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# **VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE, AND SEXUAL VIOLENCE (VAWDASV) SURVIVOR ENGAGEMENT WALES**

Final Report

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University of South Wales

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## **Acknowledgments**

The study team would like to thank VAWDASV Research Network Members for their support, both in their participation and raising awareness of the survey, the WG VAWDASV team, and all those who anonymously participated in the survey.

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## GLOSSARY OF KEY TERMS

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**Participant** – anyone who chose to complete the survey as part of this research.

**Perpetrator** – anyone who has committed an act of VAWDASV regardless of gender, sex, age, race, disability, class, or other protected characteristic. Perpetrators may also be survivors.

**Survivor** – anyone who has experienced any form of VAWDASV regardless of gender, sex, age, race, disability, class, or other protected characteristic. Within this report we have chosen to use the term ‘survivor’, although it is often written as ‘victim/survivor’ or simply ‘victim’. Where we have included direct quotes from the survey, we have retained the terminology used by the participant.

**VAWDASV sector** – any organisation or service provider working in VAWDASV and associated areas with a remit for supporting or engaging with survivors.

**Violence against women, domestic abuse, and sexual violence (VAWDASV)** - The terminology is taken from the VAWDASV Act (Wales) 2015.<sup>1</sup> It includes Domestic Abuse, Rape and Sexual Violence, Sexual Harassment, Gender -Based Violence e.g., Female Genital Mutilation (FGM), ‘Honour based’ violence (HBV), Forced Marriage, Stalking/Harassment, Trafficking.

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<sup>1</sup> <https://www.legislation.gov.uk/anaw/2015/3/contents/enacted>

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# INTRODUCTION

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## Background and aim

The aim of this research was to understand current practice in engaging with, and hearing from survivors within the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) sector in Wales.

University of South Wales (USW) worked with the VAWDASV team at Welsh Government (WG) in a partnership established through the VAWDASV Research Network Wales. The study team was led by Dr Sarah Wallace (USW) with Prof Emily Underwood-Lee (USW), Amy Jones (WG), and Rebecca Griffiths (WG).

The VAWDASV Research Network Wales has made a commitment to explore how best we can engage with and hear from survivors in our work. WG has also outlined their commitment to create a Survivor Engagement Blueprint in their refreshed WG VAWDASV National Strategy (2022-26).<sup>2</sup> Due to our shared interest in understanding survivor engagement practices, the WG VAWDASV team and the VAWDASV Research Network Wales came together to conduct a survey with current service providers and professionals in the VAWDASV sector.

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<sup>2</sup> <https://gov.wales/sites/default/files/pdf-versions/2022/5/2/1653392517/violence-against-women-domestic-abuse-and-sexual-violence-strategy-2022-2026.pdf>

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## METHODS

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### Data collection and analysis

An online, bilingual survey was created (Appendix 1) using Joint Information Systems Committee (Jisc, formally known as the Bristol Online Survey, BOS).<sup>3</sup> Survey questions were developed collaboratively by the research team at USW and WG. The survey was launched on 11<sup>th</sup> April 2022 and closed on 16<sup>th</sup> May 2022. Invitations to participate and a participant information sheet (Appendix 2) were circulated via the networks of both the WG VAWDASV team and the VAWDASV Research Network Wales. Participants were self-selecting amongst the members of these networks e.g., professionals and service providers working in VAWDASV and associated areas with a remit for supporting or engaging with survivors. The analysis is limited by the small number of responses received (n=20); however, the range of organisational perspectives represented and the cross Wales reach suggest that these findings still provide useful indications about survivor engagement work in Wales.

### Data analysis

Survey data was analysed via Jisc using descriptive statistics, and free-text responses were thematically analysed.<sup>4</sup>

### Ethics

Ethics permission for the study was secured from the USW Faculty of Life Sciences and Education Ethics Committee in April 2022 [REF:220302LR].

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<sup>3</sup> <https://www.onlinesurveys.ac.uk/>

<sup>4</sup> Braun, Victoria, and Victoria Clarke. 2022. *Thematic Analysis : a Practical Guide*. London: SAGE Publications.

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## SURVEY RESULTS

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This section of the report presents data analysed from the online survey collected between 11<sup>th</sup> April and 16<sup>th</sup> May 2022. Twenty survey responses were received and all respondents completed the English version of the survey. The survey included twelve questions, which comprised of seven multiple choice questions with an option to provide additional text and five open-text questions. The survey results presented here include both quantitative and qualitative data. All free-text data and 'other' responses are provided (Appendix 3).

The survey was divided into two overarching sections:

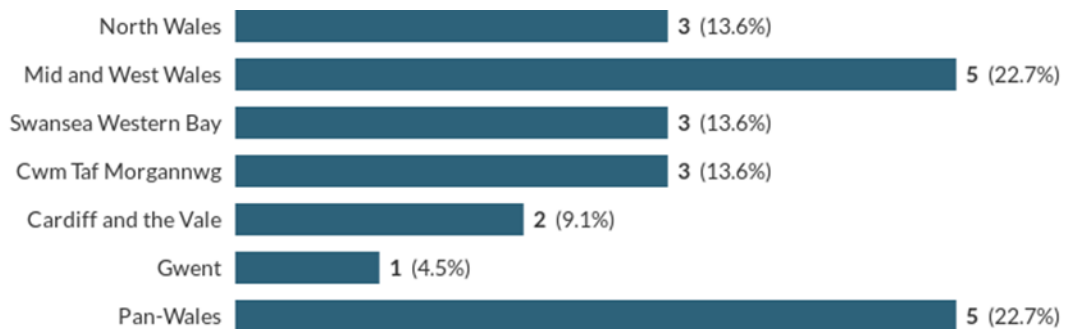
- Section A - About your organisation
- Section B - Survivor Engagement

### Section A – About your organisation

Question 1 asked what organisation participants worked for and Question 11 asked for any live survivor consultations. Both been omitted from this analysis to preserve confidentiality.

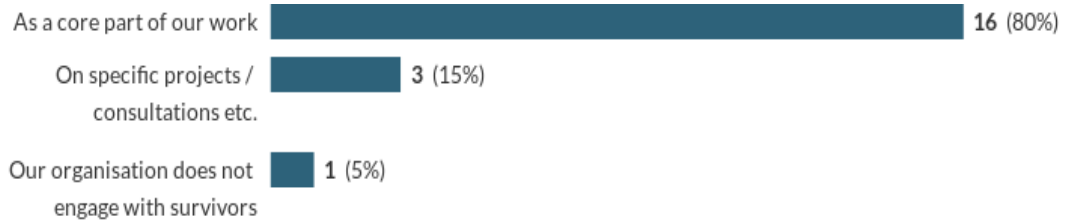
#### Q2. In what region Wales are you based?

Responses were received from a range of organisations specialising in VAWDASV and represented all regions of Wales. As shown below, the highest number of responses were received from Pan-Wales organisations (n=5), and the Mid and West Wales region (n=5).



#### Q3. Does your organisation engage with survivors?

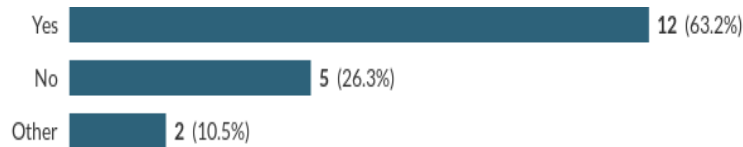
95% (n=19) of organisations confirmed they engage with survivors, either as a core part of their work (n=16), or as part of specific projects/consultations (n=3).



## Section B - Survivor Engagement

### Q4. Do you have dedicated staff/team members for survivor engagement?

Over half of organisations (63%, n=12) stated they have dedicated staff/team members for survivor engagement, 26% (n=5) did not, and 11% (n=2) replied ‘other’.



### ‘Other’

*We have a lead on survivor engagement, but many staff are involved with survivor engagement as a part of their role.*

*Victim and Survivor engagement is included within our roles as part of the [name] team; however, we do have engagement team who we also work with, but their remit is wider.*

### Q5. Approximately, how often do you formally consult/engage with survivors outside of your usual activities?

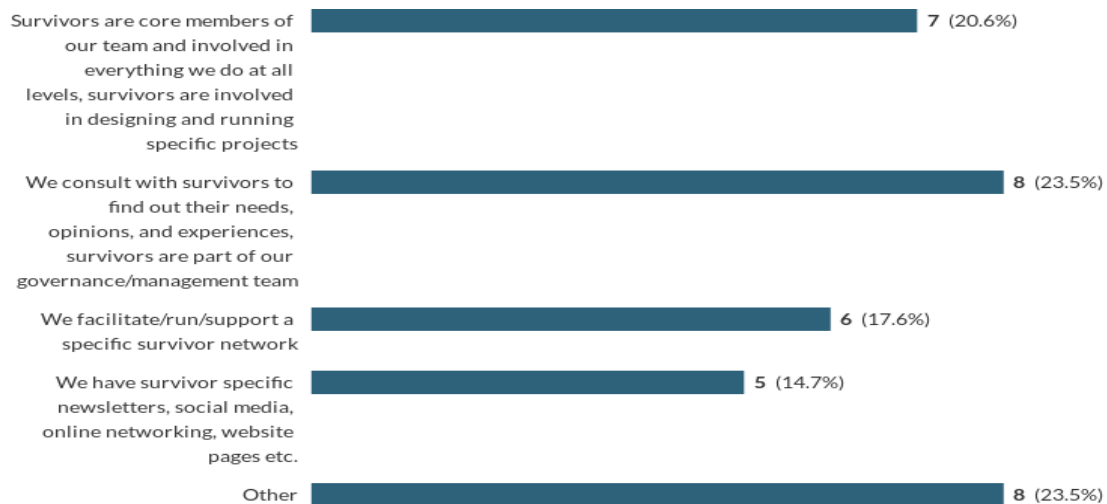
Most organisations who responded, formally consult or engage with survivors outside of their usual activities more than three times a year (n=12), and eight do so at least once a month or more.





### Q6. How do you engage with survivors?

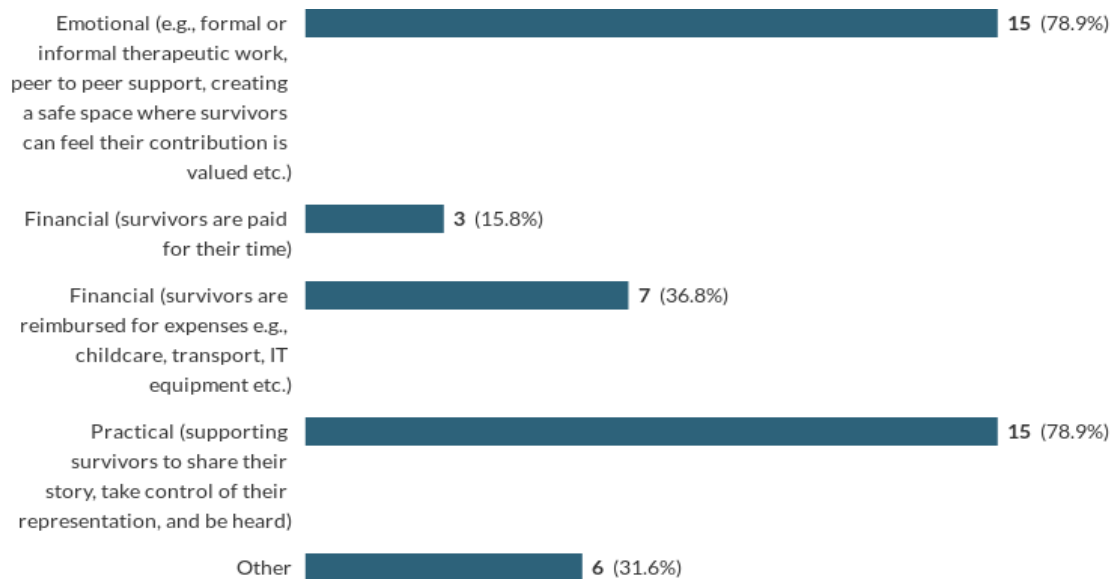
The most frequent way in which organisations engage with survivors was through survivors forming part of organisational governance teams (24%). The least frequent means was via survivor specific newsletters, social media, online networking, and website pages (15%), followed by survivor specific networks (18%).



Eight 'other' responses were received as part of this question. In addition to the options above, other means to engage with survivors included the use of surveys, via events, panels, regular meetings, peer support, and annual conferences.

### Q7. What support do you offer survivors to enable them to engage meaningfully?

The provision of emotional support, and practical support were the most common types of support offered by organisations to enable meaningful survivor engagement (79%). In terms of financial support, paying survivors for their time was the type of support offered least often (16%), with organisations more likely to reimburse survivors for expenses associated to taking part (37%).



Six 'other' responses were received, three of which focussed on financial support:

*Where we have asked for participation for longer survivor input, we will support with some kind of vouchers/financial support.*

*Some financial support offered where appropriate for pieces of work - important to many to keep a volunteering relationship.*

*We are working towards financial support where survivors are reimbursed for their costs, however this is not finalised yet.*

**Q8. In your experience, what are the top three facilitators that enable survivors to meaningfully engage?**

Of the nineteen organisations who responded to this question, key facilitators fell into five thematic areas:

- trust and confidentiality,
- support (e.g., emotional, practical, and training ),
- safety (emotionally and in the environment),
- having confidence in the expertise of the organisation,
- being informed and kept up-to-date (receiving feedback).

Practical support viewed as being successful in enabling survivors to meaningfully engage can be grouped in the following three areas:

- language including providing translation, having information in advance, and ensuring survivors have a clear understanding of what they are being asked to do,



Q10. Within your organisation, can you give us up to three examples of measures you have adopted to successfully engage with survivors?

Measures taken by organisations were varied, but broadly covered three areas:

- information and support prior to the engagement.
- practical and emotional support during engagement.
- ongoing, long-term support which does not “parachute” survivors in or exploit their knowledge.

*Time, allowing a client time, time to feel comfortable with the support worker which allows a positive and comfortable working relationship.*

*Always being flexible with times and dates, explaining the reasons for the engagement and acting on feedback, empowering survivors through support*

*Survivors acknowledged as experts, dedicated staff who support their emotional needs, provide a safe space to meet.*

Support came from the organisations themselves and also through the facilitation of peer support. Key to all measures were that they were flexible and responsive to the needs of survivors as articulated by survivors and that they required long term engagement.

Q12. Is there any other information you want to share about survivor engagement?

Sixteen responses were received to this question. Key points to note were that:

- work with survivors requires long term investment and needs an investment of staff time and financial resources.
- engagement with survivors, perpetrators, extended families including children and young people, and community is seen as key to successfully preventing VAWDASV.
- work with survivors needs to be co-created, responsive to the needs of survivors, and value survivors as experts in their own experience.

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## SUMMARY

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This research revealed that:

- Almost all organisations and individuals who responded to this survey, and who identify themselves as working in the VAWDASV sector in Wales, already engage with survivors and have established methodologies for doing so. Survivors report frustration with being asked the same questions multiple times by different agencies.

**Recommendation:** The wealth of existing knowledge and networks should not be overlooked.

- Survivor engagement is complex with multiple barriers preventing engagement. It requires time, knowledge, and resources to engage with survivors, both from organisations and from survivors themselves.

**Recommendation:** Organisations need sustainable funding to enable survivor engagement and survivors need appropriate financial recompense for their time and expertise.

- Social and cultural factors differ between survivors and require tailored support.

**Recommendation:** Survivor engagement must be needs-led, for example providing easy read explanations, translators, accessible sites, and childcare as required.

- Mutual trust and respect between survivors and organisations is key and takes time to build. Survivors are often unwilling to engage for fear of not being believed or confidentiality being broken.

**Recommendation:** Survivor engagement needs to be considered an integral activity and requires long-term investment and specialist staff.

These findings are congruent with the existing literature on successful and meaningful survivor engagement (cf. Stanley et al, 2021; Women's Aid Federations, 2020; Taylor and Clarence, 2021, Welsh Government, 2022, Welsh Women's Aid, 2022).

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## REFERENCES

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Stanley, Nicky, Christine Anne Barter, Kelly Bracewell, Khatidja Chantler, Emma Howarth, Lorraine Radford, Helen Richardson Foster et al. (2021) *Roadmap Report and Executive Summary*. Available at: [http://cloak.uclan.ac.uk/39447/2/Roadmap\\_Report\\_280921.pdf](http://cloak.uclan.ac.uk/39447/2/Roadmap_Report_280921.pdf).

Taylor, Jessica, and Bramley Clarence (2021) *'Beneficial but triggering': Experiences and support of survivor speakers in the UK*. Available at: <https://irp.cdn-website.com/f9ec73a4/files/uploaded/Beneficial%20but%20Triggering%20Report%202021%20FINAL.pdf>.

Women's Aid Federations (2020) *Research Integrity Framework on Domestic Violence and Abuse*. Available at: <https://www.womensaid.org.uk/wp-content/uploads/2020/11/Research-Integrity-Framework-RIF-on-Domestic-Violence-and-Abuse-DVA-November-2020.pdf>.

Welsh Government (2021) *Violence against women, domestic abuse and sexual violence: strategy 2022 to 2026*. Available at: <https://gov.wales/violence-against-women-domestic-abuse-and-sexual-violence-strategy-2022-2026.html>.

Welsh Women's Aid (2022) *Meaningful Survivor Participation*. An engagement toolkit for organisations. Available at: <https://www.welshwomensaid.org.uk/wp-content/uploads/2022/03/Survivor-Engagement-Toolkit-ENG.pdf>.

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# APPENDICES

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## Appendix 1 - Survey questions

### Section one: About your organisation

1. What organisation do you represent? (free text)
2. In what region in Wales are you based? (multiple choice)
  - a. North Wales
  - b. Mid and West Wales
  - c. Swansea Western Bay
  - d. Cwm Taf Morgannwg
  - e. Cardiff and the Vale
  - f. Gwent
  - g. Pan-Wales
3. Does your organisation engage with survivors? (single choice)
  - a. As a core part of our work
  - b. On specific projects/consultations etc
  - c. Our organisation does not engage with survivors

### Section two: Survivor engagement

4. Do you have dedicated staff/team members for survivor engagement? (single choice)
  - a. Yes
  - b. No
  - c. Other: (please state)
5. Approximately, how often do you formally consult/engage with survivors outside of your usual activities? (single choice)
  - a. At least once a month or more
  - b. 3 or 4 times a year
  - c. Less than 3 times a year
6. How do you engage with survivors? (multiple choice)
  - a. Survivors are core members of our team and involved in everything we do at all levels, survivors are involved in designing and running specific projects
  - b. We consult with survivors to find out their needs, opinions, and experiences, survivors are part of our governance/management team
  - c. We facilitate/run/support a specific survivor network
  - d. We have survivor specific newsletters, social media, online networking, website pages etc
  - e. Other: (please state)
7. What support do you offer survivors to enable them to engage meaningfully? (multiple choice)
  - a. Emotional (e.g., formal or informal therapeutic work, peer to peer support, creating a safe space where survivors can feel their contribution is valued etc.)

- b. Financial (survivors are paid for their time)
  - c. Financial (survivors are reimbursed for expenses e.g., childcare, transport, IT equipment etc.)
  - d. Practical (supporting survivors to share their story, take control of their representation, and be heard)
  - e. Other: (please state)
8. In your experience, what are the top three facilitators that enable survivors to meaningfully engage? (free text)
  9. In your experience, what are the top three barriers that prevent survivors from meaningfully engaging? (Free text)
  10. Within your organisation, can you give us up to three examples of measures you have adopted to successfully engage with survivors? (free-text)
  11. Do you have any published, live or forthcoming survivor consultations, you would like to share with us? Please provide a URL where possible. (free-text)
  12. Is there any other information you want to share about survivor engagement? (free text)



## Appendix 2 - Participant information sheet

You are being invited to take part in an online research survey. The study is a collaboration between University of South Wales and the VAWDASV team at Welsh Government. Before you decide if you would like to take part, you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Take time to decide whether or not to take part. If you would like more information please contact Dr Sarah Wallace [sarah.wallace@southwales.ac.uk](mailto:sarah.wallace@southwales.ac.uk) or Prof Emily Underwood-Lee [Emily.underwood-lee@southwales.ac.uk](mailto:Emily.underwood-lee@southwales.ac.uk).

### 1. Purpose of the study

The purpose of this study is to understand current survivor engagement practices in the VAWDASV sector in Wales.

### 2. Why have I been invited?

We are inviting professionals who work within the VAWDASV sector or who have a professional interest in supporting survivors of VAWDASV in Wales to take part in the online survey. Your participation is important to help us better understand existing VAWDASV survivor engagement practices across Wales.

### 3. Do I have to take part?

Participation is entirely voluntary, and it is up to you to decide if you would like to take part. Please read this information sheet to help you decide. You are free to withdraw at any time, without giving a reason and without consequence to yourself.

### 4. Expenses and payments

There is no payment for participating in the survey and we do not anticipate that you will incur any additional costs as a result of participating.

### 5. What will I have to do to take part?

If you decide to take part, you will be asked to complete the short online survey, which is comprised of 12 short answer questions about you/your organisation's work in engaging with survivors of VAWDASV. You do not have to answer any questions that you do not want to and you can leave the survey at any time by closing the window.

Before you start, you will be advised that completing the online survey implies consent to participate. You will be asked to tick the statements to confirm your consent to take part before you can access the questions.

The online survey should take around 10-15 minutes to complete. You can withdraw from the survey at any time by closing the window and your data will not be saved. Data will only be saved and used by the study team if you submit your responses at the very end of the survey.

### 6. What are the possible disadvantages and risks of taking part?

We do not anticipate any risks, discomfort or inconvenience from taking part in this survey. You can withdraw at any time. You can do this by closing the window and your data will not be saved.

If you wish to discuss any issues raised from the process, you will have the opportunity to discuss these following the survey or by contacting the researchers using the details provided in this information sheet.

### 7. What are the possible benefits of taking part?

We cannot promise the study will help you directly, but the information we get from the study may help to improve the way we engage with, and hear from survivors of VAWDASV in the future.

### 8. What if there is a problem?

Should you encounter a problem or wish to make a complaint about this study, in the first instance please contact the research team Dr Sarah Wallace [sarah.wallace@southwales.ac.uk](mailto:sarah.wallace@southwales.ac.uk) or Prof Emily

Underwood-Lee [Emily.underwood-lee@southwales.ac.uk](mailto:Emily.underwood-lee@southwales.ac.uk). If you remain unhappy and wish to complain formally you can contact Jonathan Sinfield, Governance Manager Research and Business Development, University of South Wales, [Jonathan.sinfield@southwales.ac.uk](mailto:Jonathan.sinfield@southwales.ac.uk), who will direct you to the University of South Wales's complaints procedure.

**9. Will my taking part in the study be kept confidential?**

Confidentiality is very important and wherever possible will be maintained. However, there are times when confidentiality cannot be guaranteed. If, through the survey, what you have said causes concern that there may be illegal activity or unprofessional activity that may be of potential harm to yourself or others then the researcher has a duty to report what has been said.

All information will be kept strictly confidential, and in accordance with Caldicott principles and the General Data Protection Regulations (GDPR).

The online survey will ask you to confirm your consent to take part by agreeing to statements before you can access the questions. Data will only be saved and used by the study team if you submit your responses at the very end. Responses will be kept securely and then disposed of securely after 5 years in keeping with recommended research guidelines.

**10. What will happen if I do not carry on with the study?**

You are free to withdraw from this study without providing a reason and without consequence to yourself. As the online survey is anonymous, once you have submitted your responses at the end, your data cannot be withdrawn as we are unable to track responses back to individual participants.

**11. What will happen to the results of the study?**

Findings will be shared via the VAWDASV Research Wales membership and the VAWDASV team, Welsh Government networks, and will be shared on both organisations' websites, social media and other outlets as deemed appropriate. Findings may be published within professional journals and/or shared through conferences. You will not be identifiable in any reports, articles or presentations

**12. Who is organising the study?**

The study is being led by University of South Wales and is a collaboration with the VAWDASV team at Welsh Government.

**13. Data Protection Privacy Notice**

The data controller for this project will be the University of South Wales. The University Compliance Manager provides oversight of university activities involving the processing of personal data. The University of South Wales Data Protection Officer can be contacted at:

[dataprotection@southwales.ac.uk](mailto:dataprotection@southwales.ac.uk).

If you are concerned about how your personal data is being processed, please contact:

[dataprotection@southwales.ac.uk](mailto:dataprotection@southwales.ac.uk).

Details of your individual rights are available on the ICO website at:

<https://ico.org.uk/fororganisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/>

**14. Further information and contact details:**

If you have any further queries please contact:

**Dr Sarah Wallace**

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Welsh Institute for Health and Social Care

University of South Wales

[Sarah.wallace@southwales.ac.uk](mailto:Sarah.wallace@southwales.ac.uk)

**Professor Emily Underwood-Lee**

George Ewart Evans Centre for Storytelling

University of South Wales

[Emily.underwood-lee@southwales.ac.uk](mailto:Emily.underwood-lee@southwales.ac.uk)

## Appendix 3 - Survey free-text and 'other' responses

### Question 6: How do you engage with survivors?

1. Partner support work as a result of ex/partners attending DAPP.
2. Support and try to encourage engagement with educational settings.
3. We consult with survivors to find out their needs, opinions, and experiences as well.
4. At exit interview and during our annual conference. We also send out questionnaires periodically and have a survey monkey online for feedback on our IDVA service. Our refuges and supported accommodation hold weekly and monthly meetings with clients to find out their views on planned improvements to accommodation and activities.
5. Usually, the engagement is on research and stakeholder engagement and not limited to VAWDASV survivors but they may be included.
6. Exit Questionnaires are used at the end of support and all support provided is tailored to the individual. DPP also do a victim feedback exercise.
7. Events, training, peer support, sitting on panels etc.
8. Network.

### Question 7: What support do you offer survivors to enable them to engage meaningfully?

1. Offer a voice within educational settings.
2. Where we have asked for participation for longer survivor input, we will support with some kind of vouchers/financial support.
3. Onward referral to specialist agencies if required after a comprehensive needs assessment is done with them.
4. We will often signpost to partner agencies to provide across-the-board support.
5. Some financial support offered where appropriate for pieces of work - important to many to keep a volunteering relationship.
6. We are working towards financial support where survivors are reimbursed for their costs, however this is not finalised yet.

### Question 8: In your experience, what are the top three facilitators that enable survivors to meaningfully engage?

1. Empathy, knowledge, and understanding.
2. Specific training, Familiarisation with papers in advance/translation of documents, Focus groups.
3. Being with other survivors, Assisted to participate by IDVA / support worker, Being ready to participate.
4. Time, trust and advocacy.
5. Trust that survivors voice will be heard and acted on, Making sure survivors get feedback, Ensuring a safe and welcoming environment.
6. Therapeutic work, group work, feedback on services and future plans for services.
7. Childcare and travel support, language support, emotional support.
8. Trusting the organisation/facilitator, Being honest with them, Making the sessions fun and not too heavy.
9. Being paid for their time, particularly if they are from a minoritised group, Clearer understanding of what they are contributing to and the impact that it may have, Management of their expectations so they can make an informed decision on what they will get from participating.

10. Being believed, feeling emotionally safe and listened to, feeling it is a safe environment- appropriate access- home visit, outreach or telephone or Teams support whichever best meets the needs of the survivor.
11. 1. Reassurance that they are believed and safe, 2. Emotional support, 3. Keeping appointments / not cancelling or rescheduling at short notice.
12. Expertise, Understanding and knowledge, Trust.
13. 1. Confidence in the organisation, 2. Feeling supported including training where needed, 3. Making sure survivors have all the information they need to participate and engage
14. Trust, incentive, confidence.
15. Knowing the staff members running groups, feeling safe and valued, understanding what we will do with the information and ideas shared.
16. Organisational understanding (not just tokenistic, including very good understanding of trauma and risk), training for survivors (media/public speaking), ground rules for interactions and expectations.
17. 1. A feeling that engaging will be beneficial to them. 2. Knowing that engaging will have a positive impact on others. 3. A sense of safety, trust and confidentiality - knowing how data will be used and trusting the space.
18. To be believed, To have a comfortable environment, To have an unlimited time for engagement.
19. Safe space, access to support, variety of engagement methods.

Question 9: In your experience, what are the top three barriers that prevent survivors from meaningfully engaging?

1. Time, concern regarding the impact of their engagement, fear abuser will find out.
2. Timings of meetings, Language usage, Lack of interest in area being discussed.
3. Feeling they will not be heard, Scared, Not wanting to get involved.
4. Trust, the impact on their children and lifestyle whilst trying to cope with the impact of DV.
5. Lack of opportunity to engage in effective opportunities, Being believed - some survivors have stated we have tried to tell others and we have not been believed, Not being told what happens with the feedback, etc.
6. Individual's circumstances, where they are in their journey, childcare.
7. Language, childcare, travel.
8. Re-traumatisation, Fear, Speaking as a group.
9. Feeling that they are exploited (not paid), Worrying about re-traumatisation and their health, Lack of trust in who they are being asked to engage with/organisation they work for
10. Feeling safe to trust workers with their story, not being judged, opening hours of specialist agencies.
11. 1. Fear, 2. A belief that it will not help or achieve anything to engage, 3. Exhaustion
12. Lack of Trust, Lack of Support, Lack of Expertise.
13. 1. Trauma responses, 2. Overwhelmed by technical information, 3. Not able to get paid time off work.
14. Financial, transport.
15. Not being flexible with times that suit the participants, survivors feeling that it's just another tick box exercise, feeling nervous of speaking/contributing.
16. Tokenistic engagement by agencies that takes advantage of survivors' altruism. Agencies not having a trauma informed response that retraumatizes survivors and puts them at risk. Short timescales and unrealistic requests that don't acknowledge the volunteering element of survivor engagement.

17. 1. Not knowing what is available, how to access it. 2. Fear and anxiety around what to expect, how they will be supported. 3. Lack of resources to reimburse effectively or support childcare etc.
18. Fear of disclosing in case the perpetrator becomes aware, Fear of not being believed, Fear of not being in control of their own circumstances.
19. Poor communication, sharing their opinion and not being listened to, and not seeing anything been done as a result of their experiences.

Question 10: Within your organisation, can you give us up to three examples of measures you have adopted to successfully engage with survivors?

1. Email / text contact to confirm who we are, advise that our number will be from withheld number so that they are aware, confirm confidentiality.
2. Focus groups, Staff encouragement & support, Payment of expenses
3. Group work / Holding specific events/ Peer support.
4. Time and understanding listening to the impact, advocacy which gives them a voice or link to the education setting and referrals to additional support.
5. Developed a survivor group that was supported without making the group conform to our requirements as a result the group set up as their own. We have set up a participation focus team for our younger service users which gives feedback.
6. Providing transport, offering sessions that work around school times, limiting the need for excessive travel.
7. Survivors acknowledged as experts, dedicated staff who support their emotional needs, provide a safe space to meet.
8. Online polls/surveys, Creating an informal 'get together' cuppa and chat and then focusing on one area, making it short (currently in development), Already speaking with an established group, e.g., on a course.
9. Better financial incentives (not just vouchers!), Using specialist organisations to support and facilitate engagement, Support in place for people to access.
10. Several attempts to contact on safe number, text or email, late availability if required, joint working with specialist DA agencies.
11. Use of domestic abuse officers, 2. Survivor panels, 3. trauma-informed approach to survivor engagement.
12. Clear processes to engage, Available contact and support, Information.
13. Online surveys/zoom workshops, 2. Online resources, 3. Responding in a timely fashion to enquiries received from survivors.
14. Training, confidence.
15. Always being flexible with times and dates, explaining the reasons for the engagement and acting on feedback, empowering survivors through support.
16. [redacted] setting out the organisation's intentions and planning for survivor engagement work. Meaningful survivor engagement toolkit which was coproduced with survivors. Full time [redacted] to work specifically with survivors.
17. Create a lead on service user engagement both in the staff team, and on the board of trustees. Created an involving service users/coproduction policy. Creating multiple ways in which survivors can be involved, from 1-off opportunities to committed volunteering.
18. Time, allowing a client time, time to feel comfortable with the support worker which allows a positive and comfortable working relationship.
19. Choice of engagement, face to face, virtual and out of hours. Access to support and adopting a co-production approach.

Question 11: Do you have any published, live or forthcoming survivor consultations, you would like to share with us? Please provide a URL where possible (14 responses of 14 who replied, all replied 'no' with exception of 5 below):

1. Our annual report shows this: [redacted]
2. Forthcoming work with women in the criminal justice system. Previous work [redacted]
3. We have survivor consultations with Police online regularly as part of group work/coffee and chat sessions. We recently paid a consultant to meet women around their feelings on a women's centre we are opening and are awaiting the feedback in June.
4. [redacted]
5. 2 focus groups were held [redacted]. Upcoming focus group around early intervention and the Change that Lasts approach.

Question 12: Is there any other information you want to share about survivor engagement? (16 responses)

1. Work with perpetrators is vital in order that we address the root cause and reduce repeated victims/survivors.
2. Setting up a co-production centre - survivor engagement central to this.
3. It is difficult but necessary process we all need to include in all aspects of our work
4. The impact on children and their education is massive. Children are continually seen as behaviour problems and not victims. A mother priority is to keep their children safe and so are schools, but the disjointed support is far apart.
5. Our organisation has survivors running the organisation however we often get told because we are a professional specialist organisation that we do not have survivors experience at the heart of what we do. We do because some have lived experience and although we don't always articulate this because we are professional it would be good if this was acknowledged. Also, survivor engagement takes time and needs careful work however we have found it difficult to gain the funds to do this properly. In our area the statutory sector are setting something up but no one in our organisation i.e., survivors know about it - however we are told that the approach they are using is survivor informed. Just not sure who has contributed.
6. We are currently working to develop a new tenant participation strategy in line with WG guidance for Registered social landlords.
7. It is important to have a dedicated service user engagement manager.
8. It has to be done sensitively and with the specialist organisation being involved, they need to know that it is anonymous, I would recommend a relationship being created first.
9. We really need to think carefully about engagement with survivors from racially minoritised groups, and more carefully about not being seen to exploit people because we need a survivor to speak. There is a fine line between survivor voice, who is prioritised in this space and who is exploited/silenced.
10. I think we need to get better at doing more as they are an integral part of shaping a service as who better to tell us what they need.
11. We consult with survivor forum members about the membership and composition of survivor forums to ensure we are working in a sensitive and trauma-informed way. Our work in developing our [redacted] was compiled through co-production with survivor engagement. Feedback from the survivors is that they felt they gained in confidence and felt valued in being able to contribute their experiences to support others. We feel strongly that survivors should be paid for the time they devote to projects.

12. It's very hard to get referrals for survivors for our courses. So many agencies are understaffed, or workloads are too high to be able to promote for us.
13. We are currently working on expanding the opportunities for survivor engagement by setting up a more formal expert panel.
14. [redacted] has over 40 years of experience of working with survivors in this sector and is at the forefront of best practice. We are happy to share this learning, however, our Survivor Network is intended as a safe and supportive environment to allow agencies to engage with survivors meaningfully. We would encourage the Welsh Government and other public sector agencies to engage through these existing specialist organisations lead mechanisms wherever possible, rather than the trend of setting up their own autonomous groups that do not have the benefit of ongoing support and years of learning from the sector.
15. We have found that the more opportunities there are for survivor engagement, across various capacities (e.g., a survey, a focus group, volunteering, being a peer facilitator, cocreating projects, etc.), that are strengths-based and trauma-informed, the more we and the survivors get out of it. It is a very holistic process. Knowing the limits of the engagement and that there is no obligation (but there might be opportunities) beyond it is helpful, it creates a sense of willing giving and trust. We have also seen places like focus groups be the first time that survivors have shared their story in a more public setting, and this can be transformative, and open the door to other group settings e.g., peer support.
16. The biggest frustration for survivors is being asked the same questions multiple times and nothing changing.