Cymorth i Ferched Cymru
Welsh Women's Aid

STATE of the SYSTEM

A look into how our systems can play a greater role in supporting survivors and ending violence against women, domestic abuse and sexual violence.

Foreword

As Chief Executive, I am often reminded of the courage of victims and the dedication of the professionals who support them. Their experiences are at the heart of this report. It exposes the systematic barriers that have created an impossible situation for survivors, an inequality none of us should accept.

We also see how services working in silos, without the support of governmental mechanisms, risk missed opportunities and inconsistent responses. A whole-system approach, one that connects public services with specialist expertise, is essential if we are to create lasting change.

One of the strongest messages I take from this report is that training is not a box to tick. It is not a “nice to have.” It is essential. And it must be the beginning of the journey, not the end. Real understanding, consistent responses and safe, confident practice only happen when learning is embedded over time and supported by leadership, culture and systems that work together rather than apart.

In a challenging financial climate, prevention and early intervention are not only morally necessary, they are cost-effective. By joining up our efforts, investing in the right support, and recognising children as victims in their own right, we can build a future where survivors are never left without options.

My hope is that this report serves as both a mirror and a map: a clear reflection of where we are now and a guide toward achieving lasting change **together**.

Sara Kirkpatrick
CEO, Welsh Women’s Aid

Introduction

Welsh Women's Aid publish our annual report: 'State of the Sector'. This report highlights the challenges that organisations within the violence against women and girls, domestic abuse and sexual violence (VAWDASV) sector are facing. These specialist support services are at the forefront of ensuring that survivors do not face the epidemic alone. However, for many years now, systems surrounding our specialist services are placing systematic barriers to this support. Welsh Women's Aid, through a range of methods such as freedom on information requests, testimony and case studies, has been able to gather just some of the challenges that our systems are placing on services and the survivors they support.

Every year, we highlight a range of issues such as funding challenges, capacity and legislative impacts. We also know that if we are to end VAWDASV sustainably, all sectors must work together to take a Whole Systems Approach to support survivors and prevent future and ongoing harm. This year, we have taken the decision to look at the role the wider network of organisations and departments, outside of the sector, can play in this. These Trusted Professionals have just as much of a role to play as our specialist services.

Specialist services have been "on their knees" for too long as a result of failing statutory services and dwindling funds that leave survivors without the support that they need. VAWDASV does not come alone, and many survivors are left with emotional, mental and physical trauma. Due to funding that rarely increases with inflation, services find themselves struggling to properly and appropriately support survivors with increased needs, despite having a breadth of experienced and highly committed professionals. Survivors who haven't had their healthcare needs addressed, who have no secure housing to be able to go to and who do not feel safe enough to access the criminal justice system may continue to be subject to abuse and will struggle to recover. Similarly, children will be more likely to suffer negative life outcomes due to their experiences of trauma and a lack of timely, appropriate support.

When addressing VAWDASV, the response is quite often to direct victims to the criminal justice system. Unfortunately, the system is not set up to be able to support survivors and is therefore an option that survivors choose not to take or abandon the process for a wide variety of reasons. Whilst focusing only on the criminal justice system, we are acknowledging that we want to address VAWDASV solely after it occurs, rather than addressing the reasons that it occurs.

This **State of the System** report, whilst including aspects of the criminal justice system, focuses on how we can use a Whole Systems Approach to ensure that wherever a survivor goes, they get a response that is tailored to their needs. Whether arranging the correct benefits with the Department of Work and Pensions or speaking to their doctor about their concerns, every survivor should be able to work with a system that is set up to respond to a world where VAWDASV exists, is recognised as unacceptable and provides an effective route to recovery and safety.

Contents

A Healthcare Approach

The healthcare system has a unique opportunity to support survivors in safe spaces, often away from those around them who may be perpetrating harm. Hospitals, local surgeries and other facilities are able to signpost to support services and take appropriate action if the proper training and resources are in place. Research shows that when reaching for support, survivors are likely to contact health services, second only to the police.[1] Many organisations also report general practitioners as the first line of response.[2] This signifies the important role that the healthcare system can take in addressing VAWDASV.

The World Health Organisation stated that "violence against women is a global health problem of epidemic proportions".[3] The same report that designated VAWDASV as a public health issue, acknowledged that "health workers simply do not know how to respond". In 2023, the Welsh Government reaffirmed its commitment to providing healthcare staff with the tools to be able to respond to VAWDASV by naming the **Ask and Act** programme as a key priority.[4]

The **Ask and Act** programme enables public services to be able to properly identify and respond to VAWDASV through 'targeted enquiry', which recognises indicators of VAWDASV as a prompt for a professional to ask their client whether they have been affected by any of these issues. The programme aims to offer referrals and interventions for potential survivors based on risk and need. When awareness is increased, we can create a culture across the Welsh NHS and other public organisations where addressing and supporting survivors is simply part of the day job. This pro-active action can ensure that survivors who are vulnerable are supported at the earliest opportunity, rather than relying on disclosures at crisis point. Having the opportunity to make routine enquiries enables healthcare professionals to take advantage of opportunities presented to them through various appointments such as midwifery checks and paediatrics. Through programmes like IRISi Interventions[5] and Ask & Act, survivors can be referred and supported across Wales.

1 Violence against women, domestic abuse and sexual violence: national advisers annual plan 2024 to 2025 [HTML] | GOV.WALES
2 IRIS-National-Report-2020-2021.pdf
3 Violence against women: a 'global health problem of epidemic proportions'
4 Ask and Act training | GOV.WALES
5 IRIS in Wales: a success story, now sadly stalled - IRISi

NHS Wales has a particular opportunity to address such signs through inquiries around general health and wellbeing and working relationships that can be built up over regular appointments. Such examples enable practitioners to spot changes in behaviour or other signals that may prompt further enquiry where appropriate.

Take up on **Ask and Act** training is varied across NHS Wales:

- **Powys Teaching Health Board** 69.0% of healthcare staff.
- **Swansea Bay University Health Board** 13.45% of healthcare staff.
- **Hywel Dda University Health Board** 56.61% of all staff groups.
- **Cardiff and Vale University Health Board** 2.77% of all staff groups.
- **Cwm Taf Morgannwg University Health Board** 74.72% of all staff groups.
- **Betsi Cadwaladr University Health Board** unfortunately were not aware of Act & Act training being available.

The wide variety of responses shows that there is an inconsistent delivery of **Ask and Act** across Wales. We reached out to Cardiff and Vale University Health Board to talk about their challenges and why the uptake figure was so low but unfortunately, they have not responded to our enquiries. Similarly, we enquired with Betsi Cadwaladr University Health Board as to what VAWDASV training their staff did undertake, but are yet to receive a response.

> "[Ask & Act] will make me more aware in my operational role and more confident at acting. I will be better able to pass on this knowledge to my organisation."
>
> **Participant of Ask and Act Train the Trainer**

"Triage is a big part of my role and I often speak to DV survivors, so it will assist in being able to support them."

Participant of Ask and Act Training

Healthcare settings can be instrumental in signposting survivors to support. Many individuals find themselves in these buildings, whether through needing treatment themselves or supporting others. Signposting via posters in waiting rooms, stickers on the back of toilet doors and leaflets on counters can all support formal guidance from staff. It is also important that signposting is relevant to the local area, including both services based in Wales and within the community. The Live Fear Free Helpline is available specifically in Wales and can be best placed to provide advice tailored to the Welsh landscape. Opportunities for survivors to be able to use phones in a private space may also be useful for those that do not feel safe at

home or using their own mobile phone. Not only will this advertise sources of support, it will also signify that the provider understands VAWDASV as a pervasive issue and survivors may feel more comfortable to disclose as a result.

Additionally, practises where family members and friends are inappropriately used as translators need to end.[6] Using a relative or friend as an interpreter can mean that information is not properly communicated or selectively removed. Deaf women for example, are up to three times more likely to experience domestic abuse, with perpetrators often utilising language barriers as a tool for control.[7] It can also be difficult for the interpreter to discuss topics that are sensitive or inappropriate. It is vital that interpreters are provided for patients with the right expertise to be able to communicate properly with healthcare professionals and in a timely manner.

The Women's Health Plan[8] for Wales lists VAWDASV as priority 7 and rightly reminds us of the health consequences of this epidemic. But we believe the actions can go further. Education of healthcare staff needs to come from the specialist sector who are experienced and highly skilled. The specialist sector can provide tailored advice and guidance that is informed by working in partnership with healthcare professionals. Having this specialist training will go a long way in ensuring that identification happens at the earliest opportunity, that the response is supportive and non-judgemental and that survivors are signposted to the best form of support for their needs.

Survivors are also struggling to meet their own needs as a result of a failing health system. Unfortunately, in the financial year of 24-25, 51.8% of new refuge referrals were refused. This leaves survivors at risk of further harm without the safe refuge that emergency accommodation can provide.

Reasons of refuge refusal in the financial year of 24-25

- 15.5% due to survivor's needs regarding drug and alcohol use.
- 16.3% service unable to support survivor's mental health.
- 6.1% unable to meet accessibility needs due to disability.

Additional needs of survivors within refuge in the financial year of 24-25

- 53.8% of survivors required additional support in relation to mental health.
- 6.8% of survivors required additional support in relation to alcohol misuse, with 7.9% requiring support in relation to substance misuse.

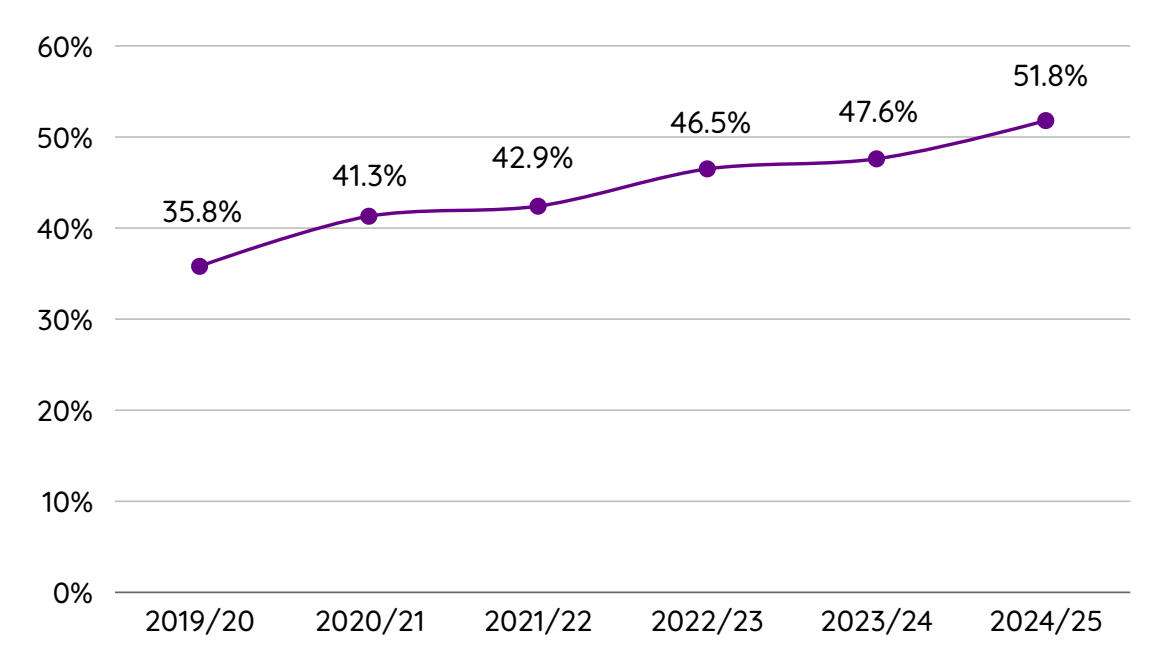
6 Can patients use family members as non-professional interpreters in consultations? | The BMJ
7 https://www.sps.ed.ac.uk/news-events/news/study-impact-domestic-abuse-deaf-survivors-families#:~:text=Deaf%20women%20at%20three%20times%20greater%20risk%20of%20domestic%20abuse&text=Professor%20Napier%20said%3A%20%E2%80%9CDeaf%20women,Sign%20Language%20(BSL)%20resources.
8 The Women's Health Plan for Wales - NHS Wales Performance and Improvement

- 43.4% of survivors within sexual violence services required additional support in relation to mental health.
- 10.3% of survivors within sexual violence services required additional support in relation to alcohol misuse, with 8.8% requiring support in relation to substance misuse.
- 100% of survivors within sexual exploitation services had additional needs related to mental health.
- 52.5% of survivors within sexual exploitation services required additional support in relation to alcohol misuse, with 82% had additional needs in relation to substance misuse.
- 26.2% of survivors within sexual exploitation services had support needs relating to a learning disability.

Percentage of survivors engaging with support services who identified as a disabled person in the financial year of 24-25

- Refuge: 43.9%
- Community services: 22.4%
- Sexual violence services: 46.1%
- Sexual exploitation services: 72.0%

Percentage of new refuge referrals that result in refusal



The Welsh Government substance misuse delivery plan finished in 2022. The plan aimed to achieve a waiting time of 20 working days between referral and treatment for substance misuse support. In the Substance Misuse Annual Report 2020-2021,[9] 7.9% of clients were left waiting four to twelve weeks, over the target of 20 working days. Only 15% of cases were closed because the client completed the treatment and was now substance free. VAWDASV is higher in women who misuse substances,[10] leaving survivors with unhealthy coping mechanisms vulnerable to coercion. These survivors often find themselves reaching for alternatives when a lack of support is available. Drugs and alcohol are often used as a tool by perpetrators to coercively control survivors.

If you are struggling with thoughts of suicide or self-harm, help is available to you. In an emergency, always dial 999.

111, option 2. The service includes a triage service, support, or signposting as appropriate, and can be used to manage a mental health crisis or as an alternative to attending emergency departments or calling the police.

C.A.L.L: 0800 132 737 / call@helpline.wales

Samaritans: 116 123 / jo@samaritans.org / online chat: https://www.samaritans.org/how-we-can-help/contact-samaritan/chat-online/

National Suicide Prevention Helpline UK: 0800 587 0800 / spuk.org.uk/national-suicide-prevention-helpline-uk/

Survivors of VAWDASV are more likely to experience poor mental health,[11] with depression, anxiety, and post-traumatic stress disorder being particularly prevalent.[12] This can have fatal outcomes, with 1 in 8 women attempting to take their lives as a result of experiencing domestic abuse.[13] 33% of women who are raped contemplate suicide and 13% make a suicide attempt.[14] Last year, the number of victims of domestic abuse who took their own lives in England and Wales surpassed the amount of people killed by their partner for the second year in a row.[15]

9 www.gov.wales/sites/default/files/publications/2022-05/treatment-data-substance-misuse-in-wales.pdf
10 https://pmc.ncbi.nlm.nih.gov/articles/PMC9393579/
11 https://www.mentalhealth.org.uk/explore-mental-health/statistics/domestic-violence
12 Howard, L.M., Trevillion, K., Khalifeh, H., Woodall, A., Agnew, Davies, R., & Feder, G. (2009). Domestic violence and severe psychiatric disorders: Prevalence and interventions. Psychological Medicine, 40(6), 881–89
13 https://hopeafterharm.org.uk/other-news/the-mental-health-impacts-of-sexual-violence-and-domestic-abuse/
14 https://prevent-suicide.org.uk/womens-suicide-prevention-hub/sexual-violence/#:~:text=Research%20carried%20out%20by%20University,a%20further%2013%25%20attempt%20suicide.
15 www.vkpp.org.uk/assets/Year-4-Report_publication.pdf

It is clear that mental health interventions can make a difference to survivors. It can mean healthier mechanisms of support are utilised and survivors can begin to address their challenges with the help of properly resourced healthcare professionals. Therapy and other forms of holistic support can enable survivors to work through their experiences. It is important that each survivor benefits from support that is tailored to them and their needs. It can also enable specialist services to be able to provide the nuanced help that is often needed during and after experiences of VAWDASV. When survivors are properly supported by the healthcare system, specialist services are then able to utilise their resources more appropriately and effectively. Specialist services are able to provide life-saving interventions when provided with a sufficient level of funding for roles such as IDVAs, ISVAs, floating support workers, refuge workers and other supportive roles.

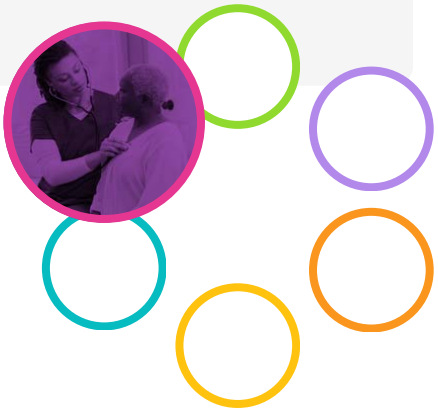
> "The links between mental health and VAWDASV are clear. It is critical that survivors have access to a range of services that are both VAWDASV and trauma-informed, at a time and place that is right for them. For many survivors, their mental health has been used as an excuse for, or tool of, the abuse perpetrated against them and we have to recognise that this may well have an impact on an individual's confidence in accessing services and respond accordingly by making services welcoming, transparent and flexible. Many people will have mental health needs at varying times in their lives and working alongside key partners in health, wellbeing and recovery to reduce stigma and increase the visibility and normalisation of accessing specialist services is critical to improving mental health outcomes across Wales and the UK."
>
> **Kate Perry-Jones**
> **Head of Membership Services and Engagement**

It is vital that survivors are provided with the healthcare support that they need to be able to address these challenges. An inclusive healthcare system that looks at the needs of the survivor will ensure that specialist services can properly support survivors. Due to the impact of what survivor experiences, an ability to tackle intersecting problems is essential, as without alcohol and drug support, specialist services such as refuges, sexual violences services will not be able to assist to the best of their ability. This is made incredibly clear by the high percentage of refusals to refuge that relate to survivor's support needs around drug and alcohol use (15.5% of all refuge refusals). This is especially pertinent when refuge refusals have risen drastically over the last 5 years, from 35.8% in 2019/20 to 51.8% in 2024/25.

Similarly, the continuing funding crisis in drug and alcohol dependency services resulting in the highest drug related deaths on record (5,565 deaths in 2024)[16] and mental health support services compounds the pressure on specialist VAWDASV services. The UK compares unfavourably with other countries with data suggesting that "by 2023, the UK female mortality rate [relating to drug poisoning deaths] was 14% higher than the median of peer countries.".[17] The link between alcohol and substance misuse (by perpetrators or survivors) and VAWDASV cannot be ignored, as nearly 50% of women who develop PTSD following exposure to VAWDASV also develop substance use disorders, whilst also being at a disadvantage in terms of accessing services. In 77 MARAC cases, 81% of them had substance misuse as a risk factor.[18] These dangerous coping mechanisms and the associated risks would be reduced if appropriate and timely support was available from healthcare services.

Recommendations:

- Ensure all Health Boards are up to date with Ask & Act Training and continually monitor its progress.
- Guarantee the availability of specialist, survivor-centred health support to all survivors.
- Proactively work with health boards to utilise public spaces to signpost and promote access to national and local support services.



16 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2024registrations
17 https://www.health.org.uk/reports-and-analysis/briefings/uk-mortality-trends-and-international-comparisons
18 Moir E, Gwyther S, Wilkins H, Boland G. Hidden GBV: Women and substance use. Front Psychiatry. 2022 Aug 8;13:939105. doi: 10.3389/fpsyt.2022.939105. PMID: 36003973; PMCID: PMC9393579.

A Housing Approach

Welsh Women's Aid have highlighted the vital role that housing has to play on many survivors' recovery. Access to safe and adequate housing is key to the resilience within refuge and wider domestic abuse services. Refuge accommodation has its role within the system to support survivors to safely escape an abusive environment but is currently being inappropriately used as long-term housing due to long waiting lists for move on housing. A refuge is a place of safety in crisis and not somewhere designed to be a long-term home. The latest report from Shelter Cymru found that more than 94,000 households are waiting for social housing.[19] The same report highlights concerns that at the "current delivery rates it would take over 35 years to provide every household on the waiting list with the home that they need". There is a very clear link between homelessness and domestic abuse. 32% of homeless women said that domestic abuse contributed to their homelessness.[20] The Welsh Government have acknowledged this and guide local authorities to be aware of the intersection of domestic abuse and housing.[21]

It is the unfortunate reality for many, that the home is not a safe place but in fact a place of danger, anxiety and misery. Survivors across Wales will be facing the choice of whether it is safer to stay at home or to risk leaving. It can be incredibly difficult and dangerous to leave abusive and violent situations even when housing options are available. The decision to leave is only the beginning. The ongoing housing crisis, which is being exacerbated by increasing cost-of-living, also remains a significant factor in leaving abusive relationships. For many survivors, a lack of access to money to afford housing and the lack of access to affordable housing mean that fleeing abuse is not an option, and this is compounded as many housing agents and landlords will not accept renters on housing benefit.

There are also survivors, not in co-habitation with their abuser, that require safe housing. Survivors of sexual exploitation can be particularly vulnerable to housing needs. Coercive situations are faced daily, with landlords asking for sex in exchange for rent. When survivor choice is limited, these exploitative scenarios become increasingly challenging in a climate where no alternative housing is available.

19 https://sheltercymru.org.uk/wp-content/uploads/2025/04/Waiting-For-a-Home.pdf
20 https://safelives.org.uk/resources-for-professionals/spotlights/spotlight-homelessness-and-domestic-abuse/
21 allocation-of-accommodation-and-homelessness-guidance-for-local-authorities.pdf

Housing options for survivors of sexual exploitation can be particularly limited. The All-Wales Operational Group on Sexually Exploited Women highlighted previously that "adults who are sexually exploited are coerced, forced or manipulated into engaging in sexual activities by a third party or out of necessity to finance basic needs".[22]

> "Housing insecurity is both a cause and consequence of adult sexual exploitation. Many survivors supported by specialist services across Wales have shared that exchanging sex for somewhere to sleep was a key factor in their initial exploitation. A trauma informed, holistic housing system that supports a wider understanding of risks is urgently needed to prevent survivors from being trapped in cycles of abuse and exploitation."
>
> **Coleen Jones**
> **Secretariat of the All-Wales Operational Group on Sexually Exploited Women**

In our last State of the Sector 2025 report, we noted that 88% of our member services feel that the housing crisis is impacting on the support available for survivors. In the financial year of 2022-2023, 117 survivors in Wales were in refuge for longer than six months, "largely due to a lack of move-on accommodation".[23] The Welsh Government's own VAWDASV strategy[24] highlights the link between homelessness and VAWDASV. However, the rates of new dwellings are slowly decreasing.[25] With a target of 20,000 new social houses by 2026 projected to be only achieved by 93%,[26] the Government is unlikely to scratch the service of housing waiting lists.

Additionally, many survivors wish to be housed away from their local area for a wide variety of reasons. However, local authorities apply a local test and support only those who are living locally or have a local connection. Despite guidance from the Welsh Government [27] and Shelter Cymru on the duty to house in circumstances of 'abuse',[28] survivors often find it difficult to access housing support from councils across Wales.

Survivors with No Recourse to Public Funds (NRPF) face particular barriers when it comes to accessing support for housing. NRPF is an immigration status placed on

22 https://business.senedd.wales/documents/s134575/RHA%2009%20-%20Welsh%20Womens%20Aid.pdf
23 State of the Sector 2024
24 Violence against women, domestic abuse and sexual violence: strategy 2022 to 2026 | GOV.WALES
25 New house building: April 2024 to March 2025 [HTML] | GOV.WALES
26 Inside Housing - News - Welsh government expected to achieve 93% of 20,000 homes target
27 Domestic abuse | GOV.WALES
28 https://sheltercymru.org.uk/housing-advice/homelessness/help-from-the-council/what-will-the-council-check/local-connections/

individuals subject to immigration control, meaning that access to most benefits is barred. This includes benefits like universal credit, disability living allowance and housing benefit.[29] Women with insecure immigration status, or whose immigration status is dependent on a spouse or employer are often at a heightened risk of violence and exploitation. They face a hostile environment by immigration checks happening in healthcare, maternity, education and housing settings; they are prevented from accessing protection and support due to their NRPF status and they face a real risk of being detained and deported rather than being assisted if they report abuse. This hostile environment is often exploited by abusers who control them and scare them into not seeking help. This cohort of women also face barriers to accessing protection, support and specialist services, because of a lack of funding within the sector, or through isolation, language and cultural barriers. The fear of deportation can also act as a barrier to women accessing other avenues for support.

Due to a lack of understanding among housing support officers around responsibilities provided for by the Social Services and Well-being (Wales) Act 2014, many survivors with NRPF are unable to acess the support they are entitled to. Despite common misunderstanding, there is significant scope to ensure that survivors with NRPF are provided safe accommodation and support. This leaves survivors limited in what support is available both financially and in relation to who you are able to go to for help.

Housing officers would benefit greatly from training in order to be able to feel empowered in supporting survivors of VAWDASV. The Welsh Government have included housing support within their National Training Framework on violence against women, domestic abuse and sexual violence. Survivors are highly likely to need the services of a housing support officer. This is evidenced with data from the LFF Helpline, where in the 2024-25 financial year, 3% of all incoming survivor contacts were requesting assistance with emergency housing (non-refuge based) and 2% were requesting non-emergency housing support. Training, such as the aforementioned Ask and Act training, included within the framework, could support housing support officers in targeted and routine enquiry which looks for opportunities to support a survivor without the survivor having to proactively raise the subject. Positive outcomes, as raised in the Ask and Act Frontline Practitioner report,[30] can mean that signs of potentially abusive situations are recognised.

29 For more information regarding which public funds are included, see here: Public funds - GOV.UK
30 ask-and-act-role-frontline-practitioner.pdf

Unfortunately, despite years of campaigning, the Renting Homes (Wales) Act 2016 continues to be a challenge within the VAWDASV sector. Despite numerous meetings with Welsh Government officials, Welsh Women's Aid has seen a lack of progress on addressing this matter. Due to the housing crisis, many survivors find themselves in specialist accommodation for longer than six months. This has resulted in many falling under the provisions of the Act. Whilst these provisions provide enhanced protections for renters and security of tenancy, it has a concerning effect on refuge accommodation. Refuge accommodation is never intended to be a 'home' and is there to support survivors in times of emergencies, its necessity being shown by 17% of survivors requesting signposting to refuge at the LFF Helpline, with an additional 3% needing direct refuge referrals made by the helpline itself. As there is a lack of long-term accommodation, known as "move on" accommodation which would provide survivors with an appropriate home, many are staying in refuge long after the emergency need for housing has subsided. There are circumstances in which a refuge provider needs to move a survivor to another location.[31] Having to manage new occupation contracts is placing an administrative and financial burden on specialist services providers who are trying to balance safeguarding needs. This leaves both survivors and staff in limbo whilst those legal issues are being resolved.

> "It isn't an exaggeration to say it is life-or-death… We've got a mother and some children who are at immediate risk of harm, and we are ushering them away in the middle of the night. You need to be able to do that and you need to be able to support the family through that, but instead the staff in already stretched refuges are on the phone all day trying to get extensions instead of actually providing the support."
>
> **Specialist refuge provider**

The Welsh Government have published two reports on the evaluation of the Renting Homes (Wales) Act 2014. The Phase 2 report[32] highlighted concerns from all refuges who participated in the review. The report highlights "All seven participants working within the refuge sector did not feel they were adequately consulted with during the planning stages of the Act and said that when they were engaged, their concerns were not taken seriously. They also questioned why B&Bs were granted an exemption, and refuges were not. They would still welcome this exemption.". Welsh Women's Aid readily awaits the final phase of the evaluation.

31 These reasons are discussed in detail in our briefing Welsh-Womens-Aid-Briefing-on-The-Renting-Homes-Wales-Act-2016.pdf
32 Renting Homes (Wales) Act Evaluation: Phase 2 report

Recommendations:

- An exemption for refuges to the Renting Homes (Wales) Act 2016.
- Removal of the ‘No Recourse to Public Funds’ status for survivors of VAWDASV.
- Address the Housing Crisis immediately to ensure survivors can move from emergency accommodation and into long-term housing.
- Provide Ask & Act training to all Housing Support officers.

An Economic Approach

The cost-of-living crisis is affecting survivors, specialist support services and third sector organisations who are set up to support those affected by VAWDASV. 61% of households in the UK are experiencing higher living costs [33] compared to 96.4% of survivors.[34] Rising employment costs, fuel bills and other fees are also meaning that refuge budgets are squeezed and services stretched.

Perpetrators are utilising the cost-of-living crisis to their advantage. Survivors are being told to put finances in the hands of someone else, having debt taken on without their consent and being forced to stay in dangerous situations for fear of future financial insecurity. When looking at tackling VAWDASV, we need to also acknowledge these financial and economic abusive consequences.

The Domestic Abuse Act 2021 recognises economic abuse as any behaviour that has a substantial and adverse effect on an individual's ability to: acquire, use or maintain money or other property (such as a mobile phone or car) or obtain goods (such as food and clothing) or services (such as utilities, like heating). The Act also acknowledges that economic abuse can also occur post-separation. Surviving Economic Abuse has found that 1 in 7 women in the UK have experienced economic abuse by a current or former partner.

There are mechanisms of government that perpetrators are taking advantage of in order to cause more harm. One of these systems is the Child Maintenance Service. Child Maintenance covers how a child's living costs will be paid when one of the parents does not live with the child. Either parent can open a Child Maintenance Service case when they have separated from the other parent or if they have never been in a relationship. The service is able to work out payments and arrange payments if a parent does not pay.[35] However, there are flaws within the system.

33 Public opinions and social trends, Great Britain - Office for National Statistics
34 Cost-of-Living-Crisis-Impact-on-Survivors-of-DA.docx.pdf
35 For more information on the CMS, please see our guide for survivors: Child Maintenance Service Guide for Survivors.pdf

> "Quite a few times, [the CMS] have asked me to do the investigation on my ex-husband. Now…he was an abusive husband, I should not have to be doing that".
>
> **Survivor testimony**

Welsh Women's Aid is pleased that the UK Government is looking at changing the way that Child Maintenance Payments are collected and transferred. However, we are concerned that there have been a number of missed opportunities to ensure that survivors of domestic abuse, sexual violence and economic abuse are better protected and considered.

Applications to the Child Maintenance Service have been increasing, but this comes at a cost to the survivor. While all survivors of domestic abuse should be able to use the Collect and Pay service, in reality they receive inconsistent information and face unclear eligibility criteria. Survivors who opt for Collect and Pay, a system designed to protect them from direct contact with their abuser, are charged 2% per parent. This means 4% overall is taken from money that is intended to support a child, equivalent to a tax on safety.

We have reached out to both the Department of Work and Pensions and the Secretary of State for Work and Pensions to discuss these matters and at the date of publication, are yet to have a response. We will continue to reach out to discuss these matters.

The way that benefits are delivered can also be amended to better support survivors. Couples who are living together are automatically placed on a joint claim. This can be problematic for survivors. Having a joint account enables perpetrators to be able to control finances and we know that only 17% of payments are made in women's names in cases of a joint account.[36] There is currently no information on how many split applications are made so it is impossible to assess whether the Department for Work and Pensions are supporting survivors appropriately. In order to fully account for VAWDASV, it would be beneficial to have claims automatically separated between couples. This would mean that survivors would not only have automatic financial control over their own funds but would also mean being able to avoid having to disclose abuse before they are ready.

Dealing with VAWDASV remains an immensely expensive endeavour for the survivors involved. Leaving a perpetrator, starting life again from scratch and making the necessary employment, childcare or other arrangements causes a

36 Universal Credit and domestic abuse - Work and Pensions Committee - House of Commons

reduction in funds survivors may simply not have available. The Home Office flexible fund[37] has gone some way to alleviate that, however funds to frontline services are limited. The fund is not delivered across multiple years, making it hard for providers to predict whether the fund will still be there in the future. Surviving Economic Abuse has recommended that this should count towards at least £2 million of funding.[38]

It is clear that there are many opportunities for the financial burden of VAWDASV to shift onto government institutions with the levers to be able to amend systems to better incorporate and support survivors.

Recommendations:

- Remove the fee for using Collect & Pay services for the Child Maintenance Service.
- Separate Universal Credit payments for all users, regardless of living arrangements.
- Ensure that all frontline DWP are made aware of specialist VAWDASV support and are able to signpost appropriately.

37 Flexible Fund - Women's Aid
38 Counting-the-Cost-report-Surviving-Economic-Abuse-July-2025.pdf

An Educational Approach

Without education, we can truly never end violence against women and girls. A focus on only supporting survivors after an incident has already occurred, naturally accepts that it will occur. We need to ensure that approaches to tackling VAWDASV are done with both prevention and survivor support in mind.

The UK Government has established that children and young people are victims in their own right. Yet the Children Affected by Domestic Abuse fund has been cut from the work that Welsh Women's Aid was doing to ensure that children and young people are supported and included when addressing VAWDASV. This important funding is coming to a complete end in March 2026 across England and Wales. It is important that any further funding acknowledges children and young people as victims in their own right, the government must support services financially, as well as in policy and legislation.

Funding for services working with children and young people are also likely to experience funding challenges. The Welsh Government have committed to focusing on prevention and early intervention, but many of our services find that unsustainable and short-term funding is meaning that they are more likely than ever to have to turn survivors away. This undermines the Welsh Government's aim and also has an impact on staff retention and recruitment. Sustainable and long-term funding must be prioritised if we are to properly engage with children and young people in Wales to meet their needs as survivors.

The impact of VAWDASV on children and young people must not be understated. Having such adverse experiences at a young age impacts survivors for their entire lives. It can also tie in to how they develop relationships. Among survivors who had experienced sexual abuse before the age of 18 years, 19.7% had experienced domestic abuse in the last year at the time of the survey, compared with 6.1% of those who did not experience sexual abuse as a child.[39] Survivors who have experienced VAWDWASV at a young age (including as babies) also have difficulty forming trust and creating secure attachments.

39 Abuse during childhood in England and Wales - Office for National Statistics

We know that young boys are particularly vulnerable to picking up problematic attitudes from external influences, as well as being survivors themselves. This could be at home, with their friends or on social media. It is important to support young people in developing healthy attitudes to one another and ensure that conversations are trauma informed. This concept developed a lot of attention after Netflix's Adolescence. However, the conversation was quite limited. The online space is fast becoming a place where perpetrators see their abuse legitimised, and young men and boys are becoming radicalised by problematic social media influences, algorithms and ideologies within the manosphere which normalise and promote misogyny and abuse.

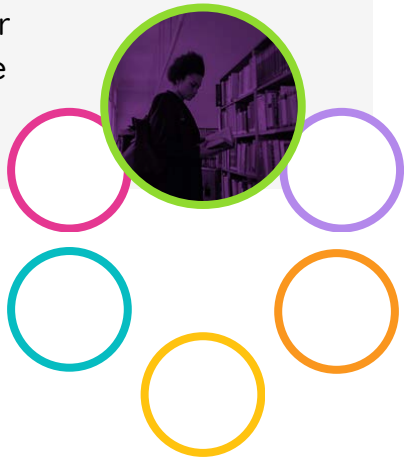
In 2022, the Welsh Government made Relationship and Sexuality Education (RSE) mandatory. This included topics around relationships and identity, sexual health and well-being and empowerment, safety and respect. Schools and other educational institutions must deliver these sessions in a trauma informed way and be aware that disclosures may occur and the appropriate safeguarding and signposting actions must be taken. However, it is difficult to tell how comprehensive this education is. There is also limited data, if any, on what efforts are made to ensure that children educated at home are receiving RSE. It is important that Estyn takes a role in supporting schools to provide consistent RSE across Wales.

For many, schools may also be a safe space away from home. All staff have a responsibility to safeguard and ensure that children and young people feel safe. It is important that staff have the time and the resources to be able to support this work. Up to date training must be provided on VAWDASV and the intersection with children and young people. As well as healthcare staff, teaching staff are also required to complete the Ask & Act training and are similarly prioritised in the National Training Framework by the Welsh Government. We must also ensure that all safeguarding is completed comprehensively, to ensure that systematic failures are avoided and opportunities for intervention.[40] It is vital to learn from the lessons provided by the Gwynedd Child Practise Review and ensure that cultures that allow abuse to continue are eradicated.

40 Gwynedd Child Practice Review – North Wales Safeguarding Board

Recommendations:

- Ensure all teaching staff are up to date with Ask & Act Training and have the time and resources to do so.
- Reestablish funding that has been lost through the removal of the Children Affected by Domestic Abuse Fund.
- Ensure that relationship and sex education is constituent for all children and young people across Wales, including those educated at home.



A Community Approach

A Wales where each and every survivor is able to turn to those around them for support is a Wales that truly understandsVAWDASV. With the Welsh Government's trailblazing legislation the Violence Against Women,Domestic Abuse and Sexual Violence (Wales) Act 2015, we have commitments within policy that look to ensure that VAWDASV is prioritised not only through the strategy itself, but also through the cross-governmental working via national partnership boards, compulsory training as mentioned earlier and a suite of other objectives which look to place Wales as "the safest place to be a woman".[41]

Survivors do not always choose traditional avenues to disclose their experiences. Trusted relationships can develop with their GP, their hairdresser, or even their colleagues. Welsh Women's Aid have been able to deliver our Ask Me project and built a fantastic community of empowered advocates. The Ask Me Project provides training and support for community allies to provide them with the tools to be able to support those experiencing VAWDASV. After the course, community members are free to spend as much or as little time on activism around this.

Having a community that truly understands VAWDASV and its impacts means building a Wales that is already aware of the barriers that survivors have to face. That community extends to the workplace. 21% of employed women take time off work because of domestic abuse and 2% lose their jobs as a direct result of abuse.[42] Four out of five women had experienced sexual harassment in the workplace itself. We have to expand our awareness of VAWDASV and remember that it does not just occur "behind closed doors". Many forms of VAWDASV and misogyny and have been allowed to fester within our workplaces, public spaces and social networks.

There are many places that a survivor may go to for help or support that aren't necessarily the police. This could vary from staff at the job centre, an MPs or MSs office or their trade union. Trade unions in particular, can have an important role to play in tackling VAWDASV. They are often confidential spaces and trade union representatives can play a key role in addressing sexual harassment in the workplace. TUC Cymru have developed, in partnership with Welsh Women's Aid, their Sexual Harassment Toolkit[43] and a number of resources and assets that

41 Violence against women, domestic abuse and sexual violence: strategy 2022 to 2026 [HTML] | GOV.WALES
42 Domestic Abuse and Its Impact in the Workplace
43 Sexual Harassment in the workplace | TUC

signpost and support those experiencing sexual harassment in the workplace. Trade unions must ensure that all representatives are empowered to tackle this issue and do not solely rely on champions. Those that do want to increase their knowledge however can benefit from courses such our Trusted Professionals Training which looks at upskilling individuals to better recognise and understand VAWDASV and empower them to respond within professional environment.[44]

Many campaigns work on providing safe spaces and subtle avenues for survivors to seek support, like the "Good Night Out" campaign. Campaigns like Good Night Out allow customers to be able to ask for support from bar staff without having to take time explaining the issue or alert any potential third party. Campaigns like this do enable concerned individuals to come forward and train professionals from the night time economy on how to respond, but it is also reliant on the person feeling unsafe to come forward.

Other methods of supporting survivors in public spaces, such as Bystander Intervention Training, empowers communities to intervene proactively to stop violence and abuse. The programme is based on social norms theory and is intended to help individuals identify problematic situations, assume responsibility and intervene safely. The Bystander Intervention workshop aims to teach students how to recognise domestic abuse, sexual violence and sexual harassment. It encourages students to challenge inappropriate behaviour safely and gives practical strategies to do this.[45] Those that have been on Bystander Intervention Training show an improved likelihood to intervene and positive changes in attitudes towards sexual violence and domestic abuse.

> "It made it feel like it wasn't something massive that you needed to do. It wasn't like they were inventing the wheel or that they were doing something that would completely change the course of their evening, it was something very small, very insignificant in their night, and just by say those few words could possibly change someone's life completely if anything did escalate."
>
> **Bystander Intervention training feedback** [46]

Sporting clubs and other leisure venues have a particular role to play in tackling VAWDASV around children and young people. In these spaces, there is the opportunity for youth workers to build positive working relationships with children and young people. However, legislation in Wales is lacking around safeguarding

44 Trusted Professional : Welsh Women's Aid
45 Learn more about this and other training available from Welsh Women's Aid via our brochure found here: WWA Training Brochure 2024-25
46 Bystander-Initiative-Report.pdf

within non-affiliated sports clubs and faith groups.[47] These facilities provide an opportunity to address safeguarding needs in a space where a young survivor may feel safe enough to disclose. The Children's Commissioner for Wales highlighted in their manifesto[48] the need for urgent steps to fill this gap in legislation to ensure that all spaces are safe for children and young people.

Welsh Women's Aid is proud of our campaign on engaging with the deaf community and raising awareness of their experiences of VAWDAV. We offer training to specialist services to enable them to have improved knowledge around supporting and responding to deaf survivors. 22 deaf women are at risk of domestic abuse every day and 27.5% of deaf adults reported they were emotionally abused during their lifetime.[49] It is important to ensure that services have enough funding and resources to be able to support deaf survivors appropriately. The British Sign Language (Wales) Bill looks to embed British Sign Language in Wales and ensure that proper access is provided for deaf people. However, this will only apply to governmental sectors. Proper language support services should be readily available across Wales so empower survivors to be able to tell their own stories and disclose VAWDASV in a safe environment.

"The Deaf community needs a strong understanding of the different types of domestic abuse and how to signpost survivors to appropriate support. It is essential that Deaf survivors have the same access to communication and understanding as hearing survivors. In the past, there have been cases where BSL users were provided with family members instead of qualified BSL interpreters during meetings or interviews, which is inappropriate and unsafe, though training and engagement have helped improve this issue. To support BSL users, the Live Fear Free Helpline offers accessible communication options including Convo VRS, text, webchat, and email. Despite this progress, there is still a significant amount of work to be done across Wales to ensure equal access to interpreters, lip speakers, and other communication support for BSL users."

Kate Evans
Deaf Community Officer

VAWDASV permeates through all walks of life, but those who are marginalised face particular challenges and vulnerabilities especially when accessing support. 61% of LGBT+ survivors did not seek support from services following a particular instance of abuse by a family member of partner/ex-partner.[50] The report from Galop

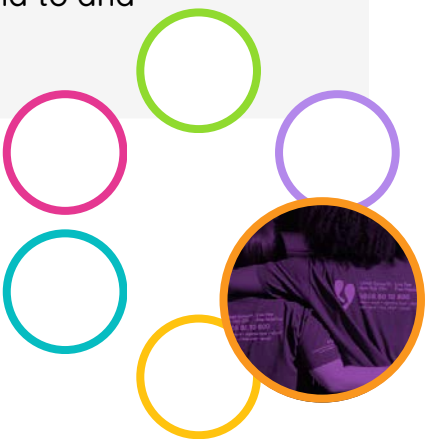
47 G.2: Current framework for oversight | IICSA Independent Inquiry into Child Sexual Abuse
48 Our Manifesto for Children and Young People: The commitments we want political parties standing in the 2026 Senedd elections to make for children and young people - Children's Commissioner for Wales
49 Domestic Abuse Information and Service Details - SignHealth
50 "An isolated place": LGBT+ domestic abuse survivors' access to support | Galop

noted that “most LGBT+ survivors dealt with their experiences alone, and many did not know support was available for them”.

This is an experience unfortunately shared by migrant women, who are less likely to access support in hostile policy environments.[51] When migrant women do access support, there is a concerning lack of understanding of the issues that they face.[52] Marginalised communities are facing increased racism, insecurity and intersecting barriers that make accessing support disproportionately difficult. An estimated 32,000 survivors in England and Wales chose not to come forward for support but were prevented from doing so as a result of their NRPF status.[53] Perpetrators have been known to use an insecure migration status to coercively control and discourage survivors from getting the support that they need.

Recommendations:

- Increase the amount of BSL translators available across Wales.
- Provide support for all survivors, regardless of migration status.
- Resource by and for organisations in order to better respond to and support marginalised communities.



51 FINAL-living-in-a-hostile-environment-for-Web-and-sharing-.pdf
52 Understanding-Forced-Marriage_English-Welsh-October-2023.pdf
53 Migrant survivors | Domestic Abuse Commissioner

A Technological Approach

The Online Safety Act 2023 provided a great opportunity to make online spaces safer for survivors. The Act set out new protections for both adults and children using online services such as social media and search engines. Provisions were also applicable to dating services and instant messaging. A series of new criminal offences were established including cyberflashing, threatening communication and intimate image abuse. However, the law has been flawed and is already behind in terms of new technology-facilitated gender-based violence. Deepfakes were omitted from the act and the UK Government is now out of pace with newer forms of generative AI that has become increasingly realistic. Covert and hidden cameras known as “spy cameras” are readily available online with the availability to stream to a wide audience.

Since the implementation of the United Kingdom’s Online Safety Act 2023, we have already seen the challenges when it comes to the practicality of legislating for the online space. The legislation requires pornographic content providers to utilise “highly effective age assurance measures”. OFCOM, the organisation set to regulate these providers, published an open letter in November 2024 reminding generative AI platforms of their obligations under the act. We have also seen in the past these “highly effective” age assurance measures have been bypassed by game character avatars. Many pornographic content sites simply use AI for age estimation with no legal ID required. It is also well known that users can also bypass UK age verification triggers by utilising virtual private networks that trick public networks into thinking the user is accessing the internet from a country other than their own.

Policy makers and the legislature need to stop leaving safeguarding and moderation to those that control it. Survivors of non-consensual intimate image abuse, deep fakes and impersonation cannot wait for those who control these platforms to properly get to grip with real safeguards that actually work. Plans have been included within the Crime and Policing Bill, but women across the world are suffering the consequences of deepfakes. Legislators must learn from the Online Safety Act and allow provision for new technologies, whilst providing for regulation, external monitoring and enforcement.

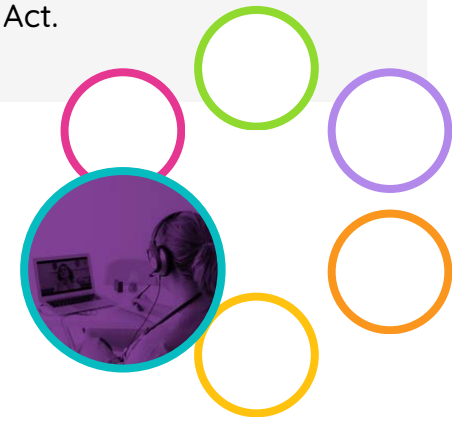
"Law makers are already behind on technology-facilitated gender-based violence. If we don't get on top of this issue now, we will leave all survivors vulnerable in an online space that is quite often 'othered' from the 'real' world. Technology-facilitated gender-based violence has just as much of an impact on lives as other forms of VAWDASV. We would not allow unsafe cars to continue to be on our roads – we must not allow unsafe programmes to continue to plague lives across the globe".

Stephanie Grimshaw
Head of Public Affairs and Communications

Social media can be a great space to create communities and enjoy interests with others. They can also be learning tools and provide access to support for survivors. Welsh Women's Aid's social media pages provide resources, information and amplifies voices across the sector. However, social media can also provide avenues for digital stalking, harassment and other forms of coercive control. Users must be given the tools to be able to tailor their own experience on social media. By the time harm has been caused by technology, it is already too late. Implementing legislation to manage software once published is vitally needed, but best practise would be designing apps and programmes that are already safe. Privacy for users needs to be the default option and part of the inherent design of the app.

Recommendations:

- Amend the Online Safety Act immediately to include 'nudification' software.
- Ensure that OFCOM are delivering fines to any and all companies that contravene the protections laid out in the Online Safety Act.



Conclusion:
A Whole Systems Approach

The criminal justice system is seen as the natural answer to violence against women, domestic abuse and sexual violence (VAWDASV). However, whilst accountability is necessary, relying on the criminal justice system alone means allowing VAWDASV to occur. This answer is also limiting. This narrow framing leaves behind approaches that can make a real difference. Approaches across the whole system that meets survivors where they are, rather than fitting them into a broken jigsaw puzzle with missing pieces.

If we consider survivors in every aspect of their lives and not simply their experiences of VAWDASV, we can sustainably and comprehensively create a Wales that eradicates barriers instead of creating them. When all systems are aware of their place in the fight against the epidemic facing survivors, specialist services can focus on the work that truly helps a survivor to begin to feel safe and secure.

Our member services are struggling to navigate support in the midst of a housing crisis, health crisis, cost-of-living crisis and a funding crisis. State departments and organisations need to ensure that they are doing their part. Experiences of violence against women and girls often intersect with homelessness, poor health and insecurity. When specialist services experience pressures as a result of systematic failures, it undermines the stability that survivors are relying on.

Without a coordinated approach where VAWDASV is everyone's problem, survivors will not see an end to their suffering. Where systems operate in silo, survivors are forced to navigate complex and retraumatising pathways. When systems work together and adapt to experiences of VAWDASV, responses can be supportive instead of obstructive.

If we do not address systematic issues, survivors will be the ones to suffer further. Survivors are left to navigate these systems, often alone and without understanding from the relevant government mechanisms. Change cannot be left to specialist services but be within the reach of all of us. Specialist services have told us time and time again that poor policy and legislative reform that does not consider the work that they provide has a detrimental impact on survivors. If we centre survivor and specialist service need in policy design and service delivery, Wales can see itself at the forefront of a whole systems approach that sets the standard.

Acknowledgements

Welsh Women's Aid would like to thank all of the survivors, specialist services and staff who have contributed to this report. Without all of you, we would not be able to even begin to tackle this huge undertaking.

We are grateful to all of the survivors that we work with day in and day out, your voices are central to this work and continue to shape our understanding of what is needed to create lasting and meaningful change.

We would like to extend our gratitude to our member services for their continued commitment, passion and advocacy, often in the face of significant pressures and limited resources. Your dedication ensures that survivors do not face this alone.

Finally, we would like to acknowledge all those working in the public sector who strive to understand and adapt to violence against women and girls, domestic abuse and sexual violence. It is only through a shared responsibility and collaboration that progress can be made.

For any queries on this report, please contact press@welshwomensaid.org.uk.

State of the System Factsheets

Welsh Women's Aid have provided a factsheet that includes all of the data set out in the State of the System report. For any queries, please contact press@welshwomensaid.org.uk.

Ask and Act training

Take up on Ask and Act training across NHS Wales:

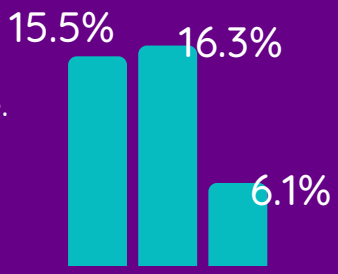
- Powys Teaching Health Board 69.0% of healthcare staff.
- Swansea Bay University Health Board 13.45% of healthcare staff.
- Hywel Dda University Health Board 56.61% of all staff groups.
- Cardiff and Vale University Health Board 2.77% of all staff groups.
- Cwm Taf Morgannwg University Health Board 74.72% of all staff groups.
- Betsi Cadwaladr University Health Board Unfortunately were not aware of Act & Act training being available and therefore had 0% of staff trained.

Additional support needs and refuge refusals

- Deaf women are up to 3 times more likely to experience domestic abuse.
- 22 deaf women are at risk of domestic abuse every day and 27.5% of deaf adults reported they were emotionally abused during their lifetime.
- 61% of LGBT+ survivors did not seek support from services following a particular instance of abuse by a family member of partner/ex-partner.
- Among survivors who had experienced sexual abuse before the age of 18 years, 19.7% had experienced domestic abuse in the last year, compared with 6.1% of those who did not experience sexual abuse as a child.
- In the financial year of 24-25, 51.8% of new refuge referrals were refused.

Reasons of refuge refusal in the financial year of 24-25

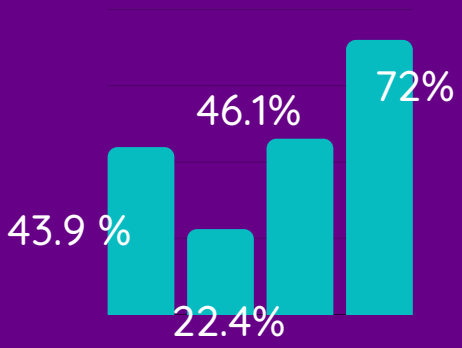
- 15.5% due to survivor's needs regarding drug and alcohol use.
- 16.3% service unable to support survivor's mental health.
- 6.1% unable to meet accessibility needs due to disability.



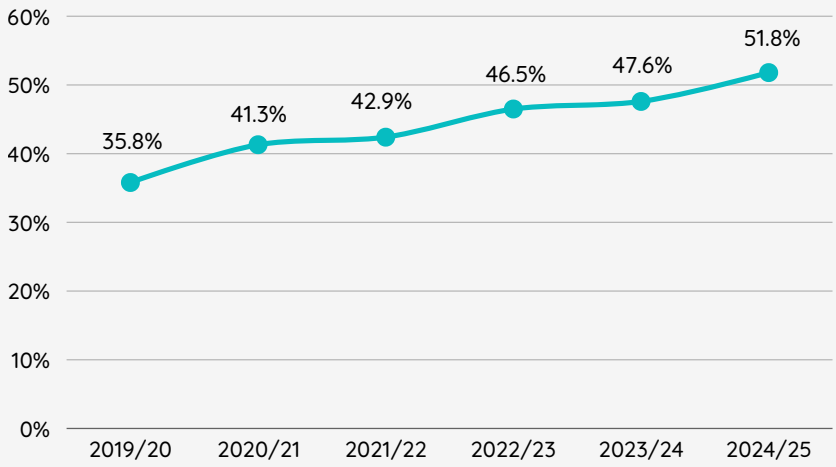
Additional needs of survivors within refuge in the financial year of 24-25

- 53.8% of survivors required additional support in relation to mental health.
- 6.8% of survivors required additional support in relation to alcohol misuse, with 7.9% requiring support in relation to substance misuse.
- 43.4% of survivors within sexual violence services required additional support in relation to mental health.
- 10.3% of survivors within sexual violence services required additional support in relation to alcohol misuse, with 8.8% requiring support in relation to substance misuse.
- 100% of survivors within sexual exploitation services had additional needs related to mental health.
- 52.5% of survivors within sexual exploitation services required additional support in relation to alcohol misuse, with 82% had additional needs in relation to substance misuse.
- 26.2% of survivors within sexual exploitation services had support needs relating to a learning disability.

Percentage of survivors engaging with support services who identified as a disabled person in the financial year of 24-25:



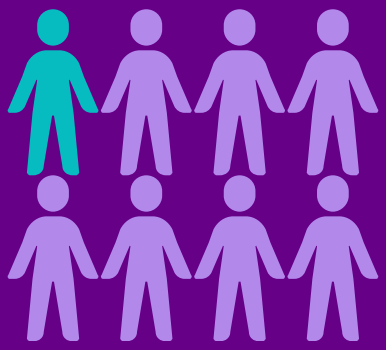
- Refuge: 43.9%
- Community services 22.4%
- Sexual violence services: 46.1%
- Sexual exploitation services: 72.0%



Percentage of new refuge referrals that result in refusal:

Mental health

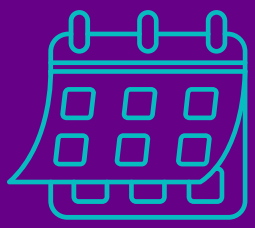
- 1 in 8 women attempting to take their lives as a result of experiencing domestic abuse.
- 33% of women who are raped contemplate suicide.
- 13% make a suicide attempt.
- The number of suspected suicides following domestic violence (n=354) surpassed the number of domestic homicides caused by intimate partner violence (n=332) between April 2020 and March 2024. This is also true for the 22/23 financial year and the 23/24 financial year.



Substance use

- The most recent dataset from 2024 shows that England and Wales has the highest drug related deaths on record (5,565 deaths in 2024).
- The UK female mortality rate relating to drug poisoning deaths was 14% high than the median of peer countries.
- Nearly 50% of women who develop PTSD following exposure to VAWDASV also develop substance use disorders.
- In MARAC cases, 81% of survivors had substance misuse as a risk factor.

Welsh Government Substance misuse delivery plan



- The aim of the plan was to achieve a waiting time of 20 working days between referral and treatment.
- 7.9% of clients were left waiting four to twelve weeks.
- For the outcome, 15% of cases were closed because the client completed the treatment.

Finances and workplace

- The majority of households in the UK are experiencing higher living costs (61%).
- 96.4% of survivors are experiencing high living costs.
- 1 in 7 women in the UK have experienced economic abuse by a current or former partner.
- For joint accounts, only 17% of payments are made in women's names.
- Surviving Economic Abuse has recommended that this should count towards at least £2 million of funding.
- 21% of employed women take time off work because of domestic abuse and 2% lose their jobs as a direct result of abuse.
- Four out of five women had experienced sexual harassment in the workplace itself.

Housing

- Shelter Cymru found that more than 94,00 households are waiting for social housing, and that with the current delivery rates it would take over 35 years to provide every household on the waiting list with the home that they need.
- 32% of homeless women said that domestic abuse contributed to their homelessness.
- 88% of our member services feel that the housing crisis is impacting on the support available for survivors.
- In the financial year of 2022-2023, 117 survivors in Wales were in refuge for longer than six months.
- A target of 20,000 new social houses by 2026 is projected to be only 93% achieved.
- In the 2024-25 financial year, 3% of all incoming survivor contacts were requesting assistance with emergency housing (non-refuge based) and 2% were requesting non-emergency housing support.
- 17% of survivors request signposting to refuge at the LFF Helpline, while an additional 3% require direct refuge referrals made by the helpline itself.
- In the last financial year (2024-25), 75 survivors in Wales were in refuge accommodation for longer than six months.

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