Tîm Iechyd Cyhoeddus Gwent Public Health Team

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

The Gwent Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Joint Strategic Needs Assessment Technical Report

September 2026

"Let's do something differently?
-Let's be brave"

Creating this report

This joint strategic needs assessment has been undertaken by the Gwent Public Health Team on behalf of the Gwent VAWDASV Board.

Thank You

To the victims and survivors

We want to thank the victims and survivors who shared their experiences with us as part of this needs assessment. Your insights are invaluable and greatly appreciated.

Gwent Partners and Colleagues

We also wish to extend our thanks to colleagues across Gwent who participated in professional interviews and shared your experiences from working within services, and to those who supported the development of this joint strategic needs assessment by contributing evidence, data, and intelligence.

Our delivery team

A big thank you to our Gwent Public Health Team, who have been involved in bringing this report to life:
Rhiannon Griffiths - Shannon Cuthbertson - Anna Pennington - Jess Ryan -
Amy McNaughton - Alex Walker - Natalie Hazard

Help if you need it

If you are affected by any of the issues discussed in this report, support is available locally and nationally:

Cyfannol Women's Aid
03300 564456
Home - Abuse and sexual violence support - Cyfannol Women's Aid

Live Fear Free
0808 80 10 800
Live Fear Free helpline | GOV.WALES

Glossary

See ref [1] for the glossary sources

Coercive control is pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence.

Domestic abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer. Domestic abuse can include, but is not limited to, the following: coercive control, psychological and/ or emotional abuse, physical or sexual abuse, financial or economic abuse, harassment and stalking, online or digital abuse.

Female genital mutilation describes any procedure which involves the partial or complete removal of the external female genitalia or other injury to the female genital organs for non medical reasons.

Forced marriage is one conducted without the free and full consent of one or both people.

Harassment covers a wide range of behaviours of offensive nature. It is commonly understood as behaviour that scares, threatens, demeans, humiliates or embarrasses a person.

Honor-based abuse has no universally agreed upon definition of 'honour'-based violence. It is generally used to refer to crimes that have been committed by perpetrators who perceive they are protecting or defending the 'honour' of a family or community. These crimes often include forms of domestic abuse and sexual violence. Such 'honour' may be used to justify a range of abusive behaviours, typically against women and girls; however, these are human rights violations and must not be excused for any reason.

Sexual violence and abuse is any behaviour thought to be of a sexual nature that is unwanted and takes place without consent. Sexual violence and abuse can be physical, psychological, verbal or online.

Stalking involves a person becoming fixated or obsessed with another. Stalking is a pattern of persistent and unwanted attention that makes you feel pestered, scared, anxious or harassed.

Violence against women, domestic abuse and sexual violence (VAWDASV) incorporates Violence Against Women (and Girls), Domestic Abuse, Rape and Sexual Violence, Sexual Harassment, Female Genital Mutilation, Honour based violence, Forced Marriage, Stalking, Trafficking and other forms of violence.

[1] WWV-Framework-Digital-English.pdf Female genital mutilation

A note on terminology

It is important to note that whilst this needs assessment, as well as national and regional strategies, legislations and policies, refer to violence against women and girls, it does not negate violence and abuse directed towards men, boys and other genders, or violence and abuse perpetrated by women and girls. It does recognise that women and girls disproportionately experience gender-based violence and abuse, and that violence can affect anyone, regardless of sex, gender identity, age, ethnicity, sexuality, disability, religious belief, income, geography, or lifestyle.

Throughout this document, language varies between sex (male and female) and gender identity (men, women and non-binary). We have chosen to mirror the language used by the data provider as this more accurately reflects what the data is showing.

Contents

Introduction

Violence against women, domestic abuse and sexual violence (VAWDASV) is a violation of human rights; depriving people of safety, liberty, and the right to live without harm. Cited as both a cause and consequence of gender inequality, VAWDASV is a complex public health and criminal justice issue rooted in inequality and harmful social norms. The impact of VAWDASV is devastating and extensive; affecting children, young people, women, men, families, and wider communities.

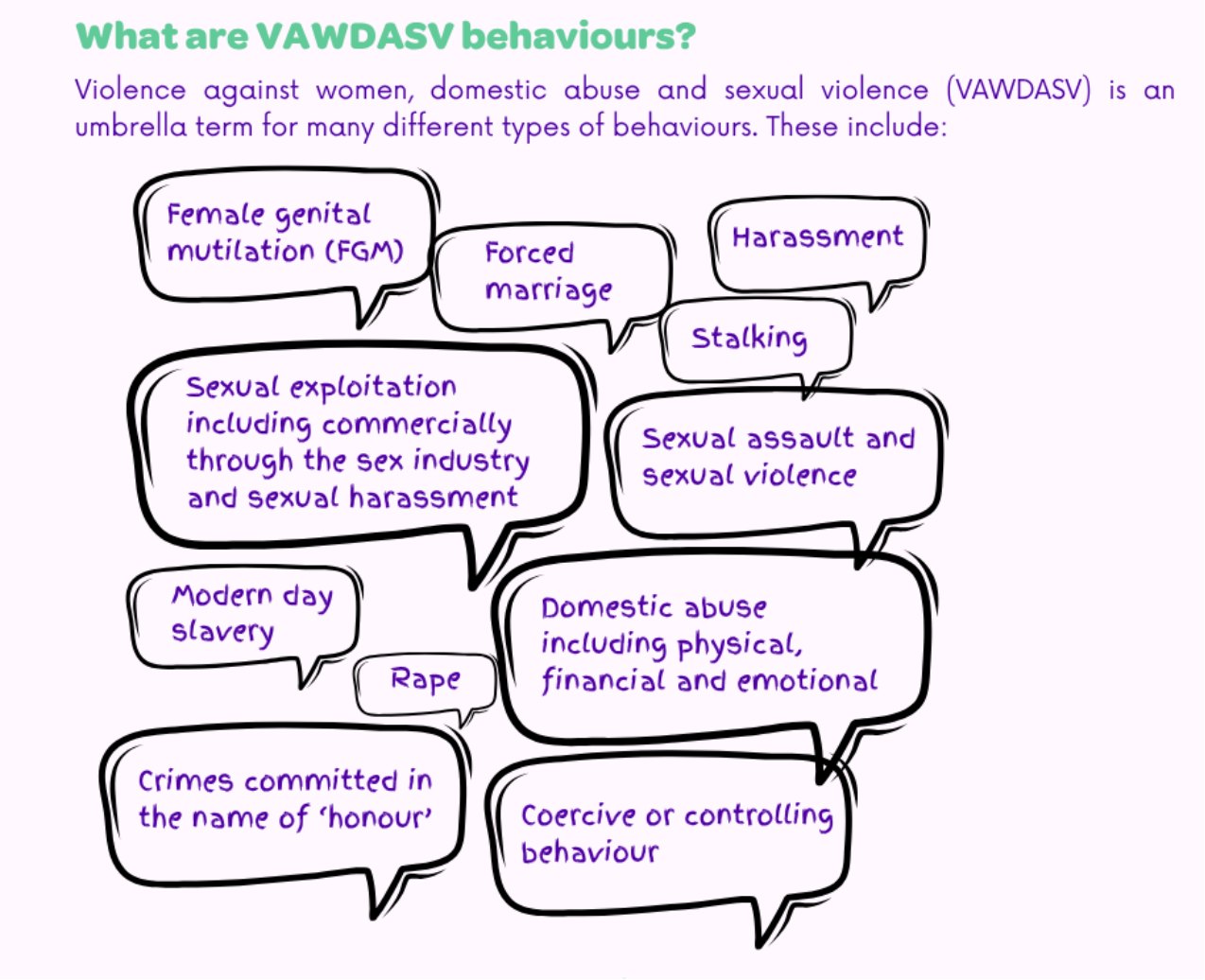


Figure 1 VAWDASV Behaviours

Pervasive and far-reaching, VAWDASV incurs substantial costs for the health and wellbeing of those affected (figure 2), and for the economy (figure 3). The total cost of VAWDASV in England and Wales will be even greater than the figures below. These figures do not include the economic costs for other forms of VAWDASV beyond domestic abuse and sexual violence. Crucially, these figures do not account for the personal, social and emotional costs endured by victims and their families, due to abuse.

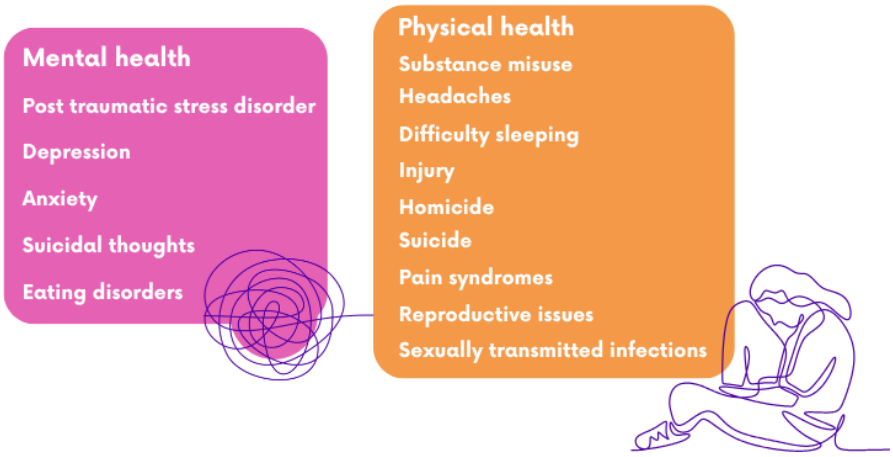


Figure 2: VAWDASV impacts on health and wellbeing [2], [3]

Figure 3: Cost of VAWDASV in England and Wales[4], [5]

[2] What Works to Prevent Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)? - World Health Organization Collaborating Centre On Investment for Health and Well-being
[3] Violence against women
[4] Freedom from violence and abuse: a cross-government strategy to build a safer society for women and girls (accessible) - GOV.UK
[5] Sexual Violence Cost Estimate - City Vision

The Gwent VAWDASV Board

The consequences of VAWDASV for health, wellbeing, and the economy are too great to be ignored. The Gwent VAWDASV Board formed in line with the requirements of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, brings together a diverse group of partners with a shared ambition to support those affected by VAWDASV and to pursue a programme of VAWDASV prevention.

In accordance with section 5 of the VAWDASV Act, the Gwent VAWDASV Board published a four-year VAWDASV strategy[6] (2023 – 2027) which recommended regular needs assessments to monitor the prevalence and the scale of VAWDASV across Gwent. This joint strategic needs assessment (JSNA) has been conducted in-line with this recommendation and will inform the updated VAWDASV Strategy for Gwent in 2027.

A public health approach

A public health approach to violence prevention is imperative (figure 4). Advocated by the World Health Organization, a systematic public health approach combines insights from a variety of sources to inform evidence-based actions to improve health, and wellbeing, and reduce health inequalities across the whole population.

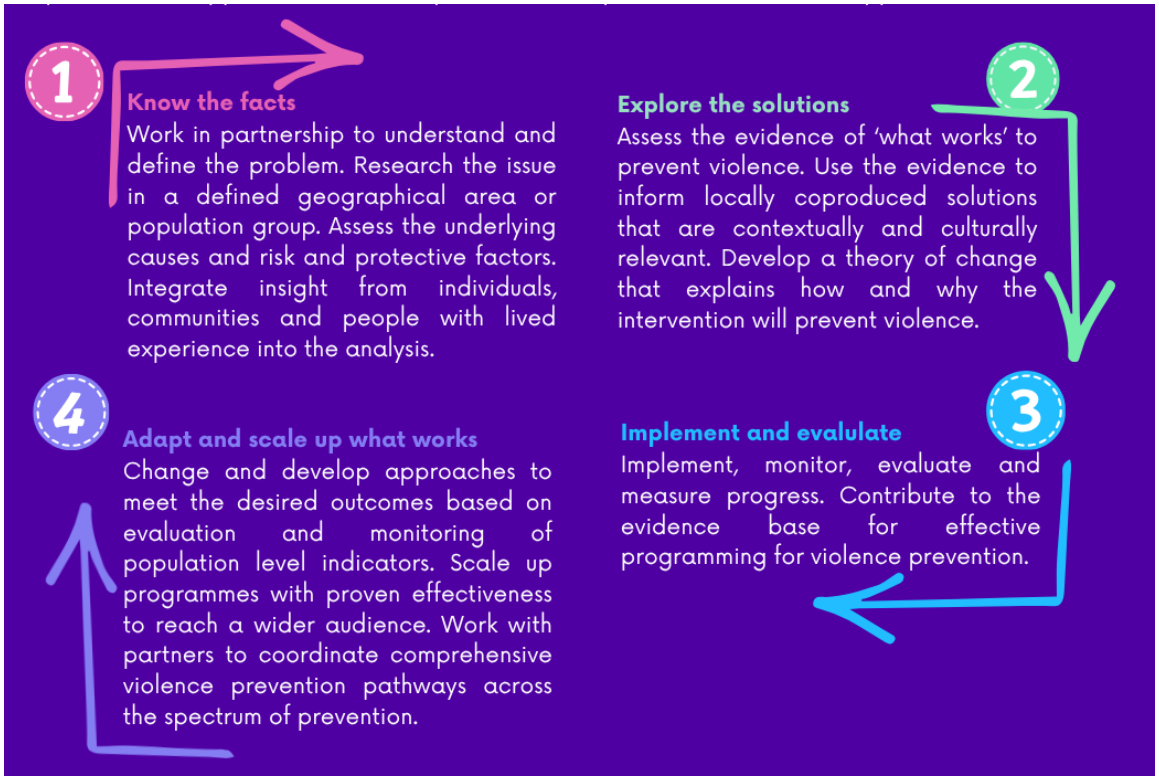


Figure 4: Public health approach to violence prevention, from Wales Without Violence[7]

[6] VAWDASV Strategy 2023-2027 final

[7] WWV-Framework-Digital-English.pdf

Aims and objectives

The aims of this JSNA are to outline the national context of VAWDASV (including policy, legislation and prevalence), to review the population needs and system response to VAWDASV in Gwent, and to identify areas of good practice and future opportunities to improve health and wellbeing in our communities.

This JSNA is centred on the voices of victims and survivors of VAWDASV and the experiences of professionals working in services across Gwent, with an overview of the services which are in place to support those impacted by VAWDASV. The scope of this assessment does not include perpetrators as work is underway within other organisations in Gwent to review this.

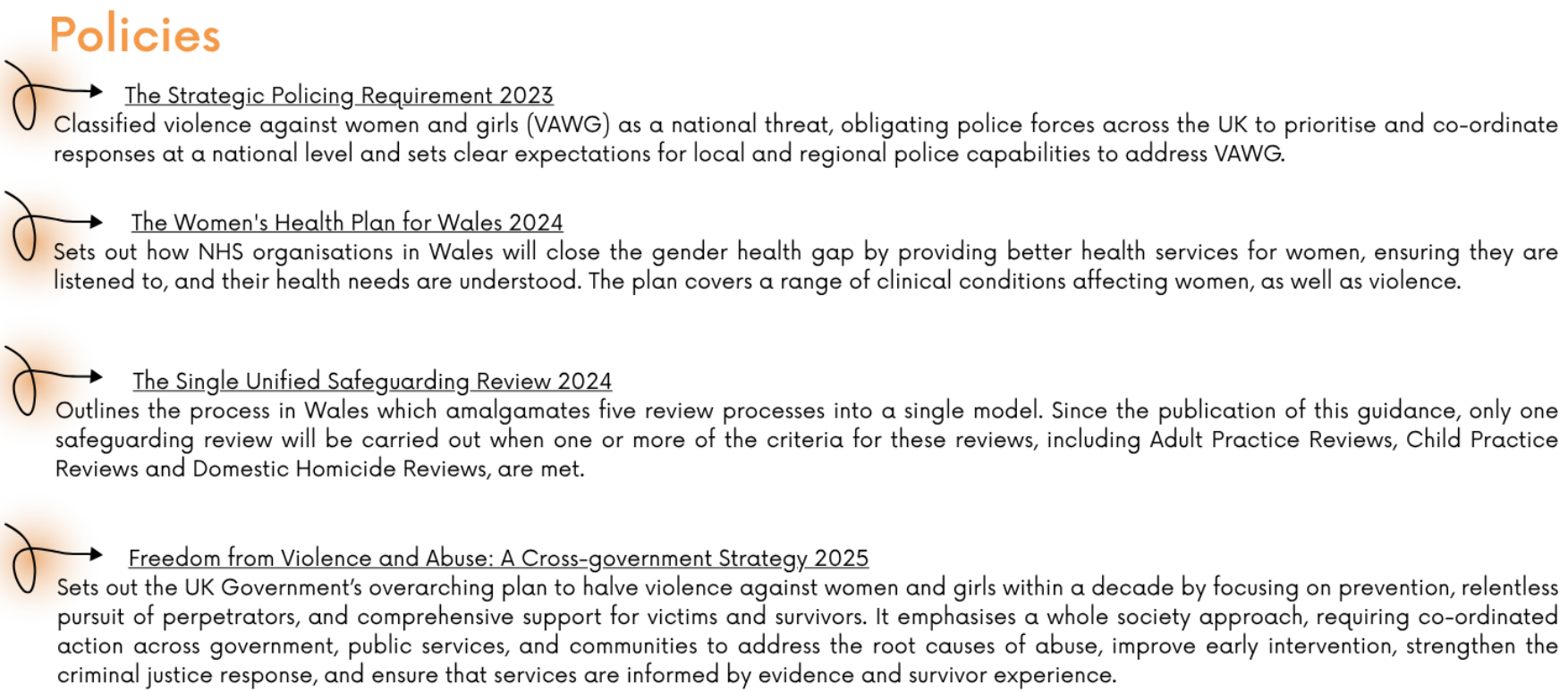
The key objectives are:

- To consolidate the national and broader context of VAWDASV, including policy, legislation, prevalence, and the unique experiences of different populations;
- To outline the current position in Gwent and associated challenges in how we understand the prevalence of VAWDASV;
- To present an aligned summary of our findings, including the current provision of VAWDASV services in Gwent, the demographics and needs of people using these services in Gwent, and our vision for future VAWDASV services;
- To share the voices of those impacted by VAWDASV and their experiences of navigating services across Gwent;
- To harness the voices of professionals to identify good practice and highlight opportunities for improvement in how we support those affected;
- To co-produce actionable recommendations with partners to strengthen our joint, strategic response to VAWDASV in Gwent;
- To provide insights to inform the Gwent VAWDASV Board strategy update in 2027.

National context of VAWDASV

Policy and legislation

There are many VAWDASV policies and legislation that need to be adhered to in Gwent, Wales and the UK. A full overview has been outlined in the Gwent Regional VAWDASV Strategy 2023-2027. Some key recent updates include:



Legislation

The Serious Violence Duty 2022

Places a statutory requirement on specified authorities including police, health, local authorities, probation and youth offending teams to work collaboratively to prevent and reduce serious violence through data -sharing, coordinated planning, and multi-agency partnership structures across England and Wales. Crucially, the statutory guidance explicitly recognises domestic abuse and sexual offences as forms of serious violence that fall within the scope of the Duty, strengthening the alignment between serious violence prevention and the wider VAWDASV agenda.

The Victims and Prisoners Act 2024

Introduces independent advocate roles, embeds Victims' Code principles, revises parole processes, and adds protections around confidentiality clauses. This is a significant UK-wide legislative change that directly reinforces victims' rights, including those impacted by VAWDASV.

The Crime and Policing Bill 2025

Introduces a wide-ranging package of reforms that directly strengthen protections for victims of VAWDASV, including creating new offences criminalising the taking of intimate images, whilst creating a new spiking offence. The bill also gives victims of stalking the right to know the identity of their perpetrator, alongside strengthening stalking protection orders whilst issuing guidance to agencies on combatting stalking. As of March 2026, the Bill had progressed through the Report Stage, allowing the House of Lords the opportunity to scrutinise the Bill.

National prevalence of VAWDASV

VAWDASV represents a spectrum of behaviours and experiences that significantly impact the lives of victims and survivors.

Due to challenges in understanding the true prevalence of VAWDASV within Gwent communities we are reliant on national prevalence data to set the scene of the scale and nature of VAWDASV experienced by communities across England and Wales, including Gwent.

Domestic abuse

See ref. [8]

3.8 million

Between 1st April 2024 and 31st March 2025, approximately 3.8 million adults in England and Wales had experienced domestic abuse, including 2.2 million women and 1.5 million men.

1 in 4

As of March 2025, one in four adults in England and Wales had experienced domestic abuse; one in three women and one in five men. This is equal to roughly 12.5 million people.

Domestic homicide

See ref. [9]

347

Between 1st April 2024 and 31st March 2025, 347 people in England and Wales died in relation to, or because of, domestic abuse.

150

Of the 347 deaths, 150 were suspected to be the suicide of a victim of domestic abuse.

78%

Three in four suicides of victims of domestic abuse were women (78%).

[8] Domestic abuse prevalence and victim characteristics - Office for National Statistics
[9] Domestic Homicides and Suspected Victim Suicides 2020-2025 Year 5 Report

Sexual offences

See ref. [10,11,12,13,14]

1 in 4

One in four women and one in 18 men in England and Wales have been raped or sexually assaulted since the age of 16.

898,000

In the year ending March 2025, 1.9% of adults (898,000 people) experienced sexual assault (including attempts).

2 in 5
4 in 5

Two in five rapes against women are committed by a partner or ex-partner.
Four in five rapes against women are committed by someone they know.

92%

A Welsh Women's Aid survey (2025) found that 92% of female respondents had experienced sexual harassment in public spaces, including unwanted comments, gestures, and physical contact.

81%

Sexual harassment at work on at least one occasion was reported by 81% of female respondents in the Welsh Women's Aid survey.

Of women who visit pubs or bars at least one evening a week, 7.5% have experienced sexual assault.
Of women who visit a nightclub one to three times per month, 11% have experienced sexual assault.

A study by Welsh Government (2025) highlighted how Black, Asian and Minority Ethnic women experience workplace sexual harassment that is explicitly linked to ethnicity, culture and religion.

[10] Sexual offences prevalence and victim characteristics, England and Wales - Office for National Statistics
[11] Nature of sexual assault by rape or penetration, England and Wales - Office for National Statistics
[12] No Grey Area Report 2025
[13] Exploring Black, Asian and Minority Ethnic women's experiences of workplace sexual harassment | GOV.WALES
[14] Violence against women: an EU-wide survey. Main results report | European Union Agency for Fundamental Rights

1 in 10

In the European Union, one in ten women reported experiencing cyber-harassment since the age of 15. This included unwanted and/or offensive sexually explicit emails or SMS messages, and offensive and/or inappropriate advances on social networking sites. The risk is highest among women aged 18-29 years.

Stalking

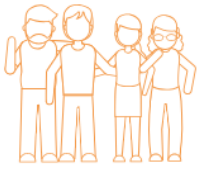
See ref. [15],[16]

1 in 5

One in five women and around one in 11 men in England and Wales have been a victim of stalking at least once since turning 16.

13%

For those aged 16–24, 12.7% have experienced stalking in the 12 months before March 2025; almost one in five women and one in 14 men.



Young people are less likely to recognise stalking behaviours either as a victim, or as a perpetrator.
At-risk groups include LGBTQ+ young people, those exposed to parental inter-personal violence, and neurodivergent young people.

Female genital mutilation (FGM)

See ref. [17],[18]

114

In 2022, 114 women residing in Wales became known to an NHS Safeguarding Team as having experienced at least one incident of FGM.

Most of the referrals for FGM in Wales come from midwifery services or health visitors.

While FGM victims and survivors tend to be concentrated in inner-city areas, it is likely that victims and survivors of FGM are living in every local authority area in England and Wales.

[15] Stalking: findings from the Crime Survey for England and Wales - Office for National Statistics
[16] Stalking-and-Young-People-in-Wales_Uni-of-South-Wales.pdf
[17] Female Genital Mutilation Experienced by Women Residing in Wales 2022
[18] Updating and improving estimates of the prevalence female genital mutilation in England and Wales

Honour-based abuse (HBA)

See ref. [19],[20]

2,949

In the year ending March 2025, there were 2,949 HBA-related offences recorded by police in England and Wales.

3,079

The Karma Nirvana Helpline supports people experiencing honour-based abuse, forced marriage, and related forms of coercive control in the UK.
In 2024/25, they responded to over 10,000 contacts, and supported 3,079 cases which represents a 35% increase in case volume since 2021/22.

Forced marriage

See ref. [21]

406

In 2025, the UK Government's Forced Marriage Unit supported 406 cases related to forced marriage and/or FGM in the UK; 40% of cases concerned victims aged 17 years old and under.

Understanding the needs of underserved communities

Deeply rooted within social and cultural norms, VAWDASV is both a cause and a consequence of inequality. VAWDASV is an inherently intersectional issue; experience of abuse and barriers to accessing support are strongly influenced by the identity and characteristics of those affected. Older people, children and young people, men, LGBTQ+, ethnic minority communities, people with a disability and people experiencing socio-economic inequalities can be at greater risk of experiencing VAWDASV and facing barriers to accessing support. A thorough understanding of the needs of underserved communities is essential in ensuring services and support are safe and effective for all our communities.

[19] Statistics on so called 'honour-based' abuse offences, England and Wales, year ending March 2025 - GOV.UK
[20] KN_Report_2425.pdf v6 final
[21] Forced Marriage Unit statistics 2025 - GOV.UK

Older people

See ref. [22]

700,000

Recent estimates suggest that around 700,000 people aged 60 and over in England and Wales experienced domestic abuse in the previous year.

VAWDASV amongst older people (60+) is widespread but largely hidden. Older victims are less likely to be identified, less likely to receive specialist support, and less likely to see their cases progress through the justice system compared with younger victims[23]. Older victims of domestic abuse are less likely to attempt to leave the perpetrator before accessing support and are more likely to remain living with the perpetrator after receiving support than younger victims. Failure to recognise VAWDASV in older adults, or failure to respond appropriately, leaves many victims unsupported[24].

The dynamic of abuse in later life differs from that seen in younger populations; perpetrators are often adult children, grandchildren, caregivers, or long-term partners. Abuse frequently co-occurs with health decline, disability, and dependency. These complexities are not well understood, particularly within criminal justice processes, leading to missed opportunities for protection. Research suggests that VAWDASV against older people is often seen as a separate entity of 'elder abuse', which has not merited the same levels of understanding about risk factors as VAWDASV affecting younger people[25].

Babies, children and young people

See ref. [26],[27]

1 in 5

One in five children in the UK have been exposed to domestic abuse.

49%

In England and Wales in 2024, 27% of 13–17-year-olds had been in a relationship over the past year, and of those, 49% experienced some form of violent or controlling behaviour from their partner.

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[22] Shining a spotlight on domestic abuse in older people | Discover | Age UK
[23] https://doi.org/10.1177/14773708251335388
[24] https://olderpeople.wales/improving-responses-to-older-peoples-experiences-of-sexual-violence-and-abuse-summary-report-html/
[25] https://doi.org/10.1177/14773708251335388
[26] https://youthendowmentfund.org.uk/news/half-of-teens-in-relationships-suffer-violence-or-controlling-behaviour-reveals-new-report/
[27] CVV24_R3_Gender.pdf

The first 1000 days , during pregnancy and up to a baby's second birthday, are a critical period for child development, yet research suggests that 30% of domestic abuse begins during pregnancy and of parents who experienced domestic abuse 40% said it occurred during their baby's first 1000 days[28].

Since the introduction of the Domestic Abuse Act in England and Wales 2021, children under 18 are recognised as victims of domestic abuse if they see, hear, or experience the effects of abuse[29]. As many as 16% of adults in Wales are estimated to have experienced domestic abuse in their childhood household[30], and for one in three children receiving care and support in Wales as of 2022/23, domestic abuse is implicated[31].

Research suggests that young people who have been in a gang, have used drugs or have been excluded from school are more susceptible to becoming victims of violence and controlling behaviours when they begin to form romantic relationships. Children supported by social workers, children persistently absent from school, and children with special educational needs are also more vulnerable, with research suggesting that they are more likely to experience relationship violence compared to their peers[32].

Males

See ref. [33], [34],[35]

Approximately 41% of domestic abuse victims and survivors in 2024/25 were male.

Approximately one in 100 males reported having experienced sexual assault (including attempts) in the year ending March 2025.

On average, one male is killed by a partner or ex-partner each month in England and Wales.

[28] Domestic abuse in the perinatal period, and the importance of asking "the question" - Maternity & Midwifery Forum
[29] https://www.legislation.gov.uk/ukpga/2021/17
[30] Adverse-Childhood-Experiences-and-their-Impact-on-Health-harming-Behaviours-in-the-Welsh-Adult-Population_Report.pdf
[31] Parental factors of children receiving care and support by child status and gender | StatsWales
[32] https://youthendowmentfund.org.uk/news/half-of-teens-in-relationships-suffer-violence-or-controlling-behaviour-reveals-new-report/
[33] Domestic abuse victim characteristics, England and Wales - Office for National Statistics
[34] Sexual offences victim characteristics, England and Wales - Office for National Statistics
[35] Male Survivors of Domestic Abuse - NCDV

Results from the Crime Survey for England and Wales (2025) suggest that certain groups of males are more likely to experience domestic abuse than their female counterparts, including long term unemployed people and those with caring responsibilities for children[36].

For all victims and survivors, inequality and problematic social norms underpin and uphold VAWDASV, but these same issues serve as barriers to help seeking for male victims and survivors. Male victims and survivors face specific challenges such as stigmatisation and shame, alongside harmful stereotypes of masculinity which prevent them from seeking support[37].

LGBTQ+ people

See ref. [38]

In the year ending March 2025, an estimated 15% of gay or lesbian people living in England and Wales had experienced domestic abuse.

This increases to 20% for bisexual people in England and Wales.

Members of LGBTQ+ communities are disproportionately affected by VAWDASV, and services are missing opportunities to support LGBTQ+ victims, survivors and perpetrators [39]. Additionally, our understanding of the specific experiences of lesbian and gay women, gay men, bisexual men, bisexual women, trans men, trans women, and other trans-spectrum identified people is limited due to existing research failing to disaggregate findings[40].

Ethnic minority communities

See ref. [41]

In the year ending March 2025, 11.5% of black women and 8.6% of women of mixed ethnic background experienced domestic abuse (compared with 7.9% of white women).

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[36] Domestic abuse victim characteristics, England and Wales - Office for National Statistics

[37] Our support for male victims |

[38] Domestic abuse prevalence and victim characteristics - Office for National Statistics

[39] https://safelives.org.uk/wp-content/uploads/Free-to-be-safe-report.pdf

[40] https://www.gov.wales/sites/default/files/statistics-and-research/2019-07/140604-barriers-faced-lgbt-accessing-domestic-abuse-services-en.pdf

[41] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2025#ethnicity

Black and minority ethnic (BME) women are more likely to experience sexual assault than women from a white background[42]. Compared with white women, minoritised ethnic women are more likely to encounter multiple barriers to accessing help, reporting abuse, and leaving abusive relationships[43]. Furthermore, minoritised ethnic women are more likely to remain in abusive situations for longer before seeking support[44].

People with disabilities

See ref. [45],[46]

In the year ending March 2025, 13.4% of adults with a disability experienced domestic abuse, compared with 6.7% of adults without a disability, meaning disabled adults were around twice as likely to experience domestic abuse.

In the year ending March 2025, people with a disability had experienced sexual violence at a higher rate (3.1%) than people without a disability (1.6%).

Additional barriers exist for those with a disability when seeking health and social care, or specialist support, compared to those without a disability[47]. These barriers are compounded when layered with abuse; those with a disability are not only more likely to experience abuse, but their circumstances are more likely to remain undetected. Furthermore, those with a disability are less likely to receive timely support and are more likely to remain in an abusive situation for longer[48].

Employment status and household income

See ref. [49],[50]

[42] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/sexualoffencesprevalenceandvictimcharacteristicsenglandandwales
[43] https://doi.org/10.1177/15248380211050590
[44] https://doi.org/10.1080/13557858.2018.1447652
[45] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2025#disability
[46] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/sexualoffencesprevalenceandvictimcharacteristicsenglandandwales
[47] Microsoft Word - Disability and domestic abuse topic overview FINAL.docx
[48] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf
[49] Domestic abuse prevalence and victim characteristics - Office for National Statistics
[50] Sexual offences prevalence and victim characteristics, England and Wales - Office for National Statistics

Those with an employment status of long-term/temporary sickness (14.6%), students (13.6%), and unemployed (12.9%) were more likely to experience domestic abuse in the year ending March 2025 compared to those in employment (8.1%).

Women who are students were more likely to have experienced sexual assault (6.4%) compared with any other employment status.

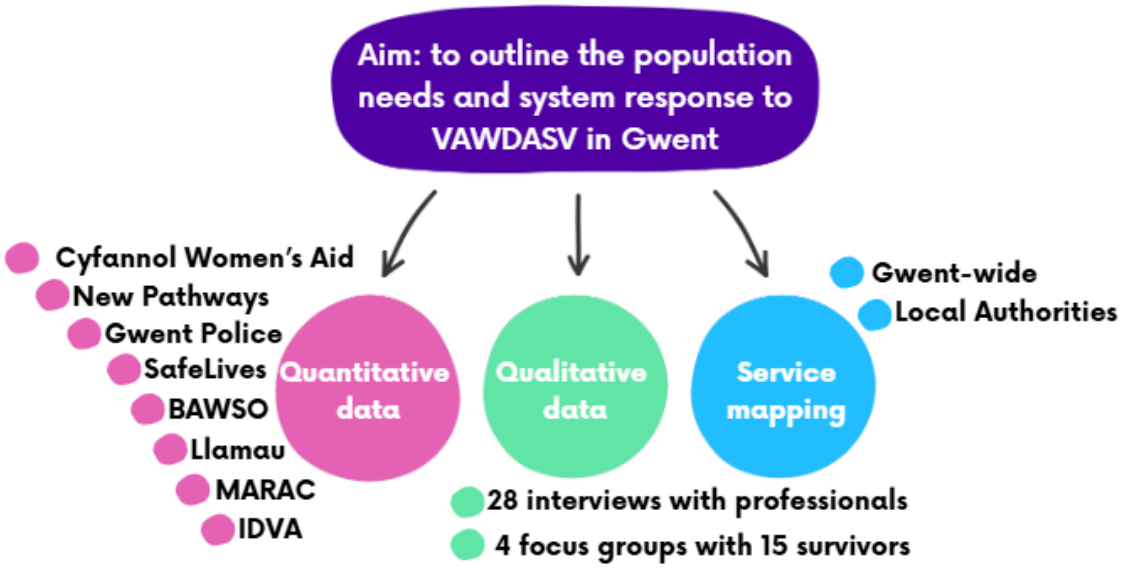
In the year ending March 2025, women (23%) and men (17.1%) in households with an income of £20,800 or less were more likely to experience domestic abuse compared with women (8.8%) and men (5.6%) in households with an income of £52,000 or more.

Of women who have experienced domestic abuse, 95% also reported financial abuse[51]. Over half of women experiencing domestic abuse report difficulty in leaving the situation due to lack of money and/or limited access to funds[52]. Women are more likely to experience VAWDASV when they are not in full-time employment[53]. VAWDASV also has a detrimental impact on those in full-time employment; 10.5% of those experiencing intimate partner violence reported taking a period of leave from work (25.9% took a month or more), and 3.6% lost their jobs due to the abuse[54].

Prevalence of VAWDASV in Gwent

To inform this JSNA, we have mapped services, collated police and service-use data, utilised the SafeLives estimation tool, compiled perspectives of professionals (quotes denoted by a P), and gathered the experiences of victims and survivors (quotes denoted by a LE)[55].

[51] Statistics-on-economic-abuse_March-2020.pdf
[52] Statistics-on-economic-abuse_March-2020.pdf
[53] committees.parliament.uk/writtenevidence/126256/pdf/
[54] Short-report-Labour-market-consequences-of-IPVA.pdf
[55] Internal regulatory approval from the Aneurin Bevan University Health Board (ABUHB) Research and Development Directorate was granted in April 2025 for the qualitative data collection. A full view of the themes which emerged from the qualitative analysis of content shared by lived experience and professional contributors can be found in Appendix B.



One of the most significant challenges encountered when compiling this JSNA was a lack of visibility as to the true prevalence of VAWDASV experienced by people in Gwent. Combining what we know about prevalence of VAWDASV in our communities with insights from each of these sources provides the most comprehensive understanding possible of current VAWDASV need across Gwent.

"There's a lot more that we're not seeing...the ones that don't report; were too frightened to report." (P30)

Currently, the prevalence of VAWDASV in Gwent is primarily understood through publicly available data sources from Gwent Police, the Home Office, and the Crown Prosecution Service. This data represents a small subset of all those affected by VAWDASV within our communities but can provide a helpful insight into escalating risk.

Data provided by Gwent Police shows incident, crime and arrest data for 2024/25 by Local Authority.

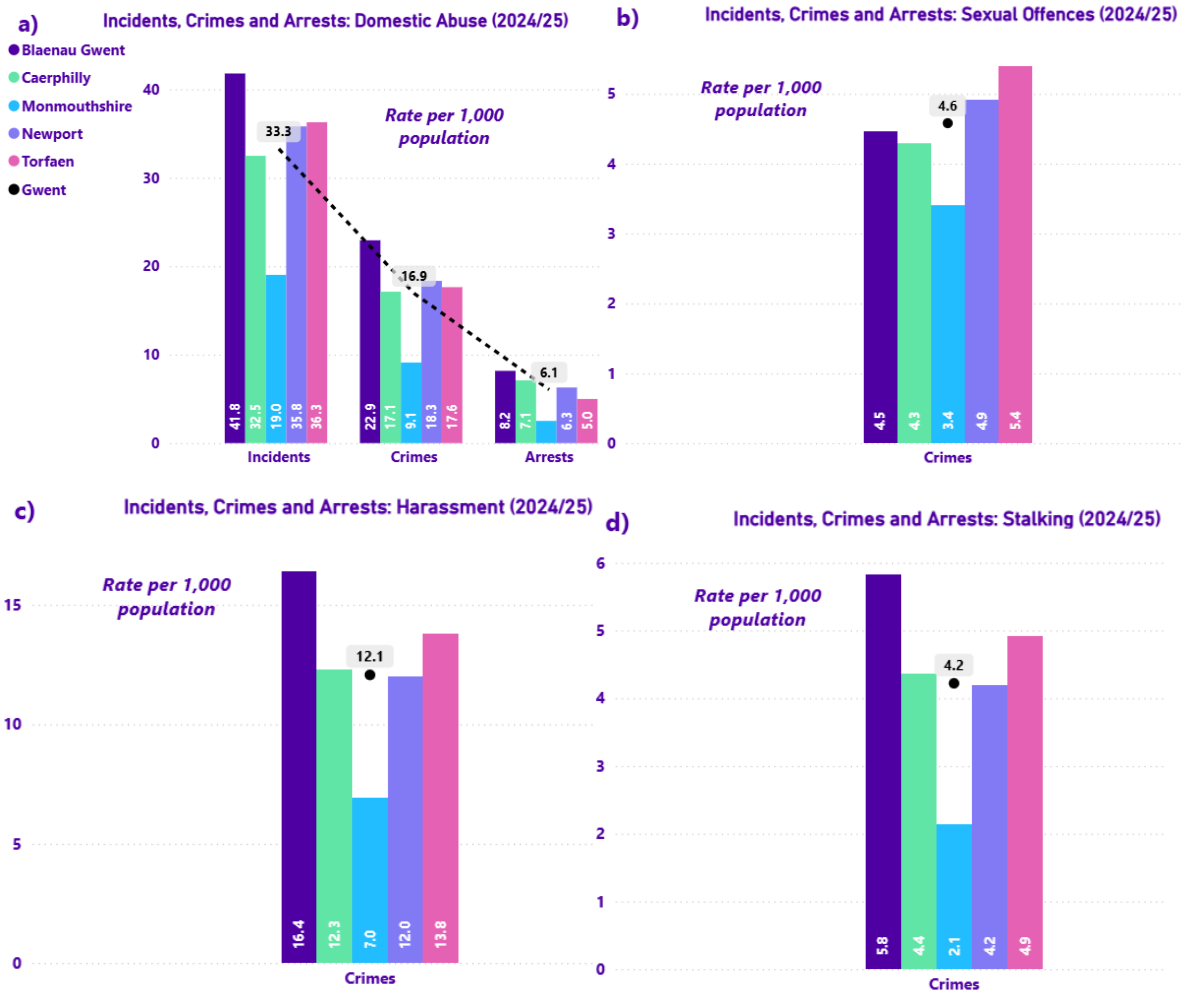


Figure 5: Rate of incidents, and/or crimes, and/or arrests per 1,000 population (aged 16+) for (a) domestic abuse, (b) sexual offences, (c) harassment, and (d) stalking by local authorities in Gwent during 2024/25 (Gwent Police, 2025)

The rate of domestic abuse incidents recorded by the police in 2024/25 is substantial (33.3 incidents per 1,000 population), compared to the rate of crimes (16.9 crimes per 1,000 population), and arrests (6.1 arrests per 1,000 population). Importantly, not all incidents recorded by the police will meet thresholds for a crime or for further action such as an arrest. However, these incidents may serve as early warning signals for escalating behaviour, or as opportunities for early intervention.

Within Gwent, Blaenau Gwent had the highest rates of reported domestic abuse, harassment and stalking during 2024/25, with the highest rate of sexual offence crimes recorded in Torfaen (5.40 crimes per 1,000 population).

These datasets present volumes of incidents that have been reported to the police and potentially prosecuted, representing a small subset of all those affected by VAWDASV as many victims and survivors will not report their experiences to the police.

"Even though we use police data and we rely on police data, there's a whole cohort of victims that will not go to police, will not report to police or disclose to the police,

so that number is always going to be much greater than what we're seeing on paper." (P29)

Developed as a tool to improve understanding of VAWDASV prevalence, a model produced by SafeLives in 2026 estimates that 37,500 people living in Gwent have experienced domestic abuse in the previous year. Of these, 72% (26,000 people) are not visible to services and are 'unseen' victims (SafeLives, 2026). Importantly, these figures are for domestic abuse only and do not include other forms of VAWDASV. This means these estimates are still likely to represent an underestimate of the levels of VAWDASV of its entirety that is experienced across Gwent.

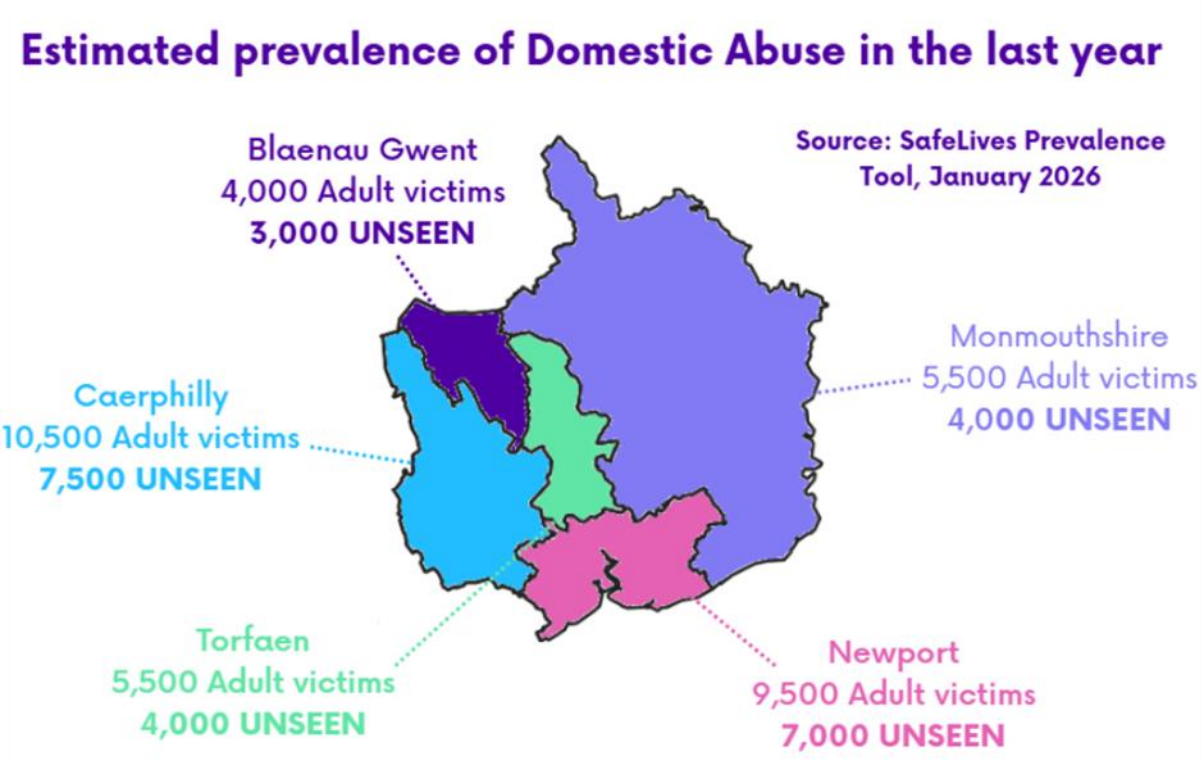


Figure 6: Estimated prevalence of domestic abuse for total adult victims (16+), with figures of those who are unseen (SafeLives, January 2026)

As many as one in three females with a disability (32%) and one in four males with a disability (25%) living in Gwent have experienced domestic abuse. Furthermore, an estimated one in five females (20.1%) and one in seven (14.4%) of males who are part of the LGBTQIA+ community in Gwent have been impacted by domestic abuse.

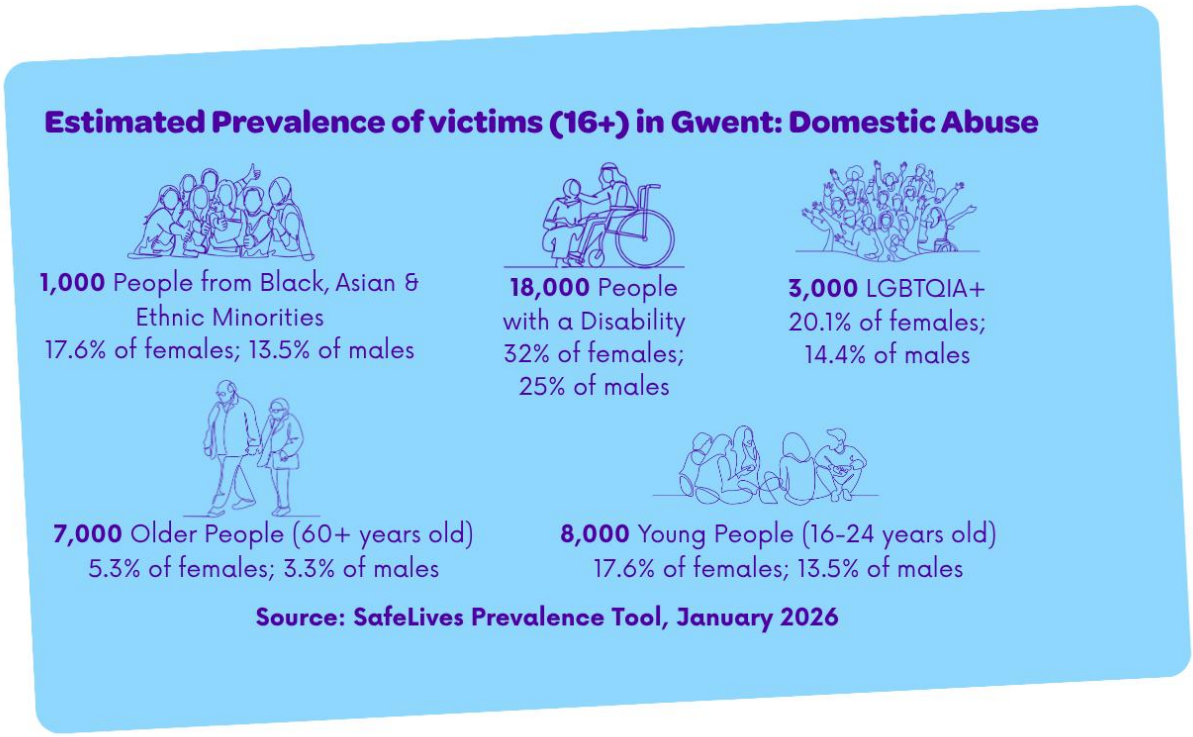


Figure 7: Estimated prevalence of victims of domestic abuse in Gwent (SafeLives, January 2026)

Improving visibility of those impacted by VAWDASV in Gwent is of huge importance in the reduction of harm, in Gwent's ambition for prevention, in avoidance of risk escalation through early intervention, and in planning for services.

The remainder of this report describes the current VAWDASV provision across Gwent, the demographics and needs of those who access services, and opportunities for the future of VAWDASV services in Gwent.

Current VAWDASV provision in Gwent

Within this section there is a service map for Gwent-wide services, and summaries of each service that submitted data for this assessment. Where available, contact volumes and outcomes data are presented for each service to support understandings of existing service provision. It is important to note that service use does not always align with the level of need for a service. This means that even where services are present, unmet need can and does exist.

Overview of services in Gwent

"Services that are already available work well…refuge, outreach, floating support, CYP services and group programmes." (P16)

The map below presents VAWDASV service provision which is available across all areas of Gwent. Specific Local Authority service maps can be found in Appendix B, these local maps highlight that there is notable variability in service provision between local authorities, creating a post code lottery for victims and survivors across Gwent depending on which local authority area they live in.

Effective VAWDASV services are typically described as trauma-informed, survivor-centred, needs-led, strengths-based, holistic and intersectional. They recognise the impact of trauma, prioritise safety and empowerment, respond to the diverse needs and identities of victims and survivors, and provide coordinated support across agencies to address the wide-ranging impacts of abuse[56].

"There is a real commitment to everybody working together that I feel in Gwent works really well." (P1)

[56] Violence against women, domestic abuse and sexual violence: strategy 2022 to 2026 [HTML] | GOV.WALES

Figure 8: Service Map 1 – Gwent-wide services

Multi-Agency Risk Assessment Conference (MARAC)

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases. There are 270 MARACs operating across the UK- in Gwent, there are 5 MARACs, one per local authority. They are attended by representatives from Police, health, social care, housing, Independent Domestic Violence Advisors (IDVAs), Probation and other specialists from the statutory or voluntary sectors. They share relevant information they have about a victim, discuss options for increasing the victim's safety, and create a co-ordinated action plan.

"When you're actually in the meeting [MARAC] and you know that other people are trained, it feels more inclusive...You know you've got support from everybody else around the table." (P11)

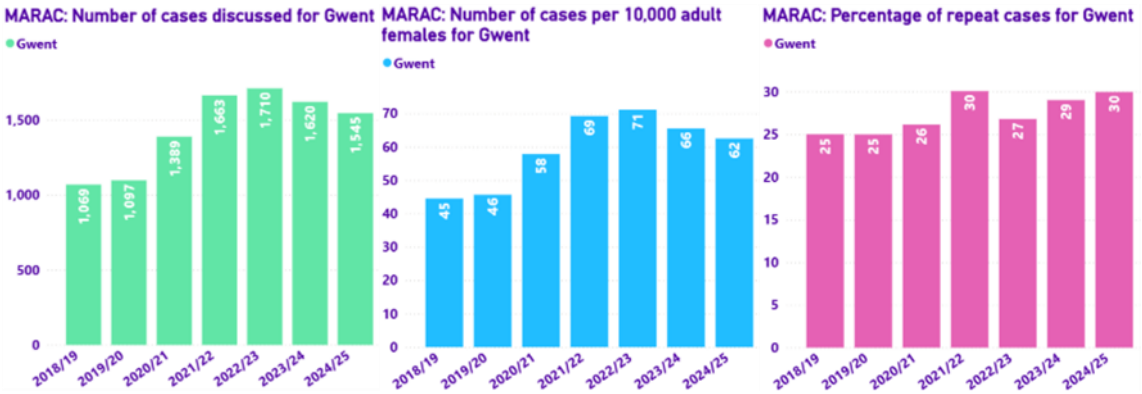


Figure 9: Number of cases discussed, cases discussed per 10,000 adult females, and % of repeat cases discussed at MARACs held in Gwent, by year, for the period 2018/19 to 2024/25 (SafeLives[57])

The MARAC data does not represent victims whose situations have been assessed as medium or standard risk. In 2024/25, MARACs held across Gwent discussed 1,545 high risk cases, this is a 41% increase in cases compared to 2019/20. SafeLives estimate that, based on Gwent's population size, the five Gwent MARACs should discuss 990 referrals per year- they are far exceeding that.

"MARAC is a huge commitment … some of the MARACs can last all day…you're hearing 20-25 MARACs in a day" (P28)

Two-thirds of referrals into MARAC came from Gwent Police. Thirty percent of the cases discussed at MARAC in 2024/25 had previously been discussed by the multi-agency group indicating that victims can be referred back to the MARAC after being assessed as high-risk on another occasion if their situation does not improve or their situation worsens.

"I feel the MARACs are effective…it is a chance to have the voice heard of the victim that you're supporting and all your concerns are taken on board." (P30)

Independent Domestic Abuse Advisor (IDVA) Service

Independent Domestic Violence Advisors (IDVA) are trained specialists who collaborate with a multitude of other services to provide support and safety for those at high risk of serious harm due to domestic abuse.

[57] Our quarterly Marac data - SafeLives

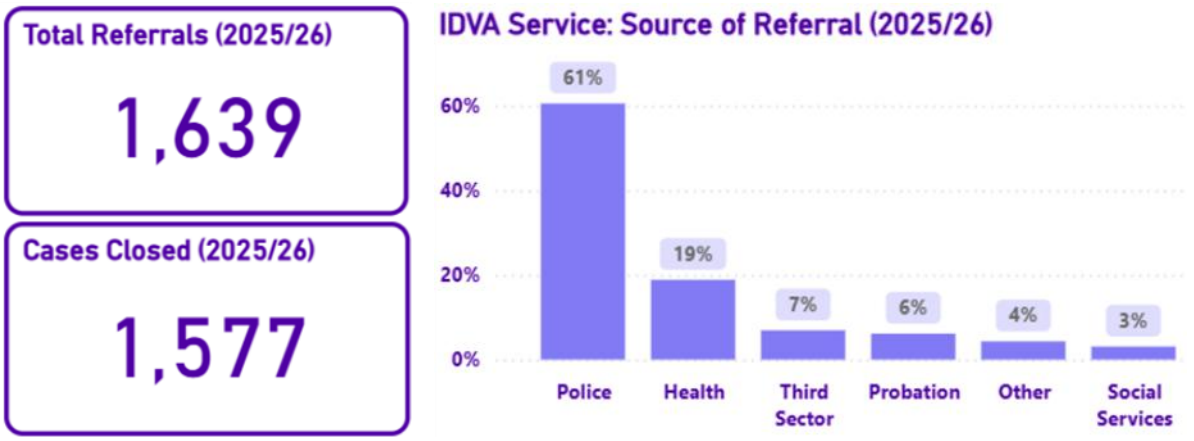


Figure 10: IDVA service total referrals, cases closed, and referral sources in Gwent during 2025/26

During 2025/26, there were 1,639 referrals to the Gwent IDVA service and 1,577 cases closed. Of the total referrals, most were made by the Police (61%), followed by health (19%), and third sector organisations (7%). When compared to national data sets on IDVA referrals across England and Wales, it is evident that Gwent Police and health services in Gwent refer markedly more victims to the IDVA service than the national averages (national average for police is 46% and 2% for health)[58].

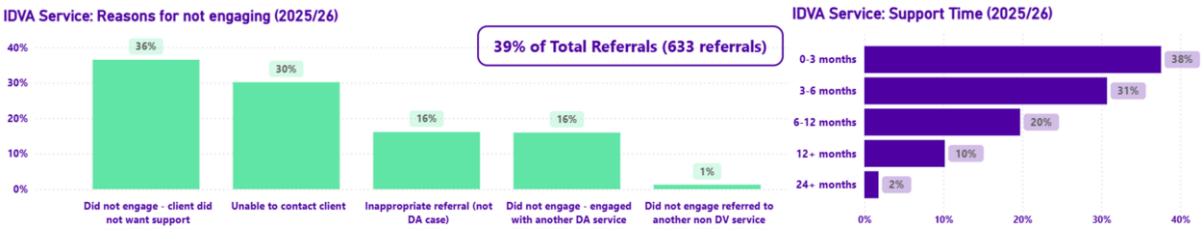


Figure 11: IDVA service reasons for non-engagement and service support time (note. % may not total 100% due to rounding) in Gwent during 2025/26

At a national level, SafeLives report that 89% of IDVA referrals in 2025 resulted in a 'did not engage' outcome. This is markedly lower in Gwent, with 39% of service referrals received in 2025/26 resulted in a 'did not engage' outcome due to a range of circumstances. Most frequently, the client did not want support (36% of referrals with a 'did not engage' outcome), or the service was unable to contact the client (30%). One in six referrals with a 'did not engage' outcome were not domestic-abuse related cases (inappropriate referrals, 16%), and for a further one in six referrals, the client was already being supported by other domestic abuse services (16%). Most IDVA service cases in Gwent were closed within 12 months (89% of cases), with one in ten cases requiring longer-term support.

"We work most well closely with the (Health) IDVAs...they're a great resource for us...the IDVA service I would say is working really, really well." (P41)

[58] Idva-Annual-Dataset-2025.pdf

Figure 12: IDVA service outcome metrics from clients who received full support in Gwent during 2025/26

The IDVA service support clients until their circumstances are no longer deemed high risk. Clients can be referred into other services if they still have unmet needs. The vast majority of clients who received support from the IDVA service in 2025/26 reported improvements across key outcome metrics, such as feeling better informed and empowered to act, increased feelings of safety, and improved health and wellbeing.

"She's an IDVA in Gwent...she's worth her weight in gold. She goes above and beyond for anyone she supports." (LE2)

In addition to improvements within service reported outcome measures, lived experience contributors described how support from the IDVA service helped them to navigate changes in their circumstances.

"My IDVA - she wasn't just a support worker, she became my anchor... [she] walked beside me through every part of that journey, through police statements, court and the endless housing battles. She sat with me when I broke down, reminded me that my truth mattered, and made sure I didn't fall through the cracks." (LE5)

Cyfannol Women's Aid

Adults, children, and young people can access a range of services offered by Cyfannol Women's Aid across Blaenau Gwent, Monmouthshire, Newport, and Torfaen. Services include accommodation, group work, community services, Horizon (supporting victims and survivors of sexual violence) and support for children and young people. Additional services such as Ar Trac (supporting children and young people), Boost (supporting those with lived experience), and Tabw (supporting those who have experienced police-perpetrated abuse) are delivered in collaboration with partner agencies.

"We do have some really good agencies that do work with victims and perpetrators. We've got Women's Aid and Phoenix Staff in our area. So they do a lot of good work." (P19)

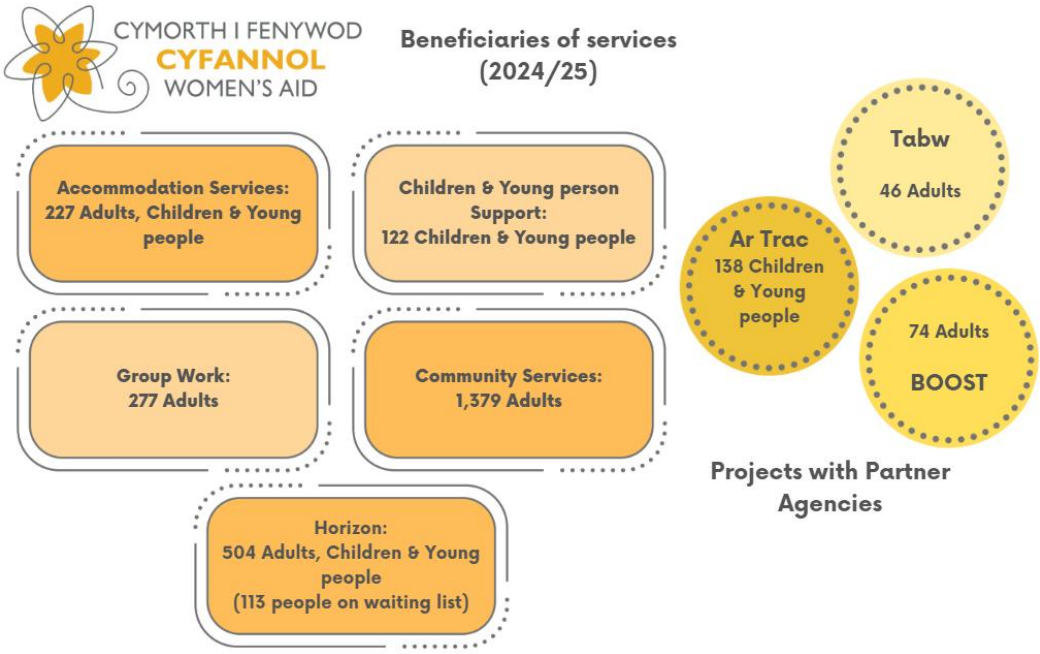


Figure 13: Beneficiaries of services provided by Cyfannol Women's Aid during 2024/25

Community services (1,379 adults) and Horizon (504 adults, children and young people) represent the services with the largest number of clients during 2024/25.

"Women's Aid...they've got the refuges which...get women out of situations when needed...they're really, really supportive." (P42)

Accommodation services provided by Cyfannol have fluctuating numbers of clients each year due to unpredictable demand and accessibility. Provision is determined by factors such as matching individuals and/or families with appropriate accommodation, alongside varying lengths of time for which the accommodation is required, and the time needed to find somewhere permanent to move on to.

Llamau Domestic Abuse and Gender Specific Services

"I have had really good support from my IDVA and from Llamau." (LE3)

Llamau is a charity that provides a range of services across Wales, working with women, men, children and young people who are experiencing, or at risk of, homelessness. With between 25% - 33% of homelessness in the UK associated with domestic abuse[59], many of those seeking support from Llamau for housing needs have experienced domestic abuse or other forms of VAWDASV.

[59] What Works Evidence Notes: Domestic Abuse and Homelessness

"[IDVA, ISVA and Llamau] between the three of them, they gave me stability when I had none. They worked quietly but relentlessly making calls, chasing responses and protecting me from being made homeless or exposed to more danger." (LE5)

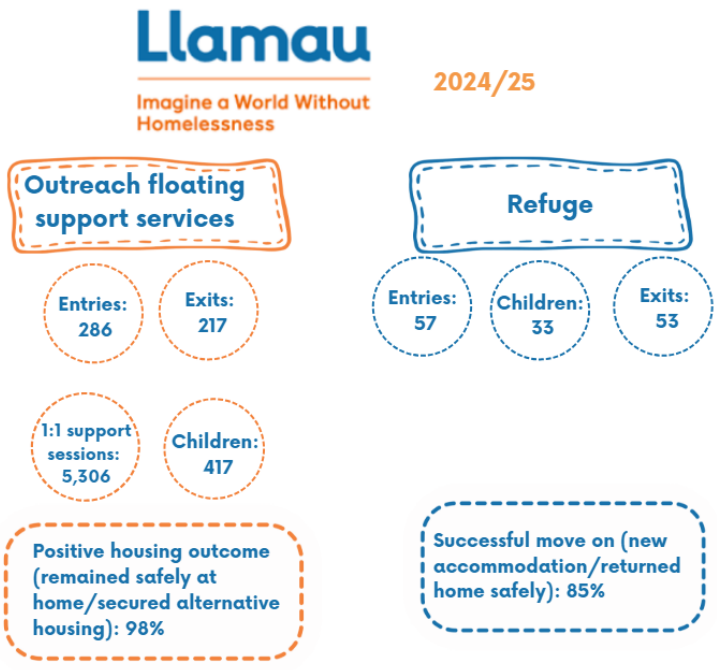


Figure 14: Llamau Domestic Abuse and Gender specific services: outreach floating support and refuges in Gwent (2024/25)

During 2024/25, Llamau's outreach floating support service was the most accessed with 286 entries into the service. Llamau's gender specific supported accommodation includes five units, which operate at full capacity. Each of the Gwent domestic abuse and gender specific services report positive housing outcomes, although sourcing appropriate housing for those in the gender specific supported accommodation can be challenging which limits the ability to accommodate new referrals. In addition to the core services highlighted above, Llamau offers a six-week programme for women victims and survivors called New Beginnings. Each session explores different aspects of behaviours which constitute domestic abuse and informs of the impact it has on victims and survivors, coping mechanisms, parenting and women's rights. The group setting provides a safe, supportive space for women to share experiences and build resilience.

"Llamau - I've done the New Beginnings course, and that was absolutely amazing. That is when it really hit home for me. And if it wasn't for that, I don't think I would have gone and just left." (LE3)

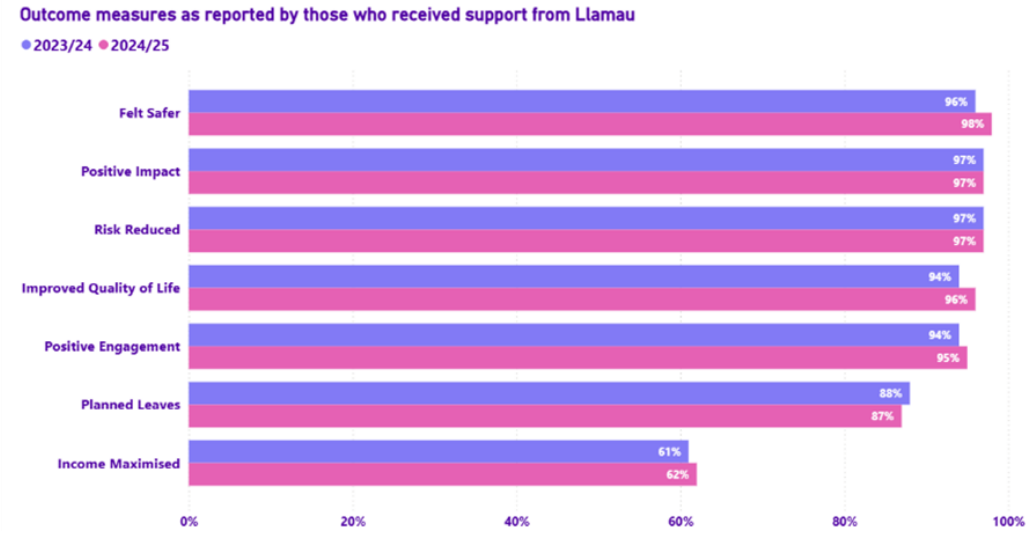


Figure 15: Outcome measures as reported by Llamau clients following receipt of support in Gwent during 2023/24 and 2024/25

Following support from Llamau in 2024/25, 98% of those who completed the outcome measures felt safer; 97% felt that the level of risk had been reduced, and 96% indicated that they had an improved quality of life. Most of those supported by Llamau reported having a plan to leave an abusive situation (87% in 2024/25). Fewer people reported having their income maximised (62%) which emphasises how financial barriers are pervasive for those seeking support.

"Llamau stepped in and did a lot of work with my elder son. Which has worked wonders. He's doing fantastic now." (LE3)

New Pathways (ISVA & SARC) service

New Pathways provides services and support for those who have experienced sexual violence, including therapeutic and counselling services, an Independent Sexual Violence Advisor (ISVA) service, and crisis support at Gwent Sexual Assault Referral Centres (SARC).

"When I went through the SARC, it was one of the hardest days of my life. The nurse and the team were incredibly professional and compassionate...treated me with dignity and care at a time when I felt completely stripped of it...They didn't just see me as evidence, they saw me as a person." (LE5)

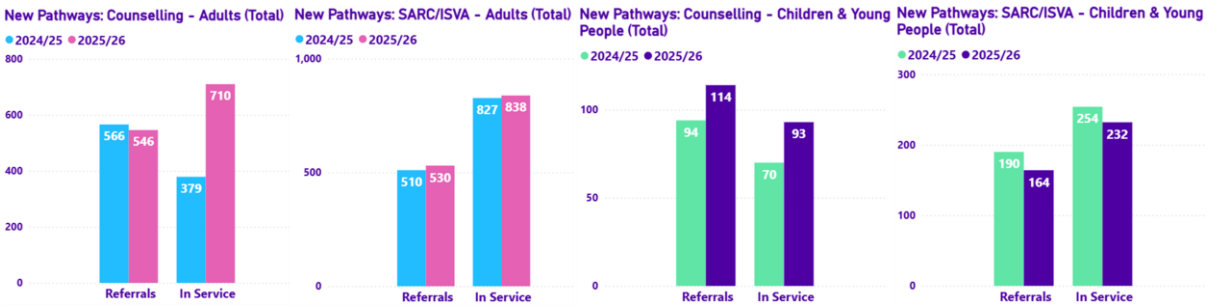


Figure 16: Referrals and in service caseload volume for the New Pathways Counselling service, for the Sexual Assault Referral Centres, and for the Independent Sexual Violence Advisor service for adults, children and young people (2024/25 and 2025/26)

In 2025/26, there were 546 adult referrals and 114 children and young person referrals to the New Pathways Counselling Service. For support from the SARC/ISVA service, there were 530 adult referrals and 164 children and young person referrals during 2025/26.

"If it wasn't for New Pathways, I wouldn't be here I don't think. Not because I didn't want to be here, but because everything that my disclosure brought up, it just was so overwhelming and the thoughts and feelings were so intrusive, I just couldn't deal with them." (LE4)

Importantly, referral figures do not reflect the increasing complexity of cases reported by professionals, which require additional triage, safeguarding, and wraparound support. New Pathways colleagues advised that there would typically be a year-on-year increase in referrals into services, but increased complexity in cases has led to high waiting lists which can be a deterrent for partners to make new referrals.

BAWSO

BAWSO provides specialist services across Wales for Black and minoritised ethnic victims and survivors of domestic abuse, sexual violence, human trafficking, female genital mutilation (FGM), forced marriage, and Honour based abuse. BAWSO services include a network of safe accommodation, specialist refuge provision for women with no recourse to public funds (NRPF), dedicated support for victims and survivors of modern slavery and human trafficking, community-based services, and specialist recovery programmes.

"The barriers that they face … when you think of like FGM, BME, culture, religion, forced marriage, all that sort of thing." (P30)

The organisation aims to address the complex and intersecting barriers that can prevent victims and survivors from accessing safety, justice, and long-term recovery. Many of those supported by BAWSO experience multiple and ongoing forms of abuse, requiring culturally responsive, trauma-informed, and highly specialised interventions.

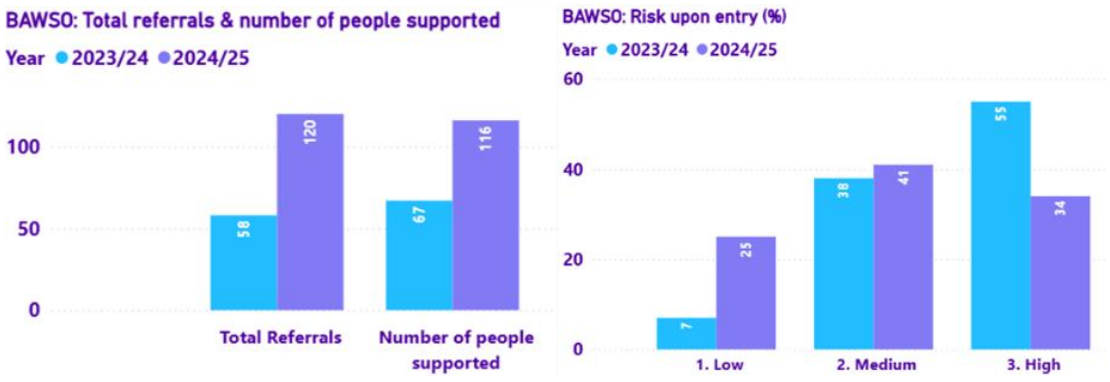


Figure 17: Total referrals, number of people supported and risk upon entry to BAWSO services during 2023/24 and 2024/25 (figures include Newport Advice, Newport Refuge, and TULIP Project services)

Referrals to BAWSO services, alongside the number of individuals supported, increased in 2024/25, reflecting both rising demand and improved accessibility of services, with a reduced proportion of high-risk cases and the majority (41%) assessed as medium risk. This indicates that services are increasingly engaging individuals earlier in the escalation cycle, suggesting strengthened referral pathways and more effective early intervention.

"People who were coming from BME and BME...communities...they don't necessarily want to leave their family. It's the abuse that they're being subjected to. There's the fear of social services, involvement with their children. There's the fear of having the children taken away from them." (P30)

Barriers to effective service provision

Several barriers to optimal service provision were identified through service data and insights gathered from professionals, victims and survivors who had used support services in Gwent. These include insufficient service capacity to meet needs, challenges accessing housing support and the impact of short-term funding cycles and disjointed approaches to commissioning.

"The help I've had now after fighting and fighting for a couple of years. You shouldn't have to fight...There is not enough help out there for people at the time that they need it. There's nothing and you have to wait, and waiting could be too late...where people don't want to be here anymore... And it's not just adults." (LE3)

Service capacity

"Victim support services are facing massive waiting lists." (P18)

The services outlined in this JSNA provide essential support to people affected by VAWDASV across Gwent while operating at full capacity. As a result, long waiting lists are reported as common. This can reduce victim and survivors' readiness to engage with support because although individuals may feel prepared to seek help when they first reach out, delays can undermine their confidence and willingness to participate. These challenges affect both adult and children's services, with concerns particularly acute for young people.

"That initial bit about actually deciding to go and maybe having to talk or listen about that with others is daunting and if you are not able to do it in the moment then that moment can go and people are then left waiting." (P16)

"Due to high demand or not having capacity, there is a waiting list and risk of losing someone because they've needed to wait too long." (P16)

"The waiting lists are extremely long for young people to see anyone around their mental health needs." (P13)

Delays in accessing support can worsen victim and survivors' health and wellbeing, increasing psychological distress and, in some cases, contributing to self-harm or suicidal thoughts.

"The sooner people can get the help, the better because it festers inside you and causes other problems." (LE4)

Housing

"Some accommodation and housing that people are put into isn't suitable or safe. I've worked with survivors that often will choose to live on the streets than rather be placed in the accommodation" (P40)

Alongside refuge provision, survivor-centred housing and homelessness services are central in the provision of a coordinated community response to VAWDASV, enabling victims to safely leave abusive situations. Accessing safe and appropriate housing has been identified as a key challenge in Gwent. There is a shortage of spaces in refuge, temporary and move on accommodation which often leaves victims and survivors with limited options, or nowhere to go.

"I was told I could be placed in mixed temporary accommodation for up to 18 months, alongside people coming out of prison or with drug issues. That wasn't safety, that was another risk" (LE5)

Housing provision can be a struggle, but several groups of people were identified as needing specific arrangements, including those with disabilities, mobility issues and spiritual or cultural needs. Housing provision for victims and survivors in employment was also identified as a group requiring tailored support as those seeking safety may not meet all the thresholds to qualify for housing support.

"Maybe there needs to be specific houses for people with cultural and spiritual needs, and that's not to segregate them in the slightest, I think it's just to make sure that they're not getting racially abused. They can have their cultural and spiritual needs met because that is important. That's their community, and they're being isolated from them." (P42)

"There needs to be more safe, confidential housing options for survivors who are working or have limited savings - because safety shouldn't depend on your income." (LE5)

Services reported that a lot of the older clients with housing needs have established financial stability, planned for retirement and built up their assets, therefore navigating temporary accommodation and refuge can be more complex.

"We get a lot of older referrals say in their 70s and 80s. They own their homes. They don't want to be chucked out to temporary accommodation, and they've said I've worked hard to have my home." (P9)

The lack of refuge spaces coupled with the housing shortages across Gwent, means that victims and survivors are often unable to move on from temporary or unsuitable placements.

"People can't necessarily move on from refuge because of the lack of housing." (P44)

Funding and commissioning

"Blue sky thinking, there'd be a bottomless pot of money and services would be ongoing and available in every local authority to every woman, to every man, to every child." (P21)

The lack of a consistent and equitable service offer was noted for everyone affected by VAWDASV – women, men, children and young people, victims, survivors and perpetrators. Funding processes and variations in local prioritisation were identified as drivers of variation in the service offer to residents across Gwent. This is evident when looking at the service maps for each of the local authority areas (Appendix B) where some areas have a certain service available to residents, and others do not.

"There is not a consistent offer, so it doesn't matter if you're a child or young person seeking support as a victim, a perpetrator looking for support, or if you are a victim that wants to stay with your partner, is looking for housing needs, refuge, you know, whatever your circumstances, there is not a consistent offer or like a minimum level of service provision anywhere." (P29)

"As Gwent we can work well together as a whole, but within the individual LA areas, there can be differences in what they decide to do or not do, so depending on where someone lives, they have access to different services and support or the route in." (P16)

Short term, unreliable funding and commissioning impacts were reported as impacting service sustainability and continuity across Gwent, feeding into staffing capacity issues as third sector organisations cannot offer long term contracts. Funding grants can also be competitive, and third sector providers reported they often find themselves bidding against each other to be awarded funding.

"Most of the programmes seem to be grant funded, so I think they're less stable...they lose their funding or their funding stream changes and then they can't offer this program." (P14)

"The most important thing is increased funding, sustained funding and actually paying third sector colleagues what they deserve in line with public sector... being able to offer people longer term contracts, better salaries so we can attract those with skill sets." (P17)

"Real battle amongst the third sector because there's such a lot of competition for money and it feels sometimes that the competition's overriding what the purpose is." (P08)

Client demographics and needs

This section highlights which groups of people are known to VAWDASV services and police across Gwent by pulling out demographics that are more prevalent within the data and offers a discussion around why that may be, and what may be driving the under representation of other groups.

Demographics

Age

Of VAWDASV offences[60] reported to Gwent Police, half of victims were aged between 26 and 45 years old (49%). The typical age profile of those accessing services in Gwent was also approximately 26 – 45 years old.

"I'm older, I'm 46. I don't fit a lot of the criteria for anyone who's young, and I don't fit. Like a typical DV victim, I guess." (LE2)

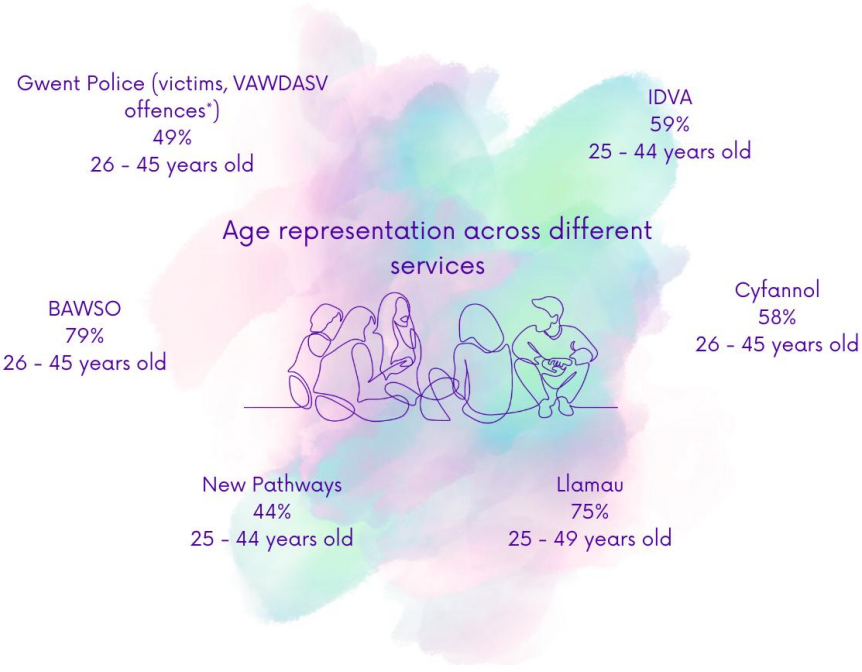


Figure 18: Age representation across services

[60] VAWDASV offences include domestic abuse; sexual offences; harassment; stalking; honour-based violence

Sex and gender identity

Sex and gender identity are inconsistently recorded across services in Gwent. Currently services provided in Gwent are overwhelmingly accessed by those of female sex and female gender.

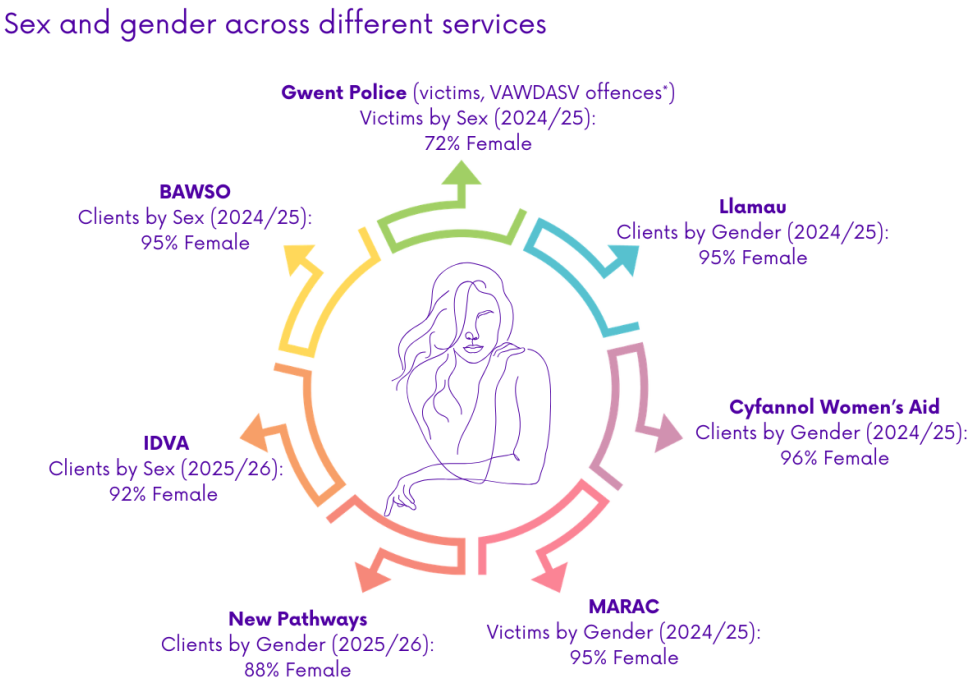


Figure 19: Sex and gender across services

"Male survivors...is a little bit hidden. There should be more referrals." (P15)

From the service data available, the extent to which males access services in Gwent remains disproportionately lower than the rate at which they experience abuse. This may be due to funding remits, which may result in a lack of available services designed to support men.

"We are moving to a 24 hour complex needs refuge where we can accept, not men, but pretty much everyone else." (P17)

Ensuring services are accessible to men and responsive to their unique experiences of VAWDASV is key to increasing engagement and access to appropriate support. Many of the services currently available in Gwent may not be appropriate, for example, in supporting with patterns of abuse typically experienced by males compared to females; such as threatening to restrict access to children (84% of male respondents) and using children to continue abuse post-separation (63%)[61].

"Pretty much all the male DV I have come through...it's always about...children and how she kind of holds a power...to make accusations against him and stop the

[61] Male-Victims-of-Coercive-Control-2021.pdf

children seeing them, break that relationship down…withholding child contact and the children against him." (P32)

Ethnicity

The lack of completeness of ethnicity information within client records is a widespread challenge which isn't specific to VAWDASV services, for example, ethnicity information of victims is 'unknown' or 'not stated' in 38% of VAWDASV incidents recorded by Gwent Police.

Where ethnicity is recorded, it shows that each year:

3% - 6%

of high-risk MARAC cases in Gwent concern ethnic minority people

4%

of Gwent IDVA service users were from Black, Asian & Minority ethnic communities

BAWSO was the only service identified through the system mapping that specifically offer VAWDASV support to Black, Asian and Minority ethnic communities. The provision and visibility of appropriate services within Gwent is essential to ensure everyone can be holistically supported.

Disability status

"Always there is some form of physical health as part of that holistic support when we're supporting whether they're in accommodation with us or whether an outreach is linking them in with the services." (P16)

6%

of Gwent IDVA service clients had a disability (2025/26)

1.5% - 4.5%

of MARAC cases in Gwent concerned a person with a disability

Substantially higher than other services, one in two clients supported by New Pathways services in 2025/26 had a disability (49%). This is consistent with national prevalence, whereby adults with a disability are almost twice as likely to experience sexual assault (3.7% of adults) compared to those without a disability (1.9% of adults)[62].

[62] Disability and crime, UK - Office for National Statistics

Family circumstances

Of the 1,558 MARAC cases that were discussed throughout Gwent in 2025/26, a total of 1,568 individual children were identified as living in the household where the abuse was taking place[63].

1,568
children living in households where abuse was taking place

27%
of those supported by Cyfannol Women's Aid had children in the household

"People lose children only because the support is not there. If they have the right support and the right intervention. Then you know they could hold it all together." (LE2)

In contrast, other services have supported fewer clients with children in the household; 12% of people supported by BAWSO in 2024/25 had children in the household. Anecdotally, professional contributors have observed changing trends in the presence of families within services, with fewer dependent children.

"It was always families, our refuges were inundated with children... I don't know if there's more knowledge or whatever...We're seeing much more single, young women without families. They're married, but they're coming in younger before they have their children." (P47)

Multiple and co-occurring needs

Victims and survivors of VAWDASV frequently experience multiple inter-related support needs, including mental health, alcohol and substance misuse needs. Joined up, holistic and trauma informed services are required to ensure victims and survivors receive person-centred support that address their immediate and longer-term needs for safety and recovery. It is important to acknowledge that survivors may require support with several of these needs, as well as housing and homelessness needs.

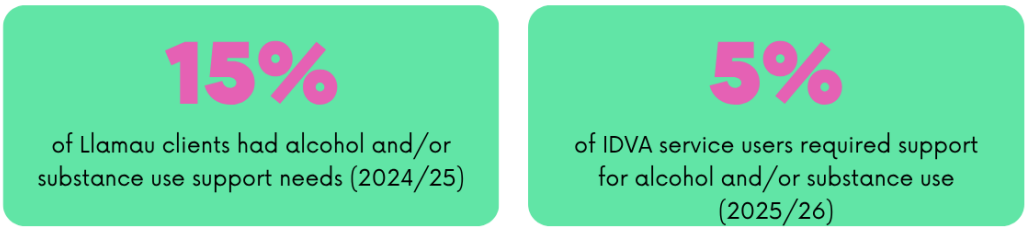
Alcohol and substance use

"I think the alcohol use is probably worse in the last couple of years. I think the substance use is worse definitely in the last couple of years." (P45&P46)

Alcohol and substance use increases the likelihood of both VAWDASV victimisation and VAWDASV perpetration. As well as increasing vulnerability to VAWDASV, alcohol and/or substance use may serve as a coping mechanism in response to abuse. Professional

[63] Our quarterly Marac data - SafeLives

contributors consistently highlighted an increase in alcohol and substance use across Gwent, with increasing presentations in services and adding to the complexity of circumstances for those experiencing VAWDASV.



"When alcohol gets involved, we end up with more DV incidents and things happening in people's homes...it adds to the complexity." (P11)

"It's going to be their staple of coping...they're using alcohol or they're using substances." (P9)

Although alcohol and substance use intensifies risk and vulnerability, many services cannot accommodate for people who use alcohol and substances whether as a cause of, or as a coping mechanism for, experience of VAWDASV. Support options become limited.

"If you've got a woman who is experiencing domestic violence, who needs to be somewhere safe, there will be options for her to go to. If she also uses substances, those options are very limited, which seems crazy to me given the prevalence of DV in those areas." (P45&P46)

"If they need to flee, they haven't got anywhere to flee to because most refuges would be fearful of bringing in an injecting user." (P1)

Mental health

Mental health and VAWDASV are deeply interconnected. Abuse can significantly contribute to both immediate and longer-term mental health support needs. People with pre-existing mental health needs can also be at heightened risk of violence[64].

"The emotional damage doesn't stop once the violence ends - for me that's when it really begins to surface." (LE5)

[64] People with mental disorders more likely to have experienced domestic violence | Website archive | King's College London

74%
of New Pathways clients had mental health needs recorded

62%
of Llamau clients had mental health needs recorded

44%
of BAWSO clients had mental health needs recorded

"I would say every single person that comes out of an abusive relationship needs some sort of mental health support. Whilst medication does work and it is good, it's not the answer...if anything, numbing your feelings, it's not good. It's good to get things out and it's good to be listened to and understood." (LE3)

The role of medication in alleviating the impact of VAWDASV on mental health was acknowledged as a clinical tool, but there is a clear need for victims and survivors to have support to talk and to be heard.

"An increase in referrals...mental health issues...getting people out of the home and getting engaged in the community... an increase in people's kind of holistic needs." (P17)

Mental health needs do not occur in isolation; professional colleagues observe how there is a broader impact on quality of life and holistic needs. Furthermore, service provision has not expanded in accordance with the growth in demand for mental health support and for the increased complexity of presentations.

"The mental health treatment requirement that we now deliver across Gwent is up to 12 sessions of therapy for people. I think you could double that and you could triple the team." (P1)

Babies, children & young people

Babies, children and young people are a distinct group who were not fully represented within the police and service data that was shared for this JSNA. VAWDASV does affect babies, children and young people, with the 'family circumstances' section above highlighting how many clients have children in their households. Under Section 3 of the Domestic Abuse Act[65],

[65] Domestic Abuse Act 2021

children are victims if domestic abuse is taking place at home. Babies and children can also be directly affected or used as a 'weapon' by one parent against the other.

Identifying, protecting and nurturing babies, children and young people who have been victimised was a prevalent topic identified through interviews with professionals, victim and survivor focus groups.

Babies, children and young people who have experienced abuse may need access to support throughout their lifetime

"He was in my tummy. And they say they experienced it and he was young." (LE2)

Abuse can have an impact on babies, children and young people of all ages, including unborn children. Experience of abuse at any age has the potential to impact a child across the life course, although the nature and extent of these impacts vary between individuals.

"It's a fact that it has a very detrimental effect on the rest of their lives…what they experience as a child…change the directory of the whole entire life." (LE3)

Professionals described a demand to support families with increasingly high levels of complexity when it comes to the needs of children and young people within the household.

"Our families are becoming more complex from a children's perspective and referrals are more complex." (P21)

While exposure to abuse is associated with an increased risk of poorer health, wellbeing and social outcomes, children's experiences are not uniform, and many demonstrate resilience when supported by safe, stable and nurturing relationships.

Children and young people may have support needs in accordance with the type of abuse they have experienced

Much of the complexity for children and young people experiencing abuse is in how they may be directly or indirectly impacted. As well as experiencing abuse themself, one survivor described how her daughter was also being abused by the perpetrator.

"It was very psychological, sexual. Not just sexual abuse on myself, our daughter too." (LE3)

Babies, children and young people may also be weaponised in households where abuse is taking place. The term 'parental alienation' was referenced by one professional, which refers to emotional manipulation of a child to fear, or reject, their other parent.

"The term parental alienation and concerns where domestic abuse is an issue, that is an ongoing significant concern that we manage in children's services and that's becoming more complex." (P21)

Children and young people who have experienced abuse may need mental health and wellbeing support

The impact of abuse on babies, children and young people can be profound. Emotional, psychological and social difficulties manifest for many children and young people who have lived in fear.

"The mental health side of things, like for my daughter, because my daughter's still, like, terrified...she asks me things like, why was he so horrible to me? Why was he like that?" (LE3)

Reported impacts of children and young people experiencing abuse include a heightened fear response, and difficulty adapting to a daily routine, such as attending school.

"Her children are showing signs of hyper vigilance and increased anxiety...it's scary for the kids to be dealing with." (P42)

"We see a lot higher rates of mental health, well-being issues and trauma, with children less willing to go to school and be engaged with school." (P5)

For children and young people who are fearful, scared and struggling to cope with abuse, trusted adults such as those working at schools do not always know how to support them effectively, which compounds an already difficult situation.

"My daughter's school, they've left her crying because they don't know how to deal with it. They feel so uncomfortable. Like I've been down there, I've said because you feel so uncomfortable as an adult...You just walk away?" (LE3)

Children and young people need safety to disclose and to receive help for traumatic experiences. One survivor shared how they had been abused as a child but had not disclosed until many years later, when they were an adult.

"I'm also a child of sexual abuse and my disclosure only came out three years ago now." (LE4)

Children and young people are vulnerable to practicing the abusive behaviours they have witnessed; as children and as adults

Lived experience contributors shared their distress in seeing their children copying the behaviours of perpetrators.

“It's hard to deal with as a parent, like when you've just left an abusive relationship, when you've taken your children to safety and then you have your child behaving exactly the way that he [perpetrator] used to behave towards you.” (LE3)

“My son, he becomes quite violent...I find that very triggering...when this mist comes down on him, his features are exactly like his dad.” (LE2)

In the longer-term, professionals have observed how these behavioural patterns can sometimes escalate to continue the cycle of abuse.

“I've worked with parents and caregivers and then maybe a few years later, I'm starting to see the children in their adolescence or their later years coming through in similar patterns and cycles.” (P40)

Our vision for the future

“No woman, no child, no man deserves to go through what we went through…It's damaged me for life. It's damaged my 20-year-old for life and it's damaged my little girl for life, all because of what someone thought he could do to me.” (LE2)

The professionals, victims and survivors who shared their experiences for this JSNA identified several areas that they felt could support the ongoing development of the VAWDASV system in Gwent. These themes emerged from discussions about creating an ideal future state and provide insight into where participants perceived the greatest potential for improvement. They have been summarised under the following three thematic headings: visibility of distinct needs, a shared approach to data, and culture for change. The suggested areas for improvement have been framed as part of an ambitious vision for the future, describing what the VAWDASV systems in Gwent could look and feel like for our communities.

Visibility of distinct needs

In the future:

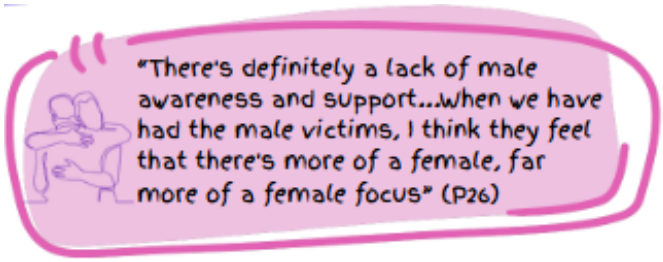
Lived experience is embedded into the understanding of VAWDASV in Gwent allowing professionals to better recognise and respond to the needs and experiences of victims and survivors and underserved communities who may have distinct needs, including but not limited to employment status, household income, disability, and family circumstances. When identifying and supporting victims and survivors, services and staff are trauma-informed, culturally sensitive and needs-led.

Babies, children and young people who have experienced VAWDASV within their family or their own personal relationships have access to appropriate support that meets their specific needs, including support for healing.

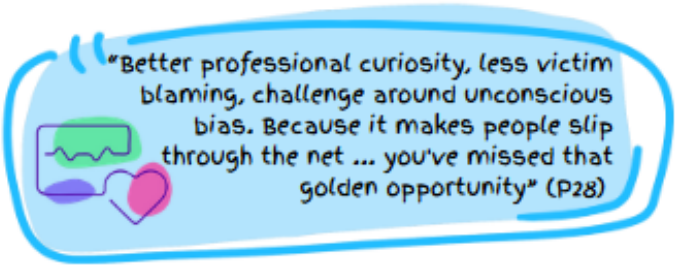
"I feel like the children have been forgotten…there's no services for counselling for the children…Nothing…children who go into refuges, they've been taken away from their home. They belong in their bed…with their duvet…and their toys…Nobody cares" (LE2)

Older victims are identified, recognised and supported within Gwent services. Professionals have an understanding of the distinct types of VAWDASV behaviours that older people may experience and have appropriate support provisions in place to protect them and promote their healing.

Male survivors feel able to seek support for the abuse they experience. Professionals have an understanding on the types of abuse male victims encounter and what their unique needs may be. There are appropriate provisions in place to support male victims.



LGBTQI+ people, ethnic minority communities and people with disabilities are seen and represented within service data and system planning. Suitable provisions are in place to support them on their healing journeys.



A shared approach to data

“What we've got to try and do is use today's data to try and forecast what's going to be needed tomorrow.” (P15)

To fully understand the needs of the Gwent population across the life-course and the impact of the collective action being undertaken in Gwent, data, intelligence and lived experience insights are collected and shared systematically to inform effective commissioning, evaluation and quality improvement.

In the future:

Gwent has an established shared purpose and best practice protocol for using data as information sharing serves as a vital safeguarding tool. A system has been developed to empower secure data sharing across all organisations to ensure the best possible chance of protecting those affected by VAWDASV.

Effective data sharing between organisations and agencies has helped establish a holistic view of VAWDASV in Gwent and helped address existing knowledge gaps concerning distinct needs and VAWDASV prevalence. The voices of those with lived experience of VAWDASV is entwined through the numerical data to add context and deepen understandings.

“How we use that data to drive forward our priorities, our direction and where we need to go. Because without doing that, we're not going to improve in making Wales the safest place for women” (P29)

“Each individual report was looked at in isolation. It didn't build up the picture... then it's too late” (P28)

“Every time I had to repeat what happened, it retraumatised me. There needs to be a way for agencies to share essential information safely, so victims aren't forced to re-live the trauma over and over” (LE5)

Culture for change

VAWDASV systems in Gwent recognise the need for holistic, long-term care to protect and support victims, survivors and their families. Survivors and their needs are kept central to all discussions and support plans. VAWDASV services and the workforce in Gwent all behave in a person-centred, trauma informed and compassionate way to mitigate the impacts of existing trauma and prevent traumatisation.

The VAWDASV culture in Gwent recognises the importance of being proactive in preventing VAWDASV, not solely reactive when it happens. The important role children and young people can play in changing the culture of Gwent is recognised, and therefore, primary prevention initiatives are targeted at schools and other settings where children and young people play, learn and socialise to ensure preventative messages are embedded.

In the future:

Trauma informed and person-centred approaches are embedded across the VAWDASV system in Gwent, from initial contact through to ongoing, longer-term support to mitigate the risk of further harm and trauma. All staff encountering VAWDASV victims and survivors are compassionate and considerate of their needs, understand intersectional factors and co-occurring needs which may impact experiences and work to minimise the need for repeat disclosures. Staff are non-judgemental, accommodating and actively listening to the survivor.

VAWDASV care pathways are in place for Gwent to ensure support is available to all survivors and their families, including low and medium risk survivors. The services and support offered is proportionate, high quality, effective and centred around their current and future needs to support healing.

The care pathways ensure victims and survivors are effectively protected from VAWDASV when it occurs and includes victims and survivors in Gwent having timely access to appropriate housing ensuring they can safely leave abusive situations and have ongoing access to safe places to heal.

Transparency is common practice. Survivors are either included in, or kept up to date with, discussions and actions being taken by professionals on their behalf. Victims and survivors feel that their needs are front and centre of conversations between professionals.

In the future:

Prevention and early intervention are at the heart of Gwent's approach to VAWDASV and is driven by the belief that our communities have the right to live free from fear. There is a culture that enables investment in population-based prevention and early intervention activities at the scale and scope required to positively influence societal norms and beliefs about VAWDASV.

Education and awareness raising are essential tools to support primary prevention and early intervention. Schools are the prime setting for primary prevention to take place.

Our promise to Gwent

The Gwent Public Health Team has held two workshops with members of the Gwent VAWDASV Board and chairs of its subgroups. These workshops explored the findings of the JSNA and identified priorities for future action. The outcomes will help inform the VAWDASV Board's strategy refresh in 2027.

The following commitments have been made to communities across Gwent to support the vision of **everyone living free from the fear of violence**. The three commitments marked with a star were identified during the workshops as priority areas for focus.

We promise that the Gwent VAWDASV Board will ensure decisions are victim and survivor centred, better recognising and responding to the needs and experiences of under served communities and survivors of sexual violence.

To achieve this, we will establish governance mechanisms and supporting infrastructure that ensure lived experience and victim and survivor centred approaches are at the heart of the work of the VAWDASV Board and its decision-making processes.

We promise that **prevention and early intervention** will be at the heart of our approach to VAWDASV and will be driven by the belief that our communities have the right to live free from fear.

To achieve this, we will secure Board level commitment to a holistic population-based approach to addressing VAWDASV that recognises the need for action to address the current societal norms and behaviours that perpetuate VAWDASV and works towards creating the conditions for victim and survivors and their families to heal.

We promise that the VAWDASV Board will fully recognise and give parity to the prevention of sexual violence within its work to protect communities in Gwent from the impacts of VAWDASV.

To achieve this, we will ensure that in enacting recommendations that refer to VAWDASV explicit consideration is given to the specific and nuanced needs of survivors of sexual violence.

We promise that the VAWDASV Board will fully understand the needs of the Gwent population across the life-course and the impact of our collective action. We will use **data, intelligence and lived experience** insights to inform effective commissioning, evaluation and quality improvement.

To achieve this, we will:

Establish a data and evaluation sub-group to oversee and coordinate improved data collection, coordination and analysis across the VAWDASV partnership to ensure all populations in Gwent are recognised.

Secure VAWDASV Board level commitment to optimise data sharing practices across the partnership, using the newly formed data and evaluation sub group to take forwards action to implement improved data sharing arrangements.

Agree a Gwent VAWDASV indicator specification coproduced with people with lived experience.

Develop a VAWDASV data dashboard.

Map gaps in current data availability and develop plans for addressing these through a thorough understanding of barriers to improved data collection and how these can be addressed, including the use of data sharing arrangements.

Understand the training and development needs of practitioners collecting, analysing and interpreting VAWDASV data and identify opportunities to address learning needs.

Develop an evaluation plan to support the scale and spread of localised good practice across the region.

Ensure lived experience informs the analysis, evaluation and quality improvement of VAWDASV interventions and these insights have parity with quantitative analysis in informing decision making.

Identify opportunities to support and influence the implementation of national recommendations from the Review of the Violence Against Women, Domestic Abuse, and Sexual Violence (VAWDASV) data landscape in Wales (2026)

We promise that there will be a clear, consistent and sustainable VAWDASV pathway in place for all Gwent communities to ensure they are effectively protected from VAWDASV when it occurs. Their immediate and longer term support needs will be addressed to enable healing.

To achieve this, we will:

Develop a shared, survivor centred understanding of levels of risk across the full range of VAWDASV responses.

Co-produce a comprehensive and risk responsive VAWDASV best practice pathway for Gwent informed by lived experience and evidence-based interventions and approaches.

Map current service provision and capacity in Gwent and review against VAWDASV best practice pathway.

Develop a business case for the implementation of the best practice pathway to enable partners to make the case for sustained funding for VAWDASV.

Identify areas where joint commissioning could provide opportunities to increase service access and better meet need, including the needs of under-served communities.

Work towards securing partnership wide commitment to collaborative funding approaches that optimise the impact and sustainability of funding of services.

We promise that Gwent VAWDASV care pathways will be put in place for low and medium risk victim and survivors and their families to ensure proportionate, high quality, effective and holistic support is available to meet current and longer terms support needs and enable healing.

To achieve this, we will:

Co-produce a comprehensive best practice low and medium risk pathway informed by lived experience and evidence-based interventions and approaches.

Map current service provision in Gwent and review against low and medium risk VAWDASV best practice pathway.

Develop a business case for the implementation of the best practice low and medium risk pathway to enable partners to make the case for sustained funding for early intervention services.

Identify best practice interventions that support long term healing from experiences of VAWDASV for both adults and children.

We promise that babies, children and young people who have experienced VAWDASV within their family or their own personal relationships will have access to appropriate support that meets their specific needs, including support for healing.

To achieve this, we will:

Develop a young person's VAWDASV best practice pathway that addresses the specific needs of young people experiencing VAWDASV in their own personal relationships.

Ensure Gwent VAWDASV best practice pathways include the needs of babies, children and young people within the family where VAWDASV is experienced within a household.

Identify the universal, early intervention and specialist best practice interventions that effectively meet the needs of babies, children and young people who have witnessed VAWDASV.

We promise that the health and social care workforce in Gwent will understand the impact of VAWDASV on victim/survivors and their families and will be compassionate and considerate of their needs and preferences. All services will be designed and delivered as trauma informed interventions that understand intersectionality and the need for repeat disclosures will be minimised.

To achieve this, we will:

Ensure Gwent VAWDASV pathways enable coordinated multi-agency support for victim and survivors and their families by holistically and concurrently addressing multiple and co-occurring needs when required.

Embed co-produced and victim and survivor centred approaches to transition support into VAWDASV pathways to ensure the need to re-tell stories is minimised.

Describe existing best practice and innovative approaches to reducing the need for victim and survivors to re-tell their stories to inform local practice.

Explore the role of co-location of services in supporting implementation of Gwent VAWDASV best practice pathways

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We promise that victims and survivors in Gwent will have timely access to appropriate housing ensuring they can safely leave abusive situations and have ongoing access to safe places to heal.

To achieve this, we will:

Map current pathways for housing access across Gwent for victim and survivors of VAWDASV and their families.

Effectively communicate housing pathways to practitioners in VAWDASV services to enable them to support clients in navigating housing pathways.

Describe the full range of housing support needs across VAWDASV to develop understanding of holistic and trauma informed approaches to housing that consider the range of needs of survivors.

Describe the scale and nature of need for emergency and temporary accommodation required to protect and safeguard people in Gwent who are experiencing VAWDASV and the impact of the current short fall in housing availability on health, wellbeing and safety of victim and survivors.

Make the case for Welsh Government investment in housing provision at the levels required to ensure victim and survivors of VAWDASV and their families can safely leave abusive situations.

Develop, pilot and evaluate innovative approaches to housing provision for VAWDASV victim and survivors and their families.

We promise that there will be a culture in Gwent that enables investment in population-based prevention and early intervention activities at the scale and scope required to positively influence societal norms and beliefs about VAWDASV.

To achieve this, we will:

Describe a comprehensive settings-based approach to violence prevention in Gwent informed by the Wales Without Violence Prevention Framework.

Understand the barriers and facilitators to delivering settings-based approaches to violence prevention across the full range of educational settings.

Develop and evaluate a pilot workplace-based men's ally network in ABUHB and use learning to inform scale and scope of future action across Gwent public services.

Develop evidence-based approaches to enabling community and voluntary sector organisations in Gwent to access awareness raising and bystander training.

Monitor uptake of Ask and Act training across VAWDASV statutory partners through routine reporting to the board.

Describe an evidence-based life-course approach for supporting babies, children and young people who have experienced VAWDASV to heal and break intergenerational cycles of violence.

Describe the role the wider determinants of health play in exacerbating the prevalence and impact of VAWDASV and the role wider partners have in supporting the strategic aims of the VAWDASV Board.

Appendix

Appendix A: Qualitative analysis themes

Using the Framework Analysis approach, eight main themes and 56 sub-themes were created from the data, as summarised below. A further publication presents a full overview of the qualitative insights gathered through this work.

System Strengths

- Effective partnership working
- Effective support services
- Innovation
- Support for children & young people
- Training & workforce development

Gaps and Areas for Improvement

- Children & young people
- Perpetrator response & provision
- Early intervention & prevention
- Distinct groups of victims: male victims, older victims, multiple & co-occurring needs
- Therapeutic support & recovery
- Racially minoritised groups: no recourse to public funds, immigration & interpretation
- Community & professional awareness
- Training needs
- Person-led & survivor-centred approaches
- Unrealistic promises & service boundaries
- Culture & unconscious bias

System Infrastructure & Capacity

- Funding & commissioning
- Workforce capacity & co-location
- Housing pathways & safe accommodation
- Data quality, information sharing & system intelligence
- Fragmented services
- Legislation & policy
- System throughput & timeliness

Access Barriers

- Administrative boundaries
- Lack of capacity & waiting lists
- Fear
- Access pathways
- Language & cultural barriers
- Stereotyping & assumptions
- Practical constraints

MARAC

Effective process

Resource-intensive process

Emotional impact of MARAC

Feedback from MARAC

MARAC infrastructure

Changing & Emerging Needs

Increase in alcohol & substance use

Increase in multiple & co-occurring needs

Awareness

Mental health & holistic needs

Service delivery & demand

Male survivor needs

Multiple & Co-occurring Needs

Socioeconomic circumstances

Mental health

Inclusion health groups

Co-occurring needs

Priority Actions - Magic Wand

Cultural shift - believing victims, centring victim voice

Increased support for distinct groups of victims

Support for children & young people

Increased funding and capacity

Integration, co-location & simplified pathways

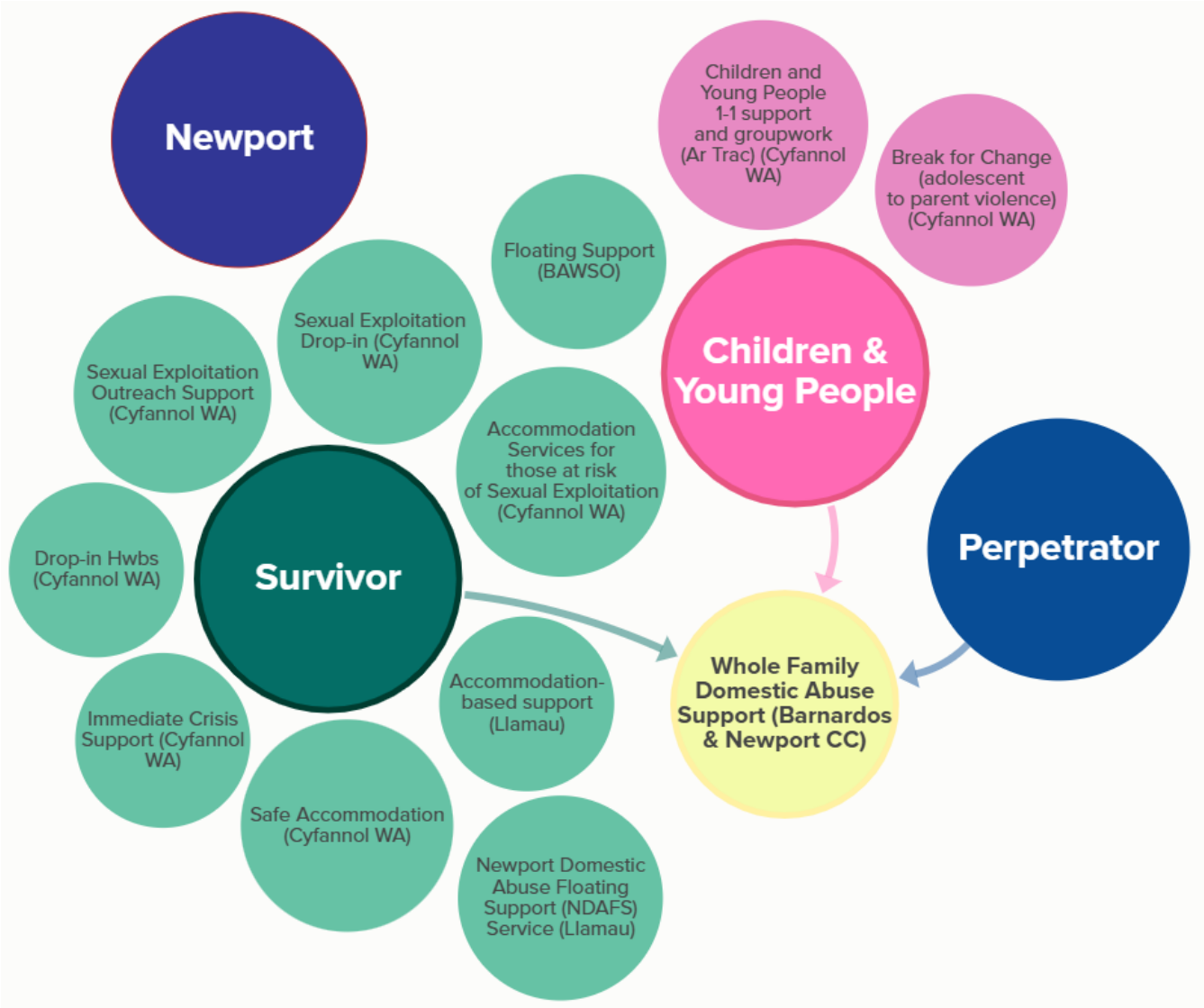
Increased focus on prevention

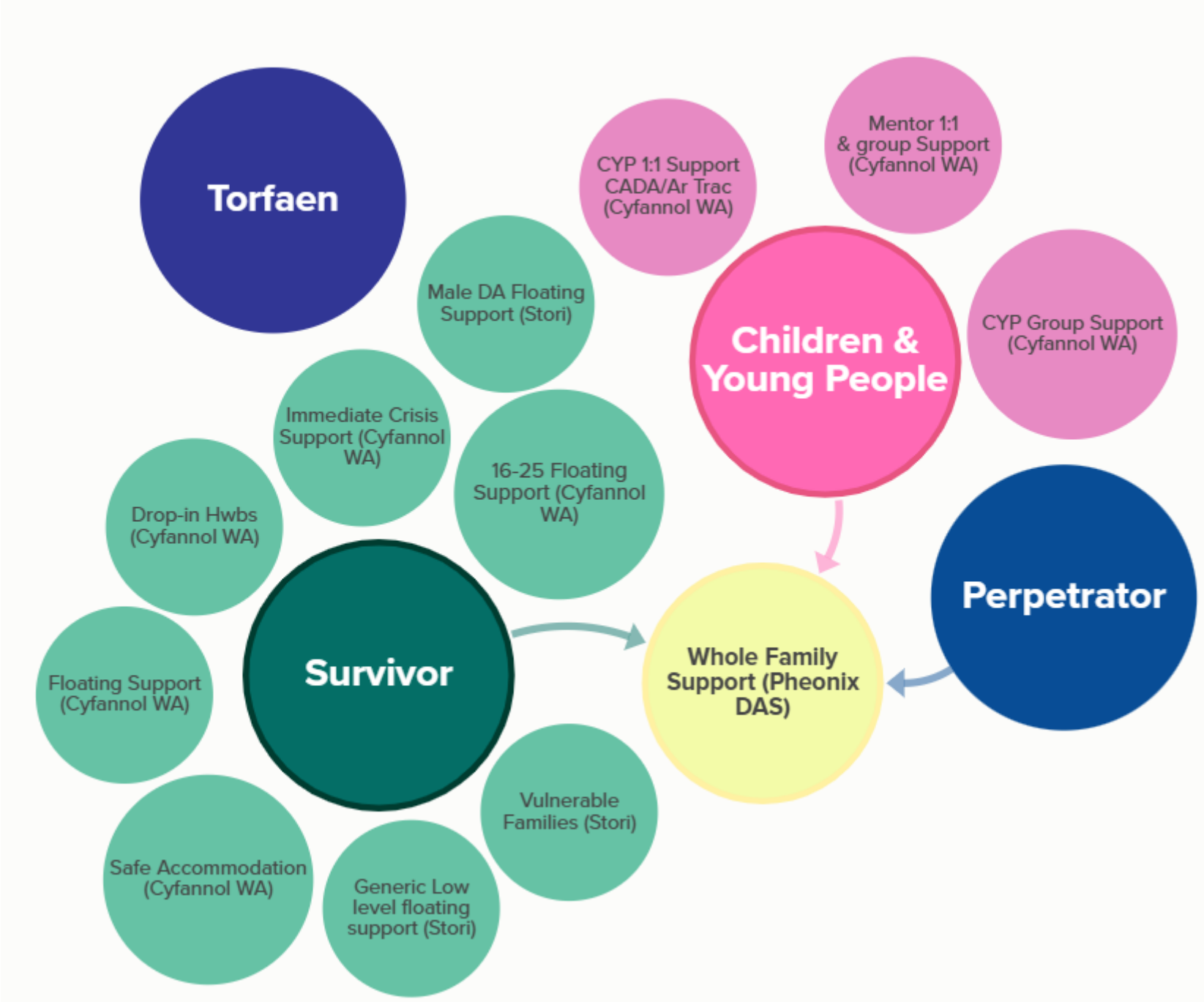
Housing pathways & safe accommodation

Improved perpetrator response and provision

Criminal Justice System reform

Appendix B: Local authority service maps




Torfaen
CYP 1:1 Support CADA/Ar Trac (Cyfannol WA)
Mentor 1:1 & group Support (Cyfannol WA)
Male DA Floating Support (Stori)
Children & Young People
CYP Group Support (Cyfannol WA)
Immediate Crisis Support (Cyfannol WA)
16-25 Floating Support (Cyfannol WA)
Drop-in Hwbs (Cyfannol WA)
Perpetrator
Floating Support (Cyfannol WA)
Survivor
Whole Family Support (Pheonix DAS)
Vulnerable Families (Stori)
Safe Accommodation (Cyfannol WA)
Generic Low level floating support (Stori)


Monmouthshire
Children and Young People 1-1 support (CADA & Ar Trac) (Cyfannol WA)
Mentor 1-1 and Group Support (Cyfannol WA)
Monmouthshire Outreach Domestic Abuse Support (MODAS) Service (Llamau)
Children & Young People
Immediate Crisis Support (Cyfannol WA)
Drop-in Hwbs (Cyfannol WA)
Community-based service/Floating Support (Llamau)
Survivor
Hope 2 Recovery Course (Cyfannol WA)
Perpetrator
Safe Accommodation (Cyfannol WA)


Caerphilly
Immediate Crisis Support (Cyfannol WA)
Dim Ofn 1:1 Support and Groupwork (Llamau)
Domestic Abuse CYP Outreach Service (Llamau)
Community-based service/Floating Support (Cyfannol WA)
Survivor
Youth Respect (YOS Caerphilly & Blaenau Gwent)
Children & Young People
Safe Accommodation (Cyfannol WA)
Children and Young People 1-1 support CADA (Cyfannol WA)
Sexual Exploitation Outreach Service (Cyfannol WA)
Perpetrator
Phoenix Perpetrator Programme (Pheonix DAS)


Blaenau Gwent
Break for Change (adolescent to parent violence) (Cyfannol WA)
Mentor 1-1 and Group Support (Cyfannol WA)
Drop-in Hwbs (Cyfannol WA)
Immediate Crisis Support (Cyfannol WA)
Children & Young People
Pheonix Youth Respect (Pheonix DAS)
Community-based service/Floating Support (Cyfannol WA)
Survivor
Children and Young People 1-1 support and groupwork (Ar Trac & CADA) (Cyfannol WA)
Safe Accommodation (Cyfannol WA)
Perpetrator