

PLVAW 28

Ymchwiliad ôl-ddeddfwriaethol i Ddeddf Trais yn erbyn Menywod,
Cam-drin Domestig a Thrais Rhywiol (Cymru) 2015

Post legislative inquiry into the Violence against Women,
Domestic Abuse and Sexual Violence (Wales) Act 2015

Ymateb gan: Cymorth I Ferched Cymru

Response from: Welsh Women's Aid



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Welsh Assembly Committee on Equality, Local Government and Communities

Post legislative inquiry into the Violence against Women, Domestic Abuse and Sexual Violence Act 2015

Consultation Response by Welsh Women's Aid

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1. About Welsh Women's Aid

- 1.1 Welsh Women's Aid is the national charity in Wales working to prevent domestic abuse and all forms of violence against women and ensure high-quality services for survivors that are needs-led, gender-responsive and holistic.
- 1.2 Established in 1978, we are an umbrella organisation that represents and supports a national federation of 23 local independent charities delivering specialist domestic abuse and violence against women prevention services in Wales, as part of a UK network of provision. These specialist services constitute our core membership, and they provide lifesaving refuges, outreach, and community advocacy and support to survivors of violence and abuse - women, men, children, families - and deliver innovative preventative work in local communities. We also deliver direct services including the Welsh Government funded Live Fear Free Helpline; a National Training Service; refuge and advocacy services in Colwyn Bay and Wrexham; and the national Children Matter project which supports local services to help children and young people affected by abuse and to deliver preventative STAR group-work in every local authority in Wales.
- 1.3 We have been at the forefront of shaping coordinated community responses and practice in Wales, by campaigning for change and providing advice, consultancy, support and training to deliver policy and service improvements for survivors, families and communities. As a national federation, our policy work, consultancy, training and advocacy is all grounded in the experience of local specialist services and service users. Our success is founded on making sure the experiences and needs of survivors are central to all we do.



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2. Welsh Women's Aid's Evidence for the Post Legislative Inquiry: Overview of key issues

- 2.1 The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (the Act) has been recognised internationally as ground breaking piece of legislation aimed at improving the response of the public sector in the prevention of all forms of violence against women and the protection and support of those that experience it.
- 2.2 The Act, given the legislative duties it introduces for devolved public services, offers an opportunity for Wales to provide leadership and innovation in preventing future violence against women as well as enabling earlier and more effective intervention and support for survivors and their families. This said, there is a need for the duties in the Act to be effectively implemented by public services, with the support of robust, sustainable specialist services in the third sector, and for the efficient monitoring and evaluation of the duties implementation to ensure that aims of the Act are achieved and the results sustainable. Overall there has still been limited statutory guidance published by Welsh Government to provide the strategic leadership for regional and local delivery that the Act requires.
- 2.3 Critically the implementation of the Act and the resultant Strategy needs to ensure that it is based firmly on the understanding that violence against women is a cause and consequence of inequality between women and men and is a violation of women's human rights. The internationally accepted definition of 'Violence Against Women' used by organisations including the United Nations, World Health Organisation, Council of Europe and UK Government, which was included in the first Wales violence against women strategy ("Right to be Safe", 2010-2016) is: "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."¹ While the Welsh Government has made statements in accompanying documents that recognises the evidence that women and girls suffer disproportionately from these types of violence, this was not reflected in the definitions of the Act (which we raised as a problem at the time, but were advised that the internationally accepted definition of violence against women would be addressed in the strategy).
- 2.4 The refreshed National Violence Against Women Domestic Abuse and Sexual Violence Strategy (2016-2021) must be published by November 2016 in accordance with the Act. However this has yet to be completed, and the draft refreshed national strategy out for consultation does not contain UK and internationally accepted definitions of domestic abuse, sexual violence and violence against women, for monitoring and strategic delivery purposes. It is vital that Welsh Government demonstrates leadership and commitment to the internationally recognised definition of violence against women within its national strategy. Otherwise this puts Wales out of step with the UK and international evidence and will have a detrimental impact on the development of strategic collaborative commissioning, service development and data collection in Wales. Using the term 'Violence against Women' does not

¹ United Nations: 'Declaration on the Elimination of Violence against Women', General Assembly <http://www.un.org/documents/ga/res/48/a48r104.htm>



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exclude men and boys but recognises the gendered nature of these types of abuse and the gendered differences in impact of perpetration and victimisation. It is important that the implementation of the Act enables gender responsive models of support to enable the best outcomes for all survivors.

3. Overview of the context for the implementation of the Act

3.1 Scrutiny of the implementation of the Act needs to be situated within a broad context. Violence against women cannot be tackled in isolation and the support and protection of survivors does not occur in silos. Violence against women is a truly cross cutting issue and its prevention and the protection and support of survivors should be considered core business and a priority for all government departments, public services and communities in Wales. While the Act provides a tool for Welsh Government to demonstrate strategic leadership to prevent violence against women, it is also important to recognise that the duties in the Act also intersect with a number of other Welsh, UK and international legislation and policy priorities. Incorporating how Welsh Government embeds violence against women prevention into these other delivery plans and meets UK and international obligations will also be critical to review within the scrutiny process, if the committee is going to be successful in its aim. These include the following:

3.1.1 Social Services and Wellbeing (Wales) Act 2014 is a key piece of legislation which is shaping changes to the preventative agendas for health and social care services, and which has the potential to have a positive impact on the prevention of violence against women and maximising support of survivors. However at present there is little evidence of an integrated approach to delivery nationally or locally. In particular, there is scope to align the population needs assessments that local authorities are completing as part of the Social Services and Wellbeing (Wales) Act 2014 with the need for violence against women thematic needs assessments.. There is also scope to coordinate the development of outcomes frameworks and training for public service professionals required by both Acts.

3.2.2 The Wellbeing of Future Generations (Wales) Act 2015 sets out seven wellbeing goals that are relevant to the prevention of violence against women and supporting survivors. This includes an equal Wales, a resilient Wales and a healthy Wales. Public sector bodies have to take action to achieve these goals, yet to do so effectively they need to take action to end violence against women as a cause and consequence of inequality between women and men and which has a significant impact on the health and wellbeing of survivors and their children. Leadership from Welsh Government to ensure public service boards prioritise violence against women prevention within their development and delivery of well-being goals and plans would go some way towards aligning these integrated priorities. For example:

- **A more prosperous Wales:** Well-being plans need to recognise that domestic violence alone costs Wales £303.5m annually: £202.6m in service costs and £100.9m to lost economic output. These figures do not include any element of human and emotional costs, which the research estimates costs Wales an additional £522.9m. In addition, those who experience violence will be adversely affected in both education and work. Each year, one in ten victims of partner abuse takes time off work as a result of the



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abuse. By incorporating approaches to prevent violence against women, domestic abuse and sexual violence, Wales will be more prosperous with regard to public spending, and also in terms of personal ability to earn, learn and succeed.

- **A Wales of cohesive communities:** Violence against women prevention and work to promote cohesive communities are interlinked. Tackling violence against women will lead to safer communities, and reduce further social exclusion of already marginalised groups, for example Black and minority communities, refugees, and lesbian, gay, bisexual and transgender (LGBT+) communities. Tackling violence against women will also challenge social stigma, which will promote inclusiveness and better community ties.
- **A healthier, more equal Wales:** a society that enables people to fulfil their potential no matter what their background or circumstances requires equality between women and men. As such tackling violence against women and its cause and consequence, through funding specialist services that help prevent violence and abuse, will lead to greater equality between men and women in Wales. We cannot achieve the goal for a healthier Wales; a society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood, without preventing violence against women. The World Health Organisation has stated that violence against women is a 'global health problem of epidemic proportions'. By funding services that prevent violence against women, Wales will see a positive increase to people's physical and mental health, a reduction in problematic substance use, as well as improved resilience and recovery from trauma associated with violence against women and adverse childhood experiences.

3.3.3 The Housing (Wales) Act 2014 enshrines in legislation duties on local authorities to prevent and alleviate homelessness. It has long been recognised that domestic abuse and other forms of violence against women is a leading cause of homelessness for women. To prevent homelessness it is critical that the duties imposed by the new housing legislation enable survivors to access refuge services and other accommodation options swiftly, or where appropriate and safe to do so, to stay safely within their own homes. Domestic abuse is not always being effectively identified as the cause of homelessness as survivors presenting as homeless often have multiple support needs that could include debt, substance misuse, mental health support needs, as well as needing support to recover from the debilitating impact of domestic abuse. This raises the concern that the full extent of need is not being recorded to inform the evaluation of support provided and the commissioning of relevant provision in a locality. There is a need for the integration of measures and duties between the two Acts so that they are aligned to ensure a strategic and holistic approach to delivery.

3.3.4 The current curriculum review being carried out by Welsh Government aims to support children and young people to be healthy, confident individuals, ready to lead fulfilling lives as valued members of society. To achieve this the curriculum will need to include preventative programmes regarding all forms of violence against women based on principles of gender equality and human rights. Work is also ongoing in the development of the



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Wellbeing Area of Learning and Experience under the new curriculum for Wales however it remains unclear as to whether healthy relationship education will be prioritised within this. Healthy relationships education needs to be more than a single lesson about domestic abuse or sexual relationships, it needs to be ongoing age appropriate lessons covering gender stereotyping, sexual consent, sexuality and respect. At present this is not consistently available to children and young people in Wales. As the lead organisation in Wales on ending violence against women we would welcome further consultation on the inclusion of effective healthy relationship education in the new curriculum, because as yet specialist services have not been involved in this review. As is discussed further below we have developed toolkits and guidance that could inform this work as well as having developed our own preventative programme, STAR (Safety, Trust and Respect), for young people.

3.3.5 The Home Office Ending Violence Against Women and Girls Strategy sets out the UK Government plans to address and prevent violence against women and girls until 2020. While some areas are devolved to Wales, significant areas such as criminal, civil and family justice remain non-devolved. It is critical that the implementation of the Act is carried out with the collaboration of those responsible for delivering non-devolved priorities. National and local strategies and delivery plans need to ensure there is join up with the Home Office strategy. Similarly it is vital for survivors that may move between England and Wales that there is a consistency in the quality and accessibility of support and protection.

3.3.6 The EU Victim's Rights Directive establishes a new legal standard for victim services, and obligations include a minimum level of provision of specialist services and support for victims of domestic abuse and other forms of violence against women, regardless of nationality or citizenship status, including support for the children of victims. Support includes information, advice, practical, emotional, and psychological support. At present there still remains a postcode lottery in the provision of specialist services across Wales. Current local and regional commissioning of specialist services are not effectively addressing provision of specialist support in a strategic, evidence-based, joined up and sustainable manner. Feedback from survivors states that there is a need for more timely, accessible and needs-led support services.²

3.3.7 The Council of Europe's Convention on Preventing and Combating Violence against Women and Domestic Abuse (the 'Istanbul Convention') sets out clear measures on how to prevent violence against women and support victims. Covered within the scope of the convention is the adequate geographic distribution of short and long-term specialist services that are accessible to all women and their children. Within the draft National Strategy on Violence against Women, Domestic Abuse and Sexual Violence, Welsh Government has stated that it supports the principles of the convention however it is selective in the articles it links

² Are you listening and am I being heard? Survivor Consultation: A report of the recommendations made by survivors of violence against women, domestic abuse and sexual violence, to inform the national strategy in Wales, March 2016



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the strategy too. At present the draft strategy does not reference if or how the Welsh Government will adhere to the minimum level of specialist support outlined within the convention.

- 3.4 All of the above are critical cross cutting priorities and those responsible for the effective implementation of the Act need to deliver on these in order to successfully achieve its aims and obligations. They should also be used by the Committee to inform the post-legislative scrutiny to ensure that the Act is not being treated as an 'add on' to other delivery plans but is embedded across the strategic and delivery functions of Welsh Government and relevant authorities.

4. To what extent is the approach to tackling violence against women, domestic abuse and sexual violence improving as a result of the obligations in the Act?

- 4.1 The Act has the potential to significantly improve the approach to tackling violence against women by setting out obligations based on improving arrangements for prevention, protection and support. Although all aspects of the Act have been enacted, implementation has been limited. The Welsh Government refreshed National Strategy is out for consultation, and in that it outlines its 'good progress on implementation' which includes "publish[ing] the National Training Framework [and] e-learning package...developing "Ask and Act" ... [and] publish[ing] a Whole Education Approach Good Practice Guide". It also claims "significant steps to reduce the incidence, and to protect victims of Female Genital Mutilation, Forced Marriage and Honour Based Violence" have been made, but it is not clear what these entail.
- 4.2 The obligations within the Act also offer an opportunity for the Welsh Government to provide strategic leadership through the publication of various statutory guidance that should aim to radically improve and change approaches in tackling all forms of violence against women. These included a national training framework, a whole education approach, and statutory guidance on multi-agency working and commissioning of specialist services. At present only one piece of statutory guidance has been published and is in very early stages of implementation, with limited data provided to measure this improvement or establish a clear baseline on which to evaluate the improvements, and the others have yet to be published. So it is not possible to measure improvements at this stage.
- 4.3 Under the Act obligations for prevention, the Welsh Government, in conjunction with Welsh Women's Aid, developed the Whole Education Approach: A Good Practice Guide (<http://gov.wales/docs/dsjlg/publications/commsafety/151020-whole-education-approach-good-practice-guide-en.pdf>). The document sets out guidance for embedding the prevention of violence against women in educational settings. The guide outlines nine key elements that would ensure a comprehensive and holistic approach to prevention of violence against women, domestic abuse and sexual violence. In combination with this, Welsh Women's Aid, in partnership with AVA (Against Violence and Abuse), were also commissioned by Welsh Government to research and compile a package of recommended materials to be utilised as



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best practice in relation to these matters for use in primary, secondary and further education settings. This suite of resources is presented as an overarching toolkit which should be used with the accompanying guidance across education settings This work was completed and submitted in early 2016 but has yet to be published. We have recently been advised the toolkit is to be launched in September 2016 and is intended to complement the aforementioned Good Practice Guidance.

- 4.4 The Welsh Government guidance on delivering a whole education approach to preventing violence against women has been recognised as good practice by the Westminster Women and Equalities Committee's inquiry and report into sexual harassment and sexual violence in schools. However we are yet to see a clear plan as to how and when schools and other education establishments will be implementing this guidance, and there is little current evidence of this being implemented consistently across Welsh schools and other educational settings. A thematic review by Estyn is due to be carried out this autumn which should provide a clearer picture of the extent to which action on violence against women prevention has been taken so far. This thematic review should establish a baseline to demonstrate the current position and provide clear recommendations on improving schools' response based on the good practice guidance. The review should also establish a clear set of questions that can be built in to Estyn's regular reviewing of schools to ensure the monitoring of the implementation of the guidance and its effectiveness. Similarly, effective data and monitoring, as is set out in the good practice guidance and Act, needs to be published on a regular basis so that a clear baseline is known from which improvement can be monitor and lessons learnt. The Act allows Welsh Ministers to require local authorities, through regulations, to report on the steps they have taken to address violence against women, domestic abuse and sexual violence through their education functions however as of yet this information has not been gathered so a clear national picture is still not known on which to base any assessment of improved provision.
- 4.5 The Welsh Government published the National Training Framework (NTF) as a key mechanism for delivering its obligations to improve responsible authorities' responses to violence and abuse within the Act. The National Training Framework should increase earlier intervention and protection of survivors by ensuring high quality and consistent training is available to those across the public and specialist sector. Survivors have clearly stated that there is a need for "improved training for all services on all aspects of violence against women, domestic abuse and sexual violence, informed by survivors' experiences."³ Whilst the e-learning training has been developed and is being rolled out, there have been problems with accessing this for all 'Group 1' professionals. Training for Group 2 and Group 3 professionals is being delivered through 'ask and act' training (see below). Specialist sector training for Group 4 professionals has been commissioned to enable Independent Advocates and sexual violence services to access 'free' specialist accredited training, but the largest number of professionals in Group 4 –frontline professionals working within refuge-based services –have not been able to access

³ Are you listening and am I being heard? Survivor Consultation: A report of the recommendations made by survivors of violence against women, domestic abuse and sexual violence, to inform the national strategy in Wales, March 2016



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subsidised accredited training due to lack of Government resources.4.6 The “Ask and Act” framework has been developed and draft guidance was issued in 2015 for consultation, but has not since been published. The ‘Ask and Act’ Framework aims to provide training targeted at those professionals within the public sector that are ideally placed to carry out early identification and provide a helpful response to survivors, which should include referring them to specialist services. This approach is being developed in early adopter sites in Gwent and Abertawe Bro Morgannwg University Health Board. Welsh Women’s Aid secured the contact to deliver the Ask and Act ‘train the trainer’ contract for Group 2 and Group 3 professionals and its delivery is underway in these sites. The extension of this training programme to other regions across Wales was scheduled from September, but the approach for cascading this statutory training to other areas as originally envisaged is now under review by Welsh Government.

4.7 While the commitment outlined in the ‘Ask and Act’ framework is to increase identification and improve responses by the public sector to violence against women, domestic abuse and sexual violence is welcome, there are a number of issues that need to be addressed to ensure that it enables an improvement in the response to survivors:

4.7.1 There is a need for alignment of the delivery of the NTF with other legislative training commitments so that public sector training priorities and resources are not competing. Clear communication and leadership is required between Government and the regions to ensure the commitment required under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 is understood by the relevant stakeholders at a local level and given the priority needed.

4.7.2 It also needs to be recognised that the roll out of the NTF will increase the identification of survivors experiencing abuse and will increase referrals to specialist domestic abuse and sexual violence services in the third sector. At present there is an assumption that specialist services will simply accept these referrals without additional resources, and that these services will be available to meet demand from increased referrals. However, there is already high demand for these services, which cannot be met. In 2015/16 in Wales:

- 11,512 women, men, children and young people were provided with refuge and community based advocacy and support by Welsh Women’s Aid member services in Wales;
- At least 388 survivors of abuse in Wales could not be accommodated by refuges because there was no space available in the refuge when they needed help. Many individual services also operate lengthy waiting lists for aspects of their community provision that are in high demand (eg counselling, groupwork, support for children and young people).
- There were 28,392 calls to the Live Fear Free Helpline in Wales, and 14,612 survivors were supported by the service.

4.8 With the introduction of the Act, demand for services is likely to increase. It is critically important that the specialist services that support survivors of abuse have the funding and



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capacity to respond to any increase in demand, to ensure the services being offered are safe and meet needs.

- 4.9 The Welsh Government has still to publish its statutory guidance for multi-agency working (which was out for consultation in 2015), guidance for working with perpetrators (which was consulted on with the Advisory Board in 2015), and guidance for commissioners. These are critical guidance to support the aims of the Act as they should require effective strategic leadership and commissioning of service provision by local service boards.
- 4.10 The delay in publishing commissioning guidance is a concern as commissioning processes, particularly regarding Supporting People funded services like specialist floating support and refuges, are already taking place in a number of local authorities without the strategic guidance from Welsh Government having been published. Without the overarching guidance there are inconsistencies in what is being commissioned and how it is being carried out. There are also inconsistencies in the responsibilities being taken by relevant authorities and limited collaboration between commissioners.
- 4.11 This is impacting on the sustainability of specialist services. The Welsh Women's Aid state of the sector report (published in September, and accompanying this submission) found that:
- 46% of refuge services in Wales have already received cuts to their funding this year, leading to a lack of capacity to meet demand in many areas and inadequate funding for specialist children and young people's services for many organisations.
 - This year's cuts follows funding cuts last year for 58% of refuge services in Wales.
 - 92% of refuge services in Wales identify funding and service continuation as being the main challenge facing their organisation this year.
- 4.12 In the absence of Welsh Government statutory Commissioning Guidance being published, Welsh Women's Aid worked with Lloyds Bank Foundation to produce Tackling Violence against Women, Domestic Abuse and Sexual Violence: A Collaborative Commissioning Toolkit for Services in Wales (Aug 2016). This toolkit was produced simultaneously with a domestic abuse toolkit for covering non-devolved areas with partners in England. The toolkit has been endorsed as good practice by the National Adviser for Wales and it was developed in consultation with Welsh Government officials. The toolkit provides an expert guide to achieve a whole system approach to commissioning services for violence against women, domestic abuse and sexual violence. Getting the commissioning of services right is vital to making sure they are accessible and available for the people that need them. There now needs to be leadership in promoting this toolkit to enable regional and local areas to achieve collaborative commissioning across Wales.

5. What are the most effective methods of capturing the views and experiences of survivors? Are arrangements in place to capture these experiences, and to what extent is this information being used to help inform the implementation of the Act's provisions?



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- 5.1 Welsh Women's Aid advocates that understanding how survivors use and experience services (or don't use them) is key to improving the effectiveness of services and systems aimed at prevention, protection and support. We have obtained external Trust funding to develop a national survivor participation framework for Wales using Survivors Empowering and Educating Domestic Abuse Services (SEEDS) model which enables survivors to engage in local and national decision making regarding services. The SEEDS model aims to provide a voice for survivors, increasing understanding about the experience of domestic abuse amongst those working in the statutory sector. The aim is to use a model that works with survivors to obtain their views about the effectiveness and value of local services; to raise awareness of other relevant issues; and to empower survivors to move forward in their lives by making positive use of their experiences.
- 5.2 The SEEDS model can provide a consultation service to enable agencies to understand survivors' perspective; contribute to training events and the production of training materials; give presentations to increase staff awareness and understanding of incidents and the impact of domestic abuse.
- 5.3 Further to this Welsh Women's Aid and our members carry out engagement with survivors to make sure the experiences and needs of survivors are central to all we do. In Spring 2016, Welsh Women's Aid worked with the National Adviser and an independent facilitator to run a series of focus groups with survivors of violence against women, domestic abuse and sexual violence across Wales. This offered an opportunity for a broad spectrum of survivors to voice their experiences about using services and explain what improvements might be made to inform recommendations. The findings set out clear priorities for action that will inform the national strategy as well as being shared with relevant authorities to inform needs assessments and other local decision making. A copy of this report is provided as an attachment, which includes the top priorities survivors felt Welsh Government should address, following enactment of provisions within the Act. These are:
- 5.4 It is vital that survivors are kept at the heart of all discussions about them in the implementation of the Act. Our work on developing a national survivor participation framework for Wales over the next two years should assist and support the delivery of the Act at a national and local level.

6. Whether survivors of abuse are beginning to experience better responses from public authorities as a result of the Act, particularly those needing specialist services?

- 6.1 Welsh Women's Aid has been resourced by Welsh Government to deliver a national accreditation framework for specialist services, by working with a team of independent quality assessors to roll out National Quality Service Standards. Specialist domestic abuse services that are working towards or have attained the quality standards can evidence their effective response to survivors of violence and abuse across a range of measures. Survivors who need to access specialist services can either self refer, be referred via the Live Fear Free Helpline,



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or referred by public or other third sector services. Provisions in the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 places increasing responsibility on public authorities to identify and refer survivors to specialist services. The national training framework and a whole education approach, if implemented correctly, will also encourage local public services, schools and youth services to refer survivors, including children and young people, to specialist services in local communities.

- 6.2 At present no National Indicators have been published as set out in the Act, because there are no national violence against women outcomes developed to align with the National Strategy, to measure progress (the strategy is due to be published by November). So there is a limited baseline from which to measure the improvement of responses. While the Act does set out an ambition to improve responses, measurement of this is limited.
- 6.3 Welsh Women's Aid survivor consultation report - *Are you listening and am I being heard? Survivor Consultation: A report of the recommendations made by survivors of violence against women, domestic abuse and sexual violence, to inform the national strategy in Wales, (March 2016)* - provides feedback from survivors of their experiences of responses by public authorities and the improvements they would like to see that should inform the delivery of the Act. In the consultation carried out with survivors, they spoke about the need for improved responses by public services in identifying and enabling disclosures of abuse and enabling them to access the support they needed. One of the key concerns of survivors was knowing about availability of specialist services and being able to access them when and where they needed them. ***Please see the attached report that provides feedback on the problems survivors continue to experience with seeking help and support from public services.***
- 6.4 Survivors in rural areas raised particular concern about the accessibility of services and the need to know that they can trust local professionals in the public sector due to the small communities they lived in. Welsh Women's Aid is working with partners in Powys to pilot a community engagement scheme to improve awareness of domestic abuse and the help available amongst professionals working in local community services (Ask Me scheme). This aims to create safe disclosure points for survivors in their local communities beyond public sector and specialist services where it is safe for survivors to disclose the abuse they are experiencing and get the right signposting so that they can access the right support when they need it. It will equip members of the local community such as hairdressers or local shop assistants with the basic knowledge, skills and tools to have a supportive conversation and provide an initial safe response. It builds on the Ask and Act framework and creates a holistic community response to violence against women, domestic abuse and sexual violence.
- 6.5 The implementation of the obligations of the Act should reflect the need to fundamentally review and change systems and processes. As a means of achieving a better response to survivors Welsh Women's Aid recommends that the evidence-based principles and approach outlined in our 'Change that Lasts' service model be adopted across Wales. This model, developed with resources from Welsh Government, provides a framework that facilitates the shortest and most effective route to safety, freedom and independence for each survivor based on their individual situation and the resources available to them. As part of this model



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it is important that support services are needs-led and survivor centred, and adhere to national accreditation and quality frameworks e.g. the Welsh Government supported National Quality Service Standards being delivered by Welsh Women's Aid. If changes were made to meet survivors' needs from the outset (as is designed to do through our 'Change that Lasts' model), then resources would be saved and survivors of abuse would achieve a much greater positive benefit from their interaction with public authorities.

7. Whether the National Adviser has sufficient power and independence from the Welsh Government to ensure implementation of the Act?

- 7.1 Welsh Women's Aid welcomes the creation of the independent Ministerial Adviser role. The role is an opportunity to provide leadership and accountability for the violence against women agenda in Wales. The role offers a unique opportunity to provide the necessary machinery for ensuring strong leadership and to introduce processes for scrutinising delivery, monitoring and evaluating progress made.
- 7.2 Whilst we recognise this, we do not think that the role currently has sufficient power, resources and independence in terms of holding Welsh Government and other public bodies accountable to their obligations within the Act. At present the role is part time and has no budget so it is limited in the leadership and action it can take. Without sufficient resource and capacity, the National Adviser's role is not able to have the impact or importance of that of a commissioner (compare, for example, with the roles of the Well-being of Future Generations Commissioner, Children's Commissioner and Older People's Commissioner).
- 7.3 We recognise the role's function in providing guidance and monitoring activities however it remains unclear what the remit is if the role needs to advise Ministers or challenge Welsh Government or other public bodies about not fulfilling their statutory duties. It is unclear what sanctions will take place if these legal duties are broken, and how these sanctions will be imposed. Sanctions are absolutely vital if the legislation is to 'have teeth' therefore clarity is needed on whether imposing sanctions on non-compliant organisations is a statutory function to be fulfilled by the Adviser or another body.

8. To what extent the good practice guide to healthy relationships is successfully influencing the development of a whole school approach to challenging violence against women, domestic abuse and sexual violence?

- 8.1 The UN Rapporteur on Violence against Women recommended in her UK report in 2014 that action was taken to ensure a holistic approach to prevention of violence against women and girls by including appropriate and comprehensive sex and relationship education in schools as a compulsory subject; providing adequate training to teachers and other school staff; and developing gender-specific prevention policies.
- 8.2 Schools and other educational settings play a key role in the prevention of violence against women and girls. This is vital to prevent future domestic and sexual violence as well as tackling the abuse and violence children and young people are currently experiencing. Data published



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in September 2015 revealed that 5,500 sexual offences were recorded in UK schools over a three year period, including 600 rapes⁴.

- 8.3 As stated above the Welsh Government Good Practice Guidance on Whole Education Approaches developed in conjunction with Welsh Women's Aid along with the suite of resources in the accompanying toolkit (forthcoming) provide an effective mechanism for embedding a preventative approach within education settings in Wales. Additionally work has been carried out to support young people to develop tools for educational settings where positive attitudes toward gender equality and healthy, respectful relationships can be fostered by young people now and in the future. Welsh Women's Aid has been working in partnership with Cardiff University and NSPCC Cymru, supported by the Office of the Children's Commissioner for Wales, to support young people to develop the forthcoming guide 'Agenda: A Young People's Guide to Making Positive Relationships Matter' (see <http://learning.gov.wales/resources/browse-all/keeping-learners-safe-conference-2015/?lang=en>).
- 8.4 All of these are effective in establishing a best practice basis on which to embed a whole education approach in Wales, however there is currently little evidence of this being consistently rolled out across Welsh schools and other educational settings. Additionally clarity is needed about how healthy relationship education will be included within the new curriculum review. The development of the new curriculum and the process of national and local implementation of provisions contained in the Act offers an opportunity to ensure all children and young people have access to effective gender equality and healthy relationship education as well as support in their own right as survivors of violence against women, domestic abuse and sexual violence.

9. Conclusion

- 9.1 While the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 along with other related legislation sets out the principles of prevention, earlier intervention and collaborative working the act needs leadership, resources and effective integration of this being core business into and across all Government departments and public service boards, to achieve effective implementation and in turn to make a real difference to the lives of women and children in Wales.
- 9.2 Welsh Women's Aid welcomes the opportunity to provide evidence to the committee on the post-legislative implementation of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. In particular, **we would welcome the opportunity to provide oral submission to the Committee, on behalf of specialist domestic abuse/violence against women services in Wales.**

⁴ <http://www.bbc.co.uk/news/education-34138287>



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Welsh Women's Aid would like to thank the Equality, Local Government and Communities Committee for the opportunity to comment on this important consultation and we look forward to working together in the future.

Any comments or questions regarding our response can be directed to:

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Are you listening and am I being heard?

Survivor Consultation: A report of the recommendations made by survivors of violence against women, domestic abuse and sexual violence, to inform the National Strategy in Wales.

March 2016

Government should hear from women, women who've been through it, on an ongoing basis otherwise they'll come up with these ideas that won't work. Any of us could ... there's enough of us who've gone through it so we can help (Survivor, FG2)

All organisations need to listen to us and take us seriously. I was one of them who used to say why doesn't she leave? or how can she leave her kids?but you go through it and you hear other women's stories and you understand (Survivor, FG1)

You need the consistency with every agency you're involved with, otherwise 3 or 4 different officers only get a bit of the experience, it becomes diluted, there's such a lack of consistency. If professionals could hear women in a group, know what it's like. They get trained but they don't really hear the woman who's gone through it. Maybe women can be filmed and agencies can hear what it's really like for us (Survivor, FG4)

Women survive violence then have to survive on peanuts, we have nothing, no furniture, no food, no recourse to public funds, we need money to live on, otherwise we are either destitute or die. The no recourse and immigration rules don't help... Does the government in Wales understand that we are living on nothing? (Survivor, FG6)

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We would like to extend our sincere thanks and deepest gratitude to:

Survivors of violence and abuse across Wales who were able to share their experiences with the facilitators and with each other. Their willingness to participate in these focus groups will help inform an improved response to survivors of violence and abuse in the future.

The national, regional and local specialist support services in Wales for offering a safe and welcoming space and for helping us contact past and recent survivors of violence and abuse to participate in this consultation.

The staff and CEO of Welsh Women's Aid for supporting delivery of the consultation and engagement, and for sharing their knowledge of the landscape of support available for survivors of violence and abuse in Wales.

Rhian Bowen-Davies, Independent National Adviser on Violence against Women, Domestic Violence and Sexual Violence in Wales, for her support throughout the course of this consultation.

About Welsh Women's Aid

Welsh Women's Aid, established in 1978, is the national charity in Wales working to end domestic abuse and all forms of violence against women. It is a federation of specialist organisations in Wales (working as part of a UK network) that provide lifesaving services to survivors of violence and abuse - women, men, children, and families- and deliver a range of innovative support and preventative services in local communities. Welsh Women's Aid provides the National Quality Service Standards accreditation framework for specialist services in Wales, and has been at the forefront of shaping coordinated community responses and practice. It achieves this by campaigning for change and providing advice, consultancy, support and training for agencies, commissioners and partnerships, to deliver policy, systems and service improvements for survivors, families and communities. Welsh Women's Aid also delivers the Wales Live Fear Free Helpline for survivors of sexual violence and domestic abuse, support and advocacy services in Colwyn Bay and Wrexham, the National Training Service partnership providing accredited qualifications and bespoke training, the national Children Matter preventative project that supports agencies working with children and young people in every local authority in Wales, and a national survivor engagement project. Welsh Women's Aid is committed to ensuring the experience of survivors is at the heart of all its work.

About the Facilitator and Report Author

Yasmin Rehman worked on this project as an independent facilitator. Yasmin has worked for almost 30 years predominantly on violence against women, race, faith and gender, and human rights. Yasmin is currently working with a number of organisations on violence against women prevention, providing training for higher education institutions, and is an independent panel member reviewing past serious case reviews relating to children and young people. Yasmin is currently a Board member of EVAW (End Violence Against Women Coalition) and is a Trustee of the Centre for Secular Space.

1. Executive Summary

Understanding how survivors of domestic abuse, sexual violence and other forms of violence against women use and experience public services is key to improving the effectiveness of prevention, protection and support services and systems in Wales.

Survivors' voices and experiences must also be central to informing the development and delivery of legislation, policy and strategy in order to ensure systems and services best meet survivors' needs and action is taken to prevent violence and abuse in the short and longer term.

Between January and March 2016, women and men who had recently experienced domestic abuse, sexual violence or other forms of violence against women,¹ were invited to attend focus groups across Wales. These groups were organised by Welsh Women's Aid and led by an independent facilitator, in partnership with specialist services. Over this period, 66 survivors participated and were asked about their recent experience of using services, their recommendations for improving service responses, and priorities for the national strategy in relation to prevention, protection and support. This consultation also involved testing out a model in which survivors empower and educate services (seeds), and their views on this and other approaches to continued survivor engagement in Wales were sought.

Recommendations

Survivors made a number of recommendations to inform the development of a new national strategy on violence against women, domestic abuse and sexual violence. They also made recommendations for improvements in specific agencies, and provided feedback on what they felt should be the priorities for the National Adviser.

The report also contains recommendations that reflect survivors' overwhelming support for a sustainable model of consultation and engagement. They all wanted to ensure that survivors' voices and experiences remain central to Government and local action to improve prevention, protection and provision of support services across Wales.

An overview of all the recommendations made by survivors is contained in Chapter 5.

Survivors ***strongly recommended that a national framework for ongoing survivor engagement and involvement be prioritised and resourced*** by Welsh Government, that enables survivors to educate, advise and inform services on improving their practice.

¹ This includes rape and sexual violence, domestic abuse, forced marriage, so-called 'honour' crimes, female genital mutilation, stalking, trafficking, sexual harassment and exploitation.

Survivors also identified **10 key recommendations for priority inclusion in the updated national strategy, to be delivered by Welsh Government:**

1. Dedicated specialist services for children and young people impacted by or experiencing domestic abuse, sexual violence, FGM, forced marriage, sexual exploitation or harassment, available in every area.
2. Specialist domestic abuse and sexual violence services for survivors that are accessible and resourced to meet the needs of specific survivor groups, available in every area.
3. Improved awareness of and response to violence against women, domestic abuse and sexual violence by professionals involved in the family justice system (CAFCASS Cymru, judges and court personnel, contact centres), and safe child contact with parents/carers following separation, in cases of domestic abuse and sexual violence.
4. Accessible 'refuge service' support in every area, accompanied by safe, affordable, longer-term housing options for survivors of abuse, that provide flexibility, choice and meet survivors' needs.
5. Women's groups and peer support available in every area, to reduce isolation and maximise independent spaces that increase confidence, esteem, and empowerment.
6. Protection and support for all survivors who have no recourse to public funds, to ensure equal access to safety, support, protection and justice, and finances to live independently, irrespective of survivors' immigration and residency status.
7. Counselling and therapeutic services for survivors that is available, in every area, when needed, is age-appropriate, and helps build resilience and recovery from abuse.
8. Greater focus on stopping perpetrators' behaviour and holding them to account by public services, and where violence and abuse involves coercive control, action by public services to ensure perpetrators leave and end abusive relationships.
9. Improved training for all services on all aspects of violence against women, domestic abuse and sexual violence, informed by survivors' experiences.
10. Preventing violence against women, domestic abuse and sexual violence from happening in the first place, through compulsory prevention education in all schools and colleges, increasing awareness of the issues and the help available in local communities across Wales.

Survivors were concerned that there may be a delay in delivering improved interventions in the short-term, and therefore, recommended that the National Adviser ensures that Government and Public Authorities take action to deliver improvements in the following areas:

- Media and publicity campaigns
- Education
- Immigration
- Sustainable funding for specialist services
- Family and criminal courts
- The development of a sustainable model for future survivor engagement.

2. Introduction and national context

This consultation was requested by the Welsh Government Public Services Minister and the Violence Against Women National Advisory Board. Its purpose is to inform the new National Strategy for Violence against Women, Domestic Abuse and Sexual Violence in Wales, immediate and future priorities for the National Adviser, and the development of a national survivor engagement framework.

Between January and March 2016, women and men who had recently experienced domestic abuse, sexual violence or other forms of violence against women,² were invited to attend focus groups across Wales. These groups were organised by Welsh Women's Aid and led by an independent facilitator, in partnership with specialist services. Over this period, 66 survivors participated and were asked about their recent experience of using services, their recommendations for improving service responses, and priorities for the national strategy in relation to prevention, protection and support. This consultation also involved testing out a model in which survivors empower and educate services (seeds), and their views on this and other approaches to continued survivor engagement in Wales were sought.

The findings and recommendations contained within this report will be presented to the Minister and Violence Against Women Advisory Board meeting in the spring, to inform the National Strategy Development and Adviser priorities. The report will also be disseminated by the National Adviser in order to inform regional strategy developments, and improvements in statutory and voluntary agencies' practice.

Wales Right to be Safe Strategy 2010-2016

The Welsh Government national strategy on violence against women and domestic abuse – the 'Right to be Safe Strategy 2010-2016'³ - defines 'violence against women' in accordance with the United Nations definition, as violence that is directed at women because they are women or affect women disproportionately:

'Any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life'⁴.

The Right to be Safe strategy set out an integrated, cross government programme of action to tackle all forms for violence against women, and was accompanied by a detailed implementation plan. The strategy identified 4 key priorities in 2010:

- Prevention and Raising Awareness of Violence Against Women and Domestic Abuse.
- Providing Support for Victims and Children.

² This includes rape and sexual violence, domestic abuse, forced marriage, so-called 'honour' crimes, female genital mutilation, stalking, trafficking, sexual harassment and exploitation.

³ <http://gov.wales/docs/dsjlg/publications/commsafety/100325besafefinalenv1.pdf>

⁴ 1993 Declaration on the Elimination of Violence Against Women

- Improving the Response of Criminal Justice Agencies.
- Improving the Response of Health Services and Other Agencies.

The strategy was a response in Wales to what is known about the extent of various forms of violence against women including domestic abuse and sexual violence:⁵

- 4.6 million women in England and Wales have experienced domestic abuse since the age of 16; in one year 1.4 million women and 700,000 men (aged 16-59) reported having experienced any type of domestic abuse.
- In England and Wales, on average, 2 women a week are killed by a partner or ex-partner. In 2014 149 UK women were known or suspected to have been killed by men.
- According to 2011/12 Crime Survey data disaggregated for Wales, women experience twice the levels of 'any domestic abuse' (11.1% compared to 5.1% for men) while rates of 'any sexual assault' were also higher for women (3.2%) than men (0.7%). The data also indicated more women reported being stalked than men (7.8% compared to 3.5%).
- In Wales in 2013/14, there were 6,325 prosecutions of violence against women and girls offences, with a conviction rate of 76.7%. Of these, 5,637 were cases of domestic abuse; 257 cases of rape, and 431 cases of sexual offences.
- 137,000 girls and women are living with consequences of female genital mutilation (FGM) in the UK and 60,000 girls under the age of 15 are at risk of FGM in the UK. It is estimated there are 140 victims of FGM a year in Wales.
- 82% of cases dealt with by the Forced Marriage Unit involved female victims; 18% involved male victims. It is estimated there are up to 100 victims of forced marriage a year in Wales.
- 1 in 7 children and young people under 18 will have living with domestic abuse.
- 25% girls and 18% boys experience physical abuse in teenage relationships; 75% girls and 14% boys experience emotional abuse, and 33% girls and 16% boys experience sexual abuse. Girls experience more severe abuse, more frequently, and suffer more negative impacts on their welfare, compared with boys.

Experiences of violence and abuse can have serious psychological, emotional and physical consequences and may contribute to multiple disadvantage, problems with substance use, homelessness, offending behaviour, gang involvement, prostitution or mental health problems.⁶ The costs of violence and abuse to the economy are also significant. Domestic abuse alone costs Wales £303.5m annually: £202.6m in service costs and £100.9m to lost economic output. These figures do not include any element

⁵ http://www.welshwomensaid.org.uk/index.php?option=com_content&view=article&id=49&Itemid=55

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505961/VAWG_Strategy_2016-2020.pdf

of human and emotional costs, which research estimates costs Wales an additional £522.9m. It is estimated that providing public services to victims of domestic abuse, and the lost economic output of women affected, costs the UK £15.8 billion annually and the cost to health, housing and social services, criminal justice and civil legal services is estimated at £3.9 billion⁷. The cost to public purse is considerably higher when other forms of violence against women are included, like sexual violence, forced marriage, female genital mutilation, stalking, harassment and sexual exploitation

In order to strengthen responses to violence against women, domestic abuse and sexual violence in Wales, the Right to be Safe Strategy was accompanied by the introduction of legislation in 2015 which introduced a range of statutory measures for Government and Public Authorities in Wales.

Violence against Women, Domestic Abuse & Sexual Violence Act 2015

On the 29th April 2015 the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Bill received Royal Assent, and became an Act of the National Assembly for Wales. The stated purpose of the Act is to improve arrangements for the **prevention, protection** and **support** for all forms of violence against women, domestic abuse and sexual violence.

Provisions include:

- A duty on Ministers to prepare, plan and publish a national strategy and action plan for addressing violence against women, domestic abuse and sexual violence.
- A duty on Local Authorities and Local Health Boards to jointly prepare and publish a local strategy for their areas.
- A duty on Ministers to publish national indicators and an annual report to measure progress of the Act. Local authorities and Local Health Boards must also publish an annual report of the progress they have made in achieving the objectives specified in their local strategy.

The following statutory guidance is currently being developed, or will be developed in due course, by the Welsh Government under the Act, and will be issued separately:

The National Training Framework

This statutory guidance⁸ aims to create a consistent standard of care for those who experience violence against women, domestic abuse and sexual violence, and an unfailing standard of service throughout the Public Service to survivors. It outlines the key competencies and knowledge required at each professional level within relevant authorities.

⁷ Walby, S (2009), The Cost of Domestic Violence Up-date 2009 Lancaster University

⁸ <http://gov.wales/topics/people-and-communities/communities/safety/domesticabuse/publications/national-training-framework/?lang=en>

Ask and Act policy framework

The primary objective of Ask and Act is to encourage relevant professionals to 'ask' potential victims about the possibility of violence against women, domestic abuse and sexual violence where such abuse is suspected, and to 'act' so suffering and harm, as a result of the violence and abuse, is prevented or reduced. This will be facilitated through guidance and accompanied by a training programme delivered through the National Training Framework. Guidance on responding to perpetrators and on information sharing will also be published.

A Whole Education Approach to Prevention

This will outline the expectations on local authorities in relation to a whole education approach to healthy relationships, and builds on the Whole Education Approach Good Practice Guide published by Welsh Government.⁹

Multi-agency Working

This guidance will explore the necessary stages of collaboration and identify good practice in establishing partnership arrangements. It will also detail what is required within agencies to deliver on their partnership commitments and embed a robust response to violence against women, domestic abuse and sexual violence within their agency.

Guidance for Commissioners

The commissioning guidance will provide a comprehensive outline of the considerations to be made when procuring specialist service provision. The guidance will be developed in partnership. The overarching objective of the guidance is to ensure consistent consideration of the prevention, protection, support and recovery needs of service users within a risk and needs led framework.

The Welsh Government has appointed an Independent National Adviser to advise and support Welsh Ministers on violence against women, domestic and sexual violence, and on the publication and delivery of a refreshed National Strategy and Action Plan.

In addition to strengthening the legislative and policy framework on addressing all forms of violence against women in Wales, the Welsh Government has also introduced relevant parallel legislation including the Well-Being of Future Generations Act 2015. The aim is to improve the social, economic, environmental and cultural well-being of Wales, by making public bodies think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.

⁹ <http://gov.wales/docs/dsjlg/publications/commsafety/151020-whole-education-approach-good-practice-guide-en.pdf>

Seven well-being goals have been identified:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of cohesive communities
- A Wales of vibrant culture and thriving Welsh Language and
- A globally responsible Wales.

These are accompanied by 46 national indicators which includes ensuring that Welsh partnerships are working towards the United Nations Sustainable Development Goals. Sustainable Development Goal 5 is to “**achieve gender equality and empower all women and girls**”, which is accompanied by a series of targets on eliminating all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.¹⁰

UK Government: Ending Violence Against Women and Girls 2016-2020

The UK Government has also stated its commitment to tackling all forms of violence against women and girls by publishing, in March 2016, the revised *Ending Violence against Women and Girls Strategy 2016-2020*, which identified several outcomes to be achieved by 2020¹¹, including:

Prevention:

- Decreases in the overall prevalence of violence against women.
- More victims helped to long term independence and freedom from abuse (strengthening the focus on prevention and early intervention, and addressing perpetrators behaviour).
- More victims and offenders are identified at the earliest possible opportunity, with effective interventions in place to prevent violence and abuse from escalating to a crisis point.
- Increased awareness across all sections of society that violence against women is unacceptable and individuals, communities and frontline agencies are empowered to confidently challenge negative attitudes to violence against women.
- Increased awareness in children and young people of the importance of respect and consent in relationships and that abusive behaviour is always wrong.

Provision:

- Local partners assess the needs of victims and survivors and their families, and have local strategies to ensure they can access the right support at the right time.

¹⁰ The additional targets for achieving SDG 5 are available at <http://www.unwomen.org/en/news/in-focus/women-and-the-sdgs/sdg-5-gender-equality>

¹¹ The complete set of outcomes and actions to be delivered are outlined in the UK Government Strategy: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505961/VAWG_Strategy_2016-2020.pdf

- No victim is turned away from accessing critical support services delivered by refuges, rape support centres and FGM and forced marriage units..
- Services provide support at an earlier stage so that fewer victims will reach crisis point or other secure accommodation.
- Better access to integrated pathways of support to meet the needs of victims experiencing multiple disadvantages.
- A robust evidence base in place to support interventions that work and to inform commissioning decisions.

Partnerships:

- Multi-agency working in local areas is transformed - improved governance, links to safeguarding and needs-led interventions for victims, children and perpetrators.
- Areas have violence against women partnership, rigorous needs assessment and local strategy - aligned with drug and alcohol services, homelessness and children's services.
- More children are safeguarded and more families supported through the collection and appropriate (safe) multi-agency sharing of information.
- Violence against women is mainstreamed across businesses with more employers introducing policies to support staff who may be victims of domestic abuse or stalking.
- Greater focus on changing the behaviour of perpetrators based on strong evidence of what works and centred on victim safety (accredited programmes, for example).
- Partnership action to promote gender equality, including the specific targets on violence against women and girls.

Perpetrators

- Increased victim confidence in, and access to the justice system for violence against women victims, and increased reporting and prosecutions.
- Improved victim satisfaction and the first response right first time using Victim Satisfaction Surveys to assess impact.
- Embedded robust approach to tackling perpetrators behaviour and reduction in re-offending.
- Improved use of new technology and rehabilitation.
- Greater transparency and accountability of the criminal justice system through improved data provision.

Many of the above priorities and actions also apply to Wales, in accordance with the delivery of non-devolved responsibilities.

This strategy builds on a number of initiatives undertaken by the UK Government including the introduction of the a new offence of coercive control, the Modern Slavery Act, the roll out of Domestic Violence Protection Orders (DVPOs) and Domestic Violence Disclosure Scheme (DVDS), the introduction of female genital mutilation (FGM) Protection Orders and an FGM mandatory reporting duty, and strengthening measures to manage sex offenders or those who pose a risk of sexual harm.

3. The consultation process

Feedback from services and survivors suggests there is currently no sustainable or consistent framework in Wales for Government, commissioners, or public services to engage with a wide range of survivors about what is important to them. Survivor engagement processes are ad-hoc and the same groups are usually consulted with.

Yet the involvement of survivors in the planning, delivery and review of services and systems in Wales is essential to understand their effectiveness, whether needs are met and abuse is prevented, and how practice and services can be improved. Survivors' voices and experiences are also essential to informing strategies, legislative and policy developments, the National Strategy and National Adviser's Plan. It is especially important to involve whose voices are seldom heard, who are most likely to experience discrimination, whose experiences are hard to hear by agencies and who have multiple support needs.

a) Aims of the consultation

This consultation, conducted via focus groups and interviews, aimed to:

- Ensure that survivors' voices are heard by Government and public services, and maximise the commitment to providing accountability for survivors.
- Collate a snapshot of current information, concerns and opinions from survivors in Wales, in order to inform National Adviser priorities and the development of the refreshed National Strategy on violence against women, domestic abuse and sexual violence.
- Help shape a more consistent and sustainable framework for survivor involvement, and associated good practice principles, so that survivors inform public services' work to prevent violence against women, domestic abuse and sexual violence, and influence improvements in the provision of services and responses of organisations.

b) Conducting the consultation and producing this report

This consultation provides a snapshot of survivors' views and recommendations for strategy development and for improving practice across Wales.

The focus groups did not request that survivors share experiences of violence and abuse but rather focussed on their recent experience of services in Wales, in order to ascertain whether improvements to services and systems could be made, and action what should be prioritised in any national strategy.

Seven focus groups were held with 66 survivors of abuse in locations across Wales including West Wales, Gwent, Powys, North Wales and South Wales. It is important to note the success of the recruitment process for participating in these focus, which

was primarily due to the assistance of the local frontline specialist agencies and community groups. Receiving detailed feedback from 66 survivors regarding their experience of services in relation to violence and abuse is a distinct achievement, both in qualitative and quantitative terms, in such a short timescale.

Each focus group lasted for two hours. All of the focus groups were facilitated by the independent facilitator, with the support of the independent National Adviser on Violence against Women, Domestic Violence and Sexual Violence in Wales and/or the CEO of Welsh Women's Aid. Expenses associated with attendance and participation were covered, interpreters were provided as needed, and childcare arrangements made where necessary. Local specialist services were on hand to support survivors who took part in groups, as were national and local helplines.

There was time allocated during and after the session/interviews for individual survivors to speak with facilitators in more depth and/or with specialist services. Ten survivors accepted this additional opportunity to contribute to the consultation. Information about local services and *Live Fear Free* Helpline leaflets were made available for each survivor after each session.

This report is based on the findings from the focus groups and telephone interview conducted with survivors unable to attend groups. Survivors in this consultation are not identified at any time in this report to protect their identity. Although quotes are used throughout to illustrate the issues raised, identifiable information has been removed. The recommendations made are based on full transcripts from each group/interview, during which the independent facilitator agreed with participants their recommendations for action and their top priorities for the strategy.

The letter to specialist services about the consultation, the focus group protocol and a group outline are attached as appendices. Survivors who took part in the consultation will be able to access the final report through their contact with specialist services.

c) Background of survivors

The aim was to ensure survivors of different forms of violence and abuse were able to engage with this process, and that has been achieved. Survivors who contributed to the consultation had experienced a number of forms of violence and abuse including: domestic abuse, sexual violence as adults, child sexual/physical/emotional abuse, forced marriage, 'honour based' violence, coercive and controlling behaviour, female genital mutilation, sexual exploitation and trafficking.

The survivors who took part in the focus groups were at different stages in their journeys to freedom from violence and abuse. Some survivors were current service users accessing refuges, counselling, advocacy and a range of provision. Other survivors were recent service users, and of these a small minority had been living free of abuse for a number of years but still felt the impact of the abuse on their lives and needed continued support.

The facilitator made every effort to ensure the involvement of Black and minority women, older and young women, and many of the groups and interviews had interpreters present to enable women's involvement. 65 participants in this consultation were women and were over 18, and 29 women self-identified during the sessions as being of minority backgrounds.

Although we sought involvement from women and men to participate, in separate focus groups, 65 women survivors participated in focus groups/interviews and 1 man participated by interview. A number of male survivors were contacted about the consultation and encouraged to participate in focus groups or interviews by their male support workers, but declined to take part. Additional written recommendations for service improvement was also provided by some survivors, which has been reflected in the report.

Other protected characteristics were not recorded, so there is no analysis provided of responses by gender identity, sexuality, disability and so on. Had more time been available, targeted focus groups with survivors who identified as lesbian, bisexual, gay, disabled, transgender, from Gypsy and Traveller communities, as older and young people, would have drawn out how experiences of services are compounded by protected characteristics, identities and life experience. Evidence shows that belonging to one or more of the aforementioned groups inevitably makes help-seeking more complex and in many instances will reduce the number of services available.

4. Consultation feedback

There were several experiences shared of the violence and abuse endured by survivors and how they accessed services, and even though there were commonalities in these experiences, each was unique and had different needs. However there were several shared experiences of services, particularly with respect to the challenges survivors faced in seeking help, and whether they were able to move on to recovery and freedom from abuse or not.

The common themes from the consultation are set out below with quotes from survivors. A more detailed set of recommendations which were drawn from these experiences and agreed with survivors follows in Chapter 5.

i. Identifying and naming the abuse

Survivors spoke of not always recognising their experiences as abusive or being able to name their abuse, which often made them reluctant or unable to seek help. When survivors eventually did seek help, they found specialist services like refuges, advocacy, counselling and peer support services helpful in supporting them to name their experiences as abusive.

I went from the earlier thing to my first then second husband and things from my childhood were brought back up for me...then it all comes together in your head and you realise it didn't start from when I was married at 17 but it started from much younger. Coming here is amazing and just talking ...someone listening to you... with no one saying 'that didn't happen'. (Survivor, FG7)

I live with all the controlling aspects of abuse and didn't realise he was doing anything wrong. Until I came here I thought it was normal, that I was to blame and that I can't do anything right. (Survivor, FG5)

I've moved from my family home after a lot of sexual and financial abuse. I didn't know a husband could rape you. He told me I don't have any rights to say no, he's my husband and he can do what he wanted. It wasn't until I spoke with women's aid that I knew what rights I had and I now know what rape means. (Survivor, FG3)

I've been in care ...My mother was abusive to me. I'm now in the refuge and getting help. It doesn't matter who the abuser is you just need help. (Survivor, FG4)

When it's more verbal and emotional and controlling abuse, it happens so slowly and builds up, it becomes normal and you get to thinking there's no other way. It was a total eye opener coming to a domestic abuse service, which helped me understand what was going on, I didn't know they existed. (Survivor, FG2)

I've been in two abusive relationships. The first one – he hit me, was very violent. The second one, it was all mind games and control. I didn't recognise what was

happening. I just thought he's not hitting me. I did the [group] here and now I know better and will be on my guard (Survivor, FG1).

Most survivors said that services that helped them name the abuse and recognise their experiences as abusive were vital to enable them to begin recovering and moving on, and that this often took some time. Once they recognised their experiences were abusive and they had decided to seek help the response of the agency they disclosed to had a huge impact on their next steps.

If someone discloses and they don't give you the right response, it can be devastating. (Survivor, FG5)

I think I'm getting close to the point of speaking up but I'm nervous about what the response will be. (Survivor, FG4)

Even if you're a strong person, going to get help from services that don't understand and don't believe you or know what it's like. They can make it so difficult and getting an unhelpful response from services has a cumulative effect and feels like you're being abused all over again. (Survivor, FG1)

ii. Coercive and controlling behaviour of perpetrators

Coercive control and fear played a big part in survivors' ability to access services and to recover and move on from the abuse, as did the threats and nature of the abusive behaviour.

Women who engage with services are the tip of the iceberg, think of all those women living with this who aren't engaging because of fear. You're not going to go to mental health services or social services because he's told you they'll section you or take your kids from you. He tells you you're a bad mother so you can't get help because you're worried about that. So you sit alone not knowing where to go, until you're at breaking point. (Survivor, FG3).

Survivors who participated in the focus group spoke about their every movement being controlled and there being very little space for action or help seeking. Often survivors felt that services would not understand the fear and control they lived with.

At home he had complete control over me, he was another person, I couldn't socialise or work or see family. I couldn't eat or sleep or use the bathroom when I wanted, I couldn't wear what I wanted or speak to anyone. (Survivor, FG1)

I've been bullied and controlled and you think it's your fault. You stay because you're frightened, you leave because you're frightened, you try killing yourself because you're frightened. You don't know which way to turn. (Survivor, FG4)

I didn't dare ring the police. I just don't know how to deal with the fear so that when I do get out, I get out alive. (Survivor, FG3)

This is an adult child to their mother who is an OAP, it's still abuse but they're not picking it up. They're probably afraid of him too, he's taking money, giving me drugs and I'm frightened, but I can't speak to anyone (Survivor FG5).

The control I was under was like a spell. He would call me early every morning to check on me...he had control over me in so many ways even when he wasn't in the country. What service would understand that when I try to explain? (Survivor, FG1)

Survivors spoke about how they were denied independent access to even the most basic of healthcare, as part of the abuse, which meant that no amount of training or awareness raising would have made a difference to enabling disclosure.

I was totally cut off. I was taken away for my daughter to be born, I had no midwife or health visitor in this country, they didn't even know I had children. Training or posters wouldn't have meant anything... I was just too frightened, that's the biggest barrier. Being physically locked up, isolated, kept like a prisoner, and being frightened. (Survivor, FG4).

He hit me and bruised me and took me to the hospital but he sat with me all the time so no one said anything. I lost my hearing. (Survivor, FG2)

My husband didn't register my baby with a doctor or anyone so I had no contact with the outside world. I didn't know where to go for help. He dominates me, my thoughts, my space, every moment I'm awake I'm frightened. I imagined I would die if I don't do something about it, they need to understand getting help is often a life and death situation (Survivor FG3).

Some survivors spoke of abusers going to great lengths to monitor their behaviour and movements, including the use of recording equipment being placed in the house to monitor activity during the day when the perpetrator was not at home.

I told them (...) I can't leave the house. I can't go anywhere. He records me in the house so he knows everything I say and who I speak to on the phone. He knows when he hears me open and close doors and asks me where I go. I spoke to a women's aid solicitor on the phone and my husband heard it by recording it, he told me my solicitor called him and told him. This made me not trust the solicitor any more (Survivor, FG3).

He put cameras outside and in the house. He watched my every move. I was trapped. (Survivor, FG1).

Many survivors spoke about the ongoing impact of the abuse they experienced from the perpetrators many years after the relationship had ended.

I haven't seen him or heard from him in 5 years and now he wants to see my daughter. He doesn't care about her or me. This isn't safe for us. I am very scared about what might happen. (Survivor, FG2)

I was totally isolated he broke me with mental and sexual abuse, I'm left with no self esteem, no self worth, no confidence. I felt like I couldn't survive without him. I still feel he has total control over me now even though I've left, I know he can kill me any time he wants to (Survivor, FG4).

iii. Survivors spoke of being judged, labelled, blamed or disbelieved

Survivors wanted agencies to understand the abuse they experience, and recognise its impact and the links between different forms of violence against women, domestic violence and sexual violence. Instead, many survivors gave several examples of being disbelieved, judged or let down by professionals in public services.

I was abused as a child. I told them (Social Services) but no one did anything and nothing happened. It's gone on since then, and now I'm where I am (Survivor, FG5)

I was in hospital having taken alcohol and drugs because of the abuse; it was because of the way my husband abused me yet they took my children into care while I was in hospital. I was told by social services I was an addict which I wasn't...it was all emotional abuse and control. The police laughed at me, and called me a liar (Survivor, FG2)

I think agencies believe it's cultural or don't want to get involved in family arguments. We had an argument in front of a teacher and they just dismissed it, but he was controlling me. He was calm and controlling, I have a louder voice and speak quickly and came across as the aggressive. But I was falling apart. Who would you listen to him or me? They listened to him and dismissed me (Survivor, FG4)

There's a big misunderstanding about why women don't report, the police and council asked me why I'd not reported sooner...That just knocks you back, it felt to me like they were blaming me for something I'd not done, just like the abuse all over again. They need to understand the emotional manipulation and the control going on. (Survivor, FG7)

My neighbour called the police recently, they arrived and said 'he seems to be calm and collected' and said 'cant you sort this out quietly between you'. They saw me screaming and behaving like I'm losing my mind, so who are they going to believe. They went without doing anything (Survivor, FG4).

Social workers in the UK have superpowers and can do what they want, so I have to be careful and not speak out of turn, or they won't believe me as I'm a minority woman (Survivor, FG1)

With me it's mind games – I say to the police, there's bottles left outside, the tyres are down on my car, I know he's been in my house, but the police think I'm mad. That's what he wants (Survivor, FG1)

iv. Gendered nature of abuse, women-only and BME services, and services' understanding of the different needs of men and women

Many survivors spoke of physical abuse, coercive control and sexual violence whilst others talked about their experiences of child abuse. Some survivors disclosed having suffered ongoing domestic and sexual abuse in several relationships, and of needing to be supported for years of cumulative abuse. Survivors wanted to see a greater understanding by public services of the gendered nature of abuse and how it impacts on women and men differently, how violence against women is reinforced by state systems and services, and by wider inequality between men and women in society.

There are so many expectations of women and how we have to be as wives and mothers...this is reinforced by abusers. (Survivor, FG1)

Men can earn more money and pay more for legal advice and a house. I couldn't go out to work because of the children and the state I was in after leaving. (Survivor, FG5)

My ex tells local judges – who are also men – that he's a local businessman and well known in the community and then I have to say I'm a housewife. He knows the judge ...he's well connected and moves in the same circles – who's going to be believed? (Survivor, FG3)

I've not gone back to the police because he's too clever in the way he's doing it, he's still completely in control of everything...He has total power, he does what he wants to do. (Survivor, FG4)

The court is just another extension of the abuser, it's a platform for the perpetrator to play their mind games. They get the courts to reinforce that no one believes you, you're a mess, and they have all the power (Survivor, FG5)

You're put back in the same room as your perpetrator, they try to get you to mediate with him ... when he holds all the power and has dominated you for years, you haven't got a chance, it's not equal (Survivor, FG2).

All agencies that have authority are simply being used as weapons against us, by the abuser, it's part of their game. There's supposed to be equal rights for both parties, but it doesn't happen, the children are living in a war zone as am I, and it's just a form of state violence (Survivor, FG3).

Sometimes men just set out to destroy women. It takes time and dedication and they take in all the professionals gullible enough to not see the signs, along the way, and make sure that women have no choice. (Survivor, FG3)

Survivors also acknowledged that the same service would not always be appropriate for men and women, because their needs and experiences might be very different, so services need to understand this and provide different responses to men and women based on their needs.

Having a women only space in the drugs service means we're more likely to get the help we need, and more likely to open up and share what we've been through (Survivor, FG4)

Women's drop in sessions are simple but invaluable, if the building and environment feels safe, you can take another woman along with you for a coffee, and you don't always have to see a support worker, it's just having that space to get out, see others who understand, and it helps you grow in confidence. Women's drop ins and women's centres are really helpful (Survivor, FG1)

I went to the refuge out of desperation and thought before I got there, there's no way I'm going to stay in a million years. I went there and one of the women working there said just look around, see what you think, you don't have to stay. But they were so lovely, they immediately understood, they listened to me, it immediately felt safe, they reinforced my feelings were right and that I wasn't going mad. I couldn't stay quickly enough (Survivor, FG2)

I had gone through FGM and had a social worker but they didn't make me feel I could trust them... women try to hide things because we are frightened, they should ask us when we're alone, women together, let us know it's safe to talk, like 'are you ok' or 'are you struggling' (Survivor, FG3).

We should have weekly sessions for women to talk in groups with others who have experience of abuse and with women who can support women (Survivor, FG4)

Survivors said that although all public services are available for men and women, interventions would need to be tailored and specific to meet women's and men's needs, and to adapt their approach and service delivery accordingly.

It was so difficult to get help...People don't believe that men suffer too. I have help now but I can't work or move forward because of what's happened to me. There must be more services for men too. (Survivor, interview)

Groups don't work as men won't open up in front of other men. It's embarrassing. Women will talk but men just don't. Services need to think about men and how they are and what might help. (Survivor, interview)

Survivors from Black and minority communities also highlighted the importance for them of being supported by services led by and for Black and minority women who understood their needs and experiences, including their experience of state services.

We can't ever explain to doctors and health services ...so many women I know in my country killed themselves or their families killed them because of the violence. There has been no help for so many women, we are the lucky ones (Survivor, FG3).

Organisations also need to know about religious and cultural issues, we are different cultures and if services don't know about these, they should understand about our family culture, issues about honour and shame (Survivor, FG4).

Women in my community don't trust the police and don't want to speak to police. My husband told me I can't go to the police because I have no evidence, so they won't believe me and will just lock me up or deport me. It was scary not knowing where to go, he beat me and did so many things, I tried to kill myself so many times, and I don't have anyone from my family here, I was totally alone. (Survivor, FG3)

I can't go back to my family any more, if [service] didn't help me, I would definitely kill myself because I would have nowhere else. They are my friends and my life (Survivor, FG1).

It's important for us to have someone to help us who know what our rights are in relation to no recourse to public funds, because there can be help available. (Survivor, FG4).

v. Listening to survivors and responding with timely support

All survivors said they wanted services to listen to them and offer support based on their circumstances and needs

It's not about creating specialists in every service but making sure general services have enough information to signpost you to the right services for your needs at that time. (Survivor, FG1)

We all need agencies to see us as individuals with needs, sectors and agencies take over and we need to fit into them, it should be turned around so we have a 'beginning to end' service built around our needs and is joined up. (Survivor, FG3)

We need more support for us so we're not seen as a case to be closed or passed on to someone else, we have needs in our own right, and support should be available for as long as we need it, not time limited (Survivor, FG1).

It's at least 6 months or more just to get counselling...Why don't the domestic abuse services have their own counsellors for every woman who needs it – not everyone does but I had history and wanted support around my mental health (Survivor, FG6).

Survivors stated that services were not always available when they needed the support. For example, accessing services is a particular problem for women who work; counselling services have such long waiting lists that many found it impossible to access therapeutic support; and survivors spoke of significant delays with accessing ID documents and made practical suggestions for improving the system.

If you work you can't access any help. Groups are held in the day and services close at 5. There's just no help during the evenings or on weekend. You can't go into a refuge and pay the rent if you work either, it's just too expensive. (Survivor, FG4)

The refuge was excellent for one to one support but it wasn't always available when you need it. They're very understaffed so when you wanted to see someone or get advice there's not always someone available. (Survivor, FG1)

My young daughter went through a stage of trying to kill herself because of what we lived with, the doctor gave her tablets. It was 8 weeks later before social services could get to see her and then she was also on a waiting list for counselling. In that time – it took 5 months – I had to manage this on my own, ...I needed support myself, a safe space for me to talk through my feelings about being a mother and how I can help her get through this. (Survivor, FG1)

I was diagnosed with PTSD and depression and I've got really bad anxiety. But their waiting list is long... it's been a year since I've been told that and nothing ... I've been taking medication and its had such a bad effect on me... There are some days I can't leave the house, I think if I had better help from mental health services I could be a better mum.”(Survivor, FG4)

I don't have ID, I don't have bank accounts, we don't have any of our documents. I've been waiting for weeks from social services for papers to provide a record of abuse. I've been waiting 24 months to get replacement ID... I'm stuck if I don't have my passport, I can't get work, I can't stay and live and I can't leave (Survivor, FG3)

Why can't women, when they come to this country, have copies of their passports taken by the Government... It would be helpful if one day a month someone from London came to Cardiff to do immigration interviews, to save us travelling, the interviewer should come to here. There is also no access to embassy staff in Cardiff, they're in London or in other areas in the UK but not in Cardiff. This would help us with passport and ID card access (Survivor, FG3).

At the time the support was a 3-5 year waiting list and I thought I wouldn't be alive to see 5 years. So I started doing overdoses and being held on hospital corridors (Survivor, FG6).

My GPs, they were great to a point but what can they do, there is no psychological help out there, there's 2-3 years waiting lists (Survivor, FG2)

vi. The needs of specific groups of survivors

Survivors in different groups spoke with great insight and understanding of how different life experiences and different identities should not act as barriers to seeking help. Many felt strongly about agencies labelling some groups as 'hard to reach' which meant in reality that services were not meeting their needs.

Several issues were identified by survivors as additional barriers to accessing help and support, based on their identities or life experience.

- **Older women**

Some older women said they were not comfortable accessing refuge services but were accessing other support services including advocacy or counselling in the community. They explained that they felt accessing a refuge at this stage in their lives was not an option for them. They spoke of needing to avoid the stigma of having to live in a refuge or being homeless, which resulted in some survivors opting to stay with abusive partners until they could find suitable accommodation to move to.

Older women just don't have anywhere to go. I would never go into a refuge at my age. I want to move out but I don't have anyone practically to help me. So I stay with him. A friend I know who is older and is being abused too, she is totally isolated. (Survivor, FG7)

Financially at my time of life I can't start all over again with nothing, but there's still a strong assumption you need a man to survive. I wouldn't go into a refuge but would live on my own in a small flat if I could have support (Survivor, FG6)

Older women also said that they needed to access housing that was more suitable and adapted for their needs, given some of the health issues they were now facing. For some, these were exacerbated by long-term substance use and involvement in the sex industry.

I'm older, I'm vulnerable, I suffer from ill health and I'm disabled, but I don't even have a social worker. The outreach health clinic had to stop coming around my house because he's so dangerous. But they expect me to live there, and expect me to turn him away when he shows up at my door. (Survivor, FG5)

I don't feel safe in my home but where would I feel safe? There should be somewhere that's safe and secure, which isn't sheltered housing which we couldn't get in to anyway, that supports independence but has wardens or CCTV. Older women on the beat who've lived with abuse for years and years need at some stage to get some respite, proper healthcare and protection (Survivor, FG6)

Neighbours called the police and they just came and asked him 'have you hit your mother again'. He'd picked me up and threw me on the floor. I've had injunctions against him and he's been locked up, but he comes straight back to my house. It's helpful when they take him away, I feel calmer, my health isn't good so it's difficult for me to cope when he's around (Survivor, FG5)

- **Women abused by their children**

Women of all ages who experienced violence from children also spoke of having no-where to turn, and of being frightened but also embarrassed because it was their child who was being violent.

It's hard to accept your child is doing this to you. You can accept a boyfriend – I mean it's more normal. It's worse when it's your own flesh and blood because you expect better. He might kill meI'm already on borrowed time. (Survivor, FG4)

My abuser was one of my older children, it's linked to taking drugs, and my younger children are now starting to have an attitude too, they need help to know that's not ok and that's not normal...Getting to the refuge and the help here has been amazing, invaluable. Going through it with my children has been really hard (Survivor, FG1)

- **Black and minority women**

Black and minority women believed that services did not understand the cultural and religious contexts of their abuse. They spoke of being afraid to seek help and of the consequences of leaving which included further violence from other family members. Survivors wanted services to have a better understanding of religious and cultural issues particularly notions of honour and shame.

In our communities women are even more scared to speak out or share their experience with others. We need to educate these communities so they can speak out, get help and support. (Survivor, FG3)

I can't ever go back. My brothers will kill me. They knew what was going on but told me I had to stay as he was my husband. (Survivor, FG3)

Many survivors stated that the police and other agencies were often reluctant to intervene as they believed it to be a cultural issue.

No one wanted to help me. I called the police but they said 'things are different in your culture maybe you can work things out'. (Survivor, FG4)

I went to the doctor for 3 abortions in so many months. No one ever asked me why. If they had asked I would have told them. (Survivor, FG3)

The police don't really pursue perpetrators in non-white communities because they see it as being racist, when what they should be doing is protecting women. My husband told me I have two weaknesses – my family and the police; the police won't believe me if I tell them about the abuse, and my family will be killed after he chops me up. So I didn't tell anyone for a long time. (Survivor, FG2)

Police need training and to be held accountable for a stronger response to BME perpetrators, despite all the evidence police believe what men and community leaders and the family are saying about women, that they're mad, they're bad mothers, it's their fault (Survivor, FG4)

The police and others need to be better trained to deal with domestic violence and different cultures and to publicise this in different communities in different languages – all the time, not just some times of the year. (Survivor, FG2)

Immigration status and insecurity was a real worry for many minority survivors. Many feared destitution as a result of having no recourse to public funds. Some spoke of perpetrators using insecure immigration status as part of the ongoing abuse by threatening to expose them to police and having the women deported and taking their children from them. Services too were often reluctant to help victims with insecure immigration status.

All agencies see is an immigration status they do not see us as human beings. We need help. (Survivor, FG3)

He told me no one will believe me because of my status, that they will take my children from me. (Survivors, FG1)

Not having access to identification papers which then affected their ability to access services or prove any identity or status was causing huge difficulties in accessing legal help and progressing their cases. Some women faced threats of deportation, which they experienced as secondary abuse by the state.

He has all my papers. No one will help me to get them. He's in {...} and they say it's too far. (Survivor, FG2)

My father is very sick... I haven't seen him for many years. I have no papers and no one can help me get them. I can't go to my father. (Survivor, FG2)

I was brought here by him and now they tell me I will have to leave in a few weeks. What can I do? I will have to go back – but to what? My family don't know what happened to me and now I don't know if I will have anything. (Survivor, FG6)

No recourse to public funds was a significant problem for women accessing help and support, and in many cases was an immediate problem for some of the survivors we spoke to.

I will have to leave the refuge in 2 weeks because I have no money. (Survivor, FG2)

Where will I go? I will be destitute if I can't get money in 28 days. I am so frightened. (Survivor, FG6)

Having no recourse to public funds is a huge problem. When I married my husband he was supposed to put me onto his own documents but he refused... When I left home with my pram and baby bag, I saw housing and social workers. I'd had a baby 3 months ago and they both told me – no you can't go back to that house, it's not safe but at the same time said no, we can't help you because you have no recourse to public funds. What was I supposed to do? (Survivor, FG1)

Survivors who had lived in the UK for several years and had endured abuse for much of that time told us they faced particular challenges moving on from the abuse towards independence. The abuse had stripped them of life skills, confidence and self-esteem, and they had been prevented from learning English, leaving the house, and in some cases accessing maternity care when pregnant. These women were subsequently deemed by benefits assessors to have limited or no prospect of finding work so their access to Job Seekers Allowance was only payable for a limited period.

I got JSA for a bit and its now stopped so I only get child benefit, £34 per week for me and my children, that's all I have to live on. I'm in a refuge and can't afford to stay there anymore. The benefits agency told me Ive got no hope of getting work. I tried to explain I've been living with violence for 9 years but was kept at home all that time, I was trapped, I couldn't learn English I wasn't able to learn any skills that would help me work and I don't have childcare. Why don't they understand that? (Survivor, FG2)

How does anyone help a woman like me? I had no one. I never went out. I had my child but no one knew or was there to help. Nothing could have helped me. I got out by chance. (Survivor, FG3)

If a woman has experienced years of abuse and claims JSA, they should take that domestic abuse into account before assessing us as 'without any prospect of work'. (Survivor, FG2)

Survivors also spoke of the system challenging their experience of being victims of severe violence and abuse, despite police call-outs and evidence from other agencies, including in some cases the state issuing leave to remain for their abusers.

They told me to go back home to Africa as I would be safe there because he now has his stay [leave to remain]. I called the police 100s of times about him and he nearly killed me. The police know all about it. But they let him stay anyway. (Survivor, FG2)

Services need to be improved – legal services, the courts - Ive come here for help and support but they didn't consider my experience... They've turned down my application for asylum and haven't accepted the things I've been through so everything is closing for me (Survivor, FG7).

Nowhere is safe for women seeking asylum...I feel this is no life for me or my children here, I can't see anything changing. It's been [like this] from 16 years of age in my first marriage, my second husband wanted to traffick me and I've never slept one night in peace. I want the home office and immigration people to understand violence and abuse and what happens to women, we need to feel safe. That is my one recommendation for things to change (Survivor, FG7).

Language was often a barrier to accessing help and support for many minority women. Several minority women spoke of not knowing what help and support was available because they did not read or speak English and they did not understand that services were available to support women experiencing violence and abuse.

I don't speak English. How could I call anyone? I did call once but then hung up. I was frightened. What could I say anyway? What if he found out?(Survivor, FG6)

I did not even know that I could speak to my GP or tell anyone at the hospital what was happening to me. (Survivor, FG4)

I called {service} 3 times before I told them what was happening. I needed to know what they do and be sure they wouldn't tell him I'd called. (Survivor, FG2)

Taking English language classes would be good. We need to be able to communicate in here and in the outside world. (Survivor, FG4)

Women can't speak or say what they're feeling because of the language, it's a barrier to speaking about the abuse because we're trying to talk about the same thing but in different languages. Even with an interpreter it's hard (Survivor, FG5)

There were particular concerns raised about access to helplines, including the Live Fear Free Helpline and other services that depend on survivors accessing them by phone or through leaflets.

Information should be available in community languages, we can't all read or write in our own languages. It's a massive cultural barrier to get women to come forward...there should be radio or TV ads in our own communities where to go for help. Just an image and Helpline and number available. (Survivor, FG1)

The helpline leaflets aren't helpful, they have too much information on them, it doesn't have any pictures – images would speak to women across all languages, for us who can't speak English very well, this information tells us nothing. We need to know there's help and what the number is, that's all. (Survivor, FG4)

Even when you call the helpline you can't get through if you don't speak English or Welsh, it's not a person, I called a few times and wanted to hear someone's voice, to hear if they sounded kind, even though I couldn't speak the language, so I could then ask for an interpreter. I called and kept hanging up as it was a machine. (Survivor, FG2)

- **Survivors living in rural areas and small communities**

Survivors in rural areas raised a number of issues specific to their abilities to access and engage with services. They spoke of their fear of their experiences becoming known by the local community and of the stigma associated with this.

The [local paper] had reported my story from court. I was devastated. They did it without me knowing which had ramifications for work. My boss called me in to speak to me. Our names and address were in there and everyone who knew me knew it was me. (Survivor, FG5)

He moved away but he's now moved back. He's told our friends and everyone locally knows what I've been through. He's lied about me. I just can't get away from it. I've got to put up with it or move away and why should I? (Survivor, FG3)

Women living in rural or smaller towns or villages also found it difficult to seek help because they didn't trust local professionals to keep this information confidential. This problem was exacerbated when their abusers are also known locally, and in some cases abusers were the local police officer, GP, court official or other well-known community leader.

He works in the justice system locally so it really limits me still. I was more scared of going to court because he worked in the system. (Survivor, FG3)

I've been having really bad panic attacks for years and my doctor has been asking me why I get them....My doctor knows everyone in the village and we live in a very small village. But I don't really want to tell her about the abuse because I don't want anyone else to know. (Survivor, FG6)

Transport issues in many areas meant that survivors who did not have access to their own vehicle which they were freely able to use, were forced to use public transport which was extremely limited, where it existed at all.

Some women can't get out at all because they haven't got access to a car or can't drive. The only place some women ever get to is the farmers markets. It's impossible to get anywhere sometimes. (Survivor, FG6)

Broadband and mobile coverage is very limited and in some areas of Wales, non-existent, which meant finding out about sources of help and support could be almost impossible. Survivors spoke of being increasingly isolated and vulnerable without access to a phone line or mobile service so that they can get help in an emergency.

I've moved here after several other moves to get away, there's no landline or mobile connection, I was terrified he might turn up and kill me, and there was nothing I could do. I had no internet, no mobile signal for a month. I wasn't able to call emergency services. I spoke to the police and they said there was nothing they could do. That's a major flaw in the system that's supposed to protect women from abuse. Why can't BT lines be prioritised if the police or council tell them it's an emergency? (Survivor, FG3)

Hospital services including emergency services are often some distance from where a survivor lives, and several survivors told us that getting to the hospital could take over an hour or more from where they lived.

It's really difficult to access regular services in our community, any service at all let alone whether they know about domestic abuse. There's no doctor nearby, there's no A&E – the nearest is an hour away. (Survivor, FG3)

In some areas there is only one legal practice which was used by local people. This meant survivors had to travel to another area to try and get legal advice and support.

He knew the solicitor so got there first. I haven't got anyone (solicitor) for me yet. (Survivor, FG3)

Survivors who had been placed in rural areas as a result of fleeing an abusive relationship said they experienced a culture shock coming from a larger town or city. Several said they did not feel accepted even after a number of years of being in the area.

I was moved here from [...]. It's been 3 years and I still hardly know anyone. I feel like a stranger. It can be really lonely. (Survivor, FG3)

There's a lot of stigma for single women in small villages. In a city you're not so noticed but in rural areas everyone expects you to be married and you can't really go out on your own if you're single. It's a stigma, it's odd. (Survivor, FG5)

- **Women with multiple support needs**

During the consultation we were able to hear from women who had support needs relating to mental health support needs, problematic substance use and homelessness.

They stated that they felt judged by some services and felt they got a worse response than other women who were being abused, because of their life experiences.

I can't go to a domestic violence service or a refuge. If they find out I've been on the streets on the beat that's it. They look down on you, think you're worthless, its staff and the other women. (Survivor, FG5)

The police called because of domestic violence, they're so used to coming round, they just separate him from me and tell him to take a minute, then leave. Are they like that with everyone, if women don't work the beat or aren't known for having been in trouble before, do they do the same? I doubt it... The thing is you get beaten so badly after the police come and do nothing, it makes you think twice about calling the police again. (Survivor, FG5)

Sometimes they turn up with women's aid who tell me about this or that support, or about refuges, but I've been there before it doesn't work (Survivor, FG5).

I was there at the back of the court supporting him, I find them [domestic abuse advocates] a bit pushy, they turned up at my house and told me 'you've got to prosecute, we're here to support you' but what are they going to do afterwards, what happens then, they won't be there for me when he comes straight home. What will they put in place to protect me then? They've got no answers. (Survivor, FG6)

Social services have made it impossible for me to be honest with them. They wouldn't work with us...they threatened me with adoption if I had anything to do with him. So we went back to lying to them again. We didn't trust them (Survivor, FG6)

Survivors with problematic substance use or mental health support needs spoke about the inordinate delays they experienced accessing assessments, and they felt they were being punished because they found it difficult accessing the service at set appointment times.

It takes months to even get an assessment, and the system is designed for women to fail. From assessment to appointment can take 4 months or longer and if we miss an appointment we have to start again...Once we're ready to get help, there should be a way of getting from an appointment to a script within a week (Survivor, FG5).

Drug service appointments are 9-5 which it makes it difficult for us to get there if we're working the beat at night (Survivor, FG5).

Mental health services say to women who are obviously struggling, 'why are you here', or they say there's nothing wrong we don't need help. A woman I know tried to kill herself and was told by her doctor 'that's only superficial, that's not a real attempt'. (Survivor, FG6).

Survivors also spoke to us about their concerns about health services medicalising their need for support for the trauma they had experienced, and treating them with medication, without access to specialist services or other talking therapies. Long waiting lists for counselling services and/or lack of provision of therapeutic services in some areas was a real concern for many survivors.

When I was pregnant I went to the GP to ask for something, and no matter what I've been through it's like they weren't interested, they gave me tablets, I was pregnant and had another one to look after and I didn't need those tablets because they just wouldn't help...they just think of me as the problem. (Survivor, FG7).

I disclosed that things had happened which led me to feeling suicidal and there and then the police referred me to the crisis team in hospital, they asked me

do you still feel the same, I said I don't really know, and they said that's good enough here's some sleeping tablets, off you go. (Survivor, FG7).

It feels like the public sector lets us down and the charity sector like here is left to pick up the pieces. It's like you go to a GP or whoever and they can't deal with the trauma, you are psychologically traumatised but you are treated with medication, it doesn't get to the root cause of the problem. Counselling services here don't deal with it as a medical issue. (Survivor, FG7).

I wanted counselling but the doctor gave me pills because there was a waiting list. I didn't want the pills but took them anyway. When the counselling was available I couldn't go because of the pills – I'd lost all motivation and couldn't speak. (Survivor, FG3)

Survivors with additional needs said they wanted services available at times suited to their needs, and that understood their life experiences and could help them without judging them.

I'm on a methadone script. I've been clean for 4 years. I don't want to still be working the beat in 10 years' time. It's important to have support – my support workers here coordinate my social worker, my probation officer, health visitor – so they're all working to help me. (Survivor, FG5)

My support worker goes above and beyond, they will see me at night when I'm out working, they're a voice at the end of the phone ... She's there for anything I need, she takes me to hospital appointments, food banks, to the doctor, she's there for everything, because I don't have family to help me. (Survivor, FG5)

Most women like us who need help have experienced child sexual abuse and are either now involved in offending because of that or need more support than there can be available, and are now victims of abuse as adults. Children need support at the time of being abuse ... what is there when it happens to us first time round? (Survivor, FG5).

If every woman on the beat had a keyworker from very early on, when they're vulnerable to getting involved... then so many of the other problems we face would be less by the time they get to our age. (Survivor, FG5).

I've been using counselling here for coming up to a year and I'm worried it's about to finish, I just want this to carry on... it's much better to have someone listen to you when they're sat in front of you, speaking with someone you can trust, that's what these ladies have done. (Survivor, FG7).

This service is good because they stick to what they say they'll offer. They never let me down, if I have an appointment it will happen, there's consistency and there's an opportunity to open up, talking through years and years and years of things that have caused me problems, to work through that in my own head and speak about it with someone is good. (Survivor, FG7).

vii. Training for professionals

Training for all service providers was a recurring theme throughout the consultation process. Survivors were concerned that agencies did not understand or were not aware of the dynamics and impact of violence against women, domestic abuse and sexual violence. This affected the services they delivered to survivors but also agencies ability to work together as they were approaching cases from different perspectives. Many also stated that training and improved understanding of violence and abuse would enable services to better engage with survivors and improve service delivery.

Professionals don't always know how to deal with disclosures, and aren't engaging with women who try to seek help. Women only tell someone who they feel comfortable with, most professionals get minimal training on this. (Survivor, FG6)

My child has been diagnosed with stress, and they're not a teenager yet, they've had psychologists, but find it too difficult to talk about feelings, and the school has no training on how to deal with these issues. They were having these flashbacks at school, it took one of the refuge workers to go into the school to tell them why this was happening. (Survivor, FG1)

Domestic abuse services need to have training on supporting minority women and on our culture, immigration and language support needs are, what our rights to public funds are, and so on (Survivor, FG3)

All agencies need training on sexual exploitation, trafficking, child abuse, and mental health and drugs issues... support workers in [specialist services] should be respected for the expertise and knowledge they have (Survivor, FG5).

Survivors also spoke of the importance of community members being trained to understand violence and abuse and the help available.

First aid courses for community groups gives you 2-day training to listen, assess level of danger and signpost to support services. If you did something like that on domestic abuse, for 2 days, to explain to all people how to refer to specialist services, to know who to go to, that might be the first and only time they've spoken about it so it's so important that community members know how to respond. (Survivor, FG2)

viii. The value of holistic specialist services

Survivors spoke movingly of the role of specialist services and the support they had received that had helped them move towards independence, autonomy and a life free from violence and abuse. Many survivors spoke of specialist services as a lifeline, a last hope and the reason they were still alive or with their children.

One of the least stigmatising services is the refuge and services for women. They still have to tell social services if they're concerned but at least you'll get support while they do it and afterwards. (Survivor, FG1)

I lacked knowledge that women's aid dealt with emotional abuse, I thought my situation was nowhere near as bad as it needed to be to go to a refuge service, but my friend persuaded me and it was the best thing I've ever done, it saved my life (Survivor, FG2)

Many survivors spoke of the importance of having someone who understood their experience but also who could advocate on their behalf when necessary.

If you haven't got bruises they think there's nothing wrong with you... We need an advocate who argues our case because you get so many people involved it's a minefield. Even if you have a support worker it's important to know they're there for you. (Survivor, FG6)

I can't praise women's aid enough, they gave me knowledge about my rights and options, they challenge social workers when they've given me wrong information (Survivor, FG4)

It wasn't until I spoke with women's services that I understood what rights I had, that I understood it is so important to name your abuse and talk to other women about what's happened (Survivor, FG6)

Some survivors also talked about the importance of simply being listened to and how counselling was helping them.

Coming here and just talking and sobbing my heart out to someone listening to you, being able to talk and talk and talk and talk with no one saying anything back... You can never move on, that's why you need to talk to cope with the things that happen (Survivor, FG7).

You just want someone to listen and not say to you you're wrong or you should be doing this or doing that because they don't know what you should be doing. They should be there to just listen to you, you have to decide yourself from what you say to them 'yeah im getting better'. (Survivor, FG7)

They're just someone you can sit and just talk and talk to without any interruptions just about how you feel, it could be anyone because they don't have to talk they just listen, how you feel from very young to what happened yesterday you've just got that space to talk and say what's going round and round in your head (Survivor, FG7)

Whilst many survivors recounted positive experiences of specialist services they were aware that these services were not always well regarded by other service providers e.g. police and the courts. Survivors wanted to see specialist services given professional recognition by other agencies for the services they provide supporting women, men and children and the expertise that they bring to this area of work.

They don't really like it if you have women's service in court with you. No one listens to them anyway. They should as they know about what's happened to me and understand. (Survivor, FG1).

Women's aid should be authoritative enough in the eyes of others to say to the police, CAFCASS and any other agencies yes this is domestic abuse ... but I sometimes get the impression it's detrimental in court if you've had support from women's aid, its looked down on, as like you're being more vulnerable (Survivor, FG2).

In each of the focus groups and the telephone interview fears were expressed by survivors about the impact of austerity measures and cuts to services which may result in the loss of specialist violence and abuse services, counselling services and other sources of help and advice.

What will happen if these services go? Who will be there to help? They're already struggling. You can see it but they try to help all the time. (Survivor, FG7)

Survivors were concerned that funding cuts would mean the severing of a vital lifeline for them.

The women in this service saved my life. I couldn't cope and they gave me my life back. I was living in an unreal situation and they understood. They made me feel less isolated and helped me find myself again. (Survivor, FG1)

The refuges ...break down the isolation, get you out of the situation, and believe you. Even though we're all from different backgrounds they're holding us all cos they know what we've been through. I don't know what could happen if they weren't here. (Survivor, FG7)

(Service) was there and they really helped me with money and finding out where to go for help but they are gone now as there was no more money. I still need help. (Survivor, FG1)

Funding for services is so important. (Survivor, FG2)

ix. Peer and group support: Survivors supporting each other

Many survivors spoke of how much they valued the peer support they received from accessing specialist services, individually or in groups.

Groups really help, peer to peer support really helps ... you make the connections (Survivor, FG3)

I wasn't allowed friendships and children weren't allowed friendships. So the women I got to know through groups are so important to me now, I've made really strong friendships which I wasn't allowed to do before. (Survivor, FG4)

For women in a refuge it was a simple gesture that led to friendships being formed.

When I came to the refuge I was terrified I didn't want to be friends with anyone, now we're such a close knit group. I moved in and a lady gave me pakoras and I didn't know why...I just closed the door on her. Now she's a good friend. (Survivor, FG4)

Meeting other survivors who had also experienced violence and abuse helped survivors recognise that their experience was not unique and reduced a sense of isolation.

The group was the most helpful thing as it made me feel less isolated. I had contact with other women and realised for the first time in years that I wasn't the only one living with this. It's common and it's what many men do to women – that was an invaluable lesson and made me feel stronger, that it wasn't about me, that he had the problem. It helped me to begin to move on, the women's group saved me. (Survivor, FG2)

Groups are great because women had been going through all this on their own, ... what we get from the group is the support and connections with other women, because we're all on a journey and we can help each other along even though we're in different places (Survivor, FG6).

It's really self fulfilling to have peer support groups, I can say something honestly to my peer and we can make connections and can support each other outside of this group. My biggest problem with it is that it ends ... the support of women is invaluable (Survivor, FG1)

Women need more group support because it helps break down the belief that it's only me going through this, it reduces our isolation it helps us make connections that this is common – whether we've experienced sexual abuse, emotional or mental torture or physical beating, it helps us name it so we can move on, we need more groups (Survivor FG6)

For some others, groups were inaccessible or considered unhelpful unless women said they were ready to talk to others.

If you work full time you can't access any help, groups are held in the day and services close at 5, there's just no help or groups during the evenings or on weekend. Why not? (Survivor FG3)

I don't want still to be working in the street in 10 years time, but you could have put a thousand groups in front of me, but until I was ready I knew it wouldn't work (Survivor, FG5).

Many survivors told us about how important drop-in centres, women's centres and places where they could meet other survivors could be, to helping those who have experienced violence and abuse recover.

Drop-in centres are great, they're critical because we need support when it's most needed. The Friendship Forum here gives us support that we organise – like self-defence, yoga classes – that's fine for us but we need services who know what they're doing for all women who aren't yet ready to come to a wider forum. (Survivor, FG1)

I'm stuck and I can't see any way out. I wouldn't ever go through the door of a council office or call the police unless it was a dire emergency. They've brainwashed you into thinking it's normal and you're trapped anyways so even if someone asked me I would deny it. But being able to come to a centre like this, where there are women there in groups like this one we're in today, that would give me the courage to plan to move out, it would help if I know I could get support without telling someone official (Survivor, FG6)

x. Children and young people

Many survivors repeatedly stated their primary concern was the impact of the violence and abuse on children. Survivors wanted children to be heard and to be able to access specialist support separate and distinct from the support being given to their mothers/carers.

The children need support too. They need to be able to get help to help them understand what's happened. (Survivor, FG1)

There's no one to listen to children especially if they're under 6. (Survivor, FG4)

We have asked [service] for parenting courses, and for play groups for children, and for child care, they say there's no money. That would be one thing I would like to see. (Survivor, FG2)

Survivors were very concerned about preventing children and other young people from experiencing further violence and abuse in their lives. They welcomed any efforts to ensure that all those working with children and young people had access to information that helped them identify abuse and be able to recognise it should it happen, and to know where sources of support could be accessed if needed.

Children need to know what's wrong and right in relationships, what's acceptable, and what help is available – what services there are. It needs to be age appropriate, in primary school – it should be compulsory and not out of choice as parents and some children may not get it. As they get older, in secondary schools, boys already hit girls in school, for the sake of it and no-one challenges it. It needs to continue all the way through university” (Survivor, FG1).

The focus group participants wanted programmes in school to begin with young children as early as possible and to be available to all boys and girls.

My child he's seen and heard a lot. I'm glad I got out because if I stayed any longer he would think it's more normal. But they should have sessions in at 5, 6, 7 years of age; it needs to start very early on. (Survivor, FG3).

I want my daughter and her friends to know. I wish I'd had more knowledge, I never saw it coming and I'm not stupid, but we just didn't have any education,

any awareness. I didn't know there were services here to help me. This should be taught in all schools. (Survivor, FG6).

Survivors stated the need for children and young people to be able to access confidential services at school to ensure that those who are living with abuse are not identified or singled out.

The worse thing was the children didn't have the option of speaking to someone at school. They wouldn't say anything to a teacher or a police officer 'cos they don't want everyone to know but if there was a support worker there for children I'm sure they'd have spoken to them. (Survivor, FG6)

Survivors stated that therapeutic services for children to help them understand their experiences were either extremely limited or not available at all. Survivors who had engagement with the family courts and child contact proceedings were especially keen to ensure that provision for support for children was made available. Survivors expressed concern at how children were subject to ongoing emotional abuse as a result of child contact issues and that this had a significant impact on both mothers and children who had to go through the process with limited support.

The children need help just for them, but maybe not in school because they may be embarrassed or worried their friend's will find out. Someone needs to listen to the children. (Survivor, FG1)

Survivors were aware of the impact of the abuse on their relationships with their children and their ability be a parent. They used various strategies to address this but spoke of being judged by services.

I can't work and I've been diagnosed with PTSD after the abuse. I've left my children with {...}s and see them regularly but at I've got services telling me they should be with me. I know I've not got enough support to cope with supporting the children at the moment. They're safe and happy why would I risk that? (Survivor, FG5)

Some survivors also told us about their need to have support for themselves, when their children have also disclosed or experienced child abuse by the perpetrator, but this had not always been forthcoming.

I wanted a service there for me, someone to explain what sexual abuse was, I tried to cope ...I had to understand all that and no one gave me support...I just cried every night and started drinking to block this out (Survivor, FG7).

xi. Criminal Justice Services

Survivors had mixed experiences of criminal justice services.

I called the police and they were brilliant. They referred me to women's aid to get the help I needed. (Survivor, FG6)

They asked him to leave the property which he agreed to. The following day women's aid contacted me having had my details from the police, which was great. That's what made the police response good for me – to get help from here as I didn't know these people and these services existed. (Survivor, FG1)

Everyone says 'phone the police', but they don't do anything. They'll send him away and he'll be back in an hour and kicks down the door. (Survivor, FG4)

I don't think the police know enough about domestic abuse. I was 17 when I first spoke to police and they used to say 'why don't you just leave him?' they helped him more than they helped me. He went to court and there were more agencies around him and wanting to help him than me. When he told them it was my fault he did this and that, they believed him – they gave him counselling, they offered him parenting sessions but no one told me about refuges or offered me support. (Survivor, FG2).

I didn't have secure status when my abusive situation started, I called in the police over 49 times over a few years, but because I didn't have my immigration status, they would tell me to call social services, give me options to go back to Africa or go back to him This went on for 5 years. (Survivor, FG1).

Many survivors stated that they did not feel safe and were looking for protection, and how they continued to feel unsafe after criminal justice services had taken action against the perpetrators. Court orders, prison sentences and injunctions seemed to have little effect at keeping some of the survivors safe from further abuse.

He was given 6 weeks in prison for attacking me but as soon as he was released he came straight back to me. It's his home and he's my son. What can I do but let him in and it starts all over again. (Survivor, FG4)

The court said he has to stay 100 metres away from the house. He does stay that far away but he stands and watches – all the time – I don't know what he'll do next. (Survivor, FG1)

His 3 previous wives have gone through similar. Despite all the evidence the courts believed him. So now he's stalking me and no-one's interested. (Survivor, FG1)

What would be helpful is for him to be kept away and for him to not know where I live ever. (Survivor, FG7)

xii. Family Justice Services and legal aid

The family justice system¹² was the most negatively experienced by survivors who participated in this consultation. Every focus group highlighted significant criticism in relation to family court processes, child contact proceedings and the consideration given to domestic and sexual abuse.

¹² This included problems with legal aid, CAFCASS, social workers, contact centres and family courts.

Survivors in many areas talked about their experience of perpetrators using the family court system to continue to abuse and control them.

In family court the fact that you're not allowed to bring in past issues doesn't make sense when it's domestic abuse. Judges should be allowed to hear this. He defended himself and just spoke and spoke and I wasn't allowed to answer any of the lies. (Survivor, FG1)

The family court system can continue abusing you after you've left your ex – it's like the system abuses you all over again. (Survivor, FG3)

They put you back in the same room as the abuser, to try to get you to mediate with him when he holds all the power and has dominated you for years, you haven't got a chance it's not equal. (Survivor, FG1)

Survivors stated that, unlike the criminal justice system, the family courts did not appear to understand domestic abuse and its impact on the non-abusing parent or the children. This lack of understanding resulted in not being able to access the help and support needed by survivors and their children, through the court process.

Court services aren't utilising all the services in place that victims need. (Survivor, FG6)

CAFCASS has not been helpful. I had to go to see them [where he's from] so I'm trying to see them here because I don't want him to know where I am. They don't seem to know about domestic abuse or what I've been through. This is still going on years later and the issue is still not resolved. (Survivor, FG3)

Survivors also spoke of a lack of a joined up approach between criminal and family court cases, where in some cases women felt family courts were not aware there was also a criminal case being investigated.

He went to prison but the family courts were just interested in him seeing the children. I'm not sure they even knew about the prison stuff. (Survivor, FG3)

Cross border working was also raised as an issue particularly in relation to contact proceedings.

He had other relationships where he did the same thing. There were children too and he always wanted contact. Why didn't the courts make the connections between the cases? I know they were in England but they need to know about when they've done this before. (Survivor, FG3)

CAFCASS didn't make the connections between my experience and the ex-wives he's had before. He's done the same to them, we're all going through court. There was clearly a pattern but maybe because it was cross border they don't connect this up. They should look at the history of abuse. In the end it was his word against mine and the children didn't get a look in. (Survivor, FG5)

Survivors stated that they felt the courts did not look positively upon involvement of specialist services or other services that know about the violence and abuse. In some regions, survivors spoke of CAFCASS preventing support workers from domestic abuse services from attending appointments with women.

They were awful...I was a wreck when I first left, I couldn't sit in a room with him on my own so I had someone from women's aid come with me, the CAFCASS officer thought I was a drama queen, they felt sorry for him and told women's aid they couldn't come in with me even though they didn't say anything, she was just there to help me feel I could go into the room, I was that terrified (Survivor, FG2).

Many survivors said they felt that family justice system professionals seemed to side with the perpetrator, and dismissed evidence of abuse presented by women and children.

He won't let my daughter access her own support through a domestic abuse service. She was offered activities, groups with other children and he said no way', he wouldn't have his child having their own support. I told CAFCASS I'd like my child to go access support, and she said to me 'there's no sign of emotional abuse in your relationship so I don't see why your child needs to go to this service', she told me I'm not a victim of domestic abuse. (Survivor, FG3)

My CAFCASS officer went to see my ex and he put on the charm and she was taken in. She came back and told me 'there's no domestic abuse going on here.' They should be professional and trained and see through what they're being told by abusers. Instead the court report was written making out I was lying. They don't see him as a stereotypical abuser so don't believe he's capable of that, they just go on what he says to them which is part of the way they continue abusing us. (Survivor, FG7)

Many survivors stated that the abusive parent's rights to see his/her children seemed to override the safety and well-being of their children, during family court proceedings, despite the intent of the law to put the child's safety, wishes and feelings first.

Children aren't listened to, these children who are afraid of their fathers are going through hell. CAFCASS isn't there for them, just for him. (Survivor, FG1)

My child is bed wetting, not concentrating, terrified of seeing their father and in a total state before and after the visit, which I have to manage. Yet CAFCASS don't seem concerned about that at all. My child is dragged kicking and screaming to contact visits...My child tells CAFCASS they don't want to see their dad, they tell them he frightens them...Why aren't they speaking up for children and making the case that this isn't in their best interests, it's harming them? (Survivor, FG1)

Survivors spoke of the non-abusing parent often being seen as being obstructive or lying to stop contact. Survivors stated that they were having real difficulty proving the abuse they and their children had suffered, to the family courts.

Going to the family courts, you're just treated like dirt, you're accused of lying. (Survivor, FG1)

My husband is trying to take my son, he's going for custody. I've been told the family court judge may not believe the abuse because I don't have any evidence. The fact finding meeting suggested I've not really been abused. This is a man who cons everybody. He's nice to everyone but he's been degrading me my whole life. How will I prove it? (Survivor, FG1)

Survivors in many instances spoke of family justice system services prolonging and reinforcing the abuse they had experienced by perpetrators. Survivors felt they and their children were not heard or understood in cases of child contact and family proceedings.

I didn't feel listened to by CAFCASS. The report they submitted to the court wasn't based on what I told them. She's biased towards him and against me because he works in the system, and it's his word against mine. (Survivor, FG5)

Family courts and CAFCASS need training. Women and children aren't being heard. (Survivor, FG1)

My children don't want to see their dad after what he's done, they're scared of him, where can children tell someone this and where are children listened to? (Survivor, FG2)

My daughter is dragged screaming to visits with my ex. She runs away from him in the car park. It's like he's abducting her, she doesn't want to go and she's scared and it breaks my heart. I'm her Mum and there's nothing I can do to protect her. Why do they let this happen? It's like they're on the side of the abuser. It's wrong that children don't have a voice in family courts. (Survivor, FG3)

Many survivors believed that perpetrators were using child contact as a mechanism of ongoing control and that this was either not understood or ignored by the court and related agencies.

All agencies that have authority are simply being used as weapons against us by the abuser, it's part of their game, there's supposed to be equal rights for both parties but it doesn't happen. The children are living in a war zone and so am I. it's just a form of state violence. (Survivor, FG1)

The reason he wanted my daughter was to keep the house and get the child tax credits. Now he's got the house he doesn't want her he sent her back to me – that's fine for me and my daughter. The courts can't see the games he's playing. (Survivor, FG1)

He showed my daughter all the court documents and said "mum said this about me and mum said that about me" which is just emotionally abusing her. She's too young to have to deal with that, it's also made me not able to say what I

needed to in court because I knew he would show her every detail. He brainwashed her against me. (Survivor, FG6)

The costs of childcare for court attendance was an issue of concern for some survivors.

Costs of childcare is a big problem. I've been in family court on and off for over 7 months with my husband and any time I have to go to court I need childcare, I need to be back there tomorrow and I don't have anywhere to leave my child. Social services and CAFCASS say I can't help you. Do they want me to bring my baby to court for 3 to 4 hours? No, they won't let me. So what am I supposed to do with my child? I've tried registering them at nursery as I only need it when I need childcare, I can't pay for nursery all the time, I can't afford it. If the family court is dragging me to court they should provide me with childcare. (Survivor, FG3)

Survivors in many areas spoke of the facilities available for supervised and supported contact in their area, which are provided by a range of agencies across Wales. Concerns were expressed about the availability, location and access to suitable supervised contact facilities, following a family court decision.

If there are kids involved, the whole process of contact after leaving abuses you all over again. There's a lack of contact centres that can provide proper supervised not supported contact, the closest is [] which is hours away and it's only available once a fortnight (Survivor, FG6).

The contact centres in [...] only have volunteers in, no one who knows what to look out for... I'm concerned about safety every time we go there. (Survivor, FG4)

We need adequate supervised contact centres around Wales that know about domestic abuse and a CAFCASS service that is trained in domestic abuse and listens to children and knows about the damage contact can make unless it's safe. (Survivor, FG2)

Survivors also spoke of problems with not being able to access legal aid, and the additional trauma this had caused them.

When you finally have the confidence to leave, there are so many problems with the courts and solicitors, we have no access to legal aid and the men, they have your money and they can get legal help so they keep their power; even if you have a good job and earn money, it doesn't mean it's yours to use to protect yourself (Survivor, FG1).

There's no come back on the men, they get money, they get the children, they can buy the best lawyers and they continue to abuse me after I've left. I have to travel 2 hours to access a legal aid lawyer, the abuse just carries on by the system (Survivor, FG2).

There's very few legal aid lawyers in Wales, there's not much choice, especially if you want specialist support with family matters and immigration issues. They have offices in the cities so there's no access to legal advice in other areas (Survivor, FG4).

It doesn't help when you can't get legal support and your ex is cross examining you in court, when he presents the case against you it's him and the judge against you (Survivor, FG6).

He turned me into an absolute wreck. Yet on the surface he's a middle-aged respectable businessman who does everything to appear like a normal charming person. I thought I was going absolutely mad, I've got boxes of evidence and the thing that let me down most of all was the family court. I had to represent myself, I'm in debt, I sold everything I owned to pay for a barrister, and the judge thought he was untouchable, they believed every word he said (Survivor, FG1).

xiii. Social Services

A number of survivors told us they were very wary and suspicious of social services and their motives. There was a still an accepted view that social services would remove children from non-abusing parents if they did not comply with social services procedures, and survivors did not feel there was enough – or any – onus on the abusers to stop their abuse.

Social services tell him one thing, and they tell me if I don't leave him, I'll lose my children. (Survivor, FG6)

Social workers came out to see me, 4 months ago, but they haven't seen me since. Because I'm in a refuge agencies assume you're ok, leave you there without any support or without anyone challenging the abuse (Survivor, FG1).

It's the way they say to me, do this and don't do that, and they can come into my house whenever they want. Why aren't they going after him, who's been so abusive to us (Survivor, FG1).

I would advise every woman to stay away from social services, all they want to do for victims of abuse is put the children up for adoption, not help us look after our kids. We walk into social services for help and they don't understand, they put us in more danger (Survivor, FG4).

Some survivors told us that social services had not responded positively to their attempts at seeking help, and many said they felt judged and blamed for the abuse.

I went to social services, they weren't interested and said 'we don't have funding for you' and 'you have to go back to London' (Survivor, FG1).

Because I decided to stay in the house I get no support from social workers or anyone in the council. They assumed that because I didn't leave the house, because my children had issues about being frightened of moving, they assumed it wasn't that bad (Survivor FG2).

Social services are the worst agency to get involved, because we know we will end up losing our children. They have so many rules for us to follow and if we don't follow the rules we will lose our child, they look in the fridge, they ask my daughter what I'm doing, they check if my house is clean. And it's not us who's done anything wrong... (Survivor, FG3).

I am still with my violent partner and all social services do is come round to see if everything is ok. They put my children on the register and go away, and leave me to it... I just need help. (Survivor, FG1).

Social services didn't tell me about refuges, they just scared me by threatening to take my children away ... if they'd have helped and told me about these services I could have got away sooner, I wouldn't have stayed so long with the abuse. (Survivor, FG2).

All social services said was we'll get you back in a room with him to talk about it. But I didn't want to go near him after what he'd done. I feel social services are not very good, I've got no praise for social services, the way they've treated my son and myself (Survivor, FG7).

Safeguarding training was a particular concern for some survivors.

Safeguarding training for agencies just isn't enough. It gives a bit of knowledge but there's no information or in depth understanding of domestic abuse included in safeguarding courses. (Survivor, FG3)

Some told us that the advocacy they received from specialist services helped them keep their children in their care.

If it wasn't for women's aid I wouldn't have kept [my children]. Social services didn't think I was strong enough to look after them, so I had to hand them over, and I had to prove to them I was ok to have them back; the support workers helped me get through that. (Survivor, FG2)

Survivors stated that the safety of them and their children should be paramount in cases of violence and abuse. They felt that this was not the case and that survivors were judged and sometimes asked to mediate with the abuser.

What social services seem to be doing in domestic abuse is erring on the side of treating everyone the same but what they should be doing is erring on the side of children's safety because what happens time and again is they expect women to mediate with their own abusers when they've lived with them in a war zone, and if you don't do this you're judged by agencies for failing in some way or for not doing what they expected you to do. (Survivor, FG1)

xiv. Independence and moving forward

In each of the focus groups and in the telephone interview survivors stated that whilst they highly valued specialist services, they did not want to become dependent upon services but wanted to be able to access skills, training and employment in order to gain independence and move forward with their lives. They spoke of setting an example for their children and gaining financial independence.

For most of us mothers here it's important we can settle children and move into a settled home life again as quickly as possible. A place to live, work, money, a future. So the children see a better life. (Survivor, FG5)

Some things that survivors said they needed help with included English language teaching for minority women

I'm desperate to get help to support me with a CV and to get help to get skills and to learn English and to find a job. That's the only way I can see to survive. (Survivor, FG2)

Survivors also said they wanted to find out more information about training, education and other learning opportunities with a view to accessing employment opportunities.

You need to help women to move away from the abuse and have a new life. It should be important to get new life skills and we should be able to link to other services to do this. (Survivor, FG1)

Services help with benefits, doctors, schools and urgent things, but then the dependency comes in and women aren't helped to move on to live well on their own, to make community links, to get English lessons, to stand on their own two feet and to get work if they can, even practical help with CVs or skills so they're not dependent on these services for ever. Otherwise the service is a substitute for the family or for them getting a new life (Survivor, FG2).

xv. Housing

Housing was a significant issue for many survivors, and concerns ranged from extended lengths of stay in a refuge, accessing affordable housing, issues with private landlords, housing benefit allowances and eligibility, to issues around getting furniture.

I was living in a house for 13 months with just a bed, without any furniture or heating, it was freezing cold, there was nothing left and he still harassed me. (Survivor, FG2)

Private landlords are the worst. They keep you there for 6 months if you're lucky and put the rent up and there's just no security. It's not possible to get out if you can't afford it. (Survivor, FG1)

I've been told I can't stay in [...] because I have no local connectionthat shouldn't matter if you're a victim of domestic abuse. They should look at your safety, local connection shouldn't come into it. (Survivor, FG6)

A small but significant number of survivors who attended groups had been in refuge accommodation for some time, ranging from 6 months to, in one case, two years.

I've been in the refuge for two years now. I'm hoping to get a place soon but then I've got to get everything to go in it. I just want a home for me and my son. (Survivor, FG6)

Survivors questioned the approach that always resulted in the victim of the abuse and any children having to move.

Why did I have to leave? They always make the woman move. He gets to stay in the house with everything and he's the one who has done wrong. There's no consequences. I've lost everything – my belongings, the kids toys, everything. It's not right. (Survivor, FG2)

No one ever said to me when the police came that they should remove him – every time it's been me and my child that's left. (Survivor, FG1)

The cost of finding alternative accommodation was a barrier to moving forward and single women were also concerned about their lack of housing options.

It takes ages to get rehoused here, there's nothing available, and if you find anywhere you can't afford it. (Survivor, FG6)

Single women under 35 shouldn't have to live in a shared house or stay in a refuge until they can afford to move out that just tells them to stay with the abuse until they're 35. (Survivor, FG6).

There should be a combination of refuges, support in your own home and support into houses where women have moved on either from the refuge or from abuse. (Survivor, FG6)

xvi. Communication, media, raising awareness

Despite many years of raising awareness about violence against women, domestic abuse and sexual violence, survivors in each of the focus groups said much more needed to be done to raise awareness of the different forms of abuse and where to seek help. Many survivors said that as they were not suffering physical violence they did not recognise their own experiences in the images of victims portrayed in publicity or by services.

The verbal and emotional abuse, it happens so slowly, you get to thinking there's no other way. It was a total eye opener coming to a domestic abuse service and realising what I'd been through. (Survivor, FG6)

Survivors spoke of their fears and the potential consequences of disclosing the abuse to a service and/or professional.

I was scared when I went to the hospital with broken bones. I wanted to tell them but I was terrified. I didn't know how to tell or how to report or what they would do with the information. (Survivor, FG4).

Survivors wanted to see more advertising on television and radio – not just as part of a short-term campaign – but ongoing so that they could access the information needed without any risks from the perpetrator. Comparisons were made with child abuse campaigns and advertising. Although some survivors recognised that the child abuse advertisements on television were focused on funding and donations they felt that the campaign was still able to convey the different forms of abuse and name an organisation that could help.

There's an advert on TV about child abuse and they show the different things (forms of abuse) – you know – and there's a number. It's on all the time. They should do something like that. (Survivor, FG4)

Minority women also recommended the use of television and radio as a means of sharing information about violence and abuse that was safe for them and would not arouse the suspicions of the perpetrator. Several survivors talked about how health services used television advertising in promoting health campaigns to minority communities e.g. diabetes and stroke campaigns, in which a generic advert is dubbed in community languages and shown throughout the day.

Survivors wanted information to be much be widely available including online.

Having online support would be really helpful, as I can't find anything that helps me during the day or for me to see anyone in person. I'd rather it be anonymous. But then some libraries don't have computers so how would they get help? Is there any information in local libraries? (Survivor, FG1)

Survivors in rural areas spoke of the difficulties they and others faced in accessing help and information, and that information should be available in as many locations as possible.

Farmers markets are the only place married women I know go. They should have this information there or articles should regularly be in the [local paper], posters in the hairdressers and dentists and local libraries. To give women options and the chance of seeing something. Youth clubs and young farmers too. Young people need to know what to look out for. (Survivor, FG3)

Information about the help there is should be everywhere women go, like supermarkets, pharmacists, on local radio, in local community halls and in every GP surgery, or if you work your employer should publish this as routine. It should just be everywhere. We should be able to go somewhere and see what help there is. The local shop should have posters. (Survivor, FG6)

xvii. Misperceptions and misinformation

Over the course of the focus groups it became clear to the facilitators that there were a number of misconceptions and misinformation that was affecting survivors' ability to engage with services and to understand the experiences of others. There are three points to highlight in this regard.

Firstly, a small number of survivors said that limited ability to access services was a result of an increasing immigrant and migrant population, as well as survivors being placed in refuges out of area, across Wales. They felt that this had resulted in a shortage of housing, health services including counselling and support workers.

I'm sorry but I have to say it. It's the immigrants. If they weren't all here there would be enough money for everything. Me – and these other women would be able to get housing. But they've got it. I know people won't like it but it has to be said. (Survivor, FG6)

Secondly, the male survivor who participated in this consultation said that he and other male survivors he knew, believed that services for women received all the funding and male victims of violence and abuse were disregarded.

There are all these services for women and nothing for the men. The women's services get all the funding. (Survivor, telephone interview)

Finally, survivors in rural areas were concerned that funding was disproportionately distributed to cities resulting in a lack of services in their areas.

Welsh government needs to give more money to [rural areas] rather than give it all to Cardiff. Just because it's more rural here that doesn't mean we don't need support. (Survivor, FG6)

These misconceptions must be addressed and challenged in order to avoid building resentment between communities and survivors.

5. Recommendations

Recommendations for the National Strategy in Wales

SUMMARY:

Survivors ***strongly recommended that a national framework for ongoing survivor engagement and involvement be prioritised and resourced*** by Welsh Government that enables survivors to educate, advice and inform services on improving their practice.

Survivors also identified **10 key recommendations for priority inclusion in the updated national strategy, to be delivered by Welsh Government:**

1. Dedicated specialist services for children and young people impacted by or experiencing domestic abuse, sexual violence, FGM, forced marriage, sexual exploitation or harassment, available in every area.
2. Specialist domestic abuse and sexual violence services for survivors that are accessible and resourced to meet the needs of specific survivor groups, available in every area.
3. Improved awareness of and response to violence against women, domestic abuse and sexual violence by professionals involved in the family justice system (CAFCASS Cymru, judges and court personnel, contact centres), and safe child contact with parents/carers following separation, in cases of domestic abuse and sexual violence.
4. Accessible 'refuge service' support in every area, accompanied by safe, affordable, longer-term housing options for survivors of abuse, that provide flexibility, choice and meet survivors' needs.
5. Women's groups and peer support available in every area, to reduce isolation and maximise independent spaces that increase confidence, esteem, and empowerment.
6. Protection and support for all survivors who have no recourse to public funds, to ensure equal access to safety, support, protection and justice, and finances to live independently, irrespective of survivors' immigration and residency status.
7. Counselling and therapeutic services for survivors that is available, in every area, when needed, is age-appropriate, and helps build resilience and recovery from abuse.
8. Greater focus on stopping perpetrators' behaviour and holding them to account by public services, and where violence and abuse involves coercive control, action by public services to ensure perpetrators leave and end abusive relationships.
9. Improved training for all services on all aspects of violence against women, domestic abuse and sexual violence, informed by survivors' experiences.
10. Preventing violence against women, domestic abuse and sexual violence from happening in the first place, through compulsory prevention education in all schools and colleges, increasing awareness of the issues and the help available in local communities across Wales.

Survivors stated that it is important the needs of all survivors be addressed in the development of national and regional strategies, including survivors in rural and urban locations, in Black and minority communities and those who face immigration issues, survivors who are disabled, who are lesbian bisexual or gay, who are young or older, who are transgender, and survivors whose life experiences lead agencies to define them as having multiple and/or complex needs (for example if they have mental health or substance abuse needs, if they are involved in the criminal justice system or in the sex industry, if they are homeless or in the care system).

The stated aims of the Violence against Women, Domestic Abuse and Sexual Violence Act (2015) is to improve **prevention, protection for survivors and provision of services**. In addition to the key priorities survivors identified that the strategy should address (above), additional issues and recommendations emerged during the consultation process which either addressed each of these aims or cut across and encompassed all three aims.

The additional issues and recommendations made by survivors across all groups and interviews, are outlined below.

Additional recommendations for the National Strategy, for Welsh Government, commissioners and public services:

PROVISION

Independent violence against women, domestic abuse and sexual violence support services

- To ensure high quality specialist support services, accessible for all survivors of violence against women, domestic abuse and sexual violence, in every area, that are independent of state agencies and include:
 - community outreach and advocacy support that meets needs e.g. one stop shops, women's centres
 - refuges that have dedicated support for survivors and their children
 - age-appropriate, specialist services for children and young people
 - counselling and timely therapeutic support for children
 - perpetrator programmes with partner support integral to the programme
 - specialist services for Black and minority families
 - safe suitable and affordable housing and rehousing options
 - Sexual assault referral centres
- To ensure specialist services are available unconditionally, meet needs, and help survivors with immediate needs as well as achieve long term independence and freedom from abuse.

- To provide access to specialist services in a range of locations, including in communities and through co-located locations in other agencies (eg co located specialist support workers in health, police, social services, housing, education).
- To provide more counselling services that survivors can access when they need it.
- Provision of a range of safe, supported housing (refuges, dispersed units with access to specialist support), which is accessible for survivors including older women, women in the sex industry, and women with substance use problems.
- To ensure that survivors involved in the sex industry have access to an independent support worker, who can coordinate and support services to meet their needs, help divert or safely exit from the sex industry, and navigate agency systems to support their engagement with other services.
- To review and address the accessibility of the Live Fear Free helpline for survivors with additional support needs, including language support needs.
- To ensure provision of support for child survivors of violence and abuse who are in refuges and that specialist support is available in communities for children who have experienced violence and abuse that is specifically focused on their needs.
- To ensure provision of groupwork with survivors of violence against women, domestic abuse and sexual violence is available and accessible for all survivors.
- Dedicated drop-in 'women's centres' for women survivors of abuse that is accessible to all women where they will not be judged, where women can be supported to meet their needs irrespective of the type of abuse they have experienced. This would include being supported to exit from prostitution, poverty, addictions and to achieve independence from violence. Provision should include a range of services including sexual health support, targeted group work to help recover from abuse, access to advocacy and counselling.

Social care services

- To ensure social workers are trained in all aspects of violence against women, domestic abuse and sexual violence, to better identify and respond to survivors and perpetrators across all services and departments.
- Provision of co-located domestic and sexual abuse support workers in social care services, to take referrals following disclosure of abuse.
- To ensure adequate and accessible safe supervised or supported child contact facilities, following separation, in cases of domestic abuse, provided by staff or volunteers trained in domestic abuse.
- To ensure that government initiatives such as Flying Start which are available in areas associated with disadvantage, are not bound by geography but include disadvantage associated with domestic and sexual abuse.
- To ensure provision of domestic and sexual abuse services for children in appropriate settings that meet their needs.
- To ensure provision of domestic and sexual abuse support services for young people in the care system who need it.
- To ensure provision of support for mothers of children who have been victims of child sexual abuse.

- To develop systems for the transition of survivors from children to adult services and ensure that survivors are supported through this process so they are able to access the services they need.
- To incorporate in depth domestic and sexual abuse training in all safeguarding courses – for adults and children.
- To ensure forced marriage and FGM are seen as key safeguarding issues.

Health services

- To ensure health services are trained in all aspects of violence against women, domestic abuse and sexual violence, to better identify and respond to survivors and perpetrators across all services and departments.
- To ensure mental health service professionals understand the needs of survivors, and that services are accessible in a timely manner for survivors of violence and abuse.
- To ensure that survivors are seen alone by health practitioners, and that there is a co-located specialist domestic abuse/sexual violence support service /worker available who can offer support following disclosure.
- To make more specialist therapeutic counselling services (individual and group support) available and accessible for survivors affected by violence and abuse, and ensure that counsellors have received training and understand different forms of violence and abuse e.g. domestic abuse, sexual violence, female genital mutilation, forced marriage, honour based violence.
- To incorporate training on domestic and sexual abuse in safeguarding courses for vulnerable adults.
- To improve links between health access points and specialist support services, and facilitate specialist support services available at GP and health centres.

Housing services

- To ensure housing services are trained in all aspects of violence against women, domestic abuse and sexual violence and to better identify and respond to survivors and perpetrators across all services and departments.
- To ensure appropriate, safe housing provision for older people who have experienced violence and abuse, with specific needs that cannot be met in refuges. This accommodation could support independence but also be used to provide respite, healthcare and protection.
- More support for survivors of domestic abuse to stay in their own homes when safe to do so and training for agencies to remove the perpetrator and address their abusive behaviour.
- To work with housing providers to ensure that the needs of domestic and sexual abuse services are incorporated within housing strategies and policies.
- To work with Benefits Agency to ensure that the needs of domestic and sexual abuse survivors are addressed.
- To improve access to information about benefit entitlement in order to secure affordable and appropriate housing.

PROTECTION

- To ensure all agencies have a greater focus on perpetrators that incorporate sanctions and prioritise survivors and children's needs and safety.
- To ensure the behaviour of perpetrators is taken into account and risk assessed by all agencies when making decisions about child contact.
- To ensure criminal, family and civil justice services are trained in all aspects of domestic abuse, sexual violence and violence against women, to better identify and respond to survivors and perpetrators across all services and departments.
- To work with telecommunications providers to develop a system that prioritises installations in rural areas for survivors who have fled violent and abusive situations.
- To ensure all services have systems that enable them to see survivors alone without the perpetrator present and, where an interpreter is needed, that an independent language service is used.
- To improve police responses to survivors of abuse who are involved in the justice system and/or involved in the sex industry.
- To ensure equal access to protection and justice irrespective of immigration status. This would include for example, ensuring that Welsh Government Ministers and officials work with UK government departments to ensure:
 - Improved access to legal advice for survivors with specific immigration needs.
 - UK Borders Agency arrange immigration appointments in Wales to avoid women having to travel significant distances for appointments; and they explore taking copies/holding copies of identification documents as a person enters the country so these can be electronically accessed at a later date.
 - UK Borders Agency and Home Office ensure that survivors of abuse can use electronic records of their ID papers when they no longer have hard copies with them as a result of fleeing violence.
 - Relevant embassies explore the possibility of survivors of violence and abuse being able to access embassy services in Wales.
- To improve access to and effectiveness of legal aid in offering protection against violence and abuse.
- To work with relevant agencies to ensure the specific needs are addressed of survivors of violence and abuse who have no recourse to public funds and/or are EU nationals unable to access benefits after a fixed time period and face destitution.
- The possibility of a national emergency 'destitution fund' is explored in Wales for survivors without recourse to public funds who do not have access to the domestic violence concession.
- To ensure all survivors whose cases are progressing through court have access to advocacy and pre-trial counselling as appropriate, and to review ways of improving communication between criminal and civil legal systems so that violence and abuse is effectively addressed and that the family court process does not contradict orders made in criminal courts.

- To ensure advocacy and support is available for survivors involved in civil legal action relating to violence and abuse, particularly advocacy and support in relation to the family justice system.
- To improve training and understanding of domestic and sexual abuse and its impact for CAFCASS Cymru and all associated legal personnel involved in child contact proceedings, and that its impact is fully considered by family court professionals.
- To ensure survivors of domestic abuse attending the family court have access special measures, similar to those available in criminal courts e.g. separate waiting areas, safe access/exit routes, and screens if needed.
- To ensure that survivors of domestic and sexual violence and abuse are no longer involved in mediation meetings with perpetrators and that they receive specialist support throughout the court process where possible.

PREVENTION

Training

- Training for all frontline staff in all services and for this to be cascaded.
- To ensure all training includes emotional and psychological abuse, coercive and controlling behaviour, financial abuse, sexual exploitation, forced marriage, and sexual violence and abuse.
- Ensure specific focused training for child protection officers, social workers, teachers, and others in the voluntary sector working with children about violence and abuse, and how to respond effectively.
- To ensure that all services have training on religious and cultural issues and how these can impact on survivors of violence and abuse.
- To ensure that all services have training on immigration issues and no recourse to public funds.
- To develop a programme of prevention focused initiatives that addresses the gendered nature of violence against women, domestic abuse and sexual violence, the types of abuse, coercive and controlling behaviour and healthy relationships.

Media

- To ensure media campaigns raise awareness about forms of violence and abuse, the services available, and national and regional helplines.
- Ongoing publicity campaigns targeting survivors and the help available should be developed for television and radio and shown throughout the day (including community channels in different languages).
- To ensure that publicity materials are widely disseminated and available; these should include publicity materials focussing on coercive controlling behaviour, emotional abuse, sexual and financial abuse. Targeted publicity should focus on the help available for survivors in rural areas, those from minority communities, amongst older people, young people, LGBT communities, and male survivors.

- Publicity campaigns should also target
 - different agencies so they are aware of the range of services available for survivors of different forms of violence and abuse.
 - family and friends so that they know what help is available for survivors and their children.
 - Journalists and the television companies so they report stories of violence against women more responsibly and include more storylines about violence and abuse in their programmes, with a focus on Wales-based media.

Education

- To work with education providers nationally and locally to ensure mandatory healthy relationships education for all school pupils, and all schools and colleges to focus on awareness raising and prevention.
- Provision of peer support for children and young people in schools, and for children and young people to have access to school counselling services that are trained in sexual and domestic abuse.
- To work with relevant education bodies to support survivors to gain skills and qualifications to support them in moving towards independence. This can include English language classes, literacy and numeracy classes, support to find paid employment and/or training etc.
- Improved access to affordable childcare so that survivors with children can engage with education, training and employment.

Specific priorities for action for the Independent National Adviser

Survivors were encouraged when told about the developments planned as part of the implementation of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

Many of the recommendations directed at the National Adviser were focussed on ensuring that Welsh Government, and public and third sector services, delivered the recommendation made for the strategy (as set out above).

Survivors agreed that it is for the National Adviser to work with the relevant national and regional agencies and contacts to ensure that the recommendations contained within this report are taken forward. However they were concerned that whilst these are being developed, that there would be a delay in improved interventions in the short term.

Survivors recommended a plan be developed and disseminated by the National Adviser that addressed immediate needs for prevention work, protection and support, that includes prioritising holding Government and Public Authorities nationally and regionally to account for taking action to deliver improvements in the following areas in the short term, whilst ensuring all recommendations made are implemented in the longer term:

- Media and publicity campaigns
- Sustainable funding for specialist services
- Education
- Immigration
- Family and criminal courts
- The development of a sustainable model for future survivor engagement.

Survivors also strongly recommended that the advisor be responsible for ensuring Welsh Government works effectively with Westminster to make sure that criminal and family law issues and immigration concerns are addressed. They felt that closer alignment is needed between action being developed in Wales and responsibilities for public services as set out by the UK Government.

They also felt that the Adviser should review lessons learned from the way media and publicity campaigns for health (diabetes) and/or child abuse (NSPCC) are currently delivered, to ensure these are applied to improving publicity on violence against women.

Survivor engagement: Recommendations for sustainable involvement

Survivors consulted strongly supported a coordinated approach to ensure consistent survivor engagement across Wales.

Survivors recommended that the National Strategy requires agencies to work directly with survivors to develop a number of ways of utilising survivor experience to inform and improve practice and policy. There was much positive support received for a model for survivors to be supported – and resourced – to empower and educate service to improve their responses to violence and abuse (SEEDS).

Some additional suggestions included:

- Supporting survivors in local communities to signpost women to known, safe sources of help and support, where appropriate
- Developing befriending and group support services, and a national network of peer support groups where survivors are trained and supported to support other women.
- Training and supporting survivors to form groups to research issues or problems with practice and educate services about these, and on how to improve their response.
- Engaging survivors in the development of training materials, e.g. by using filmed clips to support agencies' training.
- Supporting survivors to continue to meet after group work programmes end so that informal friendship forums evolve.
- Training and supporting survivors to volunteer and gain education and employment in the sector wherever appropriate.

- Group support where women can meet each other. This would open up a safe space for women to meet, access help and support when needed and know that they are not alone.
- Including survivors in the development of publicity material to ensure that campaigns reflect their experiences.

6. Final Comments – what survivors gained from the consultation

At the end of the focus groups many of those who participated wanted to tell us how they felt about being part of this process.

I want to help other women who experience domestic violence. It's been good to have a chance to do that today. (Survivor, FG3)

This was good, I think we should be able to feed back to other services, on a more regular basis. If they listened to us more maybe things could be better for others. (Survivor, FG4)

It was good to hear women who left longer ago than me, that they can say that things are better for them now. There's hope for me too. (Survivor, FG1)

I think it's important that we say what we think — so that women and children are protected. (Survivor, FG5)

It was good to be here, to contribute to changes being possible. (Survivor, FG3)

It's been good. I liked meeting the other women. (Survivor, FG7)

It gave me a chance to reflect back and see where I've come. Survivor, FG1)

Some survivors said they would be keen to participate in further consultation.

Survivors have lived through violence and abuse. They know first-hand what it is like and what may help others in a similar situation. This report is an opportunity for agencies to receive direct feedback and recommendations from survivors. It is vital now that Welsh Government and partner agencies are prepared and willing to use the feedback it receives. This can really have an impact on future services and resources for families impacted by violence against women, domestic abuse and sexual violence in Wales.

Appendix One

Survivors Consultation: Information for agencies

Wales Strategy for addressing Domestic Abuse, Sexual Violence & all forms of Violence Against Women

I am writing to let you know about a small number of focus groups Welsh Women's Aid has been asked to organise, and to report on survivor recommendations to Welsh Government officials, by the end of March 2016.

The purpose of the groups is to help contribute survivors' voices to the development of a new national strategy in Wales to prevent domestic abuse, sexual violence and all forms of violence against women. We also want to gather survivors' views on what the priorities should be for the Independent National Advisor in her first year, and on how survivor involvement should be established and supported across Wales, in future.

The 6-8 focus groups, which will last around 2-2.5 hours maximum, will target survivors who are in touch with specialist services in Wales. Whilst survivors of violence who have recently accessed services will be the main contributors, we particularly aim to hear views from diverse backgrounds and experiences. The focus groups will be led by experienced facilitators, **and** will have Rhian Bowen Davies in attendance in her role as the National Independent Ministerial Advisor on Violence Against Women, Domestic Abuse and Sexual Violence.

All contributions will be confidential, and feedback on the group's recommendations will only be reported in an anonymous manner to the Welsh Government. We will be offering survivors a token of thanks for their time and to cover expenses they might have incurred, in the form of vouchers, after the group.

I have contacted you as I hope your service can support survivors to attend focus groups on the proposed dates (see email), to enable survivors' voices to be heard, to inform this strategy development. If you are able to support survivors attend these groups, or if you already have a group you would like us to speak with or can offer a venue at your premises, please do get in touch.

I have attached a protocol for the focus group, which provides some background information, and an attendance nomination form for the group, which you should complete and return to Welsh Women's Aid: AliceMoore@welshwomensaid.org.uk. If you have any questions about the enclosed information or would like further details, please get in touch with Alice or I on **02920 541551**.

Thank you for your help with such a vital task.

Yours sincerely,

Eleri Butler
CEO, Welsh Women's Aid

Focus group protocol

1. Purpose of the focus group

To responsibly record the views of survivors who have experienced violence and recently used services, to inform:

- the development of the Wales Violence Against Women, Domestic Abuse and Sexual Violence Strategy
- the priorities for the Independent National Advisor in her first year, and
- how survivor involvement should be established and supported across Wales, in future.

Welsh Women's Aid is committed to hearing the views of survivors from diverse backgrounds and experiences. Separate groups will be held with women and men, to maximise safety. The groups will primarily be attended by groups leads who can communicate in English or Welsh; where survivors have additional language support needs, interpreters or signers will be arranged to support the groups (advance notice of additional support needs is needed).

2. Purpose of this protocol

To provide information on what can be expected from the focus group and to ensure those wishing to attend these focus groups are not harmed or endangered in any way as a result.

3. Contacting survivors to attend the consultation focus groups

Welsh Women's Aid will use its existing contacts with specialist services in order to contact survivors who voluntarily have expressed an interest in attending any of the consultation focus groups. Welsh Women's Aid will hold these names in its office and will not, under any circumstances, share these with any other agency or use them for any future consultations, unless express permission is provided from an individual. If so, Welsh Women's Aid will only do this in the way that is dictated as safe by that survivor participating in the group.

4. Who will be at each consultation focus group

These are survivor-only focus groups, and will be for women-only or men-only.

At each focus group there will be:

- (Approximately) 6 - 12 survivors; and AS A MAXIMUM:
- Facilitators to guide the process and ensure survivors get a chance to contribute to the consultation; and the Independent National Advisor on Gender-based Violence
- Welsh Women's Aid staff members to oversee the logistics of the day and to transcribe proceedings;
- Interpreters (as required).

All of these people listed above are committed to and bound by this protocol.

5. Format for the consultation focus groups

The focus groups are not support groups and facilitators will not be asking about experiences of abuse. Questions will focus on survivors' views about preventing violence and abuse, how

should agencies support and protect survivors, what should the national priorities be, and how can survivors be better involved in national and local developments future.

Each group will last for approximately 2 – 2.5 hours. Refreshments will be available on arrival and where appropriate a sandwich lunch will also be provided. Each focus group will broadly follow a programme such as that outlined below, although groups will be sufficiently flexible in response to survivors' needs and circumstances:

Approx. times

15 minutes Welcome / introductions / about the consultation

40 minutes Discussion – feedback on use of services

30 minutes Discussion – priorities for prevention, protection and support

20 minutes Discussion – feedback on good practice for survivor involvement

15 minutes Round-up and close

A verbal outline of the proposed national priorities of a strategy will be provided. All additional content will also be verbally presented and collected. There will be no requirements to read or write unless participants wish to. Should survivors who attend the focus groups offer advice on how the programme might work better, we will consider this and alter it where necessary.

The focus groups have not been designed to act as a 'support group'. However, Welsh Women's Aid will ensure that survivors who attend are in contact with local support services, should they need support following the group. The facilitators will also have on hand a list of agencies which can offer support and guidance following each event.

6. Access and additional support

Welsh Women's Aid will only book venues for the consultation focus groups which are recommended by specialist services as meeting the support needs of survivors. Signers and interpreters will be provided where necessary. To assist with the costs that may be incurred, Welsh Women's Aid will be providing those attending the focus groups with some form of reimbursement, for example in the form of supermarket or high-street vouchers as appropriate.

Welsh Women's Aid aims to hear the views of women from diverse backgrounds and experiences. Survivors attending will be encouraged to complete equality monitoring forms after each event (this will be voluntary) in order for us to make sure we invite a range of different survivors to attend and participate – not just those who can easily make their voices heard.

7. Recording and storage of material collected at the focus groups

In order to accurately reflect survivors' views, Welsh Women's Aid will need to record key issues arising from the focus groups. Information will be recorded in written form and if agreed by all attendees, a back-up in the form of a recording may be used. It should be noted that any tapes made of proceedings will only be used to cross-reference to recommendations and to provide anonymous, non-identifiable quotes in the final report, as necessary.

There will be ground rules for 'no use of surnames' in order to help survivors feel more comfortable in sharing views and information. Welsh Women's Aid will use the feedback from the focus groups to publish a report to Welsh Government to inform the development of the National Strategy.

All written material and recordings will be held in a locked filing cabinet in Welsh Women's Aid office. It will not, under any circumstances, be shared with any other agency, nor will it be used for any other purpose than to feed in to the development of this consultation. Following production of the report, the recorded material will be destroyed.

8. Use we will make of the consultation material

Welsh Women's Aid will be producing a report summarising the key findings from the focus groups. Survivors who attend these focus groups will not have the opportunity to comment on this report due to the tight timeframes of this programme of focus groups. However Welsh Women's Aid commits to providing timely feedback to focus group participants by distributing the finished report to the organisations involved in supporting these groups, so survivors can view the report in this way – or directly - if they wish.

Thank you very much for your help.

*Please contact Welsh Women's Aid by emailing AliceMoore@welshwomensaid.org.uk or calling **02920 541551**.*

Saving Services to Save Lives

*Report on the State of the
Specialist Domestic Abuse Sector in Wales, 2016*



Cymorth i Ferched Cymru
Welsh Women's Aid
Rhoi Merched a Phlant yn Gyntaf
Putting Women & Children First

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Introduction

Secure, long-term funding is essential if specialist domestic abuse services across Wales are to be sustainable and can deliver needs-led support and grow to meet demand. These specialist services offer a vital lifeline to survivors in Wales (women, children and men affected by domestic abuse and sexual violence), they operate as centres of excellence in local communities, and contribute to the prevention of violence and abuse in every area of Wales.

This report documents the findings from a survey with Welsh Women's Aid member organisations about the state of their funding and current risks and challenges they face.

Over the years many of these services have been asked to provide more for less or risk losing contracts to generic service providers, which provide cheaper services but without the expertise of the specialist sector. In many cases, specialist services have already suffered direct cuts to grants or have experienced years of standstill funding which does not cover the full cost of service delivery to meet the needs of survivors of abuse.

These specialist services are now at risk of losing further funding, indeed many tell us they are at risk of closure, at a time when the demand for their services is increasing. The lack of adequate long-term funding from commissioners, accompanied by the risk of refuge rents being subject to a housing benefit cap to local housing allowance levels, combine to present serious concerns for the future sustainability of specialist services across Wales.

Summary of findings and recommendations

Welsh Women's Aid's state of the sector survey is informed by the experience of 23 specialist services (which constitute our membership) and our own direct services. We found that:

- **46% (11) services received cuts to their funding in 2016/17.** The lack of adequate funding for specialist children and young people's domestic abuse support services was cited as a particular concern for many organisations.
- This year's funding cuts come on top of previous cuts: **58% (14) services had their funding cut in 2015/16.** Of these, 50% (7) went on to receive cuts again this year (2016/17).
- **79% (19) services said that a cap to housing benefit levels would have significant consequences for their services, including reduced service levels and reduced staffing; of these, 69% refugees said they would have to close** if the cap was introduced.
- **Overall, only 33% (8) services were confident that their funding at current service levels would continue from April 2017.** Of the remaining services, six have less than 35% of their total income secured.
- **92% (22) services said that funding and service continuation was the main challenge facing their organisation this year.**

This is against a backdrop of high demand for these services. In 2015/16 in Wales:

- **11,512 women, men, children and young people were provided with refuge and community based advocacy and support** by Welsh Women's Aid member services.
- **388 survivors of domestic abuse in Wales could not be accommodated by refuges in Wales** because there was no space available in the service contacted when they needed help.
- **There were 28,392 calls to the Live Fear Free Helpline in Wales, and 14,612 survivors were supported by the service.**

Following the introduction of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, public services will be required to train all professionals who work with the public to have a better understanding of violence and abuse, and to 'Ask and Act' – that is, to proactively identify and respond to anyone experiencing domestic abuse and sexual violence, which includes making referrals for help and support to specialist services.

It is critically important that specialist services that support survivors of violence and abuse have the capacity and resources to respond to any increase in demand for support, to ensure the services being offered are safe.

Recommendations

UK Government commits to:

- Exempt refugees from the housing benefit cap for supported housing and collaborate with Welsh Government, Welsh Women's Aid and specialist services, to deliver an effective and sustainable funding model for the national network of refuges.

Welsh Government commits to:

- National and local recognition of the role and value of specialist violence against women, domestic abuse and sexual violence services that provide a unique model of provision, delivering prevention, protection and support and added value to local communities.
- Establishing a long-term sustainable funding model in order to secure the national network of lifesaving and preventative violence against women, domestic abuse and sexual violence specialist services so that they can meet demand.
- Central funding for second-tier organisations which supports specialist services around sustainability and skills development, quality assurance frameworks, impact, consistency and providing local services with a voice nationally.
- Cross-departmental investment into prevention, protection and provision of support in response to violence against women, domestic abuse and sexual violence.
- Statutory guidance that delivers collaborative commissioning and pooled resources by local government, health and the justice system, to ensure delivery of specialist services in every area, so that survivors do not face a post-code lottery when seeking help and support.

Local authorities, health and police and crime commissioners commit to:

- Collaboratively funding high-quality, independent, specialist violence against women, domestic abuse and sexual violence services to meet the needs of survivors, families and communities in every area of Wales, as part of a national network of provision.

Background information

About Welsh Women's Aid

Welsh Women's Aid is the national charity in Wales working to prevent domestic abuse and all forms of violence against women¹ and ensure high-quality services for survivors that are needs-led, gender-responsive and holistic.

Established in 1978, we are an umbrella organisation that supports a national federation of 23 local independent charities delivering specialist domestic abuse and violence against women prevention services in Wales, as part of a UK network of provision. These specialist services constitute our core membership and they provide lifesaving refuges, outreach, and community advocacy and support to survivors of violence and abuse - women, men, children, families - and deliver innovative preventative work in local communities. We also deliver direct services including the Welsh Government funded Live Fear Free Helpline; a National Training Service; refuge and advocacy services in Colwyn Bay and Wrexham; and the national Children Matter project which supports local services to help children and young people affected by abuse and to deliver preventative STAR group work in every local authority in Wales.

We have been at the forefront of shaping coordinated community responses and practice in Wales, by campaigning for change and providing advice, consultancy, support and training to deliver policy and service improvements for survivors, families and communities. As a national federation, our policy work, consultancy, training and advocacy is all grounded in the experience of local specialist services and service users. Our success is founded on making sure the experiences and needs of survivors are central to all we do.

About our member organisations: independent specialist services in Wales

Welsh Women's Aid membership of specialist services across Wales is diverse, but all identify their core business as being to provide **independent, specialist services that offer dedicated support for women and children survivors of domestic abuse and/or other forms of violence against women**, working in partnership with other specialist services for survivors in order to foster collaboration, solidarity and leadership in the sector.

Dedicated specialist support may include a diverse range of provision including refuge-based support, advice and outreach, women-only spaces, health, legal or therapeutic services, and women's empowerment groups.

Specialist services across Wales have been providing life-saving support for thousands of families affected by domestic abuse and other forms of violence against women for decades. They were often started by women who fled abuse themselves and staff have expert knowledge on the complex and often multifaceted issues that face survivors of abuse. Several research studies shows that survivors highly value the independence of specialist services from statutory provision like local authorities, health and the criminal justice system.

These services developed around refuge provision that offers emergency accommodation and a package of needs-led support for women and children escaping domestic abuse. Many of these services also deliver

¹ Domestic abuse is the exercise of control by one person, over another, within an intimate or close family relationship; the abuse can be sexual, physical, financial, emotional or psychological. Violence against women is violence directed at women because they are women or that affects women disproportionately, and includes domestic abuse, rape and sexual violence, forced marriage, female genital mutilation, sexual exploitation including through trafficking and the sex-industry, so-called 'honour-based violence' and sexual harassment.

community-based outreach and floating support services for survivors of abuse and undertake early help and prevention work in local communities. Support may include helping survivors cope with the impacts of abuse, addressing ongoing safety concerns, providing safety and support with housing, health and legal matters, and helping them recover from the effects of coercive controlling behaviour and to achieve independence.

This national network of specialist services aim to meet survivors' needs irrespective of levels of assessed risk. They provide a package of needs-led support for survivors and their families escaping domestic abuse that build on and nurture the internal and external resources available to survivors, reducing their longer-term need to draw on public resources.

Violence against women in Wales

Wales was noted as a leader in violence against women prevention in 2014 when the UN Special Rapporteur for Violence against Women visited Cardiff.² However, despite progress that has been made, research studies continue to find alarming and persistently high levels of violence against women and girls in Wales and the UK.

Violence against women is a cause and consequence of inequality between women and men, and a violation of human rights. This includes (but is not limited to) domestic abuse, rape and sexual abuse, sexual exploitation, female genital mutilation (FGM), so called 'honour' based violence and forced marriage, stalking and harassment.

Whilst women and girls suffer disproportionately from these crime types, men and boys can also be victims.³

Research bears this out:

- 1.4 million women and 700,000 men aged 16-59 report experiencing incidents of domestic abuse in the past year, in England and Wales.⁴
- At least 127 UK women are known or suspected to have been killed by men in 2015. 127 women dead in 365 days is one woman dead every 2.9 days.⁵
- 137,000 girls and women are living with consequences of FGM in the UK⁶ and 60,000 girls under the age of 15 are at risk of FGM in the UK.⁷ It is estimated that there are 140 victims of FGM per year in Wales.
- 82% of cases dealt with by the Forced Marriage Unit involved female victims; 18% involved male victims. It is estimated there are up to 100 victims of forced marriage a year in Wales.⁸
- In a study of young people in intimate relationships by the NSPCC, 25% of the girls and 18% of the boys experienced physical abuse; 75% of the girls and 14% of the boys experienced emotional abuse, and 33% of the girls and 16% of the boys experienced sexual abuse. It found that not only do girls experience more abuse, but they also experience more severe abuse more frequently, and suffer more negative impacts on their welfare, compared with boys.⁹

² Special Rapporteur on violence against women finalizes country mission to the United Kingdom and calls for urgent action to address the accountability deficit and also the adverse impacts of changes in funding and services' (April 2014):

http://www.welshwomensaid.org.uk/images/Final_press_statement_UK_15_Apr_VAW.pdf

³ Violence against Women and Girls Crime Report (2013-2014) https://www.cps.gov.uk/publications/docs/cps_vawg_report_2014.pdf

⁴ Office for National Statistics (2015), citing the Homicide index from the Home Office.

⁵ <http://kareningalasmith.com/counting-dead-women/2015-2/>

⁶ Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk - Interim report on provisional estimates.

⁷ www.forwarduk.org.uk/key-issues/fgm/

⁸ Home Office and Foreign and Commonwealth Office – Forced Marriage Units stats Jan-Dec 2013.

⁹ NSPCC - Radford, L. et al (2011) Child abuse and neglect in the UK today.

Alleviating the cost of violence against women and promoting the well-being of future generations in Wales

Violence against women costs Wales millions of pounds per year, and has a significant impact on the well-being of families, communities and future generations. Each domestic abuse homicide is estimated to cost public services in the region of £1.1 million.

Investing in specialist services across Wales would help ensure many of the 'Wellbeing Goals' set out in The Wellbeing of Future Generations (Wales) Act 2015, which aim to improve the social, economic, environmental and cultural well-being of Wales.

• A more prosperous Wales.

Domestic violence costs Wales £303.5m annually: £202.6m in service costs and £100.9m to lost economic output.¹⁰ These figures do not include any element of human and emotional costs, which the research estimates costs Wales an additional £522.9m. In addition, those who experience violence will be adversely affected in both education and work. Each year, one in ten victims of partner abuse takes time off work as a result of the abuse. By incorporating approaches to prevent violence against women, Wales will be more prosperous both with regard to public spending, and also in terms of personal ability to earn, learn and succeed.

• A Wales of cohesive communities.

Violence against women and cohesive communities are interlinked. Tackling violence against women will lead to safer communities. In addition, violence against women can result in the further social exclusion of already marginalised groups, for example Black and minority communities, refugees, and lesbian, gay, bisexual and transgender (LGBT+) communities. Tackling violence against women will challenge social stigma, which will promote inclusiveness and better community ties.

• A healthier, more equal Wales.

This includes a society that enables people to fulfil their potential no matter what their background or circumstances. Inequality between women and men is a cause and consequence of violence against women.¹¹ As such, tackling violence against women, through funding specialist services that help prevent abuse, will lead to greater equality between men and women in Wales. The Act also sets out the goal for a healthy Wales; a society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood. The World Health Organisation has stated that violence against women is a 'global health problem of epidemic proportions'.¹² By funding services that prevent violence against women, Wales will see a positive increase to the nations' physical and mental health, reduction in problematic substance use, as well as improved resilience and recovery from trauma associated with violence against women and adverse childhood experiences.

¹⁰ Walby, S., The Cost of Domestic Violence: Update 2009

¹¹ UN Women: virtual knowledge centre to end violence against women and girls:
<http://www.endvawnow.org/en/articles/300-causes-protective-and-risk-factors-.html>

¹² World Health Organisation Media Centre:
http://www.who.int/mediacentre/news/releases/2013/violence_against_women_20130620/en/

Funding specialist services in Wales

Specialist domestic abuse and sexual violence services across Wales, like most charities, get their funding from various sources. This can range from Westminster and Welsh Government grants and contracts, local authority grants and contracts, Supporting People and other partnership funding, Police and Crime Commissioners, as well as individual donations, funds from charitable trusts and foundations, and other sources.

In Wales, refuge-based services for survivors of domestic abuse rely heavily on local Supporting People grants to meet support and advocacy costs. They also rely on rental income charged to residents to recover housing management and individual service charge costs (rent which is often payable to individuals through housing benefit). As such, refuge-based services in particular risk an uncertain future because they are reliant on local commissioning decisions and survivors' eligibility for welfare benefits/public funds to meet the core costs of their service delivery. These funding sources do not always include support for children and young people and often do not meet the full costs of providing timely, needs-led support.

Should any further cuts be made to **Supporting People** budgets in a locality then the capacity to meet needs locally, but also of the refuge network nationally, will be impacted. Similarly, should the UK Government's proposals to cap housing benefit at local housing allowance levels proceed without an exemption for refuges, many refuges will likely be financially unviable and be forced to close.

Understanding what specialist services deliver

Given the intersecting ways in which violence against women has a negative impact on many areas of life, due regard needs to be given to how we understand and value the provision of specialist domestic abuse and violence against women services.

Specialist violence against women, domestic abuse and sexual violence support services for survivors (delivered through 'floating support' or community outreach services, rape crisis, counselling, advocacy or 'one stop shop' women's centres) are needs-led, strengths-based, gender responsive, trauma informed services established to protect, support and empower survivors and their children and to prevent violence and abuse from starting and escalating.

These services are provided by specialised staff with in-depth knowledge of violence against women, domestic abuse and sexual violence.

The types of support services delivered by specialist services include:

- **Provision of a refuge service** which offers physical and emotional safety and a place of recovery through accommodation-based support for survivors. Refuge services form part of a national and UK network of provision that enables families to have 24-hour access to refuges and move between refuges if needed. The service is designed to meet, and is led by, the needs of survivors and their children, and is delivered by support workers (including dedicated support workers for children and young people) trained and experienced in violence against women, domestic abuse and sexual violence, in an environment which empowers women and children and promotes their autonomy and self-determination. Residents receive a planned programme of therapeutic and practical support, above and beyond a safe place to stay, and access to peer support from other residents. This includes 24-hour access, information and practical help, individual and group support, safety planning, counselling, support and advocacy with housing, finances including benefits/debt, health and well-being, parenting, immigration, legal, criminal and family justice systems, education and employment.

Resettlement support helps survivors move on from the refuge to rebuild their lives and establish themselves in local communities.

- **Provision of advocacy, protection and support for survivors in local communities** through helpline support and information; short and long-term psychological counselling; information and practical help, individual and group support, and safety planning; peer support groups; support and advocacy with housing and sustaining tenancies, finances including benefits/debt, health and well-being, parenting, immigration, legal issues, education and employment; advocacy and support for survivors accessing specialist domestic violence courts, criminal and family justice systems; advocacy and education to support survivors using primary care, maternity and urgent treatment health services (e.g. IRIS in GP practices); and advocacy, support and counselling for survivors accessing Sexual Assault Referral Centres.

- **Provision of behaviour change and risk management programmes and individual interventions for perpetrators**, which includes domestic violence perpetrator programmes and parallel women's safety and support services.

- **Partnership working** including institutional advocacy, training, provision of expert advice and upskilling professionals, services and partnerships to better identify, respond to, and prevent violence and abuse, and providing referral pathways from public services for survivors to access specialist support.

- **Prevention work in local communities** through community engagement and supporting champions or ambassadors to speak out against violence; education of children, young people and adults; supporting survivors to engage in service improvement; delivering empowerment programmes and challenging inequality between men and women and intersectional discrimination¹³ which is the predominant cause and consequence of violence against women, domestic abuse and sexual violence.

- **Promotion of equality and human rights**, which includes developing and delivering services that are led by and for women and led by and for Black and minority ethnic (BME) women. Safe separate provision for men and women, women-only and BME-only services enable specialist services to operate from a framework of empowerment and self-determination. Services not only provide physical, psychological and emotional safety and support, but also empower women who see and hear that their experiences of sexism, racism or homophobia are not isolated, and help women find mutual support and self-determination. The provision of tailored support to survivors from BME communities and to survivors who are women, by support workers who understand the particular risks and dynamics of violence experienced by women and experienced in different communities, and the barriers to approaching mainstream services, is highly valued by survivors.

Specialist services operate within a framework of accredited quality service standards (National Quality Service Standards in Wales) which provide benchmarks for service providers, funders and commissioners about the extent and mix of services that should be available, who should provide them, and the principles and practice base from which they should operate.

Specialist services are distinguished from general services that provide support, because the latter are not designed exclusively for survivors of violence against women, domestic abuse and sexual violence and therefore may not address adequately or thoroughly survivors' needs and trauma. General services cater to a range of needs regardless of gender, age or support needs – for example all victims of crime, people with mental health problems or homeless people. While survivors access general services, their specific needs are not systematically addressed or supported. General services include homeless shelters, family shelters, mother and child homes,

¹³ <http://ec.europa.eu/justice/gender-equality/document/files/intersectionality.pdf>

general advice centres and helplines. They do not address the discriminatory nature of violence against women or provide women with the gender-specific or BME-specific environment they need.

The value of specialist services

The sustainability of specialist services in Wales is vital for a wide range of Government legislative and policy duties, especially as evidence shows that most women do not report abuse to the police or disclose to public services. We also know, from the nature of coercive control and other forms of abuse, that women are less likely to demand support or to disclose and seek help, compared with other groups who make demands on public services.

The case for specialist services in Wales is evident:

- Any **education and community preventative work** must make sure that the capacity is maximised within specialist services, to support adult and child survivors referred to services for help and support.
- The **'ask and act'** policy framework requires referral pathways to specialist services which need to have the capacity to meet survivors' needs.
- There is evidence that co-location of support workers employed by independent specialist services, to enable **early identification in health and social care settings**, improves disclosure of and engagement with support by survivors who have additional barriers in accessing support.
- Reducing the impact of **adverse childhood experiences** associated with the coexistence of e.g. domestic abuse, mental ill-health, substance abuse and offending, is a policy priority in Wales. Research highlights the importance of targeted direct support for children and young people, which should entail a combination of individual and groupwork, play therapy, recreational and educational activities, support during legal or other proceedings, and age-appropriate advocacy.
- There is compelling evidence that early access to independent advocacy and support can decrease violence and increase quality of life for survivors. Women who are at **high risk of harm** need safe accommodation because the law is not capable of providing complete protection against violence. Some women cannot or do not wish to remain in their home, for example, because they have no legal right to remain, because of its association with trauma or its proximity to abusers. European research shows refuges continue to be necessary even when effective legislative protection against violence exists.¹⁴

"A conservative estimate of the value generated by one year of delivering one refuge service providing a combination of refuge, outreach and advocacy services: the social value was in the region of £33m to the state. The overall social return on investment identified that a refuge service model is economically efficient at creating positive outcomes, and that for every £1 spent, an average of £3.54 social value was created through a combination of safety, health and criminal justice outcomes."

New Economics Foundation, 2013

¹⁴ WAVE (2014) Country report into specialised support services' WAVE

- The more holistic, needs-led support that is available through specialist services, the better women recover and achieve independence and freedom from abuse. An overview of several evaluations provides evidence that specialist services improve women's **access to community resources** and engagement in public life, through reduced rates of domestic abuse, improved safety, decreased depression, reduced stress, improved parenting and well-being of children.¹⁵

- Delivery of **work with perpetrators** requires sufficient capacity in specialist services to provide associated partner support services. The case for commissioning and delivering community-based perpetrator programmes has been set out by the largest UK research into programme effectiveness¹⁶ and specialist services in Wales are developing accredited perpetrator interventions as part of their holistic response in local communities.

The consequences of failing to provide essential specialist services include:

- resources being wasted by not responding to need;
- continuing reliance on high-cost state interventions accompanied by inequality between women and men and rising levels of homelessness, offending, poverty and disadvantage associated with abuse;
- continued risk of serious or fatal violence for citizens;
- a failure to effectively implement national legislative and policy commitments, and the well-being of future generations being compromised whilst they continue to draw on scarce resources.

Investing in specialist services that deliver needs-led primary, secondary and tertiary prevention in response to violence against women, therefore, is a cost effective approach. Even a small increase in the cost of providing specialist services is outweighed by the decrease in the costs to public services, lost economic output and the decrease in the human and emotional costs.¹⁷

National and European context

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 places increasing responsibility on public authorities to identify and refer survivors to specialist services. It introduces a national framework to encourage more agencies to 'ask and act' and will increase awareness of and demand for specialist support. Accompanying statutory guidance on training and a whole education approach will also encourage local public services, schools and youth services to refer survivors, including children and young people, to specialist services in local communities.

Other positive steps have been taken by the Welsh Government to tackle violence against women and better support those who experience abuse, including the Renting Homes (Wales) Act 2015, which ensures better protection for survivors of domestic abuse who are living in rented accommodation, the Social Services and Wellbeing (Wales) Act 2014 and Housing (Wales) Act 2014. Welsh Government has also supported the development of several significant pieces of work, including for example:

- Delivery of Welsh Women's Aid National Quality Service Standards: an accreditation framework for specialist services that aligns with other UK frameworks and evidences the quality of local provision. These are currently

¹⁵ NICE (2013) Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence prepared by the British Columbia Centre of Excellence for Women's Health

¹⁶ <https://www.dur.ac.uk/resources/criva/ProjectMirabalexecutivesummary.pdf>

¹⁷ Walby, S. (2009) The Cost of Domestic Violence: Update 2009. Lancaster: Lancaster University.

being rolled-out across specialist services from 2016.

- Development of an early intervention and preventative service model to achieve ‘change that lasts’, which will deliver needs-led, strengths based and trauma informed service models that places survivors and specialist services at the centre of a community approach to deliver early intervention and prevention.

The European Directive on Victims’ Rights, came in to effect in the UK from November 2015. It includes obligations for states to ensure the provision of specialist services for victims of domestic abuse and other forms of violence against women. Although the UK has now voted to leave the European Union, states remain legally bound by parts of this EU Directive that has been written into UK legislation and guidance, such as the Code of Practice for Victims of Crime.

The Council of Europe’s Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), which the UK has signed, also remains relevant. This convention requires the UK to provide “an adequate geographical distribution [of] immediate, short- and long-term specialist support services to any victim subjected to any of the acts of violence covered by this Convention [including] ... specialist women’s support services to all women victims of violence and their children.”¹⁸

These initiatives aim to support the development of a network of effective and quality specialist services. However for these to have long term impact there needs to be a sustainable funding commitment to ensure they have the capacity to deliver quality needs-led support to survivors.

¹⁸ https://www.coe.int/t/DGHL/STANDARDSETTING/EQUALITY/03themes/violence-against-women/Conv_VAW_en.pdf

Key findings:

The state of specialist domestic abuse sector in Wales

Funding: 2016-17

46% (11) of services received cuts to their 2016/17 funding

Specialist services across Wales have experienced cuts to their children, housing, counselling and refuge services. These cuts have deeply worrying implications for the sustainability of services that offer a lifeline to women, children and families across Wales.

Feedback on the impact of cuts from individual specialist services included:

- Local authority cuts to a services' One Stop Shop means they have to consider reducing their opening hours, which would result in a reduction in service provision.
- One service which has lost 10% of their funding has been forced to reduce their drop-in hours by half and reduce the number of staff running this service. This has meant a significant reduction in service for survivors, increased waiting times and increased pressure on the remaining staff to meet demand.
- One service lost £41,000 for their counselling service for adult survivors of childhood abuse. Half their staff left due to the insecurity caused by the funding risks. As a result of this funding cut they have not been replaced and there has been a loss of expertise and capacity. They are managing this cut by increasing the number of volunteer counsellors but over 70 survivors are now on a waiting list to access this service.
- Another service received a cut to their Housing Strategy Grant, which equated to 5.5% of their total funding; the funding was used to provide outreach support and counselling. The need for these services is increasing so they are currently using the charity's dwindling reserves to deliver the service in the short term. This is not sustainable and they are looking for donations to fill this gap.
- One service noted that they "were given very short notice and there was no needs assessment, notice or alternative arrangements made" for the funding cut they received from their local authority. The service reported that this creates uncertainty, not just for staff but for the survivors who depend on these services and who cannot be certain that services will be there throughout the course of their recovery, to help ensure they achieve independence and a life free from violence.

It is worth noting that there are still very real concerns around the provision of funding for those services that did not receive any cuts to their funding this year, highlighted by the 95% of respondents to our survey who said they are trying desperately to diversify their funding, at times with very little capacity to do so.

One service noted that although they have not received any cut this year, 9% of their total income was cut between 2013-15 and they are now "doing more for less, [with] very limited capacity" because there is an expectation to deliver services as they were under the old tariff scheme. Another service commented that

although they did not receive any funding cuts in 2016/17, they are currently in a tender process for their core services. If they lose this tender it could mean there is no 24 hour crisis advocacy services in the community or refuge delivered by a local specialist service.

“Worthy of note is the threat of 20% cut [to Supporting People Grant] which means in the very worst scenario the loss of 2 staff and the end of our Specialist Floating Support Service which would have had a dangerous impact on our service users.”

Specialist service

Funding for children and young people’s service

“[OUR] children and young people funding (Families First and Flying Start) ended (approximately £55,000) resulting in no specialist domestic abuse children and young people’s service in [our area]. This cut constitutes approx. 10% of the organisation’s annual income. Financially, the organisation has mitigated this funding loss by reducing staff members, cutting service provision, attracting grant funding to support core costs...Lack of services has been noted in local MARAC meetings, as the partnership has on several occasions been unable to put services in place for children and young people [at high risk].”

Specialist service

For 45% services which had cuts to their funding, these cuts impacted projects that support children and young people affected by domestic abuse.

- One service, for example, lost £16,480 of Families First funding, which equated to 27.5% of that project.
- Another service noted a 12% cut to their child work project. They noted that any further cuts would force them to withdraw from the delivery of the project.

Funding for children’s work is also a concern for services that did not receive funding cuts. There is significant inconsistency across Wales when it comes to available funding for dedicated domestic abuse support services for children and young people.

- One service noted that although they did not receive any cuts to their 2016-17 funding, they do not receive any funding for supporting the children of adult survivors who use their services.
- Another service commented that although their public sector funding was not cut this year, a number of other charitable trust grant funding had ended and they were unable to reapply because the maximum grant had been awarded. This means they no longer receive £30,000 per year for education and prevention services, which was the only funding they received for directly supporting children and young people affected by domestic abuse.

Research shows that domestic abuse has a long lasting impact on children, including a significant risk of harm to the child’s physical, emotional and social development.¹⁹ Without secure funding, the specialist services that are best placed to understand the impact of domestic abuse on children, and how to effectively and appropriately support children to recover, will be unable to deliver their critically important support.

¹⁹ UNICEF (2006) Behind Closed Doors: The Impact of Domestic Violence on Children. Accessed: <http://www.unicef.org/media/files/BehindClosedDoors.pdf>

Funding: 2015-16

58% (14) services had their funding cut in 2015/16. Of these, 50% (7) went on to receive cuts this year (2016/17)

This means that many services are still trying to recover from years of insecure and unstable funding and some are facing year-on-year funding cuts, resulting in over-stretched and under-resourced services. It has meant reduced salaries, reduced support hours in refuge services, a reduction in capacity across whole organisations and services being unable to take on new staff.

“In 2014-15 we endured a 5% cut as well as being required to double our support hours for refuge and increase support hours for floating support. This had a double whammy effect and has carried forward [into this year].”

Specialist service

Housing benefit cap and potential risks

79% (19) services said that a cap to housing benefit would have significant consequences for their services, including reduced service levels and staffing; 69% refuge services said they would have to close

This means that many services are still trying to recover from years of insecure and unstable funding and some are facing year-on-year funding cuts, resulting in over-stretched and under-resourced services. It has meant reduced salaries, reduced support hours in refuge services, a reduction in capacity across whole organisations and services being unable to take on new staff.

“We wouldn't be able to sustain [the] loss and we would be looking at closure unless further funding was given. From April we have made many cost savings as it is, therefore it would be near impossible to cover this. Another alternative would be to downsize considerably and make redundancies. This would have an impact on service delivery in relation to safe working, practicalities, support, training and so on.”

Specialist service

“This would be a complete disaster. We are barely breaking even across all our refuge sites with higher costs being charged by building owners/housing associations... we would literally have to close refuges.”

Specialist service

A cap to housing benefit would devastate specialist services across Wales. Our survey revealed that housing benefit provides, on average, 91% of weekly housing costs and 55% of total yearly income. If the cap goes ahead, the average refuge faces a shortfall of 67% in their weekly income. Ultimately, a cap would force 69% of them to close their doors.

“We will not be able to provide services such as bedding, laundry facilities, cleaning, replacing furniture, decorating, and all of those little basic things that make a huge difference. We will not be able to fund a refuge manager and will not have night workers in post to provide additional security.”

Specialist service

For those services that might not close, there would still be drastic and unprecedented changes. No service would be able to continue with their current level of provision. A cap to housing benefit for supported housing like refuges will mean job losses and a reduction in the hours being covered in refuge, at a time when the needs of women entering refuge are becoming more complex and require staff in refuges for longer periods of time, including evenings and weekends.

“We would probably close – it would be catastrophic for refuge services.”

Specialist service

“Should these changes take effect we would seriously have to consider if we were still in a position to provide refuge or if it would be unsafe to do so.”

Specialist service

“Generally speaking, women don’t come into refuge if they have another option so the women coming here have the least support in the community and least family support and there is not much else for them so it’s the most vulnerable women who tend to come into refuge and it would be those women affected.”

Specialist service

Other predicted consequences include:

- An increase in referrals to already stretched community outreach support and advocacy services because many women would not be able to afford to meet the shortfall in rent. This would stretch community resources and present women with a stark choice of continuing to live with the abuser or face destitution.
- Services being unable to provide overnight or 24-hour support during the week, potentially increasing barriers to accessing refuge support services for women with complex needs.
- Refuges being financially unviable to continue delivering support.

One service commented that a cap would equate to a “total loss to organization of £414,752, equivalent to 19% of turnover or 69% of rental income (based on one bedroom rate). Refuges could become unviable as no funds to maintain building and replace furnishings, loss of staff funding for housing management, health and safety, finance.”

Funding: 2017-18 onwards

Overall, only 33% (8) services were confident that their funding would continue from April 2017. Of the remaining services, 6 have less than 35% of their total income secured

Across Wales, uncertainty remains around the provision of services and only 33% (8) services are confident or very confident that their funding will continue. It is worth noting, however, that two of these services have 0% of their income actually confirmed. Another service, despite being confident that funding will continue, has no funding confirmed from their local authority and stated that they have a lot of questions around their contracts and local plans to renew, extend or tender for services.

Of the remaining services which reported having little or no confidence that current funding will continue, six services have less than 35% of their total income secured for 2017/18. This includes two services that have nothing confirmed, one service that has less than 10% confirmed, and two services that have less than 25% confirmed.

Overall, 25% (6) services stated that they face being recommissioned through competitive tendering, or expressed concerns about this as a possibility. Two services said that funding from local authorities, local health boards and Police and Crime Commissioners was due to end in 2017.

“In theory we have the protection of the three year contract. But budget cuts are frequently spoken about, as the internal [council] Supporting People team is largely financed from the Supporting People Grant... the Council continues to absorb much of the grant for its own running purposes.”

Specialist service

Long-term funding is essential if services across Wales are to be sustainable and grow to meet demand. Without this, women and children across Wales are at risk of not getting the support they need to achieve independence and live free from violence.

Following the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, it is anticipated that improvements to identifying violence against women by public services will lead to increased demand on specialist services in Wales. It is deeply worrying that this might happen at a time when lifesaving services may be left without funding to protect and support the most vulnerable women and children in Wales.

The biggest challenge facing specialist services

92% (22) of services said that funding was the main challenge facing their organisation

Particular concerns were raised around uncertainty with regards to commissioning and tendering processes. Concerns were also raised around funding for survivors with complex needs, children and young people's

services, and continued funding for domestic abuse mental health workers and specialist counsellors. The capping of housing benefit and staff capacity were also highlighted, especially in light of expected increase in demand for services following implementation of the 'ask and act' policy framework.

When asked what the most challenging issue was facing their organisation, responses included:

“The ability to plan/ adopt a strategic approach for longer than the existing 1 year commissioning process... uncertainty; significant differences in approach by local authorities; frustration.”

“Too little money coming in and too little staff time. We work ridiculous overtime hours and these go unclaimed. We don't receive funding for issues that are pertinent to supporting the safe transit of women from County to County. Taxi fees, public transport costs etc. all come from donated income. [The council] has dramatically increased the Car Parking tolls, which has made courses less attractive to women car drivers who have to travel from rural areas. It has also affected the pockets of staff and as there was no consultation for this change, means that we underestimated travel fees for a stakeholder engagement project.”

“The requirement (from Supporting People) for us to provide weekend staff, at the refuge, with no extra funding...”

It is worrying that services have seen a reduction in staff and capacity at a time when they are also having to negate the impact of funding cuts. For many this is coupled with a loss of expertise due to an inability to retain staff because of funding decisions and uncertainty. This has long-lasting and potentially devastating implications for the sustainability of services and the provision of support for women and children across Wales when they need it the most.

Conclusion and recommendations

Positive steps have been taken by the Welsh Government to tackle violence against women, domestic abuse and sexual violence and to better support those who experience abuse. However, many services have faced year-on-year funding cuts, with perhaps more cuts to follow from 2017 onwards. The commissioning process has, for many, created a climate of uncertainty, only exacerbated by the potential capping of housing benefit which would devastate refuge services across the country.

Last year we know of at least 388 survivors of abuse who could not access refuges in Wales because there was no space when they needed help. We do not want to repeat the mistakes made in England, where local commissioning decisions has resulted in the closure of 17% of specialist domestic abuse refuges since 2010, caused by slashed budgets and competitive tendering processes that have favoured generic providers over specialist services.

It is against this backdrop that we recommend:

UK Government commits to:

- Exempt refuges from the housing benefit cap for supported housing and collaborate with Welsh Government, Welsh Women's Aid and specialist services, to deliver an effective and sustainable funding model for the national network of refuges.

Welsh Government commits to:

- National and local recognition of the role and value of specialist violence against women, domestic abuse and sexual violence services that provide a unique model of provision, delivering prevention, protection and support and added value to local communities.
- Establishing a long-term sustainable funding model in order to secure the national network of lifesaving and preventative violence against women, domestic abuse and sexual violence specialist services so that they can meet demand.
- Central funding for second-tier organisations which support specialist services around sustainability and skills development, quality assurance frameworks, impact, consistency and providing local services with a voice nationally.
- Cross-departmental investment into prevention, protection and provision of support in response to violence against women, domestic abuse and sexual violence.
- Statutory guidance that delivers collaborative commissioning and pooled resources by local government, health and the justice system, to ensure delivery of specialist services in every area, so that survivors do not face a post-code lottery when seeking help and support.

Local authorities, health and police and crime commissioners commit to:

- Collaboratively funding high-quality, independent, specialist violence against women, domestic abuse and sexual violence services to meet the needs of survivors, families and communities in every area of Wales, as part of a national network of provision.



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Welsh Women's Aid

Rhoi Merched a Phlant yn Gyntaf
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