

THE DOMESTIC ABUSE REPORT 2019

THE ANNUAL AUDIT



women's aid
until women & children are safe



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With support from Women's Aid staff

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Women's Aid is the national charity working to end domestic abuse against women and children. Over the past 44 years, Women's Aid has been at the forefront of shaping and coordinating responses to domestic violence and abuse through practice, research and policy. 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 180 organisations who provide just under 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. We hold the largest national data set on domestic abuse, and use research and evidence to inform all of our work. 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. 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

Domestic abuse costs society a staggering £66bn each year (Oliver et al, 2019) much of which is a result of the physical and emotional harm to survivors. It is clear that domestic abuse is a massive societal issue. Yet, as this report shows, specialist domestic abuse services continue to face funding cuts and funding uncertainty. These life-saving and life-changing services are trying to do 'more with less' and keep going despite the tough economic climate. As one organisation told us of their work over the previous year, "...despite the challenges that we face on a daily basis with funding and statutory services we continued to provide a valued service to victims and their children because we know that they need us and our services make a difference."

Despite welcome emergency pots of funding from the government, uncertain budgets are making the work of domestic abuse services harder every year. Many organisations are running an area of their services without any dedicated funding at all. Some receive no financial support at all from their local authority; nearly one in ten refuges and one in five community-based services who responded to our annual survey reported that they received no local authority funding in 2017/18.

The financial challenges facing these organisations of course have an impact on the services they are able to offer. Just under a third of services responding to our annual survey have had to reduce the amount of support they are able to provide to each survivor since 2014, due to funding issues. Furthermore, services are telling us that they are struggling to meet the high demand for the support they offer and are, as a result, having to turn women and children away. One service told us that their biggest challenge was, "Capacity – we have had an unsustainable increase in referrals from police – if this trend continues we would need

to double in size within five years." Almost 60% of all referrals to refuge services in 2017–18 were declined (for any reason). Over one in six of these referrals were declined due to a lack of space or capacity to support the survivor. Formal counselling service types (an important element of therapeutic support) have declined in number; there were 17 fewer of these service types in England in May 2018 than there had been the previous year. The number of refuge spaces continues to fall short of minimum standards recommended by the Council of Europe (by 1,715 bed spaces in May 2018). We also know that organisations are struggling to retain qualified staff in a climate of demanding workloads and uncertainty over future funds.

Services responding to our annual survey were rightly proud of the work they do in not only saving lives, but also transforming them. As one organisation told us, "Being able to see survivors on their own journey of change, living a life free from abuse and fear is rewarding. The positive impact that our support has on the wider family as well as the survivor."

If we do not meet the needs of survivors and their children when they first reach out for help, more women and children's lives will be put at risk and the costs to society will only spiral. We know that accessing specialist support is often the difference between the survivor and her children escaping domestic abuse or being trapped with the abuser. By investing even just a fraction of the money domestic abuse costs society in our network of specialist services, we can make sure that every survivor and child can rebuild their lives free from fear and abuse.

Introduction

The Domestic Abuse Report 2019: The Annual Audit presents information on the domestic abuse services in England and the women and children they support. This report largely looks at the financial year 2017–18. This was a year when the government announced its intention to introduce legislation to protect the victims of domestic abuse (the Queen’s Speech, June 2017), and it published the consultation document *Transforming the Response to Domestic Abuse* (HM Government, March 2018). The consultation was written around four main themes: ‘promote awareness’, ‘protect and support’, ‘pursue and deter’, and ‘improve performance’. It offered domestic abuse services and survivors of abuse the chance to influence forthcoming legislation and share with the government their valuable insights into the needs and experiences of domestic abuse survivors. The draft domestic abuse bill was published in January 2019. It

offers an opportunity not only to transform the national response to domestic abuse (including the work of the police, healthcare services and educational bodies), but also to raise awareness and understanding of it among statutory bodies, employers and the general public.

This report examines the work of domestic abuse services in 2017–18 through the analysis of statistics about the sector and survey responses from service professionals. This includes information about the survivors they have supported, the work they are proud of and the challenges they have faced. For the first time this year, we also present detailed information from On Track (the Women’s Aid case management and outcomes monitoring database) about the demographics of service users, their experiences and their support needs.

Evidence sources

We draw on evidence from the following Women’s Aid data sources:

Routes to Support¹

Routes to Support is the UK violence against women and girls directory 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. The directory gives us comprehensive data on all domestic abuse services including, but not limited to, those run by Women’s Aid members. Routes to Support provides information about the types of domestic abuse

services, the number of bed spaces in refuge services, who these services can support and changes to provision over time. The directory is updated on a rolling basis by dedicated staff at Women’s Aid, meaning each entry is fully updated every year in addition to any updates received from services during the year. Entries are added and removed throughout the year as providers change. This report includes information about the services in England only from snapshots taken at 1st May each year.

.....
 1 Both Routes to Support and the Women’s Aid Annual Survey are part-funded by the MHCLG.

Women's Aid Annual Survey 2018

This survey of domestic services in England provides insight into the demand for services, the challenges services face and the work they do to meet survivors' needs. This year we included questions on the theme of survivors' economic needs. The survey is sent to all domestic abuse services in England, including both refuge services and those services based in the community. 134 organisations running 208 service entries on Routes to Support responded to this year's survey. This gives a response rate of 57.3%.

The survey asks questions including numbers of referrals received, accepted or declined; key challenges and achievements during the year; and questions on a specific theme (this year on the economics of abuse).

On Track: The Women's Aid case management and outcomes monitoring database

On Track, launched in March 2016, is used by over 60 local service providers throughout England. Services contribute to a national dataset by recording information on women's experiences of abuse, the support they are offered and the outcomes achieved. Information about service users for this report was taken from cases closed during 1st April 2017 - 31st March 2018. These data relate to 18,895 female survivors² and were collected by 49 organisations (of which 20 started using On Track during the reporting period). As the On Track dataset now provides us with a large and varied source of information on the needs and experiences of women using support services, we are using On Track data in this year's report. This replaces information used in previous reports from a Day and Week to Count (a census day and week for local domestic abuse services, previously part of the Women's Aid Annual Survey).

What is domestic abuse?

Domestic abuse is controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, by a partner or ex-partner, family member or carer. Domestic abuse can involve psychological and/or emotional abuse, physical abuse, sexual abuse, economic abuse, harassment, stalking, online abuse and digital abuse. 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. An estimated 1.3 million women experienced domestic abuse

in the last year alone in England and Wales (ONS, 2018).

Coercive control is at the heart of domestic abuse by an intimate partner/ex-partner, and coercive and controlling behaviour became a specific criminal offence at the end of 2015. Coercive control describes a series of abusive actions designed to instil fear and limit a person's freedom and autonomy (Kelly et al, 2014; Myhill & Hohl, 2016; Schechter, 1982; Stark, 2007; Women's Aid, 2016). The statutory guidance relating to the criminal

.....
 2 On Track collects information about female and male survivors and survivors who do not define as either male or female. This report will only present information on female survivors.

offence of coercive and controlling behaviour describes this abuse 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). Coercive control was developed as a concept to describe how domestic abuse is usually perpetrated by men against women (Barlow et al, 2018; Hester, 2013; Hester et al, 2017; Myhill, 2015; Myhill, 2017; Stark, 2007). In the year ending December 2017, 235 offenders had been convicted of coercive and controlling behaviour (where this was the principal offence); 233 of these offenders were male, one was female and for one case the sex of the offender is unknown (ONS, 2018).

Domestic abuse is a form of gender-based violence. It is deeply rooted in the societal inequality between women and men and in enduring notions of masculinity and femininity. This inequality between men and women intersects with other forms of discrimination, such as racism, homophobia and disability discrimination. Black and minority ethnic (BME) survivors, LGBT+ survivors and disabled survivors often face additional challenges in getting support, escaping abuse and receiving justice for the abuse they have experienced (Thiara & Roy, 2012; Donovan & Hester, 2015; Hague et al, 2008). The Women’s Aid network of services supports a wide range of service users and includes dedicated services for BME women, lesbian and bisexual women and disabled women.

All victims should be able to access appropriate support and it is important that domestic abuse services are available for all victims. There are important typical differences between male violence against women and female violence against men, namely the amount, severity and impact. 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). Women typically experience higher rates of repeated victimisation and are much more likely to be seriously hurt (Walby & Towers, 2018; Walby & Allen, 2004) or killed than male victims of domestic abuse (ONS, 2018). 83% of high-frequency domestic abuse victims (experiencing more than 10 crimes) are women (Walby & Towers, 2018). The large majority (92%) of defendants in domestic abuse-related prosecutions were men in the year ending March 2018 and the majority (66%) of victims were female (13% were male and the sex of the victim was not recorded in over 21% of prosecutions) (ONS, 2018).

Domestic homicide statistics highlight the gendered nature of domestic abuse in stark terms. From April 2014 to March 2017 in England and Wales, the majority (73%) of victims of domestic homicides (homicides by an ex/partner or by a family member) were female. 239 women were killed by a partner or ex-partner in April 2014 to March 2017 in England and Wales; all but one of the suspects were male (ONS, 2018).

The overwhelming majority of female domestic homicide victims (killed by both ex/partners and family members) were killed by men. There were 293 female domestic homicide victims in this three-year period; 283 of them were killed by male suspects³, eight were killed by female suspects (one of whom was a partner/ex and the rest were family members) and for two victims no details are available. The majority of male domestic homicide victims were also killed by men. There were 107 male domestic homicide victims in this time period, 65 of whom were killed by male suspects and 42 were killed by female suspects (ONS, 2018).

3 The word ‘suspects’ is used as not all the cases will have gone to trial. The trial may be pending or the suspect may be deceased.

Section 1: The service users

Figure 1.1

1.1 Key Findings

Information in
this section is
from On Track



18,895 female survivors

Our sample group consists of 18,895 female survivors who were supported by 49 organisations running domestic abuse services in England, using On Track during 2017–2018.ⁱ



93.1%
of the
perpetrators
were male



58.3% had childrenⁱⁱ

6.6% were pregnantⁱⁱⁱ

There were 22,479 children of service users

1.2 children per service user on average

94.1% emotional abuse

68.9% physical abuse

The most common form of abuse experienced by service users was emotional abuse experienced by 94.1% of the women. Over two-thirds had experienced physical abuse.

6

years

The average length of abuse experienced was just under six years.^{iv}

1

month

60

years

The length of abuse experienced ranged from one month to 60 years.

ⁱ: Service users of 49 organisations running both community-based and refuge services, where their case was closed during 2017–18.

ⁱⁱ: Missing data unknown.

ⁱⁱⁱ: Missing data=0.1%; Declined to answer=0.1%; Don't Know/Not Asked=10.0%.

^{iv}: Out of 10,727 service users. Current abuse: any service user who is experiencing/has experienced abuse within the last year.

1.2 Who are the survivors?

For this report we used On Track data to select a sample of 18,895 female survivors from both community-based and refuge services.

- ▶ Ages ranged from under 18 to over 90 years old. The most common age group was 26-30 years (17.7%). Only 3.4% of service users in the sample were 61 and over (**Chart 1.1**).
- ▶ 58.3% of service users had children and 6.6% were pregnant. There were 22,479 children of service users, averaging 1.2 children per service user (**Figure 1.1**).
- ▶ The average length of abuse experienced was just under six years (**Figure 1.1**).
- ▶ 93.1% of perpetrators were male (**Chart 1.2**).
- ▶ 84.0% of service users identified as heterosexual (**Chart 1.3**).
- ▶ 0.8% of service users (148) identified as transgender though there was no data for 12.7% (**Table 1.1**).
- ▶ Most service users (60.3%) were White British (**Table 1.2**).
- ▶ 19.1% of service users were disabled (**Chart 1.4**); most common were mental health disabilities⁴.
- ▶ 33.3% of service users had support needs around their mental health and 10.0% around their physical health (**Chart 1.5**).
- ▶ Of those service users who were not British nationals only just over half (55.1%) were able to access public funds (**Chart 1.6**).
- ▶ The most common form of abuse experienced by service users was emotional abuse (94.1%) (**Chart 1.7**).

For more information about the demographic characteristic of our sample, see the illustrations on pages 13-17.

In this report we are looking at those women who have successfully accessed support services. There are many other survivors of domestic abuse who, for a variety of reasons, are unable to access specialist help or are delayed in doing so for a long time. If we

were to look at a profile of support needs and demographic background for these survivors it would likely be different to that of the survivors in our sample from On Track. This is because accessibility is about more than just availability of space in a refuge or a place in

.....
4 Not all women with mental health support needs define as disabled.

a community-based service: we need to look at how well services are resourced to provide for women with specific support needs such as substance use support and high-level mental health needs, or whether they can accommodate a service user's children along

with their own support and access needs. Access to services is more challenging for some women, as explored in our discussion of the availability of bed spaces later in **Section 2**, and further explored in **Section 3**.

1.3 Experiences of abuse

Domestic abuse has been traditionally characterised as physical violence, and physical violence is indeed a significant and dangerous feature of domestic abuse. Over two-thirds of service users in our sample had experienced physical abuse. However, to focus entirely on physical abuse risks overlooking other significant areas of abusive behaviour. It also risks mischaracterising domestic abuse as predominantly an act of physical violence when in fact many survivors experience abuse more as an ongoing pattern of coercive and controlling behaviour, as discussed earlier in the report (**What is domestic abuse?**). Coercive and controlling behaviour is the exertion of power in order to cause fear, deprive someone of their independence and regulate their everyday behaviour. It is usually women who experience coercive control by a male perpetrator (Barlow et al, 2018; Hester, 2013; Hester et al, 2017; Myhill, 2015; Myhill, 2017; Stark, 2007).

Many of the service users had experienced abuse for a long time. The length of abuse experienced ranged from one month to 60 years (**Figure 1.1**) and the average length of abuse experienced was just under six years⁵. Most of the women in our sample

had experienced violence and abuse from a male perpetrator or male perpetrators. The vast majority of perpetrators (93.1%) recorded on On Track were male⁶. The most common form of abuse experienced by service users whose cases were recorded on On Track was emotional abuse (94.1%); for example, destructive criticism, constant humiliation, demeaning/degrading behaviour and 'gaslighting' (making someone question their own sense of reality). One-fifth of service users whose cases were recorded on On Track had experienced sexual abuse. Just under two-fifths had been subjected to financial abuse. Financial abuse is usually used to describe denying or restricting access to money, or misusing another person's money. 68.7% had experienced jealous/controlling behaviour and 39.9% had experienced surveillance/harassment/stalking (**Chart 1.7**).

5 Calculated using the cases of those experiencing current abuse (experiencing/has experienced abuse within the last year); out of 10,727 service users.

6 For cases of female domestic abuse service users.

1.4 Experiences of specialist support

All of the survivors in our sample had successfully accessed specialist domestic abuse support services. These survivors are supported by services to escape from abuse, stay safe, recover from the impact of abusive behaviour and rebuild their lives. This help can take many forms and includes support in meeting their needs around health, justice, finance, housing, education/employment and children. There was a large number

of children involved with domestic abuse services in 2017–18, either directly through support given to children and young people or indirectly through support given to their mothers. This echoes previous research findings from Women's Aid (Women's Aid, 2018A & 2017A). There were, on average, 1.2 children per service user; 58.3% of service users in 2017–18 had children and 6.6% were pregnant (**Figure 1.1**).

1.5 No recourse to public funds

Refugees are usually reliant on state benefits to fund the housing element of their service, however some women are unable to access those benefits because their immigration status (or lack of clarity about their immigration status) means that they have 'no recourse to public funds'⁷ (Roy, 2008; Women's Aid 2017B & 2018B).⁸ Unless alternative funds can be found, access to refuge space, and to some community-based services (dependent on how they are funded), is very difficult. Only 5.8% of refuge vacancies posted to Routes to Support in the year 2017–18 would even consider a woman who had no recourse to public funds. The No Woman Turned Away project

run by Women's Aid has worked with many women who are struggling to find a place of safety for themselves (and their children) because they are not entitled to public funds. No Woman Turned Away is an intervention where women who have been unable to find refuge space are referred to a team of Women's Aid caseworkers by the National Domestic Violence Helpline (the helpline is run in partnership between Women's Aid and Refuge). In the first year of the No Woman Turned Away intervention (2016–17⁹), 27.2% of the women supported by this team had no recourse to public funds and 23.1% in 2017–18¹⁰ (Women's Aid, 2017B & 2018B).

7 The government website describes 'no recourse to public funds' in the following way: "If you have a residence permit that allows you to live in the UK, it may include the condition that you have no recourse to public funds. If so, it means you will not be able to claim most benefits, tax credits or housing assistance that are paid by the state." (HM Government, 2014).

8 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 indefinite leave to remain (ILR) in the UK under the domestic violence rule. If women are in need of financial help, they can also apply for the destitute domestic violence (DDV) concession 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 European Economic Area nationals from outside the UK cannot apply for this concession. 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); for example, because they are not working or self-employed.

9 January 2016 to January 2017

10 January 2017 to January 2018

1.6 Older women

Older women are largely absent from domestic abuse support services as we have also seen in previous findings from the Women's Aid Annual Survey. Only 3.4% of service users in 2017–18 were aged 61 and over (see **Chart 1.1**). This is despite evidence to suggest that domestic abuse is just as significant an issue for older women as it is for younger women (Blood, 2004; Femicide Census, 2016, 2017 & 2018; Mouton et al, 2004; O'Keeffe et al, 2007). In 2017, 20 women aged over 66 were killed by men. This included mothers who were killed by their sons (seven cases), a grandmother killed by her grandson, and women killed their male partners/spouses (in five cases) (Femicide Census, 2018).

Older women are a diverse group and cover a wide age range¹¹, however there is evidence to suggest that there are some common reasons why older survivors are not using specialist services. Some older survivors are less likely to see domestic abuse services as relevant for them, perhaps not seeing the term 'domestic violence' or 'domestic abuse' as describing their situation (Penhale & Porritt, 2010).

Some older women may find it more difficult to ask for help or attempt to leave an abuser(s), because they are dependent on the abuser(s) financially and/or dependent because of health issues that are more prevalent in later life (Penhale & Porritt, 2010). They also may be providing interpersonal care for the perpetrator (O'Keeffe et al, 2007). It could be that the professionals they come into contact with may not recognise older survivors as victims of domestic abuse or not believe that older men can be perpetrators of abuse, and therefore be less likely to refer or signpost older women to specialist domestic abuse support (Penhale & Porritt, 2010).

Women's Aid is committed to understanding the needs of and reaching out to older women. Our network of local services includes a refuge dedicated to supporting women over the age of 45. As part of our Change That Lasts initiative, we have trained professionals who are likely to come into contact with older survivors of domestic abuse to give them the skill set to appropriately respond to disclosures (see Women's Aid, 2018C).

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11 Different studies use different definitions of 'older age'. The Femicide Census looks at women aged 66+; the IPVow study (Penhale & Porritt, 2010) looked at intimate partner violence against women aged 60+; O'Keeffe et al looked at violence against people aged 66+; Mouton et al studied abuse against women aged 50 to 79 years.

1.7 Data tables and graphics

Chart 1.1: Age of service users, 2017-18 (On Track)

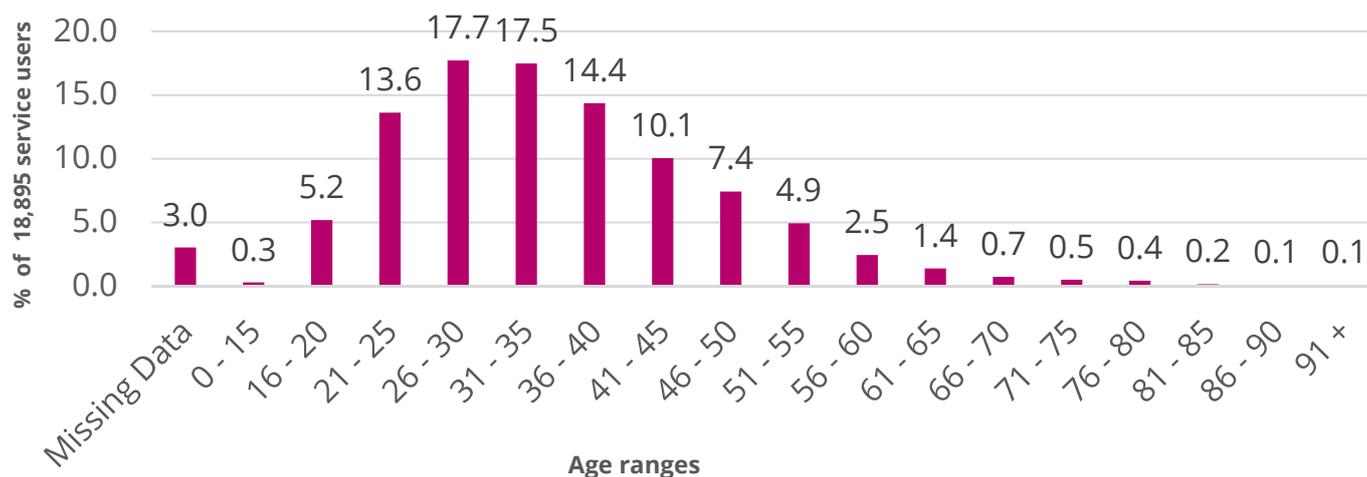
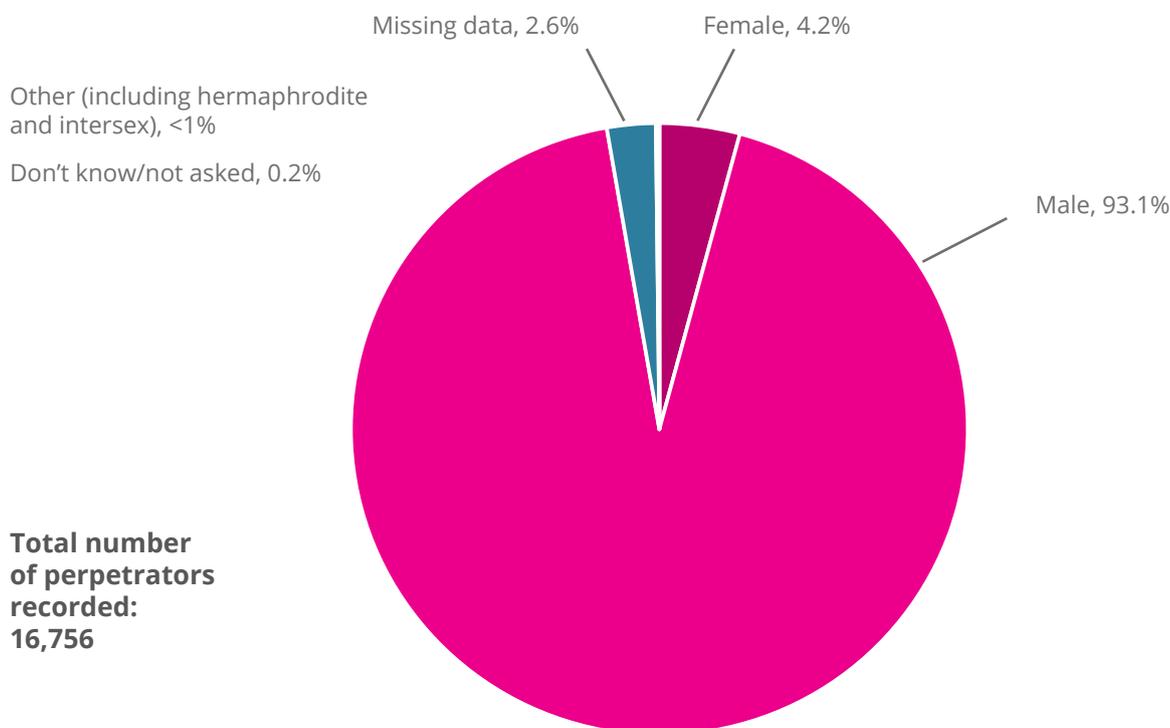
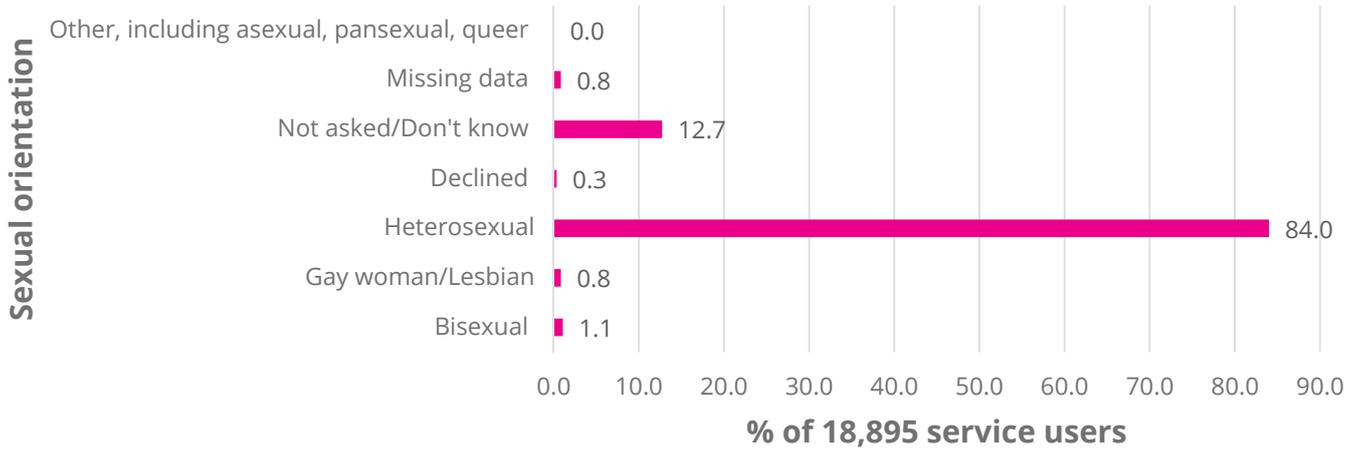


Chart 1.2: What is the sex of alleged perpetrator? 2017-18* (On Track)



*No one declined to answer this question. These are the perpetrators recorded on On Track in cases of domestic abuse against female service users. Percentages shown are out of the total number of perpetrators recorded (16,756). NB: there was not a perpetrator(s) recorded for every service user, some service users had multiple service users recorded. Service users where no alleged perpetrator recorded: 4,024. Number of cases where at least one perpetrator was recorded: 14,871.

Chart 1.3: What is the sexual orientation of service users? 2017-18 (On Track)



NB Sexual orientation data should not be used to assume the sex of the perpetrator(s). The perpetrator may be a family member or, for example, the perpetrator may be from a heterosexual intimate partner relationship, but the service user self-defines as lesbian.

Table 1.1: Does the survivor self-define as transgender? 2017-18 (On Track)

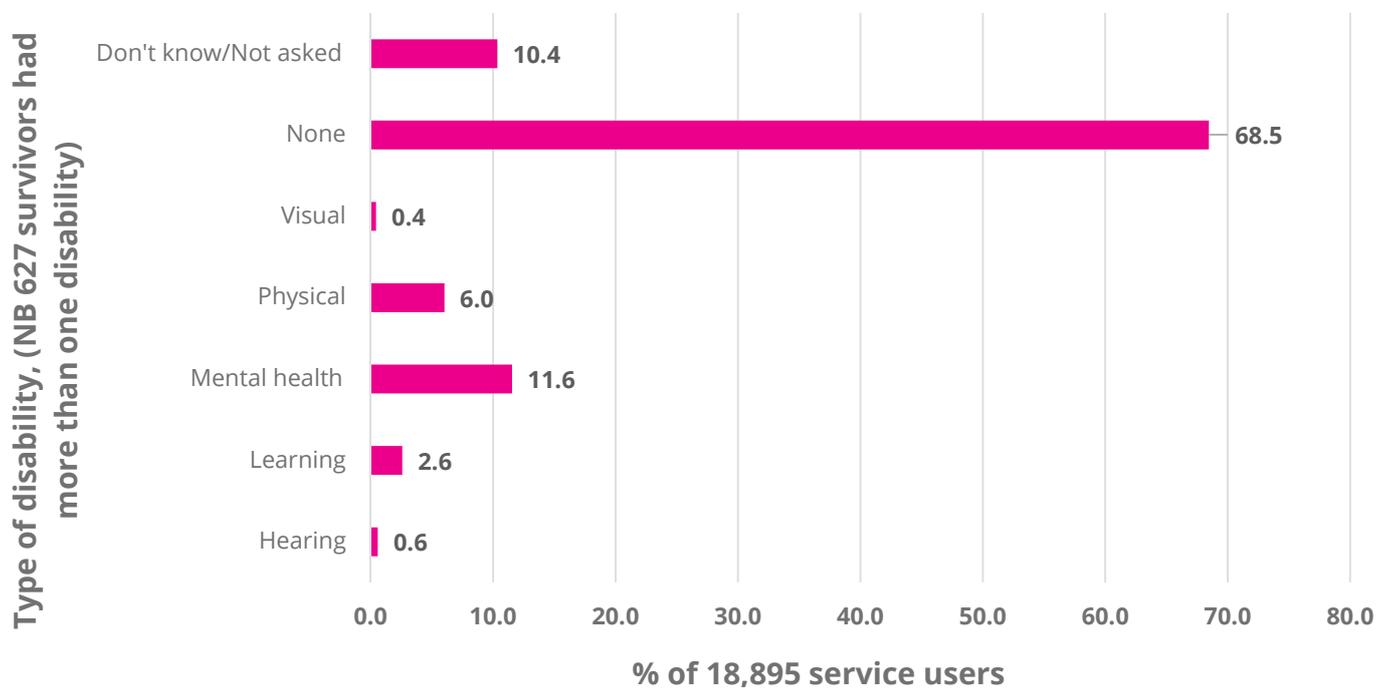
	% of 18,895 service users
Missing data	2.2%
Yes	0.8%
No	86.4%
Don't know/Not asked	10.5%
Declined	0.0%

Table 1.2: What are the ethnic backgrounds of service-users? 2017–18 (On Track)*

	% of 18,895 service users
White British	60.3%
White Irish	0.7%
White Gypsy or Irish Traveller	0.3%
White Eastern European	3.6%
White Any other White background	3.2%
Mixed/Multiple Ethnic Background White and Black Caribbean	1.6%
Mixed/Multiple Ethnic Background White and Black African	0.4%
Mixed/Multiple Ethnic Background White and Asian	0.3%
Mixed/Multiple Ethnic Background Any other Mixed/Multiple ethnic background	1.1%
Asian/Asian British Indian	1.8%
Asian/Asian British Pakistani	4.8%
Asian/Asian British Bangladeshi	1.1%
Asian/Asian British Chinese	0.4%
Asian/Asian British Any other Asian background	1.7%
Black/African/Caribbean/Black British African	4.2%
Black/African/Caribbean/Black British Caribbean	1.9%
Black/African/Caribbean/Black British Any other Black/African/Caribbean background	1.7%
Other ethnic group Arab	0.7%
Any other ethnic group	1.9%
Don't know/Not asked	6.3%
Declined	0.1%
Missing data	1.9%

*These data cannot be considered representative of all women accessing services as many specialist BME organisations use an alternative database.

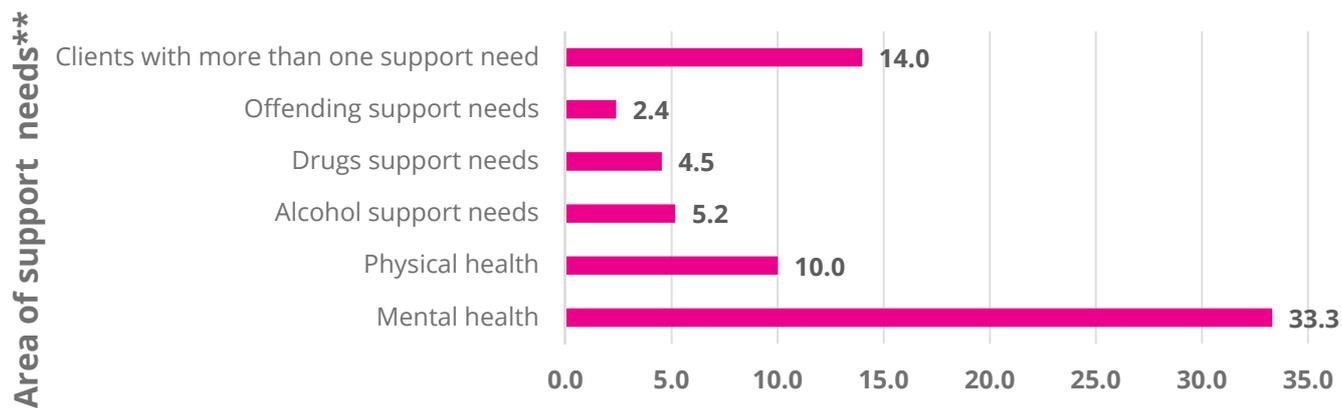
Chart 1.4: How many service users were disabled? 2017–18 (On Track)



Any disability

19.1% of service users were disabled (any disability)
 3.3% of service users had multiple areas of disability

Chart 1.5: What were the support needs of service users?* 2017–18 (On Track)



	Mental health	Physical health	Alcohol support needs	Drugs support needs	Offending support needs	Clients with more than one support need
■ % service users	33.3	10.0	5.2	4.5	2.4	14.0

% of 18,895 service users

* Some survivors will not have been able to access services because the service was not resourced to meet their specific support needs.

** 14.0% of service users had more than one area of support needs.

Chart 1.6: How many service users (who were not British nationals) had recourse to public funds? 2017-18 (On Track)

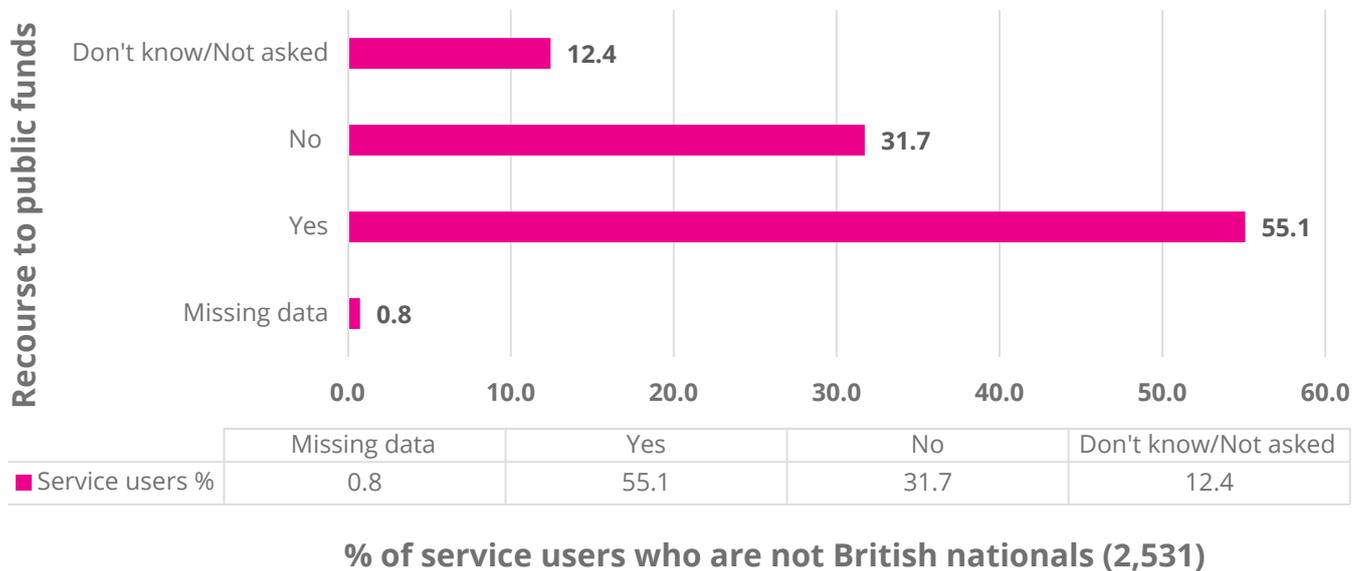
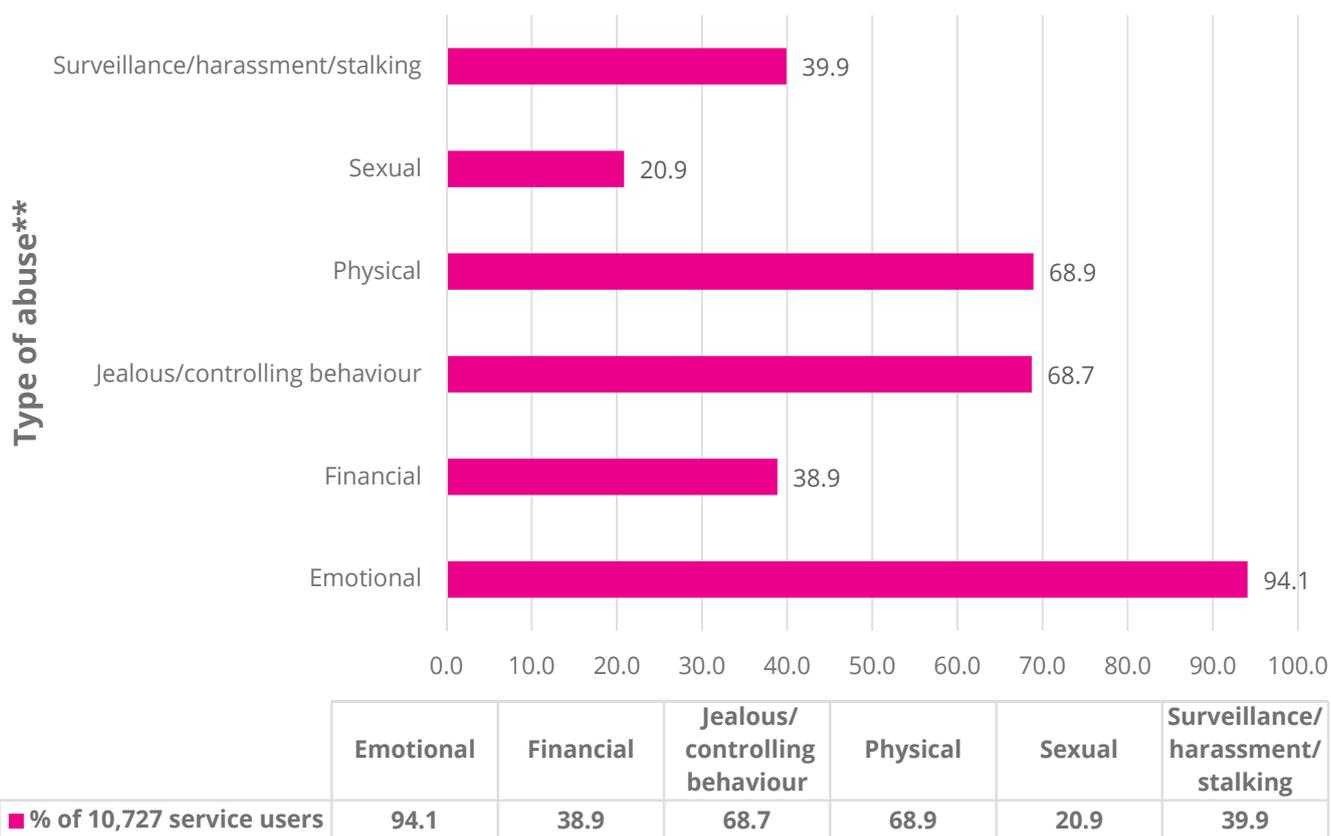


Chart 1.7: What types of abuse are service users experiencing? (current abuse only*) 2017-18 (On Track)



* Any service user who is experiencing/has experienced abuse within the last year.

** A service user is likely to experience multiple abuse types; unable to account for missing data.

Section 2:

The provision of services

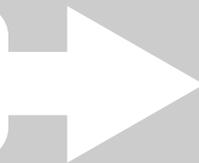
Figure 2.1

2.1 Key Findings

Information in this section is from Routes to Support

As at 1st May 2018, there were 219 domestic abuse service providers running 363 local services throughout England.

219 domestic abuse service providers



363 local services

Providers of domestic abuse services in England deliver a **range of service types** to **meet the needs** of survivors and their children.

refuge

protected characteristics (eg BME women)

support in the community

resettlement

prevention/educational work

children and young people

15

bed spaces are up...

20

...but so is the **shortfall**

In the year ending May 2018, there was an increase of 15 bed spaces in England. This figure still **falls short** of the number recommended by the Council of Europe by **1,715 bed spaces**. As the **population has also increased during this time**, the shortfall has actually increased by 20, however it is subject to regional variation.



Just under **half of refuge vacancies** posted on Routes to Support in 2017-18 could accommodate a **woman with two children**.



Fewer than **one in five** could accommodate a **woman with three children**.

There are likely to be fluctuations in numbers between the dates snapshot data are taken from Routes to Support. All charts in this section are about services for women and children, unless otherwise stated.

2.2 Who are the service providers?

As at May 2018 there were 219 domestic abuse service providers in England listed on Routes to Support; these organisations were running 363 local services between them throughout England (**Table 2.1**). Some service availability, such as provision for specific needs and refuge spaces, can vary from one region to another. At the same time in the previous year 229 providers were running 365 local services, continuing the trend towards fewer, larger contracts seen over time (Women’s Aid, 2017A).

The majority (65.8%) of local domestic abuse support services are now run by dedicated providers¹², with 72.0% of those including refuge. This continues the slight increase in

dedicated provision that we have seen year on year since 2014 (Women’s Aid, 2017A). Just over a third of domestic abuse services are run by organisations that do not specialise in domestic abuse, including housing associations or other charities.

All of these services support women who are experiencing domestic abuse and many also offer support to women experiencing other types of gender-based violence¹³, such as trafficking or so-called ‘honour’-based violence. **Table 2.2** on page 20 gives a breakdown of the proportion of services offering these. Women can also experience multiple forms of gender-based violence.

Table 2.1: Summary of domestic abuse service provision in England, May 2018 (Routes to Support)

	Number at 1st May 2017	Number at 1st May 2018	Net change from 2017
Domestic abuse service entries (service entries)*	365	363	-2
Organisations providing domestic abuse services (providers)	229	219	-10
Refuge services	276	271	-5
Children and Young People’s services	190	197	+7
Refuge bed spaces**	3832	3847	+15

* Including all domestic abuse service types.

** A bed space is a unit of accommodation for one woman and her children, regardless of how many beds or cots are in the unit.

12 Organisations constituted solely for the purpose of delivering violence against women and girls (VAWG) support services.

13 The European Institute for Gender Equality describes gender-based violence in the following way: “Gender-based violence is rooted in and reinforces gender inequalities and it cannot be understood outside the social structures, gender norms and roles that support and justify it.” <https://eige.europa.eu/gender-based-violence>

Table 2.2: Support for women experiencing types of gender-based violence, May 2018
(Routes to Support)

Form of gender-based violence	Number of refuges	% of refuges	Number of community-based services	% of community-based services
Female genital mutilation (FGM)	229	84.5%	203	66.3%
Forced marriage	266	98.2%	251	82.0%
'Honour'-based violence	247	91.1%	228	74.5%
Sexual violence	189	69.7%	176	57.5%
Trafficking	177	65.3%	154	50.3%
All	271		306	

2.3 Specialist support for women with particular protected characteristics

A small proportion of services provide specialist provision around a particular protected characteristic¹⁴, such as ethnicity, age or sexuality. These services recognise the interlocking forms of discrimination that women face and provide specialist support tailored to their specific needs and experiences. There are 36 refuges in England which are run specifically for a particular group of women, for example there are 30 refuge services for BME women. These refuges – and spaces within them – are few, and they

are largely confined to London. **Table 2.3** gives a full breakdown and shows that half of the specialist BME refuges in England are based in London and account for 65.5% of specialist refuges spaces.

Specialist provision is not exclusive to refuge services: there are 50 other service types which run for particular groups of women – see **Table 2.4** for a full breakdown. Again, most (54.0%) are in London, including three out of the four specialist LGBT+ services.

Table 2.3: Refuge services (with bed spaces) exclusively for groups, May 2018 (Routes to Support)

Region	BME	Women with substance use support needs	Women over 45	Young women (16-24)	Women with learning disability	Total
London	15 (213)	1 (6)	0 (0)	0 (0)	2 (12)	18 (231)
All England	30 (325)	2 (11)	1 (4)	1 (5)	2 (12)	36 (357)

Table 2.4: Services other than refuge exclusively for groups, May 2018 (Routes to Support)

	BME women	Eastern European	Complex needs/ substance use	Deaf women	Forced marriage	LGBT+ community	Young women (16-24)	Women with learning disability	Grand total
London	21	1	2	0	0	3	0	0	27
All England	35	3	3	1	2	4	1	1	50

14 The Equality Act 2010 (<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>) protects against discrimination based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. These are known as protected characteristics.

2.4 Types of services

Providers of domestic abuse services in England deliver a range of service types to meet the needs of survivors and their children (**Table 2.5**). These include refuge services, resettlement services for women moving on from refuge, support for women living in the community (such as a helpline, drop-in services or support groups), specialised support for children and young people,

therapeutic services, and prevention work (such as educational work with schools and youth groups).

There was a decrease in the number of most service types in 2017–18. Particularly notable is the reduction in therapeutic support with a loss of 18.1%¹⁵ of formal counselling services during the year.

Table 2.5: Types of support service for women available in England, May 2018 (Routes to Support)

Service types	Refuge	Resettlement	Floating support	Outreach	IDVA service*	Prevention work	Helpline	Drop-in	Formal counselling	Support groups	CYPS
Number of services in England	271	213	104	191	125	58	136	76	77	213	197
Change from May 2017	-5	-3	-2	+7	-4	-10	+21	-15	-17	-44	+7

*This is the number of Independent Domestic Violence Advocate (IDVA) services, not the number of individual staff members working as IDVAs.

.....
15 A loss of 17 services out of 94 at May 2017.

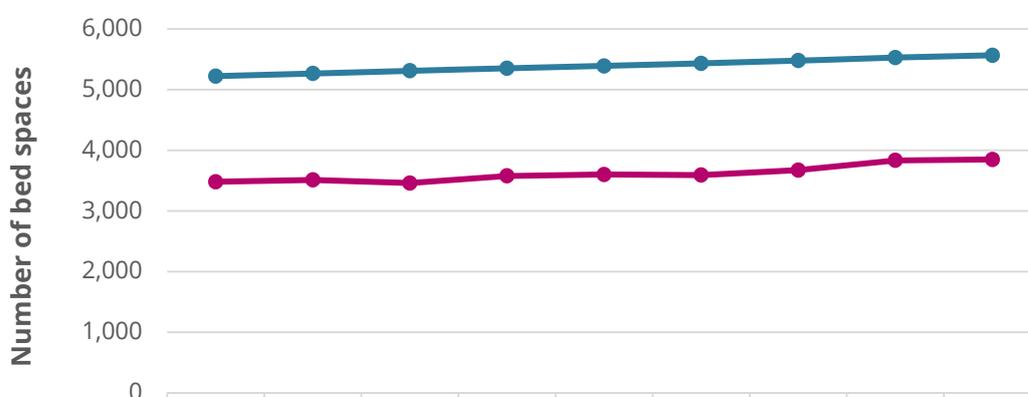
2.5 Refuge services

Of these 363 local services available in England as at May 2018, 271 ran refuge services. Refuge services vary both in size and in the areas of support they can meet, so looking at service numbers in isolation is not a useful way of measuring the level of refuge provision in England. Counting refuge bed spaces is a more accurate indicator of the level of provision and of change over time, although the number of bed spaces does not in itself give us the full picture, as we will explain later.

A bed space in a refuge service is a unit of accommodation for one woman and her children (one household), regardless of how

many beds or cots are in the unit. We have seen an increase in the number of bed spaces in England every year since 2010 and in the year ending May 2018 there was an increase of 15 spaces from 3,832 bed spaces for women at May 2017 to 3,847 bed spaces¹⁶ (148 of these spaces are not exclusively for women and can be used to accommodate men or women). This increase in bed spaces is likely to be a result of crisis funding that has been made available to some refuge services by the government from 2016 to 2018.¹⁷ Despite the increase in bed spaces, this figure still falls short (by 1,715 bed spaces) of the Council of Europe’s minimum recommendation¹⁸ (see **Chart 2.1**). Alongside

Chart 2.1: Refuge bed spaces since 2010 by year (Routes to Support)



* Council of Europe recommendation of one refuge space per 10,000 population. These data are snapshot figures gathered on one day each year. These figures do not provide information on which specific access and support needs these services are able to support, eg some services will not be able to support women with drug/alcohol dependency support needs.

16 There are likely to have been fluctuations in the number of bed spaces between our snapshot figures gathered in May annually.

17 The government allocated £20m from 2016 to 2018 to help fund support for domestic abuse survivors, including keeping refuge doors open. Applications were made by local authorities working in partnership with service providers for work in 2016 to 2018.

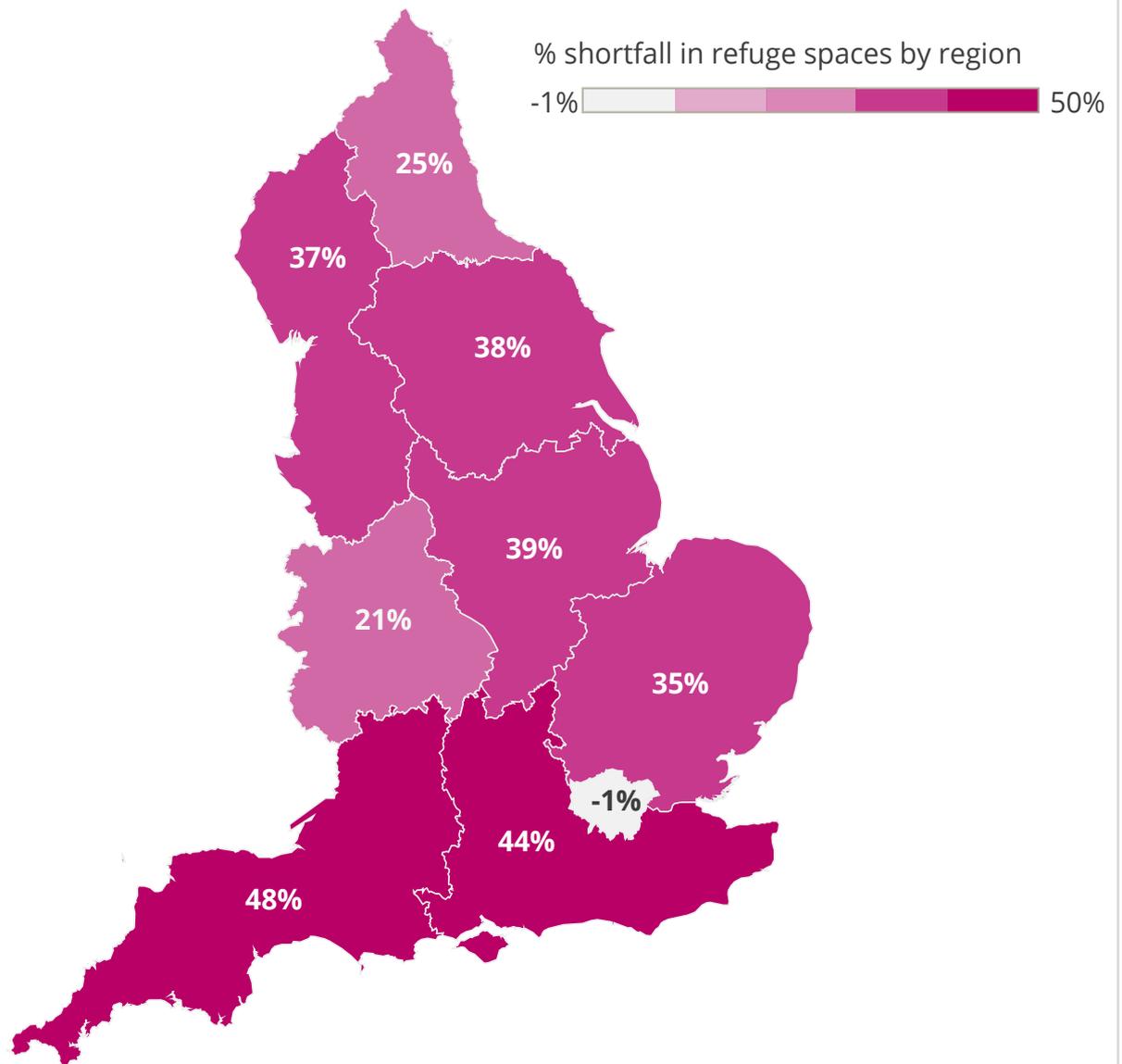
18 Council of Europe (2008): "...safe accommodation in specialised women’s shelters, available in every region, with one family place per 10,000 head of population." (p. 51). Based on ONS mid-year estimate for 2017: 55,619,430.

an increase in bed spaces we also see an increase in population each year meaning that this shortfall has also increased in the last year (by 20 spaces). This shortfall is subject to regional variation as shown in **Map 1**.

Refuge spaces consist of much more than a room with a bed. Refuges are safe places where survivors and their children receive specialist emotional and practical support and a time of recovery from the impact of domestic

abuse. When examining the level of refuge provision, therefore, it is also important to look at both the availability and accessibility of bed spaces. When looking for a refuge space for a woman fleeing domestic abuse a helpline worker (or other referring agency) will ask a number of questions, which will then determine how many spaces are available. These questions can include the following.

Map 1: % shortfall in refuge spaces by region at May 2018 (Routes to Support)



* These data are snapshot figures gathered in May 2018. These figures do not provide information on which specific access and support needs these services are able to support, eg some services will not be able to support women with drug/alcohol dependency support needs and vacancies will vary in the number of children that can be accommodated.

1. How many children does she have?

As refuge spaces vary in terms of the size of family that they can accommodate, availability varies depending on the number of children a woman is fleeing with. Just under half of refuge vacancies posted on Routes to Support

in 2017–18 could accommodate a woman with two children, and even fewer (under one-fifth) could accommodate a woman with three children (see **Table 2.6**).

2. Is she in paid employment?

For many women going into a refuge means leaving any paid employment for safety reasons. If a woman does wish to remain in paid employment this may restrict where in the country she looks for refuge - near enough to get to work, yet somewhere she will be safe. In response to our annual survey, some services acknowledged the challenges of providing refuge to women in employment and talked about the need to tailor support "...to enable

women to engage with our service whilst remaining in paid employment..." (Service responding to Women’s Aid Annual Survey 2018). Women not able to access support out of working hours, or who aren’t eligible for housing benefit due to their employment status can face additional barriers "being in a refuge can be problematic due to cost if they are no longer HB eligible." (Service responding to Women’s Aid Annual Survey 2018).

3. Does she have additional support needs?

As the information on vacancies (**Table 2.6**) and the availability of specialist workers (**Tables 2.7** and **2.8** on page 26) shows, it can be difficult for a woman to access a refuge space if she has access needs related to her disability, or if she has support needs around mental health, or drug/alcohol use. Only 17.3% of all refuge services have a specialist mental health support worker(s), only 8.9% have a specialist drug use worker

and only 8.9% have a specialist alcohol use worker. For women who need vacancies in physically accessible rooms (for themselves or their children) options are very limited. During 2017–18 only 1.0% of vacancies were in rooms fully accessible for wheelchairs and a further 1.2% were suitable for someone with limited mobility. These figures vary from region to region.

Table 2.6: Refuge vacancies posted in 2017–18. % vacancies for each group (change from 2016–17)

Types of vacancies	# All vacancies posted, England	Woman plus two children	Woman plus three children	No recourse to public funds	Full wheelchair access	Person with limited mobility
Vacancies available to different groups	10,405	43.9%	17.2%	5.8%	1.0%	1.2%
Change since 2016–17	-782	-1.5%	-0.7%	-0.3%	-0.8%	-0.2%

4. Does she have recourse to public funds?

If a woman is denied recourse to public funds¹⁹ spaces will be limited: during 2017–18 only 5.8% of vacancies could consider women who were not able to access public funds (see

Table 2.6 on page 25). In some cases this was conditional on her having funding in place to cover her stay.

5. Where does she need to go?

All of the factors mentioned above limit the availability of refuge vacancies in real terms and this is further limited by regional availability. If a survivor wishes to go to a certain part of the country in order to access particular support, be near family, or just to be in a similar location to the one she is comfortable in, her options will be reduced.

There is no such thing as a typical victim of domestic abuse and individual women may have one or more of the support needs mentioned. Where this is the case the number of spaces available to her will then be even lower (for example, if she has two children and also needs a wheelchair accessible space). This is explored again in **Section 3** of this report, where we look at the demand for services.

Table 2.7: Community-based services with specialist support workers, May 2018 (Routes to Support)

Specialist worker type	Mental health support needs	Drug use	Alcohol use
Number of community-based services	34 (11.1%)	15 (4.9%)	14 (4.6%)
Change from 2017	-19	-4	-3

Table 2.8: Refuges with specialist support workers, May 2018 (Routes to Support)

Specialist worker type	Mental health support needs	Drug use	Alcohol use
Number of refuge services	47 (17.3%)	24 (8.9%)	24 (8.9%)
Change from May 2017	-16	-6	-6

19 'No recourse to public funds' means that she is not eligible for state benefits (these usually cover housing support costs in refuge accommodation) because of her immigration status.

2.6 Services for men

Routes to Support primarily holds information on services for women and girls, but it does tell us where these services also provide support for men. As at May 2018, 170 out of 363 service entries (46.8%) had one or more service(s) for men, including 32 out of 271 refuges (11.8%) which can now accommodate men. There are 171 refuge spaces provided for men: 23 of these are exclusively for men and the remaining 148 are for men or women depending on need. These 148 spaces are also included in the 3,847 bed spaces for women mentioned earlier in this report. Numbers of service types provided for men

have all increased since May 2017 and include refuge, community-based support, advocacy, and information and advice services. There are 66 local services providing helpline support to male victims, in addition to the Men’s Advice Line, a national helpline for men run by Respect. This is not an exhaustive list of the services provided for male victims or perpetrators; rather these numbers are for services offering support to women who also work with male victims or perpetrators, as Routes to Support is primarily the directory of services for women and children. See **Tables 2.9** and **2.10** below.

Table 2.9 Services for men (Routes to Support)

Service types	Refuges with space for men	Floating support	Helpline	Outreach	Project based	Domestic violence advocacy project	Sexual violence advocacy project	Information and advice	Total entries with one or more service for men
Number of services in England in May 2018	32	39	66	102	22	71	13	97	170
Net change since May 2017	+10	+5	+23	+11	+4	+5	+1	+24	+16

*This is not an exhaustive list of the services provided for male victims or perpetrators, rather these numbers are for services offering support to women who also work with male victims or perpetrators

Table 2.10 Refuge bed spaces for men in England*, May 2018 (and change from May 2017) (Routes to Support)

	Bed spaces available to men	% of all refuges with space for men	% of all spaces available to men
Number at May 2018	171	11.8%	4.4%
Net change from May 2017	New data	+8.0%	New data

* This is not an exhaustive list of the services provided for male victims or perpetrators; rather these numbers are for services offering support to women who also work with male victims or perpetrators.

Section 3: The work of support services, 2017–18

Figure 3.1

3.1 Key Findings

Information in this section is from Women's Aid Annual Survey

Demand for services is high

136,165

referralsⁱ accepted to **community based services**

12,034

referralsⁱ accepted to **refuge services**

59.7% declined (for any reason)

17.1% declined due to **lack of space/capacity**



Biggest challenge



The most common theme was

"funding cuts and uncertainties"

with **54.5%** of respondents commenting on it

Funding for services remains uncertain



56.7%

running an area of their domestic abuse service **without any dedicated funding** in 2017–18ⁱⁱ



20.6%

received **no local authority funding** for **community based services**ⁱⁱⁱ



9.1%

received **no local authority funding** for **refuge services**^{iv}

Staffing has been changing since 2014^v



33.6%

finding it increasingly difficult to **recruit and retain staff**



17.9%

have had to **reduced staff salaries** due to decreased funding



30.6%

have **reduced the amount of support** (in terms of staff time) they are **able to give to each service user** due to funding.



ⁱ: Estimate based on services responding to the survey. These are instances of referrals. A woman may be counted more than once in these numbers if she was referred to several services. For example, one woman may be referred to five refuge services, the first four services decline her referral but the fifth service accepts the referral.

ⁱⁱ: missing data: 1.5%

ⁱⁱⁱ: missing data: 12.7%

^{iv}: missing data: 17.3%

^v: missing data: 19.4%

Demand

“ Most challenging issue in 2017–18:

“Continued pressure from funders to provide services without the budget with increasing referral numbers.”

“Capacity - not enough bed spaces for all women in need of refuge accommodation, especially complex needs.”

“Lack of funding alongside an increase in referrals (particularly referrals for support in the community).”

It is clear that specialist domestic abuse services are doing an enormous amount of vital work to support survivors and their children, keep them safe and empower them to recover from trauma. As in previous annual survey findings, it is clear that services are experiencing high demand for the specialist support they offer which exceeds their resources. Figures from the Women’s Aid Annual Survey 2018 show that responding community-based services²⁰ accepted 49,262 referrals in 2017–18; we estimate that this would be as high as 136,165 if all services in England had responded to the survey. Refuge services responding to the annual survey accepted 6,398 referrals, and we estimate that this would be 12,034 if the survey response rate had been 100%.

A large number of referrals, however, were declined by services. Refuge services responding to the Women’s Aid Annual Survey 2018²¹ received 17,778 referrals in 2017–18; 59.7% of these were declined (this figure was 60.0% from the annual survey

for 2017). An estimated 21,084 referrals to all refuge services in England were declined in 2017–18. If these were spread evenly throughout the year, that is the equivalent of 405 referrals to refuge being declined each week. 17.1% of all referrals to responding refuge services were declined due to lack of space/capacity to support the survivor (**Chart 3.1** on page 30).

31.2% of all referrals to responding community-based services were declined in 2017–18. This is higher than 2016–17, when 24.3% of referrals to community-based services responding to the annual survey were declined. The main reasons were that the survivor herself declined support (13.2% of total referrals received) or the service was unable to contact the survivor (7.8%) (**Chart 3.2** on page 30).²²

It is important to note how difficult it can be for a survivor to make the decision to access support and talk to someone about the abuse. Her situation may have changed

.....

20 Responses from 70 providers with 122 service entries on Routes to Support.

21 78 providers with 134 service entries on Routes to Support.

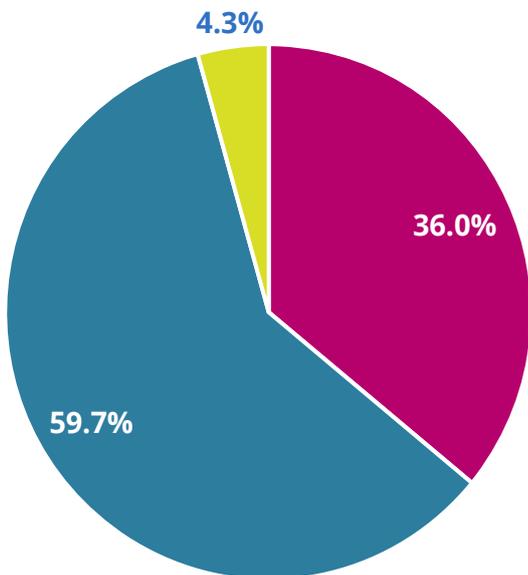
22 This is similar to previous years’ findings on the main reasons why referrals to community-based services were declined. See Women’s Aid, 2017A, p.28.

since she first asked about support or was referred; the abuse may have escalated (for example, increased surveillance and control over her activities, increased physical violence) so she feels that she can no longer safely access support. Conversely, the perpetrator may have temporarily altered his behaviour in an effort to stop her from leaving (pausing the abuse, making a show of giving presents and giving emotional support, or using bribery and emotional blackmail to influence her decision) and she may now doubt whether this is domestic abuse. She may blame herself for the abuse or feel shame about telling someone else details about her relationship.

It could also be that survivors were referred inappropriately, without their consent or input into the type of support they wanted, or that a woman was referred multiple times by more than one agency or to more than one service so was already receiving support (no data are available on the number of instances of multiple referrals for one woman).

Respondents to the annual survey gave comments about the high level of referrals they were experiencing. 11.9% of responses to a question about the most challenging issue in 2017-18 talked about the challenge of high demand, including responding

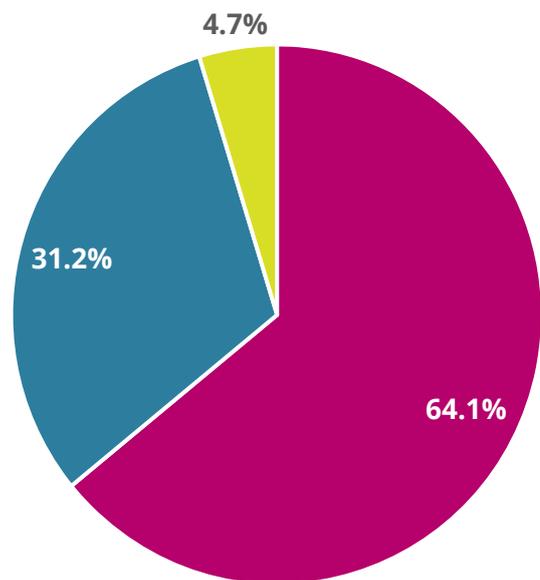
Chart 3.1: What happened to referrals received* by refuge services in 2017-18?



- Referrals accepted
- Referrals declined
- Missing data

* 17,778 referrals received by 134 refuge services responding to the Women's Aid Annual Survey 2018. These figures cannot provide a full picture of demand for refuge services. Some survivors may not disclose abuse and some may not have been referred to a refuge because referring agencies may already be aware that a refuge is full or cannot meet their needs.

Chart 3.2: What happened to referrals received* by community-based services in 2017-18?



- Referrals accepted
- Referrals declined
- Missing data

* 76,859 referrals received by 122 community-based services responding to the Women's Aid Annual Survey 2018. These figures cannot provide a full picture of demand for services. Some survivors may not disclose abuse and some may not have been referred to a service because referring agencies may already be aware there is a waiting list or the service cannot meet their needs.

to referrals for women with high-level or multiple support needs (see **Table 3.1** on page 32). One respondent summed up the challenge as “Managing the demand for the service against the resource available.” (Service responding to Women’s Aid Annual Survey 2018). Some respondents referred to the resulting pressures on staff and on finances. One respondent wrote that their biggest challenge had been: “Capacity – we have had an unsustainable increase in referrals from police – if this trend continues we would need to double in size within five years.” (Service responding to Women’s Aid Annual Survey 2018).

It is important to also bear in mind that the number of survivors who could have benefitted from support in these services is likely to be even greater than the ‘referrals declined’ figures given above suggest. These numbers do not take into account the survivors who do not ask for support or maybe delay doing so for a long time. And there will be survivors who did ask for help but were not referred because the referring agency already knew that the refuge

““ Most challenging issue in 2017–18:

“Capacity – we have had an unsustainable increase in referrals from police – if this trend continues we would need to double in size within five years.”

was full or that it did not have the resources to meet the survivor’s specific needs, for example support around mental health or support around drug or alcohol use. It should also be taken into consideration that women using some of the community-based services may have been on a waiting list before they could access the service. One respondent to the annual survey commented on “The frustration of having to make people wait for face-to-face support.” (Service responding to Women’s Aid Annual Survey 2018).

Table 3.1 The most challenging issue our service faced in 2017–18 was...
(Women's Aid Annual Survey 2018)

Response theme	% of 134 responses*	
Funding cuts/ uncertainty	54.5%	"...reducing some of the support due to finding cuts, no work with children in their journey, unable to give the full holistic service."
Tender process/ demands	7.5%	"...[our local authority] decided to put out a tender for all domestic abuse and sexual violence services which was won by one large organisation and excluded all small third-sector agencies. It excluded and marginalised women-only organisations by the construction of the tender."
Staffing (including cuts/ shortage/instability)	17.2%	"...retaining and motivating staff who have been waiting for the result of the contracting process for three years." "We did not have enough funding to provide adequate IDVAs. This led to the IDVAs in post feeling overwhelmed with the workload and leaving their jobs. Recruiting for such high demanding roles has been very challenging."
Demand (including meeting demand/ increased referrals)	11.9%	"...high referral numbers and limited funding for staffing through contracts."
Supporting survivors with complex needs	9.7%	"...supporting women with a dual diagnosis of mental health and drug and/or alcohol misuse, particularly in the refuge setting."
Housing-related issues	8.2%	"...moving women on from our refuges into long-term, stable and appropriate accommodation that meets their needs and enables them to continue to thrive."
Supporting women with no recourse to public funds	8.2%	"...not being able to accept NRPF families who were not supported financially by social services. And also the difficulties of not being able to accept some EEA [European Economic Area] residents, due to the complexities of immigration/welfare benefits access."
Other (including comments on the introduction of universal credit and lack of support from other services)	12.7%	"...benefits introduced universal credit in this area which had an impact on the families. More foodbank referrals were made while families wait for the benefit to come through."
Changes to external services	4.5%	"...huge increase in demand for support around housing and immigration (no recourse to public funds) related matters coupled with shrinking adequate housing support and resources offered by local authority housing departments."
Missing data	6.7%	

* Responses may have been allocated to more than one theme in analysis.

Funding

““ Most challenging issue in 2017–18:

“Having so many short-term funding streams which make it difficult to plan for the future, recruit and retain staff and can take away from frontline delivery due to need to constantly write and submit funding applications.”

“Lack of funding, possible closure of refuges if no long-term funding can be confirmed.”

“Losing our funding and closing the refuge in 2017.”

“Trying to secure ongoing funding for our services.”

“Juggling many small funds that don’t meet full cost recovery.”

“We are receiving less money but expected to provide more per worker, and demand for the service has increased as well as the support that is required due to increased financial pressures on families and survivors.”

Responses to our annual survey show that funding continues to be an area of significant concern for domestic abuse services. As in previous annual surveys, ‘funding cuts and uncertainties’ was the most frequently mentioned theme when responding to their biggest challenge in 2017–18 (54.5% of respondents) (see **Table 3.1** on page 32). Some respondents wrote about cutting back or even closing services. One service wrote that their biggest challenge had been “losing our funding and closing the refuge in 2017” (Service responding to Women’s Aid Annual Survey 2018). Others commented on the difficulties of operating in an environment where they were expected to do more with less financial resources.

Reductions in funding or insufficient funding (including contracts that did not cover all costs), coupled with increased demand, have had a negative impact on the ability of services to deliver the level of support they

want to provide. One service wrote: “We are receiving less money but expected to provide more per worker, and demand for the service has increased as well as the support that is required due to increased financial pressures on families and survivors.” (Service responding to Women’s Aid Annual Survey 2018). Another respondent wrote about the challenge of “...juggling many small funds that don’t meet full cost recovery” (Service responding to Women’s Aid Annual Survey 2018) and another commented that they were “having to work with funding awards which are not full cost recovered, ie having to subsidise each award. This immediately impacts on service delivery, morale and staff welfare.” (Service responding to Women’s Aid Annual Survey 2018).

56.7% of respondents were running an area of their domestic abuse service without any dedicated funding in 2017–18 (probably using financial reserves or the work of

unpaid volunteers) (see **Figure 3.1**). This is a higher proportion than in 2016–17: 46.3% of organisations responding to the annual survey for 2017 reported that they had been running some of their work without dedicated funding. *Survival and Beyond: The Domestic Abuse Report 2017* (Women’s Aid, 2018) showed that dedicated providers (those constituted to provide violence against women and girls services alone) were much more likely to be running services without dedicated funding, making up 78.9% of those running one or more service type unfunded. These services are more likely to find innovative ways to continue delivering the services survivors need, for example by exploring alternative funding or using their charitable status to attract volunteers. The most common area of work being run without dedicated funding was therapeutic support services (for example, counselling, group

work) (see **Table 3.2**). We saw in **Chart 1.5** on page 16, that a third of the survivors using services had support needs around their mental health so it is especially concerning to see that 32 services indicated that they were delivering therapeutic support without any dedicated funding. 12 respondents told us they were running specialist support for BME survivors without dedicated funding. As we saw in **Section 2 (The provision of services)** there is only a small number of specialist providers, highlighting the vulnerability of this part of the sector.

In their comments on funding challenges, services discussed difficulties maintaining and searching for funding. Domestic abuse services are often funded from a variety of sources (see Women’s Aid, 2016 & 2017A), which may include funding from their local authority. The submission of multiple bids

Table 3.2 Which areas of your domestic abuse service were you running without dedicated funding in 2017–18?* (Women’s Aid Annual Survey 2018)

Area of service without any dedicated funding	Number of respondents
Therapeutic support services (counselling, group work)	32
Domestic abuse prevention/educational work	27
Community-based domestic abuse services for women (outreach, floating support, advocacy)	26
Children and Young People’s domestic abuse services	22
Domestic abuse refuge provision	20
Domestic abuse services for women with complex needs	13
Specialist Black and Minority Ethnic (BME) domestic abuse services	12
Specialist Lesbian Bisexual Trans (LBT) domestic abuse services	3
Other	19
Answered question	72
Skipped question	4**

* Organisations may be running more than one area of service without any dedicated funding.

** 76 organisations replied that they were running an area of service without dedicated funding.

and fulfilling the monitoring requirements of multiple funding sources brings with it an increased administrative burden which can divert resources from support work. One respondent described the challenge in the following way: "This means a great deal of time is spent looking for new funding sources and completing funding applications – grants, bids and tenders – in order to meet the capacity and demand that we are currently facing." (Service responding to Women's Aid Annual Survey 2018).

Such a fragmented funding landscape and the dominance of short-term funding options can also bring uncertainty about the service's future, with the knock-on effect of problems with staff retention. As one respondent put it: "Having so many short-term funding streams which make it difficult to plan for the future, recruit and retain staff and can take away from frontline delivery due to need to constantly write and submit funding applications." (Service responding to Women's Aid Annual Survey 2018). Some services wrote about the challenge of competing against large, non-local organisations, some of which they believed were not best placed to deliver specialist support in their local area.

Many services actively seek diverse ways to keep their services sustainable and there are some that completely rely on funding from sources outside local government. This could be, for example, individual giving, charitable trusts, corporate sponsorship and community fundraising. 9.1% of respondents wrote that they received no local authority funding for their refuge service(s) for women and 20.6% of respondents wrote they received no local authority funding for their community-based service(s) for women in 2017–18 (see **Figure 3.1.**)

This year's annual survey also included a new free-text question: 'If you could ask the government to do one thing to improve the response to domestic abuse in England, what would it be?' (See **Table 3.3** on page 36).

Responses to this question were most frequently on the theme of funding: 67.9% (n=91). Respondents gave comments on the need for increased funding and financial security for the sector, including longer-term and ring-fenced funding. One respondent summarised the situation in the following way: "Decreasing of funds stretches service abilities to provide the right support for our tenants. This in turn increases the risk of tenants abandoning the services and returning to previous homes they have fled from." (Service responding to Women's Aid Annual Survey 2018).

Another service asked the government to: "Provide longer-term secured funding in a consistent and proportionate manner across all areas of England – contracts are currently one or two years only, which causes difficulties in providing embedded trusted services, recruitment and retention of high-quality staff, engagement rates of service users from across the diversity of need and vulnerability spectrum, and in some places, a postcode lottery of services available." (Service responding to Women's Aid Annual Survey 2018).

Our survey was distributed and completed before the government decision was made to retain housing benefit for eligible women using refuge services, and it is clear from responses that this decision was welcomed by the sector with some respondents mentioning this specifically. Funding is clearly a significant issue for domestic abuse services and Women's Aid is working with the government on the design of a funding model that will work for domestic abuse services and commissioners, but most crucially survivors.

Table 3.3 If you could ask the government to do one thing to improve the response to domestic abuse in England, what would it be?* (Women's Aid Annual Survey 2018)

Response theme	% out of 134 responses*	
Improve funding for domestic abuse services	67.9%	"Local government to stop constant retendering processes to save money. This would lend stability to both staff and victims. For the government to fund services properly so that local government is not asking for more service for less money."
Support specialist domestic abuse services	11.9%	"Provide sustainable reasonable ring-fenced funding for specialised domestic abuse support services. To understand that specialist bespoke local support service cannot financially equal or undercut conglomerates."
Support survivors with no recourse to public funds	9.0%	"Support for victims with no recourse to public funding."
Domestic abuse training/ awareness raising for professionals in statutory agencies is important	6.7%	Specialist domestic abuse training which addresses coercive control within a gendered analysis framework for all social care, housing, local authority professionals and the police.
Improve the quality of domestic abuse support (including more therapeutic services)	6.7%	"At the moment the access to psychological interventions is sparse. Therapeutic waiting lists can take up to three months within the local authority, at times it can be longer dependent on the level of intervention that is required. The psychological effects of domestic abuse can be debilitating. Integrating therapeutic services within the safe environment of the refuge would allow a less traumatic transition towards recovery."
Children and young people need specialist support	6.0%	"More funding is required for children's workers, counsellors and therapeutic work and activities to support women and children with emotional wellbeing."
Support prevention/ educational work	5.2%	"More serious attention given beginning with our primary schools continuing through all school years to the problems and issues of domestic abuse and recognising all the abuses and where to get support."
Support women-only services	2.2%	"Give adequate funding to deliver user-led women-only holistic wrap-around services for victims/survivors."
Other	12.7%	"Increase service provision, look at the death stats."
Missing data	4.5%	

* Responses may have been allocated to more than one theme in analysis.

Staffing challenges

““ Staffing challenges in 2017-2018:

“We experienced difficulty in recruiting staff to one of our refuge services – we think this is because it has a demanding shift pattern which was put in place to meet a tender for added value. Increasingly commissioned services funding does not cover core costs. So we are experiencing a growing deficit year on year. Feedback from our service users is the support offered is not long enough and/or they would welcome therapeutic services.”

“We have got increasing numbers of staff on short-term contracts with new projects generally only being funded for one year and funders being unwilling to provide multi-year or continuation funding even for very successful projects. We have seen a hugely increased staff turnover leading to unsettled staff team and more and more management and admin time taken up with recruitment and HR tasks.”

“We have made staff redundant who were being paid by DCLG monies, this includes complex needs specialist staff.”

“We are constantly reviewing staffing needs and levels due to erratic funding, including redundancies when necessary, and employing new staff on fixed-term contracts only.”

“Due to uncertainty of funding trained staff have found alternative job roles for stability and as a result our organisation has lost some valuable team members.”

“We are struggling even more this year. Our contract was cut by a third in 2016-17 and we have found it increasingly difficult to maintain/retain levels of staff...”

“We no longer have a sleep-in staff member, we continue to operate a staff member ‘on-call’ rota system for emergency contact for residents and agencies...”

Respondents’ answers to the annual survey painted a picture of increased reliance on unpaid volunteers, difficulties in recruiting and retaining qualified staff (with short-term funding contracts and overloaded roles), and the problems of staff ‘burnout’ (see **Table 3.4** on page 38). One service wrote: “We are struggling even more this year. Our contract

was cut by a third in 2016-17 and we have found it increasingly difficult to maintain/retain levels of staff.” (Service responding to Women’s Aid Annual Survey 2018). Another commented that “We experienced difficulty in recruiting staff to one of our refuge services. We think this is because it has a demanding shift pattern which was put in place to meet a

tender for added value.” (Service responding to Women’s Aid Annual Survey 2018).

Almost a quarter (23.9%) of respondents indicated that they have had to rely increasingly on unpaid volunteers since 2014. Around a third responded that they had increasing difficulty in recruiting and retaining staff since 2014, and 17.9% reported that they had been forced to reduce staff salaries since 2014 due to decreased funding.²³

Survey respondents gave comments on the negative impact of decreased funding and staffing on service users, with support staff unable to spend sufficient time with survivors and unable to deliver in-depth therapeutic support: “Feedback from our service users is the support offered is not long enough and/or they would welcome therapeutic services.” (Service responding to Women’s Aid Annual Survey 2018). Just under a third (30.6%) responded that, since 2014, they had had

to reduce the amount of support (in terms of staff time) they are able to give to each service user due to funding.²⁴

In their responses to the free-text question, “If you could ask the government to do one thing?” some respondents also talked about the negative impact of insufficient funding on staff wellbeing and staff retention. Their calls to the government included:

“Secure funding to ensure all domestic abuse services and refuges can run safely and effectively, enabling safe staffing to ensure that every victim of domestic abuse is fully supported, and staff working within the field are fully supported.”

Table 3.4 Changes in staffing since 2014 (Women’s Aid Annual Survey 2018)

Answer choices*	% of total respondents (134)**
We have had to rely increasingly on unpaid volunteers	23.9%
We have had to reduce staff salaries due to decreased funding	17.9%
We have had increased interest in volunteering at our service	35.8%
We have had to reduce the number of volunteers at our service because we do not have sufficient resources to train/support them	15.7%
We have had to reduce the amount of support (in terms of staff time) we are able to give to each service user due to funding	30.6%
We have had increasing difficulty in recruiting and retaining staff	33.6%
Answered question	108
Skipped question	26

* Respondents asked to tick the statements that applied to them.

** More than one statement could be ticked.

23 In response to a ‘tick-box’ question about changes since 2014. Unable to account for missing data.

24 In response to a ‘tick-box’ question about changes since 2014. Unable to account for missing data.

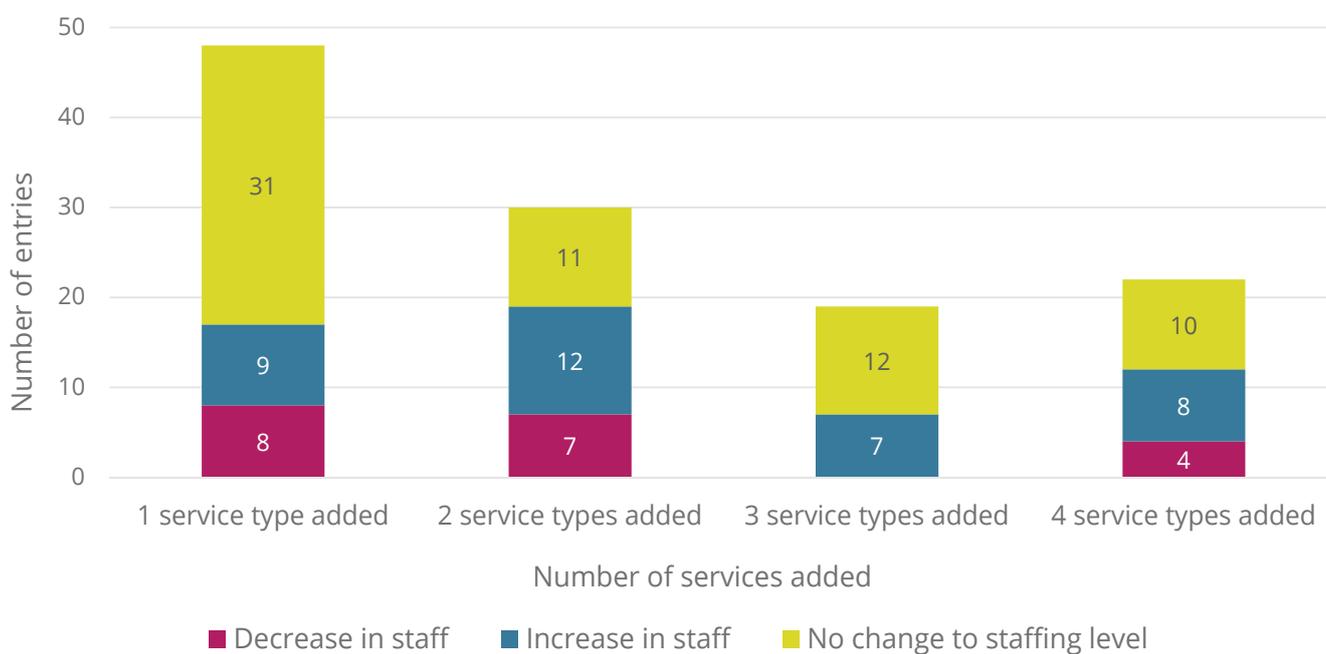
“Provide funding so that we can have sufficient number of staff, who don’t feel at burnout and feel able to retain their jobs, so that they can provide a fuller package to vulnerable service users.”

(Services responding to Women’s Aid Annual Survey 2018)

Analysis of changes to provision recorded on Routes to Support also highlights the pressures on staffing. Of those organisations

which added additional service types to their entry on Routes to Support between May 2017 and May 2018, most did not show a corresponding increase in staff and some even showed a decrease in the number of staff. These changes are shown in **Chart 3.3**. As shown in this chart, of those services which added four additional services types to their entry, only eight showed a corresponding increase in staff. There were 10 entries adding four service types which had no change to staffing levels and four entries which actually reported a decrease in staff despite delivering this extra work.

Chart 3.3 Entries adding 1–4 additional service types by staffing change May 2017–18 (Routes to Support)



A lot to be proud of

We asked services to tell us what they were most proud of during the year 2017–18 and received some inspiring responses detailing varied achievements.

Resilience

Some services wrote about how proud they were of the resilience of their services, being able to continue supporting women and children in spite of a challenging funding environment, including running some services with no funding.

“That despite the challenges that we face on a daily basis with funding and statutory services we continued to provide a valued service to victims and their children because we know that they need us and our services make a difference.”

“The resilience and creativity of the team in providing support to our customers who are facing survival in a world where many partnership services have lost funding.”

Expansion

Other services described developing new areas of service, expanding into new geographic areas or starting new projects.

“Securing funding for a complex needs refuge, bridging a large gap in service provision for the area. Funding was only secure to run the project for 13 months but during this time we have proved a need for the service with really positive outcomes for women who used the service.”

“Introduction of LGBT IDVA service.”
“...opening our first refuge specifically for young women”

Empowerment

Services were also proud of supporting women's long-term recovery and responding to the needs of survivors and their families.

“The change in survivors after they have received support. Being able to see survivors on their own journey of change, living a life free from abuse and fear is rewarding. The positive impact that our support has on the wider family as well as the survivor.”

“The number of lives we have changed through supporting women to recover from the long-term effects of domestic abuse.”

“Supporting women to overcome their fears about moving on into independent living and to see them flourish and gain confidence, finding employment and education.”

Staff and volunteers

Some services praised the work of the staff and volunteers performing vital work supporting survivors every day.

“The ability of our passionate and dedicated staff who continue to work beyond their hours free of charge to make sure the women and children get a good service. I'm so proud of the team's commitment - they give all of themselves to achieve better outcomes.”

“The positivity of the staff team that had direct and indirect impact on service users.”

“The support and resilience from the team who kept all services running during a challenging time staffing wise. The team would always go that extra mile to help ensure services are being delivered and service users continue to receive support...”

Diversity

Others mentioned diversity, either in the services they provide or the survivors they support.

“Our diverse services and added value we bring in response to what our clients tell us they want/need, eg child to parent violence group work, workshops in refuges, intensive support for clients with multiple/complex needs.”

“The engagement and support of over 11,000 women, who represented the diverse and multicultural nature of the [geographical area].”

Conclusion

Our annual audit of domestic abuse services in England has explored changes in service provision, the varied backgrounds of service users, details of the valuable work that services are delivering and the key challenges they are facing in terms of funding and staffing. Our overall key findings are as follows:

A wide range of services is supporting high numbers of survivors, and their children

A variety of domestic abuse service types exists to meet the needs of survivors and their children, whether they are still in a relationship with an abuser, experiencing post-separation abuse, escaping an abuser(s) or recovering from the long-term impact of domestic abuse. This range of services includes refuge services, support for women living in the community, specialist support for children and young people, specialist support for women

with particular protected characteristics, resettlement support, and prevention/ educational work. There was a decrease in the number of most service types in 2017–18, including formal counselling services which have dropped by 18.1% since May 2017. Refuge services in England supported an estimated 12,034 women and community-based services supported an estimated 136,165 women in 2017–18.

There remains a shortfall in refuge bed spaces available in spite of an increase in the number of bed spaces over the year

The number of refuge bed spaces in England falls short of the minimum number recommended by the Council of Europe by 1,715 bed spaces. There has been an increase in the number of bed spaces every year since 2010, with a rise of 15 bed spaces in the year ending May 2018. However, we have also seen an increase in population each year meaning that the shortfall has also increased in the last year (by 20 spaces).

These latest increases in bed spaces are likely to be supported by pots of crisis funding that have been made available by the government over recent years. However, there are still not

enough spaces for every survivor who needs a safe place to stay to be assured one. This shortfall poses a challenge for the women looking for refuge and also for the police and other public agencies in performing their key roles.

Many refuge vacancies are also not available for women with specific support needs, for example, around mental health, drug and alcohol use, having children with them, and having no recourse to public funds (no access to state benefits) because of their immigration status or lack of clarity about their status.

There are large numbers of children being supported by domestic abuse services, either directly or through support given to their mothers

Over half of service users in 2017–18 had children and 6.6% were pregnant. There were, on average, 1.2 children per service user. However, many women with children would have been unable to access the support they

need. Just under half of refuge vacancies posted on Routes to Support in 2017–18 could accommodate a woman with two children, and only one-fifth could accommodate a woman with three children.

Demand for services remains high

Demand for services continues to exceed supply, and respondents to the annual survey talked about the high level of referrals they were experiencing. In answer to a question about the most challenging issue in 2017–18, 11.9% of respondents wrote about the challenge of high demand, including responding to referrals for women with high-level or multiple support needs. 59.7% of all referrals to responding refuge services in 2017–18 were declined (this is almost the same

as our finding in 2017, which was 60.0%). The main reason referrals were declined was a lack of space or capacity to support the survivor (17.1% of all referrals were declined for this reason). This increased demand is being met by reduced resources with just under a third (30.6%) of services saying that since 2014 they have had to reduce the amount of support (in terms of staff time) they are able to give to each service user due to funding.

Many of the domestic abuse service users had experienced abuse for a long time

The length of abuse experienced by service users ranged from one month to 60 years, with the average length of abuse experienced being 70.0 months (just under six years). Service users had experienced different forms of abuse including emotional abuse, physical

abuse, financial abuse, jealous/controlling behaviour, surveillance/harassment/stalking, and sexual abuse. The most common form of abuse experienced by service users was emotional abuse; 94.1% had experienced this.

Funding continues to be a key concern for domestic abuse services

Once again funding and uncertainties over funding were a big concern for services and the year-on-year impact of this cannot be underestimated. 54.5% of respondents to the annual survey gave comments on this as their biggest challenge in 2017–18. Respondents wrote about funding being reduced or removed, uncertainty around the source of future funding, and the challenge of managing short-term funding, often from

multiple sources. Some services talked about being asked to deliver more with less funding, and the detrimental impact this has on staff wellbeing. The proportion of annual survey respondents running an area of service without any dedicated funding is greater than findings from last year's survey. Over half (56.7%) of respondents were running an area of work without any dedicated funding in 2017–18 (this was 46.3% in 2016–17).

Services experienced difficulties in recruiting and retaining specialist staff

Respondents to our annual survey reported that short-term funding and overloaded, stressful job roles meant that they had trouble recruiting and retaining staff. Some respondents talked about staff 'burnout' being a problem for them. Almost a quarter of respondents indicated that they have had to rely increasingly on unpaid volunteers since

2014 and under a fifth (17.9%) reported that they had had to reduce staff salaries since 2014 due to decreased funding. Some services wrote that reduced funding and staffing levels had resulted in less time being spent supporting survivors, and being unable to offer any extensive therapeutic support.

Services were proud of their work empowering women and helping them and their children to recover from domestic abuse

Many of the annual survey respondents commented that they were proud of the resilience of their organisation in tough economic times. They also wrote of the valuable and hard work their staff and volunteers do in empowering survivors towards recovery and independence. This work benefits not only the survivor, but also any children she has.

"The change in survivors after they have received support. Being able to see survivors on their own journey of change, living a life free from abuse and fear is rewarding. The positive impact that our support has on the wider family as well as the survivor." (Service responding to the Women's Aid Annual Survey 2018).

In conclusion

Domestic abuse services continue to be in high demand, with many women and children having to be turned away from the support and safety they offer. Funding remains a key challenge for the domestic abuse sector, including cuts in funding or areas of work closing, uncertainties over future funds, and a negative impact on staffing. It is, however, likely that crisis funding made available by the government since 2016 has enabled

some refuge services to stay open, at least for now. In tough economic times domestic abuse services continue to show resilience and continue their work to meet the needs of women and children. They deliver their valuable, lifesaving work to educate and raise awareness of domestic abuse, to offer crisis support to survivors and empower them onto a road to recovery and a life free from abuse.

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Appendix 1: Glossary

Service types: Routes to Support details which service types are offered against each entry, an entry can contain multiple service types.

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.

Entry/entries: one service listing on Routes 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.

Protected characteristics: Under provisions set out in the Equality Act 2010, it is against the law to discriminate against someone because of one of the following, known as protected characteristics:

- ▶ age
- ▶ disability
- ▶ gender reassignment
- ▶ marriage and civil partnership
- ▶ pregnancy and maternity
- ▶ race
- ▶ religion or belief
- ▶ sex
- ▶ sexual orientation

No recourse to public funds: If someone's residence permit to live in the UK includes the condition 'no recourse to public funds' then that person will not be able to claim most state benefits.

Appendix 2: Methodology

The **Women's Aid Annual Survey** is a national survey of the whole range of specialist domestic abuse services for women and children in England. An online survey is sent to all domestic abuse services in England, respondents are self-selecting. The survey is semi-structured. Open-text questions are categorised according to common themes.

Estimates used in the report are calculated by:

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.

Routes to Support provides information about the types of domestic abuse services, the number of bed spaces in refuge services, who these services can support and changes to provision over time. The directory is updated on a rolling basis by dedicated staff at Women's Aid meaning each entry is fully updated every year in addition to any updates received from services during the year. Entries are added and removed throughout the year as providers change.

On Track is 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. The data presented in this report were collected by 49 organisations, of which 20 started using On Track during the reporting period.

Appendix 3: Women's Aid Annual Survey 2018 respondents

Regional distribution

What region is your domestic abuse service(s) based in? Please select an answer from the drop-down menu below.

Region	% of total responses	Responses
Several Regions Covered	2.2%	3
East of England	6.7%	9
East Midlands	11.2%	15
London	20.9%	28
North East England	6.7%	9
North West England	11.9%	16
South East England	12.7%	17
South West England	7.5%	10
West Midlands	9.7%	13
Yorkshire and Humberside	8.2%	11
Other (please specify)	3.0%	4
Missing Data	2.2%	3
Answered		131
Skipped		3
Total responses		134

The Domestic Abuse Report 2019: The Annual Audit

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