domestic abuse commissioner

A Patchwork of Provision

How to meet the needs of victims and survivors across England and Wales

POLICY REPORT

domestic abuse commissioner

Contents

Acknowledgements

Thank you to the thousands of victims and survivors of domestic abuse who contributed to this research, and hundreds of specialist domestic abuse support services and commissioning bodies. Special thanks to those who provided in-depth reflections of their experiences in accessing support through interviews and focus groups, and for your advice and recommendations for how to improve the response to domestic abuse.

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Foreword

Domestic abuse can happen to anyone, anywhere. Every year, more than two million people experience domestic abuse, more than 100 people are killed and, in addition to the human cost, was estimated to cost society £66 billion in the year ending March 2017 (estimated to be £74 billion today).

There are no geographical boundaries to abuse. But who you are, and where you live, makes all the difference when it comes to accessing the life-changing and life-saving support that victims and survivors need to rebuild their lives.

We should all have access to support services across England and Wales but why does the response to domestic abuse vary so much?

Having worked in front-line domestic abuse services over many years, I've known for a long time that there is 'a postcode lottery' in provision. But what we need is to really look under the bonnet of service provision and understand exactly what is going on, where and why victims and survivors can't get help, so that we can start to create change.

For 18 months, we have mapped services across England and Wales and analysed the results. We spoke to over 500 service providers, over 150 local commissioning bodies, and, critically, more than 4,000 victims and survivors who told us about their experiences in trying to access support. In some places - they simply could not.

Our early mapping findings, which we released in June, revealed some shocking findings.

Fewer than half of victims and survivors were able to access the community-based support that they wanted, and only 35% said accessing help was easy or straightforward.

Only 29% of victims and survivors who wanted support for their children were able to access it and that only 7% of victims and survivors who wanted their perpetrator to receive support to change their behaviour were able to get it.

This report is a far deeper dive into what we found, and it highlights some really disturbing gaps for all victims and survivors but especially for victims from marginalised communities who wanted to access 'by and for' services.

The mapping showed that almost half of all these specialist 'by and for' organisations that support minoritised victims are based in London and the South-East of England.

Large swathes of England and Wales do not have any specialist support at all for Deaf and disabled victims and survivors or victims and survivors from the LGBT+ community.

This cannot be acceptable, and we need to see significant and urgent change.

Victims and survivors who accessed support were far more likely to feel safe and in control of their lives than those who had not. This was particularly stark for victims and survivors who had been able to access 'by and for' services.

The issues raised through our mapping need to be addressed and resolved if we are truly to tackle domestic abuse.

To me, the answer is obvious. We need a consistent approach, better join-up between commissioners locally and with national government who must fund and commission services on a sustainable, longer-term basis.

National government needs to step in and support specialist 'by and for' services, where we know local commissioning has failed them.

We need a strong Coordinated Community Response to identify abuse and signpost to support, intervening earlier and before more harm is done.

And most obviously of all: we need a considerable injection of funding for all specialist domestic abuse services to meet the burgeoning demand from victims and survivors – exacerbated by the cost of living crisis - as we rightly bring these terrible crimes out of the shadows and face them head-on.

The evidence is stark: domestic abuse is everywhere, reaps untold cost to our society, and our response has to step up as a matter of urgency.

Introduction

Domestic abuse affected over 2 million people in the past year, causes the deaths of over 100 people every year, and costs society £74 billion.[1] Yet we know that there is a 'postcode lottery' in the response to domestic abuse, with different parts of England and Wales offering vastly different provision of services to victims and survivors.

Many specialist domestic abuse services have built up gradually over many years – embedded within the communities they serve and independently advocating for victims and survivors. They have built up without a statutory basis and have had to fundraise and campaign in order to meet demand. Funding is therefore complex and often brought together from a wide range of sources. While this can cause some issues, particularly in terms of a near-constant quest for funding to keep services running, it does bring some benefits. It brings additional funding and innovation into a local area, and secures the independence of services; critical to build trust and confidence with victims and survivors.

The role of the Domestic Abuse Commissioner was established through the Domestic Abuse Act 2021, as an independent voice to raise awareness of domestic abuse, stand with victims and survivors, and to hold local and national government to account. Through the passage of this legislation, there was a call from the domestic abuse sector and Parliamentarians to introduce a statutory duty on local commissioners to commission community-based services – an extension to the statutory duty that was introduced through the Act to commission accommodation-based services. As designate, the Domestic Abuse Commissioner joined that call.

While this expanded duty was not introduced through the Domestic Abuse Act, there was a commitment that the Domestic Abuse Commissioner would publish a report that mapped the provision of community-based services across England and Wales. This report represents the delivery of that commitment. A full, technical report has been published alongside this one which sets out the methodology used, as well as the full research findings.

This report sets out the most pertinent points in any consideration of the provision of support services across England and Wales – including what victims and survivors told us they wanted, what support they got, and then a detailed examination of the provision of community-based services, accommodation-based services, and 'by and for' services. The report also illustrates how victims and survivors were able to access support, including the important role of the Coordinated Community Response in identifying abuse and signposting victims and survivors to support.

1 ONS, Violence Against Women and Girls Strategy, 2020

A note on sampling

Over 4,000 people responded to our national survey, and a full demographic and geographical breakdown of responses can be found in our Technical Report [LINK]. It is worth noting ahead of reading this report that comparisons between demographics do not represent 'even' comparisons of numbers, given both the nature of domestic abuse prevalence and particular barriers to accessing research for minoritised communities.

In particular, it is worth noting the differences in sample size between men and women, and that comparisons made between these two groups were not based on equal-sized responses.2 When asked about their biological sex, 83% of respondents said they were female and 17% said they were male. When asked about gender, 75% said they were female, 16% said they were male, 1% said they were non-binary and 8% said 'other'. In a separate question, 1% considered themselves to be trans or having a trans history. Although the size of the male and female samples are very different, respondents' gender broadly reflects domestic abuse victim characteristics in England and Wales (ONS, 2021).

Just under two thirds of respondents provided details of their ethnic background (2,674 respondents). Of those, most respondents reported their ethnicity as White (83%), then Asian/Asian British (9%), followed by Mixed/Multiple ethnic groups (4%), Black/African/Caribbean/Black British (3%) and Other Ethnic Group (1%). This is broadly reflective of the 2011 census data.3 However, despite this, the structural inequality and barriers faced by Black and minoritised people affected who were able to respond to our survey, made comparisons between groups for some questions unreliable. Largely, we were able to reach Black and minoritised victims and survivors through the considerable help and support of the specialist by and for sector, who proactively encouraged their service users to complete our survey. This means that responses to our survey from Black and minoritized survivors over-represent those who had accessed services.

Definitions

A number of terms are used throughout this report, which warrant definition. A glossary of key terms can be found Annexed to this report.

2 When asked about sex, 2182 said they were female, 461 said they were male. When asked about gender, 2052 said they were women, 445 said they were men, 24 said they were non-binary and 188 commented or said 'other'. 36 people said they were trans or had a trans history.

3 ONS (2012), 86.0% White, 7.5% Asian/Asian British, 3.3% Black/African/Caribbean/Black British; 2.2% Mixed/Multiple Ethnic Groups; 1.0% Other Ethnic Group

1. What victims and survivors want

'Many people are victims of slow burning abuse that they deal with alone. Support isn't just crisis support, though that is obviously needed too.' [4]

4 Miller, and Scott, p12

We heard from over 4,000 victims and survivors aged over 16 who told us about their experiences of accessing, or trying to access, domestic abuse services in the last three years.[5] We heard from someone in every single county in England and Wales, from different demographic backgrounds and with different experiences in accessing services. Given the barriers to accessing online surveys, and the lack of representation from some groups in our survey responses, we supplemented this information with in-depth interviews with victims and survivors who are most minoritised, and who face the greatest barriers to support. More information about who responded to our survey and our methodology can be found in the Technical Report s3.1.2.

The majority of victims and survivors sought some form of community-based services, seeking both practical advice as well as support to help them cope and recover from the abuse. The service that most victims and survivors wanted was counselling and therapeutic support (83%), followed by helpline advice over the phone (78%), and then mental healthcare (77%). In general, there was a desire for support and services at an earlier point, with victims and survivors explicitly telling us that often the only services they could find were crisis focused. Figure 1 presents the types of support available and the percentage of victims and survivors who said they wanted that type of support during the previous three years.

5 A full demographic breakdown of our survey responses can be found in the Technical Report

Figure 1: Percentage of respondents wanting support for domestic abuse during the previous three years, according to the type of intervention.

It is worth noting that the support needed by victims and survivors may well change over time and according to circumstance. Our interviews in particular highlighted this, with one domestic abuse support worker saying *'once you understand more about what's happening, you might feel differently about what support you need.'* It was therefore crucial that services were responsive to victims and survivors' changing needs, and worked closely with other specialist support services who could meet any additional needs that arise.

6 When reading this chart (and Figure 4 below), it is worth noting what the role of IDVAs or Independent Sexual Violence Advocates (ISVAs) might be in providing support in Family or Criminal Court. IDVAs and ISVAs can provide emotional and practical support before, during and after criminal and family law proceedings. However, IDVAs and ISVAs should not be put in a position of having to provide legal advice as they are not qualified to do so. Only lawyers can provide advice on the law and legal options specific to a survivors case, and the role of an IDVA/ISVA is very different to the role of a lawyer.

1.1 Country and regional variation in what services victims and survivors wanted

There were some slight variations in what victims and survivors wanted according to where they lived. However, a desire for community-based services, and specifically for counselling and therapeutic support, remained the most sought-after across all geographical areas. The area with the highest proportion of victims and survivors who wanted counselling was the North-East with 88%, with the lowest area, Wales, at 81%. A more detailed break-down by geographical area can be found in the technical report.

The greatest variation was on victims and survivors who sought refuge, with 33% of respondents from London wanting refuge compared to 20% in the East Midlands. We did not ask victims and survivors *why* they wanted specific interventions, but it may be that differences in housing costs between areas could account for this variation.

1.2 Demographic variation in what services victims and survivors wanted

1.2.1. Support from a 'by and for' organisation

Critically, victims and survivors from minoritised communities wanted to access specialist support that was delivered 'by and for' their own communities.

67% of Black and minoritised victims and survivors, 61% of LGBT+ victims and survivors, 55% of disabled victims and survivors with a sensory impairment, physical or learning disability, and of the 62 Deaf respondents to our survey, 16 wanted specialist 'by and for' Deaf services. When looking at trans people specifically, a much higher proportion than the overall LGBT+ respondents wanted access to a specialist 'by and for' organisation – with 21 of the 23 trans victims and survivors who responded saying they wanted this.

1.2.2. Ethnicity

Black respondents were most likely to want refuge support (59%) compared to White respondents who were least likely (25%). There is overlap between Black respondents being more likely to be based in London or larger metropolitan areas with higher housing costs.[7]

The structural inequality faced by Black victims and survivors – as well as, and combined with, the often prohibitive cost of housing in the capital – is likely to be a key driver of this disparity. Black victims and survivors may face particular barriers to accessing safe accommodation due to lacking the financial means to seek alternative housing, or may have fewer options to stay with friends and family who have additional space.

There were some other differences by ethnicity, which are set out in the tables below, but across all ethnicities, counselling and therapeutic support was either the most or second-most sought-after intervention.

1.2.3. Gender and sex

It is worth noting the considerably different sample sizes when comparing responses from women and men who responded to our survey – detailed in the 'note on sample sizes' earlier in this report and in greater detail in the Technical Report.

The greatest variation between men and women was in a desire to access support for their abuser to change their behaviour – with 74% of men wanting this compared to 47% of women, a difference of 27 percentage points. There was also variation in desire for support through the Family Court – with 83% of men wanting to access this compared to 66% of women. There was little variation for other types of services, such as counselling,

7 48% of Black respondents were based in London, and 14% in the South East of England

Table 1: Percentage of respondents wanting different types of support, by ethnicity

Intervention	White	Black	Asian / Asian British	Mixed / multiple ethnic groups	Other ethnic group
Counselling	86%	81%	84%	78%	75%
Mental health	78%	71%	75%	77%	71%
One-to-one support	75%	87%	80%	76%	71%
Family Court	69%	58%	76%	66%	74%
Behaviour change	51%	45%	48%	58%	61%
Criminal court	43%	39%	38%	50%	48%
Refuge	25%	59%	42%	5%	37

mental health support, or support through the criminal court. It is unclear why this might be the case; and worth exploring in further research to better understand any differences in women and men's experience of domestic abuse, and support needs.

Table 2: Percentage of respondents wanting different types of support, by sex/gender

Intervention	Women	Men
Counselling	86%	83%
Mental Health	77%	85%
One-to-one support	77%	73%
Family Court	66%	83%
Behaviour change	47%	74%
Criminal court	43%	45%
Refuge	28%	29%

1.2.4. Disability

There were also some differences in what services victims and survivors wanted depending on their disability. There were no considerable differences in desire for refuge, family court support, criminal court support or behaviour change interventions, but there were some differences in the desire to access one-to-one support (78% of disabled victims and survivors wanted this compared to 70% of non-disabled victims and survivors), counselling (88% of disabled victims and survivors compared to 80% of non-disabled victims and survivors), and mental health support (88% of disabled victims and survivors compared to 67% of all victims and survivors.)[8]

Our focus groups with victims and survivors with learning disabilities told us that counselling and therapeutic support was particularly crucial, but that equally they did not always know that they needed specialist

8 This is to be expected because people with long-term mental health needs are classified as people with a disability. However, even when removing people with long-term mental health needs from the sample (i.e. disabled victims and survivors with other types of disabilities), disabled people are still more likely to want mental health support (76%).

help or support. Some victims and survivors said that they particularly valued support and information that would help them to recognise that they were subjected to abuse. From this basis they could then consider what types of support they most needed.

1.2.5. Sexual orientation

LGBT+ victims and survivors consistently told us about their desire for counselling and therapeutic support to help them to recover from the abuse. Specialist by and for LGBT+ services suggest accommodation-based services could also be of particular importance to the LGBT+ community, where LGBT+ victims and survivors are subject to familial abuse while living in the family home, or where victims and survivors are unable to return to the family home due to risk of homophobic familial abuse. This is borne out in evidence that LGBT+ young people are disproportionately affected by homelessness, with 24% of young people experiencing homelessness LGBT+.[9]

9 Albert Kennedy Trust, LGBT Youth Homelessness, 2015

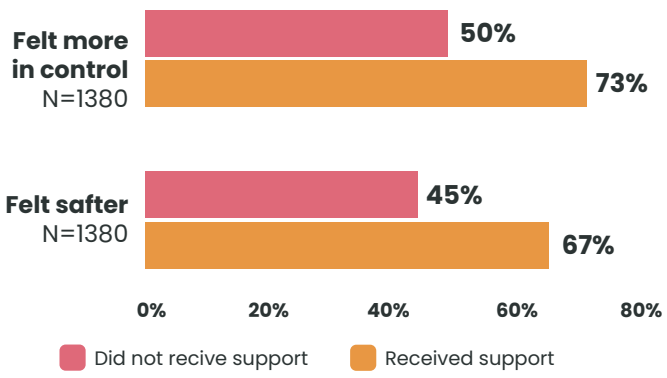
2. Impact of domestic abuse services

'They [domestic abuse specialist service] were very helpful and cared so much. I wouldn't be here if it wasn't for them.'

Simply put, victims and survivors seek specialist help and support because it is effective. Many respondents felt that support services had made a dramatic and beneficial difference to their lives and the lives of their families.

The survey data supports this. Of those who expressed a view, 67% of victims and survivors who accessed support services said they now felt safer compared to 45% of victims and survivors who had not, and 73% who had accessed support felt more in control in their lives compared to 50% who had not (Figure 2).

Figure 2: Comparison of the percentage of respondents who said they felt more in control and safer than when they first thought about getting support, according to whether they received support.



Our focus groups underlined the impact of specialist support for victims and survivors with protected characteristics, with victims and survivors describing tangible day to day differences in their lives, feeling safer, more confident, and able to plan for their future in a way that was not possible before they accessed services.

2.1. Specialist support from by and for services

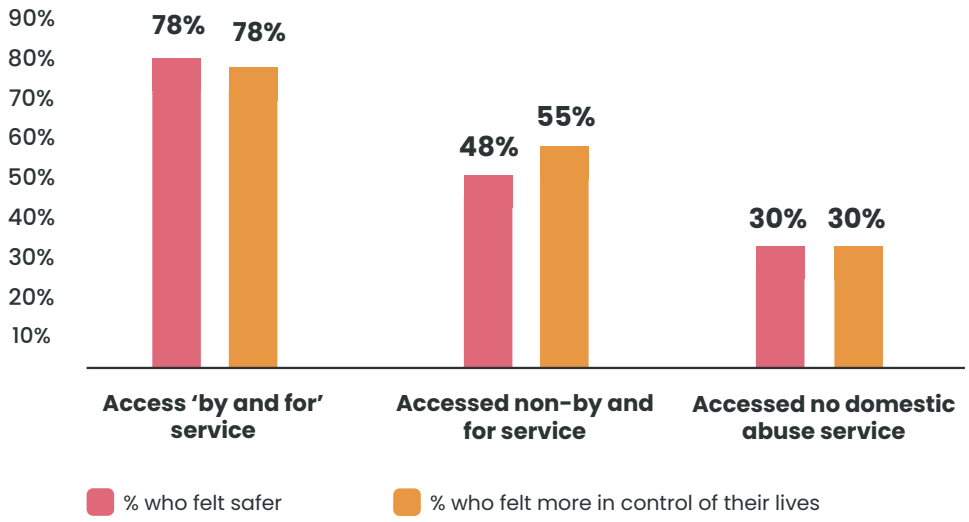
The differences in outcome for the minoritised victims and survivors was stark depending on whether they had accessed a 'by and for' service or not.

We compared differences in outcome by groups of people who wanted 'by and for' services, and whether they had a) accessed a 'by and for' service, b) had accessed a non-'by and for' service, or c) not accessed any services at all. For all groups of victims and survivors, accessing a 'by and for' service demonstrated considerably better outcomes; with victims and survivors far more likely to say that they now felt safer or more in control. It is worth noting that this question did not differentiate beyond whether a service accessed was 'by and for' or not – so we cannot draw conclusions about, for example, where specialist domestic abuse and/or VAWG organisations had a different impact to organisations with a broader remit. Understanding the differences here will need to be explored in greater depth in future research.

Nonetheless, qualitative data from our focus groups indicates that support provided to victims and survivors by non-by and for

services were often unable to meet their needs. We heard that services that were not 'by and for' often struggled to understand the complexity of their circumstances, could not pick up on the nuances of the abuse, and/or did not address their intersecting needs.

Figure 3: Percentage of Black and minoritised survivors' reporting increased feelings of safety and control according whether they accessed 'by and for services, non-by and for services or were unable to access domestic abuse services.



Our survey appears to support this conclusion. Of Black and minoritised victims and survivors who accessed 'by and for' services 78% felt safer and 76% felt more in control of their lives compared to 48% and 55% respectively of those who had accessed another kind of service. Just 30% of Black and minoritised victims and survivors who had not accessed any support at all felt safer now than they had previously (Figure 3). This represents a 48-percentage-point difference between Black and minoritised victims and survivors who had access to the 'by and for' services they wanted, and those who received no support.

A similar trend is seen for other minoritised groups who responded to our survey – notably LGBT+, Deaf, and disabled victims and survivors, but cannot be robustly reported on due to low sample sizes. The lack of a robust sample size to compare LGBT+, Deaf or disabled victims and survivors who had accessed a 'by and for' service with other services is itself notable, and reveals the paucity of these services across England and Wales.

Victims and survivors from our focus groups told us about the lack of counselling services that had an understanding of how to work with autistic or neurodiverse domestic abuse victims and survivors, and how this affected their ability to get the help that they needed to recover.

It is important to note that the data we collected is unable to differentiate between types of organisation that are not 'by and for' – i.e. the difference in outcome depending on whether a person accessed a specialist domestic abuse or VAWG service, a service with a broader remit, or a service provided in-house by a public sector body. Instead we can just compare 'by and for', 'not by and for' and victims and survivors who received no support whatsoever. Differentiating between outcomes by types of service that are not 'by and for' will be crucial to understanding the response to minoritised victims and survivors.

While for some populations the sample size is too small to draw firm, generalisable conclusions, there is clear evidence that minoritised respondents to our survey did not receive the help and support that they needed to feel safe from organisations that were not 'by and for'.

3. Funding

'Services are backlogged and understaffed. I've been waiting for counselling for nearly eight months.'

The evidence is clear: services are struggling to meet demand, victims and survivors are unable to get the support they need when they need it, and services are at breaking point.

More detail on funding for community-based services, accommodation-based services, and for the specialist 'by and for' sector can be found in chapters 4, 5 and 6, but it is worth commenting on the over-arching funding picture.

3.1. Range of funding sources

Organisations who provided domestic abuse support usually received funding from a wide range of sources (with the exception of public sector organisations). Figure 4 below sets out the range of sources of a 'main source of funding', demonstrating the considerable range, as well as differences by type of organisation. Evidently, 'by and for' services were more reliant on non-statutory sources of funding, which is explored further in Chapter 6. While Local Authorities were more likely than other funders to be a main source of funding for most organisations, the role of other funders – particularly charitable trusts – can not be underestimated.

3.2 Duration of funding

Services described how funding was often short-term, which hampered their ability to plan strategically, build capability, or retain staff. Figure 5 below sets out the duration of organisations' main source of

Figure 4: Main sources of funding for different types of domestic abuse support organisation (By and for N=41, VAWG/DA N=203, Broader remit N=88, Public sector N=27)

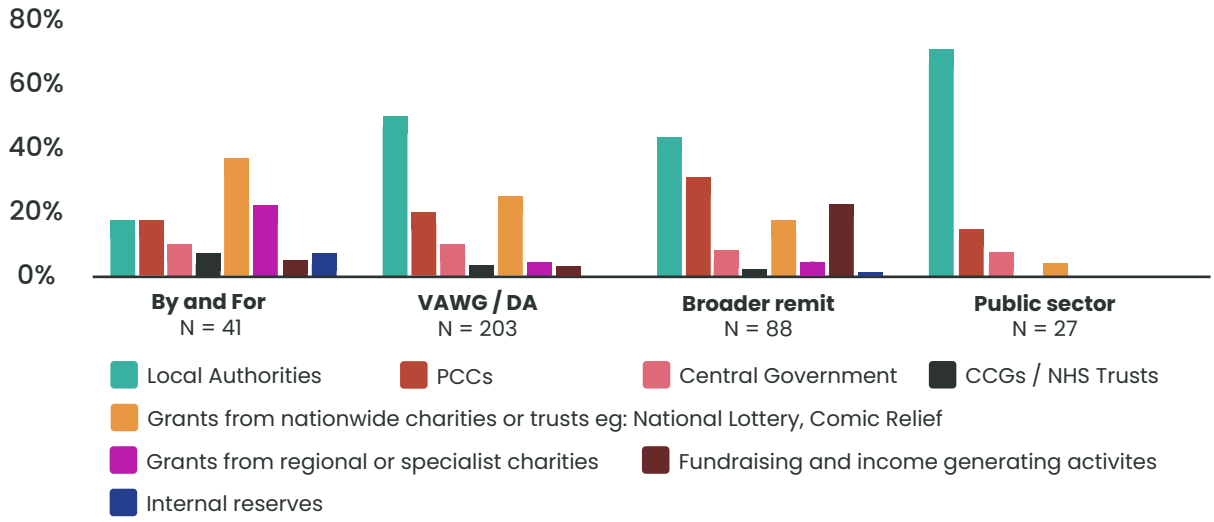
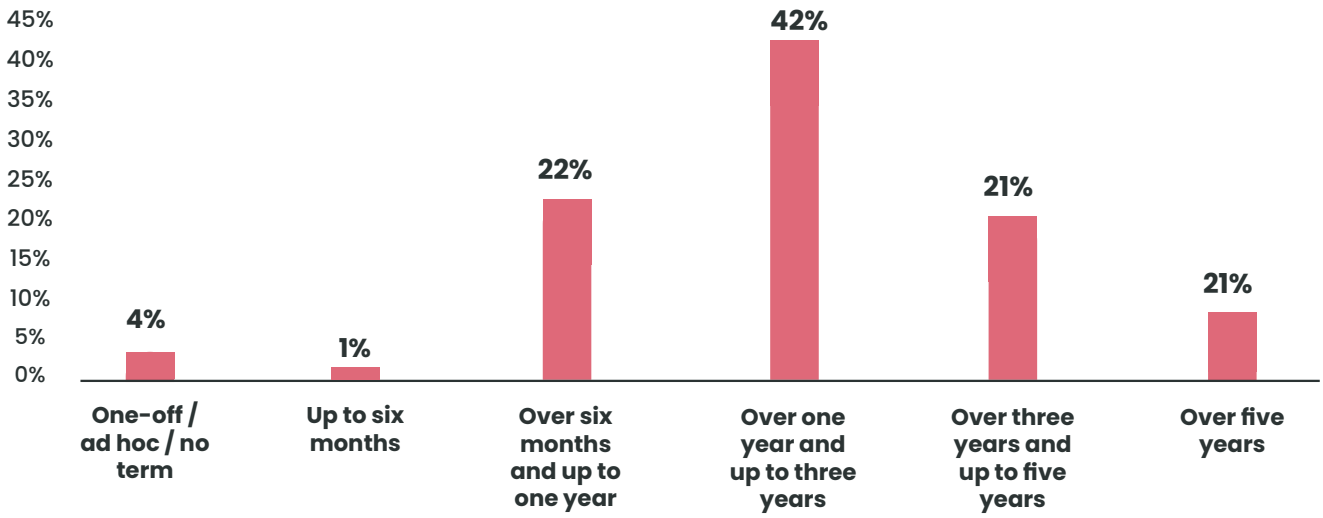


Figure 5: Duration of the main source of funding for domestic abuse support organisations (N355)



funding, demonstrating that while the largest percentage was for between 1-3 years, over a quarter of organisations relied on a main source of funding that was for less than one year.

3.3. Statutory funding

Overall, most organisations (80%) receive statutory funding as their main source of income.[10] A further 12% of organisations received some statutory funding, but not as a main source, and 7% of organisations received no statutory funding whatsoever.

This varies by the size of the organisation's income (Figure 6), the sex or gender of the victims and survivors supported (Figure 7) and the type of organisation, i.e., whether an organisation is by and for, a specialist VAWG/DA organisation, or an organisation with a broader remit (Figure 8). This demonstrates that despite the significant range of funding sources received by services, that statutory funders play a critical role. It does, however, also demonstrate that despite receiving the largest proportion of their funding from statutory funders, services are reliant on a range of sources – including

10 This includes public sector organisations

Figure 6: Receipt of statutory funding, according to the size of the organisations' income

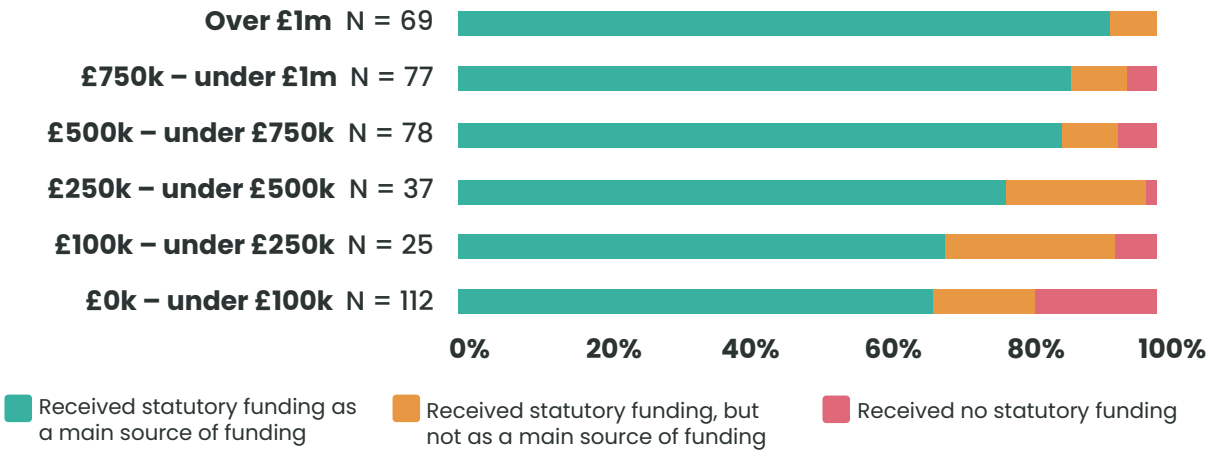
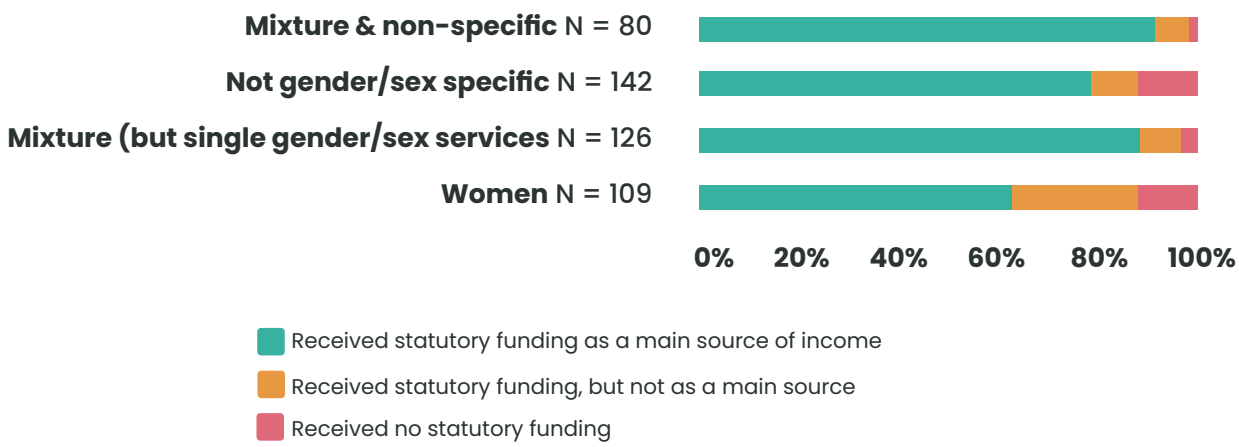


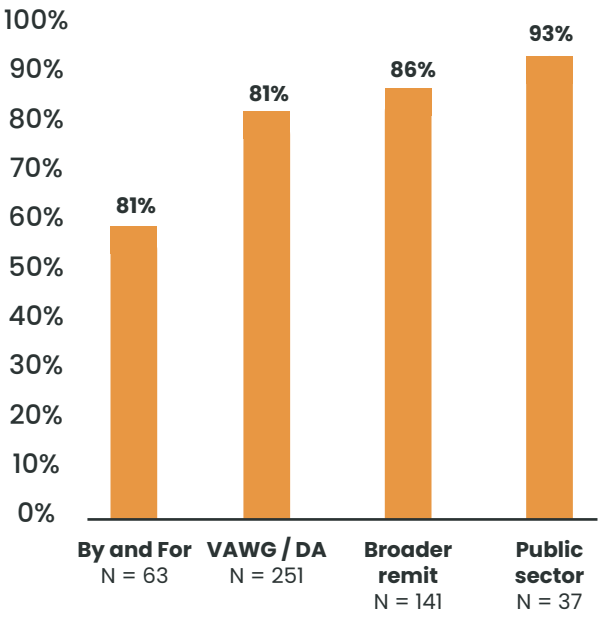
Figure 7: Receipt of statutory funding, according to the sex/gender of the survivors supported by the organisation



those from outside the statutory sector – to stay afloat.

It is worth noting that 8 men-only services also responded to this question, and 100% of them received statutory funding as their main source of income, however, these services were not included within the graph due to low sample size.

Figure 8: Receipt of statutory funding, according to the type of organisation



When we asked local commissioners how much funding they allocated to different services, we saw that funding provided was relatively small – with half of funding amounts given to services less than £50,000 (Figure 9).

This was particularly the case for 'by and for' organisations, who were more likely to receive smaller amounts of funding from commissioners than organisations that were not 'by and for'. There was also a clear overlap between these 'by and for' organisations also being more likely to be smaller.

Providing services without funding and ceasing services due to lack of funding

Our research shows some highly concerning findings about organisations having to deliver services without any dedicated funding, or who have had to cease services due to lack of funding.

Thirty-four per cent of services overall told us that they were running services without any dedicated funding, and 27% that they had had to cease services due to lack of funding. This comes just at the time when demand is higher than ever, and as we seek to encourage victims and survivors to come forward to seek help.

Figure 9: Percentage of organisations who received funding from local commissioners, by funding band (N = 987)

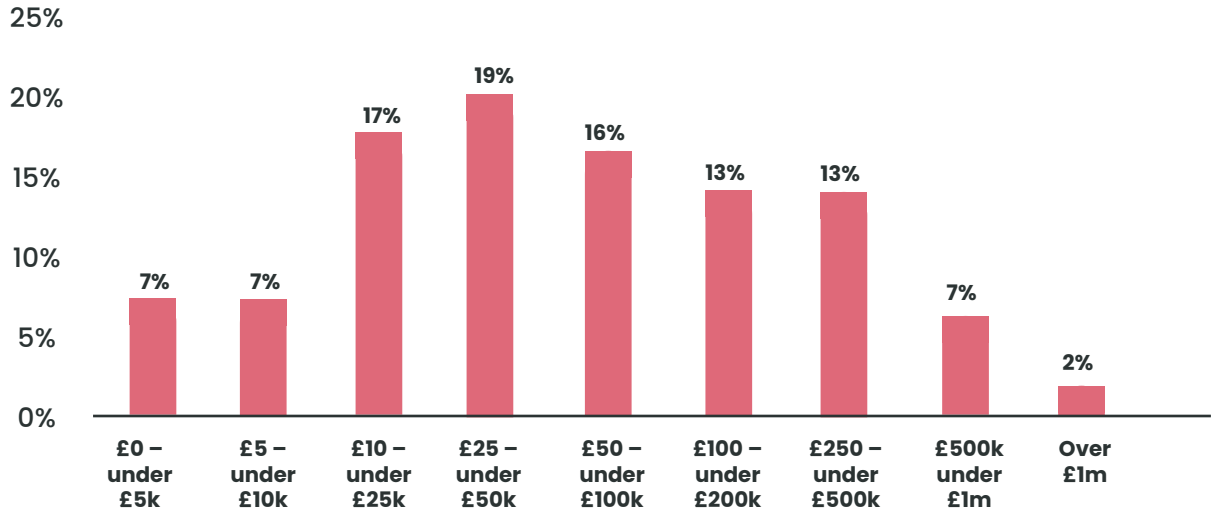
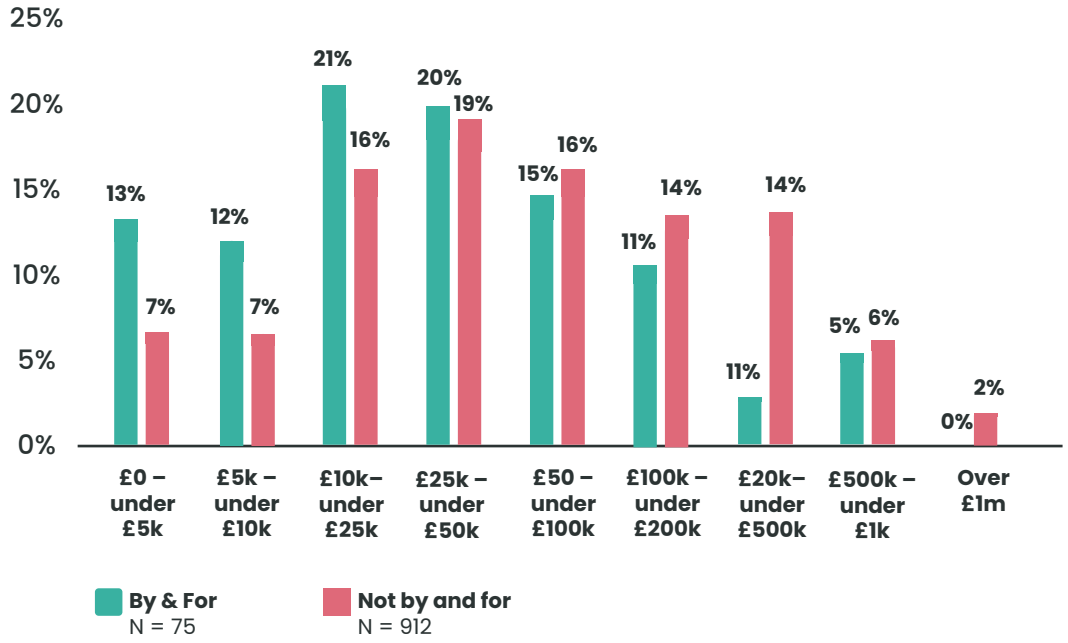


Figure 10: Percentage of organisations who received funding from local commissioners, by funding band and organisation type



4. Community-based services

'That gives me strength: when some other people, that doesn't even know you, helps you with all their hearts. That's really a big thing for me.'

4.1 What did victims and survivors want, and what did they get?

Most victims and survivors wanted a combination of support that would help them to cope and recover from the abuse (counselling and therapeutic support 83%; mental healthcare 77%), and support that would signpost them to what they needed and provide practical advice (helpline advice 78%, one-to-one support 74%). This is set out in full detail in Section 1 Figure 1.

While a significant number of respondents wanted the type of support offered by an advocate such as an Independent Domestic Violence Advocate (IDVA), it is important to emphasise that the majority of support that was wanted would not typically be provided by this role.

While a critical part of the picture, a broader range of support – beyond advocacy – is necessary to support victims and survivors, and must run alongside IDVA services in the community. Figure 11 (next page) colour-codes support services by whether a service would typically be provided by an IDVA or not. Of those who wanted it, survivors were most likely to be able to access helpline support, and least likely to access support for perpetrators to change their behaviour.

When reading this data, it is worth noting what the role of IDVAs or Independent Sexual Violence Advocates (ISVAs) might be in providing support in Family or Criminal Court.

IDVAs and ISVAs can provide emotional and practical support before, during and after criminal and family law proceedings. Some IDVAs and ISVAs with sufficient knowledge and experience may provide general, impartial information on criminal or family justice systems and processes. However, IDVAs and ISVAs do not and cannot provide legal advice. The role of an IDVA/ISVA is very different to the role of a lawyer. IDVAs and ISVAs should not be put in a position of having to provide legal advice to the women they are supporting. This is not appropriate and is a responsibility that should not be placed on IDVA/ISVAs as they are not qualified to provide legal advice and it is unfair to place them in a position where this could be expected.

Only lawyers can provide advice on the law and legal options specific to a survivor's case to enable them to understand both the system itself and understand the legal consequences of decisions made both by the courts, agencies and themselves. This report does not explore victims' and survivors' access to legal advice from lawyers.

It is worth drawing out the area differences in access to some particular types of support that victims and survivors wanted, indicating a 'postcode lottery' for accessing specific types of support.

The biggest difference seen was in victims and survivors who wanted counselling and

Figure 11: Percentage of victims and survivors who got community-based domestic abuse support services that they wanted

got it – with a 21 percentage point difference between the highest area (58% in the North East of England) and the lowest area (37% in Wales). The next greatest disparity was in mental healthcare, with a 16 percentage point difference (47% got it in the North East, 31% in the South West), and one-to-one support with a 16 percentage point difference (66% got it in the North East compared to 50% in the South East). For behaviour change interventions, we saw a 13 percentage point difference (16% got it in the North East of England; 3% got it in Wales), and for support through the Family Court a 11 percentage point difference (42% got it in Yorkshire & Humber; 31% got it in London or the East of England).

While there are significant disparities across these intervention types, when the ten most

Table 3: Percentage of respondent who wanted and got the ten most-wanted services that they wanted according to geographical area.

Geographical area	Average percentage of victims and survivors who wanted the ten most-wanted community-based services	Average percentage of victims and survivors who got the ten most-wanted community-based services, of those who wanted them	Difference
North West	68%	39%	**29%**
North East	68%	48%	**21%**
Yorkshire and Humber	69%	43%	**26%**
West Midlands	70%	40%	**30%**
East Midlands	72%	39%	**33%**
East of England	68%	39%	**29%**
London	67%	37%	**29%**
South East	71%	40%	**31%**
South West	70%	37%	**32%**
Wales	66%	38%	**28%**

wanted interventions are brought together, the differences are much less marked (Table 3).[11] This indicates that differences in priority and provision of service (rather than, potentially, overall availability of funding) are what makes the difference in access to those specific interventions.

Sample size and sampling information prevents adequate comparison of survey data between demographic groups, but interviews confirmed that victims and survivors from minoritised backgrounds found it hardest to access the support they wanted. Often only when they engaged with 'by and for' organisations were able to identify and get the support that they needed.

4.1.1. Desire for specialist 'by and for' support

Sixty-seven percent of Black and minoritised victims and survivors, 61% of LGBT+ victims and survivors, 55% of victims and survivors with a sensory impairment, physical or learning disability, and 53% of Deaf victims and survivors said that they wanted access to a 'by and for' service. When looking at trans people specifically, a much higher proportion than the overall LGBT+ respondents wanted access to a specialist 'by and for' organisation – with 21 of the 23 trans victims and survivors who responded saying they wanted this.

However, just 51% of Black and minoritised survivors who wanted access to specialist by and for support were able to access it. Nineteen percent of LGBT+ survivors who wanted specialist by and for support received it, and for disabled survivors, just 14 of the 190 people who wanted to access a specialist 'by and for' organisation were able to (7%). For Deaf survivors, only 2 of the 30 people who wanted to access specialist 'by and for' support were able to get it.

11 Based on counselling, helpline support, mental health support, one-to-one support, something to help me feel safe by keeping the abusive person away, support through family court, support to keep my home safe, support with the police process, group support, and support to help the person abusing me to change their behaviour.

4.2 What community-based services exist?

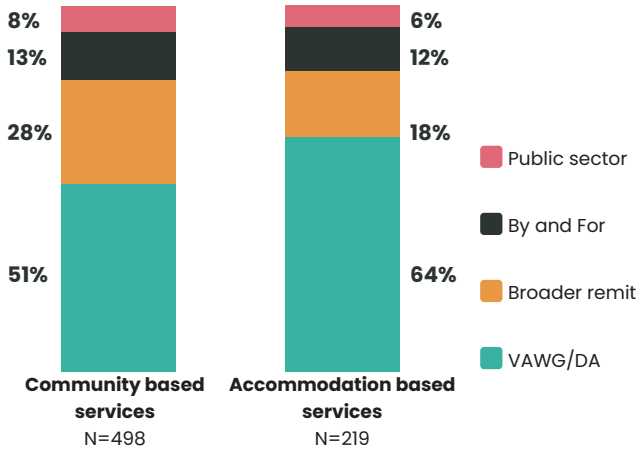
'It's a postcode lottery: the area you live decides whether you get decent domestic abuse services. Nothing was available unless I made a 150-mile round trip.'

From our service provider survey, 81% of organisations told us that they provided some form of Community-based services. From this dataset, just over half (51%) of community-based services were delivered by specialist domestic abuse or VAWG organisations, more than a quarter (28%) by organisations with a broader remit, 13% by 'by and for' organisations and 8% by 'in house' public sector organisations. This differs to accommodation-based services, where a high proportion of services were provided by specialist domestic abuse/ VAWG organisations, as set out in Figure 12 below.

Over 60% of organisations providing community-based services received an annual income of less than £500,000 (Figure 13). Twenty per cent had annual incomes over £1 million.

Organisations delivering community-based services are more likely to have a smaller income than those delivering accommodation-based services (Figure 14).

Figure 12: Comparison of the types of organisations providing community-based and accommodation-based services



4.2.1 Referrals and waiting times

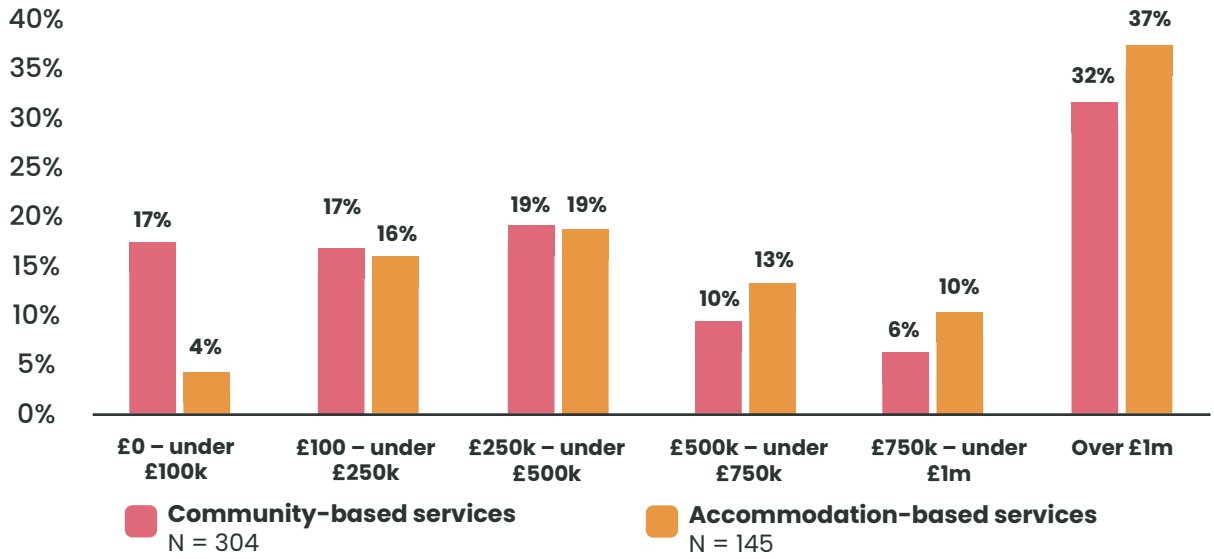
We asked service providers how many referrals they received, how many they engaged with, and how many people they provided ongoing support to in the previous year.

We also asked about average waiting times for accessing community-based support.

'Engagement' could cover a range of different activities – from completing

Figure 13: Percentage of organisations providing community-based services, by annual income (N304)

Figure 14: Comparison of annual income of community based and accommodation based domestic abuse support services



risk assessments, to providing advice and support, to signposting to a more appropriate service. Equally, some referrals may not have been 'engaged with' due to a range of reasons, such as difficulty in contacting a victim or survivor, although we did ask services to exclude duplicate or inappropriate referrals as far as possible.

A total of 678,456 referrals were reported by 345 organisations. While the median number of referrals for community-based support was 613, numbers of referrals for each service ranged between 4 and just under 46,000. The median number of referrals that the services engaged with was 493, and the mean 1,333, ranging between 4 and 17,500. The median number of referrals provided with repeated support was 222, approximately two fifths of the referrals engaged with (Figure 15).

Of services who told us about waiting times, the highest proportion (43%) did not hold waiting lists (Table 4). This waiting time could be for a first contact (which could be to signpost elsewhere) as well as provision of more substantial support. A full breakdown can be seen below:

Table 4: Average waiting time for community-based services, of those who responded (N=317)

Average waiting time	No.	% those who responded
We do not hold waiting lists	103	43%
Up to 1 week	38	12%
Over 1 week and up to 2 weeks	20	7%
Over 2 weeks and up to 1 month	28	9%
Over 1 month and up to 3 months	38	12%
Over 3 months and up to 6 months	29	10%
More than 6 months	12	4%

Figure 15: Median number of referrals received, engaged with and provided with repeated support per service provider.

4.2.2 Type of intervention

There was a range of types of support delivered across different services, which is set out in Table 5 below:

This demonstrates the range of support available to victims and survivors within the community, and that advocacy or casework, while important, are supported by a range of services. It also demonstrates the difference between a very high proportion of victims and survivors wanting counselling (83%) in comparison to just 37 of community-based services being able to offer it.

While national and local strategies emphasise the need for behavioural change and prevention and awareness work, we do not see that reflected in what services commissioners are funding. It may be that other funders provide more support for these types of interventions, but evidence from our victim and survivor survey indicates a considerable lack of availability of behaviour change programmes in particular.

4.2.3 Where are services based?

The majority of services operate within their own building, but, despite capacity constraints, will often seek to provide support to victims and survivors where they feel most comfortable or where they need it most.

The settings presented in Table 6 below, while clearly demonstrating how services will support victims and survivors where they need it, also indicates a greater need for services to be delivered in particular locations as required. It is telling that nearly 60% of services said that they were unable to provide support in a police station, criminal court, family court, or health setting.

Table 6: Settings where community-based services are provided N=435

Types of setting	No	%
Within organisation's building	367	84%
In survivor / victim's home	246	57%
Police station	178	41%
Criminal courts	182	42%
Family courts	185	43%
Health-based setting (e.g. hospitals)	181	42%
Community centre (e.g. village hall)	254	58%
Public location (e.g. café)	250	58%
Housing services	163	38%
Children's social care services	179	41%
Other (please specify)	162	37%

4.3 Who are community-based services for?

4.3.1. Residency Requirements

By and large, community-based services are commissioned for their resident populations – demonstrating how a 'postcode lottery' can emerge. While victims and survivors will often seek to access support close to where they live (or work or study), this can be problematic depending on the availability of support within their local area. Equally, services can be quite 'postcode' bound, where even within a relatively short distance the availability and provision of services can be markedly different.

Table 5: Interventions included within community- based support services in England and Wales N=1284

Types of intervention	No.	%
Advocacy or caseworker support	919	71%
Outreach	718	55%
Floating support	304	23%
Counselling	485	37%
Group work / support groups	669	51%
Other type of community-based support	56	4%

Country and regional differences – and particularly differences between urban and rural areas – came to light through our research. Many victims and survivors talked about having difficulties accessing help close to where they live, or having to travel large distances or to a nearby city in order to access support.

Some expressly talked about differences by postcode, even over relatively short distances *'Many services were not available in my postcode but were in the next city only ten miles away. Because it was a different postcode area those services were off limits to me.'*[12]

We asked commissioners about residency requirements for the funding they provided, which showed a strong local connection requirement in order to access services.

Of all the services where information was provided on residency requirements (1359), 47% required service users to live in the local area, 31% that they live, work or study in the local area, and 23% had no residency requirements.[13] Residency requirements varied according to the type of intervention (Table 7).

12 Miller and Scott (2022).p7

13 This is from the total number of individual instances of funding provided by commissioners to domestic abuse providers for all services – so some providers will be counted more than once, where they are commissioned for different services (which could have different residency requirements).

Table 7: Residency requirement for services funded by PCCs and Tier 1 Local authorities by type of intervention.

	Live in local area	Live, work or study in local area	No residency requirements
Accommodation-based services	19%	7%	74%
Community-based services	50%	37%	13%
Open-access services	54%	27%	19%
Prevention and Awareness	55%	26%	19%
Behaviour-change interventions	60%	32%	9%

4.3.2. Service provision by sex and gender

Of those organisations overall who answered the question (sample = 519) 25% defined themselves as 'women-only' organisations; 2% as 'men-only'; 28% as 'mixture, but single gender/sex services'; 37% as non-gender specific; and 10% as a mixture of non-gender specific and separated gender/sex spaces. Overall, this means men had access to at least some kind of support within 75% of organisations and women to support in 98% of organisations.

Community-based services specifically paint a similar picture, with 21% of services being for women only, 2% being men only, 25% being a mixture (but single gender/sex services), 28% being non-gender/sex specific, and 17% being a combination of mixed (but separate) and non-gender/sex specific.

From the information we received from commissioners, it appears a slightly higher proportion of commissioned services were commissioned for single sex/gender, with 36% of services being commissioned to be women only, and 5% commissioned to be men only, and the remainder being commissioned to support both men and women separately or in a non-gender specific way. Information reported here was just from Police and Crime Commissioners and Tier 1 Local Authorities (Table 8).

Table 8: Percentage of services funded according to the sex/gender of the survivors supported.

Who is the service for?	Percentage of services funded
Not sex or gender specific (but service delivered separately to men and women)	63%
Not sex / gender specific (service delivered in mixed sex / gender space)	17%
Women Only	36%
Men Only	5%

We also asked services to what extent services are delivered or managed exclusively by women – of the 536 services who gave us this information, 19% had men providing direct services to women and children, with men supporting in other in roles such as maintenance, contractors or consultants (36% of services), or types of roles (such as working in maintenance, consultants, as management or trustees (36%) or in other services (26%). Unsurprisingly, services that defined

themselves as 'women only' and only took referrals for women were far less likely to have men working within those organisations.[14]

4.3.3. Minoritised Victims and survivors

We asked service providers about what specialist support they provided to minoritised communities. By specialist support, we asked services to tell us about services that had been developed and was delivered specifically for a particular group of victims and survivors, not just whether an individual could access a service. A full definition is included in Annex A. This is in recognition of the particular needs that these groups of victims and survivors might have, but equally that some services may develop more specialist services within an organisation that is not in its entirety run 'by and for' that community.

4.3.4. Specialist support

Overall, community-based services were most likely to tell us that they could provide specialist support for Black and minoritised victims and survivors, with 53.8% overall telling us that this was available. Unsurprisingly, this was mostly likely to be available within 'by and for' organisations, most of whom are delivered by and for the Black and minoritised community (98% provided this). Specialist domestic abuse/ VAWG organisations were next most likely to provide specialist support for Black and minoritised victims and survivors (52%), followed by organisations with a broader remit (34%) and then public sector organisations (24%).

As above, while the survey sought to define clearly what was meant by 'specialist support' a note of caution is needed with this data, across both minoritised groups and victims and survivors with multiple disadvantage.[15] Some organisations might have considered receipt of specialist training as a 'specialist service', whereas others will have specifically designed projects or programmes exclusively for this group, within a larger organisation (which may not be 'by and for').

Victims and survivors from minoritised communities often told us that they did not get the support they needed to feel safe from organisations that were not 'by and for', indicating that the degree of specialism offered by these types of organisations warrants further examination. In particular, it will be important to differentiate between different types of services that are not 'by and for' and understand the difference in support provided to minoritised groups from specialist domestic abuse or VAWG organisations in comparison to organisations with a broader remit or services that have been brought 'in house' by a public sector body.

By and for services were also much more likely to say that they would refer onto more specialist services than other types of service – perhaps indicating their acknowledgement of the degree of specialism they afford to their own communities could not be matched for victims and survivors who might come from other communities, as well as indicating that they are more likely to work in partnership with other services.

That said, comparisons between populations remain useful (Table 9). The population where services were least likely to have specialist provision was for Deaf people – with 14% of services saying that they had some specialist support for Deaf people, followed by trans victims and survivors (24%), then victims and survivors with learning disabilities (25%), then disabled victims and survivors more generally (26%).

14 Noting that under the Equality Act there is a legitimate and lawful basis for doing so.

15 'Specialist support' was defined as support that was specifically provided for and tailored to the needs of these victims and survivors, rather than eligibility. The survey also clarified that specific support for Deaf or disabled victims and survivors should refer to support provided specific to their lived experiences, rather than just accessibility requirements.

Table 9: Services providing specialist community-based services, according to different populations of victims and survivors.

Population	No.	%
Black and minoritised victims / survivors	172	54%
Deaf victims / survivors	44	14%
Disabled victims / survivors	84	26%
Elderly or older victims / survivors	105	33%
LGB (Lesbian, Gay or Bisexual) victims / survivors	103	32%
Trans victims / survivors	77	24%
Victims / survivors with learning disabilities, autism or both	81	25%
Young adult victims / survivors	173	54%

4.3.5. Eligibility

We also asked services about eligibility for services – so whether a referral from this group would be accepted and a full service offered, or whether a victim or survivor would be referred or signposted onto another organisation. Some services also said that a response to a referral would depend on other factors, such as clinical need.

As with the specialist support offered to minoritised groups, caution is advised when considering the percentages of services who would provide a full service to individuals who might have additional or intersecting needs. First, we know from victims and survivors that non 'by and for' services often struggle to meet their specific needs. And secondly, services may have answered this question based on a hypothetical best-case scenario, and that in reality, they would be unable to provide the right support to an individual given capacity or capability constraints.

While this data must be considered in this context, it is still useful to understand the differences between different groups (Table 10). Lesbian, Gay or Bisexual victims and survivors were most likely to have their referral accepted and a full service offered, although this must be understood alongside LGBT+ victims and survivors telling us that non-by and for services often struggled to provide them with the support they needed. Male victims were least likely to have their referral accepted and a full service offered, with 67% of services able to do this. This is slightly lower than the overall number of organisations who provide some kind of service that men could access (75%). This is due to the differences between the number of *organisations* and the number of *services*; with organisations who provide multiple services more likely to provide fewer services that men could access than women could access.

Table 10: Services who would accept a referral and provide a full service according to different populations of victims and survivors

Population	No.	%
Deaf victims / survivors	339	76%
Disabled victims / survivors	374	84%
LGB (Lesbian, Gay or Bisexual) victims / survivors	405	91%
Male victims / survivors	297	67%
Trans victims / survivors	346	78%
Victims/Survivors with no recourse to public funds	387	88%
Victims / survivors with learning disabilities, autism or both	348	78%

4.3.6. Interpreters and communications support

We also asked about provision of interpreters and communication support, which would be needed to provide access to victims and survivors who did not speak English or who had communication needs. We did not breakdown by service type (i.e. provision within community-based or accommodation-based services), but of those organisations who told us about their access to interpreters or communication support:

- 33% said they had some access to staff interpreters
- 49% had access to external interpreters
- 19% had access to interpreters occasionally
- 12% had no access to interpreters

And for communication support:

- 25% had access to some internal communication support
- 25% had access to external communication support
- 11% had access to another method of communication support
- 30% had no access to communication support

4.3.7. Victims and survivors with multiple disadvantage

Specialist support

The most common type of specialist support[16] provided to victims and survivors with additional needs or multiple disadvantage was support for those with high mental health needs, with 51% of services overall saying they offered this. Specialist support that was least likely to be offered was for victims and survivors with a history of offending – where 29% of services offered some kind of bespoke provision.

However, it is worth noting the excellent work often done by organisations such as Women's Centres who might not have been captured by our survey, or by a typical understanding of 'specialist domestic abuse support'. Women's Centres provide considerable support to women with experience in the criminal justice system or with a history of offending, the majority of whom will have experience of domestic abuse.[17] Equally, it will be important to map the interaction between women's centres and the specialist domestic abuse sector across England and Wales.

A full breakdown, including what type of organisation provides this kind of specialist support, can be seen below:

16 Note explanation of specialist support as set out in Section 4.3.2 and Annex A. '

17 Ministry of Justice, Female Offender Strategy 2018

Table 11: Community based services providing specialist support to survivors with additional needs or multiple disadvantage

Victims and survivors with additional needs or multiple disadvantage	No.	%
Victims / survivors experiencing homelessness	156	49%
Victims / survivors who have a history of offending	94	29%
Victims / survivors with high mental health needs	162	51%
Victims / survivors with support needs related to alcohol	123	38%
Victims / survivors with support needs related to other substances	121	38%

Eligibility

We also asked organisations about which victims and survivors with additional needs or multiple disadvantage would have a referral accepted and a full service provided (outside of specialist support). Again, caution should be exercised here; services may have responded to say that an individual would be eligible for support in theory, but on further assessment, or with resource or capacity constraints, may find that in individual cases support could not be provided to individuals with these additional needs.

The comparison between groups of victims and survivors is, however, telling of the relative ease of access for people with multiple disadvantage.

Victims and survivors experiencing homelessness were most likely to be accepted by services, 83% of services overall saying that they would accept a referral and a full support offered. By comparison, victims and survivors with high mental health needs were least likely to be accepted and full support offered, with 63% of services saying this.

Table 12: Community-based services who would accept a referral and offer a full service to survivors with additional needs or multiple disadvantage

Victims and survivors with additional needs or multiple disadvantage	No.	%
Victims / survivors experiencing alcohol misuse	296	66%
Victims / survivors experiencing homelessness	369	82%
Victims / survivors experiencing other substance misuse	295	65%
Victims / survivors who have a history of offending	292	65%
Victims / survivors with high mental health needs	279	62%
Victims/Survivors with no recourse to public funds	387	85%

4.3.8. Support for victims and survivors with No Recourse to Public Funds (NRPF)

As set out in our report, *Safety Before Status,* migrant victims and survivors are often turned away by services even when eligible for support – with services mistakenly thinking that they cannot access support due to their immigration status. It is deeply concerning to see that 15% of community-based services said that victims and survivors with NRPF would not be automatically accepted onto their service (instead they would be referred

or signposted or their acceptance would depend on other factors) – despite access to benefit having no bearing on to access these types of services.

This is why it is critical for all services supporting victims and survivors of domestic abuse to be supported to have a clear understanding of the barriers faced by migrant victims and survivors and the dynamics of immigration abuse – so that services can appropriately provide support and signpost to specialist 'by and for' organisations who might be best able to meet their needs.

All victims and survivors should have access to the life-saving support that they need, regardless of their immigration status. This is why the Destitute Domestic Violence Concession and the Domestic Violence Indefinite Leave to Remain route should be expanded to all visa routes – so that victims and survivors can also access the accommodation-based services they need. A full cost-benefit analysis that sets out the impact of such an expansion is detailed in the report *Safety Before Status: the Solutions,* to be published in December 2022.

4.3.9 Support for children

In total, 358 organisations said that they provided services for children and young people (CYP), of which the majority (303, or 85%) provided services for CYP experiencing domestic abuse in the family home. 281 (78%) provided services for CYP who were experiencing domestic abuse in their own intimate relationships, 177 (49%) for CYP who were exhibiting abusive behaviour themselves, and 196 (55%) who provided some other kind of CYP support that didn't fit in any of these categories.

It is particularly notable that the vast majority of organisations told us that they provided some form of specialist support for children and young people, and yet just 29% of victims and survivors that wanted support for their children actually received it (against a comparison of 57% of respondents who accessed some kind of support service themselves). This disparity will be worth exploring further, in order to understand in greater depth what types of support are provided to children and assess the considerable gap in availability of support.

4.5 How are community-based services funded?

We consistently heard from services that funding was patchy and piecemeal – with funding cobbled together through a range of often small funding sources.

Community-based services were less likely to receive statutory funding than accommodation-based services, with 63% receiving statutory funding as their main source of funding, a further 13% receiving some form of statutory funding but without it being their main funding source, and 9% receiving no statutory funding whatsoever.

This is reflected in the data we received from local commissioners, which showed that half of the funding provided by any individual commissioner to any one service provider was less than £50,000.[18]

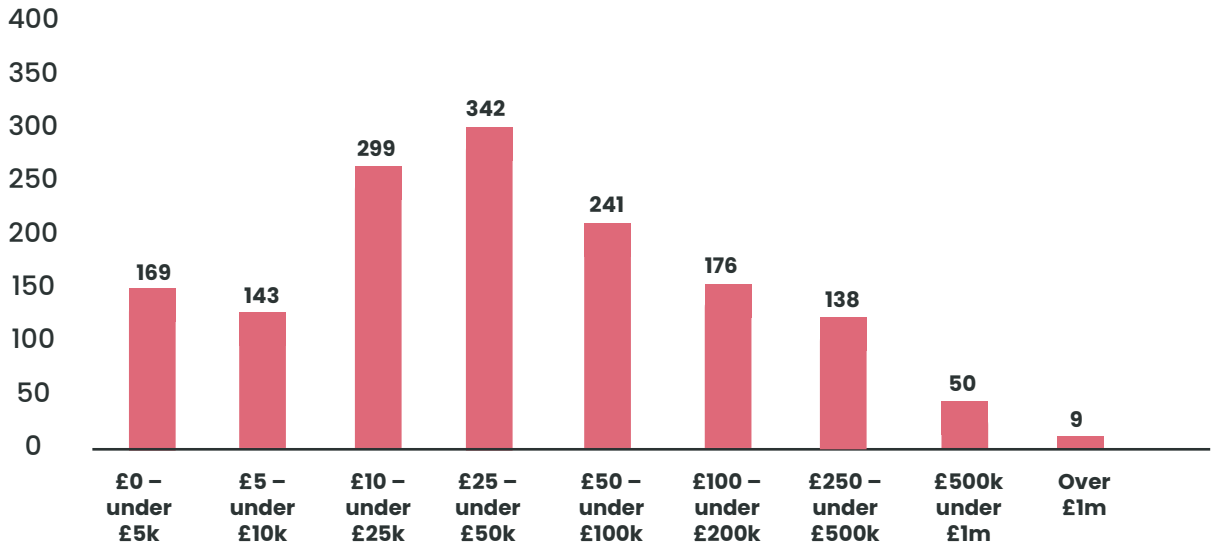
Smaller organisations were also far more likely than larger organisations to receive no statutory funding whatsoever. There was considerable overlap with the under-funding of 'by and for' organisations (set out in greater detail in Chapter 5).

When looking at women-only services, 46% of women-only organisations received their main source of funding from a statutory body; and 54% received their main source of funding from a non-statutory source.

When commissioners told us how much funding they provided to individual services, it was clear that generally they provide a larger number of small sums of money, as set out in the Figure 16 below:

18 Of commissioners who told us about how much funding they provided per organisation.

Figure 16: Number of instances of funding provided to organisations by local commissioners, according to the funding amount.



Local commissioners also told us about the sources of funding for domestic abuse services, and whether services were formally commissioned or whether they received funding without being commissioned formally. In Table 13 below, funding provided to an organisation in a one-off way without being commissioned formally is described as 'non-commissioned'.

This varied by type of service, with open-access services and behaviour-change services more likely to be commissioned than prevention and awareness or other forms of community-based services.[19] Community-based services were more likely than other types of interventions to be 'non-commissioned' and receive one-off grants.

Table 13: Method of commissioning according to service type

	Community-based services	Open-access services	Behaviour-Change Intervention (i.e. for perpetrators)	Prevention & Awareness
Commissioned	60%	82%	81%	72%
In-house service	2%	4%	6%	10%
Non-commissioned	38%	14%	13%	18%

4.5.1. In-sourcing of services

Community-based services were the most likely to have been brought 'in-house' by statutory agencies or commissioners. From the information provided by local commissioners, 18% (28 of 154) told us that they had some kind of in-house service, representing 44 different funding instances – or 3% of the total funding instances commissioners told us about. In-house services represent 6% of the total funding nationally that commissioners told us about. Within just organisations who commissioned in-house services, funding for in-house services represented 14% of the overall funding that they provided for domestic abuse services. Of in-house services, the majority were community-based services, comprised of 21 community-based services, 5 open-access services, 8 prevention and awareness, 6 behaviour change services,

19 Based on commissioners who told us how their services were funded (i.e. excluding 'not stated').

plus 2 that where the service type was not stated. Only 2 had some form of in-house accommodation-based services.

4.5.2. Joint funding

Most funding provided by commissioners is done so by an individual commissioner – with a single commissioning body providing funding directly to an organisation. Seventy-nine percent of services are funded this way. Twelve percent of services funded by commissioners were funded jointly with one other partner, and 9% jointly with multiple funding partners.

When looking at other interventions in the community, such as behaviour-change interventions, open access services or prevention and awareness work, we see more funding being done jointly. This could indicate that commissioners are more likely to come together to fund services that go beyond direct interventions with victims and survivors, or more traditional services like advocacy, casework or refuge. Equally, it could be due to a need to collaborate to meet a shared gap in provision.

4.5.3.Open-access services

From our provider survey, nearly two thirds (65%) of organisations provided some form of open-access service.

Of open-access services who told us about how they were funded, 60% (113 of 187) received statutory funding as their main source, 9% received statutory funding but not as a main source, and 31% received no statutory funding.

4.5.4. Behaviour change interventions

Over a third (36%) of organisations told us that they provided some kind of behaviour change intervention.

Of those who told us, 63% of services received their main source of funding from a statutory funder, and 42% received their main source of funding from a non-statutory funder.

Local Authorities were most likely to be the main funder for behaviour change interventions (Table 14), with 37% of behaviour change intervention services receiving their main source of funding from LAs. This was followed by grants from nationwide charities or trusts (24%), which was followed by PCCs (22%).

Table 14: Main source of funding received by behaviour-change intervention services

Funding source	Percentage of behaviour change services that received their main source of funding from this source
Funding from Local Authorities	37%
Grants from nationwide charities or trusts e.g. National Lottery, Comic Relief	24%
Funding from Police and Crime Commissioners (PCCs)	22%
Central government grants	9%
Fundraising and income generating activities	6%
Other	6%
Grants from regional or specialist charities	4%
Funding from Clinical Commissioning Groups (CCGs) and NHS Trusts	3%
Internal reserves	3%
Allocation of funding for local spend from national DVA charities	1%

4.5.5. Prevention and Awareness work

Seventy-seven per cent of organisations told us that they provided prevention and awareness work. Table 15 presents what the services told us about their main funding sources:

Table 15: Main funding sources reported by services delivering prevention and awareness work

Funding source	Percentage of prevention and awareness work services that received their main source of funding from this source
Funding from Local Authorities	41%
Grants from nationwide charities or trusts e.g. National Lottery, Comic Relief	22%
Funding from Police and Crime Commissioners (PCCs)	16%
Fundraising and income generating activities	9%
Grants from regional or specialist charities	9%
Central government grants	6%
Internal reserves	5%
Other	4%
Funding from Clinical Commissioning Groups (CCGs) and NHS Trusts	2%

5. Accommodation-based services

Before reading this section, it is important to note that data was collected before the commencement of provision within the Domestic Abuse Act that place a statutory duty on Tier 1 Local Authorities to provide accommodation-based services to victims and survivors of domestic abuse. [20]

Therefore, it is possible that the provision of accommodation-based services could well have changed significantly since this research was conducted. This data provides a useful 'baseline' for the pre-Domestic Abuse Act accommodation-based services landscape. The Department for Levelling Up, Housing and Communities will be doing a full evaluation of the duty, which should seek to understand whether provision has indeed changed as a result of the new statutory duty.

5.1 What did victims and survivors want, and what did they get?

As set out in Section 1, overall 27% of victims and survivors wanted refuge (with some variation by demographic groups), and 44% of those wanting refuge were able to get it. This varies by country and regions – with differences both in desire for refuge as well as an ability to get it (Table 16).

Table 16: Percentage of survivors wanting refuge and of those the percentage who received refuge services.

	Survivors wanting refuge services		Survivors who wanted and received refuge services	
Geographic area	No.	%	No.	%
North West	73	24%	30	41%
North East	24	22%	11	46%
Yorkshire and Humber	56	26%	28	50%
West Midlands	64	27%	34	53%
East Midlands	32	20%	12	38%
East of England	90	31%	33	37%
London	96	33%	49	51%
South East	120	26%	48	40%
South West	72	27%	28	39%
Wales	49	28%	21	43%
Total	676	27%	294	44%

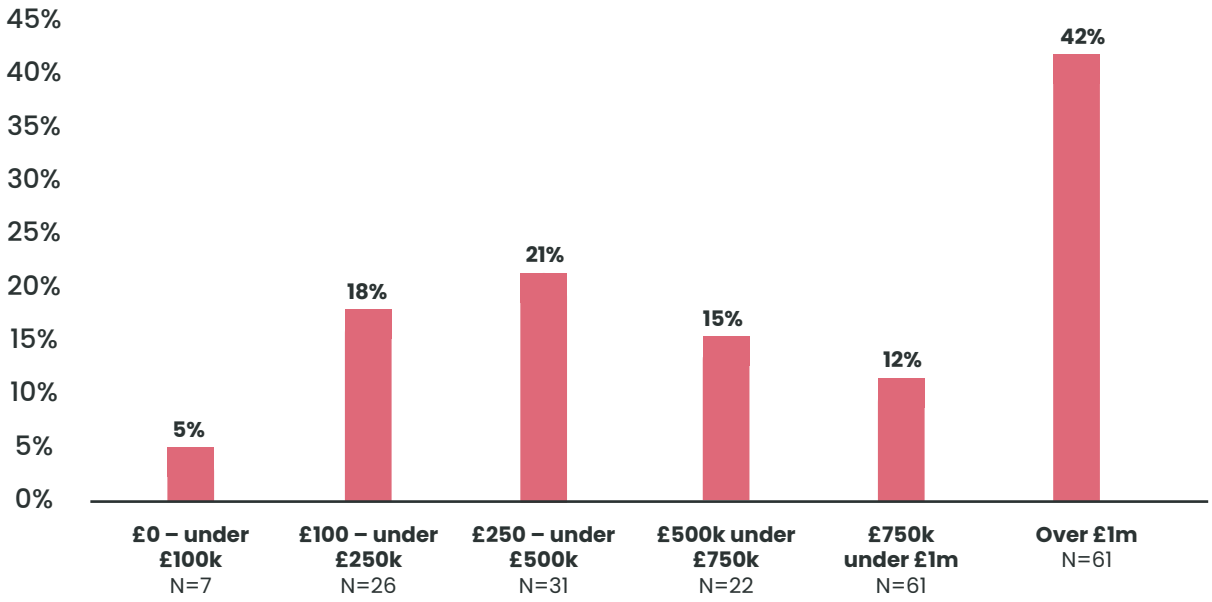
20 Home Office (2022) Local authority support for victims and survivors of domestic abuse and their children within safe accommodation factsheet

5.2 What accommodation-based services exist?

Just over one-third (37%, or 219 organisations) told us that they provided some form of accommodation-based services.

Nearly two-thirds (64%) of these organisations were specialist domestic abuse / VAWG organisations, 12% were 'by and for' organisations, 18% were organisations with a broader remit and 6% were public sector organisations. A comparison with community-based services is available at Figure 12 in Section 4.2.

Figure 17: Percentage of organisations providing accommodation-based services, by annual income of organisation



Accommodation-based services were less likely to be provided by very small organisations (with an income of less than £100k pa), and slightly more likely to be provided by larger organisations, as detailed in Figure 14 in Section 4.2 above.

5.2.1 Overall – referrals

Capacity for accommodation-based support was clearly a major issue. Less than one fifth of accommodation-based referrals were fulfilled – with, on average, 95 referrals being accepted from an average of 526 referrals received, per organisation. It is possible that this includes duplicate or inappropriate referrals (although we did request respondents to exclude these), but either way indicates a considerable short-fall in the number of accommodation-based support places available.

Close monitoring of the impact of the new statutory duty on Local Authorities to provide accommodation-based services will enable us to assess its efficacy in improving the provision of this critical service.

5.2.2 Type of intervention

While most accommodation-based services were refuge provision, it by no means paints the whole picture.

Overall, four out of five accommodation-based services met the criteria for refuge, based on the Women's Aid definition.[21] This definition emphasises residents' receipt of a planned programme of therapeutic and practical support from staff and access peer support from other residents.

Over 80% of providers said their accommodation met the criteria. The

21 Domestic abuse provision: Routes to Support - Women's Aid

remaining service providers either said 'no' it did not (7%) and or said 'it varies' (13%).

Interestingly, the proportion of services that met the criteria for refuge varied significantly by country or region – with 93% of the accommodation within Wales meeting the criteria for a refuge compared to 63% of accommodation in South-West England.

This demonstrates considerable variation in the type of accommodation-based services provided across different parts of England and Wales – which could include greater use of dispersed accommodation, or accommodation-based services with varying degrees of therapeutic or practical support delivered alongside. Equally, some services will include accommodation-based support that enable victims and survivors to remain safely in their own homes (such as Sanctuary Schemes). Further investigation will be needed to understand the breadth of provision within each area of accommodation-based services that exist beyond refuge services.

5.3 Who are accommodation-based services for?

We asked organisations if they provided any kind of accommodation-based services outside of the domestic abuse support they provided. A small proportion (11%) offered some accommodation-based services for a broader group of users, as well as for victims and survivors of domestic abuse (including their children). This could be for some services who support, for example, victims of modern slavery or victims of other crimes who might need safe accommodation. The vast majority (86%) of services only provided accommodation-based support to victims and survivors of domestic abuse, and the information in this section relates only to this.

5.3.1 Residency requirements

While community-based services are likely to be accessed closer to where a survivor lives (and so residency requirements may be more reasonable), it was very concerning to see residency requirements attached to accommodation-based services, which by their very nature may need to be provided outside of a victim or survivor's previous place of residence. Of the accommodation-based services that commissioners funded and told us about, 30% had some kind of residency requirement, as detailed in Table 17 below.[22]

Table 17: Percentage of accommodation-based services with some form of local connection requirements

	Live in local area	Live, work or study in local area	No residency requirements
Accommodation-based services	22%	8%	76%

5.3.2 Provision of support for men and women

For accommodation-based services, 31% of services described themselves as 'women-only', 43% as 'mixture (but single gender/sex services)'; 15% as 'not gender or sex specific'; and 9% as a mixture of single gender/sex services and non-gender-specific services.' When asked about eligibility for accommodation-based services, 33% of organisations who provided accommodation-based services said that a referral from a male victim / survivor would be accepted, and full service provided. This appears to differ from the overall number of organisations that said that men could access some of their services (i.e,. did not state that they were 'women only'). This is likely to be due to the different services available within any given organisation – so while organisations might not be 'women only' in their entirety, they would not be able

22 This may include sanctuary schemes or other services which support victims and survivors to remain in their own home; however, only one response explicitly stated that this was the case.

to tell us that a referral for a man into their service would be accepted and a full service provided. Instead, they may have different types of services available to men, or need to consider whether to refer onto a more specialist organisation.

This differs by type of organisation – with 'by and for' organisations most likely to provide accommodation-based services for women only (81%) and organisations with a broader remit least likely to (5% said their accommodation-based services were 'women only').

There was some country and regional variation in the provision of services available to different genders. The West Midlands appeared to have the highest proportion of accommodation-based services that were available only to women (43%), and by comparison, 9% of accommodation-based services were for women-only in the South West of England.

There were no accommodation-based services who told us that they were available to men-only, but a high proportion of services stated that they provided services for all genders, whether that was in separate single-sex provision or non-gender specific provision.

5.3.3 Minoritised victims and survivors

Specialist support

When asked about the provision of specialist support for victims and survivors with particular demographic characteristics, slightly more than half of accommodation-based services said that they provided specialist support for Black and minoritised victims and survivors.[23]

As set out in Section 4.3.2 above on community-based services, these figures should be taken with some caution.

Nevertheless, comparisons between groups indicate the degree of confidence that services have in supporting the specific needs of different communities; with over half of accommodation-based services saying that they could provide specialist support for Black and minoritised victims and survivors, compared to 14% who could provide specialist support to Deaf victims and survivors (Table 18).

It is also worth noting that just 18% of accommodation-based services could provide a degree of specialist support to victims and survivors with learning disabilities, autism or both. When not all people with learning disabilities have a diagnosis, it is concerning to see so few accommodation-based services having the confidence to support people that they know have learning disabilities – when they could well be supporting people with learning disabilities who are undiagnosed or do not disclose their disability to the service they're accessing. Through our focus groups with victims and survivors with learning disabilities we heard of highly worrying practice, including where a young survivor was placed in an old people's home to address her immediate safety, but no attempt was made to contact a specialist domestic abuse service.

23 Note explanations of what is meant by 'specialist support' in Section 4.3.2 above

Table 18: Specialist support provided in accommodation-based services

Population	No.	%
Black and minoritised victims / survivors	63	57%
Deaf victims / survivors	15	14%
Disabled victims / survivors	26	23%
Victims / survivors with learning disabilities, autism or both	20	18%
Elderly or older victims / survivors	28	25%
LGB (Lesbian, Gay or Bisexual) victims / survivors	26	23%
Trans victims / survivors	24	22%
Young adult victims / survivors	33	30%

Eligibility

As with community-based support, we asked services about whether referrals from particular demographic groups would be accepted and a full service provided (Table 19). A fuller explanation of how services could respond to this question are set out in Section 4.3.2 above.

Specialist 'by and for' organisations who support these communities often reported that accommodation-based services can struggle to meet the needs of victims and survivors, which was reflected in our qualitative information from victims and survivors. As set out above, these figures should be taken with caution.

Nevertheless, the differences between groups indicate that trans victims and survivors are least likely to be able to access accommodation-based services, with only a minority (44%) of services saying that they would be able to accept a referral for a trans survivor.

It is deeply concerning to see such a low proportion of accommodation-based services feeling able to accept referrals from disabled victims and survivors, including victims and survivors with learning disabilities, autism, or both. It is estimated that there are 14.6 million disabled people in the UK, representing 22% of the population, and we know that disabled women are three times more likely to experience domestic abuse than non-disabled women.[24]

Table 19: Percentage of accommodation-based services accepting referrals from different populations

Population	No.	%
Deaf victims / survivors	135	70%
Disabled victims / survivors	116	60%
LGB (Lesbian, Gay or Bisexual) victims / survivors	171	89%
Trans victims / survivors	84	44%
Victims / survivors with learning disabilities, autism or both	121	63%

24 UK disability statistics: Prevalence and life experiences - House of Commons Library (parliament.uk) and ONS

5.3.4 Victims and survivors with multiple disadvantage

Specialist support

In general, accommodation-based services were less likely than community-based services to have specific support for victims and survivors with multiple disadvantage

We also asked accommodation-based services about the specialist support available to victims and survivors with multiple disadvantage, or who have additional needs. As set out in the Table 20 below, and as mirrored in the specific support available within community-based services, services were least likely to be able to provide specific support to victims and survivors with a history of offending (25%). They were most likely to be able to provide support to victims and survivors experiencing homelessness (61%) – although by definition those accessing refuge or accommodation-based support may be experiencing homelessness as a result of domestic abuse. It was unclear from our data whether this refers to victims and survivors who had previously been experiencing street homelessness or not; this would be worth exploring further.

Table 20: Percentage of accommodation-based services providing specialist support to victims and survivors with additional needs and/or multiple disadvantage

Victims and survivors with additional needs	No.	%
Victims / survivors experiencing homelessness	70	61%
Victims / survivors who are migrants, including those with NRPF	41	36%
Victims / survivors who have a history of offending	29	25%
Victims / survivors with high mental health needs	44	39%
Victims / survivors with support needs related to alcohol	45	40%
Victims / survivors with support needs related to other substances	43	38%
Young adult victims / survivors	33	29%

Eligibility

Looking at eligibility (i.e., whether a victim or survivor experiencing this form of multiple disadvantage could be accepted into their accommodation-based services more generally), we see a similar picture (Table 21). Most services would accept victims and survivors with children who also require accommodation, as well as victims and survivors experiencing homelessness. Although again it is unclear whether this refers to street homelessness or someone rendered homeless through domestic abuse.

Table 21: Percentage of accommodation based services accepting referrals for victims and survivors with additional needs and/or multiple disadvantage

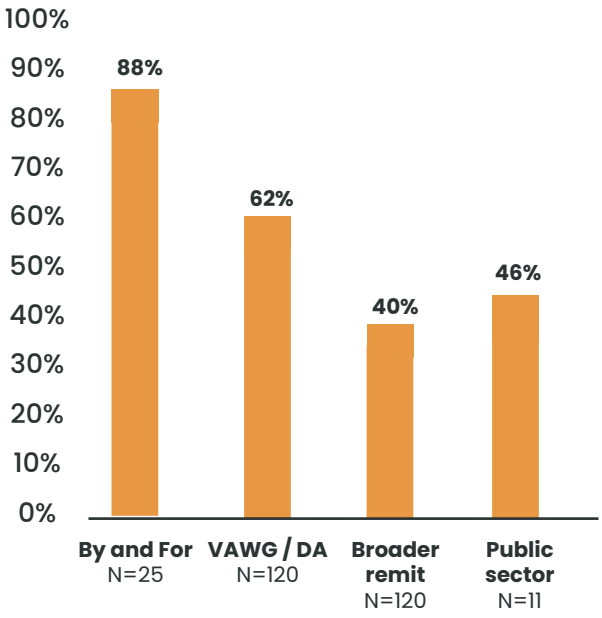
Victims and survivors with additional needs	No.	%
Victims / survivors experiencing alcohol misuse	77	40%
Victims / survivors experiencing homelessness	159	83%
Victims / survivors experiencing other substance misuse	75	39%
Victims / survivors who have a history of offending	60	31%
Victims / survivors with children who also require accommodation	175	91%
Victims / survivors with high mental health needs	61	32%

5.3.5 Support for people with No Recourse to Public Funds

Sixty per cent of accommodation-based services said that victims and survivors with No Recourse to Public Funds were eligible for their service. However, this will be very resource dependent, and feedback from specialist by and for organisations and migrant victims and survivors is that only on rare occasions were services able to support them when they could not access housing benefit.

What is telling, however, is that despite being disproportionately under-funded (detailed later on in this report), 'by and for' organisations were far more likely to provide accommodation-based services to migrant victims and survivors with NRPF. Eighty-eight per cent of 'by and for' organisations said they could provide this service, compared to 62% of domestic abuse/VAWG organisations and 40% of organisations with a broader remit (Figure 18). It will be important for non-by and for organisations to learn from the less-resourced 'by and for' organisations to enable them to provide services for victims and survivors with NRPF.

Figure 18: Percentage of organisations reporting that they can provide accommodation-based services to victims and survivors with NRPF, by organisation type.



5.4 How are accommodation-based services funded?

Accommodation-based services were more likely to receive statutory funding than community-based services, with 75% receiving statutory funding as their main source of funding, a further 8% receiving

some form of statutory funding but without it being their main funding source, and 6% receiving no statutory funding whatsoever.

Accommodation-based services funded by local commissioners were more likely to receive funding through a formal commissioning route than community-based services who received local funding. Eighty-seven percent of accommodation-based services received funding through a commissioned grant or contract compared to 63% of community-based services.[25]

When looking at women-only services, of those who told us their main source of funding, 31 of 68 (46%) of women-only organisations received their main source of funding from a statutory body; 37 (54%) received their main source of funding from a non-statutory source.

5.4.1. Joint funding

Most local commissioners fund services on an individual basis, providing funding directly from one commissioner to a service, rather than coming together with another commissioner to fund a service jointly. Accommodation-based services were more likely to be commissioned by an individual commissioner, with 85% of the different pieces of funding provided by commissioners being singly-funded, 14% funded jointly with another partner and 13% being funded jointly with multiple partners.

25 Of those who told us whether their service was commissioned or non-commissioned

6. By and For services

6.1 What did victims and survivors want, and what did they get?

'I received help from a BAME (Black, Asian and minority ethnic) organisation who understood my culture and faith.'[26]

Support from 'by and for' services was clearly critical for victims and survivors from minoritised communities. Our research defined 'by and for' organisations as organisations that are designed and delivered by and for people who are minoritised (including race, disability, sexual orientation, transgender identity, religion or age). These services will be rooted in the communities they serve, and may include wrap-around holistic recovery and support that address a victim or survivor's full range of intersecting needs, beyond purely domestic abuse support. We considered separately services for women that are run by women.

As set out in Section 2, the impact of 'by and for' services on minoritised victims and survivors is profound. There was a huge difference in victims and survivors who accessed 'by and for' services feeling safer, compared to those who accessed other types of support, and compared to victims and survivors who hadn't accessed any support.

However, there is a huge dearth in the provision of such services across England and Wales, with the majority of victims and survivors who wanted to access 'by and for' services unable to. While 67% of Black and minoritised victims and survivors wanted access to a specialist 'by and for' organisation, just 51% of them were able to access this. For LGBT+ victims and survivors, 61% wanted to access a specialist 'by and for' service, but 19% were able to access it, and for disabled victims and survivors, just 14 of the 190 people who wanted to access a specialist 'by and for' organisation were able to (7%). For Deaf victims and survivors, only 2 of the 30 people who wanted to access specialist 'by and for' support were able to.

6.2 What by and for services exist?

"You could express really yourself like very free, you have freedom to express, and in your own language."

76 organisations (12%) responded to our survey and told us that they were specialist 'by and for' organisations. Of these, 65 were by and for Black and minoritised people, 3 were by and for Deaf people, 4 by and for LGBT+ people and 4 by and for disabled people.

There are considerable gaps in provision across England and Wales, with nearly half of all by and for organisations being based in London or the South East of England. The mapping of specialist LGBT+ services conducted by Galop on behalf of the Domestic Abuse Commissioner's Office showed huge swathes of the country without any form of by and for LGBT+ domestic abuse support at all[27]. Mapping of specialist

26 Miller and Scott (2022).p16

27 Donovan, C., Magić, J., West, S. (2021) LGBT+ Domestic Abuse Service Provision Mapping Study, Galop, London.

support for Deaf and disabled people conducted by Stay Safe East and Sign Health for the Domestic Abuse Commissioner shows a similar picture for by and for Deaf and disabled organisations. They were also more likely to be very small, grass-roots organisations with an annual income of less than £100k.

'By and for' organisations were most likely to provide community-based services for women only (76%), compared to VAWG/ DA services where 21% provided services for women only, and 2.8% of organisations with a broader remit providing women-only services.

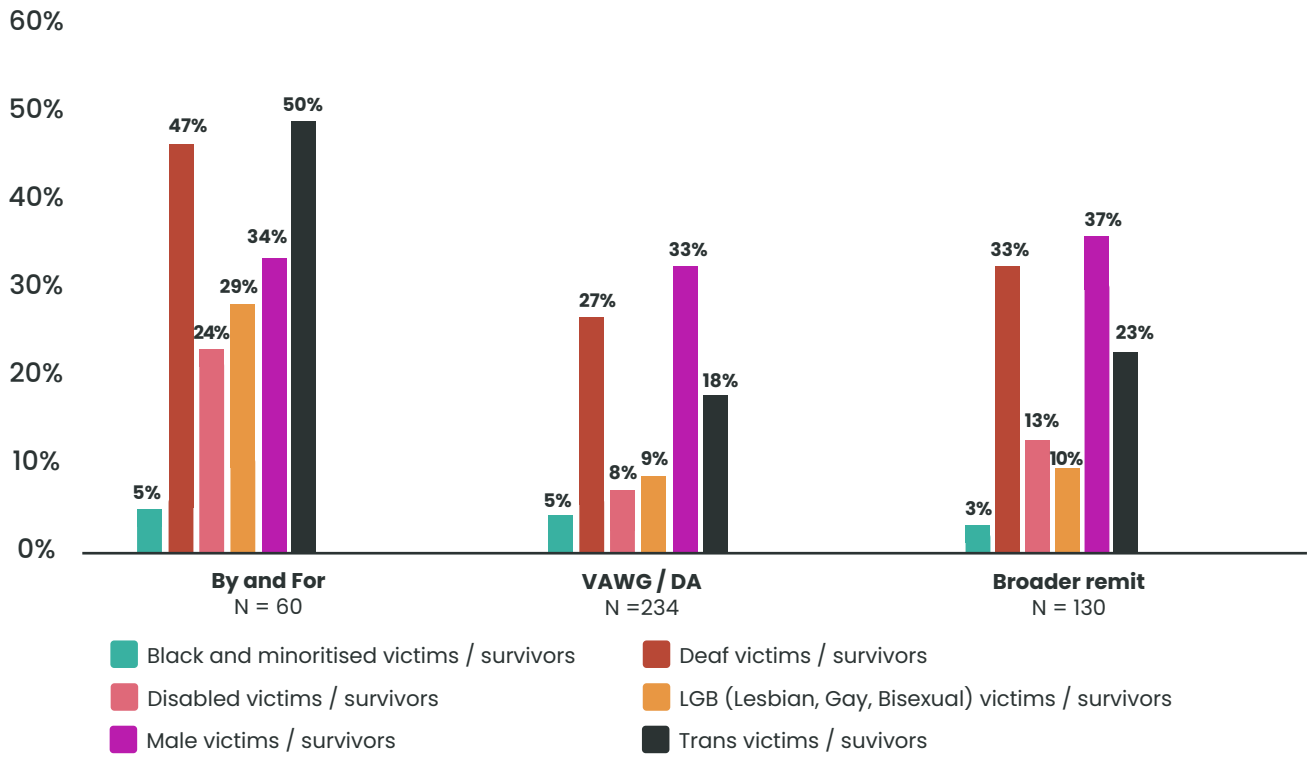
6.2.1. Partnership working between specialist services

Across Community-Based Services, it appears that 'by and for' services formed partnerships with other specialist domestic abuse organisations. We asked organisations to say how they would respond to a referral from a victim or survivor from different demographic groups, as well as with different forms of multiple disadvantage. The options provided for response were 'would be accepted, and a full service provided', 'would be formally referred onto another service', 'would be signposted to another service' or 'would depend on clinical need'.

Interestingly, 'by and for' organisations were more likely than others to say that they would formally refer a survivor onto another more appropriate service. As experts in providing bespoke support, they appeared to recognise the limitations of their support and recognised the need for very specialist support to be provided by an alternative provider – and across almost all groups were more likely to say that they would 'refer onto a more specialist service'. Equally, 'by and for' organisations may be better able to identify additional needs of victims and survivors experiencing multiple disadvantage.

This also indicates a greater degree of partnership working amongst 'by and for' organisations with local services in their area that offer other types of specialist support to different communities and by the needs of victims and survivors.

Figure 19: Percentage of referrals into community based services from different demographic groups that would be formally referred onto another service



6.4 How are by and for services funded?

'By and for' services are disproportionately under-funded, across all geographical areas and across all types of intervention. They are more likely to have a smaller annual income than other types of organisation, and to receive less funding from local commissioners (even where they do receive statutory funding).

They were 6 times more likely to receive no statutory funding compared to a specialist domestic abuse/VAWG organisation, as set out in Figure 21, and, even when they did receive funding, were far more likely to be in receipt of very small grants.

Figure 10 in Section 3 'Funding' demonstrates the considerable differences between by and for organisations and other types of services who receive statutory funding as their main source of income, with 58% of 'by and for' organisations receiving statutory funding as their main source compared to 81% of specialist domestic abuse or VAWG organisations, or 86% of organisations with a broader remit.

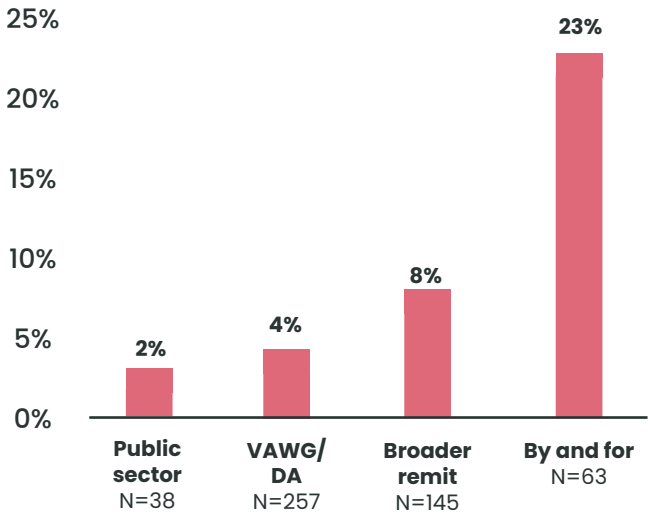
As discussed in Section 3.1, where Figure 4 presented the main sources of funding for different types of organisations, 'by and for' services rely on alternative sources of funding, such as charitable trusts. This contrasts with specialist domestic abuse or VAWG organisations, or organisations with a broader remit, who are more likely to receive funding from Local Authorities or PCCs.

Of those 'by and for' organisations who *did* receive statutory funding as their main source, they were slightly more likely to be funded by Local Authorities than other statutory funders (47% received their main source from a Local Authority compared to 40% who received their main source from a PCC). 'By and for' organisations were also much more likely than other organisations to receive a central government grant as their main source of funding. Specialist domestic abuse and VAWG organisations, were also much more likely to receive funding from a Local Authority than another type of statutory funder, where statutory funders were their main source of income (70% received their main source from a Local Authority compared to 30% from a PCC).

From what local commissioners told us, 'by and for' organisations were also more likely to be in receipt of much smaller amounts of funding from commissioners than other types of organisations, as set out in Figure 10 in Section 3.

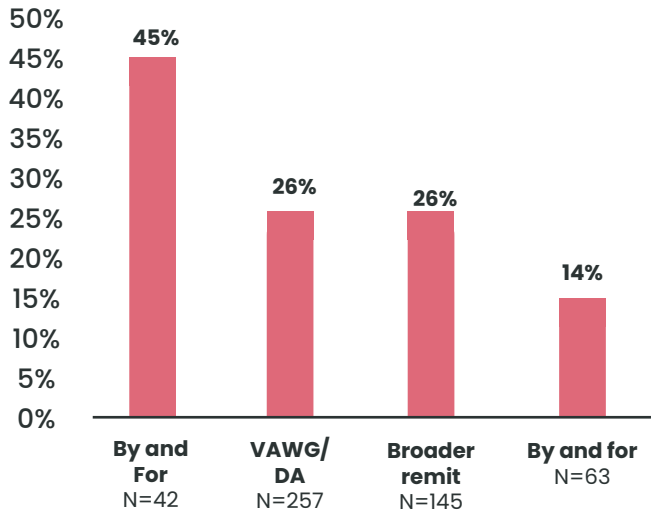
'By and for' organisations were also six times more likely to receive no statutory funding whatsoever than specialist domestic abuse / VAWG organisations (Figure 20).

Figure 20: Percentage of organisations reporting that they received no statutory funding, according to organisation type



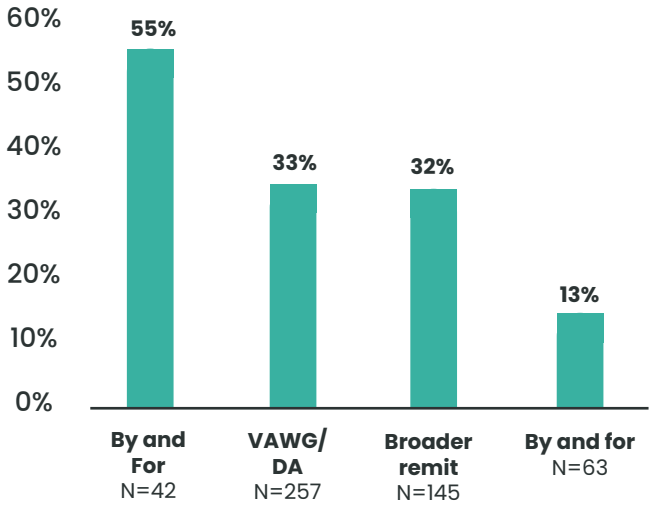
'By and for' services were additionally far more likely to be delivering support without any dedicated funding for that service – with over 20 percentage points between 'by and for' organisations and specialist VAWG/ DA organisations or organisations with a broader remit (Figure 21).

Figure 21: Percentage of services reporting that they delivered domestic abuse support services without any dedicated funding, by organisation type



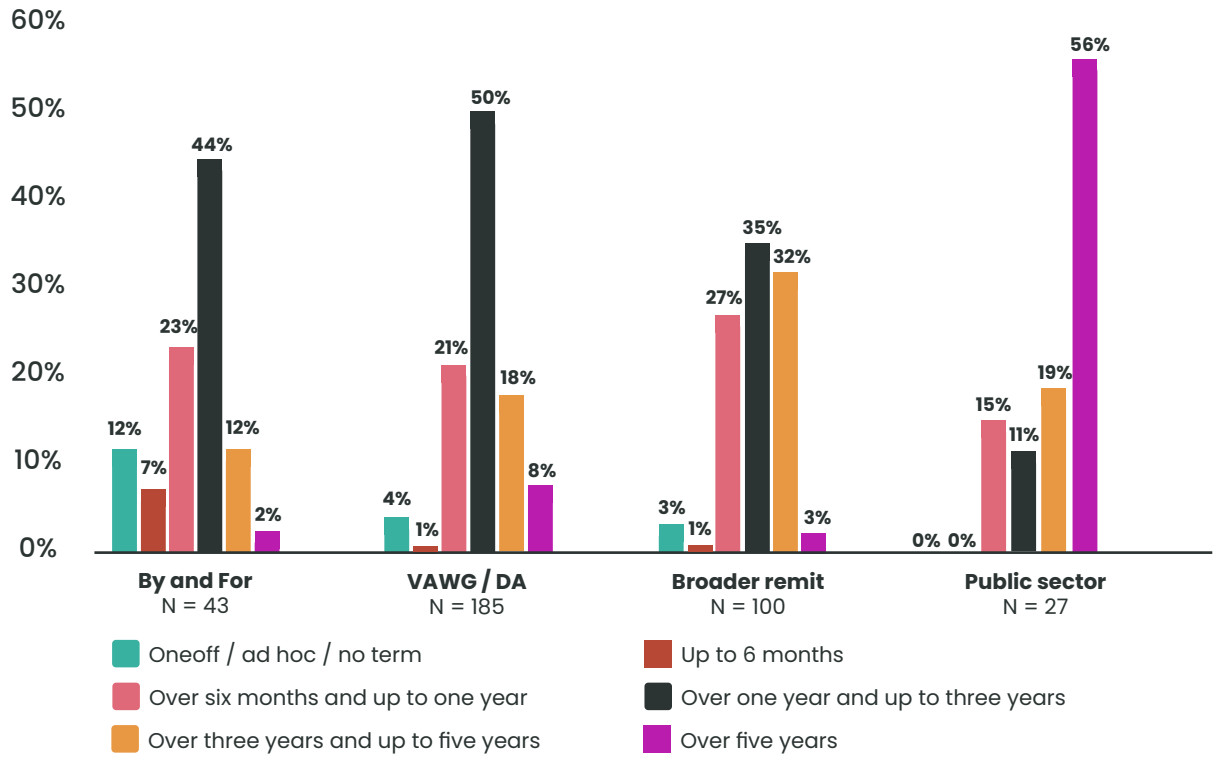
Unsurprisingly, this meant that 'by and for' services were much more likely to have had to cease services due to lack of funding; with nearly 20 percentage points between 'by and for' services and specialist VAWG/DA services (Figure 22).

Figure 22: Percentage of organisations that had to cease services due to lack of funding during the financial year ending March 2021



'By and for' services were more likely to have shorter funding periods than other types of organisations. Figure 23 presents the differences in length of funding of main funding source by organisation type, showing 'by and for' services more likely than other types of organisations to rely on one-off or short-term funding.

Figure 23: Length of funding for main source of income, by type of organisation



There are also some differences depending on whether the services are accommodation-based or community-based. For accommodation-based services, 64% of services housed in 'by and for' organisations received their main source of funding from a statutory funder; in contrast to 85% for VAWG/DA organisations and 94% for organisations with a broader remit.

For community-based services, 'by and for' organisations were even less likely to receive their main source of funding from a statutory funder, with 46% receiving their main funding source this way compared to 73% of domestic abuse/VAWG organisations or 74% of organisations with a broader remit.

7. How do victims and survivors access support?

7.1 How easy was it to access support?

Overall, victims and survivors found considerable challenges in accessing support, and ease of access was a real issue. Just over a third (35%) of respondents told us that they found accessing help 'easy or very easy'.[28] This is likely to be a considerable over-estimation, given victims and survivors who found it hardest to access services and faced the greatest barriers are also likely to have also faced the greatest barriers in taking part in our survey, so their views may not be reflected in this statistic.

Nonetheless, our survey was able to reach a sizable proportion of people who told us that they had not accessed any support (over 1,500 victims and survivors) and compare their responses with those who had told us that they had (over 2,000 victims and survivors). Of those who responded to the survey, 57% of respondents had got help, or were currently getting help from a domestic abuse service. 20% had considered getting help but had decided not to or weren't sure where to start, and 18% had tried to get help but didn't get any and had stopped trying. 4% of respondents were in the process of trying to get help from a domestic abuse service at the point that they completed our survey.

This should not be taken as an indication of the overall proportion of victims and survivors who want help and are able to access it, as many victims and survivors found out about our survey through support organisations they were accessing. It does, however, give us an important insight into the differences between people who had accessed help (57%) and those who hadn't (43%), and what the barriers might be.[29]

7.1.1 Country and regional differences

There were differences between geographical areas in how easy or difficult victims and survivors found it to access services (Table 22). Victims and survivors in Yorkshire and Humber found it relatively easier to access support compared to other area within England and Wales (51% found it easy or very easy).

28 Note this is slightly different to the figure reported in our 'Early Findings' briefing note; this is due to additional data cleaning and the inclusion of respondents who told us that accessing help was 'neither easy nor difficult'.

29 It was not possible to break this down accurately by protected characteristic due to the nature of the survey sample. Minoritised victims and survivors who face the greatest barriers to accessing services will also face the greatest barriers to finding, and completing, the online survey developed by the DAC. Therefore, a higher proportion of minoritised victims and survivors were only able to access the survey through support from a domestic abuse organisation – they were less likely than victims and survivors without protected characteristics to have found the survey without this support.

Table 22: Ease of accessing services, according to geographical area

	Very easy or easy	Very easy or easy	Neither easy nor difficult	Neither easy nor difficult	Very or quite difficult	Very or quite difficult
Geographical area	No. people	% people	No. people	% people	No. people	% people
North West	87	34%	34	13%	135	53%
North East	36	38%	15	16%	44	46%
Yorkshire and Humber	105	51%	24	12%	79	38%
West Midlands	64	34%	30	16%	96	51%
East Midlands	44	33%	15	11%	73	55%
East of England	66	29%	37	16%	124	55%
London	78	32%	45	18%	123	50%
South East	122	34%	48	13%	187	52%
South West	78	38%	22	11%	108	52%
Wales	43	34%	17	14%	65	52%
Total	723	35%	287	14%	1034	51%

7.1.2 Demographic differences

Minoritised communities

There were also key demographic differences in victims and survivors' ability to access help, and how easy or difficult they found it to find the support they needed. While many barriers to accessing support are shared across communities, some factors are exacerbated by specific protected characteristics or additional need.

Our focus groups emphasised how victims and survivors from minoritised communities, or who were experiencing multiple forms of disadvantage, found it particularly difficult to access the support they needed. Victims and survivors told us about how difficulty in accessing support made it much harder to leave abusive partners, and that this caused additional harm to victims and survivors' physical and mental health, social networks, and income, thus further undermining their ability to escape and rebuild their lives.

Black and minoritised victims and survivors told us about poor experiences in seeking help before they were able to access 'by and for' services, saying the process could be abusive and sometimes racist. There were also cultural barriers, and concerns about approaching statutory agencies for help or guidance given institutional racism and discrimination.

Migrant victims and survivors in particular face considerable barriers to accessing support. This is explored in more detail in our *Safety Before Status* report but is evidenced again through this research.[30] Barriers included isolation from family and friends, less awareness of their rights, less financial independence and cultural and language barriers. The impact of immigration abuse was also profound – with perpetrators using their immigration status as a tool for control, threatening that they could be subject to immigration control if they disclosed abuse to statutory services. There was also concern

30 Safety-Before-Status-Report-2021.pdf (domesticabusecommissioner.uk)

and distrust with statutory services in the absence of a firewall and immigration enforcement.

Victims and survivors told us about being inappropriately turned away by Local Authorities or immediately asked about their immigration status, before receiving information, advice or support. There was strong evidence of some services appearing to focus on immigration status over safety, with victims and survivors describing situations where legal advice, accommodation, charitable help, health services, social support, benefits and refuge were all denied due to their immigration status.

Disabled people reported finding accessing support very difficult – and this was particularly marked for people with learning disabilities. Victims and survivors with learning disabilities told us that it was often harder to recognise what was happening to them as domestic abuse, and that even where they did recognise this, they struggled to disclose the abuse. It was difficult to know how to report it, know where to get information or advice, or understand that they could contact the police. Professional responses to disclosures by victims with learning disabilities were often inappropriate, making unsuitable referrals or assuming a survivor's communication needs meant that they could not be referred to domestic abuse services. There were also considerable issues in victims and survivors with learning disabilities not being believed by statutory agencies, where the perpetrator was able to exploit their partner's disabilities to manipulate professionals. One survivor told us *'When I was attacked…mum phoned up social services and said 'Oh this is what's happened'. They said to my Mum 'Is she telling the truth?' Mum said 'Yes! Why would she make that up?'*

LGBT+ people also described their difficulties in accessing support, and responses from services not always meeting their needs. Overall, 26% LGBT+ people found it very or quite easy to access support, in comparison to 37% of heterosexual/straight people.

Other demographic differences in ease of accessing support

Men highlighted that there appeared to be no services for them in their area, or expressed the belief that while there were services for women, they weren't able to find any for men. Eighty-two percent of men told us that accessing help was 'quite or very difficult', compared to 43% of women and 73% of non-binary people. From looking at additional information provided by male victims, 13% said that male services were lacking or discriminatory. One told us *'male domestic and emotional abuse is not represented where I live'.* Even where services may be commissioned to provide support for male victims in a local area, this is unclear to male victims and survivors. Given that 75% of service providers who responded to our survey told us that they had some provision that is available to male victims, it is concerning that male victims consistently talked about how services were not open to them, and that there were no male services in their area.[31] Many male victims and survivors said that what stopped them getting help from domestic abuse services was that male services were discriminatory or lacking.

Another survivor told us *'I was unable to find male-only services and was provided with no help when I spoke to female-only services asking for advice. One person even apologised and said they realised I needed support but knew of nowhere that provided it.'* And another that services for men were more commonly established to support male perpetrators to change their behaviour, saying '*There is little support available to men. All services looked at me as a perpetrator.'*

Age was also a factor in how easy or difficult it was for victims and survivors to seek help, although less marked, with 56% of 46-55 year olds, and 55% of over 56s reporting that

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it was 'quite or very difficult' to access help, compared to 44% of 26-35 year olds.

Our focus group with older people also highlighted the particular barriers to accessing help for older people, where older victims and survivors may be more socially isolated due to diminishing support networks, increased physical and/or mental health problems, and constant proximity to their abuser after retirement. They also reported that older victims and survivors had less access to information that was only available online, that they experienced difficulties using the telephone due to age related hearing loss, and could find services unsettling (particularly accommodation-based services) when surrounded by much younger people. *'They were all pretty young girls with young kids and I'd walked out of my home where…everything belonged to me.'*

7.2 Who did victims and survivors first tell about domestic abuse?

When we asked victims and survivors who they told first about the domestic abuse they experienced, the highest response was health (44%), followed by police (17%) (Table 23). [32] Professions that survivors told first did vary according to demographic factors as illustrated in Figure 24 which compares sex/gender and Figure 25, which compares ethnicity.

Table 23: Professions and organisation that survivors of domestic abuse said that they told first (N=2019)

	Percentage of people who told this professional first N= 2019
Health	44%
Police	43%
Legal	16%
Social services	16%
DA support worker	15%
Helpline	12%
Work	11%
Academic	7%
Council Housing	4%
Housing association	3%
Other support services	2%
Don't know	1%
Religious leader	3%
Jobcentre	2.%
Local shops	1%

32 Note that the percentages do not add up to 100 – this is because survivors, while asked who they spoke to 'first', were given a multi-choice option to reflect where they may have told two services at the same time.

Figure 24: Professions and organisations that survivors of domestic abuse said that they told first, according to survivor's sex/gender

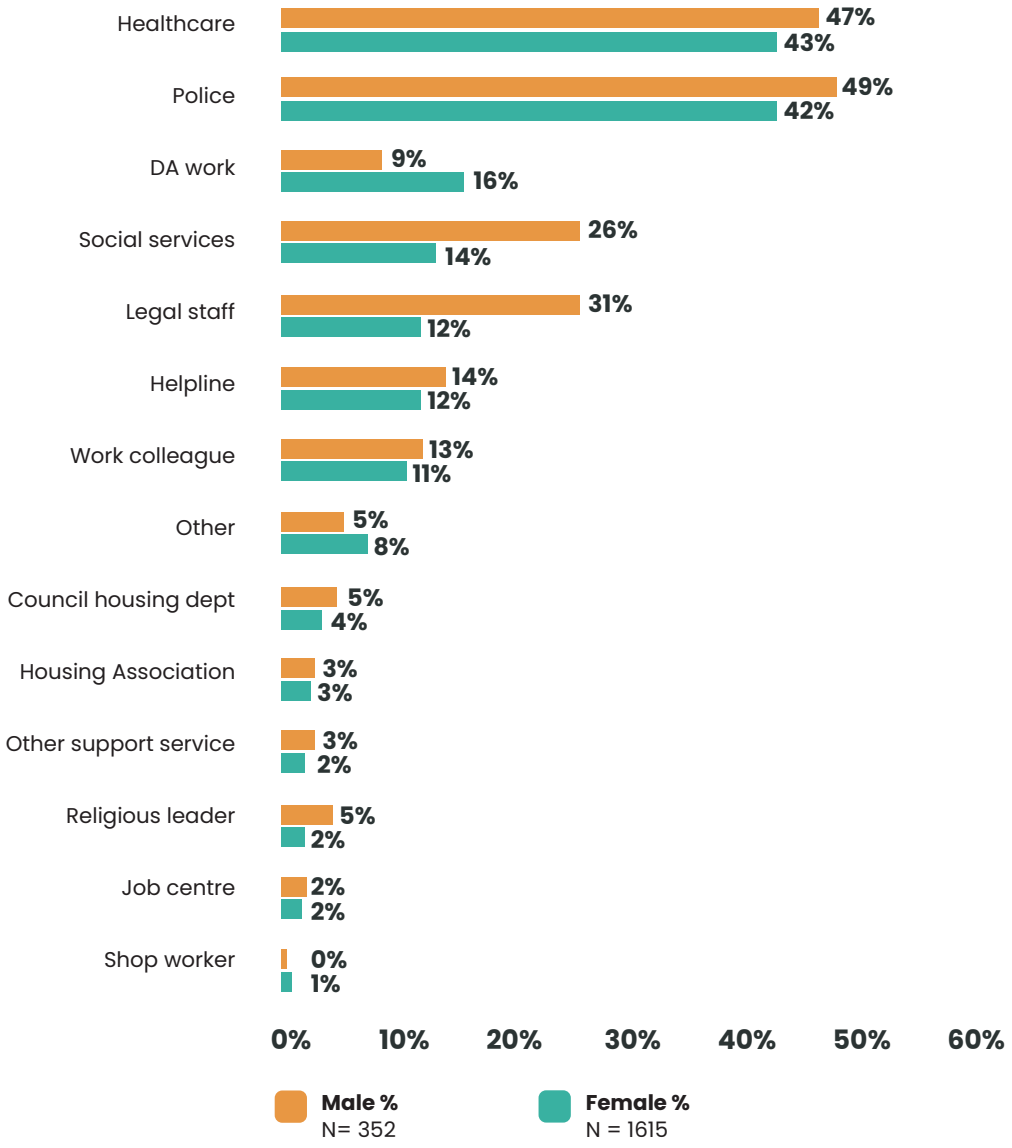
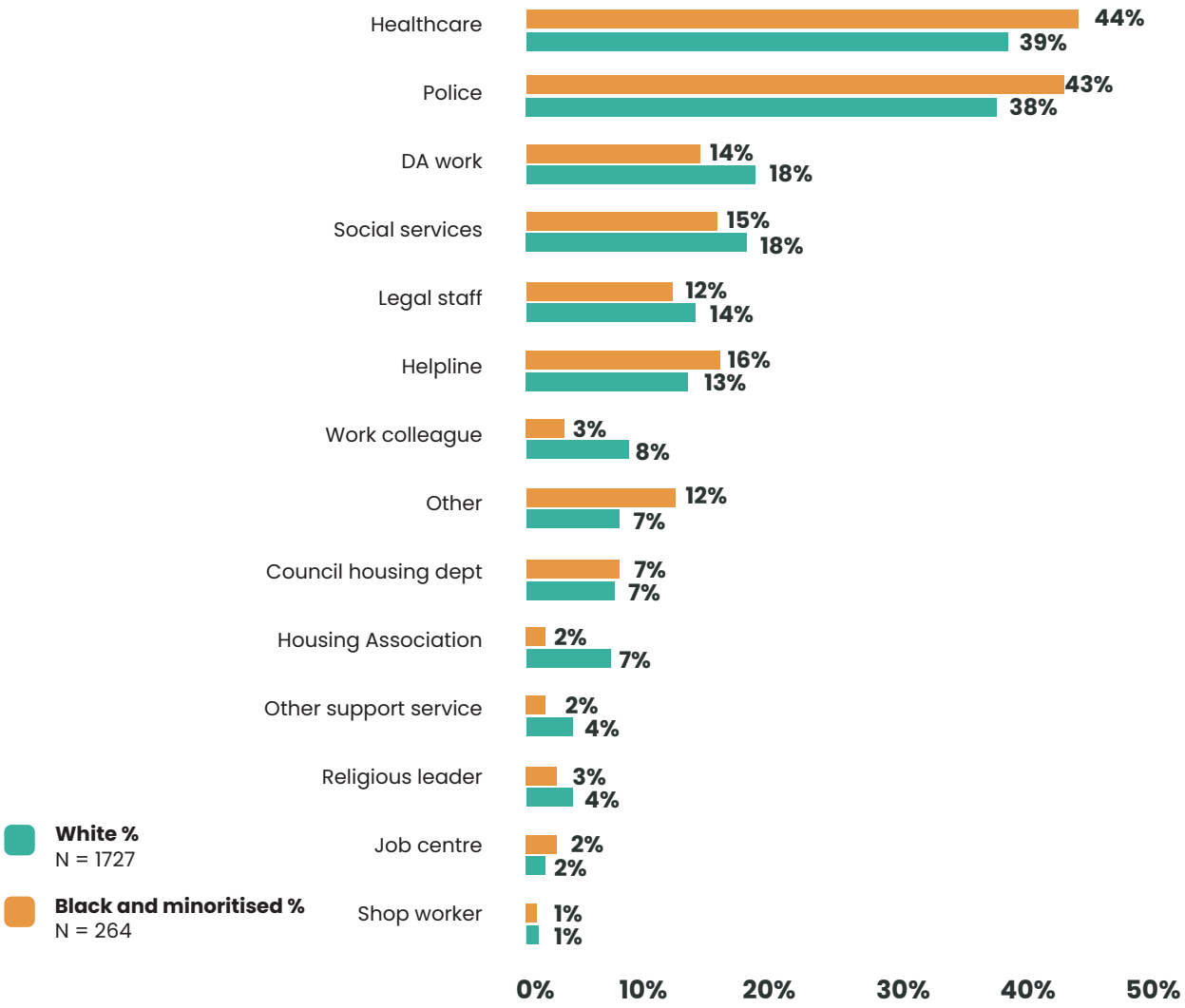


Figure 25: Professions and organisations that survivors of domestic abuse said that they told first, according to ethnicity



7.4 Challenges in accessing support

'I had to wait twelve months for counselling. The support is ava

This section reflects qualitative data collected through analysing open-text responses to our survivor survey. Of those who provided additional information when responding to questions about how easy or difficult accessing help was, over three-quarters (78%) of respondents told us that accessing help was challenging or they had some kind of difficulty in doing so – even if they then went on to have a more positive experience of services[33].

Capacity within specialist services is clearly a major issue. Victims and survivors and service providers alike told us consistently that they struggle to meet demand, and we know that in almost every type of support provided the majority of victims and survivors were unable to get the help that they wanted. This was particularly acute for victims and survivors who wanted to access specialist 'by and for' support. Victims and survivors told us about *'I couldn't get through to a lot of services,'* and *'I didn't know where to start and when I left messages or emailed nobody got back to me.' 'Nobody calls you back. They say they will, but it took almost two months before they did.'* Nine per cent

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of respondents specifically told us that there was a long wait to access support.

'There aren't the resources. I had an IDVA until a couple of years ago but they were shut down and I was directed where to go from there. Since then I've only been able to use the domestic violence helpline and quite often there isn't someone there to talk to you.'

Other difficulties included concerns that abuse wouldn't be understood or taken seriously, that male services were lacking or were discriminatory, or that there was poor support from police, social services or courts, which affected their ability to access support.

There were also concerns over not being able to get support, or being judged, if they returned to the perpetrator. But victims and survivors did tell us that specialist services are supportive and understand the dynamics of domestic abuse:

"People said to me previously, 'You went back [to him], they won't help you again'. I beg to differ because every time I was in despair, they'd say, 'Come into [city], come and talk to us', and I'd sit there crying buckets and I kept going back and he was playing tricks, it never went away. And they openly said, 'Any time you want to talk, come in'. So, I would drive into [city], I'd sit there telling my story, but when I required them the second time, they were there for me." (Older survivor)

7.5 Good practice and overcoming barriers to support

7.5.1 Raising awareness of domestic abuse

'I didn't know what to search for as I was still struggling to name what was happening.'

'It was too overwhelming and my mental health was awful. I couldn't cope with it.'

Continued, proactive outreach and support is needed in order to enable victims and survivors to access help. Some victims and survivors reported that they were too scared, too traumatised, too busy with work and/or children or suffering from poor mental or physical health, which prevented them from having the energy to seek help. Some respondents said that they that they didn't trust the system. There were also considerable risks to victims and survivors if abusive partners discovered that they had been seeking help, particularly where a perpetrator was able to monitor or limit internet or telephone use. The fear of repercussions stopped survivors from getting help. *'It was hard as I had so little headspace to manage my situation and safety.' 'The only issue was to search without him looking' 'I was convinced my partner would find out and that I would be punished'*

7.5.2 Outreach and the Coordinated Community Response (CCR)

Returning to the quantitative results from the survivor survey, the highest proportion (33%) of victims and survivors found out about support from their own research (Table 24). However, this still represents a minority of victims and survivors, and it should not be beholden on victims and survivors to have

to seek out and find their own support. After their own research, victims and survivors were next most likely to have heard about support from the police (28%) and then healthcare services (19%). Friends and family also played a key role – with 17% first hearing about domestic abuse services this way.

Table 24: Where victims and survivors first found out about domestic abuse services

Where did you first find out about domestic abuse services?	%
Own research	33%
Police	28%
Health	19%
Friend/Family	17%
Social services	11%
Helpline	8%
Prefer Not To Say	7%
Work	6%
Did not hear	6%
Legal	6%
DA service contacted me	5%
Other support service	5%
Education	4%
Community	4%
Other support service	2%
Council Housing department	2%
Don't know	2%
Housing association	1%
Job centre	1%
Local shops	0.5%

Many victims and survivors told us of the difficulties they had in seeking help and navigating complex systems while subject to ongoing trauma. Given their experience of domestic abuse, some victims and survivors struggled to apprehend the daunting task of accessing what felt like a complex and challenging system. Repeating – and reliving – trauma to services was also a considerable barrier, particularly where multiple services or agencies needed to be involved.[34] One survivor told us *'how are you supposed to know what to do when you're experiencing all of this for the first time.'*

This underlines the importance of professionals 'reaching in' and professional curiosity. Some victims and survivors were only able to understand what services were available when told proactively by professionals *'I didn't know where to look or how to access it. It was only when I mentioned the abuse to my son's health visitor that I was made aware of the services available.'*

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'I was so traumatised that I didn't even know how to ask for help'.

It is important to recognise the number of victims and survivors who struggled to recognise or articulate the abuse that they were subject to, which added to the difficulties in accessing help. *'Firstly, I didn't realise this support is what I needed. And secondly I didn't know these services existed or what they offered.' 'I had difficulty accepting what had happened to me.'* Awareness of what constitutes domestic abuse was critical, including addressing the stereotypes about what a victim or survivor might look like. *'I felt that what was happening to me was love and I only realised I needed help much too late.'* There was also shame and stigma around experiences of abuse *'I am a high-flying professional. I was embarrassed to be a victim.'* One survivor told us *'I wasn't aware that coercive control was a form of domestic abuse until I saw a video from Women's Aid and realised what was happening'.* Difficulties in acknowledging or recognising domestic abuse was particularly acute for victims and survivors with learning disabilities, many of whom told us that it was easier for their abuser to isolate them from friends and family, and that they had rarely been told what domestic abuse was until it was too late. Some victims and survivors told us they were too scared or ashamed to get help, others that they didn't think it was bad enough, or that they didn't know they were being abused or were in denial. Others told us that they just didn't know where to start.

7.5.3. Identification, referral, and signposting: the critical role of the CCR

'It was an unknown unknown. I didn't know help was out there, so I didn't go looking for it.'

'Because I'm eloquent agencies thought I didn't need help and support and that I could negotiate with my abuser.'

The Coordinated Community Response (CCR) is critical in ensuring that domestic abuse is identified so that victims and survivors can receive the support they need. An effective CCR will not only mean that statutory services (as well as private organisations such as banks, retail or employers) will be able to provide a more trauma-informed and sensitive response to domestic abuse, but will enable victims and survivors to access the specialist support they need from domestic abuse services through referrals and signposting.

As set out in Section 7.2, victims and survivors were mostly likely to first tell a healthcare agency about the abuse they experienced, before other statutory agencies.

Health care services in particular played a critical role. We heard from victims and survivors who spoke of positive experiences with healthcare professionals, and the opportunities that appointments provided to disclose abuse and for referrals to be made to the right services. Conversely, we also heard from many victims and survivors about a poor response from healthcare professionals, with these crucial opportunities to intervene missed.

Examples of health service workers being proactive included:

- telephoning a survivor after an appointment because they were concerned.
- asking the survivor if they knew what 'gaslighting' was after hearing what was happening.
- recognising that the presenting mental health problems stemmed from domestic abuse.

One survivor told us

'I was signposted by a mental health counsellor when she

realised I wasn't suffering from a mental health issue but instead was in an ongoing trauma scenario.'

However, this does not appear to be a common experience among victims and survivors. GPs and social workers were particularly flagged as not recognising the signs of abuse nor addressing concerns and signposting to relevant services.[35] Victims and survivors told us that across statutory agencies, professionals were unaware of the services that were available in their area. One survivor told us:

'Nobody told me about the services out there. Social services just ignored it and wouldn't let me talk to a professional with training in that area'. Another said that 'No one seems to know anything. I went back later and told my GP about all the services I had accessed so that they could help other women in my position.'

There was clearly an issue with coordination and siloed working locally, with victims and survivors evidencing how they had been 'bounced around' between different services, and struggled to navigate the complex statutory and non-statutory structures they needed to access.

'Because all the services you need are separate and in different places it's difficult to know where to go. Different services do not work together to offer complete support.' 'There doesn't seem to be local cohesive provision or knowledge sharing of services.'

It is, however, worth noting that good join-up across the system was sometimes possible, and must still be reached for. One survivor told us:

'there was an immediate response and the support has been all joined up' and another that 'I was helped by my midwife who contacted the IDVA and social workers herself and she made sure that they were doing what they were supposed to do. It felt like all the services were working together to support me.'

7.5.4. Poor response from statutory services and the role of independent domestic abuse services

'Victims are constantly being let down. I have been trying to tell the police that my children and I are at risk and they are not taking us seriously.'

While we did not specifically ask victims and survivors about their experiences with statutory services, we nonetheless heard from a significant number of respondents that their difficulties in accessing support were down to poor responses from statutory services. In particular, social services, the police and the legal profession were singled out as agencies that didn't appear to

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understand domestic abuse or take it seriously, and some felt that they'd been disbelieved. Some mentioned a lack of understanding of controlling and coercive behaviour and other non-physical signs of domestic abuse, as well as lack of understanding of wider familial abuse (such as child and adolescent to parent violence).

'Mental health teams caused huge distress and damage to me, telling me my fear of my abuser was irrational'

'I don't think organisations take coercive control seriously. If it's not physical violence they don't get it.'

Some said that their case wasn't taken seriously, and that they didn't expect to be believed.

'Safeguarding training needs drastic improvement in all service areas, including police, education and health.'

'Police need more training on dealing with domestic abuse in same-sex relationships'. [36]

Victims and survivors highlighted within their written comments their dissatisfaction with social services, and their dissatisfaction with the Family Court.[37] One hundred and forty-six expressed dissatisfaction with the police (although 20 expressed positive experiences), and 83 said that there needed to be greater awareness of other forms of abuse beyond physical violence across agencies.

7.5.5. Independence and trust

Confidentiality and independence of a service was of critical importance to victims and survivors. There were particular concerns from victims and survivors around the sharing of information with social services and the Family Court, with victims and survivors fearing that their children would be removed if they sought help for domestic abuse.

'Help was difficult. I absolutely needed it to be confidential and this confidentiality was breached over and over again.'

'Many times you can't get help due to the fact that the abuser uses the help against you in situations such as Family Court. This abuse in Family Court leads to being too scared to access police, social services, or even your GP for help.'

Twenty-seven respondents raised privacy concerns, and 15 that it 'could be used against me in court:

'I was scared it would be used against me and that I would lose my children.' 'I was worried about seeking help due to ex-partner using my mental health as a way to further control my life through Family Court.'

As set out already, this was particularly important for victims and survivors from minoritised communities, subject to structural inequality and discrimination from services historically. The independence from statutory agencies inherent in 'by and for' services represents a major mechanism for building trust.

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37 We were unable to disaggregate between adult social care and children's social care, and further research would be needed to understand what differences are seen.

Recommendations and next steps

8.1. Policy recommendations

1. Additional funding is needed to meet demand

The support offered by specialist domestic abuse services is critical to help victims and survivors to cope and to recover from abuse. And yet, services are struggling to meet demand, with fewer than half of victims and survivors able to access the support they needed, and just 35% saying that accessing support was easy or very easy. The gap in funding for much-needed specialist support must be addressed, and urgently.

Recommendation 1: The Ministry of Justice should introduce a duty on local commissioners to collaborate in the commissioning of specialist domestic abuse services, conduct joint strategic needs assessments, and this duty should be accompanied by a new duty on central government to provide funding to adequately meet this need. This should make use of the opportunity afforded by the upcoming Victims' Bill, or if not, identify a future legislative vehicle for such a duty. It will be particularly critical that needs identified locally include the needs of children and of migrant victims and survivors, including those with no recourse to public funds.

Recommendation 2: Given the limitations of existing evidence, the Government, including His Majesty's Treasury, should develop the evidence and data necessary to enable a cost-benefit analysis of providing support to victims and survivors of domestic abuse, including children. This should estimate the cost of providing support to all victims and survivors who need it, and what the benefits of doing so would bring to society.

Recommendation 3: The Ministry of Justice and the Department of Health, working closely with the specialist domestic abuse sector and relevant professional bodies, should develop plans to address the paucity of specialist counselling and therapeutic support available to victims and survivors, including children.

Recommendation 4: *The Department for Levelling Up, Housing and Communities should include the impact on community-based services in their evaluation of Part 4 of the Domestic Abuse Act.* This will be crucial in understanding whether there have been any adverse or unintended consequences of introducing a statutory duty to commission accommodation-based services. Namely, this evaluation should test whether local commissioners have redirected funding from community-based services to accommodation in order to meet the new legal duty.

Recommendation 5: The Department for Education, with the Home Office and Ministry of Justice, should take steps to address the lack of specialist support available for children affected by domestic abuse. They should work closely with the specialist domestic abuse, VAWG and 'by and for' sectors, as well as the children's sector, to ensure funding is available to meet the needs of children affected by domestic abuse. Evaluations of interventions already funded through the 'Children Affected by Domestic Abuse Fund' should be incorporated into this work, and consideration should be given to how specialist support for children can be mainstreamed into local and national commissioning of services. We see no clear rationale why children's services warrant a national funding pot; children are equally

likely to be affected by domestic abuse in every part of England and Wales, and so support for children should be a natural part of commissioning services in every locality.

***Recommendation 6*:** The Ministry of Justice should play a stronger role in monitoring the demand on services nationally, in order to assess the success of the Victims Funding Strategy and the Domestic Abuse Plan. The Victims Funding Strategy commits to a vision where 'the right support should be available to all victims of crime, when they need it', and the Domestic Abuse Plan to 'help all victims and survivors who have escaped from domestic abuse feel that they can get back to life as normal, with support for their health, emotional, economic and social needs.' It will be critical for the Government to understand whether this commitment is being delivered by understanding provision of services on the ground, and monitoring demand. We welcome work done across Government and locally to raise awareness of domestic abuse and encourage victims and survivors to come forward to seek help; it is critical that support is available when they do so. However, without robust monitoring of capacity and demand locally, Government will be unable to know if they have delivered on their commitment to enable victims and survivors to have their support needs met.

***Recommendation 7*:** Funding for behaviour-change interventions for perpetrators of domestic abuse should be scaled up. Funding should be directed towards robustly evaluated, evidence-based and quality-assured interventions, considering the needs of victims and survivors at every stage. The lack of support available for perpetrators to change their behaviour was a particular gap identified from our mapping. While around half of victims and survivors wanted their perpetrator to have access to this kind of intervention, only 7% of those who wanted it were able to access it, demonstrating the considerable lack of provision across England and Wales. However, more work is also needed to understand whether this was just about capacity; perpetrators' refusal to engage with such services may have also been a factor, which should be investigated further.

***Recommendation 8*:** In line with the commitment made in the Domestic Abuse Plan, the Government should set out how they will use the results of this mapping exercise to identify gaps and better target funding to local services. In particular, Government should consider the lack of support for victims and survivors in the Family and Criminal Court, and in the provision of advice and support in relation to money or debt. The Domestic Abuse Plan commits to making use of the Commissioner's mapping work to address the troubling 'postcode lottery' when it comes to the availability of support services. In line with this commitment, we would like to see a clear response to how existing funding pots will be targeted to address the gaps identified here.

2. National government should play a larger role in funding specialist 'by and for' services

The evidence is clear that specialist 'by and for' services are better placed to support victims and survivors from minoritised communities, and to meet their intersecting needs. Victims and survivors from these communities face structural barriers to finding or accessing support, and services delivered from outside their community may fail to understand the complexity of the abuse they've experienced, or lack the trust needed for victims and survivors to disclose fully. At worst, support delivered without a strong understanding of their intersectional identities and needs can make victims and survivors feel disbelieved, minimised, and worse than if they'd not accessed services at all.

At the same time, we know that 'by and for' services are disproportionately underfunded, and have been failed by local commissioning structures. There is a huge paucity of specialist 'by and for' services

outside of (in particular) London and the South East of England, but outside of large metropolitan areas more generally. 'By and for' services were six times less likely to receive statutory funding than specialist domestic abuse/VAWG organisations and nearly twice as likely to have had to cease services due to lack of funding.

This compounds the marginalisation faced by victims and survivors: not only do they face additional barriers to accessing support, but the very support that is most needed is disproportionately unfunded and lacking in capacity.

Recommendation 9: The Ministry of Justice, with the Home Office and Department for Levelling Up, Housing and Communities, should establish a £263m fund over 3 years to support specialist 'by and for' services.38 This should include a long-term programme of capacity building, to improve the provision and geographical spread of specialist 'by and for' services across England and Wales, and allow these specialist sectors to grow sustainably.

Recommendation 10: The Home Office, coordinating across Government (particularly with the Department for Education, Department for Levelling Up, Housing and Communities, Ministry of Justice, and Department for Work and Pensions) should develop a strategy for improving the understanding of the intersectional needs of victims and survivors for frontline public sector staff. This should cover the specific needs of victims and survivors with protected characteristics and multiple disadvantage, and should be developed in partnership with specialist 'by and for' organisations. Priority should be given to professionals most likely to interact with victims and survivors, and outcomes of any strategy should be monitored closely, including through monitoring the protected characteristics of victims and survivors identified by statutory agencies and referred onto specialist services or bodies such as MARAC.

Recommendation 11: The Ministry of Justice and the Home Office should jointly fund a specific programme of capacity building to help build partnerships between non-by and for services and specialist by and for services locally. This should include monitoring of how referrals are made between services, and the distribution of funding from local commissioners. It should work to enable non-by and for services to better identify and understand the intersectional needs of victims and survivors with protected characteristics, or who face multiple disadvantage, and to understand the best 'by and for' organisation for them to seek support.

3. More is needed to support victims and survivors facing multiple disadvantage

Recommendation 12: The Department for Levelling Up, Housing and Communities should conduct a needs analysis of the provision of accommodation-based services for victims and survivors with multiple disadvantage. This should then be used to establish a funded programme of capacity and capability building, making use of examples of best practice already in place. This needs analysis should make use of the findings from this research, from their own evaluation of Part 4 of the Domestic Abuse Act, and work closely with the specialist domestic abuse sector.

Recommendation 13: The Ministry of Justice should conduct a needs assessment of support available to victims and survivors with a history of offending, and take steps to address the lack of support available to this group of victims and survivors. This will strengthen commitments already made in the Female Offender Strategy and link up with work to coordinate and build capacity within Women's Centres, as well as provision already delivered within the prison estate.

Recommendation 14: The Home Office should encourage Serious Violence

38 Detailed breakdown of costs are included in the Domestic Abuse Commissioner's Spending Review Submission in November 2021

Prevention Duty holders to ensure that domestic abuse is included within work to address a range of high-risk factors in the involvement of public space serious violence. This should be alongside a recognition that domestic abuse is, in and of itself, a form of serious violence, as defined by the Policing, Crime, Sentencing and Courts Act 2022.

4. Local commissioners should fund services to deliver the full range of work that is needed, including to proactively market their services

Recommendation 15: Commissioners should fund services using a model of full cost-recovery, including access to interpreters, communications support and clinical supervision. Any statutory or non-statutory guidance issued by Government should reflect this expectation. Too often, we heard from services about lack of funding available for these critical elements of service delivery, with services having to find funding for interpreters or communications support from within their own budgets when it was needed, or lacking access to these services entirely. We also heard from services about the lack of funding for clinical supervision for staff – a critical need for services suffering from over-work and burn-out, particularly given relatively low pay, high-risk work and huge demands placed on services during the Covid-19 pandemic.

Recommendation 16: Commissioners should ensure services are funded to proactively raise awareness of their services and conduct outreach. Local commissioner websites should also be clear about what services are available in their area, and to whom.

6. Services available to men should be clear that men can access them

A clear finding from our research was the disconnect between services that were available to men, and men who responded to our survey who found it difficult to find support they could access.

Recommendation 17: Local commissioners, and commissioned services, should be clear on their websites who can access their services, and provide clarity about whether services are inclusive. Commissioners should also monitor who is accessing the services that they fund, by gender and protected characteristics, and work with a range of local services to ensure clear pathways of support for all victims.

5. Outreach and raising awareness of domestic abuse, and of what support is available, is still needed, particularly for victims and survivors with learning disabilities

There is still much to be done in raising awareness of domestic abuse. While the Covid-19 pandemic brought domestic abuse to the forefront of national consciousness, and considerable work has been done to raise awareness of domestic abuse, more needs to be done. Victims and survivors told us that they often didn't realise that what was happening was abusive, and this was particularly marked for victims and survivors with learning disabilities.

Recommendation 18: The Home Office should consider how national communications campaigns can be linked with local campaigns, including to raise awareness of the availability of services locally.

Recommendation 19: The Home Office and Department for Education, working with the Department for Health and Social Care, should conduct an awareness raising campaign focused on raising awareness of domestic abuse amongst people with learning disabilities. This should be developed and delivered in tandem with people with learning disabilities, and with the specialist 'by and for' sector.

8. Statutory agencies must

improve their identification of, and response to, domestic abuse – to strengthen the Coordinated Community Response

While there were some examples of good practice and close join up between different statutory agencies, we heard too often of statutory agencies failing to identify or understand domestic abuse, and of victims and survivors being moved from pillar to post in their attempts to access the support they needed. Given their experience of trauma, some victims and survivors found navigating this complex system overwhelming, and struggled to access what they needed.

Recommendation 20: The Home Office should work with the Domestic Abuse Commissioner's Office to develop an agreed framework for assessing the training needs of public sector bodies with regards to domestic abuse, and Government Departments should conduct a training needs assessment of priority professions as identified by this mapping report. Priority should be given to professionals most likely to be told about domestic abuse, in particular healthcare staff, social workers, legal or court professionals, and DWP staff. This should incorporate existing work underway within the Domestic Abuse Commissioner's Office to map existing training provision across statutory agencies.

Recommendation 21: Local commissioners should work with statutory agencies and services in their area to develop join-up and seamless pathways of support for victims and survivors with multiple needs, particularly for those facing multiple disadvantage. This should also be closely aligned with work to introduce an ambitious 'duty to collaborate' through the Victims Bill, and the new Serious Violence Prevention Duty.

Recommendation 22: Funding bodies should consider the need for enhanced support through one-to-one caseworkers for victims and survivors who might not meet the threshold for an IDVA, in order to hold cases and coordinate the range of support and services needed by victims and survivors. In particular, the Ministry of Justice should consider this in the context of proposals to formalise the IDVA and ISVA roles through the upcoming Victims' Bill.

7. The healthcare sector must recognise its unique position of trust, and improve professionals' understanding of domestic abuse in order to identify abuse at an earlier stage and support victims and survivors to access specialist support.

We know that victims and survivors interact more with the healthcare system than other statutory agencies, and are more likely to tell a healthcare professional about their abuse before any other statutory agency. Yet, at the same time, we have heard from victims and survivors about poor responses from healthcare professionals, and that opportunities to support victims and survivors earlier were missed. It is telling that victims and survivors were more likely to hear about support services from police forces than from healthcare services, despite being more likely to disclose to healthcare workers.

Recommendation 23: The Department for Health, with NHS England, should develop an ambitious programme of work to improve health professionals' awareness of and response to domestic abuse within healthcare settings, and to build partnerships between specialist domestic abuse services and health services. This should build on best practice as set out in the Pathfinder Toolkit, and other examples of close working between healthcare providers and domestic abuse services.

Recommendation 24: The Department for Health should ensure the availability of timely and appropriate mental health interventions to support the mental health

needs of victims and survivors of domestic abuse.

Recommendation 25: Health services should record referrals they make to MARAC in order to monitor health performance and response at Trust level. This data should be made available to the Department for Health and Social Care, the VAWG Inter-Ministerial Group and the Domestic Abuse Commissioner in an annual report.

8. Commissioners should only bring services in-house in exceptional circumstances

Independence of services was critical in securing the trust of victims and survivors. Again and again, we heard from victims and survivors struggling to trust statutory agencies, and any service that was situated within a public sector body, could struggle to secure the trust of victims and survivors to fully disclose their abuse, and thus hamper the service's ability to support them or assess risk. This was particularly the case for victims and survivors from minoritised communities.

Equally, we know that independent voluntary and community sector organisations bring in a considerable amount of funding from other sources, as almost no services received funding from a statutory funder alone. This demonstrates the ability of voluntary and community sector organisations to attract investment into a local area through applications to charitable trusts and other grant funders, and the added value they are able to bring. They can also innovate through funding acquired elsewhere, and make use of this learning in the delivery of their commissioned services.

Recommendation 26: The Victims Funding Strategy, and national guidance for commissioners on the commissioning of services, should set out clearly the importance of independent services in any statutory or non-statutory guidance. Where services are brought in-house, this information should be shared with the Ministry of Justice, Home Office, Department for Levelling Up, Housing and Communities and with the Domestic Abuse Commissioner's Office to understand why and to monitor changes over time.

8.2. Recommendations for further research

While this research makes huge strides in our understanding of the provision of domestic abuse services across England and Wales, it also highlights some additional gaps in our understanding. Detailed suggestions for further research can be found in our Technical Report, but there are some key issues that warrant further examination:

1. **We need to better understand the experiences of minoritised victims and survivors who access 'non by and for' services.** Our research demonstrates clear benefits to accessing 'by and for' services in comparison to accessing services that are not 'by and for'. However, we were unable to differentiate between the outcomes of victims and survivors who access specialist DA/VAWG organisations, organisations with a broader remit, or services that had been brought in-house by public sector bodies.

- **While the impact of accessing support overall was clear, there would be benefits to a more detailed understanding of different outcomes for victims and survivors depending on what type of support they had accessed.** In this report we were able to show the differences between victims and survivors who had accessed services and those who hadn't. Further analysis is needed to understand how these differences change depending on what type of intervention was accessed, such as counselling, IDVA support, refuge, or other provision.

- **Further examination is needed of what specialist services located outside of 'by and for' organisations look like.** Our research demonstrates a relatively high proportion of organisations offering specialist services for particular groups of victims and survivors. However, it was unclear what this specialism involved –

and could range from provision of specific training to the delivery of a bespoke, tailored service. The mapping conducted by Galop on behalf of the Domestic Abuse Commissioner of LGBT+ support suggests a wide variation in understanding of 'specialism' amongst services. Equally, work by Stay Safe East and Sign Health on behalf of the Domestic Abuse Commissioner due to be published shortly shows a similar picture for services for Deaf and disabled victims and survivors.

- **More information is needed about who domestic abuse services supported nationally.** While we asked about eligibility for support, and about the numbers of referrals received and engaged with, we did not ask for a demographic or any other breakdown of those who received support from domestic abuse services. This will be crucial to understand the disparity between services who offered services to particular groups of people (such as disabled victims and survivors, LGBT+ victims and survivors, or men) and what victims and survivors told us about services being unavailable in their area.

Annex A: Glossary of Terms

Victims and survivors are defined as anyone who has been subjected to domestic abuse as defined by the Domestic Abuse Act 2021. The Act defines domestic abuse as behaviour of a person towards another person if they are each aged 16 or over and are personally connected to each other, and the behaviour consists of any of the following — physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct. Children are also included within this definition, in recognition of the damaging effect of domestic abuse on them, where they are a relative of someone over 16 who is subject to domestic abuse.

Violence Against Women and Girls (VAWG) refers to the definition that the Government adopted from the United Nations Declaration (1993) on the elimination of violence against women to guide activity across all government departments: "Any act of gender‐based violence that results in, or is likely to result in physical, sexual, psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public of private life." According to the Declaration, violence against women is rooted in the historically unequal power relations between women and men. It also explains that violence against women is "one of the crucial social mechanisms by which women are forced into a subordinate position compared with men." It is used to describe violence and abuse that is disproportionately perpetrated against women, namely domestic abuse, sexual violence, so-called 'honour-based' abuse, and stalking.

Minoritised communities are those who have been othered and defined as minorities by the dominant group. They may face structural discrimination on the basis of protected characteristics, in particular race, religion, disability, sexual orientation, transgender identity or as part of the Deaf community. Those within these communities who hold multiple intersecting identities may face even greater marginalisation and further barriers to accessing support.

Black and minoritised – These terms consider a structurally intersectional approach to the naming and referring to communities that experience racism and marginalisation based upon (perceptions of) race and ethnicity, or they are communities that self-define in a myriad of ways outside of categories of 'whiteness'. Terminology to denote this is contentious, but we have chosen Black and minoritised rather than widely critiqued acronyms as it is the preferred term of the domestic abuse sector to acknowledge diversity and to refrain from cultural and racial profiling. We acknowledge that this language is complex and important and that the use of these terms may not be preferred in years to come. For the purposes of this research, we have included Gypsy and Irish Traveller communities when reporting on the experiences of Black and minoritised survivors, in recognition of the marginalisation faced by this community.

Multiple disadvantage – *Against Violence and Abuse* defines multiple disadvantage as facing "multiple and intersecting inequalities including gender based violence and abuse, substance use, mental ill health, homelessness, being involved in the criminal justice system and the removal of children."

'By and for' - Our research defined 'by and for' organisations as organisations that are designed and delivered by and for people who are minoritised (including race, disability, sexual orientation, transgender identity, religion or age). These services will be rooted in the communities they serve, and may include wrap-around holistic recovery and support that address a victim or survivor's full range of intersecting needs, beyond purely domestic abuse support. We considered separately services for women that are run by women.

'Specialist support' was defined as support that was specifically provided for and tailored to the needs of these victims and survivors, rather than eligibility. The survey also clarified that specific support for Deaf or disabled victims and survivors should refer to support provided specific to their lived experiences, rather than just accessibility requirements.

Coordinated Community Response – Standing Together Against Domestic Abuse defines the Coordinated Community Response (CCR) as "a whole system response to a whole person" which "shifts responsibility for safety away from individual survivors to the community and services existing to support them." More detail on the CCR can be found in their In Search of Excellence report.

Independent Domestic Violence Advocate (IDVA) – As defined in the Victim's Code, IDVAs work with victims of domestic abuse to understand their experiences and their risk of ongoing harm. They will develop an individual safety plan with a victim to ensure they have everything they need to become safe and start to rebuild their lives free from abuse. This plan may include supporting victims to access statutory services (such as health care and housing services), representing their voice at a Multi-Agency Risk Assessment Conference and accessing other voluntary services in their communities. Independent Domestic Violence Advisors are independent of statutory services and are able to provide victims with relevant information and advice tailored to their needs.

Independent Sexual Violence Advocate (ISVA) – As defined in the Victim's Code, an Independent Sexual Violence Advocate is an adviser who works with people who have experienced rape and sexual assault, irrespective of whether they have reported to the police.

Accommodation-based services – The Domestic Abuse Act (2021) defines accommodation-based services as "support, in relation to domestic abuse, provided to victims of domestic abuse, or their children, who reside in relevant accommodation." Regulations for the Act define relevant accommodation as "accommodation which is provided by a local housing authority, a private registered provider of social housing or a registered charity whose objects include the provision of support to victims of domestic abuse" and is "refuge accommodation; specialist safe accommodation; dispersed accommodation; second stage accommodation; or other accommodation designated by the local housing authority, private registered provider of social housing or registered charity as domestic abuse emergency accommodation." The accommodation may not be bed and breakfast accommodation but may be part of a sanctuary scheme.

Community-based services are referred to in this report as services that are delivered to victims and survivors in the community; i.e. not in an accommodation-based setting. It can be used as an umbrella term to describe a number of intervention types, including

advocacy, counselling and therapeutic support, or behaviour-change interventions for perpetrators of domestic abuse.

No Recourse to Public Funds (NRPF) – A person will have no recourse to public funds when they are 'subject to immigration control', as defined at section 115 of the Immigration and Asylum Act 1999. A person who is subject to immigration control cannot claim public funds (benefits and housing assistance) unless an exception applies. When a person has leave to enter or remain that is subject to the NRPF condition, the term 'no public funds' will be stated on their residence permit, entry clearance vignette, or biometric residence permit (BRP).

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