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# NOWHERE TO TURN

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Findings from the first year of the  
**No Woman Turned Away** project

women's aid  
until women & children are safe



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## With thanks to

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## Acknowledgments

We are extremely grateful to the Department for Communities and Local Government for funding the No Woman Turned Away (NWTa) project. This funding has provided additional support for women facing barriers to accessing refuge and detailed monitoring of the journeys of survivors seeking safety from domestic abuse.

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Thank you to the NWTa Advisory Panel for their expert contribution at the beginning of the project, and for reviewing this report.

And many thanks to staff at Women's Aid for their support with this project.

## Dedication

This report is dedicated to the survivors whose journeys to seek safety from domestic abuse are documented in this report.

*All names and identifying features used in the report have been changed to protect survivors' anonymity.*

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



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# Foreword

Polly Neate  
Chief Executive, Women's Aid



When Women's Aid has highlighted the sheer numbers of women unable to get into a refuge, very often because there are simply not enough refuge spaces, the question understandably asked has been, "so where do they go?"

Far too often, of course, the answer is simply that they lose the opportunity, sometimes a precarious and fleeting one, to escape to safety and recovery.

For others, though, we simply didn't know. Now, we do, and the stories of those women are, frankly, more desperate and shocking than even we expected.

What is perhaps most clear from this report is that for women in the most severe need, the obstacles they must overcome in order to be safe are simply insurmountable. For too many women who have immigrated to the UK, the law preventing them from receiving any support from the state is putting their lives at risk. For homeless women escaping abuse, despite protections that should be available, all too often no effort is made to find anywhere for them to live. For women with mental health problems, or who misuse drugs or alcohol – despite the obvious and well known links between these issues and the experience of abuse – services are simply not commissioned or funded to meet their needs.

When women are turned away from refuge, it's easy to blame the refuges themselves. But in

reality the distinction between "deserving" and "undeserving" is made elsewhere, forcing the refuge to make the appalling choice between taking a woman in, with no way of paying for her care, or turning her away.

The recommendations of this report aim to tackle the circumstances in which both refuges and women are trapped. This report provides a snapshot of despair and danger. Now we know where the turned-away women go. Having seen it, there is no excuse for failing to act.



# Executive summary

The No Woman Turned Away (NWTa) project was commissioned by the Department of Communities and Local Government (DCLG) to provide additional support to women facing difficulties accessing a refuge space. The work was delivered by Women's Aid and comprised a team of specialist caseworkers supporting women into refuge alongside dedicated evaluation support to conduct detailed monitoring and analysis of a full year's worth of data collected on survivors' needs and system response.

This report outlines the findings from this project, using data collected from the National Domestic Violence Helpline (NDVH)<sup>1</sup> and specialist NWTa caseworkers between 19th January 2016 and 18th January 2017. During this time, there were 8,623 calls to the NDVH from survivors seeking a refuge space and 404 women were supported by the NWTa caseworkers. This report also uses data from Routes to Support (formerly UK Refuges Online)<sup>2</sup>, the Women's Aid Annual Survey 2016, a survivor survey, and a series of interviews with survivors.

Accessing a refuge space can mark a key stepping stone in the journey away from abuse, but for many women the search for a space is long and difficult. The report highlights some of the dangerous circumstances that women and their children face when they are unable to access refuge, the inability of services to meet the increasingly complex needs of some of the most marginalised groups of women and an overall national shortfall of refuge spaces, unevenly distributed and facing an uncertain future.

## The search for a refuge space

Out of the 404 women supported by the NWTa caseworkers, a quarter were accommodated in a suitable refuge space. The support of the NWTa caseworkers was critical in getting these 103 women into a safe refuge space. A further 20% stayed with friends and family, 8% stayed put as they did not live with the perpetrator, and 7% were in emergency accommodation. Whilst this meant that these women had accommodation, they did not have access to the support and safety offered by a refuge. 7% of survivors gave up their search for a refuge space and stayed put with the perpetrator.

Women supported by the NWTa caseworkers spent an average of between 1-2 weeks searching for a refuge space, however one woman spent six months searching for a refuge space before giving up and remaining with the perpetrator.

While searching for a refuge space, 17% of women had to call the police to respond to a further incident and 8% were physically injured by the perpetrator. 11% of women slept rough during this time, of which seven women had children with them and three were pregnant. 40% of women sofa surfed and one woman disclosed that she was sexually assaulted whilst sofa surfing at a family friend's house.

When asked about how they felt during their search for a refuge, women spoke about the fear they felt, *"it was the scariest most stressful time of my entire life"*; the emotional turmoil, *"I felt out of my mind honestly. I couldn't think straight at all"*; and the strain of battling the system; *"there was no one there*

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1 Run in partnership between Women's Aid and Refuge.

2 Routes to Support is the UK wide database of domestic abuse services and refuge services, run in partnership with Women's Aid Federation of Northern Ireland, Scottish Women's Aid and Welsh Women's Aid.



*for me to help me sort out what had happened, just a system that was processing something (me) as a problem."* Many survivors told their caseworkers how grateful they were for their advocacy and support during such a turbulent period.

## Challenges in securing support

The report identified a number of barriers faced by women based on refuges being unable to accommodate a range of support needs and circumstances. The report highlights how these barriers particularly affect women from some of the most marginalised social groups.

Outside of London, there is limited provision for Black and Minority Ethnic (BME) women with most regions limited to a handful of spaces, and with no refuges specifically for BME women across the entirety of the South West. Vacancy monitoring<sup>1</sup> found that the average number of vacancies for a woman and two children requiring a BME specialist refuge in the North West was 0.65.

One quarter of refuges have a worker who can speak another language and half of refuges have access to an interpreter. 14% of women supported by the NWTa caseworkers experienced a language barrier. Out of these 57 women with support needs around language, only six (11%) were accommodated in a suitable refuge space.

No Recourse to Public Funds (NRPF) was a key barrier to accessing a refuge space. Vacancy monitoring for spaces accepting a woman with NRPF showed an average of one space per region in England. Over a quarter of women supported by the NWTa caseworkers had NRPF, 67% of whom were not eligible to apply for the Destitute Domestic Violence Concession. Out of the 110 with NRPF

supported by the NWTa caseworkers, only eight were accommodated in a suitable refuge space.

This report highlights the additional barriers for women with complex needs, particularly the difficulties women with mental health support needs face when attempting to access refuge and the lack of capacity and resources within refuges to provide this support. Less than one in four refuges are able to offer in-house specialist mental health support. Mental health support needs were common amongst the women supported by the NWTa caseworkers: 106 of the women (26%) had mental health support needs. Of this group, 31% were refused from a refuge for this reason. 28% of the women with mental health support needs were safely accommodated in refuge.

Substance use support needs may present a barrier to accessing refuge, as some refuges may not be able to support a woman without a named alcohol/drugs worker, or who is not in treatment as their support needs will be too high for the refuge to deal with in isolation. Only 10% of refuges had a specialist alcohol worker, and 10% had a specialist drug worker. Out of the 23 women supported by the NWTa caseworkers with drug or alcohol use support needs, 15 (65%) were refused an available space because of their needs. 39% spent time sleeping rough while waiting for a refuge space. Five of the 23 women (22%) with substance use support needs were accommodated in an appropriate refuge space.

Women often flee domestic abuse with their children, and must find a refuge with sufficient space to accommodate them. Over half of the women supported by the NWTa caseworkers were fleeing with children. 13% of women had four or more children, one in five required

<sup>1</sup> See methodology in Appendix One for an explanation of vacancy monitoring.

a refuge with a cot for their young child and 6% were fleeing with an older male child. 173 women (80%) with children were able to have her child/children accommodated with her. 24% of women with children, 20% of women with four or more children and 8% of women with an older male child were accommodated in a suitable refuge space.

Vacancy monitoring of spaces suitable for a woman with three children and requiring an accessible space in the East Midlands showed a suitable refuge on just four occasions, reflecting the need for accessible refuge spaces. Disabled women also faced particular difficulties in accessing a refuge space and 27% of the women supported by the NWTa caseworkers had one or more disability.

Out of the 404 survivors supported by the NWTa caseworkers, 200 (50%) were tied to their local area for one or more reasons and therefore found it more difficult to find a space far enough to be safe, but close enough to be within reach of support networks.

## System failure

Many women, supported by the NWTa caseworkers, faced structural barriers to accessing safety due to inadequate responses from statutory agencies. The experiences of these women highlight both the difficulties faced by women in seeking help, and the lack of awareness and resource dedicated to domestic abuse within statutory agencies.

Social services failed to meet their duty of care towards 37 of the 115 survivors they supported (32%), 30 of whom were fleeing with children (26%). Several women who were refused help by social services were told that they were not experiencing domestic abuse or that they did not meet the risk threshold for intervention.

Local housing teams prevented 78 (19%) survivors from making a valid homeless application. 14 women were told to call the NDVH instead of making a homeless application and 11 cases did not consider the domestic abuse to be a significant risk factor to merit a domestic abuse application, with eight women being told to return to the perpetrator and three women told to come back when the situation got worse.

## The national picture of provision and how it is changing

Across England, a national network of refuges has been established over the past forty years, building on decades of knowledge and experience. These refuges form part of a wider network of domestic abuse services, including community based services.

Currently, provision at a national level falls short of recommended levels stated by the Council of Europe. To meet the minimum requirements, a further 1,793 refuge spaces are required.

The provision of adequate refuge spaces at a national level does not in itself mean that a space is always available for a woman in need. In order for a woman to go to a refuge space it must be available at the time she needs it, in the location she needs. It must also match her requirements, such as having space for her children, a cot for a young child and the appropriate professional support to meet her needs.

All of the 404 survivors had at least one occasion when there were no available refuge spaces. For almost half (45%) of survivors, there were no available spaces three or more times. For some survivors, the number of searches where there was no refuge space reaches double figures. The NWTa

caseworkers searched 24 times for one woman they supported, with no success.

The high demand for refuge space means that advertising on Routes to Support (RTS) often leads to a number of enquiries and referral for each space in a short period of time, meaning that by the time a woman contacts a refuge space, it may have already been taken. 146 women (36%) supported by the NWTAs caseworkers were refused as the space was no longer available.

Specialist refuge providers are facing many challenges impacting their ability to deliver a quality service for all women and their children who require it. 9% of refuge services responding to the Women's Aid Annual Survey 2016 (13 services) were running their refuge without any dedicated funding, a situation which puts significant pressure on a service and is likely to result in closure in the near future. Respondents commented on the strain cuts to funding have had on their service in *"maintaining an effective quality support*

*service in the face of significant funding cuts."* Widespread budget cuts to other statutory services have led to an increase in the level and complexity of support needs of the women searching for a refuge.

Commissioning processes increasingly require services to compete for funding contracts, favouring larger generic services, a point repeatedly referred to in the Woman's Aid Annual Survey 2016. In addition, commissioning decisions that place restrictions on the women who can be accommodated in a refuge exclude women from accessing a refuge space. 28 women were refused because they did not meet the risk threshold for access to the service, which is likely to be a result of services being commissioned to provide time-limited support for "high-risk" survivors, rather than recognising fluidity of risk and the importance of long-term support provided by specialist domestic abuse services.





# Introduction

## The No Woman Turned Away Project

The government's Violence against Women and Girls (VAWG) strategy 2016-2020 sets out a commitment to ensure that no woman should be turned away from the help and support that she needs.<sup>1</sup> In 2015, the Department of Communities and Local Government (DCLG) commissioned Women's Aid to provide additional support to women facing difficulties accessing a refuge space and conduct a detailed study of their journeys. Women's Aid set up the No Woman Turned Away (NWTa) project to deliver this work, comprising a team of specialist caseworkers supporting women into refuge. Dedicated evaluation support allowed us to conduct detailed monitoring and analysis of a full year's worth of data collected on survivors' needs and system response in order to answer the following objectives to:

- 12.1 Provide detailed monitoring and analysis of the availability of bed spaces.
- 12.2 Identify the demand for particular types of bed space, and the areas of shortfall.
- 12.3 Identify the barriers faced by women to securing a service.
- 12.4 Identify the gaps in provision across geographical areas.
- 12.5 Using the evidence carry out an analysis of women's pathways and establish local area provision of service.

Part one addresses Objective 12.5 and looks at the extent to which the barriers survivors faced impacted on and interrupted their

journeys into a refuge. The outcomes for women and children are discussed, as well as the time it took women to search for a refuge. Data on what happened to women while they were waiting for a refuge space are also explored, and are supplemented by qualitative data from a survey conducted with survivors who had attempted to seek refuge in the past five years. All names used in the report have been changed to protect survivors' anonymity.

Part two focuses on Objectives 12.2 and 12.3 using data from the National Domestic Violence Helpline (NDVH) and from the NWTa caseworkers. It looks at the key barriers women are facing in securing a refuge space and how these impact on their ability to flee to safety. This section concludes by looking at survivors' experiences with other statutory services and the barriers that result from inadequate system responses.

Part three sets out the broader context of these barriers and looks at the national picture of refuge provision and shortfall by region, addressing DCLG Objectives 12.1 and 12.4. It ends by discussing the changing picture of provision and current pressures within the sector.

The data presented here do not reflect the only pathway through which women can access a refuge space so are not a complete picture of demand. A further key point is that the categories are not mutually exclusive and many women have faced multiple barriers to accessing a refuge space. Many of the barriers identified in this report relate to wider issues and are touched upon in the literature review,<sup>2</sup> however addressing the structural inequalities and intersectional experiences of women are beyond the scope of this report. In addition,

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1 See p.31 of the VAWG Strategy 2016-2020, available at: <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

2 See Appendix Two

whilst accessing a refuge space often marks a pivotal stage in a survivor's journey, it by no means represents the end of their journey away from abuse.

The Black and Minority Ethnic (BME) data in this report would benefit from more detailed analysis to draw out nuances around women's access to support, barriers and gaps. Imkaan is planning to carry out an in-depth analysis which will involve triangulating the helpline data with qualitative feedback from NWTa caseworkers, Women's Aid's NDVH staff and referral organisations that offer specialist, BME ending VAWG provision.

## Who did we work with?

Between 19th January 2016 and 18th January 2017, there were 31,296 calls to the NDVH from survivors who were currently experiencing domestic violence, of which 28% (8623) were from survivors seeking a refuge space. The 8623 calls were from a total of 8152 women, as some women phoned the NDVH multiple times.

A total of 639 referrals were made to the NWTa caseworkers. Out of these 639 referrals 404<sup>1</sup> women have engaged with the service: the analysis of the casework data relates to these 404 women and their 533 children.

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<sup>1</sup> For the 235 referrals who did not engage this was because of one of the following reasons: did not want support, not eligible for support, unable to contact – these categories are explained in the Methodology in Appendix One

# Part one: the search for a refuge space



Accessing a refuge space often marks a key step on a survivor's journey away from abuse though their journey from abuse starts before this step and ends long after it. Refuges are designed to meet the needs of domestic abuse survivors and their children with trained and experienced staff, in an environment which empowers women, promotes their autonomy, and is led by their needs and their recovery. (Kelly et al., 2014). Survivors have described refuge as an environment where abuse can be named and understood, where they are listened to, validated, respected and provided with emotional and practical support (Ibid.). They have also highlighted the importance of the refuge in providing a place of safety, in a women-only setting, where survivors have the time and space to process what has happened (ibid.).<sup>1</sup>

This section looks at the search for a refuge space using data from the NWTa caseworkers and the survey of survivors.<sup>2</sup> It discusses the number of women who were able to access a refuge space; where those who could not access a refuge were accommodated at the end of their support by the caseworkers, and the length of time survivors waited while searching for a refuge. It then looks at where women stay while they are waiting; what happens to them while they wait and how it feels to wait.

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1 More information about the specialist support offered by refuges can be found in the literature review in Appendix Two.

2 See Appendix One for full methodology.





## • How many women were • accommodated in a refuge?

Out of the 404 women supported by the NWTa caseworkers, 103 (26%) were accommodated in a suitable refuge space, and 2% were accommodated in a temporary/less appropriate refuge space with a plan to transfer (Table 1). The support of the NWTa caseworkers was critical in getting these 103 women into a safe refuge space. Without this, it is highly unlikely these women would have been placed. For example, Lina<sup>1</sup> was eight months pregnant and fleeing domestic abuse. She needed to access the Destitute Domestic Violence Concession (DDVC)<sup>2</sup> in order to have recourse to public funds, which would increase her chances of accessing a refuge space. The caseworker found an immigration advisor who had a legal aid contract. However, the standard protocol was for clients to queue up from 7am and the advisor would see the first 15 people. This was not possible for Lina as she was eight months pregnant. The caseworker advocated for her and persuaded the immigration advisor to see her as the 16th client at 9am. The caseworker commented that Lina's case required a level of work and persistence that is unrealistic to expect from a desperate, stressed and traumatised woman who experienced support needs around language.

Many survivors who did not access a refuge space stayed with friends and family. The suitability of this varied between women. In some cases, the friends and family they were staying with had sufficient room, such as for Forida whose family member had a large four bedroom house. For others, the reality is that they are forced to sleep on the sofa for long periods of time, as was the situation for Sally,

a woman in her 50s with osteoarthritis. The strain this can place on vital support networks even if they only stay for short periods of time, is reflected in the survey of survivors, with Kavita, who eventually went to a refuge, commenting, *"I felt like a massive inconvenience to my friends who took me and my young baby in whilst we were waiting for a refuge space."*

For almost 16% of survivors we do not have any information on their outcome. This includes instances where the NWTa caseworkers could not contact the survivor as it was not safe for them to do so as well as cases where the woman decided to disengage. Instances where the survivor was linked up and engaging with other local organisations, such as domestic abuse services, mental health provision or social services represent a further 4% of total cases. For example, Diana had multiple support needs, including substance use, mental health needs and a history of violence having previously retaliated against her abuser with a knife. She had also been evicted from a refuge in the past. Finding a suitable refuge was very difficult and Diana ended up using alcohol more heavily and sleeping rough. She stopped answering the calls from the caseworkers or responding to their messages. The outcome for this woman is unknown. For some women, even a few days' wait for a refuge space can be too long.

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1 All names have been changed.

2 Women who have leave to remain as a spouse, civil partner, unmarried or same sex partner who are experiencing domestic abuse can apply for indefinite leave to remain in the UK under the domestic violence rule, and can apply for the Destitute Domestic Violence Concession (DDVC) if they are facing destitution. The DDVC is explained in more detail in the literature review in Appendix Two.

**Table 1: Outcome for women supported by NWTAs caseworkers**

<b>Outcome</b>	<b>Number of women</b>	<b>Percentage out of total number of women</b>
Accommodated in suitable refuge space	103	25.50%
Staying with friends and family	80	19.80%
Outcome unknown/lost contact	63	15.59%
Stayed put – not living with perpetrator but at risk of abuse – e.g. staying with friends and family, perpetrator left the property, was never living with perpetrator)	31	7.67%
Stayed put with perpetrator	28	6.93%
Accommodated in emergency accommodation (in area of residence)	22	5.45%
Outcome unknown – supported by other agencies	18	4.46%
Accommodated by other organisation (e.g. homeless shelter, CQC housing, army welfare accommodation)	10	2.48%
Accommodated in emergency accommodation (out of area of residence)	9	2.23%
Accommodated in temporary/less appropriate refuge with plan to transfer	8	1.98%
Accommodated in private rental	8	1.98%
Accommodated by community/religious group/ stranger	6	1.49%
Other (1 removed from property by police, 1 was alleged perpetrator, 1 decided to look for private rental alone, 1 was planning to move with mother and 1 went on an extended holiday)	5	1.24%
Sectioned or in hospital	5	1.24%
Sleeping rough	3	0.74%
Paying to stay in a B&B/hotel/hostel	3	0.74%
Returned to country of origin	2	0.50%
<b>Total</b>	<b>404</b>	



Most of the 8% of survivors who decided to stay put but weren't living with the perpetrator<sup>1</sup> did so because they did not want to move to a new region to access a refuge, although others decided to stay put because they felt they were now safer as they had additional security measures in place, or they were staying with family rather than the perpetrator. Sian was searching for a refuge space for her and her four children. They needed a self-contained space due to the children's emotional and behavioural difficulties, however there were not any spaces available. She was not living with the perpetrator so decided not to continue her search as it was too stressful and she did not want to take her children out of her desired area.

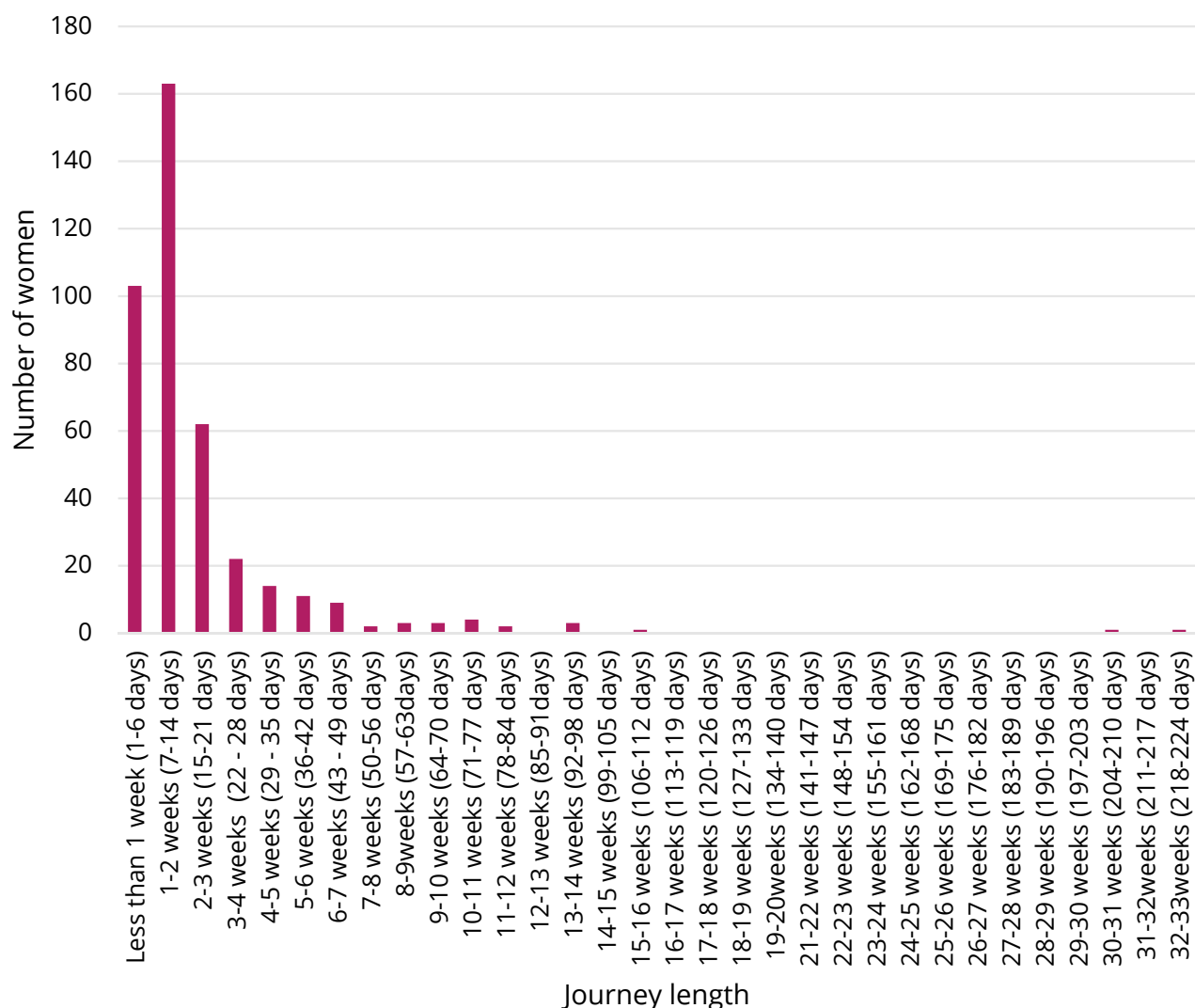
It is also the case that some women give up looking for a refuge space and remain with the perpetrator. This was the case for 28 women (7%). Ruby was searching for a refuge which could meet her significant mental health support needs whilst also allowing her to continue to attend her mental health appointments for specialist treatment. She did not feel able to make a homeless application without support as she had been turned away before, and there were no domestic abuse outreach services in her area. Ruby left the perpetrator, slept rough for a few weeks, combined with intermittent sofa surfing at a family member's house. She eventually decided to return to the perpetrator.

## How long were women searching for a refuge space?

The caseworkers were asked to record the length of time a woman waited while searching for a refuge space. This is calculated from her first call to the NDVH seeking refuge to the final contact with caseworkers<sup>2</sup> and is shown in Figure 1. The median time spent searching for a refuge is between 1-2 weeks, with 40% of women falling in this category, although the length ranged from 1 day - 7 months (224 days).

- 
- 1 Women may still need refuge if they do not live with the perpetrator; they may have already fled the perpetrator and are staying with friends or family as a short term solution, and there is the danger of the perpetrator finding them. In addition, women may have never lived with the perpetrator, but still need to seek safety where they can receive support to recover from the abuse and where their perpetrator cannot find them. Further, the perpetrator may have left/been removed from the home but still keep coming back, or is following the survivor in the local area.
  - 2 In some incidences cases are closed and then opened again where women are referred back into the project, in these cases we have calculated the total length of the journey including the time where her case was closed and re-opened.

Figure 1: How long were women searching for a refuge space?





# What happened to women while they waited?

Data on the time spent waiting and searching for a refuge space reveals many women had to call the police out to respond to further incidents and a number were physically injured by the perpetrator (see Table 2).

**Table 2: What happened to women while they waited?**

	Number of women <sup>1</sup>	Percentage out of total number of women
Called police out to respond to an incident	70	17.33%
Physically injured by perpetrator	33	8.17%
Spent time as impatient/overnight in hospital	20	4.95%
Spent time in police custody	12	2.97%
Spent time under section	2	0.50%
<b>Total women supported by NWT caseworkers</b>	<b>404</b>	

## Continued abuse

While waiting for a refuge space 17% of the women supported had to call the police to respond to an incident with the perpetrator and 8% were physically injured by the perpetrator (see Table 2). The constant threat and reality of continued abuse, both physical and emotional, was referred to in the survey of survivors':

*"In the week between initially asking for a refuge space, and moving into a refuge, I had to call the police out a few times to respond to incidences where my ex-partner was stalking me and harassing me."*

Given that the point of separation is the time where women face the greatest risk of homicide from the perpetrator (Lees, 2000), it is alarming the extent to which survivors reported further incidents to the caseworkers. Data from the Femicide Census<sup>2</sup> (developed by Karen Ingala Smith and Women's Aid), identifies that 64% of women killed by men between 2009 – 2015, were killed by a current or former partner. Of the 200 women known to have been separated before they were killed, 76% were killed within the first year that followed their separation. These figures starkly demonstrate the threat of serious violence or murder women face when leaving their abusive partner, and highlight how adequate routes to safety are essential for women fleeing domestic abuse.

1 More than one category may have been selected for each woman.

2 The Femicide Census is a database containing information on women killed by men in England and Wales since 2009. It was developed by Karen Ingala Smith and Women's Aid working in partnership, with support from Freshfields Bruckhaus Deringer LLP and Deloitte LLP. Femicide is generally defined as the murder of women because they are women, though some definitions include any murders of women or girls. The Femicide Report 'Redefining An Isolated Incident' is published online: <http://www.womensaid.org.uk/femicide-census>



# Where did women stay while they were waiting?

The caseworkers were asked to record where survivors stay while they are waiting for a refuge space. This data provides further insight into the safety of survivors when waiting for a refuge space or another safe option to be provided by the Local Authority (Table 3).

**Table 3: Where do women spend time while they were waiting?**

	Number of women <sup>1</sup>	Percentage out of total number of women
Spent time sofa surfing (sleeping at friends/relatives houses)	161	39.85%
Spent time sleeping rough (including using 24 hr spaces to sleep <sup>2</sup> , or living in her car)	45	11.14%
Spent time in emergency accommodation (same local authority)	37	9.16%
Spent time in emergency accommodation (different local authority)	19	4.70%
Paid to stay in hostel/B&B/hotel	16	3.96%
<b>Total women supported by NWTa caseworkers</b>	<b>404</b>	

## Sofa surfing

Due to not being able to access support and accommodation at the time they needed it, 40% of women spent time sofa surfing (sleeping at friends/ relatives houses). Sofa surfing requires a survivor to have social capital she can depend upon to provide her, and potentially her children, with a roof over her head until another alternative is found. The experience of sofa surfing can involve insecurity, poor conditions, danger and exploitation, particularly if the survivor is staying with a stranger (Reeve, 2011). In addition, for women that are sofa surfing with family and friends there is the danger of the

perpetrator finding them which poses a risk to both the survivor and the friends/family she is staying with.

The reality of sofa surfing can be seen in the experiences of the women supported by the NWTa caseworkers. Maria was sofa surfing at a family friend's house when the family friend sexually assaulted her. Having nowhere else to go, she was forced to stay a further night. There were also two recorded cases where women stayed with male strangers, both of these survivors had NRPF and one was fleeing with children. The vulnerability of women and children in these situations is acute; recent reports have documented how homeless women are often exploited for somewhere to

<sup>1</sup> More than one category may have been selected for each woman.

<sup>2</sup> This includes anywhere that is open 24 hours i.e. her work place which she may have access to, supermarkets, train stations etc.

stay for the night.<sup>1</sup> The potential for further exploitation at a time of trauma and upheaval is evident when service responses fail to protect women fleeing domestic abuse.

## Sleeping rough

For those women who could not sofa surf, or had exhausted their options for sofa surfing, sleeping rough was the only remaining option. Domestic abuse has been found to be an important driver of women's homelessness; St Mungo's found that 32% of the women they worked with in 2013 cited domestic violence as a factor contributing to their homelessness (Hutchinson et al., 2014). In addition, Agenda's research *Hidden Hurt* reported that one in five women experiencing or having experienced extensive physical and sexual violence reported having been homeless at some point in their lives (Scott and McManus, 2016).

11% of the women supported by the caseworkers slept rough while searching for a refuge space. The data suggests that having an offending history or substance use support needs heightens the risk of sleeping rough, with 37% of women with a history of offending and 39% of women with substance use support needs sleeping rough while they waited for a refuge space. This finding supports previous research into additional risk factors associated with homelessness and domestic abuse; St Mungo's report *Battered, Broken, Bereft* found that of the women who had been made homeless by domestic abuse and had slept rough, 90% used drugs or alcohol problematically or had done so in the past (St Mungo's, 2011). In addition, almost half of St Mungo's female clients in 2014 had an offending history (Hutchinson et al., 2014).

Despite the obligation of local housing teams to help those fleeing domestic abuse who are 'priority need'<sup>2</sup>, 21% of women who had mental health support needs and 16% of women who had a disability spent time rough sleeping. In addition, there were seven women with children who slept rough while searching for a refuge space, and three women who slept rough while pregnant. The cost of homelessness can be devastating for women and their children. Several of the women supported by the NWTa caseworkers had been sofa surfing and sleeping rough for several months before accessing the NWTa project. Unsurprisingly, there were occasions where the strain of homelessness became too much for survivors who, consequently, returned to the perpetrator.

Survivors who responded to our survey spoke about the trauma of sleeping rough whilst attempting to seek safety from domestic abuse:

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*"I spent two and a half years battling homelessness after leaving and I still struggle to recover from the abuse."*

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Aside from the fact that women and children are severely vulnerable when sleeping rough, there is also an absence of any kind of support to recover from the domestic abuse they have experienced and fled from. In addition to the personal costs of sleeping rough for the women and children who experience it, it also creates considerable costs for public services, especially health services; as women require intensive support to rebuild their lives to recover from homelessness (Reeve, 2011).

1 BBC News, (13 April 2017). Landlords adverts posted online 'target young for sex', available at: <http://www.bbc.co.uk/news/uk-england-39568458>

2 Women are considered priority need if they are pregnant, have dependent children or are vulnerable as a result of mental illness or disability. See page 51 for further explanation.



## Emergency accommodation

In total 14% of the women supported spent time in emergency accommodation. Emergency accommodation provided by the local authority can be a vital lifeline for women and children fleeing domestic abuse who are unable to access refuge or are waiting for a refuge space. However, feedback from women supported by the caseworkers and from the survivors survey suggests that this accommodation is not always suitable or appropriate for their needs.

Some women found that the bed and breakfast they were in was unclean, or that they had inadequate provision for their family; with one woman being given a room for herself and her baby without a cot and another who was squashed into one small room with her two sons. A survivor who responded to the survey explained that the B&B she stayed in had screaming and fighting outside all night, so she left to sleep in her car. Other women

were placed in a B&B but were given no money for food or sustenance for themselves or their children. A survivor who had NRPF was placed in a homeless hostel where she only ate the breakfast provided: she had no money and ate no other meals for several days.

As discussed previously, a refuge is not just a place of physical safety for women and children, but also a place of emotional safety. Refuges will often provide a range of services above and beyond a safe place to stay and are designed to meet the specific needs of domestic abuse survivors and their children. As evidenced above, non-specialist, unsupported emergency accommodation may provide a bed for the night but is unlikely to provide the safety and support women and children need when fleeing domestic abuse.

## Case study one: Ayesha

Ayesha faced multiple barriers to accessing a refuge space, including No Recourse to Public Funds (NRPF). When Ayesha first phoned the NDVH, she was not aware that refuges existed:

*"I didn't even know the meaning of this word so I looked up in the dictionary what refuge means"*

Ayesha was referred from the National Domestic Violence Helpline to the No Woman Turned Away project and assigned a caseworker who supported her in searching for a refuge. During this period of support, she was turned away from a refuge space on five occasions, as the refuges had insufficient funds to support someone with NRPF.

While she was waiting for a refuge, Ayesha spent time sofa surfing at a friend's house. This was a difficult time for Ayesha, as she explained: *"I felt so tired of my life that I wanted to end it."* All she wanted was to *"stand on her own two feet"* and to stop living in fear.

With the support of the NWTa caseworker, Ayesha was able to find a refuge place. Now that she's there she said, *"I feel very good about myself and this refuge is a very good place ... people here are there to help me, they just want to know what I want, so that's very, very important to me and it was not possible in my country."*

## What does it feel like to wait?

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*"No words to describe...my eyes are watering as I remind myself."*

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We asked women who participated in our survey what it felt to be ready and prepared to leave their abuser but to then find there was no refuge space for them and or their children to go to. Survivors spoke about the strain of battling the system, including the feeling of not being believed or taken seriously, and the stress of manoeuvring through a system that feels like it is working against you: "There was no one there for me to help me sort out what had happened, just a system that was processing something (me) as a problem."

Survivors also spoke about the fear they felt whilst waiting for a refuge space, having to manage emotionally and physically, preparing to leave whilst fearing an escalation of abuse from the perpetrator as they waited for that opportunity to occur.

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*"...so scared, couldn't sleep, never brought up an argument...kept my mouth shut, put up with him, hated him, but I had to survive."*

*"It was the scariest most stressful time of my entire life."*

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The emotional turmoil of coping with this period of immense fear whilst also having a total lack of control as to what direction their life was about to take was also reflected in survivors' responses.

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*"I felt out of my mind honestly. I couldn't think straight at all."*

*"Extreme confusion, felt like a dream disconnected from reality, ashamed, lost."*

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*"I felt lost and hopeless. I couldn't cope."*

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The decision to leave the perpetrator is not taken lightly by survivors, and where this decision is not met with an adequate route to safety survivors are forced to manage a continuation, and potential escalation, of abuse, along with the uncertainty of when help will be available. As seen in the casework data, 7% of women gave up battling the system and remained with the perpetrator and 16% stopped contacting the caseworkers. For these women we do not know their outcome, but it is possible that they remained with the perpetrator. The lack of refuge provision means survivors and their children are left exposed to further abuse and are possibly deterred from seeking help again.

# Part two: accessing the refuge space

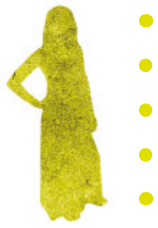


Part two looks at the common barriers women face when seeking a refuge space and how they impact upon her journey to support, showing the clear links between difficulty finding refuge and having higher or more specialist support needs, for example, women with NRPF, women with complex needs and BME women.

Much of the data discussed in this section is from the NDVH<sup>1</sup> and the NWTa caseworkers, it is important to bear in mind that the NDVH is not the only pathway through which survivors can be referred to a refuge so is not a complete picture of demand. A further key point to bear in mind is that the categories are not mutually exclusive and many women have faced multiple barriers to accessing a refuge space. The section concludes by looking at survivors' experiences with other statutory services and the barriers they have faced in relation to inadequate system responses.

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<sup>1</sup> The Freephone 24 Hour National Domestic Violence Helpline is run in partnership between Women's Aid and Refuge. It was established in 2003 and is funded by the Home Office, Comic Relief and London Councils.



## Challenges in securing support

The challenges focused on in this section refer to the support needs and circumstances of the women referred into the NWTa project. Survivors who were supported by the NWTa caseworkers were women for whom there was no suitable refuge space identified on RTS when they spoke to the NDVH. This section summarises who these women were and, in doing so, highlights how the current network of refuges are struggling to support women from some of the most marginalised groups in society.

The data shows the clear links between difficulty finding refuge and having higher specialist support needs; for example disabled women (28%), women who had NRPF (27%) and women with mental health support needs (26%) feature highly amongst the women supported by the caseworkers

(Table 4). Whilst not as prominent within the data, women with a history of offending and women with substance use support needs are also represented, making up 7% and 6% respectively.

Almost half of the women supported were BME (44%); for whom there is very limited specialist refuge provision available. There were also 57 women who faced a language barrier in English, representing 14% of the women supported by the caseworkers.

Being unable to find a refuge in the place she needed it also featured highly, with 50% of women finding difficulties in finding a refuge space for this reason. Women were also referred to the project as the NDVH were unable to find a refuge space big enough for a woman fleeing with four or more children (13%).

**Table 4: Support needs and circumstances of women supported by the NWTa caseworkers**

	Number of women	Percentage out of total number of women
Women who were tied to their local area	200	49.50%
BME Women	179	44.31%
Women who had one or more disability	111	27.48%
Women who had NRPF	110	27.23%
Women with mental health support needs	106	26.24%
Women who needed language support	57	14.11%
Women with 4+ children	53	13.12%
Women with an offending history	27	6.68%
Women with substance use support needs	23	5.69%
Women with older male children	24	5.94%
<b>Total women supported by NWTa caseworkers</b>	<b>404</b>	

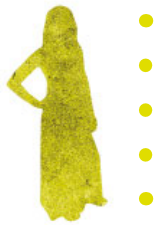


Refusals from refuge further highlight gaps in refuge provision and capacity to meet survivors' needs. Caseworkers recorded any reasons that refuges gave for refusing women from an available space: these can be seen in order of frequency in Table 5 below. This data are discussed, in context, throughout parts two and three.

**Table 5: Reason for refusal**

	<b>Number of women</b>	<b>Percentage out of total number of women</b>
Refused – space no longer available	146	35.18%
Refused – NRPF	40	9.64%
Refused – mental health	33	7.95%
Refused – did not meet risk threshold for access to service	28	6.75%
Refused – space too close to danger area	27	6.51%
Refused – disability	23	5.54%
Refused – substance use	15	3.61%
Refused – previously evicted from refuge	12	2.89%
Refused – older male child	11	2.65%
Refused – space not ready	9	2.17%
Refused – large family	9	2.17%
Refused – uncertain of benefit status	8	1.93%
Refused – offending	7	1.69%
Refused – history of violence/arson	5	1.20%
Refused – would not under occupy space	5	1.20%
Refused – would only accept woman from local area	5	1.20%
Refused – language	2	0.48%
Refused – other	30	7.23%
<b>Total refusals</b>	<b>415</b>	





# Challenges for BME women<sup>1</sup>

Many BME women prefer to be supported by a specialist BME service, and value being with other BME women who have experienced domestic abuse, being able to communicate in their own language, and having access to specialist workers as an essential part of their support and recovery (Thiara et al., 2012). These organisations provide dedicated spaces for BME women and have expertise about the specific forms of violence which have a disproportionate impact on BME women and girls, as well as the structures which shape women's experience of abuse such as discrimination, racism, and gender dynamics within family and community structures (Imkaan, 2015; Thiara et al., 2012).

Research has demonstrated that a number of BME women and girls access BME organisations via self-referral, through friends, peers or colleagues and via statutory services. For example, Imkaan (2012) found that only 4% of women were referred to a BME specialist service via the NDVH, with women more commonly self-referring (26%), being referred by statutory services (23%) via other women's organisations (10%) or via a friend (7%).

As Table 6 demonstrates, outside of London there is very limited provision for BME women, with most regions limited to a handful of spaces, and with no refuges specifically for BME women across the entirety of the South West. BME women are not a homogenous group and the specialist BME Refuges also provide specialist, dedicated support to specific communities e.g. Afro-Caribbean, Kurdish, etc. This list includes 17 services that

are members of Imkaan, a UK-based black feminist organisation dedicated to addressing violence against women and girls (VAWG) whose members are organisations that are led by and for BME women working towards ending VAWG.

**Table 6: Refuges specifically for BME women (May 2016)**

Region	Specialist BME Refuges	Bed space
East Midlands	1	25
East of England	2	30
London	14	153
North East England	1	5
North West England	3	22
South East England	2	11
South West England	0	0
West Midlands	3	30
Yorkshire & Humberside	3	28
<b>Total</b>	<b>29</b>	<b>304</b>

Figure 2 shows a snapshot of vacancies taken from RTS, over a six month period, which were suitable for a woman plus two children requiring a BME refuge<sup>2</sup>. Across the monitoring dates, the average of the total number of refuge vacancies available in the North West, for example, was 21.6 vacancies, ranging from

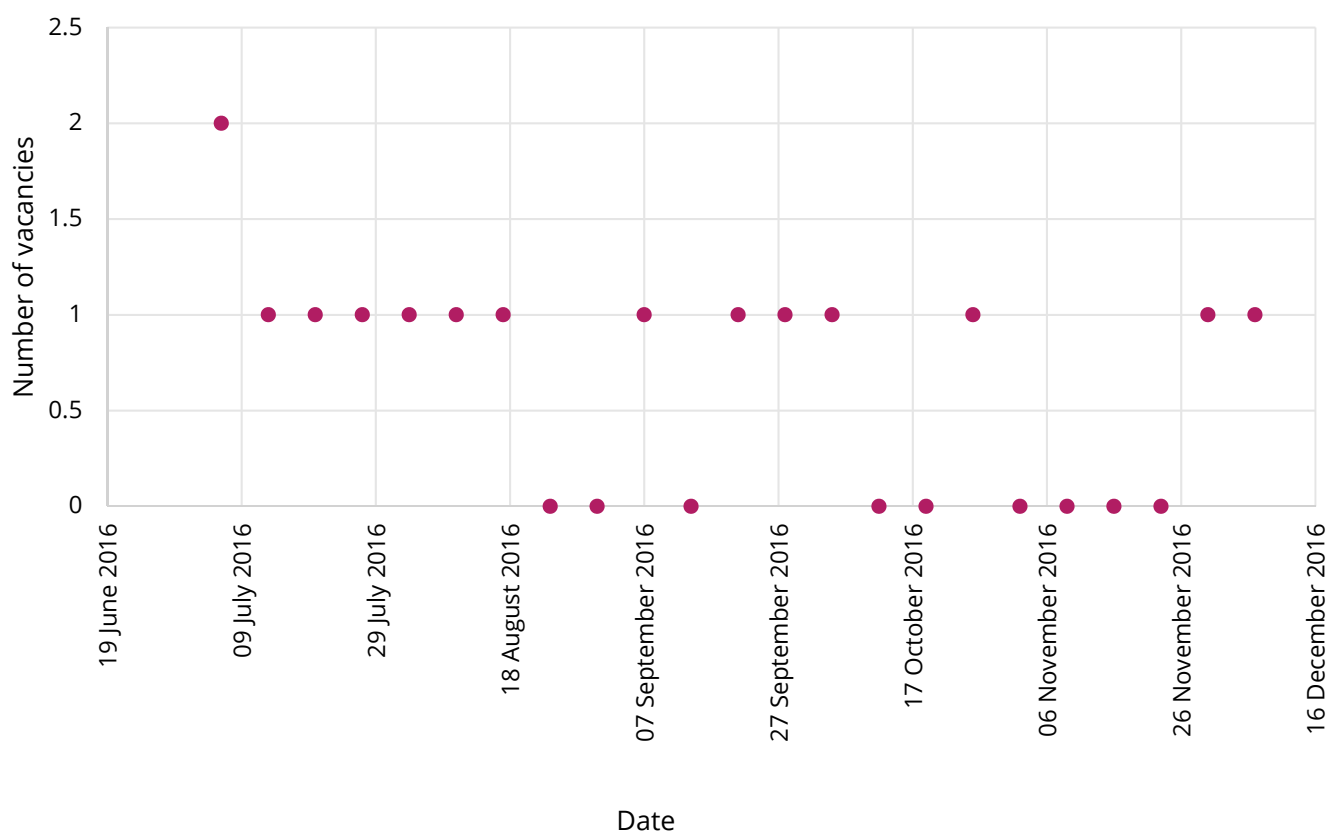
<sup>1</sup> BME, or Black and Minority Ethnic groups, is used to refer to anyone who had identified as mixed white and black Caribbean; mixed white and black African, mixed white and Asian, mixed other, Pakistani; Bangladeshi; Chinese; Kurdish; Middle Eastern other; South East Asian other; Asian/Asian British Bangladeshi; Asian/Asian British Indian; Asian/Asian British Pakistani; Asian/Asian British other; Black African; Black Caribbean; Black other; Black British; Latin American, Arab.

<sup>2</sup> See Appendix One for methodology.

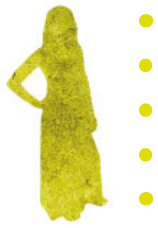
7 - 37. The average number of vacancies suitable for a woman and two children requiring a BME refuge was 0.65, with a range between 0-2. As this figure demonstrates, the availability of a refuge space to meet these specific needs is very limited and on many occasions the woman fleeing abuse will not have had any access to a specialist BME refuge, instead being forced to flee to a non-specialist refuge which may not be able to meet her needs.

The proportion of BME women seeking a refuge space was similarly represented in the calls to the NDVH and those who were referred on to the NWTa caseworkers (at 44% and 45% respectively).<sup>1</sup> 21% of BME women were successfully accommodated in a refuge space. Imkaan are planning to undertake an in depth analysis of this data to draw out nuances around BME women's access to support, barriers and gaps.

Figure 2: Snapshot of vacancies for a woman and two children requiring a BME refuge in the North West



<sup>1</sup> A full breakdown of the ethnicities of women calling the NDVH seeking a refuge space and women supported by the NWTa caseworkers can be found in Appendix Three.



# Challenges for women with support needs around language

As shown in Table 7, 5% of refugees have a worker trained in British Sign Language on-site (RTS, May 2016). Currently, 25% of refugees on RTS have a worker that speaks another language and 51% of refugees have access to an interpreter.

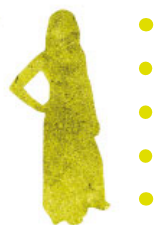
For women with support needs around language, they may be impeded from accessing services as they may be isolated, unaware that services exist, or reluctant or unable to ask for help from the service (Menjivar and Salcido, 2002). As such, women with support needs around language may be seeking a refuge with staff who can speak their language. Women with support needs around language comprised 1.5% of callers to the NDVH who were seeking a refuge space. Women with support needs around language comprised 14% (57) of the women supported by the NWTa caseworkers; however, just 3% (13) were only looking for a refuge space

that could meet their language needs. In our sample of women supported by the NWTa caseworkers, just two (4%) were refused a space as the refuge did not have the means to provide the necessary specialist support.

Out of the 57 women with support needs around language, only six (11%) were accommodated in a suitable refuge space. Samya, a survivor supported by the NWTa caseworkers, had been trying to leave her abusive partner for three months. She had spoken to her housing officer but told her NWTa caseworker that she didn't feel that she was able to explain her situation as her English is not fluent. Support needs around language can also prevent women from phoning refuges themselves meaning they are often dependent on the support of the NWTa caseworkers.

**Table 7: Refuge provision for women with support needs around language**

	<b>Number of refuges</b>	<b>Percentage of all refuges</b>
At least one worker trained in British Sign Language	13	5%
At least one worker that speaks another language	67	25%
Access to an interpreter	137	51%
<b>Total</b>	<b>269</b>	



# Challenges for women with No Recourse to Public Funds (NRPF)

## What refuge provision is there for women with NRPF?

Women without recourse to public funds may have experienced abuse from multiple family members, be ostracised from their community for disclosing the abuse, and may not speak English. Imkaan's report *No Recourse No Duty to Care* (2008) found that women with NRPF often suffer from depression, chronic anxiety, sleep disorders, eating disorders and in some cases schizophrenic tendencies<sup>1</sup>. Specialist support for women with NRPF includes emotional support which is sensitive to the experiences of women with NRPF, as well as legal advice and advocacy related to immigration, social services, health and accessing community-based resources. BME specialist services are often the most suitable avenues of support due to their language specialisms and their expertise in relation to immigration, discrimination, racism, and gender dynamics within family and community structures (Anitha, 2010). As discussed previously, the network of BME specialist refuges is limited with some regions in England with little or no coverage; this highlights not only the lack of access to specialist support for women with NRPF but also the additional pressure on often already underfunded and over-stretched BME specialist services. In addition some non BME services also provide support around NRPF for some non-BME women.

While such specialist support is necessary, it is often the case that simply securing a place in a refuge is the biggest hurdle for women with NRPF. On RTS 70% of refuges (188 out of 269) state that they will accept women with NRPF into their refuge (RTS, May 2016). In practice, however, acceptance into the refuge is often

dependent on the woman having funding in place from the Destitute Domestic Violence Concession (DDVC) or agreed funding from another statutory service, and it is unlikely that the refuge will be able to fund a place without this. Even with funding in place, the ongoing and chronic underfunding crisis within most refuges means that services may feel unable to tolerate the potential risk of ending up with no payment for the woman's stay, or the funding running out for a woman while she is in the refuge. Where refuges have managed to accommodate women with NRPF through their own funds, there have often been no resources left over to meet the family's living expenses, leaving women with NRPF housed in refuges well below the poverty threshold (Anitha, 2010).

The vacancy monitoring<sup>2</sup> for women with NRPF across different regions in England shows that there is an average of one space available in each region, and that this is consistent over time, with a range between 0-8. Figure 3 (page 28) shows the number of vacancies in the East of England, London and the South West who would consider accepting a woman with NRPF. The average number of vacancies who would consider accepting a women with NRPF in the East of England was 0.6, with a range between 0-2. In London, the average was 1.6 with a range from 0-6, and in the South West, the average was 0.7 with a range between 0-2.

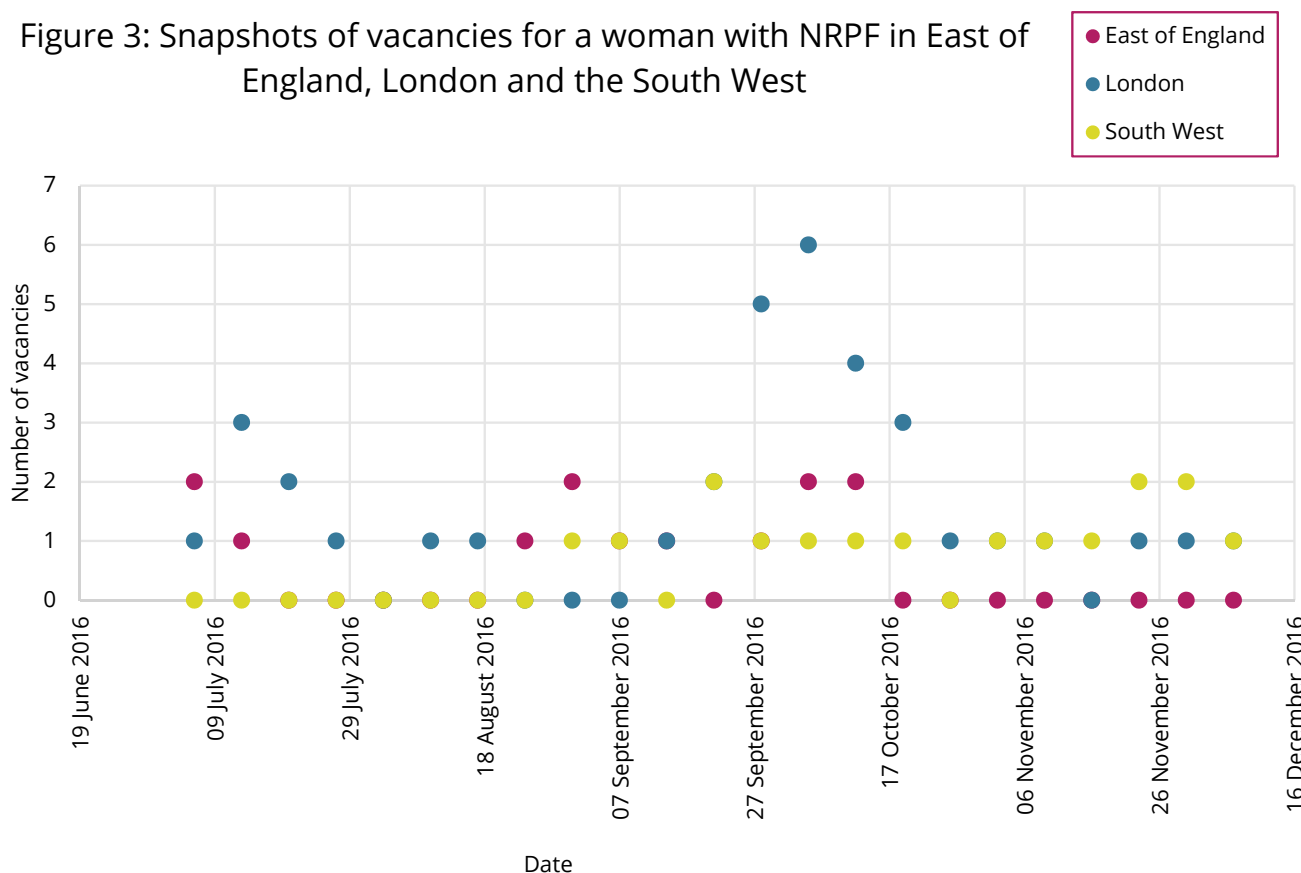
## Women with NRPF supported by the caseworkers

The overrepresentation of women with NRPF supported by the NWTa caseworkers suggests that this forms a key barrier to accessing a refuge space. Over a quarter (27%) of women

1 See the literature review in Appendix Two for further exploration of the needs of women with NRPF.

2 See Appendix One for methodology.

Figure 3: Snapshots of vacancies for a woman with NRPF in East of England, London and the South West



supported by the NWTa caseworkers had No Recourse to Public Funds, compared to 4% of the callers to the NDVH who were seeking a refuge space. Given that on average, housing benefit covers 89% of the weekly housing costs of refuges, not including support costs, this is a huge barrier to accessing a refuge space (Women's Aid, 2016). Nine of the women listed here as having NRPf had the DDVC in place and so did, in fact, have recourse to public funds. The lack of resources within a service to adequately support the needs of women who have an insecure immigration status may also mean that women with the DDVC are refused from a refuge.

The majority of women with NRPf who were supported by the caseworkers were not

eligible for the DDVC (67%), highlighting the restrictive nature of the criteria (see Table 8). Thirteen women with NRPf supported were 'over-stayers', meaning that they had exceeded their legal time limit to remain in the UK, and had not applied for the leave to be extended.<sup>1</sup> Many of these survivors had significant difficulties in accessing legal advice in order to attempt to regularise their immigration status, and without this they were unable to access any benefits and were refused support from social services. As a consequence, twelve women who had the status of 'over-stayer' were not accommodated in a refuge. In one case, social services agreed to fund a refuge space and this woman was subsequently accommodated in a refuge. Social services were dealing with the case, thanks to the

1 Home Office (2007), Overstayers <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/nationalityinstructions/nisec2gensec/overstayers?view=Binary>



**Table 8: survivors not eligible for DDVC**

	<b>Number of women</b>	<b>Percentage out of total women not eligible for the DDVC</b>
EEA nationals	35	47.30%
Over stayer	13	17.33%
Seeking asylum, including National Referral Mechanism for trafficked women	5	6.67%
Student visa	1	1.33%
Other visa	20	26.67%
<b>Total</b>	<b>74</b>	

advocacy of the NWTa caseworker who was able to speak to the survivor in her own language and communicate her needs to the social worker.

None of the women who were seeking asylum, or were in the UK on a student visa were accommodated in a refuge space. This was also the case for the women whose immigration status is classed as 'other'.

Almost half of the women who were not eligible for the DDVC were European Economic Area (EEA) nationals (47%) who did not have access to housing benefit (see Table 8). Women who are EEA nationals are only able to access housing benefit if they have worker status<sup>1</sup> or are married to an EEA national who has worker status as long as she remains married to him, he remains in the UK and he continues to exercise treaty rights as a qualified person in the UK. For women who are not married to their partner, the only way

they can access rights through their partner is through applying for an 'extended family member' card from the Home Office; however, if the relationship breaks down they will lose any rights gained through their partner, even if the relationship has broken down because of domestic abuse. The caseworkers were not able to secure a refuge space for any of the women they supported who were EEA nationals with NRPF.

This evidence demonstrates a significant gap in support for women with NRPF fleeing domestic abuse who are not eligible for the DDVC. The restrictive nature of the criteria for the DDVC means that women with certain immigration statuses are being denied access to safety. The case studies below evidence the experiences of some of the women, supported by the caseworkers, who were in this situation.

<sup>1</sup> To be able to access housing benefit EEA nationals must either have 'worker' status or 'Self-employed person' status, to attain either of these status' the individual must meet the 'minimum earnings threshold' where they have to demonstrate that for the last 3 months they have been earning at the level at which employees start paying National Insurance (£150 a week – equivalent to working 24 hours a week at National Minimum Wage). (see: <https://www.gov.uk/government/news/minimum-earnings-threshold-for-eea-migrants-introduced>)

## No Recourse to Public Funds (NRPF) and no access to the Destitute Domestic Violence Concession (DDVC) – what this means for women

### Anna's story

Anna, an EEA national seeking refuge with six children, had not worked in the UK and even though her partner worked she did not have mirror rights as they were not married. She was therefore not eligible for housing benefit and was unsuccessful in securing a refuge space. During her journey Anna sofa surfed with her six children and called the police following an incident, the perpetrator was arrested and released on bail with conditions to stay away from the property. Anna and her children had no option but to stay put with the potential threat of the perpetrator returning; and the caseworker was unable to link the family in with a local domestic abuse service as there was nothing available locally that could meet Anna's language needs.

### Magda's story

Magda, an EEA national seeking refuge with one child, was told by social services that her only option for safety was to return to her own country. She had only recently started a job in the UK and so did not qualify for 'worker status' meaning that she could not access housing benefit. Magda was passed between different services and eventually grew tired of having to repeat her story and so gave up the search and stayed with the perpetrator.

### Karolina's story

Karolina was living in the UK under a 'family member' visa as her husband was an EEA national. She would have been entitled to housing benefit as her husband had worker status, however as he was in prison (not for charges around domestic abuse) he had lost treaty rights and not retained this status meaning she had lost her mirror rights. Karolina was experiencing abuse from multiple perpetrators and her husband's (also perpetrator) release was imminent. She was accommodated in a B&B by social services as a short-term solution, with the caseworker predicting that she would eventually be sent back to her home country with her child. This decision could be challenged by the father to stop the child from leaving the country, meaning that if Karolina wanted to stay with her child she would have to stay in the UK but would be destitute.

**Nasheima's story**

Nasheima was originally in the UK on a student visa, but was seeking asylum in the UK due to the threat of forced marriage and honour based violence in her home country. This claim had failed and she was not allowed to appeal this decision without new evidence. This meant that Nasheima is allowed to be in the UK, but is unable to work or claim benefits. In addition, Nasheima had high mental health support needs and had made several suicide attempts in the last year, meaning that she needed a refuge that had sufficient resources and specialist staff to meet her needs. The NWTa caseworker was unable to find any alternative accommodation for Nasheima, and at the time the case was closed she was still living with the perpetrator, and was put in contact with an asylum support charity and homeless day centres. Nasheima's case demonstrates the stark reality of women for whom there is no avenue of support to access safety from domestic abuse.

**Misha's story**

Misha was in the UK on a student visa, meaning that she did not have recourse to public funds, and was ineligible for the DDVC. Her NWTa caseworker attempted to secure a refuge space for Misha but they were unable to accept her without any funding in place. In addition, as it was the Christmas period, several of the homeless charities the caseworker tried to contact were not taking calls. As a consequence, Misha spent time sleeping rough in 24 hour food outlets and on night buses, she also slept in a police station for the night, all of which had an adverse effect on her mental health. Unsurprisingly, Misha grew tired of being turned away from services and stopped contacting the NWTa project.

Feedback from the NWTa caseworkers suggests that the DDVC is effective in what it can provide for women but is limited both in the time it takes to apply and the restrictions placed on who can access it. Even where women are eligible for the DDVC, securing the concession is not a straightforward process. 25% of the women with NRPF who were eligible (women on spousal visas) were unable to access timely advice around applying for the DDVC. Applying for the DDVC requires

the survivor to be aware of its existence and have access to someone to support them through the process of applying. If a woman is isolated, which is likely due to domestic abuse and being away from her home country, it is difficult to find support with the application especially given recent cuts to legal aid<sup>1</sup>. In addition, services that support women with applying for the DDVC (such as Southall Black Sisters in London) are often inundated with applications, meaning it may take some time

<sup>1</sup> For more on the effects of cuts to legal aid see: Eaves & Southall Black Sisters (2013) Destitution Domestic Violence Concession – Monitoring Research Report: <http://i3.cmsfiles.com/eaves/2013/12/DDV-Concession-Scheme-Monitoring-Report-Final-f14013.pdf>

for women to get support to apply. Once women have applied it can take over two weeks for them to be granted the concession, during which time the woman is at risk of further abuse and possible homicide by the perpetrator<sup>1</sup>. The DDVC, therefore, is a vital lifeline for those women with NRPF who can access it, but accessing the concession can be complicated and slow.

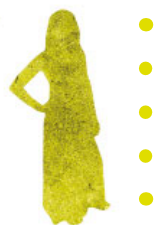
### How many women with NRPF were accommodated in a refuge space?

Not having recourse to public funds was a commonly cited reason for women being refused an available refuge space in the casework data, occurring in 10% of refusals from a refuge space (40 out of a total of 420 refusals). A further 2% were refused because the refuge was uncertain of the woman's benefit status (8 out of total of 420 refusals). In practice, this meant that 36% (40 out of 110) of women with NRPF, who were supported by the caseworkers, were refused a refuge space because they did not have recourse to public funds.

Out of the 110 women supported by the NWTAs caseworkers who had NRPF, only eight were accommodated in a suitable refuge space, a total of just 7%. Crucially, of the eight who were accommodated in refuge, four had successfully applied for the DDVC and a further three were in the process of applying. Just one woman who was not eligible for the DDVC was accommodated in a suitable refuge space, as discussed above.

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1 For further evaluation of the DDVC see *ibid*.



# Challenges for women with mental health support needs

Previous research has shown that mental ill-health is a common outcome of domestic abuse and pre-existing health conditions (pre-dating the abuse) are often exacerbated by experiences of domestic abuse (Ledermir et al., 2008).<sup>1</sup> Despite this correlation, the number of refuges able to offer in-house specialist support around mental health stands at just 23% (62) (RTS, May 2016). In addition, 12% (32) of refuge services listed on RTS state they would never be able to consider a referral for a woman with mental health support needs (Ibid.). For those services that would consider a referral for a woman with mental health support needs, this is likely to be dependent upon the extent and complexity of the support needs and the resources they have available to meet these needs. The balance of the women already resident in the refuge may also impact upon the decision to accept a resident with mental health support needs, for example if there is already another woman in the refuge with very high mental health support needs.

The NWTa caseworkers supported 106 women who had mental health support needs, 26% of the total women supported in the project. This is higher than the recorded proportion of women who phone the NDVH searching for a refuge who had mental health support needs, which was 20% (1608 of 8152). Of the women with mental health support needs who were supported by the caseworkers, 31% (33) were turned away from a refuge for this reason. In total, 28% (30) of women with mental health support needs supported by the caseworkers were accommodated in a suitable refuge space. This highlights both the difficulties women with mental health support needs face when attempting to access refuge and the lack of capacity and resources within refuges to provide this support.

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1 See literature review in Appendix Two for more detail about the support needs of women with mental ill-health.





# Challenges for women with substance use support needs

Women may use drugs and alcohol as a way of coping with or blocking out the abuse and its after-effects (Humphreys et al., 2005). Substance use support needs may present a barrier to accessing refuge, as some refuges may not be able to support a woman without a named alcohol/drugs worker, or who is not in treatment.<sup>1</sup> Some refuges have specialist alcohol and drug workers, however these are limited, with just 10% (28) of refuges having specialist drug workers, and 10% (28) having specialist alcohol workers. Refuges are able to state on RTS whether or not they would be able to consider a referral for a woman with alcohol or drug use support needs; 22% (59) said they would never consider a referral for women with alcohol use support needs and over a quarter (27%, 73 refuges) said they would not consider a referral for a woman with drug use support needs.

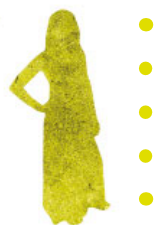
4% of women calling the NDVH had drug use support needs (364 out of 8152), and 4% had alcohol use support needs (332 out of 8152), whilst 6% (23) of the women supported by NWTa caseworkers had substance use support needs. Out of the 23 women with

substance use support needs, supported by the caseworkers, 15 were refused from an available refuge space because of their needs (65%). 22% (5) of women with substance use support needs, who were supported by the caseworkers, were accommodated in a suitable refuge space.

The experiences of women with mental health and substance use support needs, often referred to as 'complex needs', evidence the lack of capacity in refuges to accept referrals from women who have complex or multiple support needs. In addition, the findings suggest that the wait for a refuge may be more difficult for women with complex needs; 39% of women with substance use support needs (nine women out of 23) and 21% of women with mental health support needs (22 out of 106), spent time sleeping rough while they waited for a refuge space. This picture is exacerbated by feedback from specialist domestic abuse services which evidences that cuts to other services has resulted in an increase in the complexity of the needs of the survivors they support (see Part 3).

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1 See literature review in Appendix Two for more detail about the support needs of women with substance use needs.



# Challenges for women with children and young people

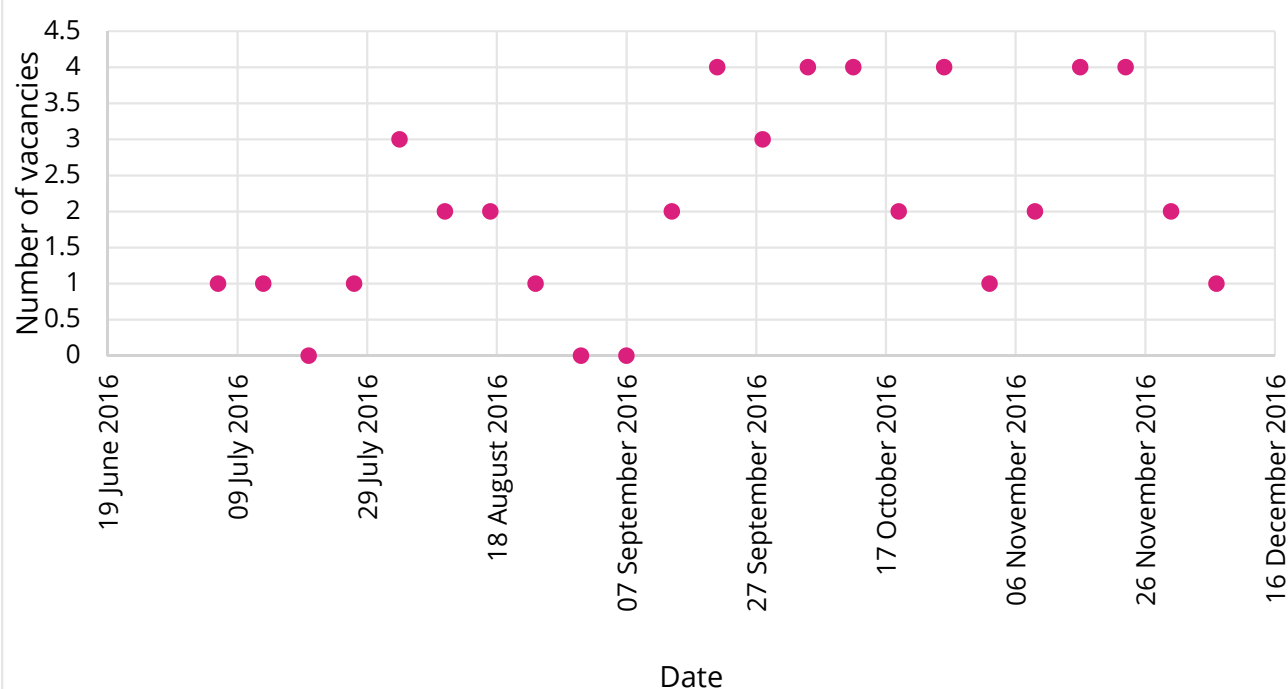
Women often flee domestic abuse with their children, and must find a refuge with sufficient space to accommodate them. The majority of refuges on RTS accept women with children<sup>1</sup>, with some refuges having staff with expertise in supporting children who have experienced domestic abuse. In the May 2016 RTS snapshot, 61% (165) of refuge services had a dedicated children and young people's service, which is a service staffed by trained children's workers and provides support such as counselling, group work, activities, after-school clubs and holiday clubs.

Women with larger families may face significant barriers in accessing a refuge space due to room sizes within a refuge. The 2015/16

RTS update conducted by Women's Aid saw a move to smaller rooms within refuges; with a decrease in rooms for a woman and three children by 48 and women plus four children by 12, a change which has an impact on refuge availability for larger families.

Figure 4 shows the percentage of refuges vacancies in the South East who would consider accepting a woman with three children<sup>2</sup>. The average number of vacancies was two, with a range between 0-4. The number of vacancies for a woman with three children remained low, providing few opportunities for a woman with three children to secure a refuge space.

Figure 4: Snapshot of vacancies able to accept a woman with three children in the South East



1 In the May 2016 Routes to Support Snapshot 265 out of 269 refuge services accepted children.

2 See Appendix One for methodology.

Of the survivors supported by the NWTa caseworkers, 53% were fleeing with children, with 47% being women on their own (Table 9). 13% of the survivors had four or more children, with one woman seeking refuge with ten children. Over 20% (86 women) were seeking a refuge space with a cot for their young child. Women required a space that could support not only their own needs, but also those of their children, with six women (2%) facing a barrier to accessing a space which could cater for the health, behavioural and medical needs of their child or children. Nine women were refused from an available refuge space because they needed a space for a women with four or more children and five women were refused because the refuge was not able to under occupy the space as their funding is dependent upon the number of children accommodated in the space (Table 10).<sup>1</sup>

Many refuges are unable to accommodate teenage males in women only refuges, meaning that having older male children can present a barrier to accessing a refuge. This largely relates to refuges with communal accommodation, as refuges that have self-contained units are able to be more flexible about the age of male children accommodated. 50% (134) of refuges currently allow male children over the age of 16 to be

accommodated in the refuge (RTS, May 2016). 24 of the women (6%) supported by the NWTa caseworkers were fleeing with an older male child. 11 women were refused a space because they had an older male child (Table 10).

**Table 9: Number of children accompanying woman into a refuge space**

Number of children	Number of women	Percentage out of total number of women
0	188	46.53%
1	73	18.07%
2	48	11.88%
3	42	10.40%
4	38	9.41%
5	10	2.48%
6	2	0.50%
7	2	0.50%
8	0	0.00%
9	0	0.00%
10	1	0.25%
<b>Total number of children</b>	<b>533</b>	
<b>Total number of women</b>	<b>404</b>	

**Table 10: Refusals as refuge unable to meet the needs of a woman's child/children**

Reason for refusal	Number of women with this need	Number of women refused for this reason	Percentage out of total no. of women with this need
Refuge refused to accommodate an older male child	24	11	45.83%
Refuge unable to accommodate 4+ children	53	9	16.98%
Refuge would not under occupy the space	-	5	

<sup>1</sup> This may occur when a refuge is dependent upon receiving housing benefit for a woman and her children, thus having fewer children in the space means they would not receive as much housing benefit.

24% of women with children were accommodated in a suitable refuge space (52 out of 216 women). For women fleeing with four or more children, the percentage accommodated in a suitable refuge space is lower, at 20% (11 out of 53 women). In instances where women were fleeing with an older male child, the percentage accommodated in a suitable refuge space is significantly lower, at 8% (2 out of 24 women).

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*"There was no refuge that would take me and my 17 year-old son. He said this made him feel like an abuser, like he was a threat. As a result he slept rough and sofa surfed. He was in his final A level year - a lovely, caring, intelligent boy so badly abused by his step-dad that he had to leave his home. He has lost all faith in 'the system' and society. There was nothing for him. How is a mum supposed to go into a refuge and leave her son on the streets?"*

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(Survivor, 2016)

Of the survivors supported by the NWTa caseworkers with one or more child, 80% were able to have her children accommodated with her, 5% found accommodation with some of her children, whilst 3% of women did not have any of their children accommodated with them (Table 11). It is not known whether the children remained with their mother for the remaining 12% of women with children.

Of the 173 women who had their children accommodated with them, 27% (47 women) were accommodated in a suitable refuge space, 21% (37 women) stayed put and 21% (36 women) were staying with friends and family. 15 women with children (9%) stayed put with the perpetrator whilst 15% (26 women) were already staying away from the perpetrator at the time they accessed support from the NWTa team.

Of the 18 women whose children or some of whose children were not accommodated with their mother, eight women (44%) had their children accommodated with the perpetrator, five (28%) with family and friends, one (6%) in local authority care and four (22%) somewhere else.

**Table 11: Were the children accommodated with their mother?**

	Number of women	Percentage
Child/ children accommodated with their mother	173	80.09%
Some children accommodated with their mother	11	5.09%
Children separated from their mother	7	3.24%
Don't know / lost contact	25	11.57%
<b>Total</b>	<b>216</b>	



## Case study two: Saliha

Saliha is a mother of three who faced a number of barriers to accessing a refuge space and finding safety. Having mustered the courage to leave her abuser and flee to a refuge, Saliha reached out to her daughter's social worker. The social worker told her to go to the council, but the council did not take her need for emergency accommodation seriously or understand her fear that her children would be taken away.

For three months, Saliha searched for a suitable refuge space but was continually refused a space. Saliha does not have British citizenship and she was unsure of her benefit entitlements. Refuges, being unable to fund a woman with no recourse to public funds, were forced to turn her away.

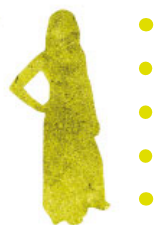
Saliha was living with the perpetrator and the abuse continued throughout this time. Desperate to escape, she called the NDVH on a daily basis as well as speaking to the social worker regularly. Understandably, she felt *"very, very sad, very angry"* at her situation.

With her fear for her life ever present, Saliha accepted that she would not be able to take her teenage son with her to the refuge. She was forced to choose between living with the abuse or being separated from her son. Saliha's choice was not an easy one, but she sent her son to stay with a relative outside the country.

Saliha was placed in a hostel. However, this did not offer her or her children any specialised support and it was a difficult time for the family. During her time there, another resident hit one of her daughters. Her children were sad and very scared in the hostel, which made Saliha sad too, so Saliha had to leave the hostel.

Saliha succeeded in finding a refuge space with the help of the NWTa project. Packing up her things, and gathering her children she was walking to the bus stop when she realised her abuser was following them as they tried to reach safety. Saliha phoned the police, and they stopped him from following her any further, allowing her to safely reach the refuge.





# Challenges for disabled women

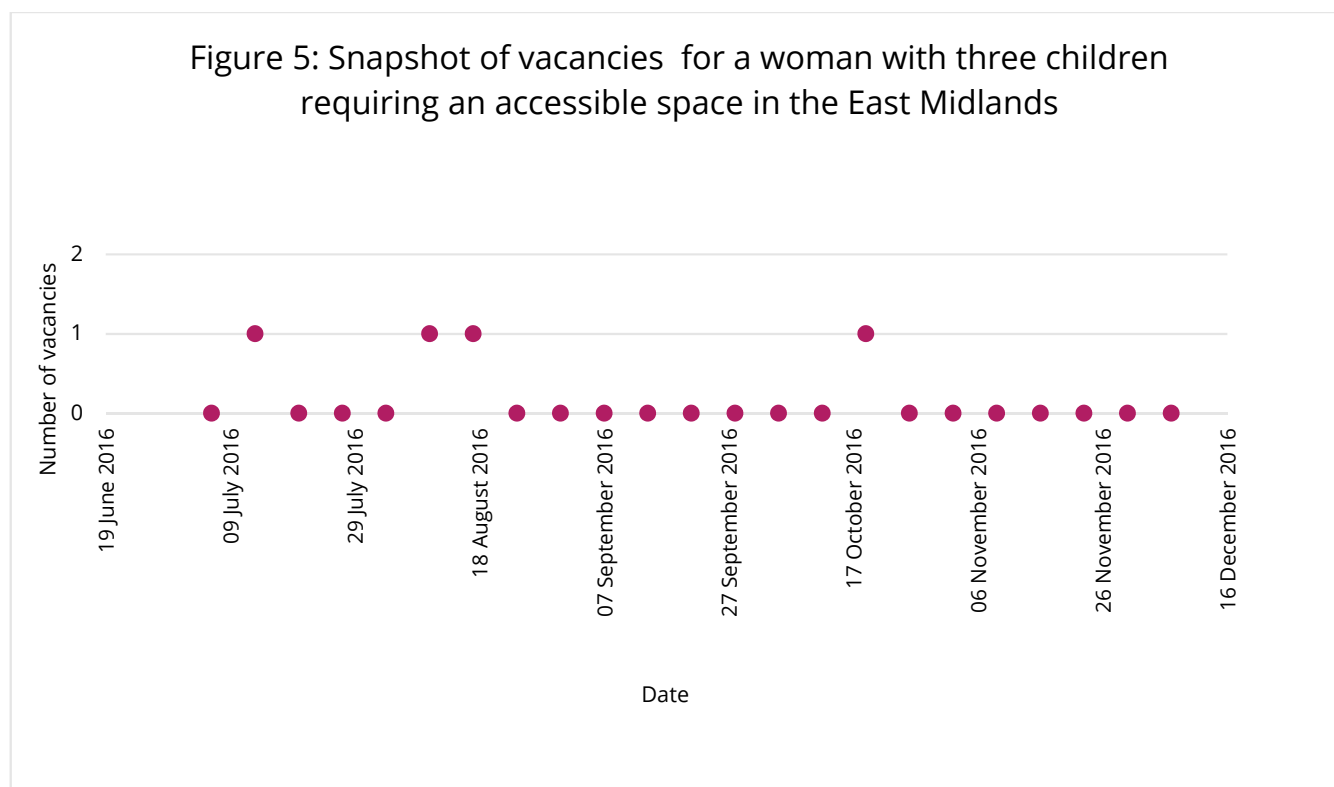
Disabled women are twice as likely to experience DV as non-disabled women (Hague et al., 2011) while also facing greater barriers to accessing services (Healey et al., 2013).<sup>1</sup> There is just one refuge in England which is dedicated to women with learning disabilities (Beverley Lewis House, in London). Only 4% (11) of refuges provide any level of specialist support for women with learning difficulties, and under a third (77 refuges) have full wheelchair access throughout the refuge. Women seeking a space alongside their carer can be accommodated in just 18% of refuges (48) (RTS, May 2016).

Figure 5 provides a snapshot of the vacancies on RTS for a woman with three children

who require an accessible space<sup>2</sup> in the East Midlands<sup>3</sup>. As demonstrated in the graph, there were just four occasions when there was a vacancy available for a woman of this profile, meaning she has approximately a one in six chance of finding a vacancy, which is only the first step in securing a refuge space.

3% of callers to the NDVH seeking a refuge space had a physical disability, 8% had long term mental health problems and 3% had a mobility disability (Table 12). For a disproportionate number of these women, the NDVH workers were unable to identify a suitable refuge vacancy and referred them to the NWTa caseworkers, with 27% of the women supported by the NWTa caseworkers

Figure 5: Snapshot of vacancies for a woman with three children requiring an accessible space in the East Midlands



1 More information can be found in the literature review.

2 An accessible room refers to a room with full wheelchair access.

3 See Appendix One for Methodology.

having one or more disability. Women with long term mental health problems accounted for 14% of the women supported by the caseworkers, 10% had a mobility disability, 6% had a physical disability, 2% had a learning disability, 1% women had a disability recorded as 'other', and one woman (0.2%) had a sensory disability. 17% of the women supported by the caseworkers required an accessible space. Not all of the women with a disability required an accessible space, and some of the women who required an accessible space may have needed it for their children rather than for themselves. Nine women (2%) required a space which could

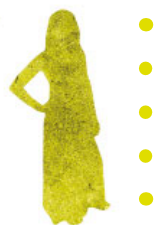
meet her child's needs around disability, and six required self-contained accommodation (1.5%).

23 of the 111 disabled women (21%) were refused a space because the refuge was unable to meet their disability needs. Nearly 30% of women with a disability and almost 33% of the women requiring an accessible space were accommodated in a suitable refuge space.

**Table 12: Number of disabled women calling the NDVH and supported by NWTa caseworkers**

Disability <sup>1</sup>	NDVH callers who were seeking a refuge space	Percentage of total NDVH callers who were seeking a refuge space	Women supported by NWTa caseworkers	Percentage of total women supported by NWTa caseworkers
Learning disability	156	1.91%	7	1.73%
Mobility disability	248	3.04%	40	9.90%
Physical disability	211	2.59%	24	5.94%
Sensory disability	57	0.70%	1	0.25%
Other disability	142	1.74%	6	1.49%
Long term mental health problem	689	8.45%	55	13.61%
<b>Total</b>	<b>8152</b>		<b>404</b>	

<sup>1</sup> Disability categories are not mutually exclusive; a woman may be included in more than one category.



## Location

The survivors came from a range of locations (see Appendix Three for full breakdown). The breakdown of location of callers to the NDVH and the location of women supported by the NWTa caseworkers is not representative of the population of different areas. London was the most common with almost half of the survivors stating that this was their current location (43%). These variations are likely to be the result of differing referral pathways in different regions and women fleeing to major conurbations before calling the NDVH to seek a refuge space.

The breakdown of the location of women calling the NDVH in search of a refuge space largely matches the regional distribution of desired refuge location.<sup>1</sup> It is important to acknowledge when considering this data that the regions are large, and while women may be seeking refuge in the same region this is likely to be in a different local authority area; data from the Women's Aid Annual Survey 2016 shows that about three quarters of women resident in refuge on the Day to Count 2016 had travelled from another local authority.

Out of the 404 survivors supported by the NWTa caseworkers, 200 (50%) were tied to their local area<sup>2</sup> for one or more reason. The main reason women did not want to leave their local area was because of their family/friends support network (28%), but also because of health treatment/social care support (10%), child contact arrangements (8%) and because they did not want to uproot their children and move them to a different school (4%). In cases where the ties to a local area arose due to the involvement of professionals, the extent to which the professionals would

have cooperated in arranging transfers is not known. Previous research discussed in the literature review and evidence from the Women's Aid Annual Survey suggests that women need to go far enough to be safe, but not so far that they are entirely removed from their support networks. Table 13 shows the breakdown of reasons why women were tied to the local area. Reasons amongst those categorised as 'other' included having a pending court case (three women) being on probation (two women), and having health problems which made travelling/relocating difficult (two women).

**Table 13: Survivor's ties to local area**

	<b>Number of Women</b>	<b>%</b>
Family/friends support network	114	28.22%
Health treatment/social care support	42	10.40%
Child contact	32	7.92%
Didn't want to take children out of school	18	4.46%
Work	15	3.71%
Caring responsibilities	8	1.98%
Attending a university/college course	4	1.00%
Health treatment for child	4	1.00%
Court order	2	0.50%
Other	18	4.46%

<sup>1</sup> Unfortunately, the structure of the database and its reports mean that we cannot match the current location of the caller with their desired location to assess whether callers want to stay in the same region.

<sup>2</sup> Local area refers to what a woman defines as her local area. As such it is referring to neither to a Local Authority nor to her Local County as a woman's local area may cross over into more than one Local Authority or Local County.

7% of the reasons given for refusing women a refuge space were related to the space being too close to the danger area, meaning that the space was too close to the perpetrator/s and possibly the perpetrator/s family and associates.

Out of the 200 women who were tied to their local area, 56 were able to be accommodated in a suitable refuge space (28%).

## Case study three: Kate



After speaking to the National Domestic Violence Helpline, Kate started to seek refuge for herself and her children to escape her abusive partner. She was calling the helpline every day but they could not find a suitable refuge. Kate's situation is complex. She has two children with serious health problems who need to visit the hospital every three weeks, meaning she needed a refuge within travelling distance of the hospital. Kate did not want to change the children's hospital and could not find a refuge far enough away from her danger area yet within travelling distance of the hospital.

Kate was becoming increasingly stressed until one day she was given a support worker by the NWTa domestic abuse project. Her NWTa caseworker not only helped her practically to search for suitable refuges but she also offered Kate emotional support during a very difficult time. Kate said:

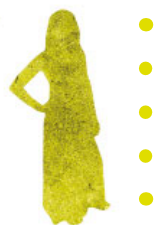
*"I was phoning every day and then I got [NWTa caseworker] dealing with my case and I felt the burden was lifted off my shoulders – I knew there was someone out there looking after me."*

Her caseworker continued to search Routes to Support for refuges every day for Kate, recognising the very real threat that Kate and her children could be killed by her abuser unless they were able to flee to safety. The NWTa caseworker was not able to find a vacancy in a refuge in the required area. The local refuge agreed that the family were high risk and sent the case to MARAC but they were unable to offer any support due to a lack of capacity. Kate started looking for refuge in October of last year and unfortunately she still has not found anywhere that can accept her. During this time there have been non-violent incidents involving her ex-partner leading to the police being called out. Kate said she felt completely let down by social services and the police who did nothing to support her situation.

*"Like I keep saying no other agency helped – the social, the police...they did nothing."*

Kate said she felt that the council should have provided her with alternative accommodation and she thinks that her children have been affected by what has happened, with her teenage daughter telling her that she thinks the services let her down. Kate said that she feels that victims of domestic abuse are often let down and that they should be supported to get safe accommodation.

*"...domestic abuse victims are let down left, right and centre – like they say come on speak up there's all this help out there but there is no help out there."*



## Other challenges

### Challenges for women with a history of offending

As indicated in the literature review (Appendix Two), this is a complex area influenced by wider inequalities. The data in this report should be considered within this wider context.

As shown in Table 14, just under three quarters of refuges (72%) on RTS state that they will accept women with a history of offending into the refuge, however, this figure is significantly reduced when searching for a refuge which will accept women who have committed serious offences,<sup>1</sup> with only 15% accepting women within this category (RTS, May 2016). Refuges can also specify, on RTS, if they accept women who have a history of violence (20%), and women with a history of arson (12%).

27 women (7%) supported by the NWTa caseworkers had a history of offending. Seven women (26%) were refused from a space because of their history of offending, and a further five (19%) were refused because they

had a history of violence and/or arson. Six of the 27 women who had a history of offending were accommodated in a suitable refuge space (22%).

### Challenges for women previously evicted from a refuge

On RTS, 145 refuges (54%) state that they will accept a woman who has previously been evicted from a refuge. Women who had previously been evicted from a refuge often found it difficult to access a refuge space. 26 (6%) of the women supported by the caseworkers had been evicted from a refuge in the past, almost half of these (46%) were subsequently refused from a refuge for this reason. In a backdrop of limited resources and funding, refuges are unlikely to be able to risk accepting a woman who had previously been evicted from a refuge for fear they would create a drain on already overstretched resources. In our sample of women supported by the NWTa caseworkers, 42% of women who

**Table 14: Refuges on RTS who support women with a history offending**

	Number of refuges	Percentage of total refuges
Refuge accepts women with a history of offending	195	72%
Refuge accepts women who have committed serious offences	40	15%
Refuge accepts women who have a history of violence	54	20%
Refuge accepts women who have a history of arson	32	12%
<b>Total</b>	<b>269</b>	

<sup>1</sup> This is defined by the services themselves.



had previously been evicted from a refuge were successfully accommodated in a refuge space.

## Challenges for women ineligible for housing benefit

In addition to not being eligible for housing benefit because of NRPF, there were 2% of women who were not eligible for housing benefit for other reasons; these included being a home owner (two women), having a full-time job (three women), being in full-time education (two women) and having benefits sanctioned (one woman). The reliance on housing benefit for refuges' income means that they are often unable to accept women who are ineligible for housing benefit without securing specific funding for this or using their charitable reserves.

## Challenges for lesbian, bisexual and transgender (LGBT) women

There are currently no LGBT-specific refuge services in England. Less than 1% of refuges (two refuges, both located in London) provide specialist support to LGBT survivors (RTS, May 2016). LGBT survivors may also be fleeing violence from a third party, and require accommodation as a couple, a scenario which just 39% of refuges (105) can accommodate.<sup>1</sup>

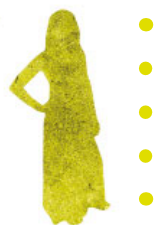
## Challenges for older women

There are two refuges in England that offer specialist support for women over the age of 45, with one of these being exclusively for women who are within this age bracket. There were only four women over the age of 60 supported by the NWTa caseworkers, making up 1% of all women supported. This proportion is reflected in the NDVH data also, with 1% of women who call the helpline being over the age of 60 (90 women).<sup>2</sup> This should not be seen to indicate that older women experience less domestic abuse, but that older women may have less awareness of domestic abuse and related support services and be less likely to disclose. See the literature review in Appendix Two for further discussion on this topic.

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1 We do not have sufficient data on the number of LGBT women in our sample.

2 See Appendix Three for full breakdown of age of women calling the NDVH to search for a refuge space and women supported by NWTa caseworkers.



## To what degree are these barriers systemic rather than related to individual journeys?

In addition to barriers focused on lack of support for particular needs, many women faced structural barriers to accessing refuge due to inadequate responses from statutory agencies such as housing, social care and the police.

the women in this report having involvement from them. The services listed as 'other' included immigration/asylum support services (6), legal support/solicitor (6), Victim Support (4), probation service (4) and local children's centre (3).

### Services involved

The caseworkers were asked which other services were supporting the woman at the time they approached the NDVH for support. In total, 272 women (67%) were engaging with other services and 132 women (33%) were not accessing other services. Table 15 details the services women were engaging with.

The most prevalent service to occur in this list are social services, with over a quarter (28%) of

### Failure of services involved

The caseworkers were asked to identify the barriers related to system failure that women encountered in their search for a refuge space. The women either faced these barriers leading up to or during the course of their NWTa support. It is important to bear in mind that the analysis is based on a small sample.

**Table 15: Number of women engaged with other services<sup>1</sup>**

	Number of women	Percentage of total women supported by NWTa caseworkers
Social services	115	28.47%
Local housing team	87	21.53%
Local voluntary organisation	61	15.10%
Police	33	8.17%
Mental health service/CPN	26	6.44%
Drug/Alcohol Support Service	6	1.49%
Other service(s)	42	10.40%
<b>Total women engaged with one or more service</b>	<b>272</b>	
<b>Total women supported by NWTa caseworkers</b>	<b>404</b>	

<sup>1</sup> The categories in this table are not mutually exclusive as one woman may have engaged with more than one service.

## Social services

Social services failed to meet their duty of care towards 37 of the 115 survivors they supported (32%), 30 of whom were fleeing with children (26%) (Table 16). Of the 37 women who had been failed by social services, 28 were failed once, nine were failed twice and two women were failed on three accounts.

The most common failure by social services was refusing to meet their duty to children by not finding suitable accommodation for the children and their mother away from abuse, with this occurring to over a quarter (27%) of the families they were in contact with (21 out of 78 women fleeing with children who were supported by social services).<sup>1</sup>

Out of the 19 women for whom social services refused to fund a space, and where the woman was ineligible for welfare benefits, 17 had NRPF and, the remaining two were EEA nationals who did have recourse to public funds.

Several women who were refused help by social services were told that they were not experiencing domestic abuse or that they did not meet the risk threshold for intervention. One woman was told that she was experiencing 'intimidation' from her partner, not domestic abuse, and another was informed that her situation was a 'relationship breakdown'. Further to this, there were cases where women had not disclosed physical abuse, or reported any incidents to the police, and so were considered not to be at risk by social services, demonstrating the systemic weaknesses of relying on risk assessment to determine access to support.

**Table 16: Failure of social services to meet their duty**

	<b>Number of women</b>	<b>Percentage of total women engaged with social services</b>
Refusal to meet duty to children	21	56.76%
Refusal to fund space	19	51.35%
Offer to accommodate children and send woman home	4	10.81%
Told to go to another borough	3	8.11%
Failure to safeguard a vulnerable adult	2	5.41%
<b>Total women engaged with social services</b>	<b>37</b>	
<b>Total women supported by NWTa caseworkers</b>	<b>404</b>	

<sup>1</sup> The Children Act 1989 states that a child witnessing domestic abuse is likely to be at risk of suffering significant harm and, in such circumstances, the local authority is obligated to investigate the child's circumstances and to consider whether action should be taken to promote the welfare of the child. Children Act 1989, Section 47. Available at: <http://www.legislation.gov.uk/ukpga/1989/41/section/47>



## Case study four: Heather

Heather had been searching for a refuge for three years. Although her ex-partner was no longer in the country, she had been experiencing abuse and threats from his family and friends meaning her and her two children were scared to leave their home. Heather tried to seek help on multiple occasions but was repeatedly let down by services who did not listen to her story and refused to take her seriously as she did not meet the 'high risk' threshold: *"they were listening to the stories but they weren't hearing me."* When she was referred to the NWTa caseworkers she was struggling with her mental health conditions and was at the end of her tether, *"I don't know what else to do, no-one's helping me, and that's when No Woman Turned Away came in."*

Heather was repeatedly told that the risk she was facing was not high enough to warrant going to a refuge space; that she didn't meet the requirements, *"Even though my face was fractured, I had fractured my... cheekbone, my right cheek bone and I'd gone to the hospital."* Heather's determination to flee her abuse and find safety for her children meant she had *"called refuge about 20 times"* and *"every one of them took my information and took the details and I kept repeating myself, again and again and again."*

Understandably, this was *"a really difficult time"* for Heather who was *"frightened to go outside"* and was *"living with [her] doorbell off for three months."* In 2013, after being refused from another refuge, Heather said that it was *"really heart-breaking because social services wanted to take my children."* The rejection was extremely frustrating, she felt *"like no-one was believing me, nobody was believing that I was a genuine case"* and *"that was hurtful."*

With the support of her NWTa caseworker, Heather secured a refuge place. However, her journey to the refuge was also challenging, taking over four hours. She had a lot of luggage as well as her young son and her daughter in a pushchair. The lift was broken and Heather was helped by a stranger to carry her luggage. Arriving at the train station, Heather couldn't find a taxi, and then the wheel on her buggy broke. This added to an already difficult day, as she explained, *"I wanted to burst into tears but I was trying to hold myself together for my children, because it's already a stressful time for my kids."*

The support offered by her NWTa caseworker was invaluable to Heather who said *"I'm not even exaggerating - she [NWTa caseworker] listened to everything I said on the phone, she heard me. She just listened to me. She didn't judge me or start jumping to conclusions. I'm forever grateful to her for that."*

Heather was adamant that changes are needed so that people in her situation can receive the help they need, stating that *"there needs to be more support for support services"*, and *"I really hope that some sort of funding is put into it. I really appreciate the help and support I'm getting."* She also highlighted the importance of recognising all types of abuse *"mental abuse is a real thing. I don't have to be physically attacked to be abused"*, *"It needs to be recognised and the government has got to do something."*

## Local housing teams

Local housing teams prevented 78 (19%) survivors from making a valid homeless application.<sup>1</sup> The 78 women who were prevented from making a valid homeless application were given a range of justifications from local housing teams as to why they were not eligible, with some women being given more than one reason for refusal (Table 17).

In 25 cases the reasons<sup>2</sup> given for preventing a survivor from making a homeless application related to the local housing team not accepting their responsibility in cases of domestic abuse; this included survivors being told to call the NDVH instead (14), that the Local Housing Authority did not have a duty to her or her children (3), being explicitly told that domestic abuse was not the responsibility of the LHA (3), or refusing an application and giving no reason at all (5). In a further 11 cases the LHA did not consider the domestic abuse to be a significant risk factor to merit a homeless application, with eight women being told to return to the perpetrator and three women told to come back when the situation got worse (see Table 17).

In 18 cases survivors were prevented from making a homeless application because the local housing team claimed that they needed a local connection in order to apply (9), or were told to make an application in another borough (9). As stated above, in cases of domestic abuse women are not required to

have a local connection to the local authority to whom they are making the homelessness application.

As previously discussed, women fleeing domestic abuse must be considered priority need if they are pregnant, have dependent children or are vulnerable as a result of mental illness or disability. There were four women who were told explicitly that they were not priority need and were prevented from making a homeless application. However, all of these women did in fact meet the priority need category. One woman had mental health support needs, one had a physical disability, one a learning disability and one woman was pregnant. All of these women slept rough while searching for a refuge space, explicitly evidencing what can happen when services fail women.

1 Under Part VII of the Housing Act 1996 (Part VII), see: <http://www.legislation.gov.uk/ukpga/1996/52/contents>), and the Homelessness Act 2002 (see: <http://www.legislation.gov.uk/ukpga/2002/7/contents>), local authorities have a duty to help those that have become unintentionally homeless because they have been forced to leave their home because of domestic abuse. This duty is dependent on women being considered priority need which includes those that are pregnant, have dependent children or are vulnerable as a result of mental illness or disability. If women do not fit within the priority need categories they may still be considered priority need if the local authority finds that they are vulnerable as a result of having to leave home because of violence or threats of violence, however decisions around this can be complicated (Rights of Women, 2012, Domestic Violence, Housing and Homelessness. Available at: <http://rightsofwomen.org.uk/wp-content/uploads/2014/10/guide-to-domestic-violence-housing-and-homelessness.pdf>). In cases of domestic abuse it is not necessary to have a local connection to the local authority you are applying to and they are not allowed to refer you back if there is a risk of violence to you if you return (Ibid.).

2 Some survivors were given more than one reason from a local housing team for being prevented from making a valid homeless application.



**Table 17: Reasons given by housing associations for their refusal to accept a homeless application**

Reason	Number of women <sup>1</sup>	Percentage of total women prevented from making a homeless application <sup>2</sup>
Told to call the helpline instead	14	17.95%
Refused help as not local connection	12	15.38%
Told to make an application in another borough	12	15.38%
Told to return to the perpetrator	8	10.26%
No reason given	5	6.41%
Told not entitled due to having NRPF	5	6.41%
Woman told she was not a priority	4	5.13%
Told didn't have a duty to her or her children	3	3.85%
Told domestic abuse not the responsibility of the local housing authority	3	3.85%
Told to come back when the abuse got worse	3	3.85%
Turned away due to previous rent arrears (which were accrued as a result of domestic abuse)	2	2.56%
Refused support as survivor had previously made herself 'intentionally homeless'	2	2.56%
Refused help as told that situation was a 'relationship breakdown' not domestic abuse	2	2.56%
Told have no duty to woman as perpetrator not currently living at the property	2	2.56%
Other	18	23.08%
Total women prevented from making a homeless application	78	
Total women supported by NWTAs caseworkers	404	

1 More than one category may have been selected for each woman.

2 Percentage figure equals the number of women who were prevented from making a homeless application for this reason, out of the total number of women who were prevented from making a homeless application (78). Some women will have been counted twice as some women were given more than one reason for being prevented from making a homeless application.

# Part three: the national picture of provision and how it is changing



This section outlines the current levels of provision across England and is broken down by region, compared to the Council of Europe's recommended provision of one family space per 10,000 people<sup>1</sup>. Bearing in mind that for a woman to access a refuge, a space must be available at the right time, in the right location and with the capacity to meet the woman and her children's support needs, the availability of refuge spaces is discussed using data on the number of unsuccessful searches and the number of refusals. Finally this section discusses the challenges facing refuge providers as a result of commissioning practices and funding structures.

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1 Council of Europe (2008). Combating VAW: Minimum Standards for Support Services.



# What does the picture of provision look like?

## Current levels of provision

The current levels of refuge provision in England fall significantly short of the minimum standards stipulated by the Council of Europe (one family space per population of 10,000). Meeting these standards would require an additional 1,793 new bed spaces, an overall increase of almost 50%. Levels of provision also vary widely between the regions, creating a threadbare patchwork in the place of a robust national network (see Table 18).

This patchwork not only relates to refuge provision but the national response to domestic abuse as a whole which also includes community-based services. A community-based service offers specialist support to survivors who are based in the community, rather than resident in a refuge. They offer advice, support and information to women in the service's own building, in community venues, over the telephone, online or in a survivor's own home. This includes floating support, outreach support, resettlement support, drop-in services, counselling, group work, specialist support for children/young people and multi-agency advocacy projects.<sup>1</sup> Community-based services are vital for women to access holistic support at the stage they need it and may be accessed by women who are unable to get a refuge space, may not want to go to a refuge, who are not at the stage where they are ready to leave the perpetrator or who require support around previous experiences of domestic abuse.

While there are no recommended standards for levels of provision for community based

services, results from the Women's Aid Annual Survey 2016 suggests that provision is stretched, with community-based services that responded declining roughly one in five<sup>2</sup> referrals to their service in 2015-16, and 20 services running community-based support for women without any dedicated funding.

A previous survey of the calls to the National Domestic Violence Helpline (NDVH) found that over a quarter of women (26.2%) who wanted to relocate immediately were not able to be offered any refuge place to go to (Bowstead, 2015). Inevitably, the result of this resource gap is that women and children are turned away daily at the point of need, with data from the Women's Aid Annual Survey 2016 indicating that almost 24% of referrals into refuge are refused due to a lack of available space or capacity to support<sup>3</sup> (data from 19,854 referrals, submitted by 124 refuges).

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1 Based on definition used in Routes to Support.

2 These are counting instances of referral, not the number of women. Some women will counted more than once when they are referred to more than one service. For instance a woman may be referred to five services but only the fifth one is able to accept her referral. There may also be women who would have benefitted from a referral but were never referred as the referring agency already knew services were full or that couldn't meet her specific needs.

3 See footnote above.

**Table 18: Bed space data (RTS, May 2016)**

Region	Bed spaces	Population <sup>1</sup>	Space/10k population	Shortfall
East Midlands	271	4,637,413	464	193
East of England	402	6,018,383	602	200
London	812	8,538,689	854	42
North East England	175	2,618,710	262	87
North West England	407	7,132,991	713	306
South East England	507	8,873,818	887	380
South West England	266	5,423,303	542	276
West Midlands	457	5,713,284	571	114
Yorkshire & Humberside	340	5,360,027	536	196
<b>Grand Total</b>	<b>3649</b>	<b>54,423,303</b>	<b>5,442</b>	<b>1,793</b>

## Availability of bed spaces

The provision of a bed space in a particular region does not mean that a space is always available for women in need. In order for a woman to go to a refuge space it must be available at the time she needs it, in the location she needs. It must also match her requirements, such as having space for her children, a cot for a young child and the appropriate professional support to meet her needs.

The number of vacancies on RTS across England was monitored over a six month period. The vacancy snapshots show that the total availability of vacancies across England fluctuates around an average of 180 spaces per day, with a range between 142 and 229. The vacancies are available for an average of

eight days, though this ranges from one to 127 with 2426 out of 2984 (81%) of vacancies being 10 days or less. The average number of vacancies across England varied according to region, with the North East averaging just nine spaces, and the South West, 25 vacancies. Again, this does not mean these refuge spaces would be available for all women seeking refuge in these regions, as in addition to being in the right region at the right time, it must also match her and her children's support requirements. Figure 6 shows a map of the average vacancies by region during the six month period that snapshots were taken.

The caseworker team were asked how many times there were no available refuge spaces when searching for a vacancy, including any searches made by the NDVH team<sup>2</sup>. All of the 404 survivors had at least one unsuccessful

<sup>1</sup> Based on ONS mid-year estimate for 2015

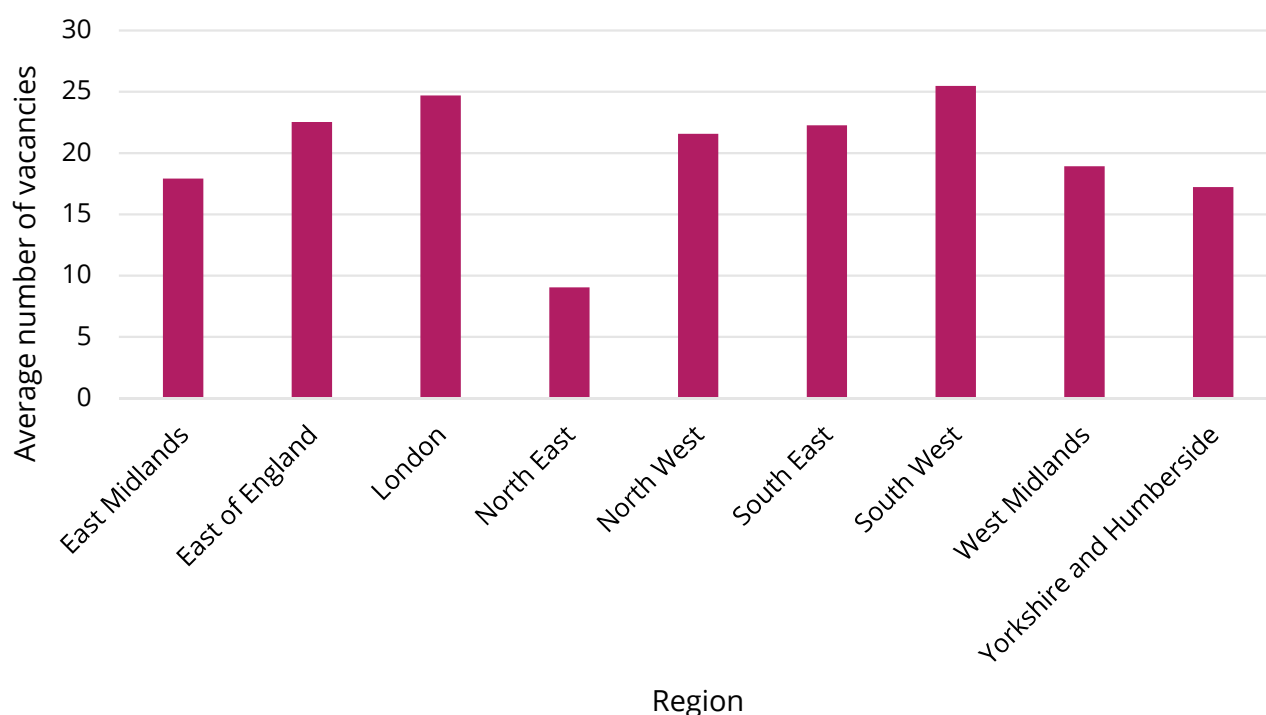
<sup>2</sup> NDVH workers and NHTA caseworkers used the Routes to Support database to search for a refuge space.

search by an NDVH worker before being referred to the NWTa casework team. For almost half (45%) of survivors, there were no available spaces three or more times. For some survivors, the number of searches where there was no refuge space reaches double figures. The NWTa caseworkers searched 24 times for one woman they supported, with no success.

A key reason that women were refused from a refuge space was that the space was no longer available. 146 women (36%) supported by the NWTa caseworkers were refused for this reason. The high demand for refuge space means that advertising on RTS often leads to a number of enquiries and referral for each space in a short period of time, meaning that by the time a woman contacts a refuge space, it may already have been taken. Interestingly, this figure is higher than found in previous research, in which 26% (Bowstead, 2015) and 24% (Women's Aid Annual Survey 2016) were refused due to a lack of space. A further 9 women (2%) were refused as the refuge space

was not ready at the time they were enquiring. A refuge space may not be ready for a number of reasons; the refuge may have been expecting a survivor to leave the space but she was delayed in leaving, or the refuge may have an unexpected staff shortage (i.e. due to illness or an emergency in the refuge) and so, at the time of requesting the space, they were unable to accept the referral.

Figure 6: Average number of vacancies by region







# Current challenges for refuge providers

The removal of ring-fenced national funding for refuge provision in 2009 left the national network of refuge services exposed to both swingeing spending cuts as local authorities struggle to manage budget reductions, and a shift towards competitive tendering (Coy et al., 2009). Since Women's Aid brought this funding crisis to the attention of the government and the public through our SOS: Save Refuges, Save Lives campaign, the government has provided three pots of top-up funding pots - £10 million in 2014/15, £3.2 million in 2015/16 and £20million in 2016-18, providing many more refuge spaces and bolstering provision across the country. Despite this, specialist refuge providers are still facing many challenges, impacting their ability to deliver a quality service for all women and their children who require it, as evidenced by responses to the Women's Aid Annual Survey 2016<sup>1</sup>. There is still no long term, sustainable, funding solution to put refuges on a stable footing and able to plan for the future and there is still no clear national oversight and monitoring mechanism to ensure that local areas are adhering to the National Statement of Expectations,<sup>2</sup> which was published by the Home Office, in part to address the 'postcode lottery' of response to domestic abuse and provision of services: Research by Imkaan has shown the disproportionate impact the national picture of unstable funding and future uncertainty has on specialist BME providers.<sup>3</sup>

## Decrease in sustainability of refuge provision

7% of respondents (13 services) to the Women's Aid Annual Survey 2016 were running their refuge without any dedicated funding, a situation which puts unsustainable pressure on a service and is likely to result in closure in the near future. The insecurity of short term funding contracts prevents services from long-term strategic planning and also means that services are required to 'fit' their service into individual funding pots. Comments given by respondents suggest that funding contracts delivered to refuge services continue to misunderstand the nature of specialist provision; with examples given of 'unrealistic' funding contracts which stipulate a holistic, needs-led approach with a very limited budget. The sustainability of refuge services is therefore severely restricted by the model of funding and commissioning within which they are required to operate, leading to a lack of security for both refuge workers and women resident in the refuge, and to a blight on the development of service delivery.

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*"Funding for refuges [is] under threat... this is an annual occurrence but the past 18 months have been worse than ever."*

(Women's Aid Annual  
Survey 2016 Respondent)

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1 See Appendix One for methodology

2 Home Office, (December 2016), Violence Against Women and Girls, National Statement of Expectations.

3 See for example, Imkaan (2015) State of the Sector: Contextualising the current experiences of BME ending violence against women and girls organisations. London: Imkaan.

## Impact on quality of refuge provision

Inevitably, the loss of or reduction in funding affects the level of support that can be offered in a refuge and restrictions on whom it can be offered to. Overwhelmingly, respondents commented on the strain cuts to funding have had on their service in *"maintaining an effective quality support service in the face of significant funding cuts."* One respondent said that a 50% cut in funding from their local authority transformed their service from a *"24 hour service which was able to support high and complex need"* to *"office hours and a generic on call system."* Other respondents explained how a reduction in funding had changed their service, with a lack of staff and resources leading to the sacrifice of *"quality work"* with women and children, and service delivery being limited to *"crisis management."*

## Higher support needs

Budget cuts within all statutory and third sector support services were commented on in responses, with services finding that because survivors are not able to access adequate support for their needs from other agencies prior to accessing a refuge, they are witnessing an increase in referrals for women with increasingly complex needs.

## Lack of appropriate move-on housing

Respondents to the Women's Aid Annual Survey 2016 referred to the pressure being put on refuge spaces due to the lack of appropriate move-on housing available, particularly in London. This makes it difficult for services to take new referrals and can be detrimental to the survivor who is ready to move on from the refuge. This issue is compounded by the lack of capacity or closure

of wider community based domestic abuse services for women who require resettlement support. Some services are also having to manage the lack of move-on housing with funding restrictions which stipulate how long a survivor is allowed to stay in the refuge, with financial penalties imposed if this target is not reached. 27% of respondents to the Women's Aid Annual Survey 2016 said that they had restrictions on how long a survivor can stay in refuge accommodation. This sort of restriction is detrimental both in terms of the pressure it puts on the refuge service and on the recovery of the survivor, who may need to stay in refuge for longer than the funding stipulates. Given the pressure on referrals, there is no incentive for refuges to keep a survivor longer than her needs warrant, meaning that restrictions on length of stay are not necessary in order to maintain the system.

## Commissioning process and restrictions

A prominent theme within responses was the lack of core funding for refuges, and the environment in which refuge services must compete for funding contracts. Competitive tendering requires services to compete for a contract in a context that favours large generic services which are better able to represent value for money and are able to dedicate time to complex bid writing. Services repeatedly commented on the time spent on both looking for new funding sources and completing funding applications; this was described as *"exhausting"* and a diversion of already scarce staff resource.

## Refuges unable to support women from outside the local area

The terms and conditions of contracts also impact on refuges' ability to support survivors and their children. 1% of the refusals were

because the space was only available to women from the local area; likely due to funder requirements that the refuge is exclusively for local women or that the refuge must admit a certain quota of local women, a policy which contradicts the National Statement of Expectations.<sup>1</sup> This figure underrepresents this issue as often the RTS entry states that the spaces are only available to women from that local area, so the refuge would not have been contacted.

### Refuges unable to support women who are “low risk”<sup>2</sup>

28 (7%) women were refused because they did not meet the risk threshold to access a space. This is likely to be the result of the trend of commissioning services providing time-limited support for high-risk survivors, rather than recognising fluidity of risk and different types of abuse, including emotional and psychological harm, and the importance of long term support provided by specialist domestic abuse services (Kelly et al., 2014; Coy et al., 2009).

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1 Home Office, (December 2016), Violence Against Women and Girls, National Statement of Expectations.

2 Women's Aid are currently exploring alternatives to risk based approaches to supporting survivors of domestic abuse through our Change that Lasts programme, for more information see: <https://www.womensaid.org.uk/our-approach-change-that-lasts/>

# Conclusion and recommendations



The findings of the NWTa project demonstrate the lack of refuge provision across England, and the decline in the ability of both refuges and other services to meet women's complex needs. They also show that women and children who cannot access refuge are often left in highly dangerous situations. The fact that all survivors supported by the caseworkers had at least one occasion when there were no suitable refuge spaces available, and that even with the support of the caseworkers, 74% of women were unable to access a suitable refuge space demonstrates the impact of this shortfall on women's ability to flee abuse. One particular survivor searched 24 times for a suitable refuge space with no success. Even once a space was identified, the high demand for refuge spaces means that a key reason that women were refused a refuge space was that after a very short space of time the space was no longer available. 146 women (36%) supported by the NWTa caseworkers were refused for this reason.

Women unable to access a suitable refuge space are often left vulnerable to further abuse from the perpetrator. 20% of women unable to secure a suitable refuge space stayed with friends and family and a further 8% stayed put; locations often known to the perpetrator. 28 women (7%) gave up their search for a refuge entirely and remained with the perpetrator; 15 of those women had children with them.

Women supported by the NWTa caseworkers spent an average of between 1-2 weeks searching for a refuge space. One woman

spent six months searching for a refuge space before giving up and remaining with the perpetrator. While searching for a refuge space, 17% of women had to call the police to respond to a further incident and 8% were physically injured by the perpetrator. 11% of women slept rough during this time, of which seven women had children with them and three were pregnant. 40% of women sofa surfed with one woman disclosing that she was sexually assaulted whilst sofa surfing at a family friend's house. The period women were waiting for a refuge space is marked by fear, emotional turmoil and the strain of battling the system.

The search for a refuge space is yet more difficult for some women, particularly those with complex needs and BME women; for whom available and suitable refuge spaces are few and far between. The lack of provision of refuges for women requiring a specialist BME refuge, women requiring a refuge place with staff who can meet their language needs, women with no recourse to public funds, mental health or substance user support needs, and disabled women leaves these women extremely vulnerable to further abuse.

The lack of space and support for children in refuges also restricts whether a woman can flee her abuser. Women with four or more children, children with specific support needs, or an older male child face particular difficulties in finding an appropriate refuge space. Some women have been forced to choose between staying with their children



and being separated from them to flee their abuser.

Finding a suitable refuge in the right place can be particularly problematic for women requiring a refuge in a particular area. One woman who was interviewed by the NWTA project described how, even with the support of the NWTA caseworkers, she was unable to find a refuge space within travelling distance of the hospital her children needed to attend on a fortnightly basis.

A particularly worrying trend revealed by the data is the widespread and systemic failure of social services and local housing teams to protect survivors of domestic abuse and their children. In our sample, social services failed to meet their duty of care for 32% of the survivors they supported, telling several women that they weren't actually experiencing domestic abuse. Local housing teams prevented 78 survivors from making a valid homeless application. Often their understanding of domestic abuse is limited to physical abuse with only partial knowledge of other aspects of abuse or coercive control.

Findings from the Women's Aid Annual Survey 2016 show that the cuts in funding for domestic abuse services, an increasing focus on time limited, high-risk support and the insecurity arising from competitive short term contracts has created a crisis amongst refuge providers, with 13 refuges running without any funding. Of those which have secured funding, many reported that the crisis has impacted on the level and quality of service for women and their children. To address the issues raised in this report there must be a long term, sustainable funding solution for refuges in place so that services can continue to provide high quality services. This would allow continuity of provision with contracts delivered for more than one year at a time, and, with clear monitoring and oversight at the national level, would ensure that refuges do not face a further crisis. Of course those most at risk of losing out are the women and children who need to access these services in order to be safe.



# Recommendations



## Recommendations for government

### **Provide sufficient bed spaces to meet the level of demand nationally.**

- ▶ Provide enough refuge spaces to ensure that no woman is turned away, and that all women are able to access a space with the appropriate support to meet her needs. This should include sufficient specialist support for women with complex needs including mental health and substance use; an increase in accessible spaces for disabled women; and availability of larger refuge spaces for women with four or more children. It should also include exploring options for women with older male children such as increasing the number of spaces of self-contained refuge accommodation.

### **Develop a new sustainable model of funding and commissioning for the national network of refuges. This should:**

- ▶ Be distinct from the new model of funding for the whole supported housing sector previously being developed by the government, taking into account the unique challenges faced by refuges and the unique roles they play.
- ▶ Support a sustainable service that allows providers to plan ahead and maintain a high quality of provision, and allow for the survival and development of very specialist services of national importance, such as those supporting BME women or disabled women.
- ▶ Ensure that all refuges accept women and children fleeing from any area of the country and not be based on local connection rules.

### **Ensure effective mechanisms and sanctions are in place to place the onus on perpetrators to stop the abuse and remove them safely from the joint home with robust monitoring and enforcement.**

- ▶ Early intervention and prevention measures should ensure the police are equipped to hold perpetrators to account through effective monitoring and enforcement measures, including:
  - ▶ Extending the use of Domestic Violence Protection Orders (DVPOs) to remove perpetrators from the joint home where appropriate and safe to do so.
  - ▶ Criminalising breaches of DVPOs.



- ▶ Requiring the police to link victims directly with support services. This option would need to run alongside sufficient community based domestic abuse support for women in this situation. The role of community based services is vital in supporting women for whom refuge is not an option; and the value of these services must be acknowledged within funding streams.

**Ensure women with NRPF do not face discriminatory treatment which prevents them from safely escaping domestic abuse.**

- ▶ The government should urgently introduce measures which address the desperate situation faced by many women with NRPF highlighted in this report to ensure that all women with NRPF fleeing violence can access a refuge space or safe and appropriate emergency accommodation with specialist support.<sup>1</sup>
- ▶ Support training for domestic abuse providers and statutory services on the immigration rights and entitlements of women fleeing domestic abuse. This would help to ensure that when survivors ask for help they are appropriately advised. The protection of all victims of domestic abuse should be central to the response of all professionals.
- ▶ The criteria for the DDVC should be expanded to include all women who have NRPF.

<sup>1</sup> Ending discrimination on any grounds, particularly with regarding protection for the rights of victims is a requirement of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic violence that the government committed to ratifying in April 2017. Preventing and Combating Violence Against Women and Domestic Violence (Ratification of Convention) Act 2017, April 2017.



## Recommendations for commissioners of domestic abuse services

**Adopt a needs led, strengths based, trauma informed approach to tackling domestic abuse and strengthen services that address women's needs**

- ▶ This report highlights the diversity of women's needs and the importance of addressing those needs through a needs-led, strengths-based, trauma-informed approach to tackling domestic abuse. This approach underpins the Change that Lasts pilots currently being rolled out by Women's Aid, see: [www.womensaid.org.uk/change](http://www.womensaid.org.uk/change)



## Recommendations for Statutory Agencies

**Professionals working within social services and local housing teams should receive specialist training and ongoing professional development on the dynamics of domestic abuse and referral pathways for women seeking support to prevent them from slipping through the net.**

- ▶ Professionals should receive specialist training and ongoing professional development on domestic abuse, including recognising coercive control and removing a focus solely on physical abuse.
- ▶ The protection of all victims of domestic abuse should be central to the response of all professionals working in statutory services.

**Ensure local housing teams are abiding by the Housing Act 1996 and the Homelessness Act 2002, and their duty to help those who have become unintentionally homeless because they have been forced to leave their home because of domestic abuse.**

- ▶ All local housing teams should ensure housing officers know of and ensure survivors' rights to housing are upheld, with a lead official held accountable to ensure this happens.
- ▶ Housing officers should receive specialist training and ongoing professional development on domestic abuse, including recognising coercive control.



# Appendix one: methodology

## Literature review

For the purpose of the literature review we searched for relevant research on the following categories:

- What refuge means to women who access it
- Barriers to accessing refuge
- Specific barriers related to accessing refuge related to demographic group/need. This included:
  - Black and Minority Ethnic (BME) women
  - Disabled women
  - Women with no recourse to public funds (NRPF)
  - Women with mental health support needs
  - Women with substance use support needs
  - Women with a history of offending
  - Older women
  - Women with children or young people
  - Women experiencing severe and multiple disadvantage
- Current status of domestic abuse service provision in England.

Quotes from the survivor's survey (discussed later on in the methodology) are also interspersed throughout the literature review.

## Profiling current provision (Routes to Support)

In order to present a picture of the current levels of refuge provision we used data which Women's Aid regularly collects on service provision through Routes to Support (formerly UK Refuges Online)<sup>1</sup>. Routes to Support (RTS) is

a database of domestic abuse services across the UK, providing domestic abuse agencies with up-to-date information on vacancies in refuges and availability of other domestic abuse services, such as outreach and advocacy projects. Membership to Women's Aid is not required for inclusion on RTS.

The data within the literature review on bed spaces and support available broken down by local authority are taken from a snapshot taken from RTS in May 2016.

## Vacancy monitoring

The availability of bed spaces was monitored through Routes To Support. Snapshots of the number of vacancies were taken every Wednesday for six months between July and December 2016. The snapshots covered a range of different scenarios. These were developed in consultation with the NDVH workers and NHTA caseworkers who identified searches for refuge, specific to support need and region that regularly resulted in very few vacancies being found. These were:

- Women with two children requiring a specialist BME refuge in the North West of England (Figure 2).
- Woman with no recourse to public funds (Figure 3).
- Women with three children in East of England and South East (Figure 4).
- Woman with three children requiring an accessible space<sup>2</sup> in the East Midlands (Figure 5).

<sup>1</sup> Routes to Support (RTS) is the UK wide database of domestic abuse services and refuge vacancies, run in partnership with Women's Aid Federation of Northern Ireland, Scottish Women's Aid and Welsh Women's Aid.

<sup>2</sup> An accessible space refers to a room with full wheelchair access.

In addition an export document of all the available refuge spaces was downloaded at the same time each week. This export contains a list of the available spaces along with information on the type of room: area located in, accessibility information, whether it is a self-contained or shared accommodation. It also contains information on the criteria for the room, such as the maximum and minimum number of children and whether a woman with NRPF is eligible.

For the first four weeks, the snapshots were taken at 12pm. This was reviewed following a consultation with workers from the Women's Aid NDVH workers who are responsible for ensuring that RTS vacancy information remains up-to-date. Information provided in this consultation revealed that the database was often updated at lunchtime, meaning the vacancies might not have been added or removed by 12pm. Based on this information, the time of the snapshots was changed to 2pm to increase accuracy.

## Limitations

The snapshots provide a detailed picture of provision across England and cover a range of different needs. The snapshot is taken at a particular time each day. There is therefore potential for there to be a time lag between a woman having come in to the refuge and a record being updated as the woman is being settled.

One further limitation is that RTS does not provide evidence on what is in fact feasible for the refuge in terms of the balance of women already accommodated. In addition, many of the vacancies for services which accept women with complex needs are available subject to risk assessment so may not ultimately be suitable.

## Women's Aid Annual Survey of domestic abuse services

The Women's Aid Annual Survey is the only national survey of the whole range of specialist domestic abuse services for women and children in England. It collects data on domestic abuse services and on the women and children who use them. The Women's Aid Annual Survey 2016 questionnaire was sent to all domestic abuse services in England. Responses were received from 179 domestic abuse services, of which 145 ran refuge support and 114 ran community-based support in 2015/16.<sup>1</sup> The survey questions were based around two main time periods:

- the work of services in the preceding financial year (2015/16)
- women and children using services on a Day to Count (for refuge services) and in a Week to Count (for community-based services) in October 2016

To answer the question 'How and why is this picture of provision changing nationally', we used existing questions within the Women's Aid Annual Survey related to refuge and added a question about restrictions funding contracts put on work and support within refuges. The survey was in the form of a semi-structured questionnaire. The data we received were analysed using Survey Monkey and Excel with any free text answers categorised according to emerging common themes.

## Limitations

Not all services respond to the Annual Survey. Most responding services answered all the questions relevant to their service, however some services were unable to answer relevant questions, meaning the response rate varies throughout the survey. In addition, we were

<sup>1</sup> It is possible to run just refuge support, just community-based support or both. Response rates varied for different parts of the survey.

unable to verify the information given or control for any inputting errors by service respondents.

## National Domestic Violence Helpline data

The Freephone 24 Hour National Domestic Violence Helpline (NDVH) is run in partnership between Women's Aid and Refuge. It was established in 2003 and is funded by the Home Office, Comic Relief and London Councils. The purpose of the NDVH service is to deliver a responsive, empowering and effective helpline service that gives women, children and their supporters the confidential support and information they need at the time that they need it. Calls to the NDVH are answered by fully trained female helpline support workers and volunteers.

Callers to the NDVH hear about the service from a range of sources. When asked where they heard about the service, 19% of callers said from the internet, 13% had called the NDVH previously, 11% had got the number from friends and family, and 10% from the police. Other common sources include housing officers, word of mouth, social services, health workers and local domestic abuse services.

Information about calls to the NDVH is recorded on a database, designed and supported by ICARIS Ltd. For the purpose of this research, the NWTa project contracted ICARIS to add some additional fields to the database<sup>1</sup> and to construct some specialised

reports. The additional fields were added on the 19th January 2016.

The data used in this report covers the first twelve months of data following the NWTa modifications to the database, and relates to the period between 19th January 2016 and 18th January 2017. During this period, the NDVH dealt with 87,424 calls of which 32,948 were calls from survivors experiencing current or historic abuse, over one quarter (8623 calls) of whom were searching for a refuge. The remaining 54,476 calls include voicemail messages, professionals, third parties, emails, non-domestic abuse related calls, perpetrators and hang ups. As such it represents the largest source of data about referrals to refuges and is a valuable resource in identifying need for different types of bed space.

## Limitations

While the NDVH represents the largest source of data on referrals to refuges, it is not the only pathway through which survivors can be referred to a refuge and so does not represent all demand. It may be that some groups are more likely to use another method, such as via their local domestic violence service, and/ or that some groups are less likely than others to access refuge. As such, the data from the NDVH should be considered within the bigger picture of routes in which survivors seek support and access services.

The nature of the remote, predominantly crisis-type work provided by the NDVH means that it does not produce a great deal of data on long-term outcomes and for the most

<sup>1</sup> The additional fields added to the helpline database for the purpose of this research were: NRPF; long term mental health problems; disability; information about the bedspace sought – desired area, number of women accompanying children, whether the woman requires a cot, has accessibility needs or would like to go to a specialist refuge; information about previous refusals from refuges – unable to support needs around language/ mental health / substance use / disability / offending, unable to accommodate woman with no recourse, unable to accommodate woman previously evicted from refuge, space no longer available, space not ready to move into, other; reason why women call- seeking refuge – first attempt, calling again for available space, calling again as turned away by refuge, calling again as woman decided space was unsuitable; additional outcomes: no space was available due to disability / NRPF / family size / cot / unable to travel to space/ desired location unavailable / desired specialism unavailable, referred to refuge, and signposted to refuge.

part, it is not known what happens following the survivor's phone call to the NDVH. Some women will phone the NDVH several times, for example to first seek advice and information, then to gain confidence to act on the advice and information they have been given, however due to a lack of resources, long-term tracking of callers is not routine procedure. The NWTa caseworkers have provided us with an opportunity to address this through a sample of the women who phoned the NDVH searching for a refuge. The nature of the work also means that helpline workers may not always feel that it is appropriate to ask the survivor a lot of questions for the purpose of collecting information. In addition, data collection is hampered when the call is cut off, particularly given that the helpline worker may not know whether it is safe to call them back. Accordingly, and in line with Women's Aid's ethos to prioritise the needs to the survivor, we have had to work within the limits this poses.

## Caseworker journey tracker

The role of the NWTa caseworkers is to assist women facing barriers to accessing an appropriate space in a refuge to secure a positive safe outcome. The caseworkers receive referrals from NDVH workers. Before referring a woman to the NWTa caseworkers, the NDVH workers must have received consent for the referral from the woman and first searched RTS for a refuge space. The woman must also meet one of the following criteria, which were developed in consultation with frontline workers from both the NWTa team and Women's Aid helpline team:

- Women with drug use support needs
- Women with alcohol use support needs
- Women with mental health support needs
- Women who have been evicted previously from a refuge
- Women with no-recourse to public funds
- Women with a history of violence
- Women with a history of arson
- Women with a conviction
- Women with language or cultural barriers
- Disabled women
- Women with male children aged over 14yrs old
- Women with large families
- Women from Gypsy and Travelling communities
- Women who have repeatedly called the NDVH and been given information about vacancies and there appears to be no specific reason why they are unable to access refuge accommodation.

Having received a referral, the caseworkers provide remote support for the women to assist them in accessing refuge accommodation. At the end of each case the specialist caseworker team fill out a template form to capture the woman's needs, outcomes and the barriers they have faced during their search for a refuge space. This information is then collated, along with demographic information provided by the NDVH, and entered onto an Excel spreadsheet for analysis.

During the first year of the project a total of 639 referrals were made to the NWTa caseworkers. 404 women (out of these 639) have engaged with the service. For the 235 referrals which were not engaged, the reasons for this were categorised by the caseworkers as such:

- **Did not want support:** this included women who had already accessed refuge at the time the caseworker contacted them; women who had decided to stay with family or friends and no longer required support; and incidences where the perpetrator had been removed or left the property and the survivor had injunctions in place.
- **Not eligible for support:** this included women who were already receiving support from an IDVA or other domestic abuse professional.



- **Unable to contact:** on initially starting support with a survivor the caseworkers attempted contact three separate times before closing the case.

The following analysis is based on the 404 women who engaged with the caseworkers, all of whom faced barriers to accessing refuge accommodation. As such, the report does not represent all women who could not access a space, but focuses on a sample of those women who are facing additional barriers to accessing support and received intensive support from the NWTa caseworkers.

### Limitations

The data provided by the casework team provide a wealth of information about the barriers women face in accessing a refuge space. As previously discussed, all referrals come to the caseworker team from the NDVH which is not the only pathway through which survivors can be referred to a refuge. Some women may attempt to access refuge through another route, such as via their local domestic violence service or through a local helpline. Therefore, the data provided from the caseworkers does not capture all women who have faced barriers in attempting to access a refuge space, only a sample of the women who call the NDVH. It nonetheless offers a large amount of information on barriers women face when fleeing domestic abuse for the 404 women included in this report.

It is also important to acknowledge that these data are collected by the casework team and so are their record of a survivor's journey through their support, not the survivor's record. A survivor may have faced additional barriers or circumstances which they have not disclosed to the caseworker. To address this balance, and to ensure that the voice of survivors is present throughout this research, we conducted a survey of survivors about their experience of accessing refuge and interviewed survivors who were supported by the NWTa team.

## Survey of survivors who had sought a refuge space

To ensure the report captured the survivor's experience of their search for a refuge, a survey of survivors was undertaken. The survey was written in consultation with Women's Aid helpline staff and the casework team to ensure that the questions were relevant and appropriate. The survey consisted of a semi-structured questionnaire and was designed on Survey Monkey. The questionnaire asked survivors information about their search for a refuge space, the key barriers they had faced, if any, and how they had felt during this time.

The survey was launched on 15th September 2016 on the Women's Aid Survivors' Forum. The Survivors' Forum is a safe, anonymous, online forum for women (over 18) who have been affected by domestic abuse to share their experiences and support one another. The survey was open to survivors who had been supported in a refuge or had attempted to access a refuge in the last five years. The link for the survey was live for four weeks and was taken off the Survivors' Forum on 14th October 2016.

A total of 30 respondents participated in the survey. Out of these three participants did not consent for their data to be used in the analysis, and another three left the entire survey blank. A further five participants did not answer any more questions after completing the first question about whether they had successfully accessed refuge or not. Analysis of this data, therefore, refers to the 19 participants who completed the survey and consented for their data to be used. This data has provided great insight to how survivors experience the challenge of searching for a refuge.

### Limitations

The sample size is relatively small, and needs to be interpreted as a snapshot of survivors

who have attempted to access a refuge space. The survey was only advertised to women who use the Survivor's Forum.

In addition, as the survey asked for responses from women who have attempted to access refuge in the last five years this relies upon women successfully being able to remember specific incidents that occurred during a time of complete emotional and physical upheaval.

## Interviews with survivors who had sought a refuge space

To complement the above data and ensure we could understand how the barriers add up and intersect to disrupt survivor's journeys to a refuge, we sought to interview five women who had recently searched for a refuge space.

Women were selected by the NWTAs caseworkers and were interviewed by trained domestic abuse practitioners from the Women's Aid helpline team. Only women who were in safe accommodation were selected to be interviewed in order to ensure we did not put anyone at risk. Interviewees were sought who had experienced at least one of the top five barriers which were identified when we analysed the data after six months of data collection, these were:

- Has four or more children at the time of searching for a refuge
- Has No Recourse to Public Funds (NRPF)
- Requires an accessible refuge space
- Has mental health support needs
- Has ties to her region due to her support network

The semi-structured interview questions were written in consultation with staff from the casework team to ensure that the questions were relevant and appropriate. The questionnaire asked survivors information about their search for a refuge space, the key barriers they had faced, if any, and how they and their children had felt during this time.

In total, four women were interviewed between November 2016 and February 2017. We were unable to recruit any women who had required an accessible refuge space due to the limited number of women meeting this criteria who were accommodated in safe accommodation.

## Limitations

The resource intensive nature of the interviews combined with the difficulty in ensuring that a woman was safe and able to cope with an interview meant we could only interview a small number of women. The information the interviews offer must be taken as an insight into the barriers facing women and cannot be generalised beyond this. They nonetheless serve an important role in understanding how the barriers add up and intersect to create long and difficult journeys to support and safety.



# Appendix two: literature review

## What is a refuge?

A refuge service offers accommodation and specialist support for women and their children at a safe and confidential address. Refuges are designed to meet the needs of domestic abuse survivors and their children with trained and experienced staff, in an environment which empowers women, promotes their autonomy, and is led by their needs and their recovery. To this end, refuges will often provide a range of services above and beyond a safe place to stay, such as 24 hour access to support, counselling, individual and group therapy, specialist children and young people's workers, support with housing and benefit issues, support with and finding legal advice and resettlement work or follow-on support once a woman and her children have moved on. Refuges, therefore, represent not just a place of physical safety away from the perpetrator, but also a place of emotional safety and recovery where women can start rebuilding their lives with the support of specialist staff and the peer support of other women in a similar situation.

The importance of dedicated, specialist and women-only refuge spaces has been highlighted by previous research and is enshrined in national and international legal duties.<sup>1</sup> The Council of Europe's Minimum Standards guidance states that the majority of support for survivors of domestic abuse *"should be provided by specialist women's NGOs, which have proved the most responsive and effective in enabling women to realise their rights to live free from violence and overcome its debilitating effects."* (Kelly and Dubois, 2008). Safe women-only spaces should be provided for female survivors, with separate safe spaces for male survivors and women should be

able to access a female practitioner (Imkaan et al., 2016). Survivors have also highlighted the importance of women-only spaces: *"When you've got that women-only space then you can really breathe out and you know it's a different atmosphere and you can speak to other women who might be going through the same stuff and help each other, support each other."* (Survivor of domestic abuse, cited by Imkaan, 2013a).

Not all women who have been victims of domestic abuse need refuge and refuges should be viewed as part of wider domestic abuse provision. Nevertheless, there will always be many women who cannot be safe without moving away from their former community and rebuilding their lives where their perpetrator (and perhaps their family and associates) can never find them. For some women, the intensive support that can be provided in a residential context is what they and their children need in order to recover from years of living in fear, and the serious psychological and emotional effects of abuse.

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*"Going into a refuge saved my life, and gave hope and a future to my children... It has given me the support and strength that has helped me rebuild my life"*  
(Survivor of domestic violence)

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Across England, a national network of refuges has been established over the past forty years, building on decades of knowledge and experience. Within this national network there are also specialist refuges with national importance and expertise, such as services for women with substance use support needs, women with learning disabilities, and women

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1 See, EU Directive on the rights, support and protection of victims of crime; The Public Sector Equality Duty; and The Public Services (Social Value) Act 2012.

with multiple needs. There are also services run by and for Black and Minority Ethnic (BME) women, who provide dedicated spaces for BME women and have expertise about the specific forms of violence which have a disproportionate impact on BME women and girls.

## What does refuge mean to the women who access it?

While accessing refuge can be a challenging and life-changing undertaking for women leaving abusive relationships, for many women it is an essential first step in taking back control over their life and future (Kelly et al., 2014). Survivors have described refuge as an environment where abuse can be named and understood, where they are listened to, validated, respected and provided with emotional and practical support (Ibid.). They have also highlighted the importance of the refuge in providing a place of safety, in a women-only setting, where survivors have the time and space to process what has happened (ibid.). Survivors who have spoken to Women's Aid about their experiences have described refuge as *"life saving places of safety"*, *"somewhere to get support and help to gain confidence and a life back"* and *"sanctuar[ies] in which to start a new life."*

Researchers exploring women's experiences of using refuges have described refuges as *"empowering by their very existence"* (Hague & Malos, 1998, p.40); highlighting that women find it strengthening knowing that there is somewhere to escape to, where they will be given help and support. Being able to access a refuge supports women's agency in escaping domestic abuse; and while a refuge stay may not mark the end of their journey away from abuse, it remains a pivotal stage in this process (Bowstead, 2015). As one respondent to our survey commented, *"If I knew how solid Women's Aid support is I would have made the move earlier."* (Survivor, 2016).

While the physical safety of the refuge is key to women who have accessed it (Hague & Malos, 1998), there are other practical aspects of support within the refuge which have been attributed as essential in helping women negotiate and access their rightful entitlements from statutory services (Abrahams, 2007). Advocacy provided by refuge workers for women who have been passed from one agency to another, or who have felt helpless in the face of complicated processes, allows women to take control of their own lives, gain confidence in acting as their own advocates, and make informed plans for their future (Binney et al., 1989, Abrahams, 2007).

Women have described refuge as a place where they feel emotionally as well as physically safe; a status that they achieved with the support of refuge workers (Abrahams, 2007). Frequently, women will have left not only their partners, but also their communities, families, friends and possessions, meaning they may require extensive emotional support (Hague & Malos, 1998). For many women, having the time to talk, be heard and believed through both everyday conversation and 'healing' talk provided by counselling and group work helps to counteract the constant criticism and surveillance they may have experienced through abuse, and contributes to their growth and self-esteem (Abrahams, 2007).

Women have also valued the emotional support for their children in refuges. The move to a refuge for children can be confusing and distressing; they may have lost not only fathers and relatives, but also schools and their friends and have to come to terms with starting a new life (Hague & Malos, 1998). Children's workers in refuges offer both respite for mothers (Abrahams, 2007) and provide children with specialist support and assistance through childcare activities and creative play (Hague & Malos, 1998).



The company and understanding from other women in the refuge has also been attributed as an important aspect of recovery for women (Binney et al., 1989). Women have commented on the strength they have drawn from mutual support, having a shared experience with women in the refuge, and the physical company of other women in providing an antidote to the isolation that they may have previously experienced in abusive relationships (Abrahams, 2007). For many women, the supportive refuge environment helps to rebuild the structure of their lives which was previously demolished by domestic abuse, and restores their capacity to recover from the losses they have sustained both during the relationship and when leaving (ibid.). As one respondent to our survey commented, *"It [dedicated refuge] ultimately saved my life, and that of my child, and I formed close bonds with some of the women I lived with that helped with my recovery for as long as was needed."* (Survivor, 2016).

The level of support described above is dependent upon the refuge having sufficient resources. Women moving to a refuge have to negotiate communal living with other women and children, being in an unfamiliar area, and being unable to have visitors due to the confidential location of the premises (Bostock, 2009). This can only be achieved if a refuge has adequate levels of staff and resources. As one respondent to the survey observed, *"[in a refuge] you have five women living together who've all experienced varying levels of abuse which affects them all in different ways."*

## Accessing refuge space

Difficulties in accessing refuge go beyond navigating fierce competition for spaces and regional gulfs in provision, and women's journeys into refuge can be complex and fraught with logistical challenges. Availability is more complex than a space being available in the required region. Matching a woman and

her children to a suitable refuge space means it has to be ready at the right time, in the right place, with the right number of beds and appropriate support on offer.

Refuge spaces cannot be booked in advance, meaning that women are either forced to accept whatever space is available on the day of flight, or to risk an unknown period of delay, either while resident with the perpetrator or in transit. This leaves women with little agency as to where and when they access a refuge, with many women struggling to find a space at the time they need it and having few options around where they initially escape to (Bowstead, 2013). It is often the case that women need to travel in order to find safety, which means that the majority of women who access refuge cross a local authority boundary in order to do so. Data from the Women's Aid Annual Survey 2016 shows that about three quarters of women resident in refuge on the Day to Count 2016 had travelled from another local authority. Some women may be required to travel a significant distance in order to be safe; particularly women from tight-knit BME communities, and women in smaller towns who can be easily found by their perpetrators in the region they are coming from.

Survivors are therefore required to finance and coordinate moving themselves and their children into a different area, bearing the potential loss of their job, all of their household possessions and established social networks (Bostock, 2009, Bowstead 2013, Abrahams 2007). This logistical puzzle must also be solved at the point where she faces the greatest risk of homicide at the hands of her perpetrator – the moment of separation (Lees, 2000).

Money represents another potential barrier. Crucially, refuge spaces are paid for either by the survivor herself, or by housing benefit. This represents an often insurmountable barrier to access for women whose immigration status prevents them from claiming benefit entitlements, and who may

also be destitute (Rights of Women, 2013). It also poses challenges and frustrations to women who must forfeit their paid employment in order to access their housing benefit entitlements, or else self-fund by using any available savings or borrowing from friends or family, at a point of uncertainty and crisis.<sup>1</sup>

Successful routes to safety, therefore, largely depend upon formal and informal social systems and resources such as money, support from the police, the courts and from families, friends and professionals (Bostock et al., 2009). For many women, the consequences of fleeing their abusive relationship are so emotionally and practically overwhelming that they represent significant disincentives for leaving (Ibid.).

Women and children may also face significant housing, financial and emotional difficulties upon leaving the refuge. Many women lose their security of tenure post-refuge, leading to a long and arduous journey to find a permanent new home (Solace, 2016; Bowstead 2014). The consequences of this instability may be that children are required to move schools several times, that survivors are unable to find and maintain social networks or secure work or training and education resulting in financial instability and a reliance on welfare benefits (Solace, 2016). Long after the moment of separation, women face reduced economic, social and cultural resources, resulting in significant personal, emotional and financial costs to themselves and their children as a result of seeking safety (Kelly et al., 2014; Bostock, 2009; Mullender et al., 2002).

## Additional barriers to accessing refuge

For some women, the journey to safety is yet more difficult. Disability, mental health needs, substance use support needs and insecure immigration status all heighten the risk of being victimised while simultaneously narrowing access to support (Coy et al., 2009). BME women may also face additional barriers to access due to information gaps in service provision, cultural or religious incompatibility and a deficiency of appropriate language services (Imkaan, 2014).

The reality of increasingly heavy and complex workloads along with reducing resources has meant that refuge services are struggling to accept women with complex needs with the resources available (Harvey et al., 2014). Where funding decisions fail to recognise the value of specialist training around mental health and substance use support needs, services may have lost a cherished specialist worker or service, and remaining staff may not feel they have the knowledge to safely and adequately support particular groups of women (Holly et al., 2012).

In the context of ongoing cuts to funding and staffing, refuge workers will also need to consider each new referral in light of the support needs of existing residents. Where several women with complex needs or without recourse are already accommodated, the strain on existing resources may tip the balance against offering a space to a woman whose needs may not adequately be catered for or funded. Matching women to a space, therefore, means that the space not only has to be ready at the right time, in the right place, and offer the right support; it may also be dependent on the needs of the women who have crossed the threshold before her. Refusals on these grounds are on a case by

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1 For more on women in employment seeking refuge see Women's Aid Annual Survey 2016, p.46.



case basis, and as such difficult to quantify, but may represent another, invisible barrier to access for women with complex needs.

In addition to barriers focused on particular needs, many women will face structural barriers to accessing refuge thrown up by inadequate responses from statutory agencies such as housing, social care and the police. Women have reported victim blaming, delay and misinformation from statutory services that have not had a comprehensive understanding of domestic abuse; leading to insufficient support being provided, expenditure of vital energy on battling 'the system', or women being forced to remain in the abusive situation (Kelly et al., 2014).

Single women are also often disadvantaged as refuges may be reluctant to accept them into a space knowing that it is difficult for single women to access move-on accommodation; accepting a referral for a single woman may mean that they are resident in refuge for longer than necessary as they are not given housing priority for social housing. Accessing refuge for women with children is discussed later on in the literature review.

## Black and Minority Ethnic women

Research has shown that Black and Minority Ethnic (BME) women may be disproportionately affected by specific forms of abuse, such as Female Genital Mutilation and Forced Marriage (Imkaan, 2013b). BME women may also experience abuse in a different context; from multiple perpetrators including intimate partners and/or through familial and wider community based structures (Ibid.). In addition, BME women may experience multiple forms of victimisation such as racism, poverty and destitution and therefore their experience of abuse needs to be understood both within an analysis of gender, but also of 'race', culture and ethnicity (Larasi, 2013). It is often the case, therefore, that BME women

find that mainstream services do not represent or understand their cultural identities and experiences of violence (WRC, 2015).

Many BME women prefer to be supported by a specialist BME service, and value being with other BME women who have experienced domestic abuse, being able to communicate in their own language, and having access to specialist workers as an essential part of their support and recovery (Thiara et al., 2012). These organisations provide dedicated spaces for BME women and have expertise about the specific forms of violence which have a disproportionate impact on BME women and girls, as well as the structures which shape women's experience of abuse such as discrimination, racism, and gender dynamics within family and community structures (Imkaan, 2015; Thiara et al., 2012). Furthermore, BME women may have previously experienced institutional racism within statutory services and therefore feel more comfortable accessing a specialist BME service (Parmar et al., 2005).

## Disabled women

Disabled women live at the intersection of gender and disability bias (Shah et al., 2016). This intersection makes disabled women's experience of domestic abuse different to that of non-disabled women in relation to an enhanced exposure to domestic abuse (Healey et al., 2013, Brownridge, 2006), the types of abuse experienced (McClain, 2011) and the barriers to escaping abuse (McFeeley & Trew, 2011, McClain, 2011). Disabled women are at risk of disability-specific abuse such as denial or overdosing of medication, denial of food or water, confinement or restraint, alteration or control of assistive equipment, threats to withdraw care, and threats to institutionalise or remove children (Healey et al., 2013). Specialist support for disabled women, therefore, is required to be both physically accessible and have specialist staff trained

in impairment-specific knowledge, who have an understanding of the types of abuse that women may have experienced (Shah et al., 2016).

Disabled women may require special transportation, communication aides, adapted accommodation and other types of services to address their needs which may not be available in a refuge (Chang et al., 2004). Disabled women may also be unable to use public transport and potentially have no means of travelling to the refuge. In addition to these physical factors, some disabled women may be reluctant to seek help from refuges and domestic violence services due to an ingrained belief that they are not 'for them' (Hague et al., 2011). Where domestic violence services construct tools and programmes for service users based on fully-abled understandings of communication and intimacy, this may be a particular barrier for women with learning disabilities (McClain, 2011).

## Women with No Recourse to Public funds (NRPF)

Since refuge spaces are either self-funded or paid for by housing benefit entitlement, having No Recourse to Public Funds (NRPF) represents an enormous barrier to access. Women with NRPF include those who: entered the UK on visas as spouses, students, visitors or workers whose visa may have expired; or, if they are on a spousal visa, are subject to a two year probationary period of residency where if their marriage breaks down they no

longer have the right to remain in the UK, face deportation, and are barred from accessing public funds. It could also include European Economic Area (EEA) nationals who, as a result of changes brought into force in 2014, are unable to access housing benefit and would be required to fund their refuge space themselves regardless of whether they were in work or not.

Women who have leave to remain as a spouse, civil partner, unmarried or same sex partner who are experiencing domestic abuse can apply for Indefinite Leave to Remain (ILR) in the UK under the domestic violence rule<sup>1</sup>. If women who meet this criteria are destitute and in need of financial help they are able to make an application for temporary leave to remain through the Destitute Domestic Violence Concession (DDVC)<sup>2</sup>, which allows women to claim benefits (including housing benefit) for three months while their application for ILR under the domestic violence rule is being considered (Rights of Women, 2013). Women who have leave as fiancée, student or worker, or are EEA nationals are not entitled to apply for the concession. Consequently, not only are some women with no recourse excluded from all forms of protection from domestic abuse, but even where they are entitled, they are required to understand complex immigration rules (Anitha, 2011).

Women with no recourse may have experienced abuse from multiple family members, be ostracised from their community for disclosing the abuse, and may not speak

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- 1 The Domestic Violence rule was introduced in 1999 after an extensive campaign by Southall Black Sisters, a women's organisation working for and with ethnic minority women, calling for reforms to the immigration rules and NRPF requirement to prevent women experiencing violence from facing the stark choice between abuse, deportation and destitution (see Eaves & Southall Black Sisters (2013) Destitution Domestic Violence Concession – Monitoring Research Report: <http://i3.cmsfiles.com/eaves/2013/12/DDV-Concession-Scheme-Monitoring-Report-Final-f14013.pdf>)
  - 2 The Destitute Domestic Violence Concession was introduced in April 2012, following further strategic advocacy from the BME by and for ending VAWG sector, to address the problem of destitution for women under the NRPF rule while applying for an ILR decision to be made. This replaced the government set up Sojourner Project (set up in November 2009) which piloted this scheme, mainstreaming the financial support provided to those applying for ILR under the DV rule (see Eaves and Southall Black Sisters report referenced above).

English. Imkaan's report *No Recourse No Duty to Care* (2008) found that women with NRPF often suffer from depression, chronic anxiety, sleep disorders, eating disorders and in some cases schizophrenic tendencies. Since women with no recourse often require high levels of support over a long period of time, BME specialist services are the most suitable avenues of support due to their language specialisms and their expertise in relation to immigration, discrimination, racism, and gender dynamics within family and community structures (Anitha, 2010). These multiple support needs place additional pressure on often already underfunded and over-stretched BME specialist services.

An inability to pay for a refuge space means that women without recourse fleeing abuse are dependent on a range of non-specialist, unsupported alternative emergency accommodation, including Bed & Breakfasts (B&Bs), hostels and accommodation centres (Anitha 2010, Imkaan, 2008). Women housed in this way have reported extreme fear of being found and the need to restrict their daily movements to avoid detection (Anitha, 2010). Where temporary accommodation is not an option, some women with no recourse have been forced to turn to religious institutions within their communities as a point of last resort, which brings with it the potential for pressures to return to abusive marital homes on religious or cultural grounds (Imkaan, 2008).

## Lesbian, Gay, Bisexual and Transgender (LGBT) women

LGBT survivors have historically faced a number of barriers to accessing services, including real or perceived homophobia from service providers; the potential impact of internalised homo/bi/transphobia; and a lack of training around LGBT domestic abuse, including a failure to screen for alleged perpetrator and victim (Rowlands et al., 2009).

LGBT survivors, therefore, may wish to access a refuge which has staff trained in domestic abuse in LGBT relationships.

## Mental health support needs

Survivors of domestic abuse may also have mental health support needs. Many studies show significant correlations between experiencing domestic abuse, and mental health issues (see for example Ledermir et al., 2008), who found that 50 per cent of the women they surveyed who had experienced domestic abuse had a clinical mental health diagnosis). Mental ill-health is therefore a common outcome of domestic abuse and pre-existing health conditions (pre-dating the abuse) are often exacerbated by experiences of domestic abuse. Some refuges will not accept a woman with mental health support needs if they are not linked in to mental health services or support. Women with mental health support needs who are unable to access a refuge space are often placed in hostels or other emergency accommodation (Holly et al., 2012). This type of accommodation is not as safe as a refuge, as often the address is not withheld and there are not the same security measures in the building. This accommodation may also be in bad condition, unclean and may not allow women to stay with children who are under the age of 18 (Ibid.). Crucially, women who are forced to access this type of accommodation do not receive the safety and support they need to stop being afraid, regain their strength, recover from the abuse and move forward with their lives (Amnesty & SBS, 2008).

## Substance use support needs

A similar correlation has been found relating to substance use amongst survivors of domestic abuse, with drugs and alcohol being used as a way of coping with or blocking out the abuse and its after-effects (see for example Humphreys et al., 2005). Substance use may

present a barrier to accessing refuge, as some refuges will not accept a woman without a named alcohol/drugs worker, or who is not in treatment. Similarly to women with mental health support needs, many women who are unable to access a refuge space are placed in hostels or other emergency accommodation, impeding them from accessing the safe space and support that they need (Holly et al., 2012).

## Women with a history of offending

Previous research has shown that women offenders, especially those serving short sentences, often have multiple and interrelated emotional, social, economic and health needs (McNeish & Scott, 2014). In addition, a study by the Women's Policy Unit found that women in prison have experienced domestic abuse disproportionately, with half of all women having experienced domestic abuse and the majority having experienced some form of abuse in their lives (Ibid.). This prevalence of abuse contributes to the risk of offending, as well as to substance dependency, mental ill-health and self-harm (Ibid.). Further, women with an insecure immigration status are over-represented in UK prisons many of whose crimes were committed under duress or for whom exploitation has resulted in their criminalisation; including women who have been trafficked into the country, women who have entered the UK independently but were working in slavery or servitude conditions, and women who have been arrested following the theft of their relevant documents by agents who had smuggled them into the country (Ibid.).

The multi-faceted patterns of oppression faced by women offenders, may mean that women who have a history of offending and

are fleeing domestic abuse have multiple support needs and face difficulties in accessing a refuge space. Previous convictions, especially for violent offences or arson, represent an additional barrier to access, as many refuges will refuse a space to a woman who may present a risk to staff and residents (WAFE, 2011).

## Older women

There is limited research into older women's experiences of domestic abuse, however research into prevalence rates suggest that it is just as common in the lives of older women as it is for younger women. A US study of 91,749 women concluded that post-menopausal women are exposed to abuse at similar rates to younger women (Mouton et al., 2004); and data from the Femicide Census<sup>1</sup> (developed by Karen Ingala Smith and Women's Aid) shows that 149 women aged 66 and over were killed by men in England and Wales between January 1st 2009 and December 31st 2015, starkly demonstrating that domestic abuse among older women is a significant issue.

Despite this, and in light of England's ageing population, there is a noticeable lack of refuge provision for older women. Research has shown that older women are less likely to disclose their experiences than other age groups (Blood, 2004) and tend to have low awareness of domestic abuse, particularly in relation to non-physical abuse (Crockett et al., 2015). The fear of being institutionalised, and an acceptance of domestic abuse 'that's the way it's always been' also act as barriers to disclosure (Mahmud, 2016).

Older women are often uninformed about refuge provision, and in turn, refuges are

<sup>1</sup> The Femicide Census is a database containing information on women killed by men in England and Wales since 2009. It was developed by Karen Ingala Smith and Women's Aid working in partnership, with support from Freshfields Bruckhaus Deringer LLP and Deloitte LLP. Femicide is generally defined as the murder of women because they are women, though some definitions include any murders of women or girls.



unaware of the demand there may be for bed spaces for older women (Blood, 2004). Refuges may not have the facilities to support those with complex health needs or reduced mobility, and may not be able to provide the level of emotional and practical support some older women need, particularly needed when women are abused by their sons or daughters. Older women are more likely to care for older male children, who often cannot be accommodated in refuges. They may feel an added burden of guilt as a result being the carer, or their wish not to disrupt family and other relationships. They may have lived in the same area for many years and be reluctant to move elsewhere. Older women may find that refuges are geared towards younger women and children and wish to be in a specific refuge which is exclusively for older women (McGarry et al., 2010; McGarry et al., 2011).

## Women with children or young people

We know that domestic abuse can have a devastating impact on children and young people. Not only can witnessing domestic abuse be traumatic for the child(ren), but the woman's parenting ability is also impacted, and there is also an increased likelihood of her child(ren) being abused (Hester et al., 2007). One in seven children and young people under the age of 18 will have lived with domestic violence at some point in their childhood (Radford et al., 2011). Over one third of under 18s who had lived with domestic abuse had also been abused or neglected by a parent or guardian (Ibid.) The impact of domestic abuse on children can be wide reaching: children may experience behavioural problems (Mullender et al., 2002), delayed development (Hague et al., 1996), and mental health problems (Lehmann, 1997). It is important to stress that responsibility for the harm caused to children lies with the perpetrators of domestic abuse, and not with the non-abusive parents.

Refuges represent a place of safety not only for the woman, but also for her children. Hague et al. (1996) found that the benefit of refuges was not only in helping the child(ren) to feel safe, but refuges also provided a time for the mother and child(ren) to be together in safety and to rebuild their relationship, as one 11 year old girl explained: *"We're all getting away from violence and abuse... That's why we are all here. It's good."*

Having children can also influence a woman's decision to leave her home and seek refuge. She may not want to disrupt their education by fleeing to a different area and forcing them to change schools (which many refuges insist on to protect the family and the safety of the refuge) or to put them through the hassle of uprooting their lives and moving to a refuge, where the family is often housed in the same room. Women with three or more children may face additional barriers in accessing a refuge space due to the lack of provision for larger families meaning that she may have to travel further afield, adding extra mileage between her and her support networks.

Having older male children can also make fleeing to a refuge difficult, with many refuges unable to accommodate teenage males in women only refuges. In such circumstances, women often have to choose between staying with her abuser or leaving her children behind.





# Appendix three:

profile of callers to the National Domestic Violence Helpline seeking a refuge space, and women supported by the NWTa caseworkers

**Table 19: Ethnicity<sup>1</sup>**

Ethnicity	NDVH callers seeking a refuge space	Percentage <sup>2</sup>	Women supported by NWTa caseworkers	Percentage
Asian / Asian British Bangladeshi	136	1.83%	8	2.19%
Asian / Asian British Indian	213	2.87%	12	3.29%
Asian / Asian British Other	201	2.71%	10	2.74%
Asian / Asian British Pakistani	354	4.77%	20	5.48%
Bangladeshi	44	0.59%	1	0.27%
Black Other	13	0.18%	2	0.55%
Black African	488	6.58%	49	13.42%
Black British	325	4.38%	12	3.29%
Black Caribbean	191	2.57%	15	4.11%
Black European	5	0.07%	0	0.00%
Chinese	13	0.18%	1	0.27%
Cypriot	2	0.03%	0	0.00%
Eastern European	304	4.10%	14	3.84%
European	194	2.61%	16	4.38%
Gypsy	16	0.22%	2	0.55%
Irish Traveller	50	0.67%	2	0.55%
Japanese	4	0.05%	0	0.00%
Kurdish	9	0.12%	3	0.82%
Latin American	37	0.50%	4	1.10%
Middle Eastern Other	143	1.93%	8	2.19%
Mixed Other	141	1.90%	7	1.92%
Mixed White and Asian	40	0.54%	3	0.82%
Mixed White and Black African	58	0.78%	5	1.37%
Mixed White and Black Caribbean	188	2.53%	12	3.29%
Northern Irish	6	0.08%	0	0.00%
Pakistani	71	0.96%	4	1.10%
South East Asian Other	56	0.75%	3	0.82%
Turkish	25	0.34%	0	0.00%
Vietnamese	3	0.04%	0	0.00%
White - English	191	2.57%	6	1.64%
White British	3595	48.45%	130	35.62%
White Irish	107	1.44%	7	1.92%
White Other	127	1.71%	5	1.37%
White Scottish	47	0.63%	4	1.10%
White Welsh	23	0.31%	0	0.00%
Not known	732		39	
<b>Total</b>	<b>8152</b>		<b>404</b>	

1 These categories are taken from the NDVH database.

2 Percentages calculated from the total where ethnicity was recorded.

Table 20: Age

Age	NDVH callers seeking a refuge space	Percentage	Women supported by NWTa caseworkers	Percentage
Under 16	0	0.00%	0	0.00%
16-20	552	6.77%	11	3.13%
21-30	3085	37.84%	122	34.66%
31-39	2076	25.47%	121	34.38%
40-49	1039	12.75%	63	17.90%
50-59	375	4.60%	31	8.81%
60-69	77	0.94%	3	0.85%
70-79	13	0.16%	1	0.28%
Over 80	0	0.00%	0	0.00%
Not known	935		52	
<b>Total</b>	<b>8152</b>		<b>404</b>	

Table 21: Pregnancy

Pregnancy	NDVH callers seeking a refuge space	Percentage	Women supported by NWTa caseworkers	Percentage
No	6511	91.38%	345	92.25%
Yes - up to 12 weeks	148	2.08%	10	2.67%
Yes - 13 to 20 weeks	208	2.92%	8	2.14%
Yes - 21 to 30 weeks	140	1.96%	3	0.80%
Yes - 31 to 40 weeks	101	1.42%	6	1.60%
Yes - 40+	17	0.24%	1	0.27%
Not known	1027		30	
<b>Total</b>	<b>8152</b>		<b>404</b>	

**Table 22: Disability**

Disability	NDVH callers seeking a refuge space	Women supported by NWTa caseworkers
Yes – Learning	156	7
Yes – Mobility	248	40
Yes – Other	142	6
Yes - Physical	211	24
Yes - Sensory	57	1
Long-term mental health	689	55

**Table 23: Number of children accompanying the woman**

Number of children	NDVH callers seeking a refuge space	Percentage	Women supported by NWTa caseworkers	Percentage
0	2266	45.01%	188	46.53%
1	1163	23.10%	73	18.07%
2	843	16.75%	48	11.88%
3	497	9.87%	42	10.40%
4	173	3.44%	38	9.41%
5	53	1.05%	10	2.48%
6	31	0.62%	2	0.50%
7	2	0.04%	2	0.50%
8	1	0.02%	0	0.00%
9	3	0.06%	0	0.00%
10	2	0.04%	1	0.25%
Not known	5034		0	
<b>Total</b>	<b>8152</b>		<b>404</b>	

**Table 24: Refuge space requirements**

Requirements	NDVH callers seeking a refuge space	Percentage	Women supported by NWTa caseworkers	Percentage
Requires a cot	489	6.00%	86	21.29%
Accessibility needs	246	3.02%	67	16.58%
Specialist refuge	85	1.04%	110	27.22%
No specialist needs	4758	58.37%	15	3.71%

**Table 25: Money or access to travel**

	NDVH callers seeking a refuge space	Percentage	Women supported by NWTa caseworkers	Percentage
No money or access to travel	2134	30.70%	175	47.04%
Access to money or travel	4817	69.29%	197	52.96%
Not asked	1201		32	
<b>Total</b>	<b>8152</b>		<b>404</b>	

**Table 26: Support needs around language**

No. of women who had a support need around language	NDVH callers seeking a refuge space	Percentage	Women supported by NWTa caseworkers	Percentage
No	3894	96.87%	345	85.82%
Yes	126	3.13%	57	14.18%
Not known	4132		2	
<b>Total</b>	<b>8152</b>		<b>404</b>	

Table 27: Support needs

Support need	NDVH callers seeking a refuge space	Women supported by NWTa caseworkers
Alcohol use	332	-
Drug use	364	-
Substance use	-	23
Mental health	1608	106
No recourse to public funds	328	110
Offending	-	27
Past eviction from refuge	-	26
Other	196	-
None	4251	-



## Location of callers

The survivors came from a range of locations. Figure 7 shows the regional distribution of the women supported by the casework team. As is evident in Table 28, the breakdown of location of callers to the NDVH and the location of women supported by the NWTa caseworkers is not representative of the population of different areas. The number of women calling the NDVH and being supported by NWTa caseworkers is over-represented in London.

This could be because women have already fled to London prior to contacting the NDVH or because women in London may be more likely to contact the NDVH as other avenues of support they have explored have not worked (e.g. social services, local housing teams, etc.). The under-representation of other areas, particularly in the North of England could be a result of different referral pathways in that area. Local Helplines may mean that women are using those rather than calling the NDVH.

Figure 7: Location of women supported by the NWTa caseworkers

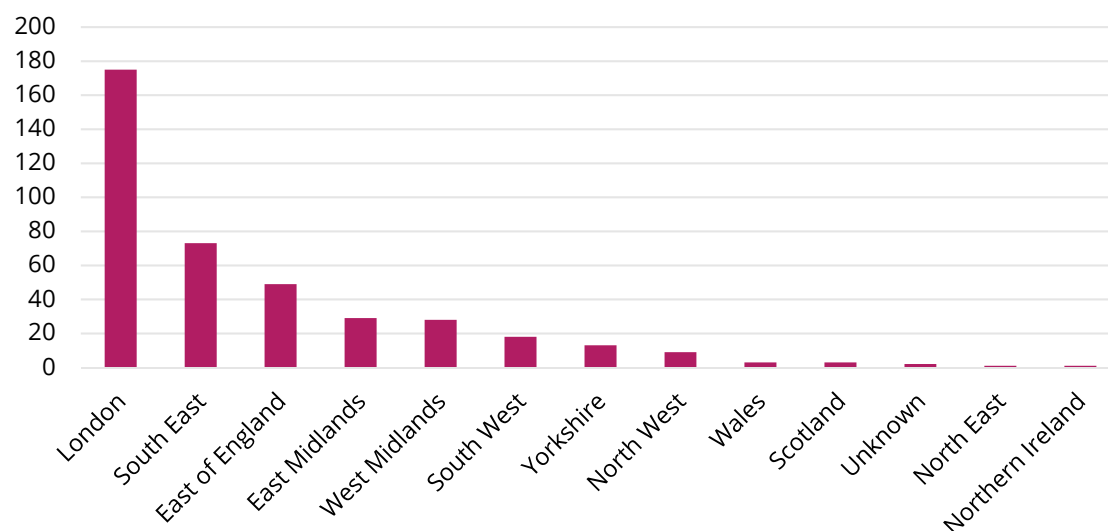


Table 28: Location of women seeking a refuge space

Location	NDVH callers seeking a refuge space	% of women	Women supported by NWTa caseworkers	% of women	Population	Population as % of total population
London	2616	33.84%	175	43.32%	8,538,689	15.69%
South East	1203	15.56%	73	18.07%	8,873,818	16.31%
East of England	1073	13.88%	49	12.13%	6,018,383	11.06%
East Midlands	504	6.52%	29	7.18%	4,637,413	8.52%
West Midlands	808	10.45%	28	6.93%	5,713,284	10.50%
South West	347	4.49%	18	4.46%	5,423,303	9.97%
Yorkshire	318	4.11%	13	3.22%	5,360,027	9.85%
North West	576	7.45%	9	2.23%	7,132,991	13.11%
North East	61	0.79%	1	0.25%	2,618,710	4.81%

## Where did women want to flee to?

The breakdown of the location of women calling the NDVH in search of a refuge space largely matches the regional distribution of desired refuge location (Table 29).<sup>1</sup> Consultation with the NDVH workers, previous research discussed in the literature review and evidence from the Women's Aid Annual Survey 2016 suggests that women need to go far enough to be safe, but not so far that they are entirely removed from their support networks.

With the NWTa casework data we were able to compare a survivor's current location with their desired location (Table 30), with the majority of women seeking refuge in the same region they were currently resident in (72%), however 12% of these women were willing to travel to another region also to seek refuge. 21% of the women supported by the caseworkers wanted to leave the region they were in and were seeking refuge elsewhere. In addition to this there were 22 (5%) women who did not specify a specific region they wanted to flee to, and were seeking refuge 'anywhere'.

**Table 29: Location of caller and desired location of refuge space sought**

Region	Current location		Desired location	
	NDVH callers seeking a refuge space	Percentage	Number of callers	Percentage
London	2616	33.84%	1455	32.73%
East Midlands	504	6.52%	281	6.32%
East of England	1073	13.88%	549	12.35%
North East	61	0.79%	103	2.32%
North West	576	7.45%	303	6.82%
South East	1203	15.56%	838	18.85%
South West	347	4.49%	308	6.93%
West Midlands	808	10.45%	358	8.05%
Yorkshire and Humber	318	4.11%	100	2.25%
Northern Ireland	26	0.34%	30	0.67%
Scotland	74	0.96%	55	1.24%
Wales	124	1.60%	66	1.48%
Not known	422		3706	
<b>Total where known</b>		<b>7730</b>		<b>4446</b>
<b>Total</b>		<b>8152</b>		<b>8152</b>

<sup>1</sup> Unfortunately, the structure of the database and its reports mean that we cannot match the current location of the caller with their desired location to assess whether callers want to stay in the same region.

Previous research has shown that women need to travel out of their local authority in order to find safety, but their support needs may have increased as they have often gone to a new area, cut off from friends and family (Bowstead, 2013). It is important to acknowledge when considering this data that the regions are large, and while women may be seeking refuge in the same region this is likely to be in a different local authority area; data from the Women's Aid Annual Survey 2016

shows that about three quarters of women resident in refuge on the Day to Count 2016 had travelled from another local authority. In addition, some women may be required to travel a significant distance in order to be safe; particularly women from BME communities who are likely to experience specific patterns of perpetration requiring them to travel out of their locality, and women in smaller towns who can be easily found by their perpetrators.

**Table 30: Desired location of women supported by NWTAs caseworkers**

	Women supported by NWTAs caseworkers	Number of women seeking refuge in same region	%	If seeking refuge in same region, also willing to go to another region	%	Women seeking refuge in a different region	%
East of England	49	30	61.22%	4	8.16%	16	32.65%
East Midlands	29	18	62.07%	2	6.70%	6	20.69%
London	175	144	82.29%	16	9.14%	24	13.71%
North East	1	1	100%	0	0%	0	0%
North West	9	6	66.67%	0	0%	2	22.22%
South East	73	53	72.60%	7	9.59%	15	20.55%
South West	18	14	77.78%	1	5.56%	3	16.67%
West Midlands	28	12	42.86%	3	10.71%	11	39.29%
Yorkshire	13	9	69.23%	0	0%	3	23.08%
Scotland	3	1	33.33%	0	0%	1	33.33%
Wales	3	0	0%	0	0%	2	66.67%
Northern Ireland	1	0	0%	0	0%	1	100%
<b>Total</b>	<b>402 <sup>1</sup></b>	<b>288</b>	<b>71.64%</b>	<b>33</b>	<b>11.46%</b>	<b>84</b>	<b>20.90%</b>

<sup>1</sup> There were two women whose current location was unknown, and there were seven women whose desired location was not recorded.



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