

SURVIVAL AND BEYOND

THE DOMESTIC ABUSE REPORT 2017



women's aid
until women & children are safe



Authors

Sarah Davidge and Lizzie Magnusson
Research and Evaluation Team, Women's Aid

Acknowledgments

We are extremely thankful to all the domestic abuse services who have provided the vital data for this report.

We are also grateful to the Ministry of Housing, Communities and Local Government (MHCLG) for its funding contribution to Routes to Support (the UK violence against women and girls service directory run in partnership with Women's Aid Federation of Northern Ireland, Scottish Women's Aid and Welsh Women's Aid) and the Women's Aid Annual Survey, and for its full funding of the No Woman Turned Away (NwTA) project. Data from all of these sources contribute to this report. This report was independently researched and written by Women's Aid.

Thanks also go to the staff at Women's Aid for all their support.

Published by:

Women's Aid Federation of England
PO Box 3245, Bristol, BS2 2EH
© Women's Aid 2018
ISBN 978-0-907817-38-3

Please cite this report as:

Women's Aid (2018) *Survival and Beyond: The Domestic Abuse Report 2017*. Bristol: Women's Aid.

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Page 4: Gus Palmer

Women's Aid is the national charity working to end domestic abuse against women and children. Over the past 40 years Women's Aid has been at the forefront of shaping and coordinating responses to domestic violence and abuse through practice. We empower survivors by keeping their voices at the heart of our work, working with and for women and children by listening to them and responding to their needs. We are a federation of over 220 organisations who provide more than 300 local lifesaving services to women and children across the country. We provide expert training, qualifications and consultancy to a range of agencies and professionals working with survivors or commissioning domestic abuse services, and award a National Quality Mark for services which meet our quality standards. Our campaigns achieve change in policy, practice and awareness, encouraging healthy relationships and helping to build a future where domestic abuse is no longer tolerated. The 24 Hour National Domestic Violence Helpline on 0808 2000 247 (run in partnership with Refuge) and our range of online services, which include the Survivors' Forum, help hundreds of thousands of women and children every year.



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Foreword



Katie Ghose
Chief Executive, Women's Aid

Domestic abuse, by its very nature, is hidden behind closed doors. This makes the production of detailed information and the unpicking of the facts behind the headlines all the more important. The more we can understand about survivors' journeys and the vital specialist support they need, the better we can identify the gaps and what changes are needed to ensure that all women are able to escape abuse and rebuild their lives.

Our Domestic Abuse Report 2017 uniquely draws upon five national data sources for the first time. Together they provide information about a range of domestic abuse services and their service users, including information from community-based services (for example, prevention work, drop-in services, advocacy services, counselling support) and from refuge services. Sustainable funding has long been a problem, but with 60% of respondents citing funding insecurity as their top challenge, we have further evidence that a sustainable long-term funding solution is vital. It must incorporate the national network of refuges we have built over the last 40 years, in order to save the lives and futures of those experiencing abuse. The report shows the full range of services women and children require, from prevention work to crisis. Right now, many services feel they have insufficient resources to offer much more than crisis support, and even then, many women are turned away because of a lack of capacity.

We also know that the women who experience abuse are all unique, and we can only truly support them by attending to their individual needs. For example, about 78% of women in refuge on our Day to Count had health support needs, over half had sustained physical injury from the domestic abuse and over a third had mental health support needs – in many cases this will be combined with other complex needs. We found that there are more children than women in refuge, with 62% of women bringing children with them, all with individual needs of their own.

Our limited services then face the challenges of supporting women into independence. Rehousing places a great deal of stress on survivors. This has a huge impact on children who are in need of a stable home environment, having already suffered trauma. All the while, we must remember that survivors are victims of crime – about two in five of those living in a refuge have had the abuse reported to the police. Support through the criminal justice system is vital if there is to be any recompense for their suffering and the perpetrator held responsible.

This report gives us the most detailed picture of service provision to date, offering us essential insights to give hope to our sector, and the hundreds of thousands of women and children who suffer abuse at the hands of violent and controlling perpetrators.



Introduction

Women's Aid¹ is the national charity working to end domestic abuse against women and children in England. Women's Aid holds five national data sources for England making us the only organisation to gather evidence on the full range of domestic abuse services in England and the experiences of women and children using them. We use our own evidence base and work with academic partners to look at the entire picture of women's journeys and experiences, including the responses they receive from agencies, in order to inform all of our work.

Survival and Beyond: The Domestic Abuse Report 2017 provides a review of domestic abuse support services in England and the needs of women survivors and children using them. Women's Aid has carried out an annual survey of domestic abuse services in England for many years and reports from the surveys going back to 2010 are available on the Women's Aid website². This year, for the first time, we are building on the findings of our annual survey by combining the results of the Women's Aid Annual Survey 2017 with data from our other major sources. The combination of these rich evidence bases gives us an invaluable insight into the needs of women and children experiencing domestic abuse and the challenges faced by the services supporting them.

This report explores:

- ▶ the women using domestic abuse services and their needs;
- ▶ the scope, nature and sustainability of domestic abuse service provision; and
- ▶ how a lack of resources or capacity to meet a woman's (or her child's) specific support or access needs can create barriers to escaping – and recovering from – domestic abuse.

What is included in this report?

We mainly focus on the financial year 2016/17 and the results of a census day and week in July 2017 (called the Day and Week to Count). In addition, this report examines some data from previous years to draw out any trends between 2010 and 2017. In short, this is the first report by Women's Aid that uses data from all five of our major data sources (see Appendix 3 for more information). The report also references other research which supports our data or can provide further detail. A full list is included in the references.

The following Women's Aid data sources were used in this report:

- ▶ **Routes to Support**³, the UK violence against women and girls database of service and refuge vacancies run in partnership by Scottish Women's Aid, Welsh Women's Aid, Women's Aid Federation of England and Women's Aid Federation of Northern Ireland. This report includes data for England and additional data on vacancies from London refuges⁴ telling us about the women accessing refuge and

1 Women's Aid Federation of England

2 www.womensaid.org.uk/womens-aid-annual-survey-reports/

3 www.womensaid.org.uk/routes-to-support

4 This data collection is supported by London Councils.

the instances of unsuccessful referrals for these vacancies.

- ▶ The **Women's Aid Annual Survey 2017**⁵ of domestic abuse services in England. The survey provides insight into the challenges services face throughout the year and information on the women they support from a Day and Week to Count (a census day and week). Both Routes to Support and the annual survey are part-funded by the Ministry of Housing, Communities and Local Government.

We also include data from the following sources:

- ▶ **On Track**⁶, our case management and outcomes monitoring database. On Track was launched in March 2016 and is already used by over 40 local service providers throughout England. Services contribute to a national dataset which provides information on women's experiences of abuse, support offered by services, and outcomes achieved. 11,113 cases of female clients were recorded in 2016/17.
- ▶ The **No Woman Turned Away** project, a frontline telephone-based support service for women who were unable to access refuge. This project has been funded by the Ministry of Housing, Communities and Local Government and provides us with valuable information on barriers women face when trying to flee to refuge, which has been published in our report *Nowhere to Turn*⁷.
- ▶ **The Femicide Census**, which has been developed by Karen Ingala Smith in

partnership with Women's Aid, with support from Freshfields Bruckhaus Deringer LLP and Deloitte LLP. The Femicide Census is a database currently containing information on over one thousand women killed by men in England and Wales since 2009. The latest report⁸ was published in December 2017.

The appendices to this report provide details on methodologies used in our research and a glossary that includes definitions of the terms used in this report including: service provider, entry, bed space and service type. In this report we use data received from respondents to the 2017 annual survey to estimate the numbers of women and children supported or turned away from services during the year. Details of how these estimates are calculated can be found in Appendix 3: Women's Aid data sources.

Quotes used in this report (unless otherwise stated) are from domestic abuse services responding to the Women's Aid Annual Survey 2017.

.....

5 The Women's Aid Annual Survey is sent to all domestic abuse services in England and asks questions about the previous financial year and service use on a Day to Count (for refuge services) and Week to Count (for community-based services). Previous annual survey reports can be found at: www.womensaid.org.uk/womens-aid-annual-survey-reports

6 www.womensaid.org.uk/what-we-do/ontrack

7 www.womensaid.org.uk/research-and-publications/nowomanturnedaway

8 www.womensaid.org.uk/what-we-do/campaigning-and-influencing/femicide-census

What is domestic abuse?

Women's Aid defines domestic abuse as an incident or pattern of incidents of controlling, coercive, threatening, degrading and/or violent behaviour (including sexual violence), by a partner or ex-partner, family member or carer. For the women experiencing this abuse it is often not a series of isolated incidents, rather a pattern of behaviour and control which can last many years, or even decades. Domestic abuse of women by men is very common. During the year ending March 2017, there were an estimated 1.2 million women who experienced domestic abuse in England and Wales (ONS, 2017B).

Coercive and controlling behaviour is at the heart of domestic abuse and has been a specific criminal offence since the end of 2015. Coercive control is defined in statutory guidance as, "a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another" (Home Office, 2015). These are abusive actions designed to limit a person's freedom and autonomy and to dictate most aspects of a survivor's everyday life (Kelly et al, 2014; Myhill & Hohl, 2016; Schechter, 1982; Stark, 2007; Women's Aid, 2016).

Women's Aid recognises domestic abuse as "...violence that is directed against a woman because she is a woman or that affects women disproportionately" (CEDAW, 1992). Domestic abuse is deeply rooted in the societal inequality between women and men and in enduring notions of masculinity and femininity. The sexual inequality at the heart of domestic abuse intersects with other forms of discrimination, such as racism, homophobia, and disability discrimination. Black and minority ethnic survivors, lesbian and bisexual survivors and disabled survivors often face additional challenges in getting support, escaping abuse and receiving justice for the abuse they have experienced.

All victims should be able to access appropriate support. There are important differences between male violence against women and female violence against men, namely the amount, severity and impact. Women experience higher rates of repeated victimisation and are much more likely to be seriously hurt (Walby & Towers, 2017; Walby & Allen, 2004) or killed than male victims of domestic abuse (ONS, 2017B). Further to that, women are more likely to experience higher levels of fear and are more likely to be subjected to coercive and controlling behaviours (Dobash & Dobash, 2004; Hester, 2013; Myhill, 2015; Myhill, 2017).

Domestic homicide and prosecution statistics highlight these differences in experiences of domestic abuse. In the year ending March 2017 the large majority of defendants in domestic abuse-related prosecutions were men (92%), and the majority (65%) of victims were recorded as female (13% of victims were male and in 21% of prosecutions the sex of the victim was not recorded) (ONS, 2017B).

From April 2013 to March 2016, 70% of domestic homicide victims were women. The overwhelming majority of female domestic homicide victims were killed by men; there were male perpetrators in 96% of cases, and female perpetrators in 3% of cases (11 cases, in eight of which the woman was killed by her mother). In 1% of cases there were no suspect details available. 242 of the 246 women killed by partners/ex-partners were killed by men, one by a woman, and for three female victims there were no suspect details available. The majority of male domestic homicide victims were also killed by men (66% of male victims were killed by men and 34% by women). 32 of the 72 men killed by partners/ex-partners were killed by men and 40 were killed by women (ONS, 2017B).

Section 1:

Who are the service users?

Women's Aid is the national charity working to end domestic abuse against women and children. As such, this report centres on women survivors and the services supporting them. All figures used in this report relate to women and, where relevant, their children.¹

Of the domestic abuse services listed on Routes to Support in England, 154 (42%) also offer support to male survivors of domestic abuse, including 22 services which offer refuge. This number does not include those services offering support for male survivors only.

Domestic abuse service users include women and children from a wide range of backgrounds with diverse needs. The majority of women staying in refuge have children with them, and community-based services also offer support, directly and indirectly, to large numbers of children.

.....

1 Respect, the UK membership organisation for work with domestic violence perpetrators, male victims of domestic violence and young people's violence in close relationships, has a range of resources for those working with men who have experienced domestic violence including a toolkit, training and the national helpline, the Men's Advice Line, which offers information, practical advice and emotional support to male victims, as well as to their friends and family and frontline workers. respect.uk.net



1.1 Our Findings

Day to Count

Tuesday 4th July 2017 (refuge services)

Women's Aid Annual Survey 2017

Respondents to our survey told us that on the Day to Count²:

- ▶ 2,182 women and 2,336 children and young people (aged under 18) were resident in their refuge services.

Based on our respondents' answers³:

- ▶ We estimate that there were 3,557 women with 3,919 children and young people staying in refuge on the Day to Count across all services in England.
- ▶ Over the year 2016/17, we estimate refuge services supported a total of 13,414 women with 14,353 children and young people across all services in England.

Week to Count

Monday 3rd July – Friday 7th July 2017 inclusive (community-based services)

Women's Aid Annual Survey 2017

Respondents to our survey⁴ told us that during the Week to Count:

- ▶ 12,175 women were supported in their community-based services.⁵
- ▶ 2,101 children and young people (aged under 18) directly supported.⁶
- ▶ 12,703 children and young people (aged under 18) indirectly supported.⁷

Based on our respondents' answers:

- ▶ We estimate that there were 25,727 women using community-based services in the Week to Count across all services in England.
- ▶ We estimate that 154,306 women used community-based services during the year 2016/17 across all services in England.

Our sample for the Women's Aid Annual Survey 2017 Day to Count comprised 2,182 women resident in refuge services. For the annual survey's Week to Count, we collected information from a sample of 12,175 women using community-based services. This annual survey data shows the diversity of domestic abuse service users, with some common themes in their experiences of abuse and their support needs.

2 105 refuge services responded to this section of the survey. The actual numbers of women resident in refuge services that day will be greater because not all services responded to the survey.

3 Estimates are based on responding services, see Appendix 3: Women's Aid data sources for detail.

4 82 community-based services responded to this section of the survey. The actual numbers of women using community-based services that week will be greater because not all services responded to the survey.

5 Floating support, outreach or advocacy services.

6 Directly supported via children/young people's workers.

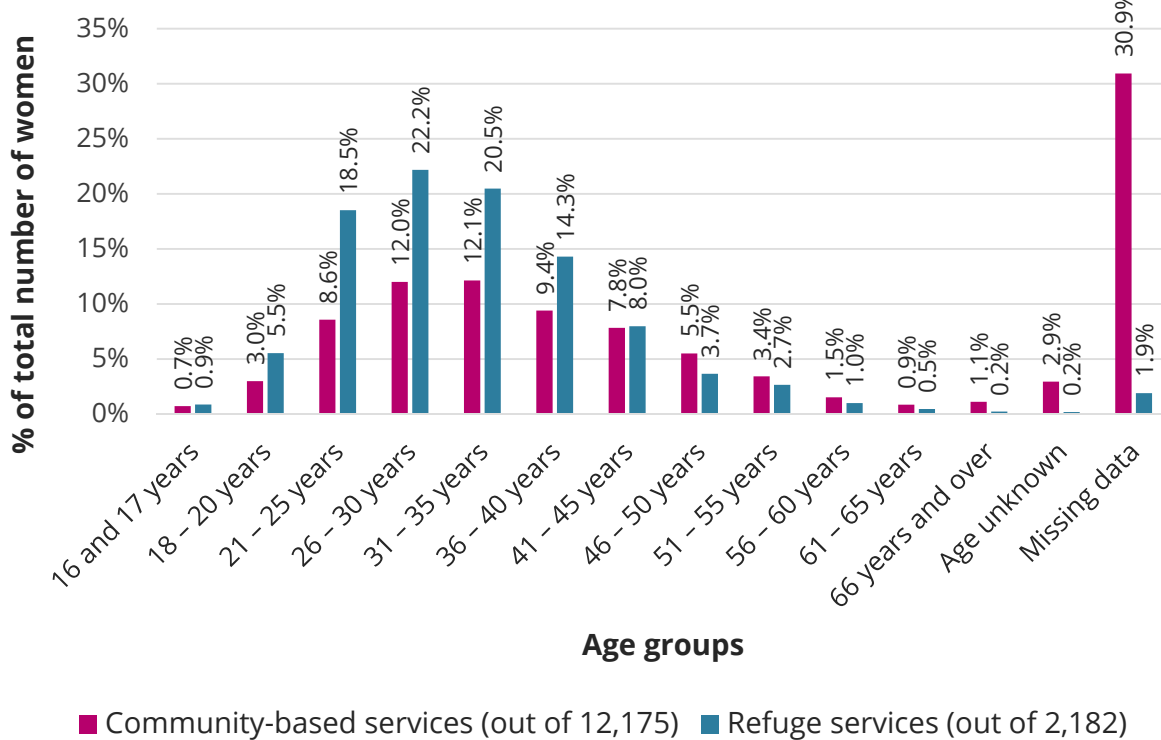
7 Indirectly supported through support given to the mother.



1.2 Ethnicity and age range

During the Day and Week to Count, women using domestic abuse services were mostly aged between 21 and 40 (see **Chart 1**). However, there was a large amount of missing data for the community-based services sample (for 30.9% of women no age was given).

Chart 1: Age groups of women supported during the Day and Week to Count 2017 (Women's Aid Annual Survey 2017)



Women from the under 18 and over 60 age groups appear to be under-represented in our sample of women using services. This cannot be taken to mean that women in these age groups are not experiencing domestic abuse.

Data from the Crime Survey of England and Wales (a nationally representative survey) show that of all the age groups surveyed (from age 16 to 59 years), adults aged 16 to 19 were the most likely to say they had experienced

domestic abuse in the last year (ONS, 2017B). However, only 0.7% and 0.9% of service users in community-based and refuge services respectively in the Week and Day to Count were in the age group '16 and 17 years'. This may be because young people do not see adult domestic abuse services as relevant for them and prefer online services rather than accessing more traditional support, such as helplines and face-to-face services.⁸

8 Data on the usage of Childline suggest that children and young people are more confident talking about sensitive issues online. In 2015/16, 71% of concerns were communicated to Childline via the online counselling channel compared with 29% via the voice counselling channel (NSPCC, 2016).

As in previous annual survey findings, older women are very under-represented in service use, despite evidence to suggest that older women experience domestic abuse at similar rates to younger women (Blood, 2004; Femicide Census, 2016 and 2017; Mouton et al, 2004). For example, the Femicide Census shows that 8% (n=6) of the women killed by a partner or ex-partner in 2016 were aged 66 or over so we know that domestic abuse affects women of all ages (Femicide Census, 2017). Only 3.5% of community-based service users and 1.7% of refuge residents were aged 56 and over. This raises important questions about how services can reach out to older survivors and adapt their services to be welcoming and suitable for older women.

Service users in the Day and Week to Count came from diverse ethnic backgrounds (see **Table 1**, overleaf). The ethnic group with the highest number of women was the 'White British' ethnic group (50.4% of community-based service users, 42.2% of refuge residents).

The second highest numbers were for the 'Asian/Asian British Pakistani' (10.4%) ethnic group for refuge services and 'Any other White background' ethnic group for community-based services (6.0%). These numbers should, however, be treated with caution because there are large numbers of missing data for the community-based services sample (for 9.3% of women the ethnic group had been reported as unknown and for 10.5% no data were given on ethnicity). For the refuge sample there were also missing data (for 8.3% of women no data were given for ethnic groups).

Table 1: The ethnic backgrounds of service users during the Day and Week to Count 2017

	Community-based services (out of 12,175)	Refuge services (out of 2,182)
White British	50.4%	42.2%
White Irish	0.8%	0.4%
White Gypsy or Irish Traveller	0.4%	0.5%
White any other background	6.0%	5.1%
Mixed/multiple ethnic group White and Black Caribbean	1.4%	3.1%
Mixed/multiple ethnic group White and Black African	0.4%	1.1%
Mixed/multiple ethnic group White and Asian	0.4%	0.8%
Mixed/multiple ethnic group any other background	1.1%	1.4%
Asian/Asian British Indian	1.7%	2.7%
Asian/Asian British Pakistani	3.5%	10.4%
Asian/Asian British Bangladeshi	0.9%	3.3%
Asian/Asian British Chinese	0.6%	0.2%
Asian/Asian British any other background	1.8%	3.8%
Black/African/Caribbean/Black British African	3.8%	6.8%
Black/African/Caribbean/Black British Caribbean	2.3%	3.1%
Black/African/Caribbean/Black British any other background	1.9%	2.0%
Other ethnic group Arab	0.5%	1.6%
Any other ethnic group	2.2%	2.5%
Ethnic group unknown	9.3%	0.8%
Missing data	10.5%	8.3%



1.3 Who is missing from the data?

Our data sources provide us with a wide range of evidence allowing us to explore service provision and the needs of women and children survivors. Appendix 3 to this report gives detail on the response rate and extent and limitations of our data sources, including the annual survey.

It is important to note that, however extensive our evidence base is, there will always be some survivors who are missing from the data, meaning that they do not present the full picture of how many women from different age groups and different social backgrounds experience abuse.

Some survivors may never disclose that they are experiencing abuse or seek support from a domestic abuse service, or they may considerably delay disclosing, maybe for years or even decades. Some survivors may disclose abuse to someone, but are not believed or taken seriously, or not referred to specialist support. Data taken from On Track's national dataset showed that, shockingly, 13% of service users had experienced abuse for 20 years or more⁹ (Women's Aid, 2017C). One study of black and minority ethnic (BME) domestic abuse service users found that a large number of survivors from a BME background were trapped in relationships by violent perpetrators for a long time; 26% (n=48) had been in a violent relationship for 20 years or more; 18% (n=33) for five years or more (Thiara & Roy, 2012).

In addition, some women who are referred, or who self-refer, to domestic abuse support services are declined from support for a variety of reasons, including a lack of capacity

or space, or a lack of resources to meet that woman's specific needs. It is clear from our research findings that demand is exceeding what support services can currently offer, and this seems to be especially the case for refuge services. This is discussed in detail in Section 3.4: Is provision meeting need?

As discussed previously, age can present challenges for women accessing services. Older women are absent from our figures on service users. This is despite evidence to suggest that domestic abuse is just as much of an issue for older women as it is for younger women. Younger women in their teenage years are also under-represented in our Day and Week to Count service use statistics.

Some research on the impact of domestic abuse on specific groups is available (for example, see the work of Imkaan¹⁰: www.imkaan.org.uk/resources).

To fully understand the impact of domestic abuse there needs to be more focused research into the experiences of certain groups of survivors who are often under-represented in reports on domestic abuse, including lesbian and bisexual women, trans women, older women, disabled women and women from some minority ethnic groups.

9 Out of 1,217 female survivors supported by 25 domestic abuse services between 1st April 2016 and 31st March 2017.

10 Imkaan is a UK-based, black feminist organisation representing specialist services led by and for black and minority ethnic (BME) women affected by violence against women and girls.



1.4 Perpetrators

Anonymised national data gathered from On Track (the Women's Aid case management and outcomes monitoring system¹¹) show that the perpetrators in female experiences of domestic abuse are usually male. On Track data¹² relating to female service users showed that the overwhelming majority (93.6%) of the alleged perpetrators were male and 4.0% were female (in addition, 2.4% were missing data or 'don't know/not asked'). See **Table 2**.

Table 2: The sex of the alleged perpetrator in cases of female domestic abuse service users

Sex of alleged perpetrator	% of total of records of alleged perpetrators
Missing data	1.9%
Don't know/not asked	0.5%
Female	4.0%
Gender queer	0.0%
Intersex	0.0%
Male	93.6%
Other	0.0%
Total	100%

11 On Track allows frontline workers in local domestic abuse services to record information about service users.

12 Out of a total records of 9,766 alleged perpetrators in the financial year 2016/17. Data extracted December 2017. From records for 8610 clients where alleged perpetrator/s is recorded.

Section 2:

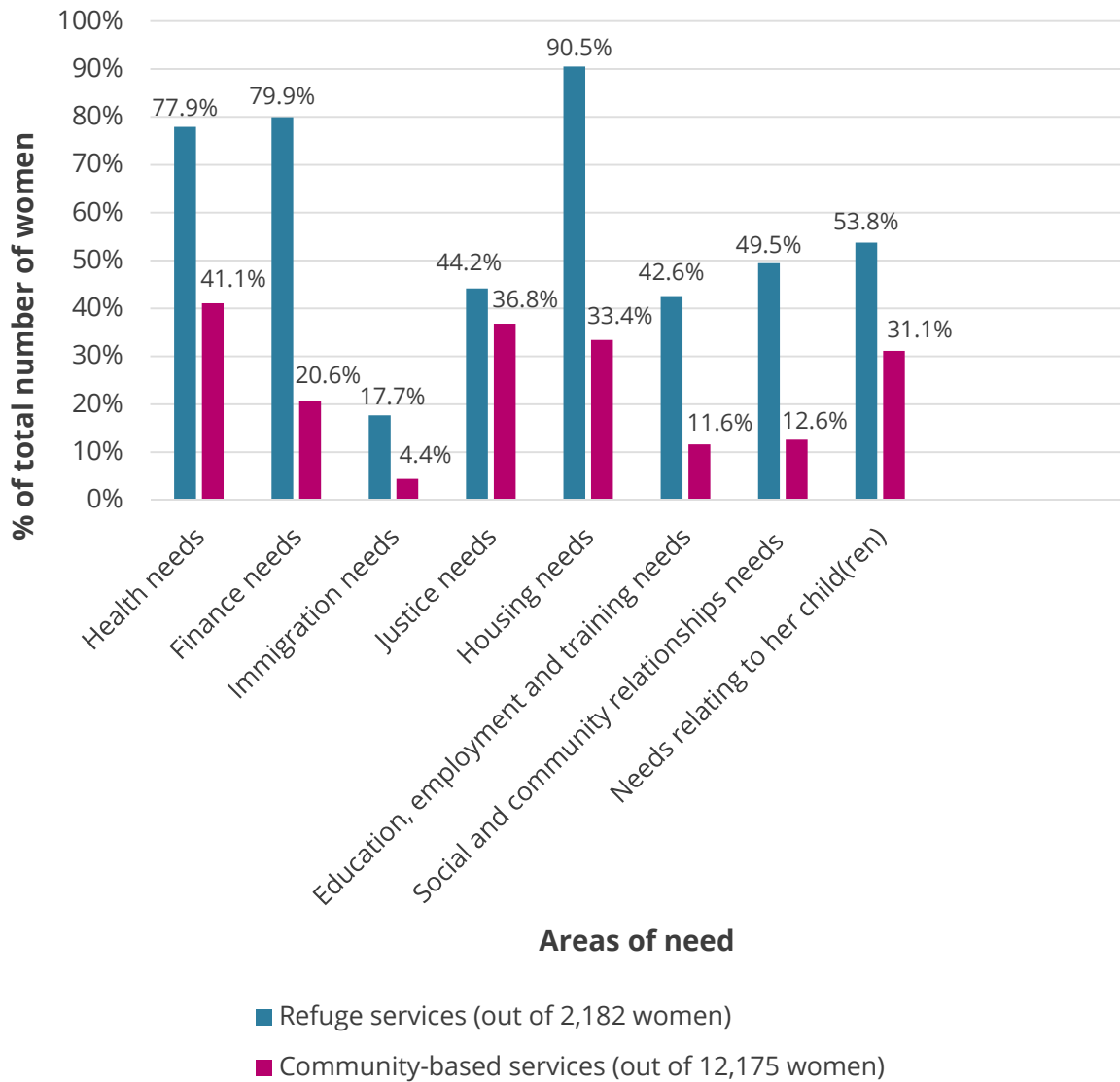
Meeting the needs of women and children

The Women's Aid Annual Survey 2017 asked questions about different categories of need identified by the women using domestic abuse services (see Appendix 4 for the areas of need). Addressing needs is at the heart of the Women's Aid Change that Lasts approach. This approach is centred on recognising and addressing the needs of survivors of domestic abuse and working with women's own strengths to promote their safety, freedom and independence. It puts the emphasis for support on providing survivors with options, giving them control and focusing on recovery from the long-term lasting effects of domestic abuse.

It is clear from the annual survey findings that domestic abuse services are working with women who have a diverse range of needs (see **Chart 2**) and this section of the report will explore these different areas of need in more detail. As previously noted and explored further in Section 3, there remains a lot of unmet need and many services do not have the funding or resources to meet the specific needs of all women who wish to access their service.

A large number of survivors using services during the Day and Week to Count reported experiencing coercive control (see page 7 for more information on coercive and controlling behaviour). During the Day and Week to Count, 74.5% of refuge service users and 50.9% of community-based service users reported having experienced or experiencing coercive controlling behaviour. However, the actual numbers may be greater because some women may not recognise the abusive behaviours they were experiencing as part of a pattern of control, or they may even blame themselves for the abuse.

Chart 2: needs of service users during the Day and Week to Count 2017 (Women's Aid Annual Survey 2017)



This chart shows the needs of survivors regardless of whether they are currently receiving support on this issue or not.

Unable to calculate missing data as respondents can pick more than one category for each woman. See Appendix 4 for information on these areas of need.



2.1 Needs relating to children

Many of the women who access domestic abuse support services have children living with them and may need specialist support for their children, parenting support or support with issues around child contact.

Our Findings¹

Week to Count (community-based services)

Women’s Aid Annual Survey 2017

- ▶ 31.1% of women in community-based services had needs related to her child(ren).
- ▶ An estimated 4,635 children and young people were directly supported in all community-based services during the Week to Count and an estimated further 26,034 were supported indirectly with their mothers.

Day to Count (refuge services)

Women’s Aid Annual Survey 2017

- ▶ 53.8% of women in refuge services had needs related to her child(ren).
- ▶ We estimate that there were 3,593 women with 3,995 children and young people staying in refuge on the Day to Count across all services in England.

There were again, as in last year’s Day to Count, more children than women resident in refuge services on the census day. On the Day to Count 2017, there were 2,182 women and 2,336 children and young people (aged under 18) resident in refuge services (168 services responding to the Day to Count questions). We estimate that had every service in England replied to the annual survey the results would show 3,557 women with 3,919 children and

young people staying in refuge on the Day to Count. As shown in **Chart 3** (overleaf), 61.7% of women in refuge that day had children (aged under 18) with them; 41.1% had children aged under five with them in refuge; and 14.3% had more than two children (aged under 18) with them in refuge.

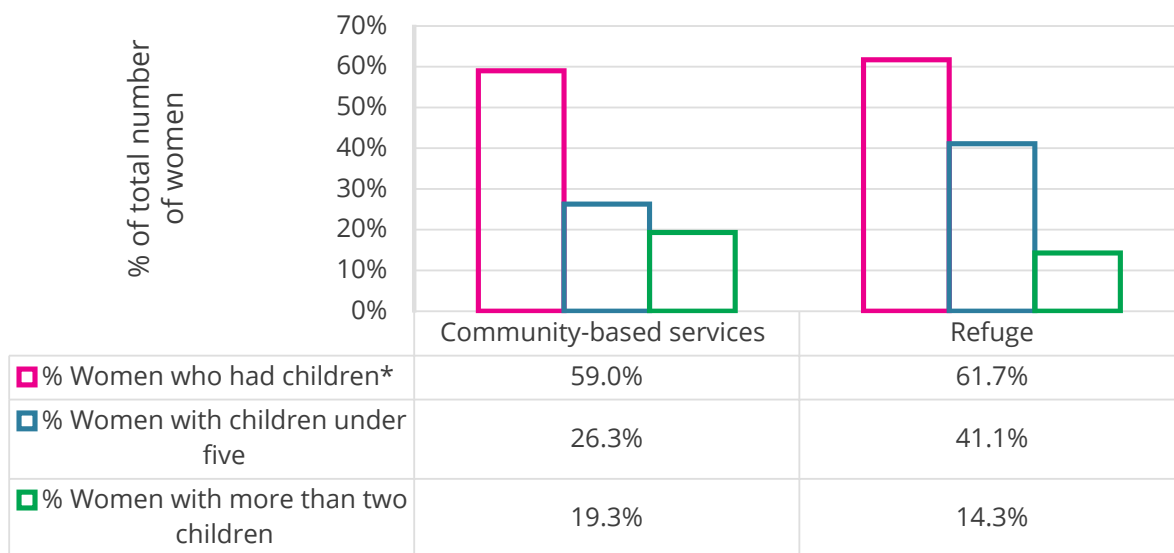
Community-based services during the Week to Count were directly supporting 12,175 women and 2,101 children and young people. We estimate that this was 25,727 women and 4,635 children and young people nationally. In addition, community-based services were indirectly supporting 12,703 children and young people through support offered to their mothers (140 services responding to the Week to Count questions) which we estimate would be 26,034 nationally.

In line with previous annual surveys, the findings from our Day and Week to Count show that services are supporting a large number of children as well as women survivors of domestic abuse despite very often having no dedicated funding to do so. The Women’s Aid *Nineteen Child Homicides* report demonstrates in stark terms the vital importance of offering safety and support to women and their young families. Between January 2005 and August 2015 (inclusive) 19 children and two women were killed by perpetrators of domestic abuse in circumstances relating to child contact (formally or informally arranged) (Women’s Aid, 2016).

Some women with needs relating to their children will not have their children with them.

1 Estimates are based on responding services, see Appendix 3: Women’s Aid data sources for detail.

**Chart 3: Percentage of women accessing services with children
(Women’s Aid Annual Survey 2017, Day and Week to Count)**



*children with them for refuge only

Our survey respondents told us that 2.5% (n=304) of women using community-based services during the Week to Count and 6.7% (n=146) of women in refuge on the Day to Count had seen their child(ren) taken into care as a result of the abuse.

In response to our question “The aspect of our domestic abuse service/work we were most proud of in 2016/17 was ...”, one service highlighted a course designed by their family intervention worker, who is also a children’s therapist, to help rebuild family relationships, writing:

“In 2016/2017 this programme was extended and rolled out into the local community so that we can reach more women who aren’t accessing refuge service. The course has been very well received and very successful.”

Another service highlighted the importance of being able to access services for children.

“We were able to have the use of a project [name removed] to support the children and mothers through one to one sessions and through play and to join in with community sessions which supported the refuge enormously as well as to support the parents with the transition of living in refuge.”

Domestic abuse and the impact on children

Mother-child relationship

Domestic abuse can have a profound impact on the mother-child relationship and children's recovery from the experience is closely linked to the recovery of their mother. As such, providing specialist support and safety to the mother is important not only for her but also for her child(ren) (Thiara and Harrison, 2016; Katz, 2014). One study describes children and mothers as both 'recovery-promoters' for each other (Katz, 2014). A mother's ability to care for her children may be negatively affected by her experiences of abuse (Thiara and Harrison, 2016). In many cases perpetrator(s) often deliberately attempt to undermine the mother-child relationship (Katz, 2014). Refuges and community-based support play an invaluable role in rebuilding mother-child relationships and reducing the long-term harm to children by providing safe space, specialist support and access to counselling and play therapy.

Harm to children

The many negative impacts of domestic abuse on children have been well-documented, and responsibility for these harms lies clearly with the perpetrator(s) of domestic abuse and not with the domestic abuse survivor/non-abusive parent.

These harms include children becoming anxious or fearful, experiencing developmental delays and learning difficulties, developing sleeping problems, having speech/language difficulties (Mullender et al, 2002; Thiara and Harrison, 2016), and disempowerment and isolation from friends and family (Katz, 2016). There is evidence to suggest that perpetrators of domestic abuse often also perpetrate direct abuse against any child(ren) in the household (Radford et al, 2011; Sidebotham et al, 2016; Thiara & Harrison, 2016). This may also include using coercive and controlling tactics against or involving a child(ren) (Callaghan et al, 2015; Katz, 2016).



2.2 Health needs

The National Institute for Health and Care Excellence (NICE) classifies domestic violence and abuse as a “significant public health problem” (NICE, 2014). It is no surprise then that women accessing domestic abuse services can present with a very wide range of health needs including needing to access psychological services, interventions around healthy eating and life skills, treatment for physical, mental or sexual health issues, help with registering with a GP surgery, and support with problems such as suicidal thoughts, self-harming or substance use.

Our findings

Who has health-related needs?

Women’s Aid Annual Survey 2017

- ▶ 77.9% of women using refuge services in the Day to Count.
- ▶ 41.1% of women using community-based services during the Week to Count.
- ▶ 17.4% of organisations responding commented on the challenge of meeting the needs of women with complex or high-level needs including mental ill-health, long-term illness, disability and substance use.

Findings from our annual survey for 2017 showed that about three quarters of women

(77.9%) using refuge services on the Day to Count and about two fifths of women (41.1%) using community-based services during the Week to Count had health-related needs.

Our annual survey also asked questions about service users’ specific health or disability related support needs and we discuss the results below. We know that the actual proportion of disabled survivors and survivors with health conditions is likely to be far higher than the annual survey numbers given here, but these are samples of service users and many domestic abuse services do not have the resources or capacity to provide the intensive support needed by women with health needs or disabled women (see information on access to provision for women with disabilities or health needs in Section 3.4).

Table 3: Health needs in Day and Week to Count 2017 (Women’s Aid Annual Survey 2017)

	Week to Count (community-based services) Total survivors (12,175)		Day to Count (refuge services) Total survivors (2,182)	
	Number of survivors	Percentage of total survivors	Number of survivors	Percentage of total survivors
How many have mental health support needs?	3,459	28.4%	836	38.3%
How many have a physical disability (including any sensory impairments)?	639	5.2%	104	4.8%
How many have learning disabilities?	304	2.5%	54	2.5%
How many have a long-term health condition?	572	4.7%	242	11.1%

Unable to calculate missing data as respondents can pick more than one category for each woman.

Domestic abuse and health

Long-term illness and disability

During the Week and Day to Count of our annual survey:

- ▶ 4.7% of women using community-based services and 11.1% of women resident in refuge services had a long-term health condition.
- ▶ 2.5% of the women using community-based services and 2.5% of the women resident in refuge services were learning disabled.
- ▶ 5.2% of the community-based service users and 4.8% of the refuge residents had a physical disability (including any sensory impairments) (see **Table 3**).

In the Day and Week to Count, 52.7% of refuge service users and 30.6% of community-based service users had sustained physical injury from the domestic abuse they had experienced. Survivors may sustain physical injuries or develop health problems as a direct result of domestic abuse or as a result of their own coping strategies, for example alcohol or drug use (Kelly et al, 2014).

We know from findings of the Crime Survey of England and Wales that women with a long-term illness or disability were more likely to be victims of any domestic abuse in the last year (15.7%), compared with those without a long-term illness or disability (6.2%) (ONS, 2017A). Perpetrators may specifically target women with a long-term illness or disabled women, and they may use women's impairments in their abusive and controlling tactics (Hague et al; 2008, McCarthy, 2017).

Mental ill health

Over a quarter of women (28.4%) using community-based services in the Week to Count and over a third of women (38.3%)

using refuge services on the Day to Count had mental health support needs.

Domestic abuse is likely to have a huge impact on someone's mental health. Victims of domestic abuse are survivors of traumatic experiences as a result of the oppressive, coercive and controlling tactics used by perpetrators. These tactics may be further compounded by wider societal types of oppression such as sexism, racism, ableism, and ageism for example. As domestic abuse tends to increase in frequency and severity over time, the repeated exposure to abuse and trauma can have serious consequences on a survivor's thoughts, feelings and behaviours (Ferencik & Ramirez-Hammond, 2013).

The relationship between domestic abuse and mental health is not a linear one. Perpetrators may specifically manipulate and exacerbate mental health problems in their abuse of women. The experience of abuse can also exacerbate pre-existing mental health conditions and lead to the development of new mental health problems, including post-traumatic stress disorder, severe anxiety, severe depression, eating disorders, self-harm and suicidal thoughts and actions (Humphreys & Thiara, 2003; Imkaan et al, 2014; Oram et al, 2013; Trevillion et al, 2012; Trevillion et al, 2014; Scott et al, 2013).

When looking at evidence on women identifying with physical or mental health needs it is important to be aware that some women experiencing mental ill health, such as depression, will seek help around the physical symptoms such as headaches or fatigue (see DoH, 2017, p.32). This can mean that the underlying mental health issue is not identified without joined-up working between agencies which focuses on recovery and the full range of needs a woman presents.



2.3 Justice needs

Many women accessing support services will need support around justice, which might include support with arranging a protective order (for example, a non-molestation order), support in reporting abuse to police or in navigating the criminal justice system or the family law process, or support in attending court sessions.

Our findings

Who has justice-related needs?

- ▶ 36.8% of women using community-based services during the Week to Count.
- ▶ 44.2% of women using refuge services in the Day to Count.

Our annual survey showed 36.8% of women using community-based services during the Week to Count and 44.2% of women using refuge services in the Day to Count had justice-related needs.

As in previous annual survey findings, a lack of access to formal justice seemed to be a major issue for domestic abuse service

Table 4: Access to justice in Day and Week to Count (Women’s Aid Annual Survey 2017)

	Week to Count (community-based services) Total survivors (12,175)		Day to Count (refuge services) Total survivors (2,182)	
	Number of survivors	Percentage of total survivors	Number of survivors	Percentage of total survivors
The domestic abuse has been reported to the police (reported themselves or by others).	3,403	28.0%	953	43.7%
There has been/is a criminal case/criminal sanctions against the perpetrator(s).	1,609	13.2%	370	17.0%
There has been or is ongoing civil action against the perpetrator(s) (for example, a non-molestation order or occupation order).	1,648	13.5%	446	20.4%
There has been or is an ongoing family law case about child contact with the perpetrator(s).	1,028	8.4%	339	15.5%

Unable to calculate missing data as respondents can pick more than one category for each woman.

users, whether this was criminal justice or civil measures. The domestic abuse had been reported to the police for just over one quarter of the women using community-based services in the Week to Count and just over two fifths of women resident in refuge services on the Day to Count. A higher proportion of women using refuge had reported to the police than of those using community-based services. This may in part be due to refuge offering greater physical safety from the perpetrator and greater access to advocacy and support around the emotional impacts of being in the criminal justice process. Women in refuge may also be more likely to have had contact with the police in the process of trying to leave the relationship, with abuse reported as part of that contact.

Fewer still had seen criminal sanctions or a criminal case against the perpetrator(s) of the abuse: only one eighth of the community-based service users and one sixth of the women resident in refuge services. Only one seventh of community-based service users and one fifth of refuge service residents had seen civil action against the perpetrator(s) (either ongoing or in the past), for example a non-molestation order or an occupation order.

For one sixth of women resident in refuge services on the Day to Count and for less than one tenth of community-based service users in the Week to Count, there had been or was an ongoing family law case about child contact with the perpetrator(s).

Domestic abuse and justice

Data gathered by criminal justice agencies and in official statistics on crime indicate the sheer scale of domestic abuse; for example:

- ▶ On average the police receive over 100 calls relating to domestic abuse every hour (HMIC, 2015).
- ▶ The police recorded 1.1 million domestic

abuse-related incidents and crimes in the year ending March 2017 (ONS, 2017B).

- ▶ Domestic abuse-related crimes recorded by the police in the year ending March 2017 accounted for 32% of all violent crimes (ONS, 2017B).
- ▶ There were a total of 93,590 prosecutions for domestic abuse-related offences in the year ending March 2017 in England and Wales; this represented around 16% of all prosecutions (ONS, 2017B).

However, we know that a lot of domestic abuse goes unreported (ONS, 2017B; HMIC, 2014) and will never be represented in police or Crown Prosecution Service (CPS) data. Estimates based on Crime Survey for England and Wales data showed that around four in five survivors of partner abuse did not report the abuse to the police (ONS, 2017B, citing crime survey data from the year ending March 2015).

There are many obstacles to a survivor making a formal report to the police and to engaging with criminal proceedings, including fear of a violent backlash from the perpetrator(s), fear that they will not be taken seriously or believed, and fear of their children being taken from them (APPG Domestic & Sexual Violence, 2014). A recent report on policing included concerns that police officers may be using 'victim does not support further action' as a means to close cases of domestic abuse and should instead be looking at engaging with victims or pursuing evidence-led cases that are not unduly reliant on the victim's support (HMIC, 2017).

Certain social groups also face additional challenges to reporting domestic abuse. Women with uncertain or insecure immigration status may feel afraid of reporting abuse to the police (Thiara & Roy, 2010; Thiara & Roy, 2012). Black and minority ethnic (BME) survivors may not report abuse to the police for a range of

reasons, including concerns about the impact or stigma on their wider family or community, language difficulties and feeling distrustful of the police because of past negative experiences (Thiara & Roy, 2012).

Disabled women may feel reluctant to report to the police or continue with criminal charges because they feel they won't be believed or that the abuse will be minimised because of their disability (sometimes based on past negative experience of police response) (BIM et al, 2014; Woodin et al, 2014).

Disabled survivors may also be afraid of losing the person they rely on for everyday assistance (BIM et al, 2014). A lack of accessible police services is also a barrier to criminal justice for disabled survivors; for example, a deaf survivor having to wait until a British Sign Language (BSL) interpreter is booked or relying on family members for interpretation (which raises issues around privacy and confidentiality) (Woodin et al, 2014).

One study that surveyed lesbian and bisexual women found eight in ten who had experienced domestic violence (from male and female perpetrators) had never reported incidents to the police. It also found that of those who did report, only half of them were happy with the police response (Hunt & Fish, 2008).



2.4 Needs related to social and community relationships

Women experiencing domestic abuse can find themselves isolated from support networks and therefore need support around forming, re-establishing or strengthening relationships with friends and family, or links with the wider community such as accessing community, faith-based and social groups.

Our findings

Who has needs related to social and community relationships?

- ▶ 12.6% of women using community-based services during the Week to Count.
- ▶ 49.5% of women using refuge services in the Day to Count.

It is no surprise to see that there was a higher prevalence of women with these support needs in refuge services as leaving a geographical area in order to escape a perpetrator(s) can also have a massive disruptive impact on social networks and contact with friends and family (Kelly et al, 2014).

Domestic abuse and isolation

We know that a common controlling tactic of a domestic abuse perpetrator is to isolate a survivor from sources of support and sabotage any means for her to be autonomous (Schechter, 1982; Stark, 2007; Kelly et al, 2014; Myhill & Hohl, 2016). This could involve isolating a woman from friends and family or not allowing her to make links with the local community. Social isolation or isolation from sources of support could especially be an issue for some groups of survivors, including migrant women and disabled women. This is explored in more detail in *Making the Links* (Hague et al, 2008) and *Vital Statistics 2 Key findings report on Black, Minority Ethnic and Refugee Women's and Children's experiences of gender-based violence* (Thiara & Roy, 2012).

It should be noted that for some women, family and friends may not be a source of support. Some of them may be involved in the abuse, minimise or ignore the abuse in their interactions with the survivor, or be supportive of the perpetrator(s)/blaming of the victim (Kelly et al, 2014).



2.5 Finance and employment-related needs

Women using services may have experienced financial abuse and many will need support with debt and money management, destitution, accessing benefits or accessing their own income. Many more need support around staying in current work safely without harassment from the perpetrator(s), finding new work, and finding training and volunteering opportunities.

Our findings

Who has finance-related needs?

Women's Aid Annual Survey 2017

- ▶ 79.9% of women using refuge services in the Day to Count.
- ▶ 20.6% of women using community-based services during the Week to Count.

Who has needs related to education, employment and training?

Women's Aid Annual Survey 2017

- ▶ 42.6% of women using refuge services in the Day to Count.
- ▶ 11.6% of women using community-based services during the Week to Count.

20.3% of women using community-based services and 8.6% of the women resident in refuge in the Week and Day Count were in paid employment. 9.9% of women using refuge services had given up paid employment when they entered the refuge. This is likely to be because they moved away from where they were employed to be safe, or were unable to remain in a place of employment for safety reasons. Women continuing to work somewhere which is known to the perpetrator risk being found at work and also being followed back to the refuge, thereby revealing its location and possibly putting other residents at risk.

One fifth of the women using community-based services and four fifths of women resident in refuge on the Day to Count had financial needs, such as needing support with debt and money management, accessing benefits and accessing their own income (that may be being controlled by the perpetrator/s). 59.7% women resident in refuge services and 27.0% of women using community-based services in the Day and Week to Count had experienced or were experiencing financial abuse.

Domestic abuse and finances

The controlling tactics of perpetrators can include undermining the victim's ability to earn money by preventing her from working or finding/maintaining employment, education or training. Helping women with their employment, education and training needs is a key way to empower survivors and help them to independence. Domestic abuse services support women by helping them to access education, employment and training opportunities. Financial abuse also includes control over money, exploitation of the survivor's financial assets and sabotage of survivor's efforts to work or study (Howard & Skipp, 2015).



2.6 Immigration-related needs

Insecure immigration status can be a significant challenge for women when it comes to accessing services, see *Nowhere to Turn* (Women’s Aid, 2017B) for more information. Once receiving support women may need help with clarifying or regularising their immigration status or making a Destitute Domestic Violence Concession (DDVC) application.

Our findings

Who has immigration-related needs?

Women’s Aid Annual Survey 2017

- ▶ 4.4% of women using community-based services during the Week to Count.
- ▶ 17.7% of women using refuge services in the Day to Count.
- ▶ 16.5% of respondents told us that issues around supporting women with no recourse to public funds (NRPF) were their greatest challenge.

7.9% of women in refuge in the Day to Count sample and 4.3% of those using community-based services in the Week to Count sample had no recourse to public funds. 17.7% of women using refuge services in the Day to Count and 4.4% of women using community-based services during the Week to Count had needs related to immigration. This covers needing support in clarifying their immigration status and whether they have recourse to public funds, and support in applying for the DDVC in order to access state benefits while their application for Indefinite Leave to Remain (ILR) is being considered.

Domestic abuse and immigration

The housing element² of refuge spaces is mainly funded through entitlement to state benefits (namely, housing benefit) or is self-funded. Therefore a woman having no entitlement to state benefits (no recourse to public funds) because of her immigration status, and having no other financial means, will find this a major challenge when looking for a space in a refuge service. At the time of writing the government is proposing to remove refuges from the welfare system and to pay for refuge housing costs via local authority funds. The situation for women with no recourse to public funds under these proposals is unclear, but as this would still be a public source of funding it is likely that there would still be major barriers in finding refuge space for these women.

Currently refuges can sometimes access funding to cover a refuge space for women with no recourse to public funds. Southall Black Sisters³ run the ‘No Recourse Fund’, a last resort fund for organisations in London to apply for refuge space funding for women with no entitlement to state benefits. There are sometimes other pots of money refuges can access. This is still not without complications as one respondent explained: “Even if we have

2 How the support element of refuge services is funded varies from service to service, this may include local authority funding, charitable funding from Trusts and Foundations, and governmental and statutory grants.

3 Southall Black Sisters is a not-for-profit, secular and inclusive organisation, established in 1979 to meet the needs of Black (Asian and African-Caribbean) women.

been agreed funding into refuge via social services we have had to spend extensive time chasing payments”.

Women with no recourse to public funds include women whose visas have expired and those who entered the UK on a spousal visa but no longer have the right to remain in the UK if their marriage breaks down. Since benefit changes came into force in 2014, some European Economic Area (EEA) nationals⁴ from outside the UK can no longer claim state benefits.

Those who have leave to remain in the UK as a spouse, civil partner, unmarried or same-sex partner and are experiencing domestic abuse can apply for ILR in the UK under the domestic violence rule. If women are in need of financial help, they can also apply for the DDVC to allow them to claim benefits for three months while their application for ILR is being considered. Women who have leave as a fiancée, student or worker, or are EEA nationals from outside the UK cannot apply for this concession (see Women’s Aid, 2017B; Rights of Women, 2013).

The findings of Women’s Aid No Woman Turned Away work shows the stark reality for survivors with no recourse to public funds. Over a quarter (n=110) of women supported by the No Woman Turned Away caseworkers had no recourse to public funds, 67% of whom were not eligible to apply for the DDVC. Out of these 110 women with no recourse to state benefits, only eight were able to be accommodated in a suitable refuge space (Women’s Aid, 2017B).

Some survivors who have come to the UK from another country may not be familiar with the benefits system or be aware what support is

available to them in escaping and recovering from domestic abuse (see Ayesha’s case study in Women’s Aid, 2017B).

Women with no recourse experience difficulties beyond the time they spend in refuge; services reported that it is harder to find move-on accommodation for them because of their limited access to funds.

“... It is hard for them to move on from refuge because of these welfare struggles.”

.....

4 The EEA includes EU countries and also Iceland, Liechtenstein and Norway. Switzerland is not an EEA country but, by special agreement, is treated as if it were. Access to UK benefits for EEA and Swiss nationals is dependent on what they (and/or their EEA or Swiss family members) are doing in the UK. This means that there are times when EEA and Swiss nationals are unable to access certain welfare benefits (including housing benefit) because they are not working or self-employed, for example. For more information: <https://www.gov.uk/government/news/new-rules-to-stop-migrants-claiming-housing-benefit>



2.7 Housing-related needs

Women accessing community-based support may have needs including accessing support with home security (e.g. fitting panic alarms, a panic room, securing doors and windows), assisting women who have been made homeless and helping women access emergency accommodation or refuge services. For those resident in refuge services, these needs are likely to relate to helping women find move on accommodation and secure tenancy after leaving refuge.

Our findings

Who has housing-related needs?

Women’s Aid Annual Survey 2017

- ▶ 33.4% of women using community-based services during the Week to Count.
- ▶ 90.5% of women using refuge services in the Day to Count.
- ▶ 17.4% of respondents mentioned housing-related issues is the biggest challenge they faced during the year.

Access to shelter is a basic human right and for the sample of women in this research it was the most frequent co-presenting issue with domestic abuse. A third (33.4%) of the community-based service users in the Week to Count and almost all of the residents in refuge (90.5%) on the Day to Count had housing-related needs.

The majority of women resident in refuge on the Day to Count had come from a different local authority area (68.4%), whereas only 7.5% of services users in community-based services had crossed local authority boundaries. Data collected through Routes to Support from

refuge services in London show a similar pattern with the majority of women placed in a refuge in 2016/17 coming from another London borough (67.1%), following by outside of London (21.1%) (see **Chart 4** overleaf).⁵

Domestic abuse and housing

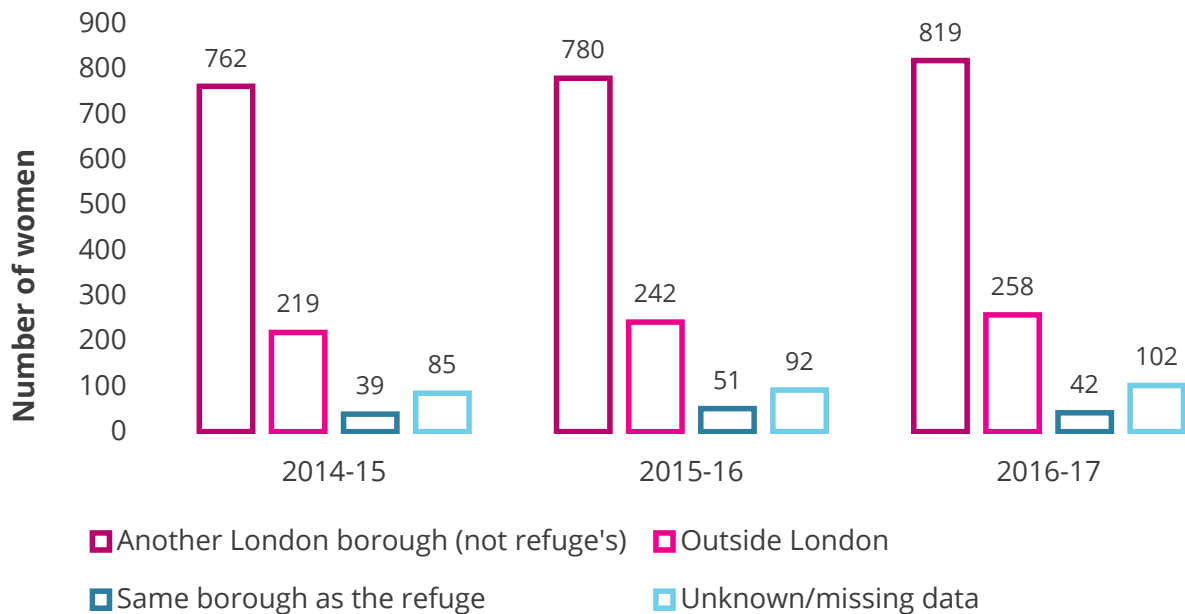
It is not surprising that far more women in refuge services come from another area than those in community-based services; refuges make up a national network of accommodation-based crisis services and women usually have to travel away from their home area in order to access refuge safely and not be found by a persistent perpetrator.⁶ This phenomenon of women and their families uprooting their lives to escape domestic abuse has been described as a process of ‘forced migration’ within the UK (Bowstead, 2015). Women and their families who have moved to a new area in order to access refuge support are likely to need support in finding move on accommodation. Lack of affordable and appropriate housing options is a major barrier to survivors’ independence and recovery from domestic abuse. If they have no local connection to the area, accessing social housing can be very challenging.

.....

5 As these data only show women placed in refuge within the greater London area they do not reflect the numbers of women leaving London to seek refuge.

6 In cases where a survivor’s own local authority area is a large geographical area, the survivor may be able to safely stay in the same local authority region.

**Chart 4: Where women lived before being placed in refuge in London
(Routes to Support)**



One service responding to the Women's Aid Annual Survey 2017 wrote:

“Most of the women find it a battle to get rehoused without going into temporary accommodation first. This may not even be in the area that they have chosen. They can be in temporary [accommodation] between six months up to five years depending on where they have approached. This can cause stress if they need to get children to school as they are often settled at school while they are with us then to have to move them again and possibly again after that. Children need routines and stability. These are our most challenging issues within refuge.”

Many survivors end up in an insecure housing situation or homeless because they are leaving a domestic abuse perpetrator(s) (Solace Women's Aid, 2016; Women's Aid, 2017B), and the prospect of future housing

insecurity may be a barrier to leaving an abuser(s). A woman may feel reluctant to leave a home that she shares with a violent perpetrator(s) if she believes that she is unlikely to find another secure tenancy for herself and her children (Solace Women's Aid, 2016). The research findings from the No Woman Turned Away project show that women and children fleeing domestic abuse are some of those most acutely impacted by the housing crisis. Many women (sometimes with children) were in difficult and dangerous housing situations while waiting for a refuge space. 39.85% (n=161) of the women in the No Woman Turned Away project had 'sofa-surfed' (staying with friends or relatives) while waiting to access a refuge space and 11.14% (n=45) had slept rough, including sleeping in a car and using 24 hour public spaces (e.g. train stations and supermarkets). There were seven women with children who slept rough, and three women who slept rough while pregnant (Women's Aid, 2017B).

Some of the services responding to the Women's Aid Annual Survey 2017 talked

about finding suitable housing for survivors as being their most challenging issue in 2016/17. Comments included the lack of available social housing, the negative impact of the benefit cap and the removal of the spare room subsidy policy on the availability of move on housing, the difficulty in finding private accommodation where the landlord accepts benefits, the impact on children of insecure housing and the particular challenges in finding move on accommodation for women with no recourse to public funds and single women.

**Most challenging
issue in 2016/17**

"Supporting women to move into their own accommodation has been a very difficult and frustrating part of the work we do."

**Most challenging
issue in 2016/17**

"...the introduction of Universal Credits with our victims accessing refuge. Housing benefit officers are unclear on how to deal with these cases and if not sorted will cause a barrier for refuge access."

Section 3: What are the support services meeting these needs?

Domestic abuse support services offer a wide range of specialist, practical and emotional support to women and children. Different types of service can be based in the community, in a refuge setting or can be open access, such as drop in and support groups. This section of the report will discuss the range of provision available, changes over time to that provision, demand for services and the challenges providers face, including sustainability.

External context

When we look at changes over time, it is vital that we look at the external context and acknowledge fluctuations in numbers between our snapshots and what this may tell us.

The Women's Aid Annual Survey 2017 asked respondents to tell us the biggest challenge their service faced during the year 2016/17. We received 115 responses from services who are responsible for 176 service entries on Routes to Support. We will explore the themes raised, whilst looking at the availability and accessibility of provision in order to ensure we have a complete picture.

Table 5 shows a breakdown of the number and percentage of responses including each of the themes given. Some responses covered more than one theme, therefore the total adds up to more than 100%.

Table 5: Biggest challenge faced themes (Women's Aid Annual Survey 2017)

Theme	Number	% responses
Funding cuts/uncertainty	69	60.0%
Tender process/demands from funders	30	26.1%
Demand (including meeting/staff cuts/increased referrals)	28	24.3%
Housing related issues (including benefits)	20	17.4%
Staffing (including cuts/shortage/instability)	19	16.5%
Supporting women with no recourse to public funds	19	16.5%
Supporting women with complex needs	20	17.4%
Other*	25	21.7%

*For example, statutory services/other agencies (shortage/practice), threats to needs-led service, supporting single women due to funding challenges in housing and moving on, and running specialist BME service.



3.1 Types of intervention provided by domestic abuse services

No two women take the same journey to recovery, and some may never access specialist services at all. For those who do, their journey may take them through multiple service types over different lengths of time. Specialist service providers have a wealth of expertise in supporting women experiencing domestic abuse and their children, which enables them to provide a wide range of interventions. Appendix 2 shows the types of intervention services listed on Routes to Support provided for women experiencing domestic abuse.

These services are provided to women in a range of different circumstances, from women who remain with the perpetrator to women who have escaped to a refuge. A woman may be supported by one or more service type, sometimes more than one at a given time. For example, a woman in refuge or being supported by an Independent Domestic Violence Advisor (IDVA) or other advocacy service may also access support groups and counselling. A woman leaving refuge may go on to be supported by a floating support or resettlement worker to help her move on to the next stage in her life.

Many women begin their journey by accessing one of the open access interventions, such as a helpline or drop in. These interventions provide the opportunity to disclose domestic abuse with anonymity, seek validation and support and also information and safety planning advice. A woman may call several times to get all the information she needs before leaving an abusive relationship or accessing a more intensive support intervention, such as outreach or refuge. As these services can often be accessed

anonymously they provide valuable support to women still living in abusive relationships.

Community-based services also offer support to women living with the perpetrator as they can be offered to women in settings outside the home or service. The *National Statement of Expectations*¹, published by the Home Office in December 2016 as part of the government's violence against women and girls strategy, stresses that the government expects local services to put the victim at the centre of service delivery, including by having "access to a broad diversity of provision, considering how services will be accessible to BME, disabled, LGBTQQI and older victims and survivors, and those from isolated or marginalised communities".

1 www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations



3.2 Support services available

On 1st May 2017, Routes to Support contained 365 entries with information about services available. These entries included a total of 1,388 individual service types² (including refuge, community-based, therapeutic and open access services) between them – an

average of four per entry. **Table 6** shows the numbers of each of these service types by region on the 1st May 2017, with the numbers in parentheses indicating the net change from May 2016.

Table 6: provision of different domestic abuse service types in England May 2017

Region	Refuge	Resettlement	Helpline	Advocacy service	Outreach	Floating support	Children and young people service	Drop in	Prevention work	Counselling
Channel Islands	2	2	1	0	2	0	0	0	0	0
East Midlands	24	14	8	10	17	8	18	12	6	7
East of England	26	17	4	5	15	7	15	10	6	10
London	60	47	17	24	28	27	39	22	13	28
North East	18	14	5	9	10	2	13	4	1	4
North West	32	26	20	20	29	12	25	17	14	14
South East	42	35	19	20	25	15	30	7	9	11
South West	22	21	12	11	16	8	17	4	7	5
West Midlands	28	23	11	16	20	18	15	11	3	8
Yorkshire & Humberside	22	17	16	14	22	9	17	4	9	7
UK Wide	0	0	2	0	0	0	1	0	0	0
All England	276	216	115	129	184	106	190	91	68	94
Net change from May 2016	(+7)	(+7)	(+5)	(+3)	(+2)	(+1)	(0)	(-5)	(-19)	(-47)

.....
2 See Glossary for definition.

When looking at refuge services in particular, we are able to consider the number of spaces available in refuge as a more accurate indicator of the scope of this type of provision available and the change over time. **Table 7** shows the number of refuge spaces in each region as at

May 2017; again the numbers in parentheses indicate the net change from May 2016. This shows that there was an overall increase in bed spaces by 161 during the year, the largest annual increase over the period analysed.

Table 7: Refuge spaces by region and population as at May 2017 (net change since May 2016) (Routes to Support)

Region	Bed spaces	Population*	Space/10k population**	Shortfall
Channel Islands	12 (0)	-	-(-)	-(-)
East Midlands	297 (26)	4,724,437	472 (5)	175 (37.1%)
East of England	427 (25)	6,130,542	613 (5)	186 (30.3%)
London	854 (0)	8,787,892	879 (11)	25 (2.8%)
North East	183 (8)	2,636,848	264 (1)	81 (30.6%)
North West	413 (6)	7,219,623	722 (6)	309 (42.8%)
South East	538 (31)	9,026,297	903 (8)	365 (40.4%)
South West	297 (9)	5,515,953	552 (5)	255 (46.2%)
West Midlands	477 (20)	5,800,734	580 (5)	103 (17.8%)
Yorkshire & Humber	334 (-6)	5,425,741	543 (4)	209 (38.4%)
All England	3,832(161)	55,268,067	5,527(48)	1,695 (31.1%)

*based on ONS mid-year estimate for 2016.

** CoE (2008): "... safe accommodation in specialised women's shelters, available in every region, with one family place per 10,000 head of population", p. 51.



3.3 Changes over time

- ▶ There was a decrease in the number of services offering refuge but an increase in the number of refuge bed spaces during the period 2010-2017, indicating a move towards larger contracts.
- ▶ There was a decrease in the percentage of organisations offering drop in services, counselling and prevention work in 2016/17.

Using information from Routes to Support we are able to look at how the scope of domestic abuse support provision in England has changed over time. **Table 6** on page 34 shows us the net change in each service type between May 2016 and May 2017. There has been a slight increase in numbers for most service types over the last year, a trend bucked by drop in sessions, prevention work and formal counselling. The percentage of services offering counselling fell by over 13% during the year, as shown in **Table 8**. It may be that these are seen as supplementary and run as part of refuge or community-based services as ‘added value’ and therefore less likely to receive dedicated funding. Drop in sessions and prevention work are valuable interventions and may be neglected if staff have limited time

and need to prioritise supporting clients who have been referred into the service as a result. Formal counselling requires specialist, qualified staff or funding to access them and therefore these services may be reducing as a result of funding cuts or lack of trained staff.

Table 9 (overleaf) gives us a picture of the number of service entries on Routes to Support offering each service type over time, using annual snapshots going back to 2010.

During the year 2016/17, the total number of different service types available increased by 29, whilst the number of service entries only increased by four, showing that existing services were starting to operate a wider range of interventions. This may be as a result of short-term funding that was made available during 2014-17 by central government for services to apply for in partnership with local authorities.

Looking at data on refuge spaces going back to 2010 (**Chart 5**, overleaf), we can see that there has been an increase in capacity over the period by 353 spaces. We do need to bear in mind that population increases over time so the chart also plots the Council of Europe recommendation (CoE, 2008) of one

Table 8: Change in percentage of services offering interventions (Routes to Support)

Intervention	2016	2017	Change
Drop in	26.6%	24.9%	-1.7%
Prevention work	24.1%	18.6%	-5.5%
Counselling	39.1%	25.8%	-13.3%

refuge space per 10,000 population for each year³ (based on ONS population estimates). Refuge provision may have increased overall but we must be mindful of fluctuations between our snapshots, and of the fact that refuge spaces still fall short of the recommendation, with 60.0% of referrals turned away in 2016/17 (see Section 3.4).

Table 9: Trends in service types available 2010-17

Service types	May 2010	May 2011	May 2012	May 2013	May 2014	May 2015	May 2016	May 2017	Change
Refuge	296	290	285	289	278	272	269	276	
Floating support	136	118	115	115	111	103	105	106	
Helpline	79	78	76	78	77	83	110	115	
Outreach	191	195	194	189	181	175	182	184	
Project based	138	135	139	132	130	128	130	137	
Resettlement	270	258	246	240	224	212	209	216	
IDVA	82	104	106	107	106	112	126	129	
CYPS	238	209	207	203	189	187	190	190	
Total entries	387	388	386	381	366	361	361	365	

Chart 5: Refuge spaces since 2010 by year⁴ (Routes to Support)



3 CoE (2008): "... safe accommodation in specialised women's shelters, available in every region, with one family place per 10,000 head of population", p. 51.

4 Routes to Support annual snapshot data.

Fluctuations

We also need to be aware that if we look at net change in isolation we may not see the full level of change domestic abuse support organisations are experiencing. Our snapshots are taken at a single point each year and numbers fluctuate between these snapshots as information is added to and removed from the database to reflect changes in provision. Change in the service types available happens when:

- ▶ a new organisation stops or starts delivering services in an area; and/or
- ▶ an organisation already delivering services either expands or reduces the range of service types available⁵.

These changes are most often due to a change of provider as part of the commissioning process⁶, which leads to services changing hands from one provider to another.

Of 19 entries removed from Routes to Support in 2016/17, 14 were removed as the provider lost the tender to a new provider. Of 24 new entries added, nine were added as new providers took over existing provision (i.e. the details from five service entries were incorporated into an existing entry). As providers often run multiple service types with different funding streams there are many more instances of a service remaining but one aspect of their support changing hands to a new provider.

Whilst on the surface it may appear that services are remaining with a new provider there is a lot of work and disruption involved when a service changes hands, which impacts on service delivery. This very fragmented and

.....

5 Funding often comes from multiple sources for different service types meaning that there are instances of one part of organisation may be decommissioned or move to a new provider, whilst the organisation continues to run other service types and their service entry remains listed on Routes to Support.

6 The process whereby an authority, such as a local council or health body, invites bids for contracts and selects the successful provider to run the service as specified in the tender.

unstable picture of provision impacts on the quality of services, accessibility, community links and staffing.

Most challenging issue in 2016/17

"...going through the tendering/procurement process is hugely stressful, onerous and time consuming for less money to deliver more."

Tender process

The process of tendering can impact on delivery; 26.1% of respondents to our question, "what was your biggest challenge during the year 2016/17?" gave a response that included issues with the tender process.

"...a lot of funding being short term for only a year at a time, making it difficult to plan long-term recruit and retain staff."

Most challenging issue in 2016/17

Services run a range of intervention types and these are often funded in different ways. This brings with it added challenges as the amount of monitoring required increases, with each funder adding an additional strain on staff already stretched to capacity, taking staff resources away from vital direct support work. One provider described these multiple monitoring reports as their biggest challenge in 2016/17:

Most challenging issue in 2016/17

"Trying to meet all the monitoring and evaluation required for funders while still giving a quality service to our service users."

During the changeover services report seeing the following:

- ▶ Staff experiencing insecurity in their jobs, making staff retention difficult.
- ▶ Services moving to new premises or changing telephone/email details making it harder for women to be referred.
- ▶ The process itself takes a long time for already stretched services, making it harder for smaller services to compete.
- ▶ The process takes up significant time and resource, and disrupts service delivery.

Most challenging issue in 2016/17

"The process was brutal and the transition met many delays."

"We've faced many challenges, but the main concern last year was the insecurity of the contract. The new integrated domestic abuse contract in [local area] is significantly less valuable and commissioners require agencies to deliver more for less."

Move to fewer providers with larger services

We also need to consider fluctuations between our snapshots. For example, Routes to Support data show a decrease in numbers of refuge services from 294 refuge services in 2010 to 276 in 2017, whilst showing an increase of 331 in the number of refuge bed spaces during the same period. This is indicative of a trend towards fewer, larger services covering a larger geographical area being commissioned during this time rather than an actual reduction in provision, for example, one provider for the whole of a county, rather than different smaller providers for different local authority

areas within that county. We know that in 2014 there were 259 separate providers running 366 entries on Routes to Support and by 2017 the number of different providers had decreased to 224 even though the number of entries was little changed at 365.

We know that this move towards larger contracts made it more difficult for organisations running small local domestic abuse services to compete. Whilst they carried a wealth of expertise and were embedded in their local communities they did not have the resources to offer services over a larger area. As a result we saw a move towards tenders being granted to larger organisations who did not specialise in domestic abuse provision, such as housing associations. **Table 10** shows the proportion of entries run by dedicated providers and other types of organisation over time.

Table 10: Proportion of services run by each provider type

Year	Dedicated provider	Other	Total entries
2010	244 (63.5%)	140 (36.5%)	384
2011	239 (62.6%)	143 (37.4%)	382
2012	228 (59.5%)	155 (40.5%)	383
2013	228 (59.8%)	153 (40.2%)	381
2014	215 (58.7%)	151 (41.3%)	366
2015	218 (60.4%)	143 (39.6%)	361
2016	219 (60.7%)	142 (39.3%)	361
2017	224 (61.4%)	141 (38.6%)	365



3.4 Is provision meeting need?

- ▶ 24.3% of responding services mentioned demand for service is their biggest challenge of the year.
- ▶ In the Week to Count, responding community-based services were unable to support 591 women.
- ▶ On the Day to Count, responding refuge services were unable to accept 94 women with their 90 children. We estimate that nationally this figure was 158 women with 143 children.

Most challenging issue in 2016/17

"This year we received 14% more referrals than the previous one. This increase does not take into account those referrals that we were not able to accept due to our own funding restrictions."

during the year 2016/17. We estimate that this figure would increase to 154,306 across all services listed on Routes to Support (not just survey respondents).

- ▶ Respondents⁹ were unable to accept 22,656 referrals to community-based services during the year. We estimate that this figure would increase to 51,322 across all services listed on Routes to Support (not just survey respondents).
- ▶ 24.3% of referrals in 2016/17 to community-based services responding to the annual survey were declined.

Refuge space¹⁰

- ▶ Respondents¹¹ to this year's annual survey were able to offer support to 7,480 women in refuge services during the year 2016/17. We estimate that this figure would increase to 13,414¹² across all services listed on Routes to Support (not just survey respondents).
- ▶ Respondents¹³ were unable to accept 11,867 referrals¹⁴ to refuge services during the year 2016/17. We estimate that this figure would increase to 21,729 across all services listed on Routes to Support (not just survey respondents).

Demand

Community-based services⁷

- ▶ Respondents⁸ to this year's annual survey were able to offer support to 71,676 women in community-based services

7 Estimates are based on responding services, see Appendix 3: Women's Aid data sources for detail.

8 Responses were received from 154 service entries with refuge and 131 service entries with community-based services.

9 154 entries with refuge and 131 with community-based services.

10 Estimates are based on responding services, see Appendix 3: Women's Aid data sources for detail.

11 Responses were received from 154 service entries with refuge and 131 service entries with community-based services.

12 This figure will be higher than number of vacancies posted during the year as some vacancies will be filled from waiting lists or via arrangements with local authorities before being advertised.

13 154 entries with refuge and 131 with community-based services.

14 Instances of referral is not equal to the number of women unable to access space, it may include more than one instance of a woman being referred before going on to find refuge on a subsequent attempt. It does not include women looking for space but finding no vacancies listed on Routes to Support. In addition some refuges did record these data for every vacancy.

- ▶ 60.0% of referrals in 2016/17 to refuge services responding to the annual survey were declined, one in five of all referrals were declined due to lack of space in the refuge.
- ▶ 11,187 vacancies in England posted on Routes to Support over the year 2016/17.
- ▶ 3,820 refuge spaces¹⁵ were available at May 2017 in England (excluding the Channel Islands).
- ▶ Each refuge space became available, on average, once every four months.

The network of provision currently available stretches beyond that commissioned by local authorities, as explored in Section 3.5, yet demand for all service types continues to be higher than capacity. Respondents to our annual survey had to decline 60.0% of all referrals to refuge services received last year for a variety of reasons, including lack of capacity or space, the service not having the resources to meet certain support need, or high-level/complex needs or the service not being able to fund spaces for women with no recourse to public funds. The number of survivors looking for support in these services is likely to be greater than these 'referrals declined' figures as these numbers do not take into account the women who do not seek support services, or who were not referred to refuge space because there was none available on Routes to Support¹⁶ with the capacity to meet the survivor's specific needs. In the words of one survey respondent:

"The figures do not give a full picture of the number of referrals, as if there are no vacant rooms, we will show as 'full' on the Routes to Support website, thus we will not be contacted by those searching through those means."

Most challenging issue in 2016/17

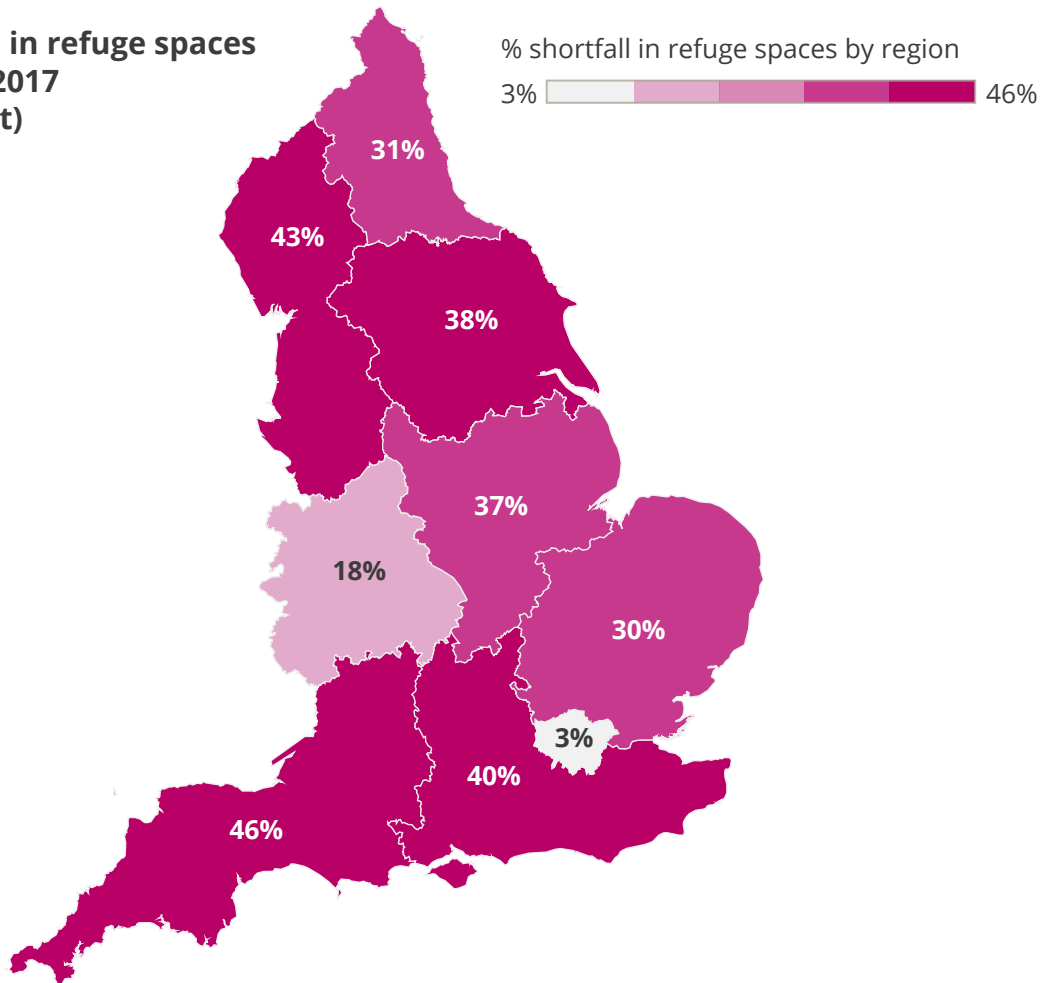
Map 1 (overleaf) shows the shortfall in refuge spaces by region (data are shown in **Table 7**, page 35). The highest percentage shortfall is 46% in South West England and the lowest is in London at 3%, though additional Routes to Support vacancy data from refuges in London tell us that during the year 2016/17 they accommodated 1,221 women and received at least a further 2,156 instances of referral which were unsuccessful for the woman referred.¹⁷ This supports our estimates showing that for every referral accepted 1.9 are declined.

15 34 spaces do not record vacancies on Routes to Support as referrals only accepted from limited sources.

16 Domestic abuse services publicise which support and access needs they can meet (for example, around drug and alcohol use, mental ill health, wheelchair accessibility) and whether they currently have any refuge vacancies on Routes to Support.

17 Instances of referral is not equal to the number of women unable to access space, it may include more than one instance of a woman being referred before going on to find refuge on a subsequent attempt. It does not include women looking for space but finding no vacancies listed on Routes to Support. In addition some refuges did record these data for every vacancy.

Map 1: % shortfall in refuge spaces by region at May 2017 (Routes to Support)



Women with complex needs

Some services responding to the survey also reported an increase in the complexity of referrals, possibly due to cuts in other service areas outside of the domestic abuse sector, which are being met by reduced – rather than increased – resources. Services are trying to support these women against the backdrop of often reduced and uncertain funding and therefore reduced resources and capacity to adequately meet these needs.

“...we have experienced unprecedented levels of demand and survivors presenting with increasingly complex needs but insufficient support worker resources to provide other than crisis-response support or support for much longer than 12 weeks.”

“The significant increase from women seeking refuge accommodation with high drug and alcohol needs and/or street homeless.”

Most challenging issue in 2016/17

“One of the challenges we faced was the increase in service users and referrals with complex and high support needs.”

This picture is supported by data from London refuges which show an increase in the percentage of women with complex needs amongst both the unsuccessful instances of referrals to London refuges and the women placed in these refuges (see **Table 11**)¹⁸. We also see a higher proportion of women with these additional support needs amongst

18 Based on 2,156 instances of unsuccessful referral and women placed in 1,221 refuge vacancies.

Table 11: Referrals from women with additional support needs in London 2016/17 (Routes to Support)

Year	Mental health support needs			Substance use support needs		
	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
% total women placed in refuge in London	1.7%	5.8%	5.7%	0.8%	2.7%	3.5%
% total unsuccessful instances of referral received by London refuges	2.4%	9.1%	11.4%	2.6%	8.2%	8.9%

the unsuccessful instances of referrals than amongst the group of women successfully placed in refuge. This could be attributed to lack of capacity in refuge services to support women with these additional support needs.

Access to provision for specific groups

Whilst it is important to look at the range of service types to ensure a variety of provision is available to meet the different needs of women seeking support, there are limitations to using the number of service types as a measure of capacity and provision. We will also look at data on the levels of staffing and resources behind those services and the women they are able to support.

Numbers do not give a full picture of available provision unless we consider how well resourced services are to deliver quality interventions which meet the needs of all women and children. We will therefore also look at the accessibility of services for specific groups of women.

Most challenging issue in 2016/17

"In addition referrals to refuge are presenting with higher risk and housing need. This requires a more robust assessment process to determine need and support."

Women with disability support needs

Looking at provision on Routes to Support (Routes to Support snapshot 2017) we see that:

- ▶ Of the 11,187 vacancies listed on Routes to Support during 2016/17, only 1.7% (n=195) had wheelchair access with a further 1.3% (n=150) being suitable for a woman with limited mobility.
- ▶ Refuges with a wheelchair accessible room increased from 28.6% (77 out of 269) in May 2016 to 33% (91 out of 276) in May 2017, around a third of the total refuge services available at that point. There is generally just one space per refuge.
- ▶ Only a fifth of refuge services (52) said they were able to accommodate a carer, this may be subject to space being available in the refuge.
- ▶ 21.4% (n=59) of refuge services entries offer support for women with learning disabilities and only 19.3% (n=49) entries said this was available in other parts of the service.
- ▶ 13.4% (n=37) services have braille and/or taped information available in their refuge and 11.4% (n=29) have this resource in the other parts of their service.
- ▶ A third (n=91) of entries offer support for women with hearing impairment in their

refuge and 29.1% (n=74) in other parts of their service.

- ▶ Only 3.3% (n=9) of refuges and 4.7% (n=12) of community-based services employ staff proficient in British Sign Language (BSL).

Support available

Disabled women may have additional needs and vulnerabilities which must be addressed by support services. These can be practical adaptations such as wheelchair accessible services or accommodation, proximity and access to health services, or staff trained in the dynamics of abuse that disabled women may experience (for example, if they have experienced abuse at the hands of the person responsible for their day-to-day care).

Making the Links, a Women's Aid publication about disabled women's experiences of domestic abuse, found that there were significant challenges for disabled women seeking help and support, including limited or no contact with health professionals without their carer present, not being believed and a lack of services accessible to them (Hague et al, 2008). The report included recommendations for service provision including the creation of more accessible support, both refuge and community-based, awareness training for staff and ideally a dedicated post along with measures to reach out to disabled women

ensuring they are aware of support available. The importance of community-based services is particularly apparent for disabled women who may be reluctant to leave their home if it has been adapted to their needs.

A lack of accessible refuge spaces for a woman's disabled children or a lack of refuges that can help meet a child's health needs may also be barriers to women leaving an abuser(s) (see the story of Kate in Women's Aid, 2017B).

Table 12 shows us the support available for women with hearing impairments, only nine service entries list British Sign Language (BSL) workers in service for their refuge and just 12 in other parts of service.

Table 12: Breakdown of support for women with hearing impairment (Routes to Support)

	Other*	Refuge
% services with access to BSL workers	21.3%	19.6%
% services with BSL workers in service	4.7%	3.3%
% services with induction loop	4.7%	5.1%
% services with flashing lights alarm	2.0%	14.1%
% total services with one or more of these	29.1%	33.0%

*floating support, outreach, advocacy or other project based.

Regional variation

Availability of services for disabled women is not evenly distributed around the country. There is only one specialist domestic abuse service for deaf women which runs services in London and South East England and the two specialist refuges for women with learning disabilities are also in London. **Chart 6** shows the proportion of refuge vacancies with wheelchair access.

Chart 6: % refuge vacancies with wheelchair access 2016/17
(Routes to Support)



Mental ill health and substance use

- ▶ At May 2017, less than a third (n=63) of refuge services and only one in five (n=53) community-based services employed specialist mental health support workers.
- ▶ At May 2017, just 10.8% (n=30) of refuge services employed specialist drug use support workers, the same figure was true for employed alcohol use support workers.
- ▶ Community-based services with specialist drug use support workers had dropped to just 7.5% (n=19) with alcohol use support workers in just 6.7% (n=17) of these services.

Support available

Services on Routes to Support tell us about specialist services they run for women with mental health or substance use support needs. This refers to services with a specially trained worker on the staff team who can offer dedicated support. The presence of a specialist worker does not guarantee that the service would be able to accept a woman with these support needs. On 1st May 2017, the number of services with these specialist support workers in refuge and community-based services had dropped slightly from what was already a low number (see **Chart 7**).

Services are asked to tell us about any exclusions for their service such as whether

Chart 7: Services with specialist workers at May 2017 (Routes to Support)

they can accept women with mental health or substance use support needs. On 1st May 2017, around one in ten refuge services (n=31) were not able to consider any referrals from women with mental health support needs. Over a fifth of refuge services (n=63) services could not consider any referrals from women with alcohol use support needs and 29.7% (n=82) could not accept referrals from women with drug use support needs.

Availability may be further restricted as refuges need to carry out individual risk assessments to ascertain whether they are able to support a women's needs (taking into account the refuge's own resources), whether a refuge would be a safe space for the the woman (for example if they do not have 24 hour staffing cover), and the needs of other women in the refuge at the time. In practice, many of these spaces are not available to women with mental health or substance use support needs and many specify that they will only consider 'low level' needs.

24 hour staffing cover

Further analysis of the refuge spaces available in 2016 and in 2017 (Routes to Support, annual

snapshots for 2016 and 2017) found that the number of spaces in refuges which stated they were able to provide 24 hour cover for women needing more intensive support fell from 21.8% (796 out of 3,649 in May 2016) to 19.3% (737 out of 3,818 in May 2017) during the year.

Case Study 1 at the end of this report talks about the impact on their refuge of losing 24 hour cover saying that the service can no longer accept women with complex needs such as mental health or substance use support needs.

Rate of eviction

Only around half (n=148) of refuge services accept referrals from women previously evicted from refuge accommodation. We know from additional vacancy data collected from London refuges that during 2016/17 5.6% of women moving on were evicted. This rises to 25.4% within the cohort of women with substance use support needs, meaning that they are more likely to find the added barrier of previous refuge eviction if seeking refuge support again.

Women with children

- ▶ Just 66.3% of refuges and 33.9% of other service types have children's workers.
- ▶ 61.7% of women in refuge on the Day to Count had children with them.
- ▶ Less than half of vacancies posted in 2016/17 could take a woman with two children, this reduces to less than one in five for a woman with three children.

Refuge spaces

When a National Domestic Violence Helpline¹⁹ worker is looking for a vacancy in refuge for a woman calling in, one of the first questions they must ask is how many children are fleeing with her. This will impact significantly on the number of spaces available to her. We have already looked at how sizes of rooms changed over the last year, but perhaps the most effective way to look at availability of refuge for women with children is to consider the vacancies posted in 2016/17 and look at how many could accommodate children.

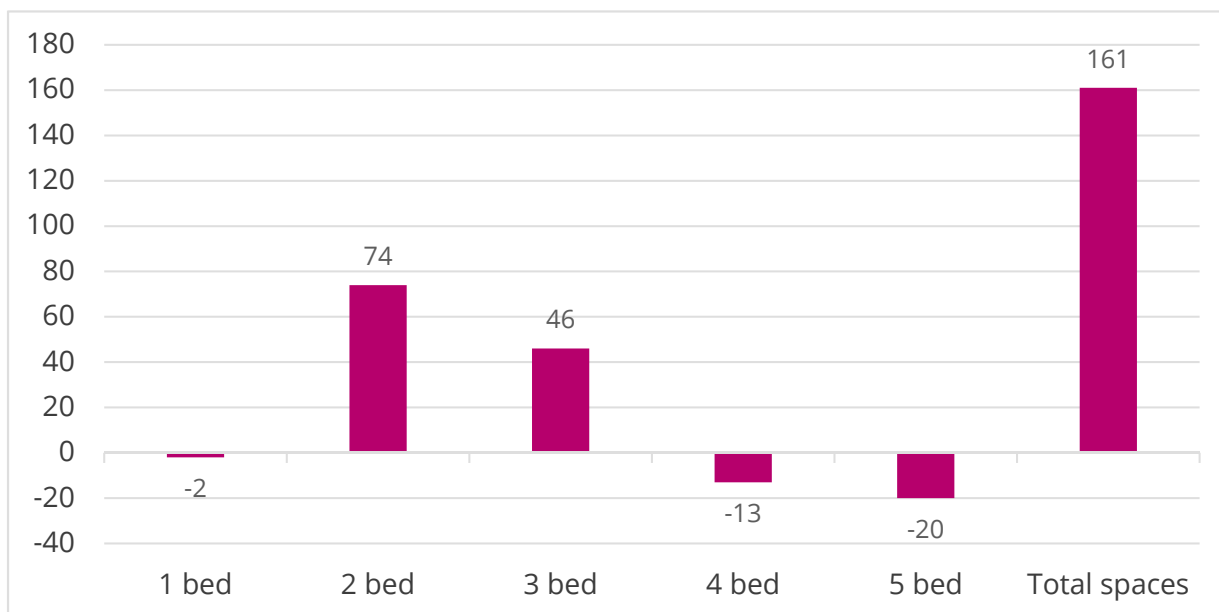
Table 13 looks at the number of vacancies posted which were able to accommodate a woman with the specified number of children. Services specify the maximum number of children they can accommodate in each vacancy. Some will also specify a minimum number of children. Reasons for this could include the vacancy being in a larger room which the service wants to hold for a family, perhaps due to higher rents which would not be covered by housing benefit payable to a single woman. Of the total vacancies posted, 6,650 would take a single woman, leaving 4,537 which would not and only 5,075 (45.4%) would take a woman with two children. This falls further to just 2,001 (17.9%) for a woman with three children.

As shown in **Chart 8** (overleaf), the largest increase was in rooms for women with one child, 74 more were listed on Routes to Support in 2017 than in 2016. On the other hand there are now fewer rooms available for larger families with four bed and five bed rooms down by 13 and 20 respectively.

Table 13: Vacancies posted available by number of children they can accommodate

Family size	Number vacancies posted	%total vacancies
Single woman (single woman only)	6,650 (3,113)	59.4% (27.8%)
Woman and 1 child	6,684	59.7%
Woman and 2 children	5,075	45.4%
Woman and 3 children	2,001	17.9%
Woman and 4 children	644	5.8%
Woman and 5+ children	129	1.2%
<i>Total vacancies posted: 11,187</i>		

19 The National Domestic Violence Helpline is run in partnership between Women's Aid and Refuge.

Chart 8: Net change in refuge spaces by size²⁰ (Routes to Support)

Support for children

For women with children who are experiencing domestic abuse it is vital that her children's needs are also met. This goes beyond just finding room in refuge for all of her children. Children and young people's services can be run alongside refuge or community-based services or run independently. **Table 14** looks in more detail at the provision available at 1st May 2017.

Specialist interventions for children and young people are vital in aiding recovery and addressing the trauma children experience through domestic abuse. It is concerning therefore that children's and young people's domestic abuse services appear to have declined in number since 2010: snapshot figures taken in May 2010 show that 62% of services in England offered dedicated children and young people's domestic abuse services, in May 2017 this percentage had

Table 14: Support available for children/ young people²¹ (Routes to Support)

Type of support for CYP	# Refuge services	%	# Other*	%
Children's worker	183	66.3%	86	33.9%
Play therapy	131	47.5%	49	19.3%
Activities/outings	216	78.3%	75	29.5%
Support groups	89	32.2%	61	24.0%
Formal counselling	36	13.0%	22	8.7%
All services	276		254	

*floating support, outreach, advocacy or other project based.

²⁰ Data from Routes to Support at May 2016 and May 2017.

²¹ Routes to Support snapshot May 2017: information from 365 entries, 276 of which included refuge provision and 254 of which included community-based or open access services.

reduced to 52%²². Of the services responding to the Women's Aid Annual Survey 2017, 16 were running children's and young people's interventions without any dedicated funding in 2016/17, which raises questions about the future of these interventions.

"Is not having a children and family worker due to lack of funding."

"Lack of funding to enable us to provide more staffing and also childcare."

Most challenging issue in 2016/17

Regional variation

Table 15: The proportion of refuge and community-based services with children's workers in service by region (Routes to Support)

Region	Refuges with c/workers	% All refuges	Other* with c/workers	% All community-based services
Channel Islands	0	0.0%	0	0.0%
East Midlands	18	75.0%	8	30.8%
East of England	18	69.2%	6	35.3%
London	41	68.3%	14	25.0%
North East	13	72.2%	7	46.7%
North West	22	68.8%	13	36.1%
South East	24	57.1%	15	51.7%
South West	16	72.7%	7	33.3%
West Midlands	14	50.0%	10	38.5%
Yorkshire & Humberside	17	77.3%	5	20.0%
Grand total	183	66.3%	85	33.5%

*floating support, outreach, advocacy or other project based.

Women with no recourse to public funds (NRPF)

- ▶ During 2016/17, only 766 out of 11,187 vacancies (5.4%) posted on Routes to Support would consider applications from women with NRPF.

“We also have a lot of no recourse to public funds clients that we have to turn away.”

Support available

At 1st May 2017 a total of 228 out of 253 entries (90.1%) could consider offering support to women with no recourse to public funds in their community-based services, a net increase of two from the previous year. During the year there was no net change to the number of refuge services able to offer space to women with no recourse, and at May 2017 there were 194 refuge services (70.0% of total 276 services) which would ever consider a woman with no recourse. In practice this doesn't mean they will always be able to, as explored below.

The housing element of refuge spaces is sometimes self-funded but usually funded through entitlement to state benefits (namely, housing benefit), therefore a woman having no entitlement to state benefits because of her immigration status will find this a major challenge when seeking a space in a refuge service. These services often have restrictions on the number of women with no recourse to public funds that they are able to support through the year due to funding restrictions and many require that the woman has some means of support in place before they can accept her.

Regional variation

Table 16: Services for women with NRPF by region at May 2017 (Routes to Support)

Region	Consider women with NRPF in service (refuge)	% total	Consider women with NRPF in service (other*)	% total
Channel Islands	1	50.0%	2	100.0%
East Midlands	13	54.2%	19	73.1%
East of England	17	65.4%	17	100.0%
London	45	75.0%	56	100.0%
North East	14	77.8%	15	100.0%
North West	17	53.1%	31	86.1%
South East	33	78.6%	25	86.2%
South West	14	63.6%	17	81.0%
West Midlands	23	82.1%	24	92.3%
Yorkshire & Humberside	17	77.3%	22	88.0%
Grand Total	194	70.3%	228	90.1%

*floating support, outreach, advocacy or other project based.

Women from black and minority ethnic (BME) groups

- ▶ In England, at May 2017, there were 28 refuge services run specifically for BME women, though not all of these were run by BME women.
- ▶ 19 of these services also ran one or more other service type such as outreach or advocacy.
- ▶ The refuges had a total of 297 bed spaces which were overwhelmingly located in London as shown in **Chart 9** (overleaf).

Support available

As our survey results show, local services support many women from BME groups. The *National Statement of Expectations*²³ also recognises that some BME women will wish to access dedicated BME domestic abuse services, and includes guidance that local strategies and services should “have sufficient local specialist support provision, including provision designed specifically to support victims from marginalised groups e.g. specialist BME-led refuges. ”

BME women often face particular challenges in escaping from perpetrators and experience the intersection of racial and sexual inequality, including challenges in accessing statutory agencies such as the police, social care, housing and health services. A recent report published by Imkaan²⁴ explains the combined impact of racism and sexism and the dangers in falsely labelling particular community groups as ‘inclined towards violence’:



“It is not sufficient to speak about violence against women and girls as only a gendered phenomenon, while ignoring the damage that is done to us through other systems of inequality. For example, we know that experiences of racism can silence women and girls. Survivors can be forced to balance their need for support, against concerns about how their ‘communities’ are perceived. Narratives which portray BME communities as more dangerous, patriarchal, inclined towards extremism etc. have a direct impact on where survivors feel able to access support and how they engage with agencies. A failure to recognise and address this, effectively limits the support that is provided to survivors of violence.”

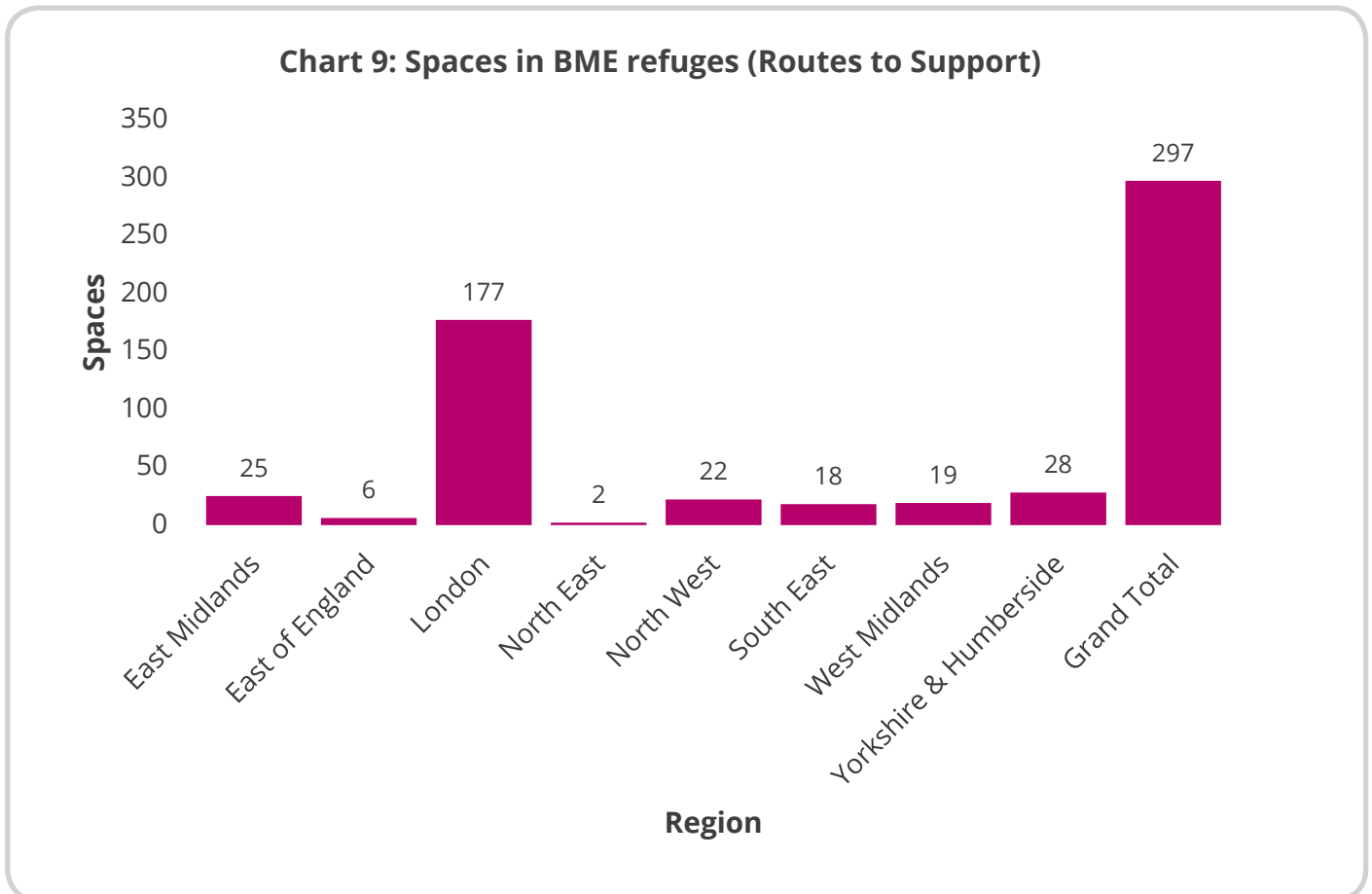
(Larasi, with Jones, 2017)

23 www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations

24 Imkaan is a UK-based, black feminist organisation representing specialist services led by and for black and minority ethnic (BME) women affected by violence against women and girls.

Regional variation

There is significant regional variation in provision specifically for BME women. **Chart 9** shows that refuge spaces are largely concentrated in London, although there are other parts of the country with significant BME populations, which women from these groups may choose to flee to.



Age

- ▶ Data collected from London refuge services showed that only 1.0% (12 out of 1,221) of women placed in refuge were under 18 yet they accounted for 20.9% of the instances of unsuccessful referral²⁵ recorded during the year 2016/17. This would indicate a demand that is not being met.
- ▶ Out of the 276 refuge services listed on Routes to Support, two specialise in provision for young women aged 16-24 and one specialist refuge exists for women over 45.

25 The number of instances of unsuccessful referral is not indicative of the number of women seeking refuge. One woman may appear more than once in this number and may have gone on to be placed in refuge on her second or subsequent application. It does not include women seeking refuge but finding new vacancies for which to apply.



3.5 Sustainability

How are services funded?

- ▶ 11.9% (n=14) of providers received no local authority funding at all in 2016/17.
- ▶ 20.3% (n=24) received 25% or less of their funding from the local authority.
- ▶ Funding was the most commonly mentioned theme with 60.0% of respondents to this question (69 responses) citing this.

(Women's Aid Annual Survey 2017)

Most challenging issue in 2016/17

"Funding issues and temporary staff at risk."

The annual survey asked respondents about the proportion of their funding which comes from local authorities or health bodies and whether any part of their service is running without dedicated funding. Our results show that 11.9% (n=14) of providers received no local authority funding at all in 2016/17 and most of these (13) did not receive any funding from a health body either. Only 22.6% (n=28) of the 124 providers telling us about funding from health bodies received any funding from this source with most of these (n=21) receiving 10% or less of their total funding from this source, and 75.8% had received no funding from a health body.

We see a fragmented picture when it comes to local authority funding with services running interventions from multiple funding sources with variable contract lengths, creating an uncertain and complex funding environment in which services must try to maintain provision.

"...whether we would get funding to continue. We only found out at the last minute that our funding was going to continue. Our children's worker funding, however, has not, and at this present moment, we are struggling to continue this service."

Most challenging issue in 2016/17

Services without dedicated funding

The Women's Aid Annual Survey 2017 revealed:

- ▶ 46.3% (57 services of 123) of responding organisations²⁶ were running an area of work without dedicated funding during the previous financial year.
- ▶ Six of these 57 services had received no local authority funding at all in 2016/17.
- ▶ 42.1% of these were running preventions/ educational work without dedicated funding.
- ▶ 15 respondents said that their refuge services were being run without dedicated funding. These respondents were responsible for 20 entries with 348 refuge bed spaces over seven different regions. See **Table 17** (overleaf) for a regional breakdown.

26 Responding to the question about running an area of service without dedicated funding.

Most challenging issue in 2016/17

"The most challenging issue our service faced in 2016/17 was securing on-going funding for our unfunded refuge and outreach provision and getting engagement from the local authorities for the DCLG funding and VAWG transformation fund."

Table 17: Regional breakdown of refuge services run entirely without dedicated funding (Routes to Support)

Region	Bed spaces	Responses	Entries
East Midlands	53	3	3
East of England	63	2	3
London	62	3	4
North West England	37	2	2
South East England	14	1	1
West Midlands	58	2	4
Yorkshire & Humberside	61	2	3
Total	348	15	20

Table 18 breaks down which service types were most likely to be running without dedicated funding. Other unfunded areas of service mentioned in comments included: perpetrator programme, helpline, pet fostering, counselling service, childcare, art work, staff costs, volunteer programme and outreach work. Other services pointed out that, whilst they had not run a specific service type without dedicated funding, they had not been receiving funding for administrative and management posts.

Most challenging issue in 2016/17

"There is not one specific service that we ran without dedicated funding – rather we faced a reduction of funding and instead of closing one service, we have used reserves to maintain our provision as a whole."

Table 18: Organisations providing one or more service type without dedicated funding (Routes to Support)

Service type	Dedicated provider	Other	Grand total	% responses (57)
Domestic abuse prevention/educational work	19	5	24	42.1%
Community-based domestic abuse services for women	20	2	22	38.6%
Children and Young People's Domestic Abuse Services	12	4	16	28.1%
Other (please specify)	15	1	16	28.1%
Domestic abuse refuge provision	14	1	15	26.3%
Domestic abuse services for women with complex needs	11	1	12	21.1%
Specialist BME Domestic Abuse services	7	1	8	14.0%
Specialist LBT Domestic Abuse services	3	1	4	7.0%

Most challenging issue in 2016/17

"All management, back office (6 posts) through income generation has no LA funding/unrestricted, specific front line posts only."

Dedicated providers (those organisations solely running domestic abuse services rather than their domestic abuse service being part of a range of services they offer) were significantly more likely to be running an area of work without any specific funding. 78.9% of those running an area of service without dedicated funding were dedicated providers.

This may be due to the fact that other types of providers have more than one area of work and are therefore likely to withdraw completely from domestic abuse support when they lose out on a contract, to concentrate on other parts of their organisation. Dedicated providers are typically born out of smaller, local services embedded in the local community and are able to attract volunteers to run parts of their services. Historically volunteers have provided 'added value' and some are now calling on this resource to operate core services. Services may also use reserves to keep running in the short term, and look for multiple other funding sources which may be short-term only.

Most proud of in 2016/17

"... meeting the needs of our women and children despite cuts...continuation of freedom programmes without additional funding."

Impact on provision

We have seen clearly in these pages that the current network includes a very significant number of services running in addition to those commissioned by local authorities. We have already seen that this network is not able to meet demand for support at its current

levels and when we consider these two facts together it is no surprise that sustainability is such a key challenge, and funding cuts/uncertainty was once again top of the list of challenges our respondents faced in 2016/17 (see **Table 5** on page 32).

As already shown, there was an overall increase in refuge provision since 2010, an increase by 331 bed spaces including 161 in the last year. This may be as a result of short-term funding that was made available during 2014-17 by central government for services to apply for in partnership with local authorities. This has provided services with a valuable short term solution.

"The aspect of our domestic abuse service/work we were most proud of in 2016/17 was achieving DCLG funding, to provide women in refuge rent deposit schemes, enabling them to move onto independent living when ready to do so, reducing the risk of institutionalisation, promoting empowerment and increasing bed space availability."

Most proud of in 2016/17

At the same time we have seen a decrease in the number of services offering open access interventions and support for children. It is clear that the challenge now is to ensure sustainability for this vital national network of services which includes the full range of interventions required to enable women and children to move forward and rebuild their lives.

Funding cuts experienced by domestic abuse services are part of a larger picture of local authority budget cuts which impact not only on domestic abuse services but also on the other agencies they work in partnership with, such as substance use support organisations, children's support services and counselling

services. There has been a devaluation of contracts over time which has had a marked impact on service provision.

Staffing capacity

- ▶ 16.5% of respondents said that their biggest challenge in 2016/17 involved staffing. **Women's Aid Annual Survey 2017**
- ▶ During 2016/17 bed spaces in refuges with 24 hour cover fell from 796 to 737 during the year. **Routes to Support snapshots May 2016 and May 2017**
- ▶ Bed spaces where the refuge stated they could accept referrals out of hours fell from 1523 to 1500 during the year. **Routes to Support snapshots May 2016 and May 2017**

Staffing numbers

“We had our funding cut by 50% and we were obliged to reduce our staff from seven to one full time member of staff for 37.5 hours with another part time member of staff working 20 hours a week.”

We know from Routes to Support that during 2016/17, 39 service entries recorded a decrease in staffing. Of these 11 had lost one or more service type. Other services are being pushed to deliver more with existing or reduced staff. Our update showed that out of 26 entries adding one or more service type, only nine showed an increase to their staff number, with three recording a decreased number of staff and 10 showed no change in staff. During the year, 28 service entries were amended to include services for male victims with only six of these showing a corresponding increase in staff – two recorded a decrease.

Case Study 2 at the end of this report (from a respondent to the Women's Aid Annual Survey for 2016) stated that within the last decade

she has witnessed the decline in the number of staff and also pay decreases. She said the service was facing *“real difficulties in being able to offer the support that we want to be able to offer”*.

One respondent to the annual survey told us that whilst awaiting a funding decision they experienced a *“... loss of staff due to instability of the funding decision. With the added impact of increasing volume of referrals and a linked impact to the increasing issues around translators and no recourse to public funding”*.

Another service said that the funding cuts they had undergone *“led to loss of experienced staff and lower capacity to deliver a safe service”*.

Out of hours support

Cuts to staffing can result in reductions in the hours staff are able to cover. Reduced hours of support to women using services will impact on the complexity of needs that services are able to support women with and also will create challenges for women who have jobs and need support sessions outside of nine to five.

“Accepting multi complex clients in a service only commissioned as a nine to five service.”

For women seeking refuge services in particular, being able to refer outside of nine to five can be critical. Women can only have a very small window of time to flee safely and having to wait until the next day, or after the weekend could mean women are forced to remain in an unsafe situation.

The most valuable resource

To meet the needs of women and children, services must have a skilled, qualified staff team, which is supported and empowered to deliver quality interventions. This is true of all service types including refuges, which are so much more to women using them than a roof

over their heads. Services provide planned programmes of therapeutic support and the amount and quality of this support depends absolutely on the level of staffing available. It is not a surprise, then, to see that out of the respondents who referred to funding cuts or uncertainty in their answer to the challenges question, 13 make a direct link between this and issues around staffing in their answer.

Most challenging issue in 2016/17

"Having our funding cut by 10%. To enable [us] to keep jobs the service had to have a restructure."

Respondents to the annual survey also talked about the impact of funding uncertainty.

"We only know just before the financial year start any/what funding we will get from the local authority."

Most challenging issue in 2016/17

This combination of reduced funding and insecurity of contracts creates a climate of instability in which it is challenging to retain trained and experienced staff. Services are also reporting pay decreases which can impact on staff welfare, as well as the referrals services are able to accept and the types of specialist support they can offer.

Most challenging issue in 2016/17

"Staff having to do more yet paid less due to commissioning arrangements."

Staff working with survivors and victims of abuse run the risk of experiencing vicarious trauma and it is important that services are resourced to ensure staff wellbeing. Due to pressure to keep costs low to win contracts services may need to make cuts which impact on staff welfare including reducing or completely cutting clinical supervision and

requiring staff to work with caseloads which exceed their capacity. An NSPCC literature review from August 2013 looks at the impact of vicarious trauma on staff working with traumatised children and families. The review mentions the impact on individual staff members:

“*“Experiencing some of the worst aspects of human nature on a daily basis and over time can have a variety of effects on a professional including low self-esteem, emotional numbing, cynicism and a loss of confidence (VanDeusen and Way, 2006; Pogue and Yarborough, 2003).”*

(NSPCC, 2013)

The briefing also highlights the impact on agencies pointing out that where one team member is not adequately supported other members of the team may need to increase their own caseloads and be placed at a greater risk of experiencing vicarious trauma themselves.

“*“A high staff turnover can bring less experienced professionals into high stress and high pressure positions, increasing the likely damage that those situations may cause the professional (Horwath and Tilbury, 2009).”*

(NSPCC, 2013)

Services tell us about the impact of funding cuts on staff and that they are worried about being able to deliver quality therapeutic services without being able to operate a full range of support groups, evening support sessions or capacity to liaise with external agencies. Looking at the comments we received from annual survey respondents, it is clear that lack of long-term sustainable funding has impacted significantly on staffing and the interventions delivered to survivors.

“*“Long-term funding is crucial for our service not only to provide staff with job security at [service name] but to deliver the best possible standards and service to women fleeing domestic abuse.”*

Another respondent pointed out that their service had received an increase in referrals for people with complex needs without a corresponding increase in staff resource to manage the caseload. The increase seen in referrals from women with complex needs will add further pressure to staff as they find themselves supporting women in areas outside their own specialism.

“*“...leading to our staff feeling overwhelmed, we have struggled to retain staff due to increased stress levels/reduced staff morale. Staff having to do more yet paid less due to commissioning arrangements.”*



Conclusion: Facing the challenges

No 'typical' victim

We have seen, once again, that there is no such thing as a 'typical' victim of domestic abuse. Women using services have a diverse range of needs and take different journeys to safety, freedom and independence. For example, women are often faced with uncertain housing status or even homelessness, ongoing abuse, and lack of support networks. Many will have additional needs, including those relating to disabilities, health conditions (often as a result of, or exacerbated by, the abuse itself), immigration status, children's welfare, financial needs including debt, and social needs. Services need to be resourced to adopt an approach that is needs-led, so that women and children are able to address trauma and achieve long-term independence. Some services have reported an increase in the complexity of needs shown by women coming to them; this is likely to be a result of stretched resources elsewhere. Our annual survey also showed that women using services experienced a lack of access to formal justice; only in a few cases had the abuse been reported to the police, and there were even lower numbers where the survivor had seen criminal sanctions or cases brought against the perpetrator.

Survivors need a range of provision

Our report clearly shows the need for a comprehensive range of services to be available across England, as called for in the government's *National Statement of Expectations*. It is not enough for these services to simply exist, they must also be fully accessible to all women so that support services are able to respond effectively to the broad range of needs shown by women experiencing domestic abuse and bring about long term change.

Across England we see regional variation and gaps in service provision which mean that there is not equal access to this provision across the country.

National network of refuges

Whilst local areas can assess the need for community-based and open access services, we know that women accessing refuge will usually need to leave their local authority area to be safe, and need access to a national network. It is therefore vital that refuge services are accessible on this basis with specialist provision across all regions, such as support for complex needs and adaptations for disabled women including, but not confined to, wheelchair provision.

In addition, women from black and minority ethnic (BME) communities may choose to travel further to other areas with a higher BME population. Currently refuge spaces in dedicated BME services are largely concentrated in London which puts strain on those services and limits the options for BME women seeking specialist support.

In this report we have discussed how complex needs, children, age, lack of recourse to public funds and disability can be additional challenges for women seeking to access domestic violence and abuse services. Our research has highlighted that there are gaps in provision and resources which create barriers for women facing these additional challenges. Looking at the number of services or refuge bed spaces in isolation can be misleading if we do not consider these barriers and the impact they have on accessibility of provision. This is compounded by the fact that services report dwindling resources and a reduced capacity to meet demand, particularly from women with more complex needs or no recourse to public funds, and to offer support for children impacted by domestic abuse.

Domestic abuse services are vital for the safety and recovery of both women and children; there are a large number of young families involved with domestic abuse services and on the Day to Count 2017 there were more children than women resident in refuge services.

Sustainability is the key challenge

Insecurity of contracts and funding challenges continue to provide a major barrier to services being able to provide the level of support and services survivors need. There has continued to be a large amount of change in the sector with services once again reporting that the biggest challenge their organisation faced in 2016/17 was around funding cuts or uncertainty. Services talk with concern about the tender process and the disruption to service provision caused by the transfer of staff and services to a new provider. In addition we know that funding is often reduced in new tenders.

Research discussed in this report once again paints a picture of an uncertain funding landscape with services doing their best to maintain provision in the face of considerable financial challenges. There has been a net increase in some service types shown on Routes to Support over the last year and it is encouraging to see an increased number of refuge bed spaces are now available. Crisis funding from the Ministry of Housing, Communities and Local Government for refuge services has enabled some services to stay open in the short term. However, whilst crisis funding is valuable, by its very nature it does not create a climate of sustainability, which must now be the priority for domestic abuse services and commissioners.

Services are struggling to maintain the range of support they offer, even where this means running some parts of the service without dedicated funding, but it is very apparent

that this is not sustainable in the long term. There is limited recognition of, and often no direct funding for, the huge added social value that specialist services provide particularly the work these services are already doing around awareness raising, prevention and early intervention. Demand for services still far outstrips capacity and the heavy bureaucratic burden created by commissioning and tendering is taking precious staff time away from support work with women. Demand is ever increasing, but is being met with reduced – rather than increased – resources. New data in this report show that refuge room sizes are shrinking and that availability of refuge vacancies is limited by the number of children a woman is fleeing with, her access to public funds and where in the country she needs to go. Vacancies for women with complex needs or disabilities are also limited.

Individual local authorities make decisions on the level of domestic abuse services they commission. Our report shows that the current network of provision also includes services operating outside of local authority commissioning. In spite of this, we see the network of services is still unable to meet demand.

This climate of uncertainty must be addressed to ensure the survival of this vital national network of local services so that they are able to continue providing effective support to women and children experiencing domestic abuse. There need to be sufficient, sustainable resources available for these services to remove barriers to access and continue offering a full range of refuge, community-based, open access and therapeutic services. This must happen in conjunction with redoubled efforts on early intervention and prevention. Only then will we finally be able to meet demand and ensure all women and children experiencing domestic abuse can access the right support to ensure their own survival and, beyond that, their recovery.



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Case studies

Case Study 1

The local council cut this refuge provider's funding by half resulting in the loss of three quarters of their staff, which has had a huge impact on the type of service this refuge can deliver. Previously, the refuge had 24 hour cover, which meant that they were able to accept and provide support to women with complex needs, such as mental health support needs and women with substance use needs. The service can no longer accept women with these needs into the refuge and with the limited staff now available in the refuge the service was described by the provider as *"more of a hostel"*. The provider spoke about how figures showing how many refuges are running do not give the full picture, stating that:

"what worries me... is when they do the figures of how many refuges are still in operation and it's still kind of delivering a service, what they're actually capturing is how many buildings are being kind of called refuges but aren't refuges."

The 'refuges that aren't refuges', the provider explained, are where refuge contracts are being given to non-specialised services which do not address the support needs of women fleeing domestic abuse. This provider highlighted the importance of:

"...delivering a service that actually addresses the issues of women who experience domestic abuse so that they have some sort of tools so when they move on they've got a way of keeping themselves safe."

The reduced number of staff on site has means that women within the refuge are required to call a generic on-call system if they need to speak to someone, which is staffed by both women and men. This change to their service, which was previously women only, has changed the dynamic within the service and, the provider believes, has had a negative effect on the women being supported:

"If a woman has had maybe an experience of sexual violence and is having a panic attack, I would expect that she would call somebody who has an understanding, that would be a woman."

The provider described that previously, within the refuge, the evening was the time when survivors could receive training such as The Power to Change or the Freedom Programme while refuge staff looked after their children. The importance of support from refuge staff during the evenings was explained by the provider:

"You know, that's their time. When things get really scary it's that time isn't it? When you've put your kids to bed and you've stopped fleeing so you've got that initial kind of panic mode out of your system and then you end up kind of you know being in that kind of quite depressed state. I think that they've found it really difficult, they're finding it really difficult, to not have anyone to talk to in the evening. They'll talk to each other but they won't let their children... You know it's not the same."

Since the refuge has been unable to fund staff presence in the evenings to facilitate activities or conversations, the provider said that she has seen a change in the recovery of women in the refuge.

The need to recognise the savings that domestic abuse services make was starkly emphasised by the provider, highlighting that:

"we are a very cheap option...and it's not being quantified properly, our added value...there is going to be a tsunami of murders before anybody does anything about it."

Case Study 2

The refuge service in case study two is currently running over half of their bed spaces with no local authority funding. They have survived by using financial reserves and fundraising. However, this model of funding is not sustainable and it is likely that these bed spaces will be lost in the future.

This provider said that they are seeing an increase in the complexity of referrals they are receiving:

"maybe a few years ago you might have one or two that maybe needed sort of more specialist work, [now] you've got four or five, maybe six or seven that are on a child protection in each refuge, you've got women that have got drug and alcohol needs and mental health."

This increase is not being met with additional resource, but less. This provider stated that within the last decade she has witnessed the decline in the number of staff and also pay decreases. This impacts on the referrals the service can accept, and the types of specialist support they can offer, with this service facing *"real difficulties in being able to offer the support that we want to be able to offer"*.

This provider stated that current funding for domestic abuse services does not acknowledge the long-term impact and trauma of abuse and the support needed for recovery. Stating that what is needed is *"more money around ... trauma and the long-term impacts and about having ... money for counselling and therapy"*.

Currently, the counselling services and support for children this service does provide is through money that they have fundraised, with no financial support from the local authority. For this sort of support to be sustainable there needs to be a *"sustained funding model"* that recognises *"what a specialist domestic abuse service is"*.



Appendix 1: Glossary of terms

Service types

Routes to Support details which service types are offered against each entry, an entry can contain multiple service types. Definitions can be found in the table on page 68.

Providers

Service provider: any organisation providing a domestic abuse service. This could be a dedicated provider or a larger organisation running a domestic abuse service, for example a housing association.

Dedicated provider: an organisation constituted for the sole and specialist purpose of delivering domestic abuse services.

Housing association etc: for the purposes of this report when referring to a breakdown of provider types, this refers to those run by a housing association, local authority or other charity.

Units counted

Entry/entries: one service listing on Route to Support. A service provider may have multiple entries where they operate in more than one local authority or have services in the same local authority with different referral criteria, for example a general access refuge and another for BME women only.

Bed spaces: a unit of accommodation for one woman and her children, regardless of how many beds/cots are in the unit.



Appendix 2:

Service types offered

Service type	Definition
Refuge	<p>A refuge service provides safe accommodation for women experiencing domestic abuse who have had to flee their home to be safe. Residents will receive a planned programme of therapeutic and practical support from staff, and access peer support from other residents.</p> <p>Refuge services often provide further resettlement support to women moving on from the refuge to support them into the next stage of their lives. Other recovery services may be available on the refuge premises.</p>
Community-based services	<p>Floating support services offer practical and emotional support which is tied to accommodation, but the accommodation is not offered as part of the service. These services support women and children to maintain their accommodation whilst providing emotional and practical support.</p> <p>Outreach services are not offered in the project's building and do not always have a set number of spaces. The support offered is broader and not focused on accommodation. Women can access these services in a range of community centres or the service may come to the women in their home or other venues (e.g. cafes or neutral meeting places).</p> <p>Domestic abuse advocacy project (IDVA) services involve the provision of advice, information and support to survivors living in the community based on an assessment of risk and its management. They operate within an inter-agency context, and are usually part of a multi-agency risk management strategy or MARAC process. They focus on providing a service to victims judged to be at medium to high risk of harm, to address their safety needs and help manage the risk that they face.</p>
Prevention work	<p>Prevention/awareness raising work is carried out in community groups such as schools.</p>
Open access services	<p>These services are available without a planned programme of support and can be accessed anonymously as and when the woman needs to. They include:</p> <p>Helplines offering support and information, sometimes alongside a referral service that is accessed by phone and can be accessed anonymously. Women may call a helpline many times over a long period of time.</p> <p>Women can access drop in services at a specified venue without a pre-arranged appointment from trained staff. As with helplines, these services provide women with an opportunity to access support and information.</p> <p>Other open access support projects would include crisis intervention services and other advice services whether accessed by telephone or in person.</p>

Service type	Definition
Recovery work	<p>These services do not offer accommodation, but may be offered to refuge residents. Recovery work often takes place alongside more practical support and can include:</p> <p>Formal counselling offered by qualified practitioners.</p> <p>Group work programmes, which are defined groups facilitated by trained staff.</p> <p>Support groups, which are attended by survivors within a refuge or community-based support setting and offer peer support/self-help work.</p>
A dedicated children and young people's service	<p>Children and young people's services are staffed by trained children's workers or youth workers. They may provide emotional support, group work, activities, after-school clubs or holiday clubs for the children or do specific outreach work. These services may be linked to refuge or community-based services for women or operate separately.</p>



Appendix 3: Women's Aid data sources

Data source	Description	Detail of data included in this report
Routes to Support	Routes to Support (formerly known as UK Refuges Online - UKROL) is the UK violence against women and girls database of services and refuge vacancies run in partnership by Scottish Women's Aid, Welsh Women's Aid, Women's Aid Federation of England and Women's Aid Federation of Northern Ireland. This includes additional data on vacancies from London refuges.	<p>a) Detailed snapshot information on 365 domestic abuse service entries in England at May 2017.</p> <p>b) Data collected on changes to provision during the year 2016/17. Each year we ask all services with entries on Routes to Support to update their service information by completing an online questionnaire and working with us to ensure the information accurately represents their provision. During the year 2016/17 212 entries completed their update forms, of these 39 confirmed there were no changes to make and 173 gave us detail of these changes. In addition to this 22 new entries were added to Routes to Support and 19 entries were removed from the system during the year.</p> <p>c) Snapshot information from May 2014, 2015 and 2016 on numbers of service types and refuge spaces in England.</p> <p>d) Data on 11,187 vacancies in refuge services in England posted by services during the year 2016/17.</p> <p>e) Data from London refuge services on 1,221 women placed in refuge there during the year 2016/17 and 2,156 instances of unsuccessful referral to London refuges during the same year.</p>

<p>Women's Aid Annual Survey 2017</p>	<p>The Women's Aid Annual Survey is the only national survey of the whole range of specialist domestic abuse services for women and children in England. The Women's Aid Annual Survey 2017 of domestic abuse services provides insight into the challenges services face throughout the year and information on the women they support from a Day and Week to Count (a census day and week).</p>	<p>a) Overall we received responses from 122 organisations running 184 service entries in 2017, giving an overall response rate of 52.1%. Response rates differed for different parts of the survey. Not all parts of the survey were relevant to every service.</p> <p>b) Day to Count, Tuesday 4th July – a census day for refuge services in England. Responses received in 2017 from 105 organisations running 168 service entries on Routes to Support. A sample for analysis of 2,182 women resident in refuge services that day.</p> <p>c) Week to Count, Monday 3rd July – Friday 7th July inclusive - a census week for community-based services in England. Responses received in 2017 from 82 organisation running 139 service entries on Routes to Support. A sample for analysis of 12,175 women using community-based services.</p> <p>d) Information from services about the previous financial year, 2016/17: challenges faced and aspects of their work they were proud of; funding; referrals received, accepted and declined. Responses on the previous financial year received from 95 organisation running 154 refuge services and 75 organisations running 131 community-based services.</p> <p>e) Estimates used in the report are calculated by:</p> <ul style="list-style-type: none"> a. Refuge: ratio of women/children housed or turned away to refuge space for responding services applied to non-responding services on Routes to Support for the same region. b. Community-based services: ratio of women/ children supported or turned away to individual service type (e.g. outreach, IDVA, floating support) for responding services applied to non-responding services on Routes to Support for the same region.
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On Track	On Track is the Women's Aid case management and outcomes monitoring system. On Track allows frontline workers in local domestic abuse services to record information about service users. Using On Track, services also contribute anonymised information to the Women's Aid national dataset on the experiences and outcomes of survivors and their children.	<p>a) Data extracted in December 2017 from On Track's National Reporting tool for the previous financial year 2016/2017.</p> <p>b) On 1st April 2016, 11 organisations were using On Track as their case management and outcomes monitoring system, however this increased to 29 organisations by 31st March 2017.</p> <p>c) These organisations input information about 11,113 survivors into On Track. 77% (8,610) of the survivor records had information about the perpetrator(s) recorded, covering a total of 9,788 alleged perpetrators.</p> <p>We filtered the data for female clients and it includes data from refuge and community outreach services.</p>
No Woman Turned Away	No Woman Turned Away is a frontline intervention supporting women who were unable to access refuge and provides us with valuable data on barriers women face when trying to flee to refuge.	<p>Information was recorded by the caseworker for each woman they supported. This was then entered onto a database where we recorded demographic information about each woman, her support needs and a summary of her journey including length, failed searches on Routes to Support, refusals from refuge and why, other services linked with, instances that have happened along the journey (such as slept rough), barriers around personal circumstances and barriers around system failure.</p> <p>In addition to this, the project collected data from the following sources:</p> <ul style="list-style-type: none"> - Interviews with five survivors who were supported by the NWTAA project. - Survivor's survey on experiences of seeking refuge. - Data from the National Domestic Violence Helpline. <p>Vacancy monitoring on the availability of refuge spaces on Routes to Support over a six month period.</p>

Femicide Census	The Femicide Census has been developed by Karen Ingala Smith in partnership with Women's Aid, with support from Freshfields Bruckhaus Deringer LLP and Deloitte LLP. The Femicide Census is a database currently containing information on women killed by men in England and Wales since 2009.	The Femicide Census gathers information on women and girls aged 14 years and older who have been killed, and where the principal charged, alleged or convicted perpetrator is a man. The census is constantly being updated and currently contains information on over 1000 women killed since 2009. This report includes findings from the most recent annual femicide report on 113 cases of femicide committed in 2016 in England, Wales and Northern Ireland. Please see the report for further details: https://www.womensaid.org.uk/what-we-do/campaigning-and-influencing/femicide-census/
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Appendix 4: Areas of need

Area of need	Examples given to survey respondents
Health needs	Needing to access counselling, group work, healthy eating groups, life skills groups, treatment for physical, mental or sexual health, support with suicidal thoughts/feelings, registering with a GP, self-harming or substance use.
Finance needs	Needing support with debt and money management, destitution, accessing benefits, accessing own income.
Immigration needs	Needing support with clarifying status, regularising status, Destitute Domestic Violence Concession (DDVC) application.
Justice needs	Needing support with injunction/s, reporting to police or criminal justice system/process, family law or support at court.
Housing needs	Needing support with home security, homelessness through domestic violence, emergency accommodation/refuge, resettlement, maintaining a tenancy.
Education, employment and training needs	Needing support with staying in current work safely, finding new work, training, volunteering.
Social and community relationships needs	Accessing community, faith-based and social groups, re-establishing relationships with friends and family.
Social and community relationships needs	Needing to access specialist support for her children, parenting support, issues around child contact.