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<b>These are the views of:</b>	<i>Welsh Women's Aid (Third Sector) - the national charity in Wales working to end domestic abuse and all forms of violence against women.</i>

## **About Welsh Women's Aid**

Welsh Women's Aid is the umbrella organisation in Wales that supports and provides national representation for independent third sector violence against women, domestic abuse, and sexual violence (VAWDASV) specialist services in Wales. Our membership comprises of 20 specialist support services. These services deliver lifesaving and life-changing support and preventative work in response to violence against women, including domestic abuse and sexual violence against children and young people, men and boys, trans and non-binary people, as part of a network of UK provision. As an umbrella organisation, our primary purpose is to prevent domestic abuse, sexual violence, and all forms of violence against women and ensure high quality services for survivors that are needs-led, gender responsive and holistic. We collaborate nationally to integrate and improve community responses and practice in Wales. We also award the Wales National Quality Service Standards (NQSS), a national accreditation framework for domestic abuse specialist services in Wales (supported by the Welsh Government) as part of a UK suite of integrated accreditation systems and frameworks. (More information on the NQSS can be found [here](#)).

Amongst the Covid-19 pandemic, years of austerity and the cost-of-living crisis, the number of women and girls who are survivors of violence, domestic abuse and sexual violence is ever-growing. In the year 2022-23, the Live Fear Free helpline had over 29,000 incoming and outgoing calls, with refuge provisions having to turn away survivors due to the lack of bed space. As MP Jess Phillips highlighted in the House of Common, following International Women's Day 2023, 109 UK Women had been killed by men within a year<sup>1</sup>. All forms of violence against women, domestic abuse and sexual violence (VAWDASV) do not happen in silo, they are rooted in culture, narratives and attitudes of gender

<sup>1</sup> <https://hansard.parliament.uk/commons/2023-03-09/debates/0D1BC6BE-CBAC-4303-B1E6-1308EF5C7DF7/InternationalWomen%E2%80%99SDay> at 12:19pm.

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inequality and discrimination, which run throughout our society and institutions. VAWDASV violates women and children's human rights and leaves them with significant trauma, whilst they trying to navigate their communities and their lives. We believe that everyone must be able to live a life without fear and that it is everybody's responsibility to challenge the structures, practise, and norms which harbour gender inequality to eradicate VAWDASV. There needs to be a whole system approach on eliminating violence against women and girls (VAWG) to evidence any meaningful change.

### **Terms of reference**

We welcome the work of The Equality and Social Justice Committee, and their inquiry into how effective the implementation of a public health approach to preventing gender-based violence has been and what more could be done. On review of the terms of reference, we believe the terms could have had more scope to get a better picture of a public health approach in Wales. It should be made clear that gender-based violence encapsulates all forms of abuse and violence towards women and girls.

We believe that a vital first point has been omitted from the terms of reference which defines what a public health approach is and whether it is thought that Wales is currently talking a public health approach to preventing gender-based violence. It is essential to clearly define what is meant by a public health approach and what the key components are. This would allow the committee to gather the widest possible range of evidence, as some services or organisations may be meeting all the key components but may not use the public health approach term. It also facilitates discussion on whether existing frameworks, such as the National Training Framework, fit under this approach and whether they should be part of this approach. It is important to highlight whether Wales is adopting a public health approach before addressing what does or does not work.

The first term of reference only mentions primary and secondary prevention. We believe that it must include tertiary prevention and that this must be connected to the understanding of what does or does not work.

The second term of reference asks to consider the effectiveness of a public health approach. It is unclear how effectiveness is to be measured, and whether this data is being collected regularly. It is also not clear from what time period are we to measure effectiveness. Figures such as prosecution rates do not reflect a clear picture of tertiary prevention, alongside the number of survivors supported by specialist services each year. There is no mention of the national indicators<sup>2</sup>, and whether these are a form of evaluation of the effectiveness of a public health approach.

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<sup>2</sup> [https://www.gov.wales/sites/default/files/publications/2019-06/national-indicators-for-wales\\_0.pdf](https://www.gov.wales/sites/default/files/publications/2019-06/national-indicators-for-wales_0.pdf)





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The third term of reference focuses on the role of public sector and specialist services. However, we believe this is too narrow and that it should state the role of “different sectors/organisations” to get a wide range of contributions and to highlight a whole system public health approach. For example, those who work in the night-time economy industry or journalists, who reach into the homes of many, have a role in identifying, tackling and preventing some forms of VAWDASV. This is as pertinent as those working to prevent sexual harassment in the workplace or of the role of schools when it comes to portraying that abuse and violence is never acceptable and is preventable.

### **The current picture in Wales**

Currently in Wales, as highlighted in our Perfect Storm Report, front line specialist services are continuing to see high demands of survivors requiring their support and there is no sign of this demand falling<sup>3</sup>. During the pandemic, the United Nations highlighted the increase of data and reporting of violence against women and girls, and that it had particularly intensified when the world was plunged into lockdown, and everyone was told to remain at home. They coined this the Shadow Pandemic<sup>4</sup>, however the number of survivors is likely to be much higher due to the hidden number of survivors who do not feel able to disclose or flee. With the Covid-19 pandemic came further challenges and it highlighted the disproportionate impact on marginalised women<sup>5</sup>, and now the cost-of-living crisis further demonstrates the gendered nature of this impact. Women are more likely to have caring responsibilities, would be less likely to pick up more hours at work and poverty rates for women in Bangladeshi and Pakistani communities were significantly higher than their white counterparts<sup>6</sup>. Structural inequalities and discrimination based on sexuality, class, ethnicity, immigration status and health, can mean that some women and girls are more likely to be victims of abuse/violence, and due to these different intersectionality's will face further barriers when seeking support. It is essential that tackling these structural, institutional barriers and discrimination are addressed alongside the root causes of VAWDASV, to ensure that survivors feel confident that their different experiences will be understood.

The World Health Organisation has described a public health approach to violence preventing as “seeking to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim of a perpetrator of violence”<sup>7</sup>. A public health approach looks at society as a whole and recognises the significant consequences that VAWG

<sup>3</sup> <https://welshwomensaid.org.uk/wp-content/uploads/2022/11/Perfect-Storm-Report-ENG-compressed.pdf>, page 3.

<sup>4</sup> <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

<sup>5</sup> [https://www.futuregenerations.wales/wp-content/uploads/2021/11/FGCW\\_Equalities-Report\\_E-UPDATED.pdf](https://www.futuregenerations.wales/wp-content/uploads/2021/11/FGCW_Equalities-Report_E-UPDATED.pdf), page 2.

<sup>6</sup> <https://wbg.org.uk/wp-content/uploads/2022/03/The-gendered-impact-of-the-cost-of-living-crisis.pdf>, page 1.

<sup>7</sup> <https://www.who.int/groups/violence-prevention-alliance/approach>.

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has on health and wellbeing over a lifetime<sup>8</sup> and implements a 3-pronged approach to prevention; primary, second and tertiary. The focus on multi-agency and collaborative work is essential as it must be recognised that all institutions, organisations, individuals, and authorities have a role to play and will benefit from the elimination of gender-based violence and abuse.

In the Welsh Governments Violence against women, domestic abuse and sexual violence strategy 2022-2026<sup>9</sup>, they have highlighted a commitment to a public health approach, alongside other principles such as a whole society approach, survivor's voice and a comprehensive understanding of VAWDASV. They have also highlighted that prevention will lie at the core of the strategy, whilst having an ambition to make Wales 'the safest place to be a woman'<sup>10</sup>. We are pleased to see this level of commitment from Welsh Government, and we believe that resource must be available in order to deliver this ambition, as many specialist services remain on insecure funding streams and survivors such as those with no recourse to public funds or those who are deaf and disabled are unable to access safety or support. Unless adequate resource is provided, this ambition remains constrained.

The strategy mentions a review of national indicators, which are for the purpose of measuring progress and are essential in understanding the work that has been completed. There is no time frame provided for when these indicators will be reviewed in alignment of the whole system approach, so it is unclear how the impact can currently be measured. In the blueprint high level action plan to the strategy<sup>11</sup> published on the 31<sup>st</sup> of March 2023, Welsh Government have stated that they will be testing ways of implementing a whole system approach to prevention and that further updates and commitment will be provided late 2023. We do not believe a public health approach can be achieved unless specialist services and other services are provided with long-term sustainable funding and commissioning, to ensure a whole-system approach is viable. As highlighted in our Blueprint for the Prevention of Violence against Women, Domestic Abuse and Sexual Violence in Wales<sup>12</sup>, which was developed in collaboration with the Violence Prevention Unit, this lack of funding and resource means that investment has often been concentrated on tertiary prevention measures. Services should not have to consider whether they should cut support services to facilitate prevention work. There must be a shift - that all forms of prevention must not operate in isolation, and the recognition that primary prevention is an integral part of everyone's response in eradicating VAWDASV.

<sup>8</sup> <https://publichealthscotland.scot/media/17512/ending-violence-against-women-and-girls-a-public-health-approach.pdf>, page 3.

<sup>9</sup> <https://www.gov.wales/violence-against-women-domestic-abuse-and-sexual-violence-strategy-2022-2026-html>

<sup>10</sup> *ibid.*

<sup>11</sup> <https://www.gov.wales/violence-against-women-domestic-abuse-and-sexual-violence-blueprint-high-level-action-plan-html>

<sup>12</sup> <https://welshwomensaid.org.uk/wp-content/uploads/2023/04/A-Blueprint-for-the-Prevention-of-VAWDASV.pdf>, page 8.

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## Preventing violence against women and girls

The attitudes and beliefs of society which condone or normalise VAWDASV have a direct link to perpetration and survivors not feeling able to report abuse and seek help for fear of not being believed. Focus must not be on women and girls to keep themselves safe from harm, but a societal shift to prevention of the perpetration of abuse and violence in the first place.

Typically, preventing VAWDASV has focused on a risk-based approach<sup>13</sup>, and this can be demonstrated in a focus of risk reduction. This can be highlighted in the commissioning of services, as funders often specify the length of intervention, volume of cases and risk reduction outcomes. This method of commissioning has particularly impacted work with minoritised groups of women, as it is rare that support is only offered for just VAWG. Research by the Health and Social Care Committee has highlighted that those who have experienced trauma such as sexual violence or domestic abuse, are more likely to be at risk of experiencing mental health inequalities<sup>14</sup>. There are often many different intersecting factors in a survivor's life, such as immigration status, mental ill-health, and poverty. This emphasis on risk reduction does not allow for space to provide holistic support, and there must be more of an interest in long term change that is meaningful for women and girls and their needs<sup>15</sup>. As highlighted in the Costs of Freedoms Report, it was felt that many professionals underestimated the impact that living with abuse would have on women and children, and that they believed this would elevate once they were in a place of safety<sup>16</sup>. An evaluation of specialist services piloting a Change That Lasts approach highlighted that due to funders and performance indicators, they can be too focused on this and not focusing on the women as individuals<sup>17</sup>. There are concerns that focusing on short term risk reduction disregards any other long term intersectional needs women or children may have and that these would remain unmet. Abuse and violence, especially coercive control reduces a survivors' space for action<sup>18</sup>; this ultimately is what a survivor feels they can or cannot do and has to modify due to the perpetrator's behaviour. This may mean they are not able to see family or friends or that they only have few options for support. Survivors space for action, usually increases when they have left their relationship, however it would change little over the next two years<sup>19</sup>. This could be due to post-separation abuse, as many survivors continue to feel unsafe, due to their perpetrator finding ways to maintain control from afar<sup>20</sup>, even though the relationship has ended, and they may

<sup>13</sup> <https://safelives.org.uk/policy-evidence/about-risk-led-approach#:~:text=Our%20risk%2Dled%20approach%20is,to%20become%20safe%20and%20well.>

<sup>14</sup> <https://senedd.wales/media/1uchw5w1/cr-ld15568-e.pdf>, page 23.

<sup>15</sup> [https://www.tavinstitute.org/wp-content/uploads/2020/03/Safer-Pair-of-Hands-Report\\_Final-Published.pdf](https://www.tavinstitute.org/wp-content/uploads/2020/03/Safer-Pair-of-Hands-Report_Final-Published.pdf), page 9.

<sup>16</sup> [https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Costs\\_of\\_Freedom\\_Report\\_-\\_SWA.pdf](https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Costs_of_Freedom_Report_-_SWA.pdf), page 7.

<sup>17</sup> Jo Lovett & Liz Kelly (2023) Evaluation of Welsh Women's Aid Change That Lasts Project March 2023 (Unpublished manuscript).

<sup>18</sup> [https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Costs\\_of\\_Freedom\\_Report\\_-\\_SWA.pdf](https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Costs_of_Freedom_Report_-_SWA.pdf), page 4.

<sup>19</sup> *ibid* page 22.

<sup>20</sup> [https://www.solacewomensaid.org/sites/default/files/2018-05/Solace%20Womens%20Aid%20briefing\\_Coercive%20control\\_09.2014.pdf](https://www.solacewomensaid.org/sites/default/files/2018-05/Solace%20Womens%20Aid%20briefing_Coercive%20control_09.2014.pdf)

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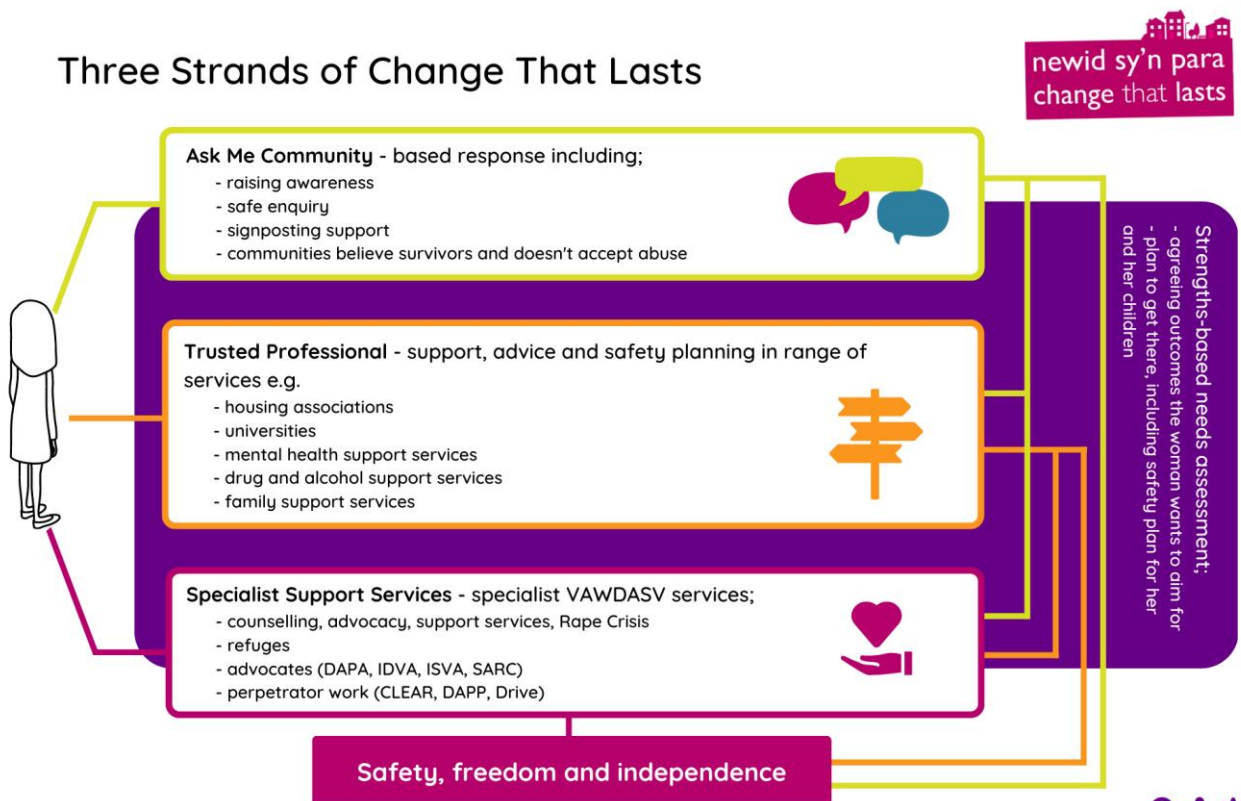
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now be residing in their own home. This can lead to survivors feeling unsettled, unsafe and to further traumatisation. Risk reduction and support to ensure empowerment of survivors must continue even if the relationship is ended and this further highlights that recovery from trauma is not linear and recovery happens at different stages and times for each survivor. Survivors from marginalised groups will face further barriers when accessing support, and its essential that the support provided does not just focus on risk but also focuses on long term recovery and expanding their space for action, so they are able to take charge of their lives.

**Change That Lasts – a whole system approach to ending violence against women**



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In our Still We Rise 5 Year Strategy 2019 to 2024<sup>21</sup>, we highlighted the foundation we created to prevent violence against women and girls; Change That Lasts. This was informed by research into the systems and interventions at the time, which were found to be having little long-term impact<sup>22</sup> and this was completed in partnership with Womens Aid Federation England. Change That Lasts<sup>23</sup>, places survivors at the centre as experts in their own experience and is a whole system approach to ending violence against women and girls. The approach ensures needs-led, strength-based and trauma-informed support and focuses on prevention, intervention, perpetrator accountability and long-term recovery, which goes beyond short-term crisis intervention. Survivors may be in contact with many different organisations and agencies throughout their lifetime, but they may not always be able to identify the signs of abuse/violence, so opportunities for early intervention and signposting are missed. Change That Lasts, is a three-pronged approach; Ask Me community, Trusted Professional and Specialist Support Services; which ensures that all levels of society are upskilled to ensure that survivors consistently receive the right support, at the right time.

Ask Me focuses on establishing and developing a community-based response. It is often members of the community who are the first to see the signs of violence and abuse or are confided in by the survivor, and it is essential there is a societal approach to calling out gender inequality, discrimination, and false narratives. In our I Trust Them report which looked at children and young people in Wales; we highlighted the importance that children and young people get the right support at the earliest opportunity, and that they often identify family and friends as primary sources of support<sup>24</sup>. It further highlighted that many communities often feel like they do not have the skills, knowledge of the confidence to reach out<sup>25</sup>. Children are already faced with a post-code lottery when accessing specialist services,<sup>26</sup> and it is essential that they can receive support as early as possible to prevent them experiencing any further trauma. It is vital that communities feel empowered to be able to identify signs of violence/abuse, call out gender inequality and signpost to specialist support services. A Whole system approach is an effective way to embed prevention, early intervention and community ambassadors are crucial to raising awareness and challenging VAWDASV.

When taking community-based approaches to prevention, whether this is Ask Me or another form of intervention, it is important that all communities are reached. A public health approach focuses on entire society, so its fundamental that different barriers to community engagement are considered. VAWDASV impacts all communities, however some communities may feel segregated from the wider

<sup>21</sup> <https://welshwomensaid.org.uk/wp-content/uploads/2021/11/WWA-2019-24-Strategy-ENG.pdf>

<sup>22</sup> Ibid.

<sup>23</sup> <https://welshwomensaid.org.uk/change-that-lasts/>

<sup>24</sup> <https://welshwomensaid.org.uk/wp-content/uploads/2021/11/I-Trust-Them-CYP-Resilience-Survey-Report-ENG.pdf>, page 6.

<sup>25</sup> Ibid, page 2.

<sup>26</sup> <https://welshwomensaid.org.uk/wp-content/uploads/2022/06/CYP-FOI-Report-ENG-WWA.pdf>, page 2.

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conversation and may feel that there are often presumptions made about them. For example, there is a wider view that female genital mutilation (FGM) is an Islamic practise, when it is a problem in all geographical locations irrespective of religious belief<sup>27</sup>. It is essential these false narratives are replaced with accurate information. Other communities may distrust services, have difficulty with language barriers or be in situations where VAWDASV terminology does not directly translate in their language of choice. Relationships must be built to ensure that all communities are able to participate in ending VAWDASV, and that they also feel able to access services if needed.

Trusted Professionals focuses on building existing skills and increasing the knowledge of those non-specialist professionals who are likely to encounter survivors or perpetrators in their role. Professionals gain the skills to work with survivors in a needs-led, strengths-based and trauma-informed way, but also increase their awareness of specialist support services. This enables them to build up a picture of the specialist services in their local area and be able to signpost to them effectively.

Specialist Support Services offer many different types of intervention based on the survivors needs, such as counselling, advocacy, refuge provision, IDVA support<sup>28</sup>. Specialist services ensure the survivor is at the centre, and that they are supported to build resilience through a needs-led, strengths-based and trauma-informed approach. Specialist perpetrator services also hold perpetrators to account. Respect and Welsh Women's Aid have developed Change That Lasts Early Awareness Raising (CLEAR) as an early response intervention for men who are concerned about their behaviour against women<sup>29</sup>. They can be referred by professionals or they can self-refer, and their partner would be supported via integrated specialist services<sup>30</sup>. In the second report for the evaluation of WWA's Change That Lasts project, there was a completion rate of 88% for those who had self-referred onto CLEAR, and staff reported that generally men were motivated to change their behaviour<sup>31</sup>. There is recognition within the Change That Lasts model that current specialist services need to be supported and further strengthened so they can manage and support additional referrals that may come from primary and secondary prevention<sup>32</sup>.

### **Other forms of intervention**

The National Training Framework (NTF) on violence against women, domestic abuse and sexual

<sup>27</sup> <https://www.spotlightinitiative.org/news/five-myths-about-female-genital-mutilation>

<sup>28</sup> <https://welshwomensaid.org.uk/change-that-lasts/>

<sup>29</sup> <https://www.respect.uk.net/pages/59-change-that-lasts>

<sup>30</sup> *ibid.*

<sup>31</sup> Jo Lovett & Liz Kelly (2023) Evaluation of Welsh Women's Aid Change That Lasts Project March 2023 (Unpublished manuscript).

<sup>32</sup> *ibid.*

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violence, offers “proportionate training to strengthen the response provides across Wales”<sup>33</sup>, which is a key mechanism in delivering The Violence against Women, Domestic Abuse, and Sexual Violence (Wales) Act 2015. It provides statutory requirements on training for those who work across public services and the specialist third sector. Group 2 Ask and Act is aimed at professionals who are in jobs where it is likely that they would be in contact with individuals experiencing all forms of violence and abuse<sup>34</sup>. One of the principles of Ask and Act is that missed opportunities to identify VAWDASV is a missed opportunity to prevent further abuse, risk and to save lives<sup>35</sup>. It is vital that survivors are given the right information, in the right way, when they disclose. Secondary prevention focuses on survivors being able to access specialist and appropriate support at the earliest opportunity, and the importance of those in public facing roles being able to identify signs of VAWDASV and being able to signpost both perpetrators and survivors. This training would allow them to identify the signs that someone is a survivor, and they would be able to talk to that person in an appropriate manner and would be able to signpost them correctly and efficiently. Welsh Women’s Aid are commissioned to provide this specific training, alongside Group 3 which gives individuals a further in depth understanding and an ability to be a ‘champion’ within their organisation. Group 2 are taught a basic view of VAWDASV and are also taught how to take effective notes to ensure they are needs-led, strengths-based, and trauma-informed and the impact of not doing so. Welsh Women’s Aid train specific individuals from organisations, who then cascade the training to their wider teams (with support of a third sector specialist), with regular drop-in sessions so the trainer can ask WWA for any further support. The intention of this training is to ensure that staff can identify signs and signpost effectively, to prevent harm from escalating further. An Ask and Act session conducted in March 2023 had staff from organisations such as the Fire service, social services, and the Welsh Ambulance Services NHS Trust. Cardiff and Vale University Health Board have highlighted how raising awareness within the emergency department, by rolling out training to nurses and medical teams, has seen referrals to appropriate services being improved. An independent evaluation of Ask and Act published in 2022 highlighted that confidence in ‘ask and acting’ was improved following training and there was an increased awareness, however there were some concerns with capacity to attend the course<sup>36</sup>. This further reiterates the need for multi-sector investment to ensure that sectors have the capacity to participate in training, which helps them develop their confidence and awareness in order prevent VAWDASV.

It is essential that everyone in society has a level of understanding of VAWDASV and its impact. The Welsh Government have implemented a Curriculum for Wales in 2022 which includes the

<sup>33</sup> <https://www.gov.wales/sites/default/files/publications/2019-08/national-training-framework-on-violence-against-women-domestic-abuse-and-sexual-violence-statutory-guidance.pdf>

<sup>34</sup> *ibid.*

<sup>35</sup> <https://www.gov.wales/sites/default/files/publications/2019-05/ask-and-act-10-principles.pdf>

<sup>36</sup> <https://www.gov.wales/sites/default/files/statistics-and-research/2022-01/evaluation-of-ask-and-act-executive-summary-051.pdf>

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implementation of the mandatory element on Relationships and Sexuality in schools<sup>37</sup>. This ensures that children and young people have age-appropriate learning on areas such as safe and fulfilling relationships, fair treatment and recognising the right to be free from harm<sup>38</sup>. This is a form of primary prevention, and it is essential that children and young people can call out gender-inequality and are able to identify what all forms of health relationships should look. We believe that this learning must continue after primary and secondary education. Primary prevention has also been carried out through bystander interventions being delivered to colleges and universities, which allows individuals to intervene in a pro-active manner to stop violence and abuse<sup>39</sup>. Welsh Women's Aid completed a pilot of The Bystander Initiative in 2018 and found that the response was overwhelmingly positive, with students stating that they had increased their knowledge on VAWDASV and had changed their attitudes based on the information they had received<sup>40</sup>. The data also shows that students were able to identify potential situations, knew how to intervene and had the improved confidence to do so<sup>41</sup>. Welsh Women's Aid continue to deliver bystander intervention to college and university students and are also reaching out to those who work in the night-time economy industry.

There must be discussion and learning of every form of gender-based violence against women and girls. Rape Crisis have highlighted that data for the year ending March 2022 highlight that more than 1 in 4 women have been raped or sexually assaulted as an adult<sup>42</sup> and half of secondary school pupils have experienced peer-on-peer sexual harassment<sup>43</sup>. Specialist services provide tertiary support to survivors, whether this is IDVA support, refuge provision or counselling. They also provide primary and secondary prevention through training which makes the community aware of signs of violence/abuse, correcting myths and sign posting. There also must be a commitment of the criminal justice system to do better in holding perpetrators to account and improving their response to survivors. At the end of September 2022, there were over 60,000 cases in crown court backlog, with rape and sexual offences backlog cases being a record high<sup>44</sup>. Whilst prevention of abuse/violence being perpetrated or reducing the harm is of great importance, the systems in place to support survivors must be needs-led, strengths-based and trauma informed. We do not believe the criminal justice system currently places survivors at the centre, and more must be done to ensure that survivors are not further traumatised or re-traumatised. To ensure all survivors can access justice and support, there must be a systematic change which shifts the focus from the symptom to a cause.

<sup>37</sup> <https://hwb.gov.wales/curriculum-for-wales/summary-of-legislation/#relationships-and-sexuality-education>

<sup>38</sup> <https://www.gov.wales/sites/default/files/publications/2022-01/curriculum-for-wales-relationships-sexuality-education-code.pdf>

<sup>39</sup> <https://welshwomensaid.org.uk/what-we-do/campaigning/covid-19-bystander-toolkit/>

<sup>40</sup> <https://welshwomensaid.org.uk/wp-content/uploads/2021/11/Bystander-Initiative-Report.pdf>, page 34.

<sup>41</sup> *ibid.*

<sup>42</sup> [https://rcew.fra1.cdn.digitaloceanspaces.com/media/documents/Stats\\_webpage\\_-\\_sources\\_further\\_info.pdf](https://rcew.fra1.cdn.digitaloceanspaces.com/media/documents/Stats_webpage_-_sources_further_info.pdf)

<sup>43</sup> <https://research.senedd.wales/research-articles/sexual-harassment-in-and-around-secondary-schools-we-don-t-tell-our-teachers/>

<sup>44</sup> [https://rcew.fra1.cdn.digitaloceanspaces.com/media/documents/RCEW\\_-\\_Breaking\\_Point\\_report\\_-\\_March\\_2023\\_E4uqKBL.pdf](https://rcew.fra1.cdn.digitaloceanspaces.com/media/documents/RCEW_-_Breaking_Point_report_-_March_2023_E4uqKBL.pdf), page 9.

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## Addressing the needs of different groups of women

There are many different barriers that marginalised groups of women and girls face when trying to access support, safety, and services. As mentioned previously, there are also barriers in the community when it comes to understanding VAWDASV and its impact. It is crucial that all survivors can access services that best suit their needs, such as 'by and for' organisations and that there is equity of support. Evidence shows that survivors from marginalised communities are less likely to approach the police even though they experience higher rates of gender-based violence<sup>45</sup>. Meaningful prevention and intervention cannot happen if there is a lack of commitment to build relationships with marginalised groups and to understand how abuse/violence impacts them. When it comes to community engagement it is crucial that awareness raising materials are provided in different languages, these should be provided on a needs-led, case by case basis as required by equalities legislation.. This extends to sign-posting information and any other forms of communication with any services or institutions. There must be an awareness of different barriers due to cultural norms, for example some survivors may have multiple perpetrators such a partner, extended family, or a wider community due to the perception of honour.

Additional barriers are faced by migrant women and children, who are not just navigating trauma but may have no awareness of the immigration rights and may be destitute<sup>46</sup>. Following a report and recommendations by the Equality and Social Justice Committee on Gender based violence: the needs of migrant women<sup>47</sup>, the Welsh Government accepted to establish a crisis fund that service providers can access to support migrant women<sup>48</sup>. Without adequately resourced provision for migrant survivors, they will not be able to get the support or the access to safety they require. A public health approach will not be achieved if groups of survivors are not able to access secondary or tertiary prevention.

Approximately 22 deaf women are at risk of abuse every day, however they continue to face significant barriers when accessing support<sup>49</sup>. As highlighted previously, there is often a lack of material available in BSL and there is often difficulty finding translation for terms related to violence and abuse. These communication barriers cause additional obstacles for survivors wanting to access help and support, making it more difficult for them to leave perpetrators and access safety<sup>50</sup>. There must be fully resourced translators for all services to ensure that they are available imminently, and a survivor is not left waiting due to the lack of translation provision in their chosen language. Latin

<sup>45</sup> <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/2023/04/Listen-to-us.pdf>, page 6.

<sup>46</sup> <https://www.bevanfoundation.org/wp-content/uploads/2022/02/VAWDASV-Strategy-Consultation-Response-FINAL-1.pdf>, page 6.

<sup>47</sup> <https://senedd.wales/media/zh5helfw/cr-ld15422-e.pdf>

<sup>48</sup> <https://www.gov.wales/report-gender-based-violence-and-needs-migrant-women-government-response-html>

<sup>49</sup> <https://www.faihandvawg.org/blog/domestic-abuse-and-barriers-for-deaf-survivors/>

<sup>50</sup> <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/2023/04/Listen-to-us.pdf>, page 2.

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American Women's Right Services have highlighted that services often rely on family members to translate, this alongside other evidence in the Listen to Us! report<sup>51</sup> highlights the systematic failures to ensure communication is needs-led, trauma-informed and strengths-based. The method of communication by services can further traumatise survivors and create further distrust. To implement a public health approach, it is fundamental that methods of communication do not create further obstacles or harm for survivors, and this must be implemented through a whole system approach to ensure continuity between all services. All forms of prevention can not be achieved if there is insufficient communication between the community, survivors, and all services.

It is essential that the needs of older and young women are met, and the different impact violence and abuse will have on these two distinct groups are acknowledged. Children are already experiencing a post code lottery of provision for specialist support, with some specialist services not having specific funding for children and young people's interventions. It is crucial that tertiary services for children and young people are sufficiently funded, to ensure that any increase of support required following the implementation of RSE or other primary intervention can be provided adequately. With older people, there must be a recognition of rurality regarding community engagement and accessibility of services<sup>52</sup>, alongside stigma and a lack of understanding of what VAWDASV means and looks like. There must also be a commitment to increase the recording of data<sup>53</sup> on older people's experience of abuse, to be able to use this to inform all prevention methods, as currently there is next to none. There also must be an awareness of women who are exploited by the sex industry, and child and adult sexual exploitation more generally. Awareness of vulnerabilities is essential when ensuring all services are suitable for those who use it, and it is essential all prevention interventions are aware of the transient lifestyle some women may lead and that the risk of exploitation can continue into adulthood. LGBT+ survivors are disproportionately affected by VAWDASV but are often under-represented in service provision and face barriers such as concern of transphobia, homophobia, biphobia, and the belief that they will not be taken seriously<sup>54</sup>.

The discussion of these different groups of women, is not exhaustive. To achieve a public health approach, we believe there must be a commitment to build and strengthen relationships with these marginalised groups, to fully understand the impact abuse/violence has on individuals, the wider community, and the need for 'by and for' services. All forms of prevention must be responsive to intersecting forms of oppression and to institutional barriers. There must be long-term funding and resource for all services to ensure a whole system approach on eradicating violence against women and girls can be achieved.

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<sup>51</sup> *ibid*, page 7.

<sup>52</sup> [https://olderpeople.wales/library/Support\\_Services\\_for\\_Older\\_People\\_Experiencing\\_Abuse\\_in\\_Wales.pdf](https://olderpeople.wales/library/Support_Services_for_Older_People_Experiencing_Abuse_in_Wales.pdf), page 13.

<sup>53</sup> *ibid*, page 11.

<sup>54</sup> <https://galop.org.uk/wp-content/uploads/2021/05/Barriers-Faced.pdf>.

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## The role of all sectors/organisations in Wales

Eradicating violence against women and girls is everyone's business, and all sectors/institutions have roles to play to achieve this through primary, secondary, and tertiary prevention. There must be a systematic approach in ensuring that gender-inequality and culture narratives are challenged, whilst acknowledging the commitment required to improve communities trust in institutions more widely. We believe that all sectors should have VAWDASV training to ensure that there is a wider understanding of the signs and impact it has; whether this is through bystander intervention, Ask and Act or Trusted Professionals. There must also be an awareness of specialist services in their proximity or the Live Fear Free helpline, so they are able to signpost accordingly. To achieve a public health approach, it is essential that there is a whole system approach in assuring the safety of survivors, and a wider acknowledgement that everyone will benefit from the eradication of violence against women and girls.

As mentioned previously, the current backlog of rape and sexual assault cases has a catastrophic impact on survivors. We believe that the criminal justice system must do better at holding perpetrators to account and must improve their response to survivors<sup>55</sup>. Although criminal justice is currently a reserved matter for Westminster, we believe that there should be reform of the family courts, domestic abuse courts and the CPS's commitment to prosecuting rape and sexual assault cases to ensure that survivors are not re-traumatised by the process<sup>56</sup>. Following the murder of Sarah Everard, 47% of women have less trust in the police, and 76% of all women believe the culture of policing must change for them to be able to successfully support survivors<sup>57</sup>. A survivor from our survivor network has highlighted that they believe the police need to make it easier to report abuse and that it is fundamental that they feel believed when they disclose. If survivors do not feel supported by the police, this does not allow them to get justice and the perpetrator is not held to account. We believe it is essential that police and criminal justice services have specific training to understand VAWDASV and the impact it has on survivors and communities more widely. They must work in a strengths-based, trauma-informed, and needs-led way to ensure that survivors are supported and are not further-traumatised.

There must be a commitment by all employers in all sectors to prevent sexual harassment in the workplace. In our No Grey Area Survey report we found that 4/5 women had experienced some form of workplace sexual harassment<sup>58</sup>. This signifies a high level of misogyny and sexism being tolerated within workplaces, and it is vital that all sectors have a zero-tolerance approach and can support staff

<sup>55</sup> <https://welshwomensaid.org.uk/wp-content/uploads/2021/11/Prevention-Blueprint-for-VAWDASV-Poster.pdf>

<sup>56</sup> *ibid.*

<sup>57</sup> <https://www.endviolenceagainstwomen.org.uk/almost-half-of-women-have-less-trust-in-police-following-sarah-everard-murder/>

<sup>58</sup> <https://welshwomensaid.org.uk/wp-content/uploads/2021/11/No-Grey-Area-Survey-Report.pdf>, page 1.

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who disclose. It is essential that employers have the skills to be able to provide trauma-informed and person-centred responses, whilst having policies and accountability mechanisms in place for those who perpetrator sexual harassment. A zero-tolerance approach to sexual harassment, will hold perpetrators to account and will demonstrate that sexual harassment is never tolerated. We believe that every workplace has a responsibility to keep its staff safe and to facilitate a culture absence of gender-inequality and discrimination<sup>59</sup>. Feedback from our survivor network has further highlighted the importance of this commitment being extended to sports groups and athletes. This has been further exemplified following examples of misogyny in the Wales Rugby Union. We also believe there must be an onus on night-time economy industries to tackle violence against women and girls and be able to signpost accordingly. This can be by ensuring that all staff have bystander training or relevant VAWDASV training to increase their confidence to be able to navigate a situation where an individual is in distress or discloses.

The roles of other organisations such as schools and health services, must ensure that those staff who are likely to meet survivors or perpetrators feel confident and able to keep a survivor safe and signpost. Following the implementation of RSE, it is essential that staff members can manage disclosures and are able to work closely with other organisations to ensure the child is supported. It is also essential that those in health services are able to identify the signs of abuse/violence and are able to continue the conversation with the survivor in a trauma-informed way. To achieve this, it is essential that VAWDASV training is provided and that there is capacity for this training to be completed.

## Conclusion

We welcome the enquiry by The Equality and Social Justice Committee which should, at its heart, identify what is working and what more needs to be done to ensure a whole system public health approach is reaching all groups of women and girls and that there is systemic change. A culture and society of gender-inequality and discrimination facilitates violence against women and girls and it is fundamental that there is a shift to ensure that everyone recognises that abuse/violence is preventable and never acceptable. We believe that there must be a whole system approach that ensures prevention of all forms, and that this is underpinned by having trauma-informed, strengths-based and needs-led support from all services/organisation. There must be sustainable commissioning of all services to ensure the capacity and resource to facilitate prevention, whilst a recognition that primary and secondary prevention is likely to cause an increase in specialist services demand. Everyone deserves equity of support, and therefore there must be a focus on relationship building to ensure marginalised groups feel heard and supported. The Welsh Government have stated

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<sup>59</sup> <https://www.tuc.org.uk/sites/default/files/2023-03/Sexual%20Harassment%20Toolkit%20-%20English%20%281%29.pdf>, page 6.





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that they will be reviewing the national indicators to ensure they align with a whole system approach and these indicators are essential in monitoring whether the approach is effective or not. We believe that everyone must be able to live a life without fear, so a whole system approach must be taken to ensure this.

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