

Nowhere to turn 2021

Findings from the fifth year of the No Woman
Turned Away Project

[Accessible version](#)

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Research and Evaluation

Women's Aid Federation of England

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inequalities and barriers to accessing a refuge, and detailed monitoring of the journeys of survivors seeking safety from domestic abuse.

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Dedication

This report is dedicated to the survivors whose journeys while seeking safety from domestic abuse are documented in this report. All names and identifying features have been changed to ensure anonymity.

About Women's Aid

Women's Aid is the national charity working to end domestic abuse against women and children. Over the past 47 years, Women's Aid has been at the forefront of shaping and coordinating responses to domestic 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 170 organisations which 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 support services, which include our Live Chat Helpline, the Survivors' Forum, the No Woman Turned Away Project, the Survivor's Handbook, Love Respect (our dedicated website for young people in their first relationships), the national Domestic Abuse Directory and our advocacy projects, help thousands of women and children every year.

Note on accessibility

This version has been created as an accessible format. A sans serif font has been used (Open Sans) in size 14, with line spacing of 1.5. Decorative images have been removed and alt text is provided for tables and graphs. Footnotes have also been removed and replaced with a number in brackets, e.g. **"(2)"**. The extra note is then added at the end of the section, e.g. **"Note 2: This is a replacement footnote"**. This system may mean that there are differences in footnote numbers between this report and the original version.

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For help and support, you can access Women's Aid's direct services, including our Live Chat, the Survivors' Forum and the Survivor's Handbook, at www.womensaid.org.uk/information-support

Summary of statistics

- **166** women were supported by the No Woman Turned Away project this year
- **36.7%** of the women who were supported were Black and minoritised women, reflecting the structural inequalities that they face when escaping domestic abuse.

The impact of Covid-19

- **31** women were unable to access safe accommodation specifically due to the Covid-19 pandemic.
- **21.1%** of women supported since the start of the pandemic told us that they felt triggered by the pandemic or experienced PTSD symptoms as a result of it.
- **10.9%** of women told us they were unable to access mental health support, counselling or support groups as a result of it.

What happened while waiting for a refuge space?

- **49** experienced further abuse from the perpetrator.
- **19** experienced abuse from (an) additional perpetrator(s).
- **44** sofa-surfed.
- **25** had no money to pay for essentials.

- **14** were physically injured as a result of an attack by the perpetrator(s).
- **8** women slept rough.
- **3** women who slept rough reported they had a disability.

The NWTa project support

- **30.7%** secured a place in a suitable refuge.
- **13.9%** found emergency accommodation.
- The NWTa specialist practitioners provided an average of **7 hours and 13 minutes** of support to each survivor.

Foreword

The barriers that have historically and continually made accessing refuge and safe housing difficult for survivors of domestic abuse have only become harder to overcome over the past 12-18 months. The Covid-19 pandemic added to the many challenges already experienced by women that face additional barriers and heightened existing inequalities, as we evidenced in our 2020 report, A Perfect Storm.

This latest report from the No Woman Turned Away Project reveals the extent of these challenges in accessing refuge services or safe housing. The project, which since 2016 has provided vital support for women and children unable to access refuge provision, has been working alongside local services to ensure the most vulnerable survivors have access to the support they need when they need it the most.

Based on the support the project provided to survivors during 2020, the report lays bare the impact of these challenges and the fundamental measures needed in order to break down the barriers faced by survivors of domestic abuse.

The report adds to Women's Aid's evidence of the devastating impact of Covid-19 on experiences of domestic abuse. Survivors supported by the project are experiencing worsening abuse and more

controlling behaviour - including economic abuse, stalking and harassment – they are feeling more isolated than they were before the pandemic, and a fifth have felt triggered or had PTSD symptoms as a result.

The new Domestic Abuse Act brought many welcome changes when it was passed earlier this year, yet this report highlights that these changes will not be effective or sustainable without the support of sufficient funding and training. Where the act will give “priority need” status to those made homeless from fleeing domestic abuse, the report reveals statutory agencies are still failing to uphold their duties to survivors. Training and statutory guidance for those implementing these provisions are crucial.

The act also introduces a statutory duty for local authorities to fund support in refuge services and other forms of safe accommodation. This legislation cannot be delivered without sufficient and secure funding, robust national oversight and stronger obligations to ensure local authorities fund women’s refuge services which have the expertise to meet the support needs of all women and children. This includes expert services led by and for Black and minoritised women and other marginalised groups.

Worryingly, the £125 million allocated to local authorities to fund all accommodation-based services falls £50 million short of

Women's Aid's estimate of what's needed for women's refuge services alone, and there is no ring-fenced funding for by and for services.

This shortfall and the fact that councils are not required to fund specialist support services, in spite of government recommendation they do so, means survivors are at greater risk of being housed in poor quality and unsafe accommodation under the duty. It is also vital the Act delivers equal protection and support for all women experiencing domestic abuse, regardless of their immigration status.

Women's Aid is incredibly grateful for the No Woman Turned Away project and we will continue to support it in its work to both hold councils to account and assist them. The domestic abuse act may be law but there is still much work to do before women and children are safe.

We look forward to seeing the No Woman Turned Away project go from strength to strength as this unique service supports local services and survivors to improve access to refuge provision.

Farah Nazeer

Chief Executive

Women's Aid

June 2021

The No Woman Turned Away Project

The No Woman Turned Away (NWTa) project has been funded by the Ministry of Housing, Communities and Local Government (MHCLG) since January 2016, and continues to provide dedicated support to survivors of domestic abuse who face structural inequalities and barriers to accessing a refuge space.

The NWTa project employs four specialist practitioners, providing telephone and email support to women in England looking for a refuge space, and one dedicated research and evaluation officer. In its initial years the project solely received referrals from the National Domestic Violence Helpline, which used to be run in partnership between Women's Aid and Refuge. Since November 2019, when the helpline **(1)** changed provider, the project accepts referrals from a wider range of organisations, including Women's Aid's own direct services (Live Chat, e-mail, and the Survivors' Forum), Women's Aid member services (who are offered referral workshops upon request), violence against women and girls (VAWG) organisations listed on Routes to Support **(2)**, Victim Support, and the British Red Cross.

The Covid-19 pandemic has created new challenges for survivors. As detailed in Women's Aid's report *A Perfect Storm* (2020), perpetrators have used the pandemic and associated measures of infection control as tools of coercive and controlling behaviour, exacerbating women's experiences of abuse, and making it increasingly challenging for some women to leave the perpetrator(s) and find a safe place to live. During the first national lockdown, there was reduced refuge space availability. Given that the role of the NWTAs practitioners is to support survivors into refuges or other safe accommodation, the additional support provided by the project has become all the more significant over the last year.

Alongside the practical support offered by the NWTAs specialist practitioners, we continue to conduct detailed monitoring and analysis of survivors' experiences. This report analyses survivors' journeys based on quantitative data collected by the NWTAs specialist practitioners between the 12th January 2020 and the 31st December 2020 **(3)** using On Track **(4)**.

Definition: Structural inequality describes the inequality in opportunity, treatment or status for some groups of people embedded in social structures such as health, education and justice, which reflect and reinforce ingrained prejudices. It can restrict opportunities and choices, and access to services. Structural inequality impacts how a woman experiences domestic abuse, how she talks about it or who she talks to, and how she accesses support of all kinds.

Footnotes

Note 1: The 'National Domestic Violence Helpline' is now called the 'National Domestic Abuse Helpline'.

Note 2: 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.

Note 3: Compared to previous years we have reduced the researched time frame slightly in order to be able to report on findings relating to whole calendar years in future (i.e. our reporting period ends on the 31st of December 2020 rather than the 11th of January 2021 as would have been customary).

Note 4: On Track is the Women's Aid case management and outcomes monitoring database. It was launched on 1st April 2016 and is now used by over 80 local service providers throughout England. At the time of writing (April 2021), On Track contains information on over 115,000 survivor journeys through local domestic abuse services. On Track is based on the Imkaan and Women's Aid National Outcomes Framework. Imkaan developed and run a sister database, Synthesis, which centres the work of 'by and for' organisations.

Part 1: Who did we support and what were survivors' experiences during their search for a refuge?

How many women did we support?

A total of 274 referrals (261 individual women; i.e. there were 13 repeat referrals) were made to the NWTAs specialist practitioners between the 12th of January 2020 and the 31st of December 2020 **(5)**. Of these 274 referrals, 188 referrals (69.8%; 179 individual women; i.e. some women received support more than once) went on to receive support from the service and 86 referrals did not.

The most common reason women did not go on to be supported by the NWTAs project was that the specialist practitioners had been unable to contact them (32.9% of the 86 women who did not receive support). This reflects how preparing to leave an abusive partner is often a dangerous and stressful time for survivors, during which they may be unable to answer their phone and may not have mobile phone credit to call the specialist practitioners back. Some of the women who did not go on to work with one of the NWTAs specialist practitioners (28.2%) felt they did not want to continue with

accessing support at that time. Domestic abuse creates many barriers that can make it difficult for a woman to get help or to end a relationship with an abuser. Domestic abuse tends to escalate in frequency and severity over time and violence can also significantly escalate during or after separation and safety concerns for herself or her children can cause a woman to remain with a perpetrator or delay leaving. Additionally she may have nowhere to go; she may have no access to money or resources or she may rely on the perpetrator for care due to a disability. Abusers often isolate their partners from family and friends in order to control them, making it very difficult for an abused woman to leave. As a result, many women experiencing domestic abuse reach out for support, validation, advice or information on multiple occasions before they ultimately take the step of fleeing domestic abuse.

Some survivors had approached other domestic abuse services, for example a refuge or local outreach service at the same time as they were referred to NWTa. In some cases these local services were ultimately able to provide support and as a result these women (14.1%), chose not to proceed with support from the NWTa project. A small number of referrals (11.8%) were ineligible for support, for example because the woman was not experiencing domestic abuse **(6)**.

166 women engaged and finished their support between the 12th of January 2020 and the 31st of December 2021, with eight of these women exiting the service twice (i.e. 174 exits overall). The analysis of quantitative data in this report relates to these 166 women.

The number of women supported by the NWTA project is somewhat lower than in previous year (**7**). This is largely due to a change in referral pathways into the project and the time it has taken for these pathways to become established. Referral numbers are now steadily increasing (see Graph 1). While there was an initial decrease in referral numbers, subsequent sections of this report suggest that individual women required greater support (e.g. where they have additional support needs due to the Covid-19 pandemic or changes resulting from Brexit). There was no discernible change in referral numbers after the start of the Covid-19 pandemic (however, the change in referral pathways would have made this difficult to identify).

Footnotes

Note 5: Compared to previous years we have reduced the researched time frame slightly in order to be able to report on

findings relating to whole calendar years in future (i.e. our reporting period ends on the 31st of December 2020 rather than the 11th of January 2021 as would have been customary).

Note 6: We have carried out training sessions with partner organisations to ensure that in future only eligible referrals are made.

Note 7: In *Nowhere to Turn 2020* we reported that 243 women received support between 12th January 2019 and 11th January 2020; in *Nowhere to Turn 2019* we reported that 309 women were supported between 12th January 2018 and 11th January 2019; in *Nowhere to Turn 2018* we reported that 264 women were supported between 12th January 2017 and 11th January 2018; and in *Nowhere to Turn (2017)* we reported that 404 women were supported between 12th January 2016 and 11th January 2017.

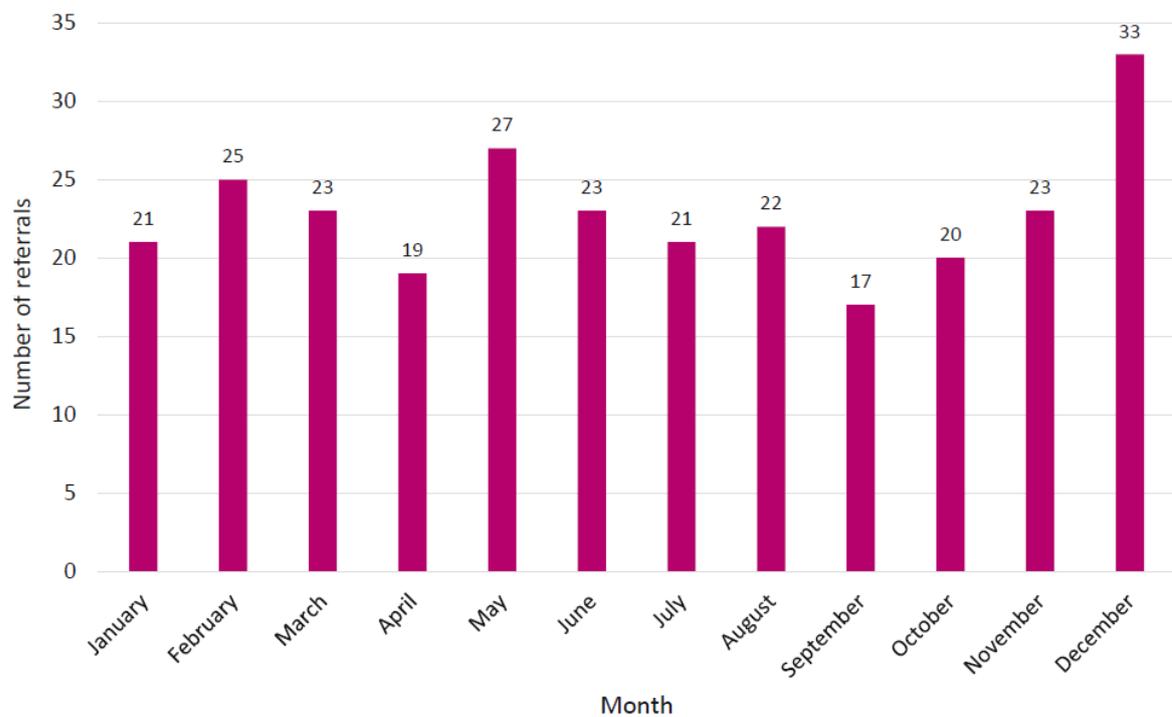
Referral sources

Women's Aid direct services made 95 referrals (34.7%) to the NWTa project this year, with 91 of these being made via Women's Aid's webchat service and four via Women's Aid's email service. However, the majority of referrals (152; 55.5%) were made via

Women's Aid's member services. Half of these referrals (76; 50.0%) were made via the five organisations for whom we provided referral

workshops (introducing the NWTa project, what support it offers and explaining the referral process). Additional referrals were made by partner organisations such as the British Red Cross and Victim Support.

Graph 1: Referrals to No Woman Turned Away by month (2020)



What were survivors' experiences of abuse?

The majority of women who were supported by the NWTa project were at the time dealing with the various impacts associated with

experiencing abuse from the perpetrator(s), and as part of the NWTAs service were offered emotional support by the specialist practitioners. Of the women who had experienced abuse within the last year, 86.5% were recorded to have experienced emotional abuse; 81.1% had experienced controlling behaviours; 68.9% had experienced physical abuse; 67.6% had experienced financial abuse; 37.8% had experienced surveillance, harassment or stalking; and 20.3% had experienced sexual abuse. 25.6% experienced threats to be killed; 13.4% had experienced an attempted strangulation or suffocation; 7.0% had acquired an injury by the perpetrator(s) which required a GP visit; and 5.2% had an injury requiring a visit to A&E or hospitalisation. 9.9% reported having suicidal thoughts or feeling severely depressed as a result of the abuse. At least 91.5% of perpetrators were **(8)**. In 18.7% of cases more than one perpetrator was listed.

Many survivors supported by the NWTAs project shared with us that their experiences of abuse had worsened during the Covid-19 pandemic. Since we officially started recording Covid-19 information (30th April 2020), 40 out of the 128 survivors supported between then and the 31st of December 2020 told us without being prompted that the emotional abuse that they experienced had got worse during the pandemic. 36 survivors (28.1%) told us that they

experienced more controlling behaviour; 25 (19.5%) experienced increased financial abuse; for 23 (18.0%) the stalking and harassment they experienced got worse; 16 (12.5%) told us that the physical abuse had got worse; and eight (6.3%) told us that they were experiencing increased sexual abuse. In addition, four survivors told us that the perpetrator(s) was/were using child contact agreements to put either the survivor or her child(ren) at risk of being infected with Covid-19, and four survivors told us that the perpetrator(s) was/were using the Covid-19 outbreak to control the survivor through child contact arrangements (e.g. saying the survivor could not see the child).

In addition, 40 survivors (31.3%) told us without prompt that they felt more isolated as a result of the Covid-19 pandemic; 27 (21.1%) felt triggered by the pandemic or experienced PTSD **(9)** symptoms as a result of it; and 14 (10.9%) told us that they were unable to access mental health support, counselling or support groups as a result of the Covid-19 pandemic.

Footnotes

Note 8: We did not know the gender of all perpetrators.

Note 9: PTSD stands for Post-Traumatic Stress Disorder.

Challenges in securing support

As detailed in previous NWTAs reports **(10)**, the women most marginalised by society tend to face the greatest barriers in their search for refuge provision **(11)**, with intersecting structural inequalities (manifested for example through poor agency responses, immigration rules) impacting on women's ability to access appropriate safety and protection. The average number of times that there were no refuge spaces available on Routes to Support **(12)** for a survivor supported by the NWTAs project was 2.5 times per woman (total: 410; median=1; range=0-27). For one woman, Routes to Support found that there was no space available 27 times, and for another 20 times. Each woman was on average rejected from a refuge that was approached 1.4 times (total rejections: 230; range=0-13). This was usually after the space had been shown as available on Routes to Support. One woman was rejected 13 times, and five were rejected ten times.

Footnotes

Note 10: *Nowhere to Turn (2017); Nowhere to Turn (2018); Nowhere to Turn (2019); Nowhere to turn (2020).*

Note 11: Please see *Nowhere to Turn, 2018* for a detailed explanation of the barriers women face when accessing refuge:

www.womensaid.org.uk/research-and-

[publications/nowomanturnedaway/](https://www.womensaid.org.uk/publications/nowomanturnedaway/); also see *Nowhere to Turn*, 2019: <https://www.womensaid.org.uk/no-woman-turned-away/>

Note 12: 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.

Characteristics of women supported by NWTAs

Table 1 outlines some of the characteristics and circumstances of women supported by the NWTAs specialist practitioners this year. These characteristics were commonly associated with limited (or a lack of) adequate support within wider domestic abuse services and its funding structures, and are therefore prominent within the group of women supported by the project.

Although there are some slight deviations from our previous findings, the proportion of women with each characteristic remains largely consistent. The five most common challenges for women seeking a refuge space were a lack of support available for:

- Women with mental health support needs;
- Black and minoritised women;
- Women who reported having disabilities (including mental health disabilities);

- Women with no recourse to public funds (NRPF) **(13)**;
- Women with ties to their local area.

Many women faced more than one of these challenges.

Table 1: Characteristics of women supported by the NWTA specialist practitioners **(14)**

	Number of women	Percentage out of total number of women (out of 166)
Women with mental health support needs	84	50.6%
Women from Black and minoritised backgrounds	61	36.7%
Women who reported that they had one or more disability (15)	35	21.1%
Women who had no recourse to public funds (NRPF)	34	20.4%
Women who were tied to their local area	32	19.3%

Women with language support needs (requiring an interpreter or support in a language other than English)	21	12.7%
Women with substance use support needs - drugs	20	12.0%
Women with 4+ children	14	8.4%
Women with an offending history	13	7.8%
Women who were EU/EEA nationals	11	6.6%
Women with substance use support needs - alcohol	10	6.0%
Women previously evicted from refuge	10	6.0%
Women with older male children	8	4.8%

Footnotes

Note 13: More information on NRPF is available here (HM Government, 2014a):

<https://www.gov.uk/government/publications/public-funds--2/public-funds>

Note 14: Many women had more than one of the listed characteristics or circumstances.

Note 15: 20 of these women reported a mental health disability, 11 a physical disability (excluding vision and hearing disability), five

reported a long-term health condition, two a hearing disability, one a vision disability, and one reported a learning disability (some women reported more than one disability).

Table 1 findings

Mental health support needs not only remained the most common support need for women referred to the NWTa project, but, compared to last year, the number of women requiring support for their mental health increased from 40.7% to 50.6%. This trend has been confirmed by the NWTa specialist practitioners, who have commented on the increasing need for mental health support. This observation was already made before the Covid-19 pandemic began, but has seemingly increased even further during this time.

Over a third of the women supported by the NWTa project were from Black and minoritised backgrounds (61 out of 166; 36.7%) **(16)**. These 61 women were a diverse group with a range of ethnicities. Some were migrant women, some had no recourse to public funds (88.2% of women with NRPF supported by the project were from Black and minoritised backgrounds) and some spoke a language other than English as their main language.

Women from Black and minoritised groups face a range of additional structural inequalities that shape both their experiences of abuse and their journeys to accessing support. As detailed in Imkaan's work **(17)**, many women from Black and minoritised backgrounds prefer to be supported by specialist 'by and for' services that understand the intersection between gender and racial equality, and where they can benefit from peer support from other Black and minoritised women. Specialist by and for support staff may be able to understand their experiences of racism and inequality, and navigate cultural nuances. Where Black and minoritised survivors do not speak English as a first language, these services may provide staff able to communicate in their own language **(18)**, which, combined with a sense of understanding and belonging, creates an environment in which women are better able to be supported through their recovery. However, outside of London there is very limited provision which is run by and for Black and minoritised women. These providers continue to be disproportionately disadvantaged by cuts, with funding and commissioning structures failing to consider the need and value of by and for provision for Black and minoritised women **(19)**. Women's Aid's 2021 report *Fragile Funding Landscape* found that 57.5% of by and for services were run without commissioned funding **(20)**.

The NWTA project also supported eleven women this year who were EU/EEA nationals who faced challenges after Brexit relating to the EU settlements scheme, and who were unclear of the rules relating to their right to access refuges and/or who had been given inadequate or incorrect advice that they were are not eligible for support to access refuge.

Footnotes

Note 16: See Appendix 2 for further information on women's ethnic backgrounds

Note 17: See Imkaan (2018) for further information:

https://docs.wixstatic.com/ugd/2f475d_9cab044d7d25404d85da289b70978237.pdf

Note 18: Interpreters are not always a preference for both survivors and service providers as it can impact on BME women's engagement with support when having to share difficult and traumatic experiences.

Note 19: Specialist by and for refuge provision is especially underfunded for Black African and African Caribbean women. This is often driven by an assumption that women without the need for same-language support do not require or benefit from culturally literate support. Instead, it is assumed that their needs can be easily 'assimilated' or met by providers that are not specifically 'by and for'.

Note 20: Women's Aid report *Fragile Funding Landscape* (2021) is available here: <https://www.womensaid.org.uk/wp-content/uploads/2021/02/Fragile-funding-landscape-the-extent-of->

[local-authority-commissioning-in-the-domestic-abuse-refuge-sector-in-England-2020.pdf](#)

Challenges relating to the Covid-19 pandemic

The Covid-19 pandemic has had a profound effect on the lives of women and children experiencing domestic abuse. Our 2020 report *A Perfect Storm* showed women experiencing worsening abuse and/or being trapped at home with no respite, especially those living with the abuser. Many have had no space or time to leave safely or to access support. For those who were able to seek support there were additional challenges. The pandemic has also affected the availability of support in the domestic abuse sector and other statutory services who are trying to navigate the changes during this time. Support services saw wide ranging impacts, including loss of income through fundraising and concerns around future funding, staff shortages and specific challenges around illness and caring roles. School closures had a particular impact on a largely female workforce across the sector. Due to the nature of the work, home working by support staff brought challenges, with providers expressing concerns about the practical impacts of working remotely and the negative impacts on anxiety levels and mental health for their staff (Women's Aid, 2020a).

Unsurprisingly then, several of the women supported by the NWTa project this year required additional support specifically due to the Covid-19 pandemic and associated lockdown measures. Of the 128 women supported by the project between the 30th April 2020 and the 31st of December 2020, 21 (16.4%) were prevented from accessing a suitable refuge or other safe accommodation specifically as a result of the Covid-19 pandemic, for example because there was reduced staff available or because women in the refuge were quarantining (**21**). One woman told us that the perpetrator(s) had been delayed in leaving the property due to the Covid-19 pandemic.

Footnotes

Note 21: 10 women (7.8%) were prevented from accessing both a refuge and another form of safe accommodation, 2 women (1.6%) were prevented from accessing a refuge only, and 9 women (7.0%) were prevented from accessing non-refuge- based safe accommodation only. This means that overall 12 women (9.4%) were prevented from accessing a suitable refuge specifically as a result of the Covid-19 pandemic, and 19 (14.8%) were prevented from accessing other safe accommodation due to the Covid-19 pandemic.

Abebi's* Story

*All names in this report have been changed.

Abebi was fleeing the perpetrator with her five children after almost two years of physical, emotional and financial abuse. She had no recourse to public funds and two of her children were boys over the age of 16 (i.e. too old to be accepted by many women-only refuges). Due to inadequate funding during the Covid-19 pandemic, her local specialist by and for service was unable to support her via their outreach service, and her homelessness application was wrongly rejected by the local council.

Abebi contacted Women's Aid's webchat service who referred her to the NWTa project. The NWTa specialist practitioner challenged the local council's decision to reject Abebi's homelessness application. She also put Abebi in touch with the Housing & Immigration Group of solicitors who assisted her with making an application for the Destitute Domestic Violence (DDV) Concession and Indefinite Leave to Remain (ILR). After pressure from the NWTa specialist practitioner, Abebi and her children were offered long-term emergency accommodation by the local council.

Where did women stay while they waited for a refuge space?

The NWTAs specialist practitioners provided support to survivors whilst they were staying in a range of temporary accommodation types. **Table 2** (page 37) summarises where women stayed while searching for a refuge space. Almost a third stayed in emergency accommodation, and over a quarter of the women sofa-surfed. Others paid for a hotel or slept rough. Our report *Nowhere to Turn*, 2019 outlined how, whilst women were generally extremely grateful when staying with relatives or friends, sofa-surfing is often problematic for women fleeing domestic abuse. We heard stories of overcrowding, broken friendships and, in some instances, further abuse.

Similarly, we heard how hotels and emergency accommodation lacked the support and safety that women required at this vulnerable time in their lives **(22)**. Our report *Nowhere to Turn for Children and Young People* (2020) **(23)** outlined how these accommodations types also created similar issues for children and young people.

After repeatedly receiving reports of how some women were placed in mixed-sex temporary accommodation by some councils, and the negative impact this was having on them (see *Nowhere to Turn* 2019), we started recording instances when this occurred. Since the

beginning of August 2020, when we started tracking this data, we have recorded three cases where a survivor was placed in mixed-sex accommodation. As we know from our previous work, many women feel unsafe in such accommodation after experiencing abuse by male perpetrators. Indeed, a recent legal challenge against Camden Council for placing a survivor in mixed-sex temporary accommodation concluded with the council paying the survivor compensation and reviewing their use of mixed-gender accommodation **(24)**.

Footnotes

Note 22: For example, we heard about women's negative experiences with male hotel staff, how they felt isolated in hotels or emergency accommodation, and/or desired greater support at this difficult time in their life.

Note 23: Nowhere to Turn for Children and Young People (2020) is available here: <https://www.womensaid.org.uk/nowhere-to-turn-for-children-and-young-people/>

Note 24: See press release from the Public Interest Law Centre (2021) here: <https://www.pilc.org.uk/news/story/legal-challenge-against-camden-council-success/>

Table 2: Where did women stay while waiting for a refuge space? (25)

	Number of women	Percentage out of total number of women (out of 166)
Spent time sofa-surfing	4 4	26.5%
Spent time in emergency accommodation (same local authority)	3 7	22.3%
Spent time in emergency accommodation (different local authority)	1 7	10.2%
Paid to stay in a hostel/B&B/hotel	1 0	6.0%
Spent time sleeping rough (including using 24h spaces to sleep, or living in her car)	8	4.8%

Eight women slept rough whilst waiting for a refuge place. This included sleeping in their car and on the streets. Three of the women who slept rough reported that they had a disability (two reported a mental health disability and one reported a hearing disability [26]). Unlike in previous years, none of the women slept rough with children or whilst pregnant.

Footnote

Note 25: We were not necessarily aware of where women were staying and not all women are represented here. Some women stayed in more than one type of temporary accommodation.

Note 26: This woman was partially deaf.

Table 2 findings

Compared to previous findings, this year we saw a smaller proportion of women sofa-surfing (e.g. Nowhere to Turn 2020: 38.3%) and a larger proportion stay in emergency accommodation (e.g. Nowhere to Turn 2020: 11.9%). It is likely that this difference results, at least in part, from measures to stop the spread of Covid-19 (Women's Aid, 2020a). For example, in the first lockdown particularly, women were not clear on whether they were allowed to leave (e.g. to stay with friends or family) due to restrictions. Other women were concerned about staying with friends or family in case they spread the virus, or friends and family did not want to take that

risk. Indeed, four of the women supported by the project this year told us without being prompted that they had been prevented from staying with friends or relatives due to the Covid-19 pandemic. Interviews carried out with survivors for an upcoming Women's Aid report on survivors' experiences of financial hardship also confirmed that for many survivors sofa-surfing was not an option during the pandemic. Ten survivors told us that they accessed accommodation provided by the council that came about specifically as a result of the Covid-19 pandemic.

What happened to women while they waited for a refuge space?

Our data shows that waiting for a refuge is a dangerous time for survivors. The NWTa project is funded to work with survivors at this precarious time before they are accepted into a refuge space. Many local services are not funded to do, so the NWTa practitioners' expertise was vital to survivors in need. They were able to offer survivors the amount of support they needed. This involved using their knowledge of all local services, including by and for expert services, to refer survivors to the right specialist support organisation for their needs; working around survivors' financial difficulties such as potential difficulties to pay for phone calls; and to provide

flexibility to talk at specific times when the perpetrator(s) was/were out of the house.

Table 3 (pages 40-41) shows that almost a third of the 166 women who were supported by the project this year told their NWTAs specialist practitioner that they had experienced additional abuse from the perpetrator(s) whilst waiting for a refuge space. 13.9% called out the police to respond to an incident, and almost one in ten (8.4%) were physically injured by the perpetrator(s). Four women had to stay in hospital. We also found that more than one in ten women experienced abuse from (an) additional perpetrator(s) whilst waiting for a refuge space, for example whilst sofa-surfing.

Table 3: Survivors' experiences while waiting for a refuge space (27)

	Number of women	Percentage out of total number of women (out of 166)
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Experienced further abuse from the perpetrator(s)	49	29.5%
Was scared to go outside	39	23.5%
Did not have enough money to pay for essentials	25	15.1%
Called the police out to respond to an incident	23	13.9%
Experienced abuse from (an) additional perpetrator(s)	19	11.4%
Was physically injured as a result of an assault by the perpetrator(s)	14	8.4%
Spent time in police custody	6	3.6%
Spent time as an inpatient/overnight in hospital	4	2.4%
Spent time under section (sectioned under the Mental Health Act 2007)	0	0.0%

Footnotes

Note 27: Some women had more than one of these experiences.

Table 3 findings

The proportion of women experiencing further abuse by the perpetrator(s) (29.5%) is much higher than reported in last year's report *Nowhere to Turn 2020*, where we reported that 16.0% experienced further abuse from the perpetrator(s) (with 5.8% calling the police out to respond to an incident, and 3.3% physically injured by the perpetrator(s)). This increase may in part be due to the greater difficulty for survivors of domestic abuse to flee the perpetrator(s) during the pandemic **(28)**.

Almost a quarter of women supported by the NWTa project this year were scared to go outside (i.e. temporarily leave the place where they were staying) while waiting for a refuge space. Again, compared to last year this is a slight increase (*Nowhere to Turn 2020*: 17.7%) and may be due to the increased risk of Covid-19 infections and controlling behaviour by the perpetrator(s) around lockdown rules (see our Covid-19 report *A Perfect Storm*, 2020).

In addition, we found that 15.1% of women did not have enough money to pay for essentials such as food for themselves and their children, phone bills or transportation whilst waiting for a refuge space. These essentials are often required to organise and make the

journey into safe spaces. Our report *The Economics of Abuse* (2019b) highlights how economic abuse often plays a significant role in controlling behaviour, and we outlined earlier in this report that more than two thirds of the survivors supported by the NWTA project experienced economic abuse. Economic hardship during the Covid-19 pandemic, which disproportionately affects women **(29)**, may have contributed to these findings. As a result of the Covid-19 pandemic, 16 women (12.5% of the 128 women supported since the 30th of April when we began recording information related to Covid-19) supported by the NWTA project specifically told us that they were struggling to manage their finances, six told us that they needed support accessing food banks, four told us that they needed support applying for benefits, and two women told us that their benefit applications had been delayed.

Three women also told us that they had a civil court case or hearing delayed due to the Covid-19 pandemic, two had a criminal court case or hearing delayed, and two had a family court case or hearing delayed due to the Covid-19 pandemic. Two were unable to access legal representation or information. The NWTA specialist practitioners were able to liaise with legal teams to try to ensure adequate legal support for these women.

Footnotes

Note 28: In addition, this increase may in part be related to the introduction of new referral pathways.

Note 29: See OECD (2020) report:

<https://www.oecd.org/coronavirus/policy-responses/women-at-the-core-of-the-fight-against-covid-19-crisis-553a8269/>

Survivors' encounters with statutory services

The NWTa team has a great deal of expertise in dealing with statutory services, for example local housing teams and social services. The independent nature of the project allows the NWTa team to support local domestic abuse services by advocating for survivors without having to consider the risks of damaging local working relationships.

Housing teams

For many survivors the first point of contact before approaching a refuge is a local housing team. Under Part VII of the Housing Act 1996 ([available here](#)), the Homelessness Act 2002 ([available here](#)), and the Homelessness Reduction Act 2017 ([available here](#)), these teams have a duty to assist those fleeing domestic abuse. However, our data suggests that, as reported last year, amidst a national housing crisis defined by a lack of affordable housing and cuts to

local services, the hopes of many survivors to be placed in safe accommodation by housing teams remain unfulfilled **(30)**. Of the 166 women who were supported by the NWTa project this year, 62 (37.3%) contacted a local housing team. At least 20 of these (32.3%) were prevented from making a valid homelessness application. Reasons given for this included: housing teams ignoring guidance which states that local connection rules do not apply in cases of domestic abuse **(31)**; suggestions by staff to return to the perpetrator(s); and recommendations to call the National Domestic Abuse Helpline instead. The NWTa specialist practitioners were able to advocate on survivors' behalf to ensure that their legal rights were met.

Footnotes

Note 30: See *Nowhere to Turn*, 2018 (Women's Aid 2018) for further details: <https://www.womensaid.org.uk/research-and-publications/nowhere-to-turn-2018/>

Note 31: The Domestic Abuse Act ensures that survivors of domestic abuse are automatically considered a priority for housing.

Social services

Apart from housing teams, many survivors of domestic abuse also deal with social services departments. Under the Children's Act 1989, Part III, Section 17 ([available here](#)), children's services have a duty to safeguard and promote the welfare of children in their area who are

in need, and to promote the upbringing of these children by their families. In addition, under the Care Act 2014, Part 1 ([available here](#)), social care teams have the duty to provide assistance to adults requiring care and support due to a disability, illness or mental health condition.

Of the women supported by the NWTAs specialist practitioners, 38 (22.9%) contacted social services while searching for a refuge space. The responsible teams failed to meet their obligation to safeguard women and children in at least 13 (34.2%) of those cases, and advocacy from the NWTAs team was required to hold them to account **(32)**.

Note 32: After advocacy from the NWTAs team, five families were placed in a suitable refuge, two in emergency accommodation, and two in a private rental home. Others stayed with friends or family, or returned to the perpetrator(s). In all but one case (where custody was given to the perpetrator) the children were placed with their mother.

Impact of the Domestic Abuse Act

The new Domestic Abuse Act (2020) has introduced a statutory duty for local councils to provide all survivors of domestic abuse with adequate support within refuges or other safe accommodation. It also recognises children and young people as victims of domestic abuse in their own right. In the current context of a lack of adequate advice from statutory services, the NWTa project fills an important role in holding these services to account and liaising with them so that they fulfil their duties. Given that statutory agencies are not specialist domestic abuse organisations, and that the Domestic Abuse Act fails to highlight the significance of refuges and the training statutory agencies will need, it is to be expected that the advice and negotiation from the NWTa project will continue to be relevant once the statutory duty has come into effect.

Melia's story

Melia, who is a recent amputee and wheelchair user, fled her perpetrator after a long period of severe abuse. She was placed in temporary hotel accommodation by a local housing authority in another area. Unfortunately the hotel closed due to the Covid-19 pandemic and Melia was offered different temporary accommodation. However, this was for key workers only and Melia was turned away. Faced with being street homeless, Melia returned

to the perpetrator. She had to call the police out in response to attacks from the perpetrator several times, and was eventually escorted off the property by them. The local housing and social care teams refused to accept their duty of care, saying she was originally placed in the area by another borough. The other borough in turn had discharged duty because she was no longer in their area. Melia stayed for a night in a neighbour's flat three doors away from perpetrator. She was so terrified of being found there that she had to be locked in when the neighbour left for work.

Melia contacted her local domestic abuse service, who referred Melia to the NWTa project. The NWTa specialist practitioner contacted a community law solicitor who in turn contacted the current local housing and social care teams. Once the community law solicitor informed them that a barrister could be instructed to act against them, the local housing and social care teams accepted their duty of care.

Melia was offered a temporary ground floor flat in a safe area which she is very happy to be in. A message to the NWTa team from her outreach worker who made the initial referral stated: 'You are incredible and we couldn't have got this outcome without NWTa.'

Part 2: What support was offered?

How much support did women receive?

Overall the NWTAs specialist practitioners provided over 1,055 hours of support to women in the period between 12th January 2020 and 31st December 2020. Support was provided on a daily or almost daily basis over an average time span of just over three weeks (23.4 days). On average, the 166 women who were supported by the project received 7 hours and 13 minutes of support in total.

Compared to previous years, this is a noticeable increase **(33)**. The increase may be due, in part, to a period of reduced referrals to the service as a result of the introduction of new referral pathways. This allowed the specialist practitioners to more consistently devote the time that was required to each individual woman. Moreover, some of the cases that are being referred to the project (e.g. those of EU/EEA citizens following Brexit **[34]**) are requiring increasingly specialist expertise.

Footnotes

Note 33: As reported in *Nowhere to Turn*, 2019 (Women's Aid 2019) and *Nowhere to Turn*, 2020 (Women's Aid 2020c), in the previous two

years survivors received an average of four hours and ten minutes, and 6 hours twelve minutes of support, respectively.

Note 34: See our publication 'Brexit: impact on EEA nationals searching for a refuge' (2020): <https://www.womensaid.org.uk/wp-content/uploads/2020/01/EEA-Nationals-Briefing-final.pdf>

What type of support did women receive?

Table 4 (page 51) shows that this year for the first time the largest part (29.1%) of specialist practitioners' time was spent liaising with professionals **(35)**. This typically involved talking to refuge workers to see if a refuge space will meet the survivor's needs, liaising with local domestic abuse services to get the survivor linked in with local support, and talking to other professionals such as social workers or housing officers. Again, this increase may in part be a reflection of the greater complexity of expertise required to support women, especially the cases of survivors from EU/EEA countries, who face confusion and a lack of knowledge from agencies around their benefit rights. In addition, for the first time, more time was spent providing support via email (25.7%) than on the telephone (17.0%) with survivors **(36)**. While this follows a trend observed in previous years, the difficulty many survivors face when making contact with support services whilst sharing a space with the perpetrator(s) during lockdown measures may have contributed to this increase.

Footnotes

Note 35: In previous years the largest part of specialist practitioners' time was spent providing phone support to survivors.

Note 36: Nowhere to Turn (2019) reported that last year 40.6% of specialist practitioners' time was spent on telephone support.

Table 4: What type of support do women receive?

Type of support	% of specialist practitioners' time (37)
Liaison with other professionals	29.1%
Email contact with survivor	25.7%
Phone contact with survivor	17.0%
Attempting contact/chasing up	13.3%
Paperwork	6.8%
Advocacy on survivor's behalf	5.7%
Other	2.4%

Footnotes

Note 37: These numbers do not add up to exactly 100% due to rounding methods.

What did women receive support with?

The range of support offered by the NWTAs specialist practitioners is outlined in **Table 5** (pages 54-55), and women commonly received support in more than one area. Unsurprisingly, given the nature of the NWTAs project, the most common topics were housing, and referral and signposting. All women were supported in these areas. Emotional support (16.9%) and mental health support (10.2%) were also frequently offered. Given that women who are supported by the NWTAs project are often living through some of the most difficult experiences of their life at the time (i.e. domestic abuse and leaving the perpetrator(s)), emotional support is essential to many.

Many women also received support with immigration issues. This often involved linking the survivor up with other services to apply for the destitution domestic violence (DDV) concession, which is required to secure public funds for a refuge stay, and the domestic violence rule (DVR), which enables women to regularise their immigration status. 26 women were supported to apply for the DDV concession whilst working with the NWTAs project.

The NWTAs team is able to draw on advice from an internal legal specialist on matters relating to immigration, including advice

concerning changes in the law since the UK's departure from the European Union. As noted in part 1 of this report, the NWTAs specialist practitioners supported eleven women this year who were EU/EEA nationals who faced barriers relating to the EU settlement scheme. These women were often unclear of the rules relating to their right to access refuges and/or had been given inadequate or incorrect advice that they are not eligible for support to access refuge.

Some women were anxious about taking their children with them to a refuge, and the specialist practitioners supported women by offering advice, liaising with social workers, and referring and signposting women to local agencies which could offer support with their children.

The NWTAs team commonly also offered support around finances, which ranged from information about foodbanks to accessing housing benefit. In addition, women were commonly helped with safety planning, safeguarding, and criminal justice, amongst other things.

Table 5: What do women receive support with?

	Number of women supported	Proportion of women supported
Housing	166	100.0%
Referral and Signposting	166	100.0%
Emotional Support	28	16.9%
Mental Health	17	10.2%
Safety Planning	14	8.4%
Immigration	12	7.2%
Finances	12	7.2%
Children	11	6.6%
Safeguarding	10	6.0%
Criminal Justice	7	4.2%
Drugs and Alcohol	5	3.0%
Physical Health	4	2.4%
Family Law	3	1.8%
Multi-Agency Risk Assessment Conference (MARAC)	3	1.8%

Risk Assessment	2	1.2%
Civil Justice	1	0.6%
Parenting	1	0.6%
Offending	1	0.6%
Covid-19	1	0.6%
Other	78	47.0%

The range of support topics listed in Table 5 points towards the breadth of specialist knowledge within the NWTa team, and how the NWTa project offers indispensable support to women who face a range of barriers and structural inequalities in their search for a safe place to live. This specialist knowledge, in combination with the fact that the NWTa specialist practitioners are resourced to spend the necessary time on each woman's case (including in the time period before a woman was officially provided with support by a refuge), was essential in survivors' search for a safe place to live. The successful outcomes of the project have been largely dependent on (but not limited to) the NWTa specialist practitioners being trained and resourced to:

- dedicate the necessary time to each survivor both in terms of number of hours and the period over which they are spread

(this last has been particularly important in the context of Covid-19, where windows for communication might be shorter due to the presence of perpetrators);

- provide responses tailored to survivors' needs;
- provide advocacy to survivors to navigate different professional agencies;
- provide expertise in emotional support;
- provide expertise on the criminal justice system;
- support survivors directly in a range of languages, in addition to the use of interpreters;
- provide specialist knowledge of statutory service obligations and an understanding of professional referral pathways;
- advocate on behalf of survivors to challenge local statutory agencies and other services without the risk of damaging close local working relationships;
- access established relationships with Women's Aid's network of member services;
- access established partnerships with specialist organisations (such as those who can support with Destitution Domestic Violence (DDV) concessions or specialist LGBT domestic abuse organisations, etc.);
- access expertise available through Women's Aid Federation of England (WAFE), including an in-house immigration adviser; and

- provide support to Women's Aid's member services and other organisations which refer into the project. This year there were live referral workshops with five member services, as well as information published in a newsletter which was sent to all of Women's Aid's member services. Given that half of all the referrals by member services were made by the five services which took part in these workshops, these proved extremely fruitful.

The work of a NWTAs specialist practitioner

Eleanor is one of the NWTAs project's four specialist practitioners. She has previously worked as a criminal court and MARAC Independent Domestic Violence Adviser (IDVA) and as an adviser on the National Domestic Violence Helpline (now called the National Domestic Abuse Helpline). She has worked as a NWTAs specialist practitioner since July 2019 and is currently supporting five survivors of domestic abuse who face barriers and structural inequalities to accessing a refuge space – a caseload which is much lower than she used to be faced with when working as an IDVA. This means that Eleanor is able to offer each woman the necessary tailored and in-depth support which enables many women to overcome the systemic barriers that they face. She is able to speak to, text and/or email the women she supports every day (which ensures that they can often access refuge

swiftly), and liaises with professionals on their behalf throughout their involvement.

One of Eleanor's recent cases is Daya, an Eastern European woman with three children. Daya and her eldest daughter had experienced severe abuse for many years. The perpetrator was on bail at the time of her support, but this was coming to an end and Daya was certain that the perpetrator would continue to abuse her and her eldest daughter. Daya had NRPF but after consultation with Women's Aid's in-house immigration adviser, Eleanor determined that Daya had been given inadequate immigration advice by another service. Given the trend for specialist domestic abuse agencies to be taken over by generic services, Eleanor is noticing such inadequate advice more and more frequently. Eleanor supported Daya to apply for the DDV concession using an interpreter. She also spoke to the police and convinced them to extend the perpetrator's bail conditions. Once Daya's benefits had been approved, Eleanor found a refuge for her. Eleanor is convinced that without her ability to navigate the different agencies involved and helping Daya and her children to access a refuge, Daya's life and that of her children would have been at risk.

Eleanor also worked with Rachel this year, a young woman with epilepsy who due to her health condition required a refuge with 24 hour staff provision. She had been trying to access a refuge for a year and a half before being referred to the NWTA project. She was staying with her abusive father after fleeing the original perpetrator, which meant that contact with her had to be carefully negotiated. Once supported by Eleanor, Rachel found a suitable refuge within just two weeks.

While the knowledge about services and relevant procedures that Eleanor is able to share with survivors is invaluable, the emotional support she is able to offer gives the women she works with motivation and confidence. She recalls, for example, a text message from a woman who had given up all hope for an enjoyable life for herself.

After working with Eleanor and moving into a refuge, she stated that for the first time she feels in control of her life and is positive about her future.

Part 3: The impact of the No Woman Turned Away project

How many women were accommodated in a refuge?

A large part of the work of the NWTAs specialist practitioners focuses on securing safe accommodation for survivors. Table 6 shows that of the women supported by the NWTAs specialist practitioners, almost a third (30.7%) were eventually accommodated in a suitable refuge space. For a further 13.9% the outcome at the time of case closure was that they were accommodated in emergency accommodation, and five women (3.0%) were accommodated in a private rental home. Compared to last year there was a slight increase of women who were accommodated in a suitable refuge. Other findings are comparable with previous years **(38)**.

While all the women supported by the NWTAs project received beneficial specialist support (see subsequent sections for an overview of additional outcomes), the reality of an underfunded refuge system and existing structural inequalities meant that in many cases the NWTAs team was forced to find alternative (less adequate or inadequate) solutions for women. Some women were

staying with friends and family when their case was closed by the NWTA specialist practitioner. Some stayed in a hotel, or remained in a home that they did not share with the perpetrator(s), but where there was nonetheless risk of further harm **(39)**. Fourteen women (8.4%) were staying in a home that they shared with the perpetrator(s) and three women (1.8%) returned to the perpetrator(s). For one woman the outcome at case closure was that she continued to sleep rough as a result of reuniting with the perpetrator. Many women who did not access a refuge by the time their case was closed did, however, find themselves to be more prepared to leave in the future, or went on to receive support from other specialist agencies (see further information in Table 6, pages 63-64).

Footnotes

Note 38: In *Nowhere to Turn 2020*, we reported that 24.7% of supported women were accommodated in a refuge, 13.9% in emergency accommodation, and 3.0% in a private rental home.

Note 39: These cases were always closed in agreement with the supported women.

Accommodation of children

Out of the 70 women with children who were supported by the NWTa project this year and who wanted to be accommodated with their children, we only recorded one case in which the children were not housed with the survivor. In that case, social services made the decision that the child live with the perpetrator as they interpreted him as the main carer due to child benefit being paid into his account. The housing of mother and children together included one case in which social services had initially offered to house the children separately from their mother, but refused to meet their duty under Section 17 of the Children's Act 1989 to house the family together. With the help of the NWTa project, the family was accommodated together in a suitable refuge.

Table 6: Outcome at the end of support from the NWTa specialist practitioner

	Number of women	Percentage of total number of women
Accommodated in suitable refuge space	51	30.7%
Outcome unknown/lost contact	28	16.9%
Housed in emergency accommodation	23	13.9%
Stayed put – living with perpetrator(s)	14	8.4%
Staying with friends and family	9	5.4%
Stayed put – not living with perpetrator(s) at time of referral	9	5.4%
Accommodated in private rental (in area of residence)	5	3.0%
Accommodated by community or religious group	3	1.8%
Returned to perpetrator(s)	3	1.8%

Paying to stay in B&B or hotel or hostel	1	0.6%
Sleeping rough	1	0.6%
Other	19	11.4%

Inequalities in refuge provision

As reported in previous Nowhere to Turn reports, there were again inequalities in refuge access depending on women’s specific characteristics and circumstances. Table 7 (page 66-67) shows the proportion of women with each characteristic who were accommodated in a suitable refuge. Women who had ties to their local area, those with an older male child or a large family, and those who were previously evicted from a refuge, found it the hardest to find a suitable refuge space. While overall there was an increase in the proportion of women accommodated in refuge compared to previous years **(40)**, those who faced a multitude of barriers and systemic inequalities found it particularly difficult to find a suitable refuge space. Only 22.6% of those with three support needs and 21.4% of those with four or more support need were accommodated in a suitable refuge.

Parts 1 and 2 of this report noted that over the course of the last year, the NWTAs specialist practitioners have seen an increase in

referrals of EU/EEA nationals who require support around changing rules following Brexit (as reported earlier in this report, there were 11 referrals of EU/EEA nationals between the 12th of January 2020 and the 31st of December 2020) **(41)**. The knowledge within the NWTa team and the advice from Women's Aid's in-house immigration adviser enables the specialist practitioners to support EU/EEA nationals into the refuge spaces that they continue to be entitled to. With support from the NWTa caseworkers, more than half of the EU/EEA nationals (six out of eleven; 54.5%) were accommodated in a suitable refuge **(42)**.

Footnotes

Note 40: Last year 20.0% of those with multiple support needs and only 13.3% of those with four or more support needs were accommodated in a refuge (Nowhere to Turn 2020c).

Note 41: This increase is due largely to the fact that since the UK has left the European Union, there is a great deal of confusion around the EU settlement scheme and around the right of EU nationals to apply for the benefits necessary to access refuge.

Note 42: One woman stayed in emergency accommodation, one woman found other safe accommodation, two continued to live with the perpetrator(s), and for one woman the outcome was unknown.

Table 7: Proportion of women with different characteristics and circumstances who were accommodated in a suitable refuge

	Number of women with this characteristic who were accommodated in a refuge
Women who are EU/EEA nationals	6 out of 11 (54.5%)
Women with substance use support needs - alcohol	4 out of 10 (40.0%)
Women who had no recourse to public funds (NRPF)	13 out of 34 (38.2%)
Women with substance use support needs - drugs	7 out of 20 (35.0%)
Women with mental health support needs	29 out of 84 (34.5%)
Women with same language support needs (requiring an interpreter)	7 out of 21 (33.3%)

Women from Black and minoritised backgrounds	19 out of 61 (31.1%)
Women with an offending history	4 out of 13 (30.8%)
Women who reported one or more disability (43)	8 out of 35 (22.9%)
Women who were tied to their local area	5 out of 32 (15.7%)
Women with older male children	1 out of 8 (12.5%)
Women previously evicted from refuge	1 out of 10 (10.0%)
Women with 4+ children	1 out of 14 (7.1%)
Overall	51 out of 166 (30.7%)

The NWTAs specialist practitioners were also able to use their expertise to support 38.2% of the women with NRPF into a suitable refuge space, which, compared to last year, is an increase **(44)**.

However, it is important to acknowledge that having NRPF remains a key barrier, with more than half of the women with NRPF supported through this project still prevented from accessing a refuge.

Our findings highlight the importance of the statutory duty within the incoming Domestic Abuse Act (2020), which requires councils to fund safe accommodation for all survivors of domestic abuse. To address inequalities the associated guidance for commissioners will need to

set out the importance of specialist refuge services that can meet the needs of all survivors. Our findings show that refuge accommodation must always include large refuge rooms for those with large families, and self-contained or dispersed refuge accommodation where shared housing is not suitable, for example where a woman has older male children. Local emergency housing continues to be valuable for example to those with ties to their local area (see full recommendations at the end of the report).

Footnotes

Note 43: Proportion of women who reported specific disabilities who were accommodated in a suitable refuge: Physical disability: 22.22% out of 36 women; mental health disability: 21.21% out of 33 women; learning disability: 20% out of 20 women; vision disability: 0% of the two women; hearing disability: 0% of the one woman; unspecified disability: 33.33% out of 3 women.

Note 44: As reported in Nowhere to Turn 2020, last year 21.3% (13 out of 61 women) of those with NRPF were accommodated in a suitable refuge.

Additional outcomes

As noted previously in this report, accommodation outcomes such as finding a suitable refuge was only one impact of the NWTA project. We saw in part 2 of this report that the NWTA specialist practitioners offer support in a range of areas. Often this support means that even if survivors are unable to find safe accommodation at that time, after working with the NWTA project they may be in a better position to escape the abuse they experience in the future. Many women explained that the support from the specialist practitioners - including the information they shared, the services they linked them with, and the emotional support that they offered - was invaluable and offered steps on their journey which made a future escape more feasible.

One example of such a case was Lin, a survivor who was looking for a refuge where she could be supported in her native Mandarin. While Lin exited the project before finding a refuge when she was offered a place to stay with a friend, she stated that she felt better prepared after working with the project. This was because she had received a wealth of information from the NWTA team, who had put her in touch with a local domestic abuse organisation, and written her supporting letters for Legal Aid and the local housing office.

Signposting to other organisations

A significant aspect of the NWTAs specialist practitioners' work involves the skilled signposting of survivors to other relevant support organisations. In this sense, the impact of the NWTAs project does not end with case closure. 71 women who were supported by the NWTAs project this year received support from another VAWG organisation after their case with NWTAs was closed (e.g. refuges; local domestic abuse organisations), and 62 women received support from a non-VAWG organisation after exiting the project (e.g. immigration specialists; statutory agencies). Upon agreement with the survivor, 11 cases were closed specifically because the survivor was being adequately and sufficiently supported by a local domestic abuse organisation and seven cases because the survivor was adequately and sufficiently supported by a statutory agency.

DDV concessions

For women with NRPF on spousal visas, the DDV concession is the easiest way to apply for the necessary benefits for accessing a refuge. As mentioned in part 2 of this report, 26 women were supported whilst working with the NWTAs project to apply for the DDV concession. This included NWTAs specialist practitioners supporting women directly with the process, offering advice from

Women's Aid's in-house immigration adviser, and referring women to support organisations who could assist with the application.

Survivors' Safety and Mental Health

Another important outcome for survivors after working with the NWTa project is an increased sense of safety (this is of course related to accommodation outcomes). According to the NWTa caseworkers' estimation, the majority of women were safer after being supported by the project. For 73 occasions when a woman exited the project (44.0%) (some women exited more than once) there was estimated to be significant improvement in the survivor's safety after being supported by the project, and for 11 (6.6%) there was some improvement. The safety of only one woman seemed worse after initially finishing her support with the NWTa project (in this case the survivor continued to live with the perpetrator, the abuse escalated, and the survivor felt that it became unsafe for the NWTa team to contact her). However, this woman was re-referred to the service only a few days after her case was initially closed, accessed crisis accommodation, and her safety saw a significant improvement. For the majority of the remainder there was no difference (31 women; 18.7%) or the caseworker felt unable to make an estimation (54 women; 32.5%).

While the NWTAs specialist practitioners were not always able to enquire about survivors' own views of their safety, of the 96 survivors who offered their own assessment, 72 (75.0%) agreed that there had been an improvement in their safety after working with the project. In many cases, this increase in safety, and the hope and motivation offered by the NWTAs project, was accompanied by an improvement in mental health.

No Woman Turned Away as a research project

Besides providing much-needed and often lifesaving support to survivors of domestic abuse, the NWTAs project also acts as a research project. In this capacity, the project not only evaluates its own impact but also seeks to explore in depth the barriers and structural inequalities faced by survivors.

Women's Aid has used the statistics collected by the NWTAs specialist practitioners to inform a range of policy and practice responses. For example, our data has provided insight into the extent to which current provision meets demand, how the national network of refuges intersects with wider statutory responses, and the changes required to ensure that all women are able to access the support that they need.

The NWTA project aims to offer a platform for those affected to share what the barriers and structural inequalities they experience within the refuge system mean for their lived experiences. We have used participatory methods in several of our reports (Nowhere to Turn 2019, Nowhere to Turn for Children and Young People, 2020d) and work closely with survivors to ensure that they have meaningful input into our publications. This work in itself can for some survivors have a positive impact on their lives. One survivor, who provided artwork for Nowhere to Turn 2019 and who was involved in the design of the report, stated the following:

“[The support and advice I got while being involved in this project is] going to make a huge difference in my attempts at dealing with managing life. We all have a handful of people that have helped us along the way and I think it’s important to recognise them. I’m really grateful for you and so many other people over the years that have made these positive incremental differences.”

Chelsea's story

Chelsea was trapped with the perpetrator during the lockdown and the abuse was escalating. The perpetrator was at the time on bail and tagged to Chelsea's address due to other offences. Chelsea was feeling increasingly suicidal as she was under the impression that she was not allowed to leave during the lockdown and that there was no escape.

Chelsea found the courage to contact Women's Aid's webchat service and asked for a refuge. As Chelsea had a range of specific circumstances and support needs (including not being able to make phone calls due to perpetrator's constant presence, mental health support needs, and drug use support needs) a referral to the NWTAs project was made.

The NWTAs specialist practitioners made contact with Chelsea via text message, and Chelsea shared that she was trapped with the perpetrator and that she was terrified that he was going to kill her. After a suggestion from her NWTAs caseworker, Chelsea agreed to call 999. The police safely removed Chelsea from the property and placed her in temporary emergency accommodation until the NWTAs

specialist practitioner could find Chelsea a refuge which could support her with her specific needs.

After arriving safely in the refuge, Chelsea contacted the specialist practitioner stating that she was engaging in support with drug dependency issues and mental health services. She also shared that because of the support she had received from the NWTa project, the refuge and the police, she had decided to support a prosecution of an additional perpetrator who had sexually abused her in the past.

Conclusion and recommendations

Conclusion

This report highlights how the No Woman Turned Away Project continues to play an indispensable role within the national network of specialist domestic abuse services in England. It offers vital support to survivors, especially those most marginalised, for whom structural inequalities and a lack of resources within the refuge network create barriers to accessing safety. While the NwTA project offers vital support that exceeds refuge searches, those women who are unable to be accommodated in a suitable refuge face the risk of a host of difficult experiences. Many rely on friends and family to find a sofa to sleep on or, especially during the pandemic when social contacts are limited, face the prospect of street homelessness or staying with the perpetrator(s). Commonly women are unable to pay for essentials after leaving and many face additional abuse, either from the original perpetrator(s) or from other people who abuse their vulnerable situation.

The NwTA project supports women at this most difficult time not only by searching for a safe place for them to live and connecting them to other relevant organisations, but also by offering them

accurate advice, and giving them motivation and hope. This motivation and hope has been even more essential during the Covid-19 pandemic, which has negatively affected experiences for most survivors. Survivors have often been less able to seek support for a range of reasons, including the perpetrator(s) having increased control, uncertainty about whether they are allowed to leave, as well as limited options for staying with friends, family or in hotels. The important role of the NWTa project in supporting the women facing the greatest barriers to safety has therefore become increasingly apparent.

The incoming Domestic Abuse Act (2020) will give those who are eligible and who are homeless as a result of fleeing domestic abuse “priority need” status for accommodation secured by the local authority. Whilst this is a welcome change, the evidence in this report highlights that statutory agencies far too often fail to uphold their duties to survivors, and robust training and statutory guidance for professionals implementing these provisions will be crucial. The Act introduces a statutory duty for local authorities to fund support in refuge services and other forms of safe accommodation. This legislation must be delivered with sufficient and secure funding, robust national oversight and stronger obligations to ensure local authorities fund women’s refuge services that have the expertise to

meet the support needs of all women and children, including expert services led by and for Black and minoritised women and other marginalised groups. The £125 million allocated to local authorities to fund all accommodation based services falls £50 million short of Women's Aid's estimate of what's required for women's refuge services alone⁴⁷, and there is no ring-fenced funding for by and for services. This shortfall, and the lack of clarity that councils must fund specialist support services, results in real risks that survivors will be housed in poor quality and unsafe forms of accommodation under the duty. Measures to ensure the Act delivers equal protection and support for all women experiencing domestic abuse, regardless of their immigration status, are also essential. Funding for specialist services such as the NWTAs project, which are able to assist councils and hold them accountable, must continue. One survivor, Yasmeen, who had been told that she had NRPF before working with the NWTAs project, but went on to access a refuge, put it in the following way:

“[NWTAs] was really amazing, because [the NWTAs specialist practitioner] was the first person [who helped me].”

Recommendations

Recommendations for national government

- We welcome the legal duty on local authorities in the incoming Domestic Abuse Act (2020) to deliver support to survivors of domestic abuse in accommodation-based services. However the following remain vital to ensure the duty guarantees that no survivor is turned away from the life-saving refuge services they need:
- An investment of at least £173.8 million annually to ensure the national network of refuge services is sustainable, safe and can meet the needs of all survivors and their children. This funding must be ring- fenced, and include dedicated funding for refuges led by and for Black and minoritised women, disabled and deaf survivors, and LGBT survivors **(45)**.
- Clear definitions of safe accommodation and specialist domestic abuse support services led by and for women are needed in the regulations and guidance underpinning the Act to ensure local authorities fund the quality services that survivors need.
- The statutory guidance underpinning the duty must be strengthened to tackle the major issues with the funding and provision of refuge services and other forms of safe

accommodation at local level – including making clear that survivors require gender-specific support services, and ensuring commissioners safeguard small specialist service providers, including those led by and for Black and minoritised women, disabled women and LGBT+ survivors, through the use of grant funding rather than public procurement processes.

- Ensure the changes delivered to ‘priority need’ in the incoming Domestic Abuse Act (2020) are accompanied by robust training from specialist domestic abuse services to housing officers, and strengthen the Homelessness Code of Guidance to clarify that all homeless women experiencing domestic abuse must be given the option of women-only accommodation for their safety.
- A statutory bar on local authorities which impose local connection rules on survivors making homelessness applications when escaping domestic abuse.
- Expand the destitution domestic violence (DDV) concession eligibility criteria to include all migrant women who have no recourse to public funds (NRPF) (**46, 47**). This will ensure that women who are not on a spousal/partner visa can access specialist refuges.

Footnotes

Note 45: See our report Funding specialist support for domestic abuse survivors (2019c) for the full list of pre-requisites for this estimated investment level:

<https://www.womensaid.org.uk/research-and-publications/funding-specialist-support-for-domestic-abuse-survivors/>

Note 46: Home Office (2018) Destitute domestic violence (DDV) concession. Published online:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679269/victims-of-domestic-violence-and-abuse-DDV-concession-v1_0.pdf

Note 47: Also see the campaign on abolishing NRPF by the Southall Black Sisters: <https://southallblacksisters.org.uk/campaigns/abolish-no-recourse-to-public-funds-campaign/>

Recommendations for commissioners

- Ensure that domestic abuse, from early intervention and prevention to support, is a strategic priority within local authorities and statutory services, with robust measures of accountability.
- Ensure that migrant women, including those with NRPF, do not face discriminatory treatment which prevents them from safely

escaping domestic abuse and having fair access to services

(48).

- Ensure women can access information in multiple languages and formats, and have access to interpreters.
- Ensure that local housing and homelessness teams are abiding by the Housing Act 1996, the Homelessness Act 2002, and the Homelessness Reduction Act 2017.
- Ensure survivors are central to the future development of the new Domestic Abuse Protection Orders (DAPO), which should be fully tested, piloted and evaluated before national roll-out.
- Ensure that domestic abuse is a key priority area for staff training and development and a strategic priority in terms of safeguarding the well-being of local communities. This should include training to ensure effective delivery of changes coming into effect with the Domestic Abuse Act (2020), and should be delivered in collaboration with specialist domestic abuse organisations, such as Women’s Aid and Imkaan, with quality assurance and key points of accountability built in.

Footnotes

Note 48: The Istanbul Convention requires that its provisions are implemented without discrimination on the grounds of migrant status, refugee status or other status (Article 4, paragraph 3). See Council of Europe (2014): Council of Europe Convention on

preventing and combating violence against women and domestic violence.

Note 49: The Women's Aid Change That Lasts approach includes the Trusted Professional scheme, aimed at front-line practitioners that work in the public and voluntary sector, and are likely to be in contact with survivors of domestic abuse. Building on the trusting relationship already established with survivors, the Trusted Professional scheme focuses on the non-physical, coercive and controlling signs of domestic abuse, so that these are not missed when a survivor is in contact with a Trusted Professional. In addition, Trusted Professionals are provided with a practical toolkit to support needs-led conversations to help survivors. See:

<https://www.womensaid.org.uk/our-approach-change-that-lasts/trusted-professionals-scheme/>

Recommendations for tackling homelessness as a result of domestic abuse

- Ensure that homelessness strategies and supported housing strategies are developed and align with Violence against Women and Girls (VAWG) or Domestic Violence and Abuse strategies on both a local and national basis.

- Ensure that efforts to tackle homelessness have a gendered response and meet the specific needs of survivors, including by always offering homeless women escaping domestic abuse a choice to access women- only accommodation.
- Establish a ‘firewall’ to separate immigration control from the public services survivors seek help from, alongside safe and confidential reporting systems for those with insecure status **(50)**.
- Develop a ‘whole housing approach’ to tackling domestic abuse which ensures access to a full suite of housing options, availability of suitable move-on accommodation, and incentives for agencies and organisations to work together more collaboratively **(51)**.

Footnotes

Note 50: Also see ‘Step Up! Migrant’ campaign:

<https://stepupmigrantwomen.org/>

Note 51: See DAHA Toolkit: <https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/whole-housing-toolkit/>

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Appendix 1: Methodology

The data shared in this report was recorded by the NWTA specialist practitioners on On Track, the Women's Aid case management and outcomes monitoring system. The specialist practitioners collected data on women's support needs, demographics, abuse profiles, outcomes, the barriers they have faced, and what happened to them while they were waiting for a refuge space or other safe outcome. They also completed questions on women's experiences with statutory services when they closed a case on On Track, as well as the time spent on each case and the types of support they gave to women. The specialist practitioners were also able to fill in information relating to women's experiences with Covid-19 since the 30th of April 2020.

The On Track data shared in this report covers the time period 12th January 2020 – 31st December 2020. As mentioned in the report, compared to previous years we have slightly shortened the time period reported on to ensure that in coming years we can report on whole calendar years (rather than from the 12th of January of one year until the 11th of January of the next year).

Appendix 2: Profile of women supported by the NWTA specialist practitioners

Gender

100% of the people supported by NWTA practitioners were female.

Transgender

1 (0.6%) was transgender

141 (84.9%) were not transgender

3 (2.3%) responded 'Don't know'

0 declined to answer

21 (12.7%) were not asked

Ethnicity

White

84 (50.6%) were British

2 (1.6%) were Irish

1 (0.6%) was Gypsy or Irish Traveller

6 (3.6%) were Eastern European

8 (4.8%) were of any other White background

Mixed/Multiple Ethnic Background

3 (1.8%) were White and Black Caribbean

1 (0.6%) was White and Black African

0 were White and Asian

1 (0.6%) was of any other Mixed/Multiple ethnic background

Asian/Asian British

5 (3.0%) were Indian

17 (10.2%) were Pakistani

1 (0.6%) was Bangladeshi

2 (1.2%) were Chinese

7 (4.2%) were of any other Asian background

Black/African/Caribbean/Black British

15 (9.0%) were African

2 (1.2%) were Caribbean

4 (2.4%) were of any other Black/African/Caribbean ethnicity

Other Ethnic group

1 (0.6%) was Arab

2 (1.2%) were of any other ethnic group

1 (0.6%) responded 'Don't know'

1 (0.6%) declined to answer

2 (1.2%) were not asked

Age

4 (2.4%) were aged between 16 and 20 years old

25 (15.1%) were aged between 21 and 30 years old

42 (25.3%) were aged between 31 and 40 years old

11 (6.6%) were aged between 41 and 50 years old

4 (2.4%) were aged between 51 and 60 years old

1 (0.6%) was aged between 61 and 70 years old

There were no women aged between 70 and 79

79 (8.2%) responded 'Don't know'

Disability

35 (21.1%) responded 'Yes'

124 (74.7%) responded 'No'

6 (3.6%) responded 'Don't know'

0 declined to answer

1 (0.6%) was not asked.

Type of disability

2 (1.2%) had a hearing disability

1 (0.6%) had a learning disability

20 (12.0%) had a mental health disability

11 (6.6%) had a physical disability

1 (0.6%) had a visual disability

5 (3.0%) had a long-term health condition

0 had a speech impairment

In total, 35 (21.1%) women reported a disability, and 8 (4.8%) reported more than one disability

Religion

2 (1.2%) were Buddhist

9 (5.4%) were Christian

5 (3.0%) were Hindu

0 were Jewish

20 (12.0%) were Muslim

1 (0.6%) was Shinto

0 were Sikh

2 (1.2%) were of any other religion

27 (16.3%) had no religion

19 (11.4%) responded 'Didn't know'

1 (0.6%) declined

80 (48.2%) were not asked

Sexual orientation

1 (0.6%) was bisexual

82 (49.4%) were heterosexual

0 were lesbian

0 responded as 'Other'

7 (4.2%) responded 'Don't know'

0 declined

76 (45.8%) were not asked

Relationship status

0 were in a civil partnership

15 (9.0%) were cohabiting

5 (3.0%) were divorced

6 (3.6%) were in a relationship but not cohabiting

49 (29.5%) were married

23 (13.9%) were separated

59 (35.5%) were single

7 (4.2%) responded 'Don't know'

0 declined

2 (1.2%) were not asked

Pregnant

8 (4.8%) were pregnant

125 (81.3%) were not pregnant

11 (6.6%) responded 'Don't know'

0 declined

12 (7.2%) were not asked

End of report

Nowhere to Turn 2021: Findings from the fifth year of the No Woman Turned Away project

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For help and support, you can access Women's Aid's direct services, including our Live Chat, the Survivors' Forum and the Survivor's Handbook, at www.womensaid.org.uk/information-support