**Nowhere to turn 2023**
Findings from the seventh year of the No Woman Turned Away project

Plain-text version

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# Accessibility

This is a plain-text version of the Nowhere to Turn 2023 report. Any tables, graphs and infographics from the original PDF version have been converted into text format.

## About Women’s Aid

Women’s Aid is the national charity working to end domestic abuse against women and children. For almost 50 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 just under 170 organisations which provide 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 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, 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 Women’s Aid Directory and our advocacy projects, help thousands of women and children every year.

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# Key findings

The data below is adapted from an infographic which can be found in the PDF version of this report.

**254 women** engaged and finished support between 1st January 2022 and the 31st December 2022

* 67 (26.4%) had disabilities
* 93 (36.6%) had no recourse to public funds
* 102 (40.2%) were from Black and minoritised backgrounds

## The NWTA project support

The NWTA specialist practitioners provided over 1,098 hours of support in total to the 254 women. This support included:

* Finances
* Safety planning
* Emotional support
* Mental health
* Housing
* Immigration support
* Referral and signposting
* Practical support
* Safeguarding

As a result, 64 women (25.2%) were accommodated in a refuge. 49 women (19.3%) were accommodated in emergency accommodation.

## What happened while waiting for a refuge space?

* 65 experienced further abuse from the perpetrator
* 39 had no money to pay for essentials
* 46 sofa-surfed
* 9 women slept rough

# Introduction and methodology

This report evaluates the No Woman Turned Away (NWTA) project and its current role within the national network for domestic abuse support. Women’s Aid’s recent domestic abuse report[[1]](#footnote-1) highlighted how there are still insufficient bed spaces available for survivors of domestic abuse, and we have also reported how the cost of living crisis is making it harder for survivors of domestic abuse to leave[[2]](#footnote-2) and for services to support them.[[3]](#footnote-3) Using both quantitative and qualitative methods, this report examines the extent to which the NWTA project offers additional support to women and children fleeing domestic abuse in the context of an underfunded network of refuges and increased demand,[[4]](#footnote-4) and what the project means to survivors and support staff at a local level. Building on our previous ‘Nowhere to Turn’ reports, we also sought to examine the extent to which structural inequalities[[5]](#footnote-5) continue to exist for survivors on their journeys into refuge.

The report draws on the following data sources:

## 1. Quantitative data collected by the NWTA specialist practitioners

The quantitative data used in this report was recorded[[6]](#footnote-6) by the NWTA specialist practitioners on Women’s Aid’s case management and outcomes monitoring system On Track (OT)[[7]](#footnote-7).

They 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 in On Track, as well as the time spent on each case and the types of support they gave to women. The On Track data shared in this report covers the time period 1st January 2022 – 31st December 2022. The OT data was also used to create case studies for the report. All survivors whose stories are used in this report gave consent to their data being used for the purposes of research and fundraising.

## 2. An in-depth interview with a survivor supported by the NWTA project

The participant was recruited via one of the NWTA specialist practitioners who was supporting her after it had been ascertained that her participation was safe. After speaking with the Research and Evaluation officer about the research, she received an information leaflet and signed a consent form. The survivor interview was carried out online (using audio software only) by the Research and Evaluation Officer for the project and lasted two hours and twenty minutes. It focused on the survivor’s experience of working with the NWTA project but was only loosely structured to enable to the survivor to talk about the issues most important to her.

## 3. Interviews with three domestic abuse support workers at referring organisations

The support workers were recruited from two different Women’s Aid member organisations. These organisations had been approached based on being regular referrers to the NWTA project. One of the support workers was a specialist domestic abuse advocate for Black and minoritized women, one was an Independent Domestic Violence Adviser with a specialism in working with children and young people, and one was in a managerial position. The interviews were carried out online using audio and video software and lasted between 20 and 50 minutes. Interview questions focused on their experience of working with the NWTA project.

## 4. An in-depth interview with one of the NWTA specialist practitioners

One of the specialist practitioners, who provides casework to survivors supported by the project, took part in this interview which focused on the work of the NWTA project. It was carried out online using audio and video software and lasted 43 minutes.

All staff interviewees at NWTA and member organisations received information about the research and signed a consent form before taking part. All interviews were transcribed and anonymised before storing them on Women’s Aid’s internal system.

**Copies of all editions of Nowhere To Turn can be downloaded for free** [**online**](http://www.womensaid.org.uk/evidence-hub)**.**

# **Part 1:** Introducing the No Woman Turned Away project

The No Woman Turned Away (NWTA) project has been funded by the Department for Levelling Up, Housing and Communities (DLUHC)[[8]](#footnote-8) 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 caseworkers who are specialist practitioners and one dedicated research and evaluation officer and provides telephone and email support to women in England looking for a refuge space or other safe accommodation.

Over the last year, the rising cost of living has created new challenges for survivors. Recent Women’s Aid research[[9]](#footnote-9) shows that rising costs are used by perpetrators to control survivors further both financially and socially, while simultaneously making it harder for survivors to leave the perpetrator(s) and find a safe place to live. In its seventh year, the NWTA project therefore remains as significant as ever in offering support to women and children fleeing domestic abuse.

Alongside the practical support offered by the NWTA specialist practitioners, we are continuing to conduct detailed monitoring and analysis of survivors’ experiences.

## How many referrals did the NWTA project receive?

A total of 394 referrals (363 individual women, i.e., there were 31 repeat referrals) were made to the NWTA caseworkers between the 1st of January 2022 and the 31st of December 2022. Of these 394 referrals, 271 referrals (68.9%; 256 individual women, i.e., some women received support more than once) went on to receive support from the service and 123 referrals did not.

The most common reason women did not go on to be supported by the NWTA project was that the specialist practitioners had been unable to contact them (41.5% of the 123 women who did not receive support). This reflects how preparing to leave an abuser 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 NWTA specialist practitioners (18.7%) 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 within an intimate partner relationship can also significantly escalate during or after separation.[[10]](#footnote-10) 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 another domestic abuse service, 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 (13.0%) chose not to proceed with support from the NWTA project. A small number of referrals (8.1%) were ineligible for support, for example because the woman was not experiencing domestic abuse.[[11]](#footnote-11)

If a referral is not accepted into the project, specialist workers will often still give initial support and signposting to the service who sent the referral. This can include advice about next steps and other support services who may be relevant.

## Graph 1: Referrals by month

* January – 39
* February – 17
* March – 40
* April – 38
* May – 32
* June – 41
* July – 27
* August – 34
* September – 46
* October – 28
* November – 27
* December – 25
* Total – 394 referrals

## Referral sources

Women’s Aid’s Direct Services team made 171 referrals (43.4%) to the NWTA project this year, with 162 of these being made via Women’s Aid’s webchat service and nine via Women’s Aid’s email service. The majority of the remaining referrals (198; 50.3%) were made via Women’s Aid’s member services. Additional referrals were made by agreed partner organisations such as the British Red Cross, the Traveller Movement, and Victim Support.

## How many women did we support in 2022?

254 women engaged and finished their support between the 1st of January 2022 and the 31st of December 2022, with thirteen of these women exiting the service twice or more (i.e., 269 exits overall).[[12]](#footnote-12) The analysis of quantitative data in this report relates to these 254 women.

We have carried out activities this year which have simplified the referral process and encouraged referrals. There has been some digital work carried out on the Women’s Aid website to ensure that the referral pathway is easier to find. We also developed a new online referral form, updating the project webpage and user journey across the website, publishing a new case study on the website, and posting a pop-up on Routes to Support,[[13]](#footnote-13) as well as updating the service description on Routes to Support. We hosted a webinar for Women’s Aid staff and members, attended a coffee morning for members and held a workshop at our annual conference focusing on the needs of migrant survivors. The team also called and emailed a number of local services to make them aware of the project and how they can refer survivors.

## 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 NWTA service were offered emotional support by the specialist practitioners.

When it came to the women who had experienced abuse within the last year:

* 88.4% had experienced emotional abuse.
* 77.6% had experienced controlling behaviours.
* Almost two in three had experienced physical abuse (63.5%).
* Almost half had experienced financial abuse (49.0%).
* 46.9% had experienced surveillance, harassment or stalking.
* Almost a quarter (24.5%) had experienced sexual abuse.
* Almost a third (32.0%) had experienced threats to be killed.
* 15.8% had experienced an attempted strangulation or suffocation.
* 13.3% had received an injury requiring a visit to A&E or hospitalisation.
* 5.0% had acquired an injury by the perpetrator(s) which required a GP visit.
* Eight women (3.3%) had either lost an unborn child due to the abuse or reported severe harm to the unborn baby.
* Almost one in five (19.5%) reported having suicidal thoughts or feeling severely depressed as a result of the abuse, and six women (2.5%) reported self-harm as a result of the abuse.

At least 91.4% of perpetrators were male,[[14]](#footnote-14) and in at least 74.2% of cases the perpetrator was a current or former intimate partner.[[15]](#footnote-15) In 25 cases (9.8%) more than one perpetrator was listed.

## Challenges in securing support

As detailed in previous Nowhere to Turn reports (2017-2022), the women most marginalised by society tend to face the greatest barriers in their search for refuge provision[[16]](#footnote-16), with intersecting structural inequalities (manifested for example through poor agency responses, immigration rules) impacting on women’s ability to access appropriate safety and protection. On average, there were no spaces available on Routes to Support that could support the specific needs of a survivor in the NWTA project 2.9 times per woman (range=0-30).[[17]](#footnote-17) This could mean, for example, that there was no wheelchair accessible refuge space for a survivor who requires one on average of 2.9 days out of the period she was being supported by the NWTA project.[[18]](#footnote-18) For two women, Routes to Support found that there was no appropriate space available 30 times,[[19]](#footnote-19) for another 29 times, and for another two 23 times. Each woman was on average refused from a refuge that was approached 1.3 times (range=0-9). This was usually after the space had been shown as available on Routes to Support. One woman was rejected 9 times, and three were rejected 8 times.[[20]](#footnote-20)

Table 1 (following this section) outlines some of the characteristics and circumstances of women supported by the NWTA specialist practitioners this year. These characteristics were commonly associated with a lack of adequate support within

wider domestic abuse services and their funding structures and are therefore prominent within the group of women supported by the project.

Although there are some slight deviations from our findings in previous years, the proportion of women with each characteristic remains largely consistent. The five most common characteristics for women within this programme seeking a refuge space were: lack of support for Black and minoritised women; lack of support for women with no recourse to public funds (NRPF); lack of support for women with mental health support needs; lack of support for women with substance misuse support needs (including either/ both drugs or alcohol); and lack of support for women with 4 or more dependent children. Many women faced more than one of these challenges, making it more likely that no appropriate spaces would be available to them.

Although the table shows that 13.0% (33) of women were referred because of a disability, this does not accurately reflect how many survivors supported by the project had a disability. The demographic data tells us that 26.4% (67) of women had one or more disability. This includes women with mental health disabilities, physical disabilities, learning disabilities, long-term health conditions, and hearing disabilities.[[21]](#footnote-21)

## Table 1: Characteristics of women supported by the NWTA specialist practitioners (based on reason for referral)

The data is adapted here into a plain-text format. To view it in a table format, please read the PDF version of this report. Please note that many women had more than one of the listed characteristics or circumstances.

* Women with no recourse to public funds (NRPF)[[22]](#footnote-22) [[23]](#footnote-23) – 93 (36.6%)
* Women with mental health support needs – 82 (32.3%)
* Women with substance misuse support needs (drugs and/or alcohol) – 45 (17.7%)
* Women with large families[[24]](#footnote-24) - 40 (15.7%)
* Women with language or cultural support needs[[25]](#footnote-25) - 26 (10.2%)
* Women with a disability[[26]](#footnote-26) - 33 (13.0%)
* Women who were tied to their local area[[27]](#footnote-27) - 19 (7.5%)
* Women with older male child(ren) (aged 14 or older) – 19 (7.5%)
* Women with an offending history – 16 (6.3%)
* Women previously evicted from refuge – 6 (2.4%)

It is important to note that 40.2% (102) of the women supported by the NWTA project were from Black and minoritised[[28]](#footnote-28) backgrounds[[29]](#footnote-29). As one of the support workers noted “with black and minority communities […] it’s not picked up [by local support services] as much”. These women were a diverse group with a range of ethnicities. Some were migrant women; some had no recourse to public funds, 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 by Imkaan[[30]](#footnote-30), many women from Black and minoritised backgrounds prefer to be supported by specialist ‘by and for’ services that understand the intersection between misogyny and racial inequality, and where they can benefit from peer support from other Black and minoritised women. Specialist ‘by and for’ support staff are 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,[[31]](#footnote-31) which combined with a sense of understanding and belonging creates an environment in which women are better able to be supported through their recovery. The NWTA caseworker interviewed for this report described the importance of specialist ‘by and for’ services (in this case those that focus on specific cultural practices such as female genital mutilation (FGM)) in the following way:

“If there’s a client who is fleeing ‘honour- based’ violence, or FGM, or something like that, and the refuge do not have the training and understanding to effectively support that client, it’s not going to be a suitable refuge. So being a refuge that, you know, supports women [who do not have these issues to contend with] who are generally fleeing domestic abuse or what’s generally accepted as domestic abuse is probably not suitable for that client, simply because of the capacity of the employees there, and the training that they’ve received.”

However, there is very limited provision of services 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.[[32]](#footnote-32) Women’s Aid’s 2021 report Fragile Funding Landscape found that 57.5% of ‘by and for’ services were run without commissioned funding.[[33]](#footnote-33)

# **Part 2:** The role of the NWTA project within the domestic abuse sector

Part 1 of this report highlights the continued structural inequalities faced by some survivors searching for a refuge or other safe space to live, and how as a consequence many of these are referred into the NWTA project. It shows how, as the NWTA caseworker who we interviewed as part of our research put it, “there are women out there who need that additional support”. In Part 2 we explore in more detail the role of the NWTA project in providing this additional support. This includes an initial exploration of what the lack of support means for survivors’ journeys and wellbeing when fleeing abuse (part 2a), and the role of the NWTA project in supporting the needs of those who are referred into the project (part 2b).

## **Part 2A: Survivors’ journeys into places of safety**

Part 1 of this report (see Table 1) showed that the second most common barrier encountered by the women supported by the NWTA project was a lack of specialist mental health support needs. While mental health support needs may for some women be a result of the abuse they experience from the perpetrator, the qualitative and quantitative research we carried out for this report highlighted how the process of trying to find safety can put further pressure on survivors and in some cases exacerbate their mental health support needs. Jane[[34]](#footnote-34), the survivor we interviewed as part of the research for this report, described how the statutory services, including housing services and the police, as well as some of the support services she was working with, offered very little and inadequate support. She had been classified as having “complex needs”, and she felt that that meant that professionals were not taking her experiences seriously and were “patronising” towards her. She felt completely alone in dealing with the post-traumatic stress disorder (PTSD) she had been diagnosed with as a result of the abuse and felt “traumatised” all over again by her journey of trying to find safety and rebuilding her life. She described how “eventually [she] realised that the world we’re in was making everyone very sick”. For her, the only service which she felt supported by was the No Woman Turned Away project.

### Where did women stay while they waited for safe accommodation?

#### Table 2: Where did women stay will waiting for a refuge space?

Please note that data on where women were staying was not always captured and not all women are represented here (e.g. if they only worked with NWTA for a short time and did not share details about their journey). Some women stayed in more then one type of temporary accommodation.

* 46 (18.1%) spent time sofa-surfing
* 38 (15.0%) spent time in emergency accommodation (same local authority)
* 23 (9.1%) spent time in mixed accommodation
* 20 (7.9%) spent time in emergency accommodation (different local authority)
* 11 (4.3%) paid to stay in a hostel/B&B/hotel
* 9 (3.5%) spent time sleeping rough

As shown in Table 2, many women supported by the NWTA project stayed in unsafe accommodation while waiting for a refuge place.

Table 2 shows that almost a quarter of the women supported by the NWTA project stayed in emergency accommodation in the same (15.0%) or a different (7.9%) local authority (22.9% in total), and almost a fifth of the women (18.1%) sofa-surfed. Others paid for a hotel or slept rough. Our report Nowhere to Turn 2019 outlined how sofa-surfing with relatives or friends 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[[35]](#footnote-35).

Twenty women stayed in mixed sex accommodation, usually in mixed sex emergency accommodation. As we know from our previous work, many women feel unsafe in such accommodation after experiencing abuse by male perpetrators.[[36]](#footnote-36) In line with Government Homelessness code of guidance for local authorities, housing authorities are asked to consider whether mixed sex accommodation is appropriate and seek to provide single sex accommodation where this is required and available. The guidance states that when it comes to domestic abuse, some victims ‘may find it traumatic to share facilities with members of a particular gender’[[37]](#footnote-37).

Jane, the survivor we interviewed for this report, described how after she had been placed in emergency accommodation she “found [her]self in a room full of heroin addicts and had men walking into [her] room at 3 in the morning. The people there were high on drugs, the door was smashed in by the police twice while [she] was there and at one point [she] had to push a grown man out of [her] room at 3 a.m. because it all wasn’t secure.” She concluded “I’m sure you can understand [that] with PTSD it was not helping me feel safe.”

Nine women slept rough whilst waiting for a refuge place. This included sleeping in their car, at work, in a tent in the forest, in train stations, and on the streets. Four of the women who slept rough reported that they had a disability (three reported a mental health disability and one reported a learning disability). Another woman had suffered a traumatic brain injury. Unlike in some previous years, none of the women slept rough with children or whilst pregnant.

### “I’ve been through so much”[[38]](#footnote-38): Women’s experiences of hardship and abuse while waiting for a refuge space

Our data shows that waiting for a refuge space is a highly dangerous time for survivors, whether they are still in the original place with the abuser(s) or have already left. This correlates with the fact that the most unsafe time for a survivor tends to be when she has recently left the abuser or decided to do so.[[39]](#footnote-39) The NWTA project is funded to work with survivors at this precarious time before they are accepted into a refuge space. Many local services (e.g., refuge services) are not funded to do this work, meaning the NWTA caseworkers’ expertise is vital to survivors in need. They are able to offer survivors such as Jane the amount of support they need until safe accommodation is found. 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 a survivor’s financial difficulties such as lack of money to pay for phone calls; and to provide flexibility to talk at specific times when the perpetrator(s) was/were out of the house.

Women who are supported by the NWTA 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)). The NWTA workers also provided a great deal of emotional support that is essential to many in these circumstances. Jane described the support she had received in this regard as “brilliant”. She felt she was finally being treated “like a human being”.

#### Table 3: Survivors’ experiences while waiting for a refuge space

Please note that some survivors experienced more than one category.

* 65 (25.6%) experienced further abuse from the perpetrator(s)
* 53 (20.9%) were scared to go outside
* 39 (15.4%) did not have enough money to pay for essentials
* 27 (10.6%) experienced abuse from (an) additional perpetrator(s)
* 13 (5.1%) called the police out to respond to an incident
* 8 (3.1%) were physically injured as a result of an assault by the perpetrator(s)
* 7 (2.8%) spent time as an inpatient/overnight in hospital
* 1 (0.4%) spent time in police custody
* 0 spent time sectioned under the Mental Health Act (2007)

Table 3 shows that more than a quarter of the women who were supported by the project this year told their NWTA specialist practitioner that they had experienced additional abuse from the perpetrator(s) whilst waiting for a refuge space. Jane ended up leaving the emergency accommodation where she had been placed as she felt very unsafe there. This put her at risk of abuse by her original perpetrator. 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. More than a fifth of the 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.

In addition, we found that 15.4% 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. As detailed in our report Experiences of financial hardship whilst seeking a refuge space (2022), these essentials are often required to organise and make the journey into safe spaces. Our report The Economics of Abuse (2019) highlights how economic abuse often plays a significant role in controlling behaviour, and we outlined earlier in this report that more than half of the survivors supported by the NWTA project experienced economic abuse.

Jane, for example, talked about losing her house due to the financial and psychological abuse she experienced from the perpetrator and how she was “left unable to work”.

Compared to the previous year[[40]](#footnote-40), this year we saw an increase in the proportion of women who were unable to pay for essentials while they waited for a refuge space (15.4% versus 11.4%). Jane, for example, stated that once she entered emergency accommodation and refuge, she barely had enough money to pay for food. She relied on foodbanks during this time but stated that whilst being grateful for the provision she “really can’t stand another tin of soup as long as [she] live[s].” The NWTA caseworker we interviewed for this report gave another example of a survivor she worked with who did not have a winter coat and could not afford to buy one.

The increase in women unable to pay for essentials is likely to be exacerbated by the current cost of living crisis. A survey conducted by Women’s Aid in the summer of 2022[[41]](#footnote-41) showed that 96.4% of survivors had noticed a difference in the amount of money available to their household due to the cost of living crisis. Out of those women who lived with the perpetrator and who were financially linked to them, 73% said that the cost of living crisis had prevented them or made it harder for them to leave the abuser. The NWTA caseworker who we interviewed for this report confirmed that she is seeing these effects “more and more,” and had “noticed more women asking for extra financial support,” as well as telling her that they “can’t afford to leave”.

### “No-one was responding to me”: Survivors’ encounters with statutory services

Since the 29th April 2021, local authorities have a duty to fund domestic abuse support in safe accommodation to survivors and their children. However, the research we conducted for this report indicates that there is commonly a lack of knowledge or resources within statutory agencies, which means these obligations remain unfulfilled. As Jane put it, “no-one was responding” and she felt completely unsupported by local authority housing teams and the police. The domestic abuse support workers who we interviewed for this report acknowledged that the issues are systemic. As one local support worker put it:

“I know that they’re busy […] I know it’s not anybody’s fault. It’s the fault of like the system, you know, systemic issues […] You do get some really, really good police officers, social workers […] that really do listen and absolutely [are] on your side. [...]

It’s just […] agencies have different roles […] so it doesn’t always [fall in] line with your [desired outcomes for the client].”

 The NWTA caseworker who we interviewed for this report suggested that statutory agencies require more training in domestic abuse:

“I think many services, they don’t understand violence against women and girls. […] You know, “why hasn’t she left?” […] These kinds of questions are unhelpful - they’re victim blaming. And, and I don’t think that professionals should be asking these kind of questions, […] I think it’s down to training. So, there’s massive need for training within those departments. And it’s just understanding the dynamics of abuse.”

The NWTA team has a great deal of expertise in dealing with statutory services such as local housing teams and social services. While it is important for local domestic abuse services to maintain good working relationships with local statutory services and to, therefore, be somewhat measured in their approach, as a national organisation, Women’s Aid’s NWTA caseworkers are often able to apply greater pressure and scrutiny. One of the local support workers who we interviewed for this report asserted:

The NWTA caseworkers agreed:

“It does help to have, like, multiple professionals saying ‘hey, these are the risks that we’ve assessed with this woman, and this is why we think you should support her.’”

#### Housing teams

For many survivors the first point of contact before approaching a refuge is a local housing team. The Domestic Abuse Act 2021[[42]](#footnote-42) brought about changes to the priority need for accommodation under the Housing Act1996.[[43]](#footnote-43) This means that people made homeless because of being a victim of domestic abuse now must be considered an automatic priority by local authorities when making a homelessness application. However, our data suggests that despite these statutory changes, the hopes of many survivors to be placed in safe accommodation by housing teams remain unfulfilled.

Of the 254 women who were supported by the NWTA project this year, 67 (26.4%) contacted a local housing team. At least 21 of these (31.3%) were prevented from making a valid homelessness application. Reasons given for this included: housing teams ignoring guidance which states that local connection rules[[44]](#footnote-44) do not apply in cases of domestic abuse[[45]](#footnote-45), and suggestions by staff to call the National Domestic Abuse Helpline instead.

One of the support workers we interviewed for this report explained:

“I do find that councils are very guarded, and I feel like they don’t want to house women with domestic violence anymore. […] The responses we get are just ridiculous sometimes and lousy and lazy. And yeah, not great. […] Like, ‘it’s too late in the day.’ Or they hold them there for hours on end. Or they’re like, ‘oh, they have to present at the office’ but what if I’ve got a disabled person who can’t make it or someone that’s so fearful to leave her house they can’t go? And they’re like ‘well, they have to present.’ Or ‘we’ll give them a call’ and then they arrange a time for a month and a half later, but something serious could happen in that month.”

As mentioned previously in this report, women were often offered inappropriate accommodation, for example, it was not single sex accommodation; it could not accommodate their children; or, in one case, accommodation was offered that did not cater for the woman’s disability. In our qualitative research for this report, Jane told us how “they showed [her] two places to live, both of them didn’t have doors”. Once she had been placed in temporary accommodation “the lady from the housing called [her] again and said ‘I’m going to try and move you. Just bear with me until tomorrow’, but “then disappeared again.” She went on to say that “housing have not responded to an email from [her] ever since [she’s] been dealing with them.” And that “it makes you feel incredibly vulnerable and incredibly worthless.” She also spoke about how after feeling very unsafe in the mixed sex emergency housing she had been placed in, she returned to her original home. A police officer commented that she must be safe in her home, and this was used by the housing department to close her case.

One of the local support workers we spoke to for this report described how difficult it can be to convince housing officers of supporting survivors:

“I think it is very difficult sometimes. Sometimes it’s just a matter of us saying, ‘hey these are the risks, and this is […] my professional judgment and I think you need to help our client’ and sometimes that’s enough, and sometimes the housing officer […] will understand, and they’ll get the ball rolling. Sometimes it’s not as simple as that.”

The NWTA caseworker who we interviewed for this report explained:

“It’s not just about reminding housing what their legal duties are is also like reminding them what abuse actually is and how it affects that woman and the people that she might be fleeing with.”

The NWTA caseworker explained that often they could pass on information not just to housing teams, but also to local support organisations:

“This project is important not just because we help the women, but often we do provide a lot of, I wouldn’t say mentoring, but a lot of information to professionals that are supporting clients through the housing process in terms of how to make housing applications.”

The NWTA caseworker also explained that the support around accommodation that NWTA offers goes beyond engaging with local housing teams and making homelessness applications:

“It’s not just about us sending letters or speaking to housing. It is also explaining to women that they do have rights and they’re not alone and it’s not like they only have one option. There are multiple options that they could explore and, and it’s up to us to support them in terms of whatever decision that they make.”

The unique support and time that the NWTA project can provide to survivors enables survivors to better understand what their options are and make empowered decisions based on this. Unfortunately, even with this support a suitable solution is not always reached (see Louise’s case), however, this experience of being supported could better equip survivors to know what help is available in the future.

#### Louise’s case

After having suffered abuse her entire life at the hands of her father, Louise was now fleeing from the abuse she was experiencing from her partner.

Understandably, Louise was suffering from anxiety, and had been diagnosed with Emotionally Unstable Personality Disorder. She made a homelessness application, but this was rejected by the local housing authority (LHA) who told her to go to refuge instead. Unfortunately, the refuge she approached felt that they were unable to accommodate her mental health support needs.

With advocacy and support from the NWTA team, Louise was able to challenge the LHA decision so that they accepted her homeless application. However, as she would not have been safe remaining in the area the LHA advised her to apply to another local authority, which she did. Although this application was initially accepted and an offer of temporary accommodation was made to Louise, she was unable to travel there because she did not have access to transport.

In the meantime, this second LHA withdrew Louise’s homelessness application on the basis that it should not have been made because the original LHA should have made a cross boundary referral on her behalf. Louise persisted and reapplied to her original LHA, but they refused her application again. With the support of the NWTA project a solicitor was contacted and helped to challenge this decision. However, after no offer of accommodation was made, the situation began to take a toll on Louise’s mental health. Eventually Louise gave up on trying to find safe housing and disengaged from the NWTA project.

#### 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[[46]](#footnote-46) 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. As the NWTA caseworker who we interviewed for this report explained:

“We’re able to request the social services to make an assessment, under the section 17, and assess the child, and to see if they’re a child in need. And if they are a child in need, then they do have a legal duty to fund the woman and her children to stay at a refuge or any kind of suitable accommodation. So that is an avenue that we do access quite often.”

In addition, under the Care Act 2014, Part 1[[47]](#footnote-47), 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 NWTA specialist practitioners, 43 (16.9%) 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 (30.2%) of those cases, and in several cases advocacy from the NWTA team was required to hold them to account and remind them of this duty.

Interviews with support staff at domestic abuse organisations revealed that while some social workers, for example the Bristol Asylum Team, were seen as “fantastic”, others described the response from Social Services as completely inadequate. Children’s Services received mixed reviews and were sometimes described as “very hands-on” and sometimes as “the worst” due to suffering from “under-funding and busyness”. One local support worker told us the following:

“I feel like the threshold for any sort of investigation or support for the family is so high that often they just sort of try and signpost. And it’s not very often that people get allocated. […] Workers often asking for proof of their abuse and […] “we’re not going to help house. We’re not going to pick this up because there’s no abuse going on or whatever” often I get from Social Services. [Or] “It’s just coercive control. It’s just control, […] she’s not being hurt every day”. […] [And] “Oh, you’re a charity. Can’t you pay for a hotel if she’s immediately unsafe?” Even if they’ve got children and they should be picking it up. They sometimes don’t, they try and put it on us. We don’t have that that’s sort of money. We don’t have that duty of care.”

While support workers’ assessments of Children’s Services were inconsistent and mixed at best, one of the support workers we interviewed asserted than she was “less confident” about adult social care:

“Don’t enjoy doing a referral to them […] I don’t feel like they pick up a lot of cases. Especially when it does come to mental health […] Of course, mental health’s gone up, cost of living and stuff. But yeah, the threshold’s a lot tighter than I have seen it in the past. “

Again, the feedback from the local support workers who we interviewed was that the NWTA caseworkers are able to assist in the advocacy that they can provide to survivors, helping statutory services to “listen” and ultimately fulfill their duty to support women.

#### The Police

Forty of the women who were supported by the NWTA project told us that they were or had been in touch with the police. Feedback from one of the support workers who we interviewed for this report described their response as “getting better”, but “still not the best”. Specifically, she pointed out that they are “getting better with coercive control and noticing that as a crime”. However, she noted that “they’re bad at communicating, so bad, with [her] and with [her] clients”. In her experience, this included for example not communicating that a perpetrator had been arrested or had been placed under a restraining order.

Jane agreed with this assessment and stated that “the police officer wasn’t answering”, and that [the police officer] “said she’d call [her] yesterday. She didn’t. And she said she’d call [her] today. She didn’t.” Jane was convinced that her “case is falling apart because they weren’t doing anything”. In addition, as described above, the police officer put her safety in jeopardy by copying local housing officers into an email in which she stated without evidence that Jane was safe in her original home, which in turn led the housing officer to close her case.

Our data suggests that despite the introduction of the Domestic Abuse Act 2021, which brought about changes to who is considered a priority need under the Housing Act (1996), negative encounters with statutory services continue to overshadow many survivors’ experiences of seeking help. In fact, while some workers are doing outstanding work, Jane for example described her experience as akin to “organisational abuse and neglect.”

#### Negative captures

We have been collecting data on negative responses that survivors have experienced from different services for the No Women Turned Away (NWTA) project and other Women’s Aid direct services (live chat, email support service) for several years. Following a pilot analysis of a quarter’s data of these negative captures, we determined that these add important insight to the project.

During the reporting period (1st January 2022 – 31st December 2022), the NWTA project and wider Women’s Aid Direct Services team recorded 75 separate incidents in which a statutory agency had responded inappropriately to a survivor seeking help. Examples of inappropriate responses include giving advice which put the survivor at risk of further harm from perpetrator; demonstrating a lack of knowledge about domestic abuse; and giving inaccurate information. Below this section is a table outlining the number of negative captures recorded for each agency.

Table 4 below demonstrates that the Local Authority Housing team were responsible for a third (33.3%) of negative captures; Police were responsible for just under a third (29.3%); and the Social Services (Local Authority Safeguarding) for almost a fifth (18.7%). These negative captures relate to boroughs across every region of the country, including Wales and Scotland. In many cases the nature of these incidents was specific to the agency in question, for example, failing to collect evidence on behalf of the police, and withholding duty of care information on behalf of Social Services.

### Table 4: Negative captures by responsible agency

* Local Authority Housing Team/Homeless Person Unit: 25 negative captures recorded, 33.3% of total
* Police: 22 negative captures recorded, 29.3% of total
* Local Authority Safeguarding: 14 negative captures recorded, 18.7% of total
* Legal Services[[48]](#footnote-48): 7 negative captures recorded, 9.3% of total
* Housing Association: 5 negative captures recorded, 6.7% of total
* NHS: 2 negative captures recorded, 2.7% of total

Total amount of negative captures: 75

# **Part 2b:** “[It] actually achieved something” – The support offered by the No Woman Turned Away project

Part 2b of this report demonstrates how survivors’ journeys into refuge are often made difficult by financial hardship, limitation due to immigration status, a lack of adequate housing, and inadequate support from statutory agencies, as well as the abuse from the perpetrator(s). We know from our research how many domestic abuse services are struggling when it comes to capacity and resourcing[[49]](#footnote-49) and how vital the advocacy the NWTA project can provide can help when it comes to supporting women who face additional barriers to navigate statutory agencies. This part of the report demonstrates in more detail the support offered by the NWTA project and the impact it is having on women and children searching for a refuge place.

One local support worker who we interviewed for this report put it in the following way:

“I feel like if I hadn’t turned to No Woman Turned Away, I wouldn’t have been able to get the right support for my client, and I personally wouldn’t have been able to get them their needs met.”

## Support length and type

Overall, the NWTA caseworkers provided over 1,098 hours of support to the 254 women who engaged and finished support between 1st January 2022 and 31st December 2022.[[50]](#footnote-50) Support was often provided on a daily or almost daily basis over an average time span of four and a half weeks. While, as outlined in part 2a of this report, some women have positive experiences with other services, Jane, the survivor who we interviewed for this report, after being classified as having “complex needs” and feeling let down by support and statutory services, insisted that the No Woman Turned Away project was “probably the only experience [she’s] had anything to do with domestic violence that has actually achieved something”. She went on to describe this in more detail:

“I now understand I fell through the cracks every chance I tried to get help everywhere while this was going on […] [they] really didn’t know what to do with me. They didn’t know how to help. […] I didn’t get any help from anybody […] it was pretty traumatising from every direction […] I’m working with 17 different organisations […] none of them are doing anything […] the only response I ever get is from [the NWTA caseworker]…[I’ve been working with her for] six weeks maybe, not long, but she’s got more done in one week than I’ve never done in two years now […] She never sign-posted me anywhere […] She sees her job as doing something for me […] I just can’t tell you how brilliant that is.”

### Table 5: How much of specialist practitioners’ time is spent providing different types of support?[[51]](#footnote-51)

* Phone contact with survivor – 30.5% of the specialist practitioners’ time
* Email contact with survivor -18.6% of the specialist practitioners' time
* Liaison with other professionals – 16.9% of the specialist practitioners’ time
* Paperwork – 10.7% of the specialist practitioners’ time
* Attempting contact or chasing up – 9.4% of the specialist practitioners’ time
* Advocacy on client’s behalf – 6.4% of the specialist practitioners' time
* Other – 7.5% of the specialist practitioners' time

**Table 5** shows that the largest part of NWTA caseworkers’ time was spent being in contact with survivors (49.1%), either via phone (30.5%) or via email (18.6%). Jane described how supported this contact time made her feel:

“I’m always in touch with her, over email at least. […] she always lets me know where she is. Who I’ve got to contact if there’s a problem. […] She understands what we’re all going through. Which is letdown after letdown after letdown.”

The majority of caseworkers’ remaining time (16.9%) was spent liaising with professionals. 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. Interviews with support workers at local domestic abuse organisations revealed how useful this was in achieving desired outcomes. One support worker mentioned that “when [she] really, really struggle[s], [the NWTA project] is there for [her] to lean on.” She went on to say:

“[The NWTA caseworker] always really helps me, you know, I feel supported. And if I'm struggling to find an immigration solicitor, she'll help pick that up for me, you know, and liaison with children’s social care […] She’s awesome […] [she] knows things and just is able to say it to people to get them to support.”

## What did women receive support with?

### Table 6: What do women receive support with?

* 254 (100%) received support with housing
* 254 (100%) received support with referral and signposting
* 50 (19.7%) received emotional support
* 39 (13.4%) received support with safeguarding
* 39 (13.4%) received support with safety planning
* 25 (9.8%) received mental health support
* 19 (7.5%) received support with finances
* 19 (7.5%) received immigration support
* 19 (7.5%) received practical support
* 15 (5.9%) received support with physical health
* 14 (5.5%) received support for drugs and alcohol
* 12 (4.7%) received support with children
* 12 (4.7%) received support with risk assessments
* 9 (3.5%) received family law support
* 8 (3.1%) received Multi-Agency Risk Assessment Conference (MARAC) support
* 8 (3.1%) received parenting support
* 7 (2.8%) received support with offending
* 6 (2.4%) received support with criminal justice
* 48 (18.9%) received other types of support.

The wide range of support provided by the NWTA specialist practitioners is outlined in Table 6.[[52]](#footnote-52) Unsurprisingly given the nature of the NWTA project, the most common topics were housing, and referral and signposting, where all women were supported in these areas.

As discussed earlier in the report, survivors being supported by the NWTA project are generally facing a particularly turbulent period in their life, with many leaving behind their home, support networks, and even employment.[[53]](#footnote-53) Therefore, it is no surprise that the NWTA caseworkers dedicated time providing emotional support to a high proportion of survivors. As we know from our research, an empathetic and understanding response from a professional who will take the time to listen is highly valued by survivors.[[54]](#footnote-54) Evidence suggests that unsympathetic and victim-blaming attitudes from professionals can seriously hinder survivors from speaking about the abuse and accessing future support.[[55]](#footnote-55) We hope that this emotional support provided by the NWTA project empowers survivors who need support in the future to reach out if they need it.

Many women with an insecure immigration status also received support with meeting relevant immigration requirements. This often involved linking the survivor up with other services to apply for the Destitution Domestic Violence (DDV) Concession, which is required for those with no recourse to public funds (NRPF) to secure public funds for a refuge stay, and the Domestic Violence Rule (DVR), which enables women to regularise their immigration status. The NWTA team is able to draw on advice from an internal legal specialist on immigration requirements. Twenty-one women were supported to apply for the DDV Concession whilst working with the NWTA project. One of the support workers at a local domestic abuse organisation who we interviewed for this report, described that she was frequently in contact with the NWTA caseworkers to get advice in this regard:

“[Often when I have] referred to [the NWTA project] has been […] with immigration needs. Yeah, and those sorts of like with no recourse to public funds and things like that because our immigration solicitors in [the local area] aren't great. I mean they don't often have that much capacity. So often [the NWTA project] has specifically helped me find that sort of legal advice for these clients. [..] I do use the service quite often specifically especially where I'm really stuck with cases with really quite high immigration needs.”

Some survivors 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 can offer support with their children. The NWTA team commonly also offered support around finances, which ranged from information about foodbanks to accessing housing benefit. In addition, women were commonly supported with drugs and alcohol support needs and their physical health, amongst other things. As the NWTA caseworker who we interviewed put it:

“It doesn't mean that we just make refuge searches for women and call refuges on their behalf. It can mean, for example, if a woman has an insecure immigration status, we were trying to help her get legal advice around that if she needed like, to support understanding and her rights around it. Or if she needed somebody to speak on her behalf, we would support in that. So, it's not just that we would find refuges for women, it’s lots of layers of support involved.”

The range of support topics listed in Table 6 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 is officially provided with support by a refuge), was essential in survivors’ search for a safe place to live. To summarise, 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;
* provide responses tailored to survivors’ needs;
* provide advocacy support to survivors;
* 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;
* access established relationships with Women’s Aid’s network of member services;
* access established partnerships with specialist organisations (such as those which 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 (WA), including an in-house immigration adviser; and
* provide support to Women’s Aid’s member services and other organisations which refer into the project.

The NWTA caseworker who we interviewed for this report described the team’s diverse skills and knowledge in the following way:

“The team is very diverse in terms of experience, in terms of our knowledge, in terms of, like, cultural awareness or language skills. I think most of us have been trainers at some point. We've all worked [in a professional capacity within] frontline services at some point. We understand what they're going through. And I think that is a really important tool that we use because we're able to relate. What the specialist services and what those who are referred are going through and why they have referred this client to No Woman Turned Away. I think also having worked in the sector for such a long time. So, all of us have worked [professionally] in the sector for years. And I think the skills that we've picked up along the way have really helped us in terms of supporting clients that are referred to No Woman Turned Away.”

### Shayla’s case

Shayla disclosed on the Women’s Aid Live Chat that she was an asylum seeker experiencing domestic abuse and was referred to the No Woman Turned Away project. With Shayla’s consent, the NWTA team liaised with the Home Office Safeguarding Team about her situation to figure out her options, including refuge, particularly as she needed somewhere safe to go and wanted to remain in the area to continue with her studies.

On the back of the project alerting the Safeguarding Hub and raising concerns, as well as making a request for location requirements to be taken into consideration and offering the team’s specialist opinion that this woman required self-contained accommodation due to the trauma and torture she had experienced in her country of origin, they looked into her claim and liaised with other Home Office departments.

Shayla had made her claim almost five years ago, and after advice from the NWTA project, the decision was made to expedite Shayla’s claim.

Shayla was granted asylum which means she now had recourse to public funds, and accommodation options were more accessible for her. With support from the NWTA team, Shayla managed to secure a tenancy in her area, found a new job and was able to continue with her studies in the academic year.

## Outcomes: How many women were accommodated in a refuge or other safe place?

### Table 7: Outcome at the end of support from the NWTA specialist practitioner

* 64 (25.2%) were accommodated in suitable refuge space
* 49 (19.3%) were accommodated in emergency accommodation
* 49 (19.3%) had an unknown outcome, or contact was lost
* 22 (8.7%) stayed put – living with perpetrator(s)
* 14 (5.5%) stayed put – not living with perpetrator(s) at time of referral
* 12 (4.7%) were staying with friends and family
* 5 (2.0%) were accommodated in private rental (in area of residence)
* 4 (1.6%) returned to perpetrator(s)
* 3 (1.2%) were accommodated in private rental (out of area of residence)
* 2 (0.8%) returned to country of origin
* 1 (0.4%) was paying to stay in B&B or hotel or hostel
* 1 (0.4%) was sleeping rough
* 28 (11.0%) experienced another outcome
* Total: 254 (100%)

As discussed in previous sections of this report, a large part of the work of the NWTA specialist practitioners focuses on securing safe accommodation for survivors. Table 7 shows that of the women supported by the NWTA caseworkers, over a quarter (25.2%) were eventually accommodated in a suitable refuge space. For a further 19.3% the outcome at the time of case closure was that they were accommodated in emergency accommodation, and eight women (five in the same area of residence and three in another area) were accommodated in a private rental home. As the NWTA caseworker who we interviewed for this report explained:

“If refuge isn't suitable for that woman, that doesn't mean we'll just turn away, we would help them in terms of like housing support or any kind of alternative support that we can offer them.”

Jane, the survivor who we interviewed for this report, for example, talked about how refuges would not be suitable for her if she could not take her cat:

“I'm going to take my cat because I have nothing else left. Yes, my cat is like my only support.”

The findings given in Table 7 are comparable with previous years.

While all the women supported by the NWTA 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 NWTA team was forced to find less adequate (or inadequate) solutions for women. Some women were staying with friends and family when their case was closed by the NWTA caseworkers. 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.[[56]](#footnote-56) Twenty-two women (8.7%) were staying in a home that they shared with the perpetrator(s) and four women (1.6%) returned to the perpetrator(s). For one woman, who after many attempts could not be accommodated in a refuge and who became increasingly difficult for the NWTA caseworkers to contact, the outcome at case closure was that she continued to sleep rough. One of the local support workers who we interviewed also told us of two cases that she had referred where the NWTA had been honest and explained that it was very unlikely to find the solution that the survivor desired. This can happen at the point of referral or later down the line. The caseworker who we interviewed for this report explained that:

“There are cases where we haven’t been able to find accommodation for those clients because sometimes it’s not the right service. So, for example, there was a client who’d been evicted from multiple different accommodations. So, refuge, temporary accommodation, supported accommodation, etc., and because of her behaviour at those accommodations she kept getting evicted and she kept getting arrested etc. And in the end, there was literally nothing else that we could have done for her, and we had to have that conversation with her and explain that actually we have explored all the avenues we could have, we’ve given you all the information we could have, the only option available to you now is private rented. Like, we literally tried every single service that we could think of, and every single service was very empathetic in terms of her situation and in terms of her position. But they had to be very honest and clear saying, like, if we think of it from a safeguarding perspective, for other residents or even our staff, we can’t accept this woman. And even though she was a survivor, it’s not like, people didn’t believe that she was a survivor. There was just so many so much other stuff going on that meant that she just wasn’t suitable for refuge or supported living. So sometimes unfortunately, it’s rare, but we do have to have that very honest conversation with clients. And this client wasn’t happy understandably, but that’s just that’s just the reality of what we do.”

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 below), and overall, the feedback on achieved outcomes was excellent. As one local domestic abuse support worker who we interviewed put it:

“The outcome for the client is obviously absolutely tremendous because it’s putting them in a different position that they wouldn’t necessarily be in […] I’ve always got an amazing outcome as to where they’ve gone […] [for example one particular client I referred] I don’t think she would have been in a refuge. I don’t know where she would have been. I don’t like to think about it because I know she was in a really really vulnerable position. […] I’ve had clients who had really, really specific needs and they were all met by No Woman Turned Away, like, I definitely couldn’t have done that. So I think it does create a positive outcome. In terms of they are really listened to and they make sure that the woman is happy and safe.”

Out of the 103 women with children who were supported by the NWTA project this year and who wanted to be accommodated with their children, we recorded one case in which none of the children were housed with the survivor (and instead placed in local authority care), and two cases where one or all the children had to be placed elsewhere. There were two cases in which some or all of the children stayed living with the perpetrator, despite this being against the family court recommendations in one case.

### Mary’s case

Mary was fleeing domestic abuse with her 5 dependent children. The perpetrator from whom she was fleeing had a long history of violence including multiple convictions, and this along with his coercive and controlling behaviour of Mary made it very difficult for her to pursue any criminal charges.

Mary was referred to NWTA through Women’s Aid Live Chat service as she had expressed that she now felt ready to leave but was struggling to find a refuge which could accommodate her entire family. Although the NWTA team were able to find her a suitable refuge, this refuge requested that the police provide proof of the abuse by confirming that the abuse had been reported to them. Unfortunately, the police response was very slow and in the meantime Mary’s refuge space was given to another client.

With the help and support from the NWTA team, Mary was able to persist with her search and eventually found another refuge which could accommodate her and her five children.

## Additional outcomes

As the NWTA specialist practitioners offer support in a range of areas (see section on ‘What did women receive support with?’), accommodation outcomes such as finding a suitable refuge are only one impact of the NWTA project. For example, 94 women who were supported by the NWTA project this year received support from another VAWG organisation after their case with NWTA was closed (e.g., refuges; local domestic abuse organisations), and 77 women received support from a non-VAWG organisation after exiting the project (e.g., immigration specialists; statutory agencies). Moreover, as mentioned earlier in this report, 29 women were supported whilst working with the NWTA project to apply for the DDV Concession. This included NWTA specialist practitioners supporting women directly with the process, offering advice from Women’s Aid’s in-house immigration adviser, and referring women to organisations that could assist with the application. The NWTA caseworker we interviewed explained:

“Even if we didn't help her find a refuge space or we didn't necessarily find accommodation for her, there was a lot of support and information, we were able to give her in the meantime: DDV application; support in the community, etc., […] like can we help find funding for food for clothing, it's still finding something for them in the meantime […] So sometimes there are things that we end up doing that's outside of our job remit, but it does still supports our client.”

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. In 58.7% of cases the caseworkers judged there to be a significant improvement (47.2%) or some improvement (11.5%) in the survivor’s safety after being supported by the project. For the majority of the remainder there was no difference (10.4%), or the caseworker felt unable to make an estimation (24.9%), often because they had lost contact with the survivor, or because the question was not applicable (3.0%; e.g., the survivor never really engaged). Similarly, while the NWTA specialist practitioners were not always able to enquire about survivors’ own views of their safety (85.5% response rate), 54.9% agreed that there was a significant improvement (45.0%) or some improvement (10.1%) in their safety after working with the project. Only three survivors felt that their safety had decreased after working with the project, which was due to an inability to find safe accommodation for the women. This increase in safety, and the hope and motivation offered by the NWTA project, may, of course, also be accompanied by an improvement in survivors’ mental health.

One of the support workers from a local domestic abuse organisation who we interviewed explained that the support from the NWTA caseworkers - including the information they shared, the services they linked the women with, and the emotional support that they offered - was invaluable and offered steps on survivors’ journeys which made a future escape more feasible. She concluded:

“I've never come away feeling that ‘oh well that's just pointless’, like ‘that hasn't helped’. I've never got that sort of feeling.”

## 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 8 shows the proportion of women with different characteristics who were accommodated in a suitable refuge before case closure.

### Table 8: Proportion of women with different characteristics and circumstances who were accommodated in a suitable refuge

* Women with language or cultural support needs: 10 out of 26 (38.5%)
* Women with No Recourse to Public Funds: 32 out of 93 (34.4%)
* Women from Black and minoritised backgrounds[[57]](#footnote-57): 34 out of 102 (33.3%)
* Women with large families: 13 out of 40 (32.5%)
* Women with one or more disabilities[[58]](#footnote-58): 6 out of 67 (9.0%)
* Women with mental health support needs: 14 out of 82 (17.1%)
* Women with substance misuse support needs – drugs and/or alcohol: 6 out of 45 (13.3%)
* Women who were tied to their local area: 2 out of 19 (10.5%)
* Women with an offending history: 1 out of 16 (6.3%)
* Women with older male child(ren) (14 or older): 1 out of 19 (5.3%)
* Women previous evicted from refuge: 0 out of 6 (0.0%).
* Overall: 25.2%

Women with an offending history, those who were fleeing with a male child aged 14 or above, and those who were previously evicted from a refuge found it the hardest to find a suitable refuge space. We heard a case previously in the report (see ‘Outcomes: How many women were accommodated in a suitable refuge’) which demonstrated how difficult it can be to find accommodation for survivors who (potentially due to trauma) are deemed to put other survivors in refuges or supported living at risk, even though they of course require support too.

Those who faced multiple barriers and systemic inequalities found it particularly difficult to find a suitable refuge space. Only 11.1% of those with three support needs were accommodated in a suitable refuge space, and none of the women with four or more support needs were. This highlights the extent to which it is the most vulnerable survivors facing the greatest barriers when it comes to seeking safety from abuse.

The group of survivors who were most likely to be supported into refuge by the NWTA project were women with some language or cultural support needs. The caseworker who we interviewed for this report explained the support they could provide for these women in the following way:

“We've got a diverse team, we speak multiple languages within the team, so that's an additional barrier that we're able to kind of remove because we're able to speak to them in their preferred language rather than through an interpreting service. […] If [local services] had the funding to get interpreters or employ staff that spoke different languages or things like that, that that would have resolved that issue.”

She also pointed out that being a very culturally diverse and well-trained team helps in supporting women who are fleeing specific forms of abuse such as honour-based violence or FGM. The advocate for Black and minoritised women who we interviewed for this report agreed that, despite the discrimination the women she works with often face, the No Woman Turned Away team had the skills to support women from a broad range of cultural backgrounds and get “their needs met”.

Our findings highlight that, despite the introduction of the statutory duty within the Domestic Abuse Act 2021, which places a duty on local authorities to fund domestic abuse support in safe accommodation for survivors of domestic abuse in their area[[59]](#footnote-59) – and those requiring support from ‘out of area’ - substantial gaps in provision remain. In our recent report, The Domestic Abuse Report: The Annual Audit,[[60]](#footnote-60) domestic abuse services reported a mixed picture of the implementation of the statutory duty, with many expressing concerns over commissioning practices that appear to overlook the expertise of the specialist domestic abuse sector. To address inequalities in service provision domestic abuse commissioning under the statutory duty should place transparency, an understanding of VAWG and the need for specialist and holistic services at the centre of practices[[61]](#footnote-61). 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.

# Recommendations

The quantitative and qualitative data discussed in this report points to a number of potential systemic improvements at a societal level, and in policy and practice, which would lead to better support for survivors of domestic abuse. Whilst feedback provided by interviewees on the NWTA project was overwhelmingly positive, there were also a number of specific suggestions for the continuation and future development of the No Woman Turned Away project, and these are outlined below.

## Recommendations for the development of the No Woman Turned Away project

1. Promote the NWTA project more widely within Women’s Aid and among member services, to strengthen referral pathways into the project.
2. Draw on the expertise within the project to develop resources and materials to improve support for survivors i.e., process maps.

## Recommendations for the Department for Levelling Up, Housing and Communities

1. Continue to resource the life-saving NWTA project and work with Women’s Aid to ensure the service can develop to meet survivors' needs - including developing the legal capacity of the team to support survivors to navigate legal requirements, for example around immigration or housing. This could include an immigration advisor and community law legal advisor who can work directly in the team.

## Recommendations for statutory agencies

1. Fund training, developed and delivered by specialist domestic abuse organisations, for those working in statutory services on domestic abuse, including coercive control, local connection rules, and their legal responsibilities.
2. Develop mandatory, regular and specialist training for commissioners in how to commission survivor-centred specialist support in line with statutory guidance for the Domestic Abuse Act and the Home Office National Statement of Expectations for VAWG Services[[62]](#footnote-62).

## Recommendations for National Government

1. Commit to a minimum funding settlement of £427 million annually for specialist domestic abuse services in England, of which a minimum of £189 million is ring-fenced for refuge services.[[63]](#footnote-63)
2. The funding settlement should be distributed in accordance with a national needs assessment for refuge services, including a review of provision for victims with protected characteristics.
3. To ensure that funds are distributed with maximum impact, local commissioning of specialist domestic abuse services must be consistent, informed by best practice, and tailored to local demographics, and there must be national oversight of commissioning practices.
4. The financial settlement must be regularly reviewed and updated in line with population and inflation changes.

# 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 face the prospect of street homelessness or staying with the perpetrator(s). Commonly women are unable to pay for essentials after leaving, especially given the cost of living crisis, 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 emotional support. The NWTA project works alongside local services, whose caseloads are too high to provide the support required by women who face barriers to accessing a refuge or other safe accommodation.

Along with giving those who are homeless due to domestic abuse a “priority need” status, the Domestic Abuse Act (2021) introduced a statutory duty for local authorities to fund domestic abuse support in refuge services and other forms of safe accommodation. These findings suggest that despite these encouraging developments, many statutory agencies far too often fail to uphold their duty to support survivors.

There is a need for sufficient and secure funding, robust national oversight and stronger obligations to ensure that 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. Our data shows that the lack of emphasis on funding specialist support services results in real risks that survivors are 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 NWTA project, which are able to assist councils and hold them accountable to their duties, must continue. This report has highlighted the breadth of knowledge and experience within the NWTA team, and how these skills help the team to assist local services in finding outcomes that work for survivors.

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# Appendices

## Appendix 1: Sex

* 254 women (100%) were female

## Appendix 2: Transgender

* 2 women responded ‘yes’ (0.8%)
* 211 responded ‘no’ (83.1%)
* 7 responded ‘don’t know’ (2.8%)
* 2 declined (0.8%)
* 32 were not asked (12.6%)
* Total 254 (100%)

## Appendix 3: Ethnicity

### Asian/Asian British

* **3** (1.2%) were Bangladeshi
* **2** (0.8%) were Chinese
* **12** (4.7%) were Indian
* **26** (10.2 %) were Pakistani
* **6** (2.4%) were of any other Asian background

### Black/African/Caribbean/Black British

* **17** (6.7%) were African
* **6** (2.4%) were Caribbean
* **0** were of any other Black/African/Caribbean background

### Mixed/multiple ethnic background

* **2** (0.8%) were White and Asian
* **0** were White and Black African
* **3** (1.2%) were White and Black Caribbean
* **4** (1.6%) were of any other mixed or multiple ethnic background

### Other ethnic group

* **9** (3.5%) were Arab
* **9** (3.5%) were of any other ethnic group
* **7** (2.8%) responded ‘Don’t know’
* **1** (0.4%) declined to answer
* **39** (15.4%) were not asked.

### White

* **92** (36.2%) were British
* **8** (3.1%) were Eastern European
* **3** (1.2%) was Gypsy or Irish Traveller
* **1** (0.4%) was Irish
* **4** (1.6%) were any other White background.
* **Total: 254** women (100%)

## Age

Out of a total of 184 women who were supported by the project:

* **4** (1.6%) were aged between 16 and 20 years old
* **53** (20.9%) were aged between 21 and 20 years old
* **91** (35.8%) were aged between 31 and 40 years old
* **30** (11.8%) were aged between 41 and 50 years old
* **13** (5.1%) were aged between 51 and 60 years old
* There were no women aged between 61 and 70 years old, 70 and 79, and no women over 80 years old.
* **63** (24.8%) responded ‘Don’t know’

## Appendix 5: Disability

Out of a total of 254 women who were supported by the project and asked if they had a disability:

* **67** (26.4%) responded ‘Yes’
* **14** (5.5%) responded ‘Don’t know’
* **2** (0.8%) declined to answer
* **145** (57.1%) responded ‘No’
* **26** (10.2%) were not asked.

## Appendix 6: Type of disability

* **2** (0.8%) had a hearing disability
* **5** (2%) had a learning disability
* **49** (19.3%) had a mental health disability
* **20** (7.9%) had a physical disability
* **0** had a visual disability
* **9** (3.5%) had a long-term health condition
* **0** had a speech impairment
* In total, 67 (26.4%) women reported a disability, and 15 (5.9%) reported more than one disability.

## Appendix 7: Data from Graph 1, showing referrals by month

* January – 39
* February – 17
* March – 40
* April – 38
* May – 32
* June – 41
* July – 27
* August – 34
* September – 46
* October – 28
* November – 27
* December – 25

## Appendix 8: Data from the infographic

* 254 women engaged and finished support between 1st January 2022 and the 31st December 2022
* 102 (40.2%) were from Black and minoritised backgrounds
* 93 (36.6%) had NRPF
* 67 (26.4%) had disabilities
* 65 (25.6%) experienced further abuse from the perpetrator(s) while waiting for refuge
* 39 (15.4%) did not have enough money to pay for essentials
* 46 (18.1%) spent time sofa-surfing
* 9 (3.5%) spent time sleeping rough
* 64 (25.2%) were accommodated in a refuge
* 49 (19.3) were accommodated in emergency accommodation
* Over 1,098 hours of support were offered by the project to the 254 who engaged and finished support between 1st January 2022 and 31st December 2022
* The key areas of support offered included housing, referral and signposting, emotional support, safeguarding, safety planning, mental health, finances, immigration and practical support.

Nowhere To Turn, 2023: Findings from the seventh year of the No Woman Turned Away project.

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5. Structural inequality describes inequality in opportunity, treatment or status for some groups of people which is embedded in social structures such as health, education and justice and which reflect and reinforce ingrained prejudices. The impact on individuals can include restricted opportunities and choices and the creation of barriers to accessing services. They have wide ranging impacts including on how a woman experiences domestic abuse, and how she talks about it or who she talks to and how she accesses support of all kinds. [↑](#footnote-ref-5)
6. Data was only stored on the On Track system if women gave their consent. [↑](#footnote-ref-6)
7. On Track is the Women’s Aid Oasis based case management and outcomes monitoring database. For further information please see: [www.womensaid.org.uk/what-we-do/ontrack/](http://www.womensaid.org.uk/what-we-do/ontrack/) [↑](#footnote-ref-7)
8. Until 2021, DLUHC was known as the Ministry for Housing, Communities and Local Government (MHCLG) [↑](#footnote-ref-8)
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11. We have carried out training sessions with partner organisations to ensure that in future only eligible referrals are made. [↑](#footnote-ref-11)
12. Some of these women began being supported by the NWTA project before 1st January 2022 but all the women had finished being

supported by 31st December 2022. [↑](#footnote-ref-12)
13. Routes to Support is the UK-wide violence against women and girls directory of services and refuge vacancies. It provides details of

services available for women and children throughout the UK, including up-to-date refuge vacancies. [↑](#footnote-ref-13)
14. Data on perpetrator sex was not always captured (i.e., survivor did not always share this information). [↑](#footnote-ref-14)
15. Data on the relationship between the survivor and the perpetrator was not always captured (i.e., survivor did not always share this

information). [↑](#footnote-ref-15)
16. See Nowhere to Turn, 2018 for a detailed explanation of the barriers women face when accessing refuge. [Available online.](http://www.womensaid.org.uk/%20research-and-publications/nowomanturnedaway/) [↑](#footnote-ref-16)
17. This is based on 199 of 254 women where this data was recorded. Unfortunately, it was not possible to calculate the exact average number of times that there were no refuge spaces available on the Routes to Support directory per woman. This is because like the previous reporting year, one woman was recorded as this having happened ‘30+’ times. For the purposes of calculating the average we have included this case as happening 30 times. Therefore, 2.9 times on average is likely to be a slight underestimate. [↑](#footnote-ref-17)
18. This does not necessarily mean consecutive days. [↑](#footnote-ref-18)
19. See previous footnote. [↑](#footnote-ref-19)
20. This is based on 214 of the 254 women where this data was recorded. [↑](#footnote-ref-20)
21. A breakdown of women’s disabilities can be found in Appendix 6. [↑](#footnote-ref-21)
22. No Recourse to Public Funds means no entitlement to the majority of welfare benefits, for example because of visa restriction. Women in the UK on a spousal visas, for instance, have NRPF. More information on NRPF is [available online](http://www.gov.uk/government/publications/public-funds--2/public-funds) (HM Government 2014a). [↑](#footnote-ref-22)
23. This is based on the ‘reason for referral.’ As discussed in Nowhere to Turn (2022), sometimes women who are referred on the basis of NRPF do turn out to be entitled to benefits. [↑](#footnote-ref-23)
24. For example, 4 or more dependent children. [↑](#footnote-ref-24)
25. This includes women that require an interpreter and/ or would prefer or be best supported in a specialist ‘by and for’ refuge service. [↑](#footnote-ref-25)
26. Some women were referred on the basis of disability because their child had a disability that needed to be taken into account to find

suitable accommodation. [↑](#footnote-ref-26)
27. This means that women desire to stay in the local area due to circumstances such as work commitments, children’s schools, medical care, or support networks. [↑](#footnote-ref-27)
28. The term ‘Black and minoritised’ is used to talk about survivors who have experienced marginalisation and exclusion because of structural racism. However, it is important to note that this is a broad term that can include women from a wide range of backgrounds and therefore can overlook differences within these groups (Thiara & Harrison, 2021). [↑](#footnote-ref-28)
29. See Appendix 3 for further information on women’s ethnic backgrounds. [↑](#footnote-ref-29)
30. See Imkaan (2018) for further information. [Available online](docs.wixstatic.com/ugd/2f475d_9cab044d7d25404d85da289b70978237.pdf). [↑](#footnote-ref-30)
31. 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. [↑](#footnote-ref-31)
32. 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’. Women’s Aid (2020) Nowhere to Turn for Children and Young People. Women’s Aid: Bristol. [Available online](https://www.womensaid.org.uk/wp-content/uploads/2020/09/Nowhere-to-Turn-for-Children-and-Young-People.pdf). [↑](#footnote-ref-32)
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34. This is a pseudonym. [↑](#footnote-ref-34)
35. 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. [↑](#footnote-ref-35)
36. See: Women’s Aid (2021) Nowhere to Turn 2021. Bristol Women’s Aid; Women’s Aid (2022) Nowhere to Turn 2022. Bristol: Women’s Aid [↑](#footnote-ref-36)
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38. Quote by Jane, the survivor who we interviewed for this report. [↑](#footnote-ref-38)
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