

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