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A Theory of Change for the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) National Strategy (2022-26) and Blueprint

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A Theory of Change for the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) National Strategy (2022-26) and Blueprint.

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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Glossary

CAFCASS Cymru

Children and Family Court Advisory and Support Service Cymru

GSR

Government Social Research

DA

Domestic Abuse

DVA

Domestic Violence and Abuse

FGM

Female Genital Mutilation

GP

General Practitioners

HBA

Honour-based Abuse

HMPPS

Her Majesty's Prison and Probation Service

IDVA

Independent Domestic Violence Advocate

ISVA

Independent Sexual Violence Advisors

MARAC

Multi-Agency Risk Assessment Conferences

NHS

National Health Service

NSPCC

National Society for the Prevention of Cruelty to Children

ONS

Office for National Statistics

PCC

Police and Crime Commissioners

SWSA

Sustainable Whole-Systems Approach

ToC

Theory of Change

VAWG

Violence Against Women and Girls

VAWDASV

Violence Against Women, Domestic Abuse and Sexual Violence.

WG

Welsh Government

WWA

Welsh Women's Aid

1. Introduction and Background

1.1 Introduction

The Welsh Government commissioned Skills for Justice, in partnership with Swansea University, to develop a Theory of Change (ToC) for the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Strategy and Blueprint action plan. This report captures the findings from this research. A ToC is a framework that aims to help link connections between high-level policies into actionable and measurable results, supporting strategic decision-making and implementation.

The development of this ToC is part of the Welsh Government's strategy to address VAWDASV, including informing the next iteration of a strategy from 2027 onwards. By implementing clear links between policy interventions and their intended impacts, the ToC can be used as a tool that allows for more strategic planning, multi-agency coordination and effective resource allocation across the complex VAWDASV landscape.

The research presents the ToC as a practical tool to help connect high level strategic objectives with specific interventions and measurable outcomes and population-based impact. The research aims to enable organisations to better understand their role and responsibilities within the broader VAWDASV ecosystem, supporting organisational accountability and improvements across the sector.

1.2 Background and policy context

The [Violence Against Women, Domestic Abuse and Sexual Violence \(Wales\) Act 2015 \(UK legislation\)](#) established Welsh Government's (WG) commitment to address and end VAWDASV as a national priority, setting the legislative foundation for multi-agency collaboration. The Act manifests WG recognition that sexual violence, domestic abuse and any form of abuse against women are not isolated types of violence, but these are manifestations of gender-based violence and inequality, which cannot be addressed by a single organisation and require a whole-system response.

Since the introduction of the Act, the Welsh Government set the goal of ending VAWDASV as a national priority, focussing on 3 pillars:

- Prevention: VAWDASV is prevented and wherever possible there is early identification and intervention to limit harm to victims and survivors.
- Protection: Suitable and effective processes are in place to protect all individuals experiencing VAWDASV.
- Support: Individuals experiencing any form of VAWDASV can access appropriate, high-quality support wherever they are in Wales.

Using the Act as a legislative foundation, the Welsh Government launched its second [VAWDASV National Strategy \(Welsh Government\)](#) in 2022 which covers the period up to 2026. The aim of the strategy is to end VAWDASV and make 'Wales the safest place to be a woman'. The 4 year strategy adopts public health and trauma-informed approaches, and focuses on prevention, early intervention, and perpetrators' accountability to tackle VAWDASV. The strategy's 6 objectives are as follows:

1. Challenge the public attitude to violence against women, domestic abuse and sexual violence across the Welsh population through awareness raising and space for public discussion with the aim to decrease its occurrence.
2. Increase awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to positive personal choices.
3. Increase the focus on holding those who commit abuse to account and supporting those who may carry out abusive or violent behaviour to change their behaviour and avoid offending.
4. Make early intervention and prevention a priority.
5. Relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors.
6. Provide all victims with equal access to appropriately resourced, high quality, needs-led, strength-based, inter-sectional and responsive services across Wales.

In order to achieve these 6 objectives, the Welsh Government and the 4 territorial police forces in Wales developed a Blueprint approach as a high-level action plan, which focuses on [6 workstreams \(Welsh Government\)](#) based around the main priority areas:

- gender-based harassment in all public spaces
- workplace harassment
- tackling perpetration
- sustainable whole system approach
- older people's needs
- children and young people's needs

These workstreams contribute directly towards 3 of the 7 national wellbeing goals established by the [Well-Being of Future Generations \(Wales\) Act 2015 \(Wales legislation\)](#), including 'A More Equal Wales, A Healthier Wales, and A Wales of Cohesive Communities'.

The Blueprint approach operates under a shared governance between the Welsh Government and Policing in Wales, and involves collaboration between survivors, devolved and non-devolved agencies, third sector organisations and specialist support services via multiple workstreams, as a part of a Sustainable Whole-Systems Approach (SWSA).

The SWSA underpins the VAWDASV strategy and recognises the need for a coordinated and collaborative multi-agency response from organisations working across multiple sectors (including criminal justice, health, education, housing and social services) to achieve an effective response to tackling VAWDASV.

The ToC offers a framework for examining and understanding how national policy translates into practice. Whilst the research is based on the current strategy period (2020-2026), the findings from this research can be used to inform the development of the next iteration of the VAWDASV strategy, from 2026 onwards.

1.3 The Scale and Impact of VAWDASV in Wales

VAWDASV represents one of the most significant public health and criminal justice challenges affecting Wales. Each year, domestic violence and abuse (DVA) affect approximately 5% of people aged 16 years and over in England and Wales, including an estimated 1.6 million women annually ([Figures on domestic abuse in England and Wales, year ending March 2024, Office for National Statistics, 2024](#); [Bystander experiences of domestic violence and abuse during the COVID-19 pandemic research report, Wales Violence Prevention Unit, 2021](#)).

[Figures on domestic abuse from the Crime Survey for England and Wales \(CSEW\), police recorded crime and other organisations, for the year ending March 2025 \(Office for National Statistics, 2025\)](#) shows that of those aged 16 years and over:

- 7.8% (3.8 million individuals) experienced domestic abuse
- 2.9% (1.4 million) experienced stalking
- 1.9% (900,000 individuals) had experienced sexual assault

The survey also shows that an estimated 2.2 million females and 1.5 million males, aged 16 years and over, experienced domestic abuse in the year between April 2024 and March 2025; a prevalence rate of approximately 9.1% of females and 6.5% of males. From this data, the Office for National Statistics (ONS) which produces a range of publications using the findings from the survey, created a combined measure of domestic abuse, sexual assault and stalking to refer to people who have experienced one or more of these crimes in the year ending March 2025. It estimated that 10.6% of people aged 16 years and over (12.8% of women and 8.4% of men) or around 5.1 million people, had experienced at least one of these types of crimes in the last year.

In 2015, the Crown Prosecution Service (CPS) handled a record 6,878 VAWDASV cases in Wales, representing around 6% of all such cases across England and Wales ([Book Chapter on the Violence Against Women, Domestic Abuse and Sexual Violence \(Wales\) Act 2015, Jurasz, 2018](#)). Police forces across England and Wales recorded over 800,000 domestic abuse offences in the year ending March 2025, representing 15% of all recorded police offences, and approximately 1.4 million domestic abuse-related incidents and crimes in the

same period. According to recording standards, the term ‘incidents’ refer to police engagement with domestic abuse-related situations where an initial investigation is conducted but determined that no crime had been committed. The CPS received over 76,000 cases referrals from police forces in the same period, with nearly 54,000 cases proceeding with charges ([Crime in England and Wales, year ending June 2025, ONS, 2025](#)).

The gendered nature of this type of violence is clear: women have a higher risk of experiencing DVA compared to men ([Domestic abuse victim characteristics, England and Wales, year ending March 2024, ONS, 2024](#)). This trend is not only reflected in the demographics of individuals reporting domestic abuse offences (an estimated three-quarters are women), but also in individuals accessing support services. Evidence suggests that 95% of individuals referred to high-risk domestic abuse services (including Multi-Agency Risk Assessment Conferences (MARAC) and accessing the Independent Domestic Violence Advocate (IDVA) support services) are women ([MARAC guidance for General Practitioners, SafeLives, n.d.](#); [Crime in England and Wales, year ending June 2025, ONS, 2025](#)).

The prevalence of domestic abuse varies across different ethnic groups. In the year ending March 2025, individuals aged 16 years and over from Black or Black British ethnic groups had the highest proportion of reported domestic abuse - 11.5% compared with the equivalent figures for other ethnicities: Mixed (8.6%), White (7.9%), Asian or Asian British group (6.1%) and Other ethnic group (6%) ([Domestic abuse victim characteristics, England and Wales, year ending March 2025, ONS, 2025](#)).

DVA also affects an estimated 130,000 children across the UK who live in households experiencing high-risk domestic abuse (at significant risk of harm and/or death), with approximately 6% of all children estimated to have been exposed to severe domestic abuse during their childhood ([A Cry for Health report, SafeLives, 2016](#)). Domestic abuse was also highlighted as a main factor in two-thirds of Child Safeguarding Practice Reviews (CSPRs, formerly known as Serious Case Reviews), which are referred as Single Unified Safeguarding Reviews (SUSRs) in Wales ([A Cry for Health report, SafeLives, 2016](#)). When a child dies or is seriously harmed as a result of abuse or neglect, statutory case reviews are undertaken to examine how organisations and professionals identify opportunities to improve their collaboration and safeguarding practices.

Children and young individuals who have experienced DVA suffer from moderate to severe impacts on their health and wellbeing, affecting both their short and long-term development. Research by [Doroudchi and others \(2023\) on the Psychological complications of the children exposed to domestic violence](#) indicates that DVA leads to severe psychological and mental health problems, including anxiety, depression, post-traumatic stress disorder (PTSD), and separation anxiety. Behavioural problems were also identified, including sleep problems, increased aggression and juvenile delinquency, including higher perpetration rates for boys and higher combined victimisation/perpetration rates for girls. DVA also has a negative impact on children’s education as it has been linked to lower academic grades and reduced school performance. Socially and emotionally, children affected by DVA experience

a disruption in their emotional regulation, reduced engagement in social activities, and feelings of guilt ([Psychological complications of the children exposed to domestic violence: a systematic review, Doroudchi and others, 2023](#); [Children affected by domestic abuse, Barnardo's, n/d](#)).

VAWDASV is characterised by many different forms of abuse: honour-based abuse (HBA), Female Genital Mutilation (FGM), forced marriage, stalking and harassment, all of which affect hundreds of people annually. Between 2019 and 2020, police forces in England and Wales recorded over 2,000 HBA offences across England and Wales, including 1,810 other HBA offences, 140 cases of forced marriage and 74 cases involving FGM. ([Statistics on so called 'honour-based' abuse offences, England and Wales, 2019 to 2020, UK Government, 2020](#)).

The impact of VAWDASV not only affects survivors' physical and mental health but also places significant pressure on the healthcare system. The annual economic cost of domestic abuse in England and Wales is estimated at £66 billion ([The economic and social costs of domestic abuse, Home Office, 2019](#)). The National Health Service (NHS) dedicates substantial resources to address both the mental and physical health needs of DVA survivors in the short and long-term. In 2016, half a million DVA survivors accessed healthcare services for DVA injuries and trauma ([A Cry for Health Why we must invest in domestic abuse services in hospitals, SafeLives, 2016](#)). The health sector spends an estimated £1.73 billion per year addressing DVA-related needs, with mental health services requiring an additional £176 million to support survivors ([Health Pathfinder: Full Technical Report, Health Pathfinder, 2021](#)).

[Recent research \(Women's Budget Group\)](#) on the economic and social impacts of sexual violence against adults and children in England and Wales from the University of Bristol's Violence, Health and Society (VISION) Consortium, in partnership with [Rape Crisis England and Wales](#) and the [Women's Budget Group](#), revealed that the lifetime economic cost of sexual violence and abuse perpetrated against both children (£148 billion) and adults (£292 billion) in one year exceeds £400 billion across England and Wales ([Invest to Protect: Funding Specialist Services to Reduce the £440 Billion Cost of Sexual Violence, Women's Budget Group, 2025](#)). These estimates include costs related to health and social care services, the criminal justice system, specialist support services, economic losses from reduced productivity and long-term impacts on the quality of life of survivors. These estimates, however, do not include the cost of (re)housing. These figures demonstrate the large scale and prevalence of VAWDASV, a significant challenge that requires coordinated responses across multiple sectors.

A study undertaken by SafeLives, a UK-wide charity entitled '[A Cry for Health](#)' ([SafeLives, 2016](#)) revealed the positive outcomes and cost benefits of early intervention through the use of co-located IDVA services in healthcare settings, and partnership working between health and specialist services. This study examined the implementation and effectiveness of specialist domestic abuse services co-located within five English hospitals within their Accident & Emergency departments and maternity units. The research demonstrated hospital-based IDVA services identified survivors earlier, with hospital IDVA clients

experiencing abuse for an average of 30 months in comparison with 36 months for community-based clients). Co-location of services also helped reach a different profile of survivor which included individuals with complex needs, such as, mental health, substance abuse, and other conditions that may remain hidden from traditional referrals. The study estimated an annual saving to taxpayers of £2,050 per survivor in health service use, which consisted of: £2,384 savings in hospital use, balanced against rises of £98 in mental health service use, £64 in general practice use and £74 in substance (alcohol and drug) abuse services. An increased cost of £282 per annum in social service use was also estimated. The research estimated that it would cost £15.7 million for every NHS acute provider to establish an IDVA service and this would enable 15,000 additional survivors to access specialist services each year. These estimates illustrate the benefits of early intervention, particularly co-located IDVA services in hospital settings ([A Cry for Health study, SafeLives, 2016](#)).

1.4 Report structure

[Section 2](#) sets out the methodology for the research. It describes the research aims and objectives, the mixed-methods design, the 6 stages of delivery, the development of the ToC within the methodology, and the limitations of the study.

[Section 3](#) presents the findings from survivor engagement and stakeholder consultation. It begins with cross-cutting findings and then sets out evidence organised around the 3 strategic pillars of Prevent, Protect and Support, before drawing out the main differences, areas of alignment and implications for the ToC.

[Section 4](#) presents the VAWDASV ToC. It explains the purpose and structure of the ToC, outlines its foundations, assumptions, mechanisms of change, risks and considerations, and sets out the pathways across the 3 pillars of Prevent, Protect and Support.

[Section 5](#) sets out actionable steps for future planning and policy, grouped into practice, process, systems and community levels.

The report concludes with the [references](#) and the annex: [Annex A](#) presents the VAWDASV ToC.

2. Methodology

This research employed a mixed-methods approach, combining qualitative and quantitative data collection and analysis to develop an overall ToC for VAWDASV. The ToC was designed to operate at a strategic, system-wide level, reflecting the involvement of multiple government departments, organisations and practitioners. It was therefore developed as a high-level framework to ensure it is relevant, accessible and usable for stakeholders across the VAWDASV system.

The methodology was structured as a 6-stage process to ensure engagement with survivors and stakeholders, and to support validation of the research findings.

2.1 Research aims and objectives

In line with the Welsh Government's research requirements, the research had 2 main aims:

- To develop a ToC to understand the relationship between national policy on VAWDASV (as expressed in the VAWDASV Act 2015 and VAWDASV National Strategy 2022-2026) and the outcomes of people which the national policy is seeking to affect
- To develop a ToC to understand how the VAWDASV Blueprint high-level action plan supports the implementation of the VAWDASV strategy in Wales

In addition to the aims, there were 5 research objectives for this research:

1. Involve stakeholders to collaborate and co-construct a ToC as part of a Sustainable Whole-Systems Approach to tackling VAWDASV in Wales. The stakeholders recruited should reflect the organisations and public services that form a part of the VAWDASV Blueprint.
2. Use a logic modelling approach to map out the core components within the ToC in relation to the VAWDASV Strategy and Blueprint. The ToC will establish the current context of the VAWDASV Strategy and Blueprint from available evidence, clarify all inputs and outputs being delivered, state the outcomes of any activity, and agree the intended impact of such outcomes.
3. Explore the underlying assumptions behind the VAWDASV Strategy and investigate any risks, barriers, and external influences that may limit the impact of the Blueprint action plan (including future trends).
4. Informed by the ToC, support stakeholders to understand clear actionable steps to improve and refine the sustainable whole-systems approach to tackling VAWDASV in Wales.

5. Understand the relationship between actions by Government and public service partners on the outcomes experienced by people in Wales affected by VAWDASV (prevention, protection and support).

2.2 Research design and stages

The mixed method approach to developing the ToC for the VAWDASV Strategy 2022-2026 comprised 6 stages:

1. Inception stage and report
2. Desk-based review and secondary data analysis
3. Primary research activities, including an online survey, virtual stakeholder workshops and survivor engagement panels.
4. Research analysis
5. Validation of the ToC through 2 ToC validation workshops and 2 Advisory Group meetings.
6. Reporting outputs

The development of this ToC required engagement with a wide and diverse range of stakeholders to co-create an effective approach.

2.2.1 Stage 1: Inception

During this initial inception stage, the research team worked with the Welsh Government to agree contract requirements, research milestones and outputs, governance and reporting requirements, risk management and mitigation strategies, as well as an action log (continuously updated throughout the research), a detailed project plan and stakeholder recruitment approach. In addition, bilingual Privacy Notices (PNs), participant information sheets and consent forms were provided to participants. Ethical approval was covered in the PNs under the Welsh Government's public task. In tandem with this process, ethical approval was obtained from Swansea University, as part of the University's internal process.

A representative Advisory Group was established to ensure appropriate oversight and governance throughout the research process. An inception report that confirmed the methodological approach was signed off by the Welsh Government.

2.2.2 Stage 2: Desk-based Review and secondary data analysis

A targeted desk-based review was undertaken to help contextualise the research approach and to increase understanding of the policy and practice context. The review explored examples of VAWDASV whole system approaches, violence prevention, and population wellbeing issues. This evidence gathering exercise focused on identifying best practice to

help inform the development of an all-Wales sustainable whole system approach VAWDASV strategy.

The literature search strategy employed targeted searches using Google and Google Scholar to identify relevant materials published from 2016 onwards. This timeframe was selected to capture the most recent evidence based on the current Sustainable Whole-Systems Approach and the Welsh policy context, since the publication of the VAWDASV (Wales) Act 2015. Search terms focused on whole system approaches, integrated responses/approaches to VAWDASV/domestic violence and/or abuse, prevention of violence/VAWDASV, and multi-agency coordination, as directed by WG. This included a targeted evidence review of peer-reviewed journals, government reports, policy documents, grey literature and third sector reports. Sources were initially screened based on their relevance to VAWDASV and potential application to the Welsh context, and subsequently screened in detail to identify concepts, effective programme enablers and barriers of the sustainable whole system approach.

2.2.3 Stage 3: Primary research activities: online survey, stakeholder workshops and survivor engagement panels

The qualitative methods comprised extensive engagement through stakeholder workshops, survivor panels, ToC validation workshops, and Advisory Group meetings, enabling a deeper understanding of the ToC elements, implementation challenges and contextual factors, as well as lived experiences from VAWDASV survivors and frontline staff from specialised support services. Survivors and stakeholders were also given an opportunity to contribute anonymously to the ToC elements during and after the workshops using Padlet, a visual collaboration platform.

Stakeholder workshops

The sampling approach for the stakeholder workshops was developed collaboratively with the Welsh Government, drawing from their existing networks of VAWDASV professionals. The stakeholder target groups included Welsh Government officials and representatives from the Welsh police forces, Public Health Wales, NHS Wales local health boards, third sector organisations, academic institutions, and VAWDASV specialist support services across Wales. Nearly 80 invitations were distributed, based on purposive sampling to ensure representation from different sectors, including organisations from local government, criminal justice, health and specialist support services. A total of 5 stakeholder workshops were conducted virtually to facilitate accessibility across Wales, and their respective digital recordings were transcribed and analysed (all participants verbally consented to being recorded).

Each workshop followed a structured approach focused on the following agenda:

- Introduction: agenda, aim and purpose, VAWDASV Vision, Blueprint model and workstreams
- ToC: what it is, why use it, elements, example, making sense of it
- Building the ToC: context/aims, audience, issues, barriers and enablers, challenges, inputs, activities, outputs, outcomes, impact, assumptions and review
- Next steps: additional stakeholder workshops, survivor engagement panels, validation workshops and final report

Each workshop built iteratively from the previous workshops, enabling refinement of the workshop design based on participants' feedback. More than 30 participants attended the stakeholder workshops, representing a total of 14 organisations. These were Age Cymru, Bawso (originally the Black Association of Women Step Out), Medr (Commission for Tertiary Education and Research), New Pathways, Newport City Council, NHS Wales local Health Boards, NSPCC, Police and Crime Commissioner's Office, Public Health Wales, South Wales Police, University of York, Welsh Government, Welsh Local Government Association, and Welsh Women's Aid. The limited research timeframe, combined with primary research activities scheduled during the summer period, resulted in challenges for stakeholder engagement which could have potentially impacted stakeholder participation rates.

Survivor engagement panels

Survivor engagement took place through 3 panels convened in July and August 2025 to inform the development of the ToC. Survivor research tools were developed by the study team in consultation with the Welsh Government and informed by an initial logical model constructed by the Blueprint team ([Annex B](#)). Survivors were invited to reflect on the changes they felt were most important to achieve, and activities that would help produce those changes based on their lived experiences, priorities, and concerns.

Survivors were recruited to the engagement panels from the WG Blueprint survivor advisory panel and 2 regional survivor advisory panels representing different geographical areas of Wales (one rural and one urban). Regional survivor panel coordinators responded to a call to involve survivors in the research circulated via the VAWDASV Research Network Wales. These panels exist as a mechanism to allow survivors to safely input into research and consultations, supported by a panel coordinator who assesses safety and risk around their involvement in the panel. Prior to joining a panel, each member of the panel receives an induction and training from the panel coordinator, who also supports members with any emotional or safety impacts of participation and provides ongoing support and signposting.

Information about the project, including what would be involved and how data would be collected, stored and used (including anonymisation), was shared by each of the panel coordinators in advance of the panel and group members chose whether they wished to join the panel. Panels were conducted over Microsoft Teams, but not audio-video recorded. A

hybrid format was used for 1 panel, with some participants joining from a room with the panel coordinator. Panel coordinators ran a grounding activity with participants before the research team joined the Microsoft Teams call and provided a space for check-in afterwards, after the research team had left. As survivors tend to report feeling more comfortable sharing their experience in an exclusively female environment and based on the panel coordinator's guidance, the research team ensured only female researchers facilitated and/or attended the panel workshops.

At the start of each survivor engagement panel, participants had the opportunity to ask further questions about the research and were asked to verbally confirm whether they were still happy to take part. Survivor panels each had their own safeguarding protocols implemented by panel coordinators to ensure survivors were supported to participate and receive any post-participation signposting and support needed. Panel coordinators were present throughout the workshops to support survivors if they needed a break, wanted some support, or to follow up on any disclosures made should there have been an indication that anyone was at risk of harm, as per each group's safeguarding protocol. The researcher conducting the panel also had extensive experience of working with survivors and ensured participants were comfortable and happy to continue throughout the workshop and reminded participants they could stop at any time. Participants were reimbursed for their time and contribution to the research. An ethics checklist was completed to ensure that the research was conducted in alignment with the Welsh Government Social Research (GSR) ethics guidelines and was also approved by Swansea University's Faculty of Humanities and Social Science Research Ethics Committee (Approval Number: 1 2025 13189 13244).

Across the 3 groups, 14 female survivors took part in the research. Personal data was not collected from survivors as part of the research; therefore, it is not possible to provide information on the characteristics of the sample. However, survivors participating reported experiencing abuse from across the spectrum of VAWDASV, including harassment, coercive control, economic abuse, and physical and sexual forms of VAWDASV, many from multiple perpetrators.

Anonymised notes of the discussion were made by both members of the research team present, and a set of combined notes reflecting the discussion produced. These notes were synthesised and the main points to inform the development of the ToC at the levels of practice, process, systems, and communities were identified by the survivor input lead, alongside the underpinning principles. Then, assumptions, inputs, activities, outputs, and outcomes were identified in the data, alongside risks, contextual factors, mechanisms, and potential unintended consequences. These insights were combined with the professional stakeholder workshops data to inform the development of the final ToC. Finally, a set of actionable steps ([Section 5](#)), were developed from a thematic analysis of survivors' perspectives on implementing a ToC which offers critical guidance from survivors on how the VAWDASV strategy can be made more effective, inclusive, and trauma informed. Their contributions also highlight important clarifications, challenges and constraints that need to be considered and addressed for implementation to be successful.

Stakeholder engagement

The research achieved extensive stakeholder participation with nearly 100 stakeholders engaged across different consultation forums including: 5 stakeholder workshops, 3 survivor engagement panels, 2 Advisory group meetings, as well as fortnightly project team and team delivery meetings with the Welsh Government. This engagement was strengthened by the active participation of the 2 VAWDASV National Advisers in post at the time the research was conducted, ensuring high-level strategic input throughout the development process.

2.2.4 Stage 4: Stakeholder research analyses

Qualitative data from stakeholder workshops and survivor panel workshops was analysed using thematic analysis supported by NVivo, a software package that helps with the organisation and analysis of unstructured data. As all participants agreed, each stakeholder workshop was digitally recorded and securely transcribed. Data coding was undertaken using a thematic framework developed iteratively as themes emerged from the analysis. The framework consisted of identifying and analysing initial themes into a codebook and systematically coding the interview data and refining the codebook as the analysis continued.

After completing the analysis, the research team reviewed the coded interview data and used this to develop a narrative synthesis. As part of this process, the main findings were identified and categorised into broader themes under the VAWDASV Strategy's 3 pillars (Prevention, Protection and Support) and the different ToC framework levels. There was also a focus on identifying causal pathways between the different ToC levels, from problems and inputs, into outputs, outcomes and impacts. This analysis also helped to identify enablers and barriers, as well as contextual considerations, including assumptions and dependencies. These findings were combined with the findings drawing from the survivor engagement panels (explained earlier in this section) to construct the ToC.

2.2.5 Stage 5: Validation of the ToC

As part of the validation and quality assurance processes, 2 dedicated validation workshops were held with both WG and stakeholders to review and refine the emerging ToC in September. These workshops allowed participants to offer their feedback and suggestions on the ToC, challenge assumptions and co-produce additional recommendations to inform the next iteration of the VAWDASV Strategy and Blueprint from 2026 onwards.

The Advisory Group met twice between July and September, with nearly 25 participants in total. These meetings offered guidance throughout the research process and presented an opportunity to validate emerging findings.

2.2.6 Stage 6: Reporting outputs

The following reporting outputs were completed as part of the research:

- inception report and risk register
- agenda/summarised actions for project updates
- monthly progress reports
- updates to the Advisory Group and Blueprint Partnership Board
- workshops and resources for ToC development
- a draft report, incorporating the ToC
- a GSR-compliant final report

2.3 VAWDASV Theory of Change

A ToC provides a framework with which to deepen the understanding of how high-level policy and respective interventions translate into an intended change. It is a tool consisting of a visual representation (such as, a diagram, table or picture) and complementary narrative that helps to explain how and why a particular strategy or activity can lead to a specific outcome and impact.

There are different mapping tools that help explore interventions and how they are expected to achieve their intended outcomes and impacts, including: Theory of Change mapping, log frames, logic models, benefits and systems mapping. These visual approaches can take up different forms (such as, linear flow diagrams, planning triangle, complex multi-layered diagrams, systems mapping) and can also incorporate metaphorical images (for example, gear wheels, spirals).

The selection of the visual representation should be based on the purpose, audience and the complexity of the system/intervention that is being mapped ([HMT Magenta Book, 2020](#)). A ToC helps to identify, map and analyse the links between inputs and outputs and the desired outcomes and impacts.

2.3.1 Why a ToC?

Since the VAWDASV system comprises a wide range of stakeholders from different organisations and sectors (such as, local authorities, devolved vs non-devolved agencies, health sector, criminal justice, social services), it is essential for these organisations to understand their distinct roles and responsibilities.

A ToC serves as a roadmap for stakeholders to understand how change is expected to happen, outlining the potential causal links between inputs, activities, outputs, outcomes,

and longer-term impacts. This tool can support stakeholders' understanding of interlinked factors, identify assumptions underlying the wider context, help mitigate risks and ensure the VAWDASV strategy is fit for purpose, and expected to lead to the anticipated outcomes and impacts, particularly for VAWDASV survivors.

A ToC offers several benefits for strategic planning and effective implementation, including the following:

- clarity and a shared understanding: it helps to define the strategy's aims and objectives, ensuring a mutual understanding of the strategy, and a more effective coordination of collective efforts to achieve its aims and objectives
- a strategic roadmap: provides a practical framework that guides the design, implementation and evaluation processes
- alignment between resources and outcomes: ensures resources align with the intended results by clarifying the connections between activities, outputs and desired outcomes and impact
- enhanced communication and engagement with stakeholders: provides clear communication of goals, processes and expected impacts to stakeholders and promotes stronger partnerships
- embedded evaluation and learning: the inclusion of a framework that enables the measurement of progress and learning, enabling future evaluation
- encourages sustainable change: helps link short term inputs to long term impacts, ensuring the outcomes remain sustainable
- securing investment: demonstrates the potential impact to government/funders when resources are used effectively and efficiently, increasing the likelihood of securing sustainable funding

2.3.2 Development of the ToC

In 2023, the Blueprint team developed an initial logic model (see [Annex B](#)) mapping the desired changes and their relevant pathways, resulting from the VAWDASV Strategy and Blueprint action plan. This logic model identified practices, processes, systems and communities involved, alongside the anticipated activities and outcomes.

The current research builds upon this framework to develop a ToC that will inform VAWDASV policy in Wales. This ToC helps create a roadmap that demonstrates how high-level policy connects with practice on the ground, enabling all stakeholders to understand theirs and their organisations' roles in helping to end VAWDASV in Wales.

The ToC was developed through a participatory and co-creative process with VAWDASV survivors and stakeholders responsible for commissioning, designing, and delivering specialised and support services. This collaborative approach strengthened shared ownership and responsibility amongst participants. The development of the ToC was

undertaken through survivor engagement panels, stakeholder and validation workshops. An expert panel, referred to as the Advisory Group, was also involved in the consultation process.

2.4 Research Limitations

There are some limitations to consider for this research, especially the complex interaction of devolved and non-devolved policy landscape of where VAWDASV operates. The Welsh Government devolved structure results in both opportunities and challenges for the VAWDASV strategy implementation which are explored throughout this report. For the VAWDASV strategy to be successful, there is an essential need for Welsh and UK-wide policy coordination, whilst also tailoring for Welsh priorities and needs.

One limitation involved the UK Government's concurrent development of a ToC for the UK Government's [Violence Against Women and Girls \(VAWG\) strategy](#). At the time the research was undertaken, the UK Government's work was still in progress and no outputs were available for review before publication. The research team was therefore unable to assess alignment between Welsh and UK policy and strategy.

To address this limitation, the Welsh Government's ToC was based on the available evidence and stakeholder feedback. The intention is for the VAWDASV ToC to exist as a 'live and interactive' document that can remain flexible to incorporate future updates and any UK VAW ToC findings, when this becomes available. We include recommendations on how to create a live and adaptive ToC that remains forward-thinking and can evolve alongside national developments whilst maintaining its focus on Welsh priorities.

Stakeholder engagement posed significant challenges due to the limited research timeframe and the timing of the consultation activities, mainly during the summer period, potentially affecting participation rates. The start of the engagement activities was affected by the timeframes of privacy notices, ethical approval and translation processes. These constraints limited the breadth and number of stakeholder participation across multiple sectors. The multi-agency/stakeholder nature of the VAWDASV system may result in some relevant perspectives being underrepresented despite the research teams' efforts to achieve an inclusive stakeholder engagement.

Survivor engagement channels were exclusively focused on the WG Survivor Voice Scrutiny and Involvement Panel, facilitated by the WG networks and in accordance with WG survivor engagement strategy. This approach meant that direct engagement with survivor networks from other organisations, such as Welsh Women's Aid (WWA) and New Pathways was conducted via stakeholder workshops with their professional staff, rather than through survivor engagement panels. As a result, this may have narrowed the range of survivor perspectives the research was able to capture. Future research opportunities would benefit from expanding survivor engagement pathways to complement WG established survivor networks.

Some organisations, including the National Society for the Prevention of Cruelty to Children (NSPCC), were unable to attend the validation workshop. To mitigate this as a limitation,

these organisations instead submitted a policy brief to ensure their feedback and organisational position were communicated clearly to the Welsh Government.

3. Findings

3.1 Overview

This section presents the findings from the survivor engagement and stakeholder consultation. It begins with a summary of the cross-cutting findings, before setting out the evidence gathered from survivors stakeholders consultation around the three strategic pillars - Prevent, Protect and Support. This structure highlights both the themes and specific issues arising within each pillar, and shows how these findings inform the Theory of Change (Section 4).

Across the findings, survivor perspectives provide an insight into lived experience and system impact, while stakeholder perspectives highlight structural, operational and policy challenges. Together, they offer a comprehensive view of how the system is functioning and where change is required.

3.2 Cross-cutting findings

3.2.1 Survivor perspectives

Survivors consistently described a system that is difficult to navigate and, in many cases, harmful. The main issues included:

- Experiences of disbelief, minimisation and re-traumatisation
- Fragmented services, requiring survivors to act as their own coordinators
- A lack of clear accountability, meaning poor responses are not addressed
- Failure to meet basic needs, particularly housing and financial security
- Experiences of continued harm through statutory systems (e.g. family courts, social care)

These experiences often deter engagement with services and undermine recovery. System design and delivery must, therefore, prioritise trust, safety and accessibility. Without this, even well-intended interventions risk causing harm or disengagement.

3.2.2 Stakeholder perspectives

Stakeholders recognised many of the same challenges, but framed them in system and delivery terms:

- Complexity of multi-agency coordination, particularly across devolved and non-devolved sectors
- Resource constraints, including funding instability and workforce pressures

- Limitations in data collection and sharing, affecting monitoring and evaluation
- Lack of clarity around roles, responsibilities and accountability
- Variability in service provision across regions

Stakeholders emphasised that structural reforms are needed to clarify responsibilities, improve coordination, and ensure consistent system performance.

3.3 Prevent

3.3.1 Overview

Overall, both survivors and stakeholders emphasised the need to do more than raise awareness. They described a system in which prevention is uneven, often too narrow in how it understands abuse, and not proportionate to the scale or changing nature of harm. More effective prevention requires broader language that recognises non-physical abuse, education and communications that challenge misogyny and harmful norms, clearer responsibilities across the system, and better data and evidence to support coordinated action across Wales.

3.3.2 Main messages

- Prevention remains inconsistent and insufficiently embedded, with gaps in public awareness, education, local delivery and system-wide implementation.
- Cultural attitudes, including misogyny and the normalisation of abuse, remain major barriers and reinforce the need for early intervention and inclusive prevention education.
- Clearer roles, stronger coordination, survivor-informed design, and improved data are needed to make prevention more targeted, accountable and effective across Wales.

3.3.3 Survivor perspectives

Limitations of current prevention efforts

Survivors emphasised several critical limitations hindering effective prevention of VAWDASV. Among the concerns raised was that the term 'violence' is too narrow and restrictive, and fails to capture the full breadth of abuse experienced. They advocated for the use of 'abuse' as a broader term, which would include coercive control, stalking, economic abuse, psychological harm and technology-enabled abuse, including online harassment, image-based abuse, and AI-enabled abuse. These forms of abuse are often minimised or misunderstood by professionals, leading to inadequate responses. Survivors called for policy and practice to adopt this broader terminology to ensure all forms of abuse are recognised and addressed, believing that such a shift would prompt improved professional responses to non-physical forms of VAWDASV.

There was also considerable frustration amongst survivors regarding the minimisation of non-physical abuse in policy and practice. They strongly felt that changing the language used would result in better recognition and responses from professionals.

Concerns with policy and systems

Many survivors found big policy statements, such as 'ending VAWDASV' or 'all women and girls are safe and live without fear' to be unrealistic and, at times, offensive. They believe the Welsh Government must acknowledge the true scale of the problem and focus on setting achievable goals. These goals should begin with establishing adequately resourced, trauma-informed, and accountable services. Survivors emphasised that meaningful change must be based on realistic expectations and informed by their lived experiences, noting that Wales is far from being a place where women and girls live without fear.

Accountability and focus on perpetrators

Survivors repeatedly stressed the importance of shifting the focus onto perpetrators, rather than placing the burden on survivors to evidence harm through arduous criminal justice processes. They emphasised that a sustainable whole-system approach to perpetration is needed; without multi-agency understanding, survivors remain vulnerable. Perpetrators of different types of VAWDASV, particularly harassment and stalking, are often held less accountable due to a lack of professional expertise and inadequate enforcement of protection orders. Serial perpetrators frequently go unnoticed because of poor communication and fragmented working across agencies.

Challenges in public awareness campaigns

Concerns were also raised by survivors around the limited reach of public awareness campaigns, particularly outside urban areas. Many observed that prevention efforts are insufficiently visible outside Cardiff and other urban centres. They called for campaigns that reach communities across Wales, with a focus on educating boys and empowering girls. Geographical disparities were noted, and survivors suggested using buses, community events, and local groups to disseminate messages. They cautioned that poorly designed campaigns risk reinforcing harmful norms and wasting resources if not effectively targeted.

Survivors also felt that these campaigns would be more effective if informed by their experiences. They warned that campaigns lacking survivor input could inadvertently reinforce harmful gender norms or prove to be ineffective and wasteful.

Survivors called for greater involvement in prevention activities, especially public awareness campaigns and community education initiatives. They argued that survivor-informed campaigns are more likely to be effective and cautioned that poorly designed campaigns could be triggering, reinforce harmful gender norms, or fail to achieve their intended outcomes.

Misogynistic attitudes and normalisation of abuse

Survivors described worsening misogyny, particularly among young men, and highlighted how abusive attitudes are often reinforced within wider social settings, online spaces, and

some male-dominated institutions. They felt that sexism and abuse are too often normalised or minimised, creating an environment in which harmful behaviours are tolerated rather than challenged. Survivors stressed that prevention must address these broader cultural and institutional norms if lasting change is to be achieved.

Education and early intervention

Survivors consistently identified education and early intervention as important to prevention. They emphasised the importance of sustained, age-appropriate work in schools and communities to help boys and young men understand respect, equality and healthy relationships, while also empowering girls and young women to recognise abuse and seek support. They saw early, coordinated intervention as essential to challenging harmful attitudes before they become entrenched and to shifting social norms over time.

3.3.4 Stakeholder perspectives

System-level prevention challenges

Stakeholders identified several challenges at a system level that hinder effective prevention. One of the main issues is ambiguity in the scope and language of the strategy. Unclear objectives and targets, as well as confusion in distinguishing between different audiences and responsible parties, make it difficult to achieve coordinated prevention efforts. Stakeholders pointed to a lack of clarity around roles and responsibilities, especially between specialist VAWDASV services and wider third sector organisations. This ambiguity complicates the implementation of interventions and the overall prevention strategy.

It was emphasised that there is also a need for greater clarity regarding the scope and implementation of the VAWDASV strategy. Stakeholders highlighted that the targets for reducing violence and abuse remain unclear, and there is misalignment between current workstreams and the strategy's objectives. The distinction between specialist services and third sector organisations is often blurred, leading to uncertainty about roles, responsibilities, and accountability, particularly between core groups such as survivors, the public, young people, and those responsible for delivery, including police, CPS, and third sector organisations.

Operationalising a sustainable whole-system approach was raised as a concern, given the diversity and scale of the VAWDASV system. This presents difficulties in creating a high-level ToC, especially regarding responsibility and accountability at all levels. Stakeholders also noted a lack of understanding among public service leaders and providers regarding their statutory duties.

Inclusive approach to prevention

There was strong consensus among stakeholders on the need to broaden the strategy's scope to address societal attitudes and norms, particularly misogyny and gender-based discrimination. It was emphasised that prevention education should be inclusive and engage people of all genders and ages, including boys, men, girls and women. Programmes should

reflect the complex dynamics of abuse and its impact on different communities, recognising the diverse experiences and needs of different groups.

Technology and evolving abuse patterns

Stakeholders expressed concerns that prevention strategies are not keeping pace with the evolving landscape of technology-enabled abuse. This includes online harassment, image-based abuse, and AI-enabled abuse. The increasingly sophisticated nature of these abuses, such as digitally enabled coercive control and difficulties in differentiating between AI and human-generated content, presents challenges. Stakeholders stressed the pressing need for adaptive and innovative prevention strategies, including public education, enhanced digital literacy, and specialised training for frontline workers, to address these emerging threats effectively.

Participants highlighted that current prevention efforts are failing to keep up with these technological advancements, creating substantial gaps in the VAWDASV strategy. Innovative responses are required, particularly in public education and digital skills development, to ensure that prevention strategies remain effective and relevant in the face of new forms of abuse.

Gaps in data and evidence

Insufficient Wales-specific and disaggregated data, combined with weak data sharing systems, restrict the ability to identify trends early and intervene effectively. Stakeholders observed that current national indicators are too narrow, focusing mainly on domestic abuse, and lack the breadth required for robust monitoring and prevention efforts.

Gaps and weaknesses in VAWDASV data collection and sharing systems were flagged as critical challenges. The absence of Wales-specific disaggregated data from national surveys (such as those from the ONS) hinders understanding of the scale and nature of VAWDASV. While national indicators are being revised, they remain predominantly focused on domestic abuse and sexual violence. There is a clear need for broader indicators to effectively measure all forms of abuse.

Identifying and measuring indicators to track progress against the three VAWDASV strategy pillars was highlighted as a particular challenge. Proposed key performance indicators include increased provision of specialist support and reduced crime rates. However, any monitoring framework must carefully consider survivor privacy and existing limitations in data sharing.

Limited research on the effectiveness of perpetrator programmes was also highlighted, with perpetrator datasets considered poorly developed. The lack of unified reporting mechanisms restricts collaboration between specialised support services, and commercially protected data further limits information sharing between organisations.

Geographic disparities

Stakeholders noted significant differences in service availability between rural and urban areas, with rural communities facing greater barriers to early identification and intervention.

These geographical disparities were highlighted as a major barrier to service provision, resulting in limited and uneven access to support and specialist services for rural communities compared to their urban counterparts.

This uneven distribution has led to gaps in service provision across Wales, particularly in perpetrator behaviour programmes, with notable deficiencies identified in North Wales.

3.4 Protect

3.4.1 Overview

Overall, the evidence shows that protection is weakened by fragmented pathways, inconsistent frontline responses and unclear accountability across agencies. Survivors described repeated disclosure, disbelief and unsafe practice in settings such as health, social care and family courts, while stakeholders highlighted governance ambiguity, short-term funding, weak data-sharing and gaps in specialist provision. Strengthening protection therefore requires clearer pathways, stronger multi-agency accountability, trauma-informed practice that begins with belief, and sustained investment in workforce capability and system infrastructure.

3.4.2 Main messages

- Protection systems remain fragmented, leaving survivors to navigate unclear pathways, repeat their experiences and face inconsistent support across agencies.
- Weak accountability, governance ambiguity and limited data-sharing reduce coordination and make it harder to deliver consistent protection across devolved and non-devolved systems.
- Improving protection depends on belief-first, trauma-informed practice, stronger healthcare and family court responses, sustainable funding, and workforce development supported by clear standards and oversight.

3.4.3 Survivor perspectives

Survivors characterised protection systems as inconsistent and, at times, unsafe. Their experiences revealed several shortcomings that undermined the effectiveness of protective measures and increased vulnerability.

Fragmented Pathways and Unclear Journeys

Survivors found that there was no defined journey through services, with roles, responsibilities, and referral routes remaining uncertain. This lack of clarity meant that individuals often had to act as their own caseworkers, navigating a fragmented system while experiencing trauma and vulnerability.

Rather than encountering a coherent safety net, survivors faced disconnected services where no agency assumed responsibility for outcomes or support. This situation left them unsupported and heightened their sense of risk.

Poor inter-agency collaboration

From the survivor viewpoint, there was little evidence of a sustainable whole system approach. Many noted that agency roles were unclear and communication between different organisations was poor. Survivors emphasised the need for guaranteed responses and clear protocols that set out processes, responsibilities, and next steps, rather than relying on aspirational statements. They recognised the value of a whole system approach but stressed the necessity for:

- Clear and well-defined service pathways specifying roles and timelines
- Named leads in all agencies responsible for VAWDASV and its implementation
- Robust oversight and accountability frameworks at multi-agency level to ensure practical delivery

Survivors noted that agencies are not automatically prepared to collaborate; dedicated roles and clear accountability are therefore essential for effective multi-agency working.

Repeated disclosure and compounded trauma

The current system often required traumatised individuals to recount their stories multiple times to various agencies, sometimes in unsafe environments such as in front of perpetrators during health consultations. This repeated disclosure was seen to compound trauma and increased risk.

Variability in response and lack of belief

Survivors frequently encountered disbelief, minimisation, or procedural indifference. They highlighted the importance of being believed as fundamental to effective intervention. Without belief, trauma-informed care, safeguarding, and support fail. Many felt that trauma-informed practice was often superficial, limited to basic training workshops that did not change behaviour. It was emphasised that authentic trauma-informed practice begins with belief and support, not doubt or pathologising. The lack of belief was described as the root of systemic failures, eroding trust and deterring individuals from seeking help.

Survivors experienced disbelief and lack of compassion across police, social services, CAFCASS Cymru, family courts, health, housing, and benefits agencies. There was insufficient understanding of the impact of trauma on behaviour, sometimes resulting in blame when survivors were acting out of fear. Training was also considered inadequate; survivors advocated for deeper, practice-level understanding of trauma responses. Disbelief, blame, and minimisation further traumatised survivors during vulnerable periods.

Missed opportunities in healthcare settings

Healthcare settings were frequently identified as missed opportunities for intervention, with many survivors sharing experiences of health professionals often failing to recognise signs of abuse or provide appropriate, trauma-informed care. Survivors frequently cited unsafe questioning, insensitive comments, victim-blaming, minimisation, failure to respond, poor information sharing, and misdiagnosis of trauma symptoms. Delayed access to mental health services, often by male practitioners, was also perceived as neither trauma-informed nor safe.

Healthcare settings were seen as both potential sites of safety and repeated sites of failure. Survivors recommended that training for health professionals should be included in university curricula and mandatory ongoing education and involve direct survivor input. Accountability mechanisms must ensure training leads to improved practice.

Enabling ongoing abuse through family courts and social care

Family courts and social care systems were described as enabling ongoing abuse, particularly post-separation. Social workers, in many cases, were seen to require understanding of trauma within abusive relationships. Survivors experienced prioritisation of '2 parents' over the safety of women and children, enabling post-separation abuse through misunderstanding of domestic abuse and coercive control. Some reported unsafe child placements and severe mental health consequences following engagement with social workers.

Family courts were viewed as especially harmful, with survivors citing excessive litigation, forced contact orders, unjust custody decisions, the use of allegations commonly described as "parental alienation" to undermine or discredit abuse claims, poor understanding of abuse and coercive control, and misdiagnosis weaponised against survivors. CAFCASS Cymru officers were seen as failing to recognise manipulation tactics, and forced contact and legal frameworks left survivors vulnerable post-separation. Survivors called for legal reform and highlighted the negative long-term health impacts of court processes, which were barriers to leaving abusive relationships.

Systemic failures in social work and family courts were described as misogynistic, resulting in unsafe placements, severe mental health impacts, and feelings of disbelief or blame by institutions meant to protect. Survivors recommended Welsh Government liaison with the UK Government to reform the family court system, mandatory and accountable training for social workers, and mitigation measures (such as advocacy) while reforms are underway.

These experiences reduce confidence in the system and discourage reporting. Survivors emphasised that protection systems must prioritise consistency, coordinated pathways, and trauma-informed responses to ensure safety and trust.

3.4.4 Stakeholder perspectives

Stakeholders identified a range of operational and structural barriers affecting the effectiveness of protective services. These barriers include ambiguities in accountability and governance, limitations in funding and resources, policy fragmentation, emerging technology-enabled threats, gaps in perpetrator programmes, and challenges in data sharing and confidentiality.

Accountability and governance ambiguity

The complex landscape involving multiple agencies and unclear precedence between UK and Welsh Government policies has resulted in confusion regarding responsibility and accountability. This confusion impedes the development of effective protective processes. Stakeholders have also expressed uncertainty about the scope of Wales' devolved governance, especially when UK and Welsh Government policies overlap. Such ambiguity leads to unclear lines of responsibility and complicates collaboration between agencies. Non-devolved organisations, such as those in policing, probation, and criminal justice, may be required to prioritise UK Government policies, which could diverge from Welsh priorities. This situation presents a challenge to developing an integrated approach to the VAWDASV strategy's aims and was described by survivors as a "fragmented whole system" experience.

Funding and resource limitations

Insufficient, short-term, and fragmented funding undermines the ability of organisations to sustain protective services. The competition for limited resources may impede collaboration and hinder the creation of sustainable protection mechanisms. Stakeholder workshops consistently highlighted the lack of sustainable, long-term funding for specialist support services and third sector organisations. Further constraints include insufficient funding volume, limited accessibility, and the existence of multiple funding streams, which often lead to competition and hinder collaboration. Additional barriers were also noted, such as under-resourcing and infrastructure gaps, including limited specialist support for children and young people and insufficient accommodation options.

Policy fragmentation

Non-devolved agencies, including police and probation services, may be required to prioritise UK-wide policies that do not always align with Welsh priorities. This misalignment leads to inconsistent protection across the region.

Technology-enabled threats

The rapid evolution of digital abuse necessitates updated protective measures. Stakeholders emphasised the need for improved digital skills and training for frontline workers to address new forms of harm emerging from technology-enabled threats.

Gaps in perpetrator programmes

Limited and uneven access to perpetrator behaviour programmes, particularly in North Wales, restricts the capacity to protect victims by addressing offender behaviour.

Data sharing and confidentiality

Weak unified data sharing and reporting mechanisms undermine collaborative protective responses. Stakeholders highlighted that monitoring frameworks must balance the need for evidence with the privacy and safety of survivors.

3.5 Support

3.5.1 Overview

Overall, the evidence shows that support is weakened when survivors' basic needs are not met and services are fragmented, inconsistent and under-resourced. Survivors described unsafe or poor-quality refuge provision, long waits for housing, uneven access to IDVAs, limited legal and mental health support, and tokenistic involvement in decision-making. Stakeholders reinforced these concerns by highlighting gaps in coordination, inclusive design, specialist provision and workforce stability. Strengthening support therefore requires sustained funding, better infrastructure, more joined-up pathways, meaningful survivor co-production and long-term recovery support alongside crisis response.

3.5.2 Main messages

- Support cannot work effectively when basic needs such as safe housing, food security, childcare and economic stability are not consistently met.
- Services remain uneven, fragmented and under-resourced, with geographic inequalities, poor coordination and workforce pressures limiting access and quality.
- Long-term recovery support, meaningful co-production and stable specialist provision are major gaps that must be addressed alongside crisis services.

3.5.3 Survivor perspectives

The support element of the VAWDASV strategy was identified as the most pressing need by survivors. They emphasised several areas where current provision falls short:

Failure to meet basic needs

Survivors repeatedly warned that ambitions to eliminate VAWDASV are undermined when basic needs such as safe accommodation and food security are not met. Poor refuge conditions, unaffordable fees, and long waits for housing were described as major barriers to recovery and safety.

It was emphasised that economic security is vital not only at crisis point, but throughout recovery. Survivors noted that lack of financial stability can force impossible choices,

including re-entering unsafe relationships. Experiences with the Department for Work and Pensions (DWP) were described as shaming and traumatising. A sustainable, whole-system approach must include all agencies involved in economic matters, with advocacy for economic security and secure housing seen as essential.

Meeting basic needs also involves supporting non-abusing parents in meeting their children's needs, including teenagers and neurodivergent children. Survivors suggested that schools should play a more active role, with robust policies to support child survivors and prevent post-separation abuse within school settings.

Geographic inequalities impacting service access

Specialist services in rural and border areas of Wales are often patchy and inaccessible, with longer waits compared to urban and English counterparts. Strict eligibility criteria exclude many survivors, such as those reporting historic abuse, experiencing harassment, or moving locality but facing post-separation abuse.

Poor or inconsistent service quality

Survivors were clear that without adequate resourcing, no strategy could succeed. Sustained investment is needed for visible improvements in refuge spaces, move-on housing, Independent Domestic Violence Advisors (IDVAs), and long-term support including mental health services.

Overstretched services leading to delays and unmet need

Prolonged waits for move-on housing keep women and children in refuge longer, sometimes in unsafe conditions, which can force survivors back to perpetrators and block new families from accessing refuge spaces.

This issue is particularly acute for those with complex needs, as suitable refuge spaces are limited. Survivors called for clear standards and proper resourcing to ensure consistent quality of refuge accommodation.

IDVAs are seen as essential, but their availability is inconsistent. Some survivors credited IDVAs with saving their lives, while others reported poor support, perceived to be due to chronic underfunding of the third sector. Survivors noted that under-resourcing leads to workforce turnover and loss of specialist expertise, threatening sustainability and risking service collapse.

Funding shortages and bureaucratic delays also prevented access to legal support, allowing perpetrators to retain control and blocking survivor pathways through the system.

Lack of support for long-term recovery, beyond crisis services

Most support offered is at crisis point—during or immediately after abuse. Survivors stressed the need for long-term recovery services, which are scarce and poorly funded, with long waiting lists such as those for mental health services. Without such provision, survivors

risk long-term health issues and further abuse. Ending VAWDASV requires long-term responses, not just crisis intervention.

Healthcare as a point of access to support

Healthcare was identified by survivors as a particularly important component of a whole-system response. Survivors described frequent contact with health services both during and following experiences of abuse, but highlighted missed opportunities for safe identification, disclosure and referral. This positioned healthcare as an important point of access to support, particularly for survivors who may not be in contact with specialist VAWDASV or criminal justice services. Survivors also described variable understanding among health professionals of trauma, its longer-term health impacts, and trauma-informed communication and care. Survivors therefore emphasised the need for healthcare professionals to recognise the wider impacts of VAWDASV, communicate and respond in ways that minimise the risk of retraumatisation, respond safely and appropriately to disclosure, and be connected to clear referral and support pathways.

Tokenistic co-production and limited influence on decision-making

While survivors welcomed opportunities to contribute, many described panels and consultations as tokenistic. Input often felt time-pressured, rarely influenced decisions, and formats were sometimes inaccessible. Tokenistic involvement risks retraumatising survivors and undermines trust in decision-makers.

Survivors called for genuine co-production embedded at every level of VAWDASV strategy and delivery, including:

- Survivor panels attached to every organisation
- Paid participation recognising the value of lived experience
- Survivor-led training for professionals, including insights from lived experience

Survivors consistently emphasised that without stable support they were unable to engage with interventions or achieve recovery. Meeting basic needs and providing consistent, high-quality support was considered foundational to all other system outcomes.

3.5.4 Stakeholder Perspectives

Stakeholders highlighted significant structural barriers within support systems, which hinder survivors' access to effective support. These constraints link to issues of accessibility, coordination, and inclusivity, affecting the quality and continuity of support across Wales.

Accessibility and coordination barriers

Stakeholders observed that survivors face numerous obstacles when seeking help, including cultural and language challenges, stigma, and the distress of having to recount traumatic experiences multiple times to different agencies. These barriers are compounded by a lack of coordinated approaches, resulting in fragmented support that fails to meet the

diverse needs of survivors. Stakeholders called for a more inclusive, accessible, and joined-up support system that can address the wide-ranging requirements encountered throughout Wales.

Fragmented support system

The absence of robust information sharing protocols and inter-agency coordination creates a fragmented experience for survivors. Individuals are forced to navigate multiple agencies and repeatedly disclose their trauma, which can be re-traumatising and discourages engagement with available services. This fragmentation stems from a lack of information sharing frameworks between agencies, pushing survivors to relive their traumatic experiences when accessing specialised services, as described in the survivors' whole system approach section.

Under-resourcing and infrastructure limitations

Stakeholders observed a shortfall in specialist support services and accommodation, particularly for children and young people. There is also a notable lack of initial and long-term specialist housing options, further limiting survivors' ability to access stable, appropriate support.

Workforce retention issues

High staff turnover rates in support and specialist services contribute to instability, loss of expertise, and disruption in the continuity and quality of support for survivors. Workforce retention was identified as a major challenge, with turnover driven by the demanding nature of the work and insufficient resources. This results in gaps in skills and knowledge among staff, ultimately impacting the quality of services available to survivors within the VAWDASV system.

Inclusive language and service design

Stakeholders advocated for the adoption of more inclusive language and service design, ensuring all victims can access high-quality, appropriate support. Participants noted that the current strategy's vocabulary is problematic, suggesting it should be broadened to encompass all vulnerable groups affected by domestic violence and abuse, rather than focusing predominantly on women and girls. While recognising that women and girls are disproportionately impacted, stakeholders emphasised the importance of language and services that include all victim groups, such as LGBTQIA+ communities and children.

3.6 Main differences and alignment

3.6.1 Areas of alignment

Survivors and stakeholders broadly agree on several core themes that recur across the Prevent, Protect and Support pillars:

- The need for better coordination and integration to ensure survivors are not left navigating fragmented pathways, repeating disclosures or managing gaps between agencies.
- The importance of sustainable funding, including stable investment in specialist services, workforce capacity, housing, advocacy and longer-term recovery support.
- The existence of geographic inequalities, with patchier provision and fewer options in rural and border areas than in urban settings.
- The value of a whole-system approach that combines prevention, protection and support, while improving accountability, information-sharing and survivor-centred practice.

3.6.2 Main differences

During the research there were some notable differences in some of the issues raised by survivors and stakeholders; however, these reflect different perspectives rather than conflicting priorities. Survivors focused on lived experience and what is needed for safety and recovery, while stakeholders focused on the structures, resources and governance needed to improve the system, as shown below. Together, they show that reform must be both well designed and grounded in lived experience.

Survivors emphasised:

- Lived experience of harm, disbelief and re-traumatisation across services
- Importance of belief, empathy and trauma-informed responses from first disclosure onwards
- Immediate practical needs such as housing, safety, childcare and financial security

Stakeholders emphasised:

- System design, implementation and operational barriers affecting delivery
- Need for clearer structures, roles, responsibilities and accountability mechanisms
- Resource allocation, commissioning and workforce sustainability across services
- Governance complexity, policy misalignment and data-sharing constraints across devolved and non-devolved systems

3.7 Implications for the Theory of Change

The findings indicate that effective change requires:

- Combining system reform (stakeholders) with experience-led improvement (survivors)
- Addressing both structural barriers and frontline practice
- Moving from fragmentation to clear, coordinated pathways
- Embedding accountability, sustainable funding, and survivor voice
- Prioritising basic needs as a foundation for engagement and recovery

Taken together, these findings provide the evidence base for the Theory of Change presented in Section 4. They shape its assumptions, mechanisms of change and the pathways across prevention, protection and support.

4. VAWDASV Theory of Change

4.1 Purpose of the Theory of Change

The ToC provides a structured framework for understanding how the Welsh Government's VAWDASV Strategy and Blueprint are expected to deliver change. It links high-level policy objectives to practical actions, outputs, outcomes and long-term impacts.

Developed through engagement with survivors and stakeholders (see Section 3), the ToC reflects both the lived experience of survivors and system-level perspectives from stakeholders. It is intended as a strategic tool to:

- clarify how change is expected to happen
- support multi-agency coordination
- identify assumptions, risks and dependencies
- enable monitoring, evaluation and learning

The ToC should be read alongside the findings in Section 3, which provide the evidence base underpinning its design.

4.2 Structure of the ToC

The ToC is organised around 3 strategic pillars of the VAWDASV Strategy:

- Prevent – addressing root causes and reducing incidence
- Protect – improving safety, responses and accountability
- Support – ensuring survivors' needs are met through accessible, high-quality services

Across each pillar, the ToC follows a consistent results chain:

Inputs → Processes → Outputs → Outcomes → Long-term impacts

These pathways are interconnected; activity in one pillar often contributes to outcomes in others, reflecting the complexity of the VAWDASV system. The ToC operates at a whole-system level, recognising the roles of devolved and non-devolved sectors including health, education, housing, social care, policing and justice.

4.3 Foundations of the ToC

4.3.1 Core assumptions

The ToC is underpinned by a small number of critical assumptions identified through survivor engagement. These assumptions are not optional background conditions; they are the foundations that need to be in place if the wider pathways to change are to work as intended.

- Survivors' basic needs (including housing, safety, childcare and financial stability) are met, so that engagement with support does not depend on people managing crisis, insecurity or immediate risk alone.
- A "belief-first" approach is embedded across all services, so that first disclosures are met with belief, appropriate action and trauma-informed responses rather than scepticism or blame.
- Survivor co-production is meaningful and properly resourced, with survivors shaping design, delivery, testing and review rather than being consulted in a tokenistic way.
- Sustainable funding supports frontline services and infrastructure, including advocacy, refuge, housing support and training, to ensure provision is reliable rather than short-term or fragile.
- Multi-agency coordination mechanisms are in place and effective, with clear roles, shared responsibility and support pathways that reduce the burden on survivors to navigate systems on their own.

These assumptions represent necessary conditions for the ToC pathways to function. Where they are absent, survivors are more likely to encounter fragmented responses, repeated trauma and reduced access to meaningful support.

4.3.2 Cross-cutting challenges

The findings presented in section 3 highlighted several systemic challenges that affect all three pillars. Survivors described these as interconnected barriers that can deepen harm after disclosure or separation, particularly where systems are difficult to navigate, unevenly resourced or experienced as disbelieving.

- Fragmented and poorly coordinated services, which often leave survivors repeating their stories, managing referrals themselves and experiencing inconsistent support between agencies and places.
- Inconsistent application of trauma-informed practice, with services sometimes remaining procedural, superficial or shaped by disbelief rather than a deep understanding of trauma.
- Limited accountability and unclear responsibilities, meaning survivors can face blame-shifting, weak follow-up support and little confidence that failures to act will be addressed.
- Under-resourcing and workforce pressures, including insecure funding for advocacy, refuge, housing and training, which undermine continuity, quality and capacity across the system.
- Geographic and access inequalities, particularly in rural and border areas, where survivors may face fewer services, longer distances and less access to holistic support.

- Harmful cultural attitudes, including misogyny and victim-blaming, which can undermine survivors' credibility, discourage help-seeking and reinforce unsafe or retraumatising responses.

These challenges are embedded throughout the ToC and shape its design, highlighting where change depends not only on new activity but on stronger foundations, clearer accountability and more consistent survivor-centred practice.

4.3.3 Mechanisms of change

The ToC identifies the main mechanisms through which change is expected to occur. These mechanisms describe how the system would need to operate differently if survivors are to experience safer, more joined-up and more effective responses.

- Survivor-led design and co-production, so that policy, training and services are shaped by lived experience and tested against what survivors say actually improves safety and support.
- “Belief-first”, trauma-informed practice, ensuring that empathy, credibility and understanding of trauma underpin contact from first disclosure onwards.
- Integrated multi-agency working, with services coordinating around survivors rather than expecting survivors to bridge gaps between health, housing, social care, justice and specialist support, including effective integration between specialist VAWDASV, health, social care, housing, policing and other relevant services.
- Clear accountability and governance structures, so that responsibilities are understood, failures to act can be addressed and learning is built into system improvement.
- Sustained investment and system stability, enabling frontline provision, survivor participation, workforce development and longer-term support to be maintained over time.

These mechanisms operate across all levels and are essential to achieving outcomes because they translate survivor priorities into the practical conditions, behaviours and system changes needed for the ToC to deliver real change.

4.4 Theory of Change Pillars

4.4.1 Prevent

The Prevent pillar focuses on reducing the incidence of abuse by addressing its root causes, including the attitudes, norms and gaps in understanding that allow violence against women, domestic abuse and sexual violence to persist.

Main problems

- Limited public understanding of the full spectrum of abuse, including confusion in language and definitions that can narrow recognition of harmful behaviours.

- Harmful social norms and attitudes, including misogyny and intersectional discrimination, which can minimise abuse and normalise harmful behaviour.
- Gaps in prevention education and awareness, including limited understanding of healthy relationships and uneven reach of awareness campaigns across communities.
- Emerging forms of abuse, including technology-enabled and AI-assisted abuse, which require prevention approaches to keep pace with changing risks.

Inputs

- Investment in prevention and education programmes, including local and regional activity designed for early intervention and long-term culture change.
- Workforce capacity and training for community organisations and other partners to support delivery, collaboration and sustainability.
- Survivor-informed communications and resources, ensuring lived experience shapes messages, design and accessibility.
- Research, evaluation and data systems to build the evidence base and monitor what works in prevention and early intervention.

Processes

- Development of shared language and definitions, including agreed terminology that better captures the full range of abusive behaviours.
- Delivery of prevention and early intervention programmes that are age-appropriate, survivor-informed and targeted towards those most at risk.
- Multi-agency collaboration and evaluation to support strategic planning, operational delivery and continuous learning.
- Community engagement and awareness campaigns that are accessible, culturally responsive and better targeted to diverse groups.

Outputs

- Agreed terminology and guidance to support shared understanding and more consistent multi-agency responses.
- Increased availability of prevention and early intervention programmes informed by survivor experience and research evidence.
- Targeted and accessible communications that respond to diverse needs, including language and learning requirements.
- Evidence on effective interventions generated through research, evaluation and stakeholder learning.

Outcomes

- Improved public understanding of abuse, including clearer recognition of coercive, controlling and less visible forms of harm.
- Greater engagement with prevention initiatives, including stronger reach into communities and groups that are often harder to engage.
- Stronger evidence base for early intervention, supporting refinement of programmes and more informed investment decisions.
- Increased consideration of intersectionality, ensuring prevention work better reflects diverse experiences and barriers.

Long-term impacts

- Reduction in all forms of abuse across different communities and demographics.
- Cultural shift rejecting abuse, misogyny and norms that minimise or excuse harmful behaviour.
- Greater gender equality reflected in attitudes, behaviour and wider social expectations.
- Increased community capacity to prevent harm and respond earlier to risk.

4.4.2 Protect

The Protect pillar focuses on ensuring that survivors are safe and that systems respond effectively, consistently and with clear accountability across agencies.

Main problems

- Fragmented systems and unclear responsibilities, including gaps between devolved and non-devolved functions that can weaken accountability.
- Inconsistent responses across agencies, which can lead to system failures and re-traumatisation for survivors.
- Workforce capacity, retention and training gaps that affect both the quality and consistency of support.
- Data limitations, including underreporting and misclassification, which weaken scrutiny, monitoring and accountability.
- Barriers to access, including geography, inequality and socioeconomic disadvantage, which create uneven protection across Wales.

Inputs

- Multi-agency coordination structures linking justice, health, housing, education and social care.

- Data systems and information-sharing protocols to support monitoring, scrutiny and coordinated case management.
- Named roles and leadership within agencies to create clear responsibility for implementation and oversight.
- Training, facilitation and accountability mechanisms to strengthen both inter-agency coordination and survivor-centred practice.

Processes

- Mapping roles and responsibilities across the system, including published service expectations that make agency duties explicit.
- Implementing survivor-led training to promote trauma-informed responses and a belief-first approach across services.
- Strengthening accountability through audits, scrutiny and oversight mechanisms that identify and address system failures.
- Establishing coordinated multi-agency responses based on shared decisions, guidance and operational collaboration.

Outputs

- Published service pathways, stakeholder maps and expectations that clarify who is responsible for what.
- Data-sharing agreements and protocols that are implemented and operational across agencies.
- Training programmes and guidance, including trauma-informed content shaped by survivors' experience.
- Formalised multi-agency agreements, guidance and pathways that support coordinated responses, including for stalking and healthcare settings.

Outcomes

- Improved clarity of roles and responsibilities across agencies and sectors.
- More consistent and coordinated responses, reducing fragmentation and improving survivor experience.
- Increased access to services regardless of whether survivors report to the authorities.
- Improved workforce confidence, support and retention across relevant services.

Long-term impacts

- Increased survivor confidence in disclosure and reporting, alongside stronger perceptions of safety.

- Improved safety and reduced re-traumatisation through more effective and appropriate system responses.
- Greater accountability across systems, supported by evidence, scrutiny and clearer governance.
- More equitable access to protection across Wales, with fewer barriers linked to place or circumstance.

4.4.3 Support

The Support pillar focuses on ensuring survivors can access the help they need, including practical, trauma-informed and survivor-led support that responds to immediate and longer-term needs.

Main problems

- Unmet basic needs, including housing, food, childcare and financial stability, which affect both safety and the ability to engage with support.
- Inconsistent service provision across regions, with significant geographical variation in what support is available.
- Short-term, competitive and unstable funding models that undermine service sustainability and planning.
- Tokenistic approaches to co-production that do not fully embed lived experience in service design and delivery.
- Workforce pressures in specialist services that affect availability, quality and continuity of support.

Inputs

- Sustainable funding for specialist and third sector services to provide a reliable foundation for survivor support.
- Safe accommodation, refuge provision and long-term housing options that support both immediate safety and recovery.
- Skilled and supported workforce with the specialist capacity needed to meet diverse survivor needs.
- Meaningful survivor involvement in service design, including paid participation and formal structures for co-production.

Processes

- Co-production of services with survivors to shape design, delivery and quality assurance.

- Development of long-term funding models that enable sustainability rather than short-term crisis responses.
- Multi-agency coordination of support pathways, supported by shared learning, leadership and implementation structures.
- Continuous research and evaluation to support evidence-based improvement and accountability.

Outputs

- Survivor-informed service models that more closely reflect survivor needs, safety and lived experience.
- Wellbeing and safety plans that support survivors in both immediate crisis and longer-term recovery.
- Training programmes, workforce support and quality assurance systems shaped by survivor experience.
- Monitoring, evaluation and accountability mechanisms, including survivor feedback and research activity.

Outcomes

- Consistent access to trauma-informed support that meets survivors' practical, emotional and safety needs.
- Improved service quality and responsiveness, with support better aligned to what survivors say they need.
- Greater equity in access across Wales, reducing variation linked to geography and community context.
- Improved survivor wellbeing, safety and longer-term recovery outcomes.

Long-term impacts

- Sustained safety and recovery for survivors, regardless of background or location.
- Effective and coordinated support system that works across agencies rather than in isolation.
- Stable and resilient service infrastructure, supported by more sustainable funding and workforce capacity.
- Stronger community capacity to support survivors

4.5 Risks and considerations

The ToC depends on addressing risks identified by survivors, particularly where implementation appears strong but fails to change practice, reduce survivor burden or improve safety.

- Superficial training without behavioural change, which may create false confidence while leaving responses insufficiently trauma-informed and potentially harmful.
- Tokenistic co-production, which can retraumatise survivors and weaken the quality and legitimacy of service design.
- Over-reliance on underfunded third-sector services, risking burnout, staff attrition and reduced system resilience if core provision is not sustainably supported.
- Fragmented systems increasing survivor burden, including referral fatigue, rigid thresholds and repeating experiences of abuse in order to access help.
- Legal and institutional barriers, including non-devolved systems such as the family court, which can allow perpetrators to retain control after separation.

Mitigating these risks is essential if the ToC is to deliver meaningful change without reproducing harm, disengagement or uneven access to support.

4.6 How change will happen (causal pathways)

The ToC assumes that change happens through a small number of reinforcing pathways identified by survivors, linking day-to-day practice, access to support and wider system conditions.

- When services adopt a 'belief-first', trauma-informed approach, survivors are more likely to disclose, engage and receive help without being blamed or re-traumatised.
- When basic needs are met, including housing, finances and health, survivors are better able to access support, reduce immediate risk and build safer long-term outcomes.
- When pathways are clear and coordinated, including IDVA navigation and safe data-sharing, survivors can access timely and appropriate support with less referral fatigue and fewer repeated disclosures.
- When accountability and investment are sustained, including practice standards, oversight and action on post-separation abuse, service quality improves over time, and perpetrators have fewer opportunities to retain control.

Together, these pathways contribute to improved safety, safer child contact, stronger wellbeing and longer-term system transformation, particularly where language and culture also evolve to recognise non-physical abuse.

4.7 Engagement to implementation

The ToC is directly informed by the evidence presented in Section 3 and should be used alongside the actionable steps in Section 5.

5. Actionable Steps for future planning and policy

This section translates the findings in Section 3 and the Theory of Change in Section 4 into practical actions for future policy, planning and implementation. It identifies where change is needed across practice, processes, systems and communities to strengthen the conditions required for prevention, protection and support.

Based on the research findings, the recommendations below set out priorities for Welsh Government to consider from 2026 onwards. Some actions sit within devolved responsibilities, while others depend on collaboration with the UK Government and non-devolved partners where system change relies on criminal justice, policing or family justice arrangements.

The recommendations are grouped by 4 levels of change: practice, process, systems and community. Each recommendation is linked to one or more of the strategic pillars of Prevent, Protect and Support and is intended to strengthen mechanisms in the Theory of Change, including survivor trust, timely access to support, coordinated responses, accountability, workforce capability and adaptive learning.

5.1 Main messages

- Future planning should prioritise the system conditions that enable change, including survivor-centred practice, clearer accountability, sustainable funding, stronger workforce capability and better coordination across agencies.
- Recommendations need to address both devolved and non-devolved barriers, recognising that several assumptions in the Theory of Change depend on collaboration beyond devolved services.
- Change is required across multiple levels, from frontline interactions and service pathways to governance, data, workforce development and community norms, if the intended outcomes of the strategy are to be realised.

5.1.1 Practice-level actionable steps

5.2.1 Ensure all frontline professionals are trained in survivor-led, trauma-informed practice (Prevent, Protect and Support)

Training should go beyond awareness-raising to build practical understanding of trauma, abuse dynamics and appropriate responses. This supports a core ToC mechanism by increasing survivor trust, improving the quality of first responses and reducing the risk of harmful or dismissive interactions.

5.2.2 Standardise and adequately fund IDVA and ISVA provision across Wales (Protect)

Independent advocacy roles are critical to helping survivors navigate complex systems and should be available consistently across Wales. This strengthens the ToC assumption that survivors are more likely to access and remain engaged with support when trusted advocacy and navigation are available.

5.2.3 Guarantee access to practical support, including housing, safety and financial assistance (Support)

Immediate needs such as safe accommodation, refuge spaces, food and financial support should be treated as core elements of the response rather than optional additions. This underpins the ToC assumption that survivors cannot safely engage with longer-term recovery or justice pathways unless basic safety and stability are in place.

5.2.4 Improve safeguarding and responses in school settings (Prevent)

School professionals should be equipped to recognise abuse, respond safely and avoid practices that place survivors or children at greater risk. This supports earlier identification, safer disclosure and a stronger prevention pathway within the ToC.

5.2.5 Strengthen the role of healthcare within the whole-system VAWDASV response (Prevent, Protect and Support)

Ensure healthcare professionals are equipped to recognise VAWDASV and its short- and long-term health impacts; communicate and respond in trauma-informed ways that minimise the risk of retraumatisation; respond safely and appropriately to disclosure; and connect survivors to clear referral and support pathways. Healthcare settings should be recognised as an important point of access to support, including for survivors who may not otherwise come into contact with specialist VAWDASV or criminal justice services.

5.3 Process-level actionable steps

5.3.1 Embed survivor voice in service design, delivery and evaluation (Prevent and Support)

Co-production should be meaningful, properly resourced and built into how services are designed and reviewed. This strengthens the ToC mechanism that services are more relevant, trusted and effective when shaped by lived experience rather than consultation at the margins.

5.3.2 Create clear, trauma-informed pathways into and through services (Prevent, Protect and Support)

Survivors should not be expected to navigate fragmented systems alone. A survivor-informed pathways framework should set out roles, responsibilities, referral routes and

accountability, strengthening the ToC mechanism that coordinated access improves safety, continuity and engagement.

5.3.3 Appoint VAWDASV leads in all relevant public services (Protect)

Named leads should support implementation, coordinate activity, act as points of contact for staff and survivors, and strengthen accountability within and across agencies. This reinforces the ToC assumption that clear ownership improves consistency, follow-through and system coordination.

5.3.4 Reform eligibility criteria and thresholds for access to support (Protect and Support)

Services should be accessible to survivors with historic abuse, complex needs, lower assessed risk or who have relocated between areas. This addresses the ToC assumption that support must be timely and proportionate, rather than dependent on narrow thresholds that delay or block access.

5.4 Systems-level actionable steps

5.4.1 Define the sustainable whole system and clarify accountability (Prevent and Protect)

Welsh Government should set out who is responsible for which outcomes, how delivery will be monitored, and how failures will be addressed. This strengthens the ToC by making system assumptions explicit and by creating clearer mechanisms for accountability, scrutiny and adjusting approaches / making changes where needed.

5.4.2 Work with the UK Government to reform the family court system and mitigate harm in the meantime (Prevent and Protect)

Survivors identified family courts as a major source of ongoing harm, particularly in relation to post-separation abuse and child contact. This addresses a critical ToC risk: that wider systems can undermine safety and recovery unless non-devolved barriers are tackled alongside devolved responses.

5.4.3 Address legal and policy gaps that enable continued abuse (Prevent)

Future policy development should consider how housing, parental responsibility, child maintenance and related systems can be used to maintain control after separation. This would help close gaps in the ToC where abuse persists because wider policy frameworks do not yet align with survivor safety.

5.4.4 Improve inter-agency communication and safe data-sharing (Protect and Support)

Survivors should not have to repeat their experiences in order to access help. Shared protocols and safe information-sharing arrangements would strengthen the ToC mechanism

that coordinated responses reduce retraumatisation, improve continuity and increase confidence in services.

5.4.5 Develop a stronger VAWDASV data and evidence infrastructure (Prevent)

Improved Welsh data, including better disaggregation, stronger reporting systems and more robust perpetrator datasets, would support one of the ToC mechanisms: the ability to monitor change, target action and adapt implementation in response to evidence.

5.4.6 Fund and retain a skilled and supported workforce (Protect and Support)

Pay, conditions, wellbeing support and professional development should enable services to retain specialist expertise and reduce turnover. This strengthens the ToC assumption that consistent, capable staffing is necessary for service quality, survivor trust and continuity of support.

5.4.7 Refine the strategy's clarity, scope and alignment (Prevent)

The next strategy should set out clear objectives, measurable priorities and stronger alignment between the strategic pillars, workstreams and intended outcomes. This would make the ToC more operational by clarifying how planned activity is expected to lead to change.

5.4.8 Develop a comprehensive monitoring and evaluation framework (Prevent, Protect and Support)

The strategy should include measurable indicators for each pillar, alongside research and evaluation activity that tracks progress over time. This supports the ToC mechanism of adaptive learning by enabling progress, assumptions and unintended consequences to be tested and reviewed.

5.4.9 Clarify stakeholder roles and responsibilities (Prevent and Protect)

The strategy should distinguish clearly between the groups it is intended to benefit and the organisations responsible for delivery. This would strengthen the ToC by reducing ambiguity about who is expected to act, who is expected to benefit and where accountability sits.

5.4.10 Develop long-term and sustainable funding models (Prevent)

Funding arrangements should support longer-term planning, reduce instability and align with the realities of service delivery. This supports a central ToC assumption that change cannot be sustained where services operate within short-term or insecure funding cycles.

5.4.11 Ensure each strategic pillar is adequately resourced (Prevent)

Prevention, protection and support all require sustained investment, but for different purposes and timescales. This reflects the ToC assumption that progress depends on balanced investment across the whole system rather than concentrating resource in only one part of the response.

5.4.12 Maintain a dynamic and adaptive Theory of Change (Prevent and Support)

The ToC should operate as a live framework that can evolve with new evidence, emerging risks and policy developments. This would reinforce adaptive learning by ensuring that assumptions, mechanisms and priorities can be reviewed and refined over time.

5.5 Community-level actionable steps

5.5.1 Review terminology so it reflects the full spectrum of abuse (Prevent)

Survivors and stakeholders argued that language should better capture non-physical forms of abuse, including coercive control, stalking, harassment, psychological abuse, and technology facilitated abuse and violence. This supports the ToC mechanism that prevention and access to support improve when abuse is named clearly and recognised consistently across the system.

5.5.2 Design public awareness campaigns with survivors and communities (Prevent)

Campaigns should be locally relevant, visible and evaluated for impact, with messages shaped by survivors and tailored to different communities. This strengthens the ToC mechanism that prevention depends in part on wider social understanding, earlier recognition and challenge to harmful norms.

5.5.3 Expand and promote safe spaces and community access points (Prevent and Protect)

Initiatives such as safe spaces in community settings should be made more visible and easier to use. This strengthens the ToC assumption that survivors are more likely to seek help when there are trusted, accessible and low-threshold routes into support.

5.5.4 Support survivor-led advocacy and peer networks (Support)

Survivors can play an important role in shaping culture change and supporting others, but this must be done safely and with appropriate support. This aligns with the ToC mechanism that survivor leadership can strengthen trust, relevance and community change when participation is properly supported.

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Annex A: Violence Against Women, Domestic Abuse, and Sexual Violence (VAWDASV) Theory of Change

Main assumptions and dependencies: underlying conditions needed for the ToC to operate as intended

- Survivors' representative and authentic voice is embedded throughout the whole ToC
- Survivors' basic needs are being met (for example, food, secure and quality housing, childcare and economic security and financial stability)
- 'Belief-first' protocol at first contact is implemented as a standard practice across all agencies and professionals
- Survivors actively design, test and audit service provision, especially training, reflecting the principle of '*nothing about us without us*'
- IDVAs, refuge services, housing support and training operate with sustained and sufficient funding
- Wales has established mechanisms to mitigate family court constraints (for example, advocacy and support services)
- Systems of accountability are in place to address professionals' failure to act
- Healthcare services are sufficiently resourced to engage in a sustainable whole system response

Target audience

- Domestic Abuse Survivors
- Survivor panels
- General public

- Children and Young people
- Communities
- Children and young people facing access barriers

Key stakeholders

- Welsh Government
- National Partnership Board
- Regional Boards and Local Authorities
- Specialist Third Sector services
- Policing in Wales
- NHS Wales / Health Boards
- Education, Health and Housing sectors
- Criminal Justice System
- UK Government

Cross-cutting risks and challenges

- Trauma-informed support is rarely experienced and often misunderstood
- Insufficient Sustainable Whole-System Approach: survivors are forced to navigate fragmented systems alone

- Inconsistent and superficial approaches to survivor involvement and co-production result in negative experiences for survivors, who report feeling tokenised and not truly involved
- Variable application of evidence-based practice across sectors and regions leading survivors to question whether services are genuinely evidence-based

Problems and issues to be addressed

Prevent

- Language ambiguity limiting shared understanding
- Cultural and societal attitudes, systemic misogyny and intersectional discrimination, which minimise abuse
- Lack of public awareness about healthy relationships and the full spectrum of abuse
- Prevention efforts not keeping pace with the changing ways in which abuse is perpetrated (such as: tech-assisted abuse, online harassment, AI-enabled stalking)
- Insufficient recognition of VAWDASV as rooted in gender inequality
- Geographical disparities in the reach and visibility of awareness campaigns

Protect

- Accountability gaps exacerbated by devolved policy landscape (for example health and social care, education and housing) and non-devolved policy landscape (for example justice and policing)
- System failures leading to survivors' retraumatisation

- Workforce challenges relating to retention issues, lack of capacity and training
- Access barriers: socioeconomic and geographical disparities
- Insufficient whole-system coordination
- VAWDASV data and evidence: current gaps and underlying challenge of collecting and analysing VAWDASV data (for example, issues of underreporting and misclassification)

Support

- Uneven service provision due to funding and geography
- Funding limitations: short-term, competitive, insufficient
- Tokenistic rather than meaningful survivors' co-production
- Workforce pressures in support and specialist services

Inputs: resources that will be employed

Prevent

- Sustained funding for prevention programmes and education
- Resources for survivor-informed design of campaigns and initiatives
- Funding for local and regional awareness initiatives
- Survivor voice embedded in design and delivery

- VAWDASV workstreams (prevention-focused, children and young people, technology-related threats)
- Workforce planning (prevention-focused)
- Capacity building for community organisations

Protect

- Multi-agency collaboration infrastructure (Health and Social Care, Criminal Justice System)
- Facilitation to ensure inter-government coordination (Wales and UK levels)
- Facilitation to enable intra cross-department coordination (within Wales)
- VAWDASV data: robust monitoring, scrutiny, Key Performance Indicator (KPI) systems and research and evaluation
- IT and information-sharing systems
- Named VAWDASV roles within agencies, responsible for implementation

Support

- Funding for survivor support services to help meet their basic needs
- Third sector sustainability and investment
- Multi-agency service provision infrastructure (for example, leadership buy-in and shared learning)
- Physical resources (safe housing, long-term accommodation and refuges)
- Co-production: Survivors recognised as paid contributors

- Workforce capacity and specialist skills

Key processes and activities: key facilitators for effective delivery in line with the aims

Prevent

- Review language → develop an agreed glossary and lexicon
- Reframe terminology from “violence” to “abuse” to capture the whole spectrum of harmful behaviour
- Design prevention and early intervention programmes with input from survivors → deliver age-appropriate education → target at-risk individuals and groups
- Multi-agency collaboration → review strategic thinking and operational planning
- Stakeholder consultation → ensure culturally responsive approaches
- VAWDASV data: research into strategies → building evidence base improvements → facilitating shared learning

Protect

- Stakeholder and systems mapping → clarify lines of responsibilities → publish service expectations
- Design survivor-led training → deliver to agencies, perpetrators and key stakeholders (for example health professionals) → address attitudes (for example scepticism, victim-blaming) → promote ‘Belief-First’ principle amongst professionals supporting survivors
- Create accountability mechanisms → conduct agency audits → address system failures
- Multi-agency working → shared decisions → coordinated responses

Support

- Co-production with survivors → design services → Quality Assurance ensures effectiveness
- Secure long-term funding → sustainable commission services → ensure sustainability and quality of support services
- Survivor panels attached to key agencies to guide implementation → ensure accountability
- VAWDASV data analysis → evidence-based improvements → shared learning across different agencies and services

Outputs: tangible measures of effective inputs and processes towards outcomes

Prevent

- Agreed glossary and lexicon on VAWDASV terminology
- Effective prevention and early intervention programmes implemented
- Accessible and better targeted communication materials (for example additional learning needs and language)
- Marketing and campaign resources
- Training plans for prevention education
- Research into prevention and early intervention programmes' effectiveness
- Strategic workforce plans

Protect

- Published stakeholders and systems maps showing agency roles and responsibilities
- Published service expectations on what each agency is responsible for
- Data-sharing agreements and protocols in place
- Trauma-informed training programmes
- Multi-agency guidance and Memorandums of Understanding (MoUs) between agencies
- Clear stalking action pathways
- Trauma flags in medical records

Support

- Survivor wellbeing (for example, their basic needs and safety plans are met)
- The process of formulating and agreeing terms of reference for survivor panels helps formalise their role and responsibilities
- Annual survivor survey (including levels of confidence in reporting and disclosing)
- Training programmes designed by survivors
- Perpetrator intervention programmes
- VAWDASV Data: monitoring and evaluation reports
- Workforce wellbeing plans and career pathways

- Independent audits and accountability mechanisms of support services

Outcomes: measurable consequences contributing to the delivery of the aims

Prevent

- Common language agreed and adopted across agencies
- Increased engagement with harder-to-reach groups (for example men and boys)
- Robust monitoring and evaluation systems: evidence base and ‘what works’ evidence on prevention and early intervention mechanisms effectiveness grows
- Intersectionality appropriately considered, accounted for and responded to by measures to address VAWDASV
- Increased and equitable allocation of funding for support and specialist services

Protect

- Roles and responsibilities understood within a more effective multi-agency partnerships
- Access to support does not require or depend upon formal reporting or disclosure of the abuse
- More effective reporting mechanisms (for example, relating to Independent Domestic Violence Advisors (IDVAs) and Independent Sexual Violence Advisors (ISVAs))
- Access to more equitable services across Wales (for example, addressing geographical and socioeconomic disparities)
- Increased specialist and support services’ workforce retention

- Robust monitoring and evaluation systems: all outcomes tracked and measured (for example, survivor annual survivor and agencies longitudinal survey to measure responsibilities)

Support

- Survivors' basic, physiological, safety and security needs are consistently met
- Survivors access timely, equitable, effective and trauma-informed support
- Services reflect survivor needs, safety, and voice
- Survivor-led design and co-production evidenced in outputs
- Improved access to support services
- Increased wellbeing and health outcomes for the general population

Long-term impacts: evidence of lasting change for each aim

Prevent

- Visible reduction in all types of abuse across all demographics
- Evidence of societal change: eradication of misogynistic norms
- Cultural shift recognising VAWDASV as unacceptable
- Greater gender equality in attitudes and behaviours
- Sustained community capacity to prevent abuse

Protect

- Evidence of increased reporting/disclosures (for example, victims feeling more confident to report)
- Increased safety reported by survivors
- Evidence of changed behaviour in perpetrators
- Increased equality in outcomes and services access
- Sustained professional accountability

Support

- Evidence of long-term sustainable planning
- Increased safety and wellbeing reported by all groups
- Effective multi-agency working
- Sustainable third sector funding/infrastructure
- Impacts tracked through robust monitoring and evaluation (for example, longitudinal surveys)
- Community-wide capacity to support survivors
- Increased reporting of better support services

Further information

Understanding the VAWDASV ToC

The VAWDASV Theory of Change (ToC) is organised around the VAWDASV Strategy's three strategic pillars: Prevent, Protect and Support for addressing VAWDASV. The ToC is intended to be read from top to bottom, indicating how each level will lead to the intended long-term impacts of each pillar. The ToC is designed to capture expected explicit links from problems to impact. This ToC was constructed and cocreated with stakeholders in order to align the various issues and elements relating to the three pillars. It should be noted that these issues and elements can be multifactorial and solutions will have synergy and overlap depending on the involved stakeholders, approaches, and specific context. For example, elements within Support will interrelate with elements in Protect and these relationships will be variable. How this is interpreted will be conditioned by local factors and stakeholders, with stakeholders determining their involvement based on their individual roles and responsibilities, and in consideration of how elements (such as inputs, activities outputs) may work within and across pillars.

VAWDASV National Strategy 2022-2026: Aims

- Challenge the public attitude to abuse (including coercive control, stalking, harassment, domestic and economic abuse, physical and sexual violence, and honour-based abuse) against all genders and age groups across the Welsh population through awareness raising and space for public discussion with the aim to decrease its occurrence
- Increase awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to positive personal choices
- Increase the focus on holding those who commit abuse to account and supporting those who may carry out abusive or violent behaviour to change their behaviour and avoid offending
- Make early intervention and prevention a priority
- Relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors
- Provide all victims with equal access to appropriately resourced, high quality, needs-led, strength-based, inter-sectional and responsive services across Wales

