



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

ABM University Health Board (ABMUHB) is an early adopter site (pilot) within Wales for implementation of “Ask and Act”. The obligation set out in the Act makes a positive contribution to tackling violence against women, domestic abuse and sexual violence (VAWDASV). A pre-training and post training evaluation of staff who have received Group 2 training has been completed and is on-going. The evaluation shows that health professional’s level of knowledge and confidence relating to VAWDASV has improved as a result of the training. There have been marked improvements made in health professionals identifying and referring victims of domestic abuse. Greater emphasis must be made in tackling sexual violence and the wider violence against women and girls agenda as set out in the Act. Due to the limited time frame of the pilot, extra time is required to evaluate the impact of the Act.

2.0 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?

Capturing views and experiences of survivors must be managed in a sensitive way given the individuals experiences and need for anonymity. Often within health care, contact with a patient may be a “one off” and therefore it can be difficult to capture views and experiences. ABMUHB as a result of the Act has agreed pathways for referral to local specialist services and therefore meaningful views and experiences may be best captured upon case closure and feedback through partner agencies and specialist services. ABMUHB is looking at ways to capture patient stories as a supportive and

therapeutic mechanism for those wishing to share their experiences and raise awareness as recommended by 1000 Lives Plus. The Safeguarding Team will be trained to capture these stories and survivors will be offered several options in sharing these, e.g. voice recording or writing their story. Past experience with survivors tells us that feedback should be offered in various ways to meet the individual needs and often this is completed with a health professional.

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

Within the pilot, “Ask and Act” referral pathways have been developed through collaborative work with Local Authorities, the Third Sector specialist support services and the Live Fear Free Helpline. Health professionals report feeling more confident in referring and have greater awareness of specialist support services available to victims and survivors. Again, it is early within the pilot to evaluate the impact of “Ask and Act”

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

The Welsh Government’s commitment to tackling VAWDASV is clear and the appointment of the National Adviser to drive improvements in the way services for victims and survivors are commissioned and delivered is a positive step towards tackling VAWDASV.

5.0 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?

ABMUHB support the good practice guide to healthy relationships. The nine key elements of a whole education approach show the positive intention to challenging VAWDASV. From a health perspective it is too early to comment further as it is too early to fully understand and measure the impact.