



**domestic  
abuse  
commissioner**

**Early Findings from the Domestic Abuse Commissioner's**

# **Mapping of Domestic Abuse Services across England & Wales**

# Introduction

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*“I don’t think I’d be sitting here today telling you this story, I really don’t, it [domestic abuse support service] actually was lifesaving.” (Survivor)*

All victims and survivors should have access to the support and help that they need when they need it, and where they need it. This should not be determined by where they live, their race, age, sexuality, gender, immigration status, disability, or whether they are Deaf. But too often, it is.

We want to end the ‘postcode lottery’ in the response to domestic abuse, and our national mapping work – early findings of which are contained in this briefing – is an opportunity to evidence what this looks like across England & Wales, and how it affects victims and survivors. We collected data from over 500 front-line services providing support, as well as hearing from over 4,000 victims and survivors through a public survey and in-depth focus groups.

The purpose of this paper is to make public early findings from our mapping work, to support the Pre-Legislative Scrutiny of the Victims Bill.

We will be publishing a full report in the Autumn to fully evidence the huge amount of data we have received – and

are continuing to receive – from front-line services, from commissioners, and from victims and survivors. This will be the opportunity for sector partners, local and national representatives, commissioners and members of the public to really understand what provision looks like in their area, and illustrate this through interactive maps. Our full report will also set out fulsome recommendations for how to address the ‘postcode lottery’, and results of a series of roundtables with services and commissioners across England & Wales.

The Victims Bill represents too good an opportunity to pass up. It is critical that we come together to understand the problem we are faced with and develop robust, evidence-based solutions to truly transform the response to domestic abuse and end the postcode lottery. We hope that by publishing this information as early as possible, we are supporting those who might support and scrutinise the Bill to make it as ambitious as it can be. The 2.3 million people who experience domestic abuse every year deserve nothing less.

# Key Early Findings and Recommendations

The Domestic Abuse Commissioner's mapping work clearly evidences the existence of a postcode lottery across England and Wales. Key findings include:

- 1. Specialist domestic abuse services are effective** in supporting victims and survivors to cope and recover from their abuse. 67% of victims and survivors who accessed support services said they now felt safer compared to 45% of victims and survivors who had not, and 73% who accessed support said they now felt more in control of their lives compared to 50% who had not. Specialist 'by and for' services offered particular benefits to victims and survivors from minoritized or marginalised communities who face the greatest barriers to support.
- 2. Most victims and survivors want some kind of community-based support.** This represents a range of interventions, with advocacy being just one element.
- 3. Advocacy support alone is insufficient to meet the needs of victims and survivors.** The most sought-after services existed outside of a typical advocate role, namely counselling and therapeutic support (73% of survivors wanted this), helpline advice (67%), and mental healthcare (65%). Longer term recovery work, as well as prevention and early intervention are key to a holistic response to domestic abuse, and were less likely to be accessible to survivors.
- 4. The independence of services is vitally important,** providing truly independent advice to victims and survivors, supporting the better functioning of statutory agencies and bringing in both expertise and outside funding into local strategic partnerships.
- 5. Services in England & Wales are unable to meet demand.** Fewer than half of survivors were able to access the community-based support that they wanted, and there were particular gaps in type of provision, access to specialist support, and across different regions.
- 6. Gaps in support for children, and in access to perpetrator programmes, were particularly notable.** Just 29% of survivors who wanted support for their children were able to access it, and only 7% of survivors who wanted their perpetrator to receive support to change their behaviour were able to get it.
- 7. Specialist 'by and for' services are disproportionately underfunded, with considerable gaps in provision across England & Wales.** 'By and for' services were 5 times less likely to receive statutory funding than mainstream domestic abuse or violence against women and girls organisations, and almost half of all 'by and for' services are based in London and the South East of England.

As a result, the Government must consider how it will respond to these issues and make best use of the Victims Bill to fill the gaps and ensure that victims and survivors of domestic abuse can access the support they need no matter where they live or who they are.

In particular, it is important to acknowledge that:

- **A considerable funding injection is needed** in order to meet the demand for domestic abuse services across England and Wales. This funding must be long-term and sustainable to allow for capacity and capability building across the sector, and should be directed towards independent
- **Funding should be focused on the greatest gaps in provision, by type of organisation, intervention, and regionally.** Lack of support for children was particularly notable, as well as interventions for perpetrators.
- **Funding is often short-term and piecemeal,** and a more strategic approach to commissioning is urgently needed.
- **While advocacy is critical, a much wider range of interventions are needed by victims and survivors.**
- **Funding should be particularly directed towards specialist ‘by and for’ services,** who are woefully underfunded and disadvantaged by the local commissioning framework. Capacity building is desperately needed in large parts of England & Wales to build provision outside of larger metropolitan areas and/or London and the South East.
- **National and local government must work together to bring greater consistency to commissioning of services across England & Wales.** Commissioners must work collaboratively to commission the best services that meet the needs of their populations, and acknowledge and utilise the expertise provided by specialist services, particularly ‘by and for’ organisations.
- **There is a need for strong local and national accountability and oversight** to ensure that services are commissioned to meet the needs of victims and survivors across England & Wales.

# The Value of Specialist Domestic Abuse Services

Services that support victims and survivors of domestic abuse have demonstrated their value over many years. Services help victims and survivors to cope and to recover from the abuse they've experienced, and can provide long-term therapeutic care. They help to provide for safety planning to keep victims and survivors safe when they are in danger, and can provide a safe roof over someone's head when forced to flee their home.

We also know that support services are instrumental in the effective functioning of statutory agencies. They provide institutional advocacy, and support victims and survivors through the complex myriad of institutions they must interact with in order to keep safe, secure their future, and, if they wish to, support a criminal justice response to their perpetrator. Studies have shown that incidents in which the victim was referred to or supported by an IDVA were significantly more likely to be recorded as crimes (48% compared to 32% without support) and there was almost double the chance of an arrest being made where there was support (44% compared to 25% without support).<sup>1</sup> The provision of such support can in turn increase the degree to which victims and survivors are able to cooperate with the criminal justice system, with studies showing that survivors with better access to tangible support were approximately twice as likely to voluntarily participate in the prosecutions of their intimate partners.<sup>2</sup> This is vital considering the difficulties in prosecuting domestic abuse and our ambition to bring perpetrators to justice.<sup>3</sup>

Our survey of victims and survivors clearly demonstrates the value of specialist domestic abuse services. We heard from victims and survivors who had accessed or were currently accessing services (57%) as well as those who hadn't (43%). Survivors who hadn't accessed services had not either because they had tried to but been unable to (18%), because they were currently in the process of trying to access support (4%), or because they had thought about accessing support but had not known where to start or had decided against it (20%).<sup>4</sup>

A YouGov poll also showed that of victims who had experienced domestic abuse (DA) and/or sexual violence (SV) 87% believed it was important for victims of crime to receive help and support from a victim service that is independent of the police.<sup>5</sup>

## Support services help victims and survivors to feel safer and more in control of their lives

Our survey of victims and survivors supports evidence that has built up for many years – that support services help victims and survivors to cope and to recover from the abuse they've experienced.

Local commissioners will be fully aware of the impact of their services locally; they will receive information from services and Key Performance Indicators that demonstrate how their service users feel before and after interventions. Comparing outcomes for victims and survivors who receive services with those who do not has always been difficult. Most feedback tends to focus on those who have been able to access support.

<sup>1</sup> Domestic Abuse Commissioner, Safe Lives (June 2021), Understanding Court Support for Victims of Domestic Abuse.

McPhee, D., Hester, M., Bates, L., et al (2021) Criminal justice responses to domestic violence and abuse in England: an analysis of case attrition and inequalities using police data, Policing and Society

<sup>2</sup> Epstein, D. (2002) Procedural Justice: Tempering the State's Response to Domestic Violence, William and Mary Law Review

<sup>3</sup> [Domestic abuse | The Crown Prosecution Service \(cps.gov.uk\)](https://www.cps.gov.uk). Accessed 6/6/2022.

<sup>4</sup> Due to the nature of the survey, and the assistance that we had from support services in disseminating it, these results are not to be taken as nationally or regionally representative of what proportion of victims and survivors are able to access services. It is likely to be an over-estimation. It can, however, tell us the differences in experiences between people who accessed services and those who didn't, as well as what barriers exist.

<sup>5</sup> YouGov Plc. Total sample size was 1,934 adults from England and Wales. Fieldwork was undertaken between 6-7 February 2018. The survey was carried out online. The figures have been weighted to GB adults, filtered by adults in England and Wales (aged 18+).

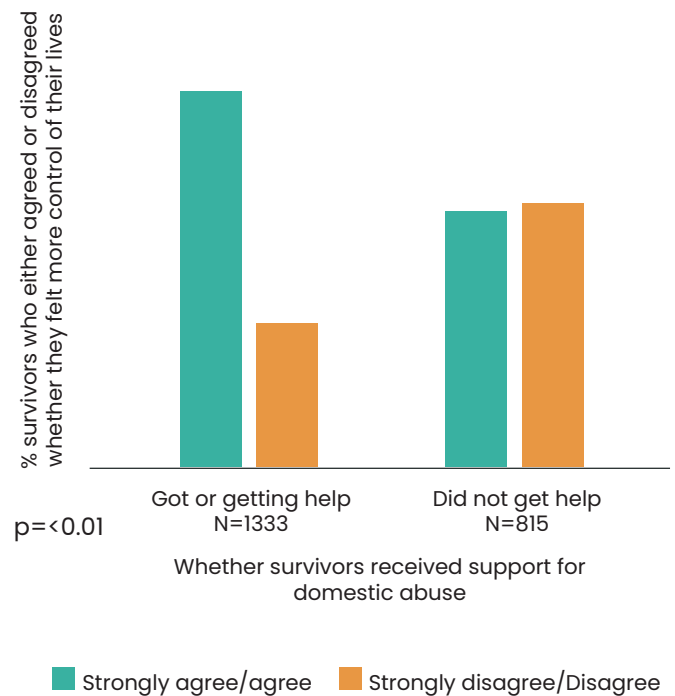
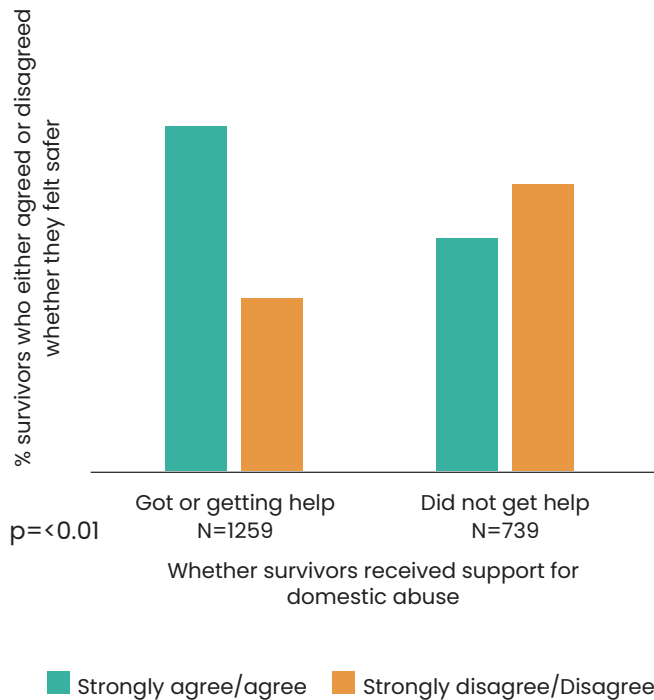
Our survey was able to reach a sizable proportion of people who told us that they had not accessed any support (over 800 survivors) and compare their responses with those who told us that they had (over 1400 survivors). Those who had accessed support services told us whether they felt safer and more in control of their lives now than before they'd accessed services, while those

who had not accessed any support told us whether they felt safer and more in control now than before they considered accessing help. Of those who expressed a view<sup>6</sup>, there were significant differences between the two groups, with those who had accessed support more likely to report that they felt safer and more in control (see Figure 1 and 2).

<sup>6</sup> Excludes missing data and those who said 'neither agree nor disagree'

**Figure 1: Percentage of survivors agreeing that they felt safer, comparing survivors who had accessed services with those who did not.**

**Figure 2: Percentage of survivors agreeing that they felt more in control of their lives, comparing survivors who had accessed services with those who did not.**



# What did victims and survivors want, and did they get it?

The majority of respondents stated that they wished to access a form of community-based service rather than an accommodation-based service, and it was forms of community-based services that survivors were most likely to have been unable to access despite wishing to.

Some of these findings are particularly stark. Of the 1,238 people who wanted to get help for their perpetrator to change their behaviour, only 7% were able to. For other types of support, 23% of survivors who wanted help to stay in work were able to get it, 26% who wanted legal support or advice for Criminal court got it, 27% who wanted help with money problems or debt got it, and 29% who wanted help speaking to social services received it.

Even where a higher proportion of survivors were able to access the support they

wanted, there were very few types of support where more than half of survivors were able to access what they wanted. The only types of support where a (small) majority of survivors were able to access the help they wanted were helpline advice over the phone (64%), Immigration advice (58%)<sup>7</sup>, and 1-1 casework or advocacy support such as IDVA (55%).

It is worth noting the specific types of support that survivors wanted – and received – and the extent to which this is covered by the IDVA role. For clarity, the types of support examined by our survey, and whether they are typically covered by the IDVA role or not, are set out in the table over the page. We said that a service is not covered by an IDVA role where they might signpost to other sources of support, as they themselves would be unlikely to provide that expert advice.

<sup>7</sup> Please note this is from a much smaller sample size of people who wished to access immigration advice (157), and given the nature of how the survey was disseminated and the assistance that by and for services provided the Commissioner with, is likely to be a significant over-estimation of the number of migrant survivors who were able to access immigration advice. 73% of those who stated that they wanted immigration support confirmed that they had received support from domestic abuse services in the last three years. This compares to 47% of all respondents, indicating that those with insecure immigration status were more likely to have responded to the survey through specialist DA services that had supported them.

Table 1: Types of support covered

Type of support	Typically covered by IDVA role	Might be covered by IDVA role, if commissioned to do so
Counselling and therapeutic support	✗	
Helpline e.g. advice over the phone	✗	
Mental healthcare	✗	
1-1 support e.g. with a caseworker or IDVA	✓	
Something to help me feel safe by keeping the perpetrator away		✓
Legal support or advice for Family Court		✓
Help to make my own home safer	✓	
Someone to help me with the police processes	✓	
Group support	✗	
Online chat or email support	✗	
Help for the person who was abusing me to change their behaviour	✗	
Help with money problems or debt		✓
Help speaking to social services	✓	
Help to leave home (e.g. to get refuge or other safe accommodation)	✓	
Legal support or advice for Criminal Court		✓
Physical healthcare	✗	
Help to stay in work or get a new job	✗	
Refuge accommodation	✗	
Help to move on from safe accommodation or refuge	✗	
Help me with drugs and/or alcohol	✗	
Immigration advice	✗	



Figure 3: Percentage of respondents saying they wanted different types of support for domestic abuse during the previous three years N=3018

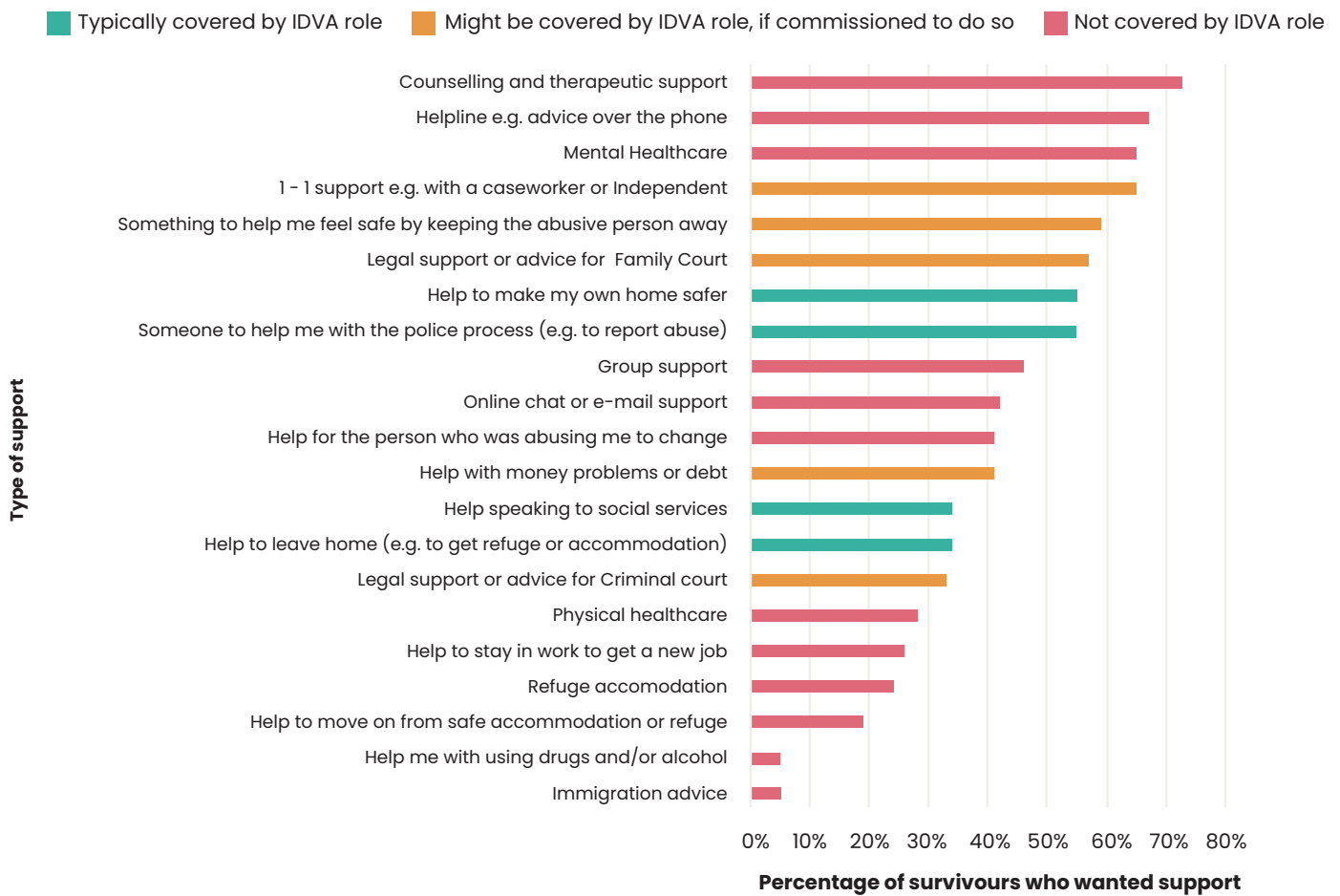
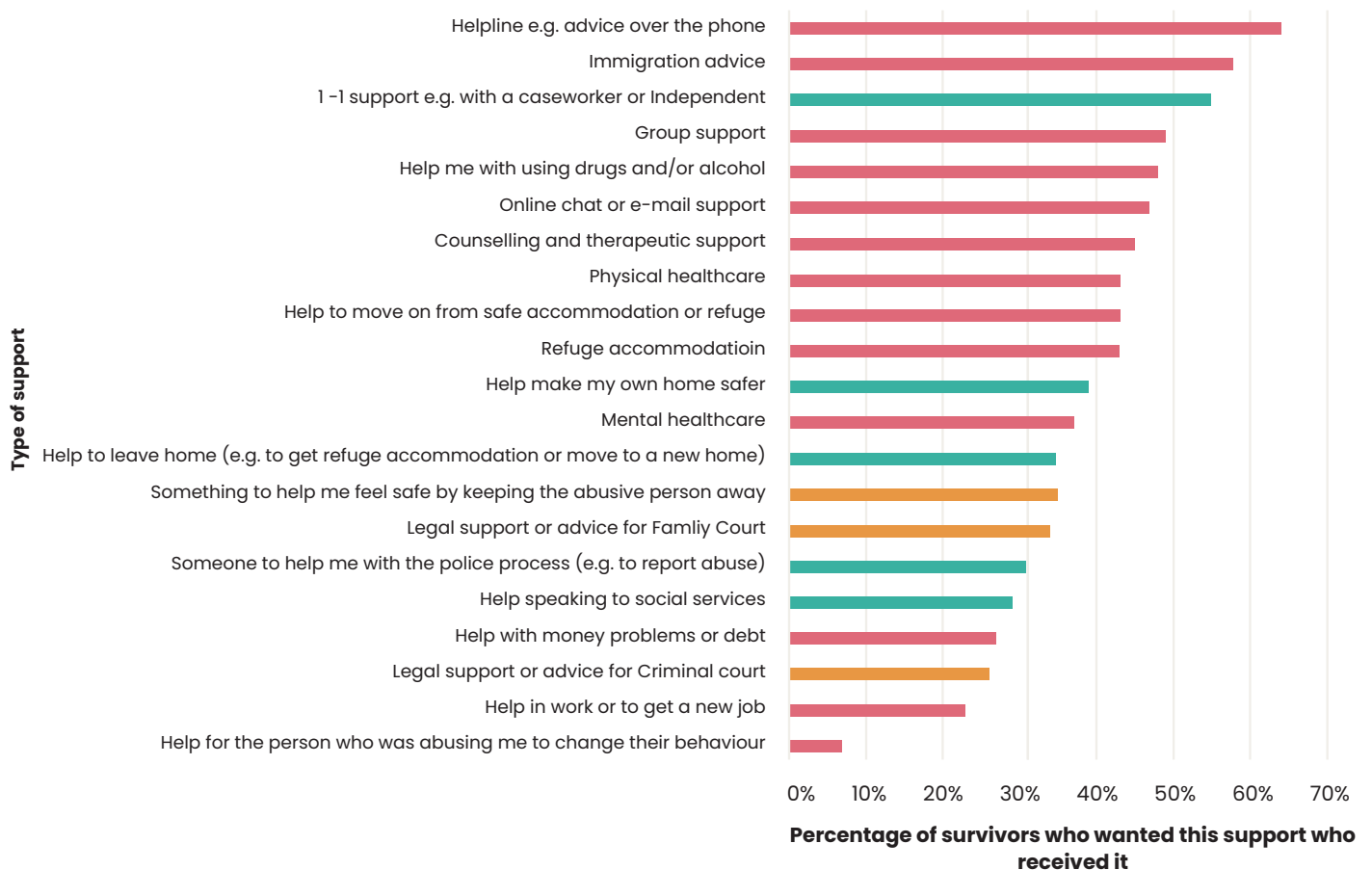


Figure 4: Percentage of respondents who received each type of support for domestic abuse during the previous three years. N=3018



# Advocacy and 121 casework support

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It is worth noting the advocacy and IDVA services were more likely to be received by survivors who wanted it than most other forms of community-based services (even if still too few survivors accessed it). Over half (55%) of survivors who wanted advocacy or casework received it, compared to 45% for counselling or therapeutic support, 37% for mental healthcare, 34% for support through Family Court, 26% for support through the

Criminal Court and 23% for help to stay in work or find a new job.

Black and minoritized survivors also expressed difficulties in accessing casework and advocacy support, with inappropriate referrals being made and a poor understanding of the risk they faced and the support they needed.

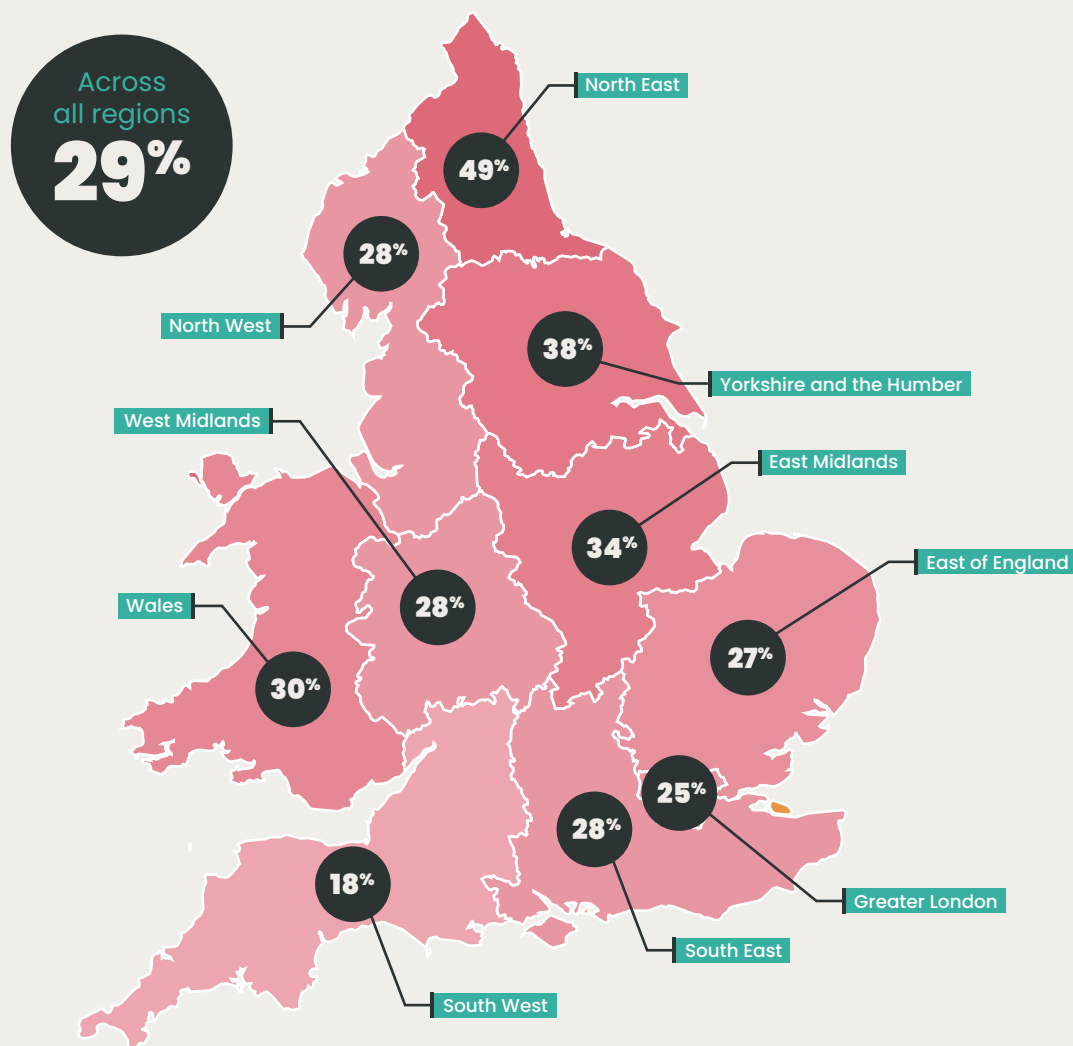
# Support for Children

The lack of support for children – and the significant variation across England and Wales – was particularly noteworthy. Almost all survivors who had children said that they would have wanted their children to have specific support, but just 29% said that their

children had been able to access this type of support.

Figure 5: Regional variation in whether children were able to get any support from domestic abuse services, N=1529 p=<0.01

## Parents whose children received support from DA services



Excludes other responses (so only shows % of parents who wanted their children to receive support).  
Source: Survivor survey

# What services exist?

Early findings from the mapping work illustrates the huge range of different services that exist across England and Wales, as well as what types of support and advice victims and survivors actually want. It equally demonstrates some of the disparities across England & Wales in terms of what kinds of services exist, and where those services are delivered.

The fuller national mapping publication in the Autumn will demonstrate this in much more granular detail (including providing a more complete picture to evidence the differences between geographical areas), but early findings demonstrate what we have known for too long: that there is a postcode lottery in the support for victims and survivors across England and Wales.

Overall, 512 organisations told us about the services they provide, of which 265 provided community-based services only, 26 provided accommodation-based services only, and 171 provided both community-based and accommodation-based services. The remaining 50 organisations provide other forms of support, such as helplines, open-access services or

prevention and awareness raising services only (and not other community-based or accommodation-based services).

There was also a range of types of community-based support delivered across different services, which is set out below:

Table 2: Proportion of services delivering different types of community-based support

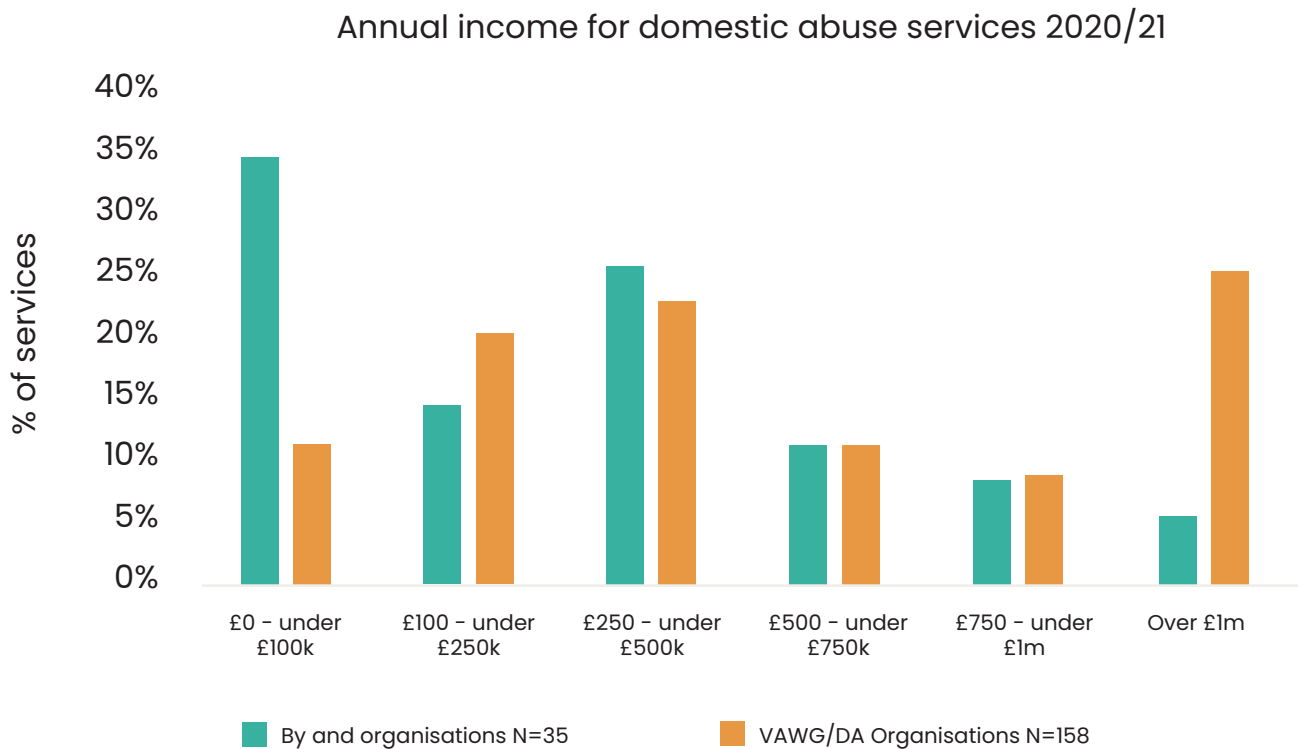
Type of support provided	Percentage of community-based services who provide this support	Number of community-based services who provide this support
Advocacy or casework	82%	358
Counselling or therapeutic support	45%	198
Outreach	69%	303
Group work or peer support	66%	290
Floating support	32%	139
Other forms of community-based support	32%	138

# What kinds of organisations provide these services?

Domestic abuse services are housed within a range of organisations – from very specialist ‘by and for’ organisations, public sector organisations such as Local Authorities who have brought their services ‘in house’. Of the 536 organisations who told us what kind of organisation they were, 268 can be defined as Domestic Abuse or wider Violence Against Women and Girls specialist organisations, 68 as specialist ‘by and for’ organisations<sup>8</sup>, 143 as organisations with a broader remit and 46 as Public Sector.<sup>9</sup>

The size of organisation ranges hugely too – with some larger organisations in receipt of over £1m in income every year, while a number of small, grass-roots organisations who provide domestic abuse services receive income of less than £100,000 every year.

Figure 6: Comparing the percentage of By and For and VAWG/DA organisations according to level of annual income N=275



<sup>8</sup> Which are defined as organisations that are designed and delivered by and for people who are minoritized (including race, disability, sexual orientation, transgender identity, religion or age). These services will be rooted in the communities they serve, and may include wrap-around holistic recovery and support that addresses a victim/survivor’s full range of needs, beyond purely domestic abuse support. ‘By and for’ services are defined as distinct from services that are women’s services run by women.

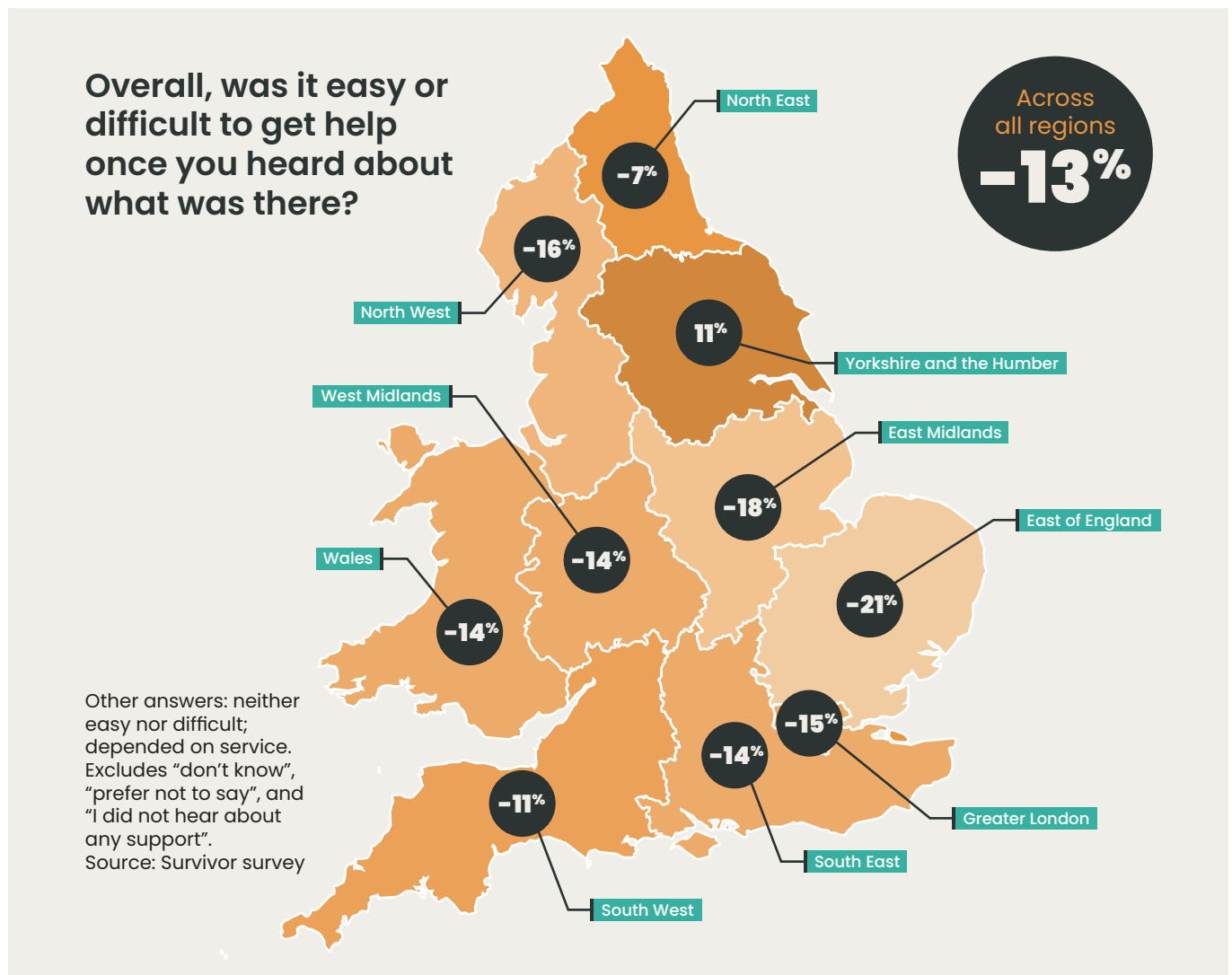
<sup>9</sup> This is higher than the number of organisations who responded to the survey (477), as five organisations provided multiple responses to the survey covering a higher number of different areas and services

# How easy was it to access help and support?

Overall, we know that victims and survivors struggled to get help, with just 28% finding getting help 'easy' or 'very easy'. Equally, we saw significant regional variations and significant differences by sex and gender. People in the North West of England reported finding it most difficult to access help, with 45% of respondents saying it was 'quite difficult' or 'very difficult' to access help, and 44% of respondents in the East Midlands and East of England finding it 'quite difficult' or 'very difficult' to access help. By comparison, Yorkshire and Humber had 32% of respondents saying it was 'quite difficult' or 'very difficult' to access help. There were also

considerable differences regionally in the responses of survivors who said it was 'quite easy' or 'very easy' to access help, with 43% of respondents from Yorkshire and Humber saying it was 'quite' or 'very easy' to access help compared to just 23% of respondents in the East of England. Over two-thirds of men and over half of non-binary survivors found it 'quite difficult' or 'very difficult' to get help, in comparison to a third of women survivors.

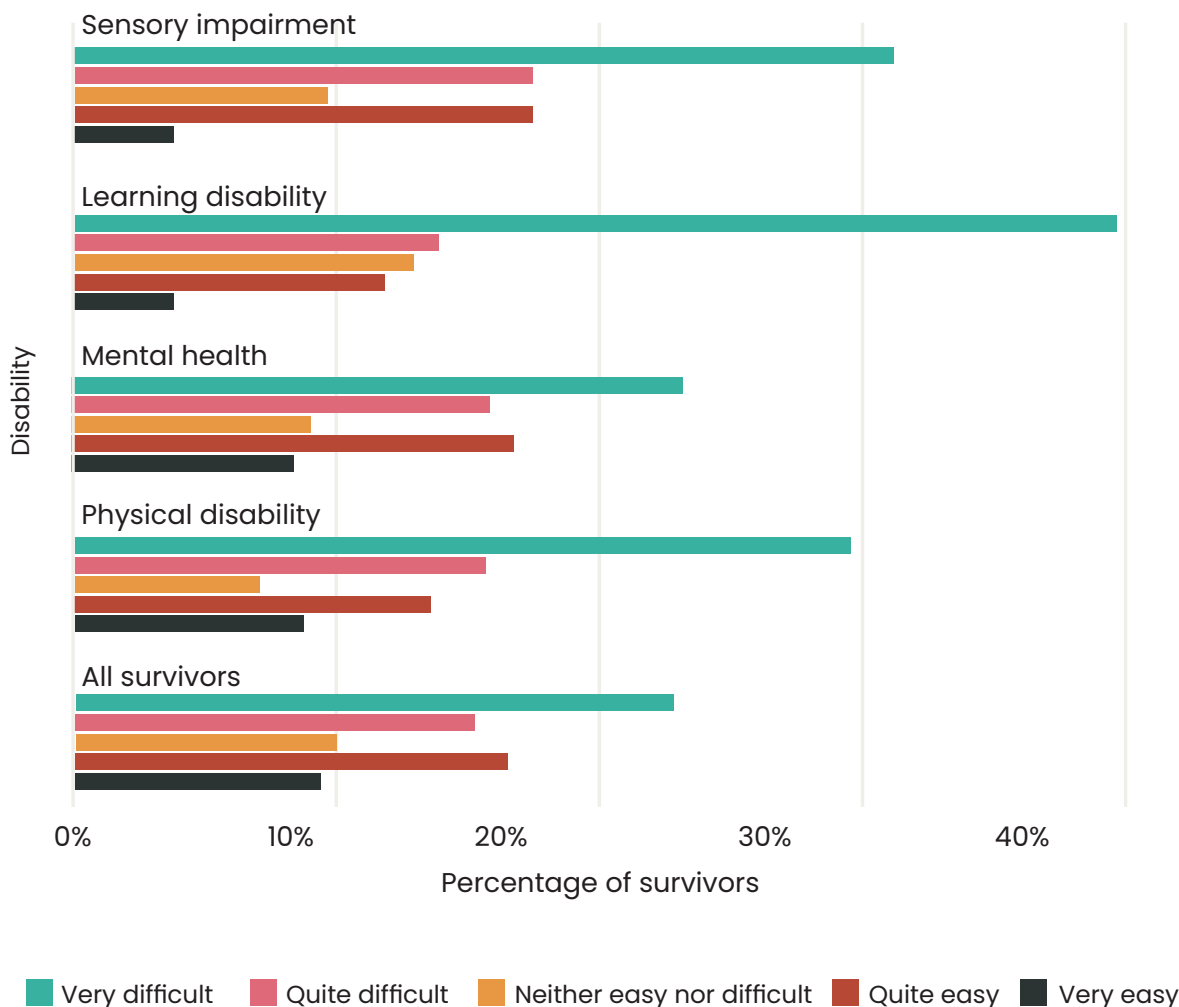
Figure 7: Regional variation in the difference between the % of respondents saying it was easy to get help and the % who said it was difficult.



One man told us “When I was looking, everything was specifically to support women, I felt kind of, ‘Oh, so where do I go now, what do I do?’”. There were also differences in how easy or difficult survivors found it to access help depending on disability. Survivors with learning disabilities found it hardest to access help – with 54% of those who responded to our survey saying that it was difficult or very difficult to access help, compared to 38.4% of all respondents. However, feedback from focus groups indicates this is likely to be an under-estimation of how difficult it is to access services. Given what we know about the barriers to accessing online surveys for people with disabilities, individuals facing the greatest barriers to support are unlikely to have been able to complete our survey.

Survivors with learning disabilities told us that often it was harder to recognise what was happening to them as domestic abuse, and that even where they did recognise this, they struggled to disclose the abuse. It was difficult to know how to report it, know where to get information or advice, or understand that they could contact the police. Professional responses to disclosures by victims with learning disabilities were often inappropriate, making unsuitable referrals or assuming a survivor’s communication needs meant that they could not be referred to more mainstream domestic abuse services. Survivors also told us about the lack of counselling services that had an understanding of how to work with autistic or neurodiverse domestic abuse survivors.

Figure 8: How easy or difficult survivors found it to access services, by disability



# Value of ‘by and for’ domestic abuse services

*“He understood. There wasn’t just like ‘Oh don’t worry, just live your life now’, talk or ‘just be yourself’. There was none of that. ..I think especially in our culture, it’s just not the way we’re wired or brought up. We can’t just shed that part of us, and it just felt I was getting the support that I wanted” (LGBT+ Muslim Survivor)*

We also know that victims and survivors from marginalised communities face the greatest barriers to support. Specialist ‘by and for’ services, which are rooted in the communities they serve, are best placed to provide the bespoke and specialist support that marginalised and minoritized victims and survivors most need. Not only are ‘by and for’ services best placed to reach out to victims and survivors within their communities, provide culturally sensitive and informed support and have the specialism needed, but they are also better able to identify and manage risk faced by the survivors they support. The Angelou Centre’s Report (commissioned by the DAC and used to inform the DAC report ‘Safety Before Status’), found that by and for services were far more likely to identify high risk cases that had previously been categorised as medium and even standard risk by less specialist, non-by-and-for services.<sup>10</sup> This is also mirrored in the experience of services run by and for LGBT+, Deaf or disabled people.

Focus groups that took place with victims and survivors from marginalised communities showed that by and for services were hugely valued, and they made survivors feel welcome and understood their

cultural needs and the additional challenges they faced in accessing support. Survivors felt more able to express themselves and communicate fully with workers within by and for services. For example, in services run by and for Black and minoritized women, a migrant survivor told us that ‘*you could express really yourself like very free, you have freedom to express, and in your own language. It’s really helpful that you don’t need to translate everything...so it comes from the heart.*’

Deaf survivors told us about having to work harder to get support from Hearing services. Concerns included a lack of BSL interpretation being available, providing different BSL interpreters at every appointment, or communicating information by email, which some BSL users will not understand. The impact of this was a poor recognition of risk faced by Deaf survivors and inadequate information and support being provided. One survivor told us “*They were using quite simple BSL, quite simple gestures. They would just ask me the same question, ‘Are you OK? Are you alright? Are you OK?’ And I kept repeating, ‘I’m not safe here’” (Deaf survivor)*

<sup>10</sup> Domestic Abuse Commissioner (October 2021), *Safety Before Status*.

Domestic Abuse Commissioner, Angelou Centre (2021), *Hinterland of Marginality*.



# How are services funded?

Data from service providers demonstrated the wide range of often precarious funding sources that many rely on to stay open. Services reported the difficulties in patching together funding from multiple sources, most of whom had different (and sometimes conflicting) reporting requirements.

When looking at the more specialist organisations – particularly ‘by and for’ organisations supporting the most marginalised survivors who face the greatest barriers to support – it is evident that these are much more likely to be very small, grassroots organisations with a higher degree of financial precarity. ‘By and for’ services reported their difficulties in relying on small amounts of short-term funding, and were particularly disadvantaged by biases and priorities of individual local commissioners, as well as unequal partnerships or unhelpful attempts at collaborative working with larger, more mainstream services. Some By and for services also reported a heavy reliance working additional hours and unpaid voluntary work, which for many were an essential part of their service model, with one provider saying services ran as a result of *‘a lot of undocumented and unaccounted for voluntary time to make things work and patch it up.’*

Short-term funding is a particular issue, with one service provider stating *‘long-term funding [is needed] because we can’t keep requesting for money every single year*

*for obvious reasons – staff and planning. The lack of planning and consistency has been a nightmare. It’s a cause of stress.’* A fifth of service providers told us that their main source of funding was only secured for between 6 months – 1 year, and just 4% of service providers had their main source of funding secured for more than 5 years (excluding public sector organisations).

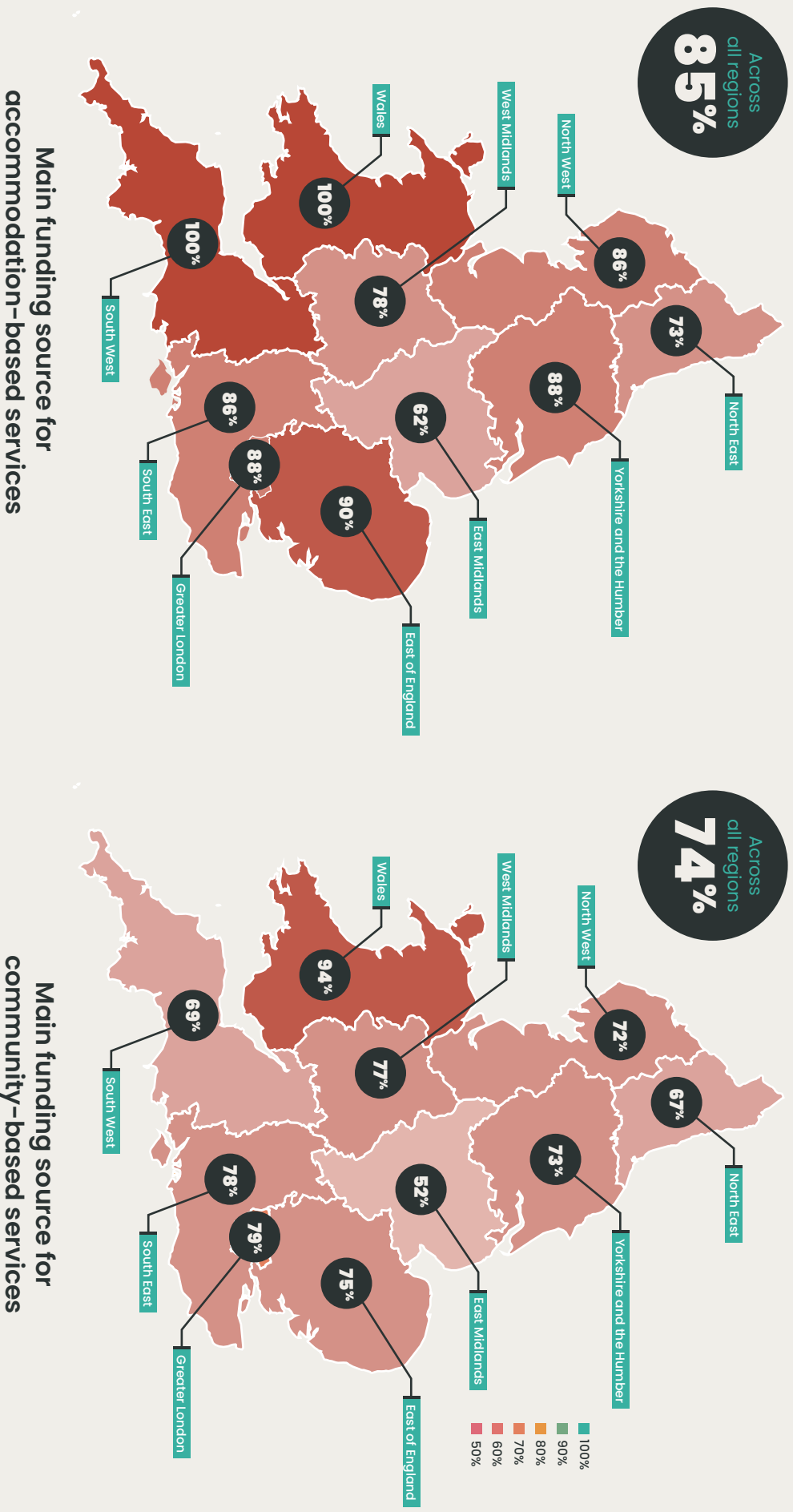
The type and size of an organisation, as well as who services are provided to, determines in large part whether an organisation will receive statutory funding.

Community-based services are much less likely to receive statutory funding as their main funding source (74%) than accommodation-based services (85%), a difference of 11 percentage points.

Regionally, we see this variation more significantly, with just 52% of community-based services in the East Midlands receiving their main source of income from a statutory body, compared to 94% of Welsh community-based services.

Women-only services were also less likely to receive statutory funding as their main source of income, compared to services who provided support to all genders. 74.2% of women-only accommodation-based services received statutory funding as their main source, and 47% of women-only community-based services received statutory funding as their main source.

Figure 9: Percentage of organisations in each region that receive funding from statutory body (as main source) for accommodation-based services and community-based services respectively.



Source: Table 10A and Table 10D: Service Provider Survey

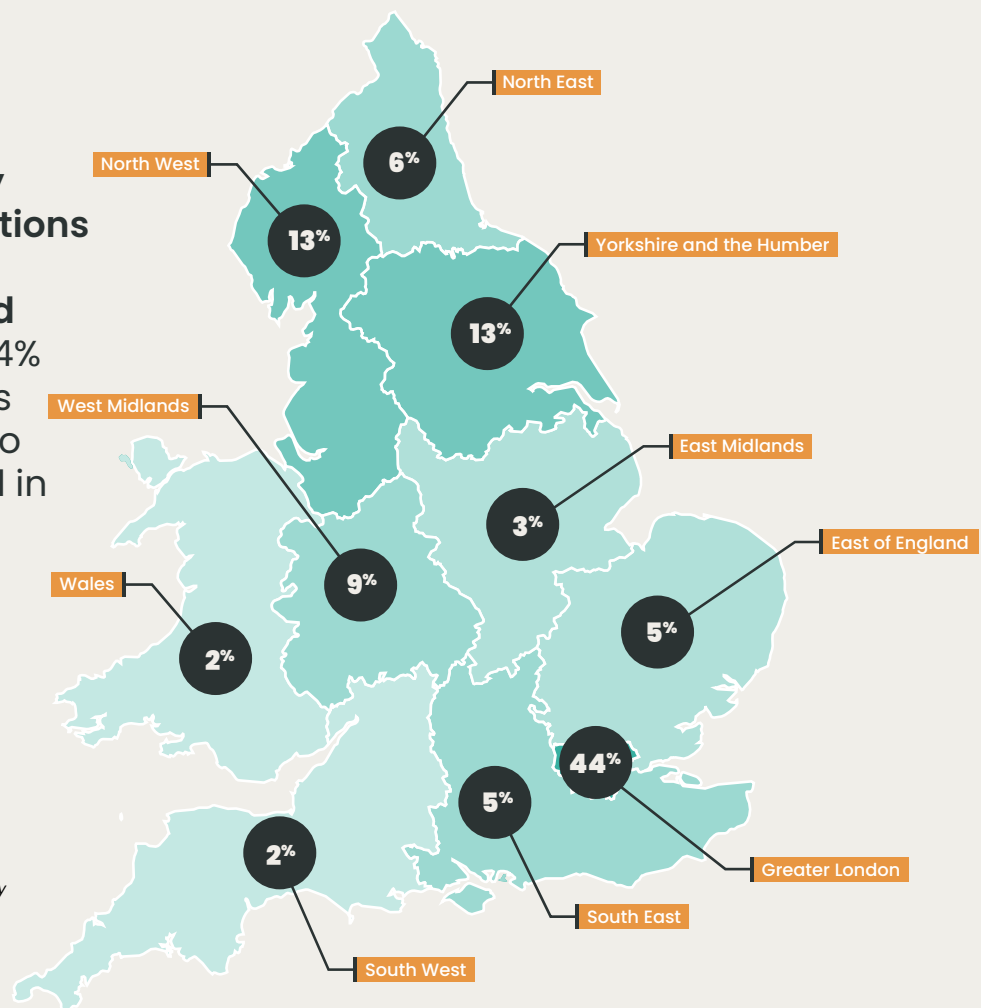
# Gaps: Crisis in funding for specialist 'by and for' organisations

By and for organisations' understanding and lived experience of marginalisation and structural inequality is critical. It provides a truly understanding and safe environment for victims and survivors to disclose their abuse safely and more fully, and services with a deep understanding of barriers faced by survivors are better able to pick up on nuances in those disclosures to identify risk and keep victims and survivors safe.

It is also important to be clear about the benefits of specialist 'by and for' organisations that are truly run by and for the communities they serve in their

entirety. While specialist training within more mainstream services is not unwelcome, it is important to make a distinction between more mainstream services who have increased their capability and capacity, and truly by and for services that are rooted in the communities they serve. For example, one service provider told us about more mainstream services attempts to respond to their community who *'suddenly employ one Black woman who was going to do all this stuff, but didn't have the language, didn't understand issues around the Black community, [or] migrant issues'*.

**Figure 10:**  
Percentage of by and for organisations based in each region of England and Wales e.g. 44% of by and for orgs who responded to survey are based in London.



Source: Service Provider Survey

The mapping exposed considerable gaps in provision across England & Wales, with nearly half of all by and for organisations being based in London or the South East. [Mapping of specialist LGBT+ services](#) commissioned by DAC and conducted by Galop found that this was particularly pronounced for LGBT+ services, with huge swathes of the country without any form of by and for LGBT+ domestic abuse support at all.

'By and for' services were more likely to be very small, grass-roots organisations, with 18.2% of by and for organisations reporting an income of less than £100k per year, compared to just 7.2% of domestic abuse or VAWG organisations. By comparison, just 3.6% of by and for organisations reported an income of over £1m per year, compared to 24.6% of domestic abuse or VAWG organisations.

The funding differences between 'by and for' organisations compared to other types of organisations were stark. By and for organisations are far less likely to be receipt of statutory funding than other types of organisations – with 36.4% of by and for organisations receiving statutory funding as their main source, compared to 66.7% of domestic abuse or VAWG organisations or

69.2% of organisations with a broader remit.

One-quarter of 'by and for' organisations received no statutory funding whatsoever, in marked difference to just 4.1% of domestic abuse or wider VAWG services that are not defined as 'by and for'. This means that 'by and for' services were around 5 times less likely to receive statutory funding than other types of organisations.

'By and for' services were also far more likely to have been forced to cease services due to lack of funding – 45.2% reported that they'd had to stop services due to lack of funds compared to 26.5% of domestic abuse/vawg organisations and 25% of organisations with a broader remit. 54.9% reported that they were continuing to fund some services without any dedicated funding (making use of reserves or volunteers) – compared to 33.2% of domestic abuse/VAWG organisations or 31.5% of those with a broader remit. They were, however, equally likely (87%) to have received some form of emergency covid funding during financial year 2020/21, indicating that local and national commissioners were beginning to better recognise the need for specialist by and for services during the covid-19 pandemic.

## **Annex A: Data sources**

### Victim/survivor survey

Was responded to by 4,274 people across every county in England & Wales

Not all questions were compulsory; so percentages quoted in this briefing note do not necessarily represent a % of the full 4,274 people who responded. The survey was live December 2021 – March 2022, and was open to anyone aged over 16 who had experienced domestic abuse, and who had accessed, tried to access, or considered accessing services in the previous 3 years.

The full set of questions asked in the survey can be found on our website [HERE](#)

### Service provider survey

Was responded to by 477 organisations across every Tier 1 Local Authority area in England & Wales (covering 536 responses). The survey took place during Summer 2021, and information provided was for financial year 2020/21.

The Domestic Abuse Commissioner's Office is continuing to seek information from an additional 300 services identified but who have not been able to provide information, so that information published in the Autumn can represent an even more accurate reflection of service provision across England & Wales.

The Domestic Abuse Commissioner has also made use of her powers under Part 2 of the Domestic Abuse Act to collect data and information from local commissioners (Local Authorities, Police and Crime Commissioners, and health commissioners). Information collected here will be incorporated into the larger-scale publication in Autumn 2022.

## **Annex B: Proportion of survivors who were able to access the support they wanted, by type of support and region**

Figure 11: Proportion of survivors who wanted counselling and therapeutic support who received it, by region.

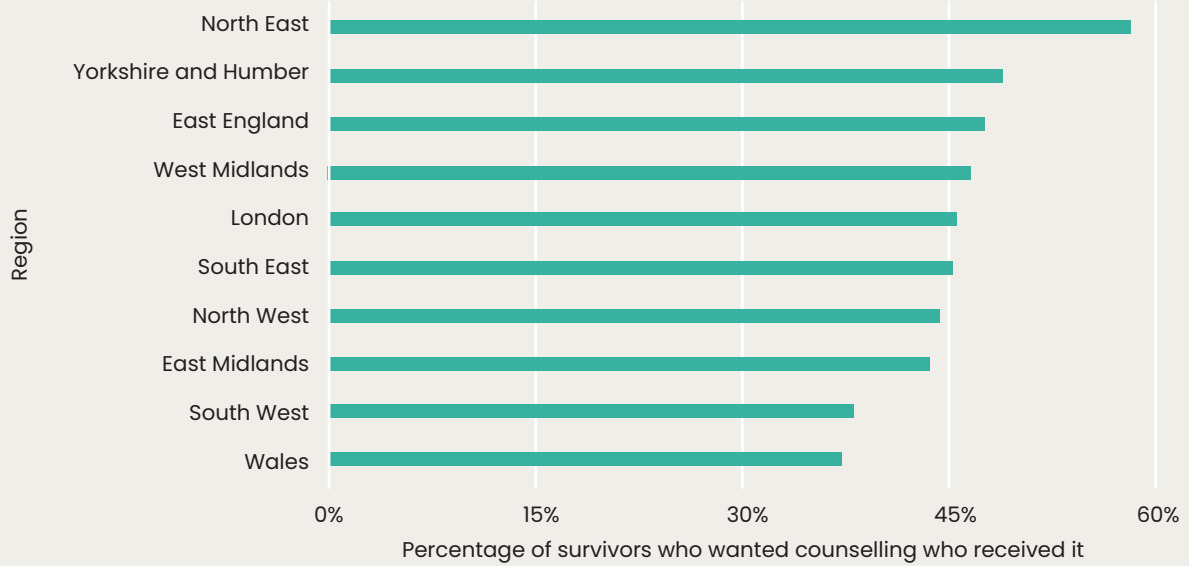


Figure 12: Proportion of survivors who wanted 121 advocacy or casework who received it, by region.

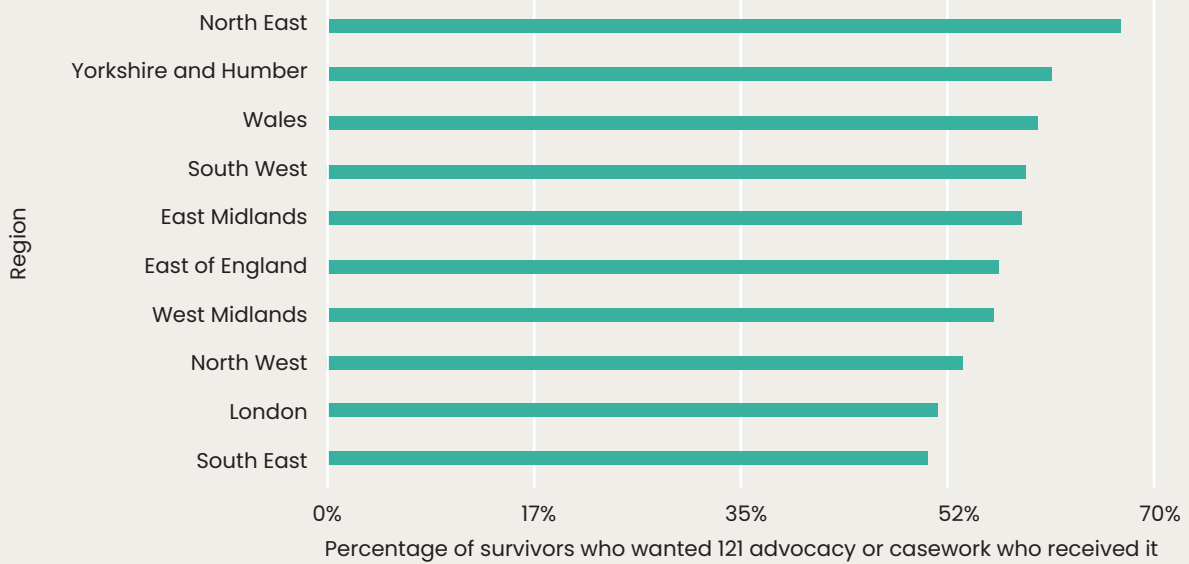


Figure 13: Proportion of survivors who wanted mental healthcare who received it, by region.

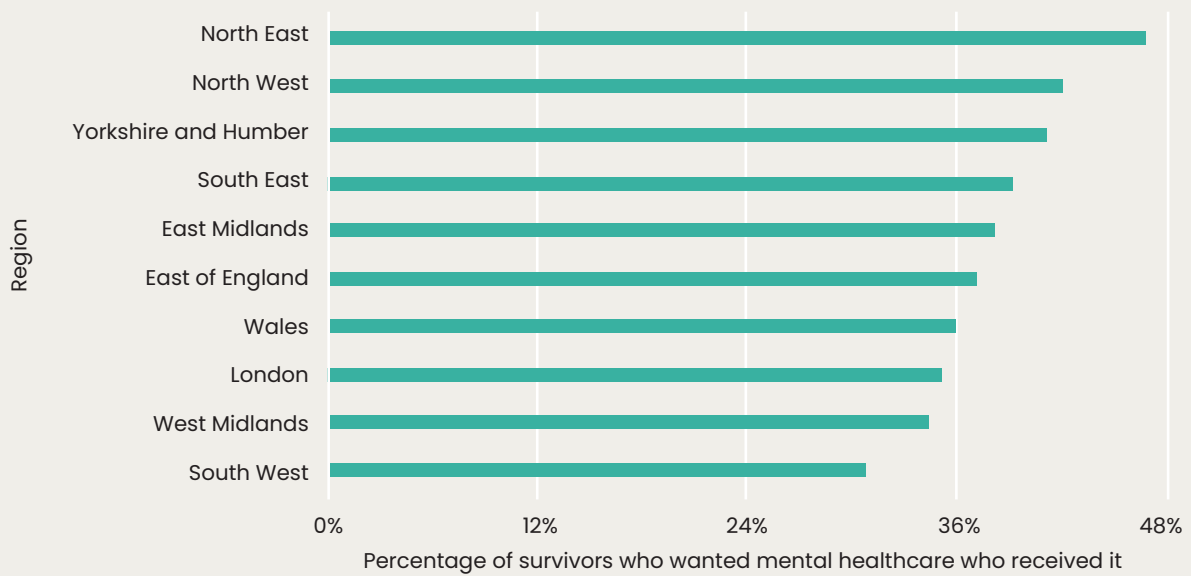


Figure 14: Proportion of survivors who wanted support through Family Court who received it, by region.

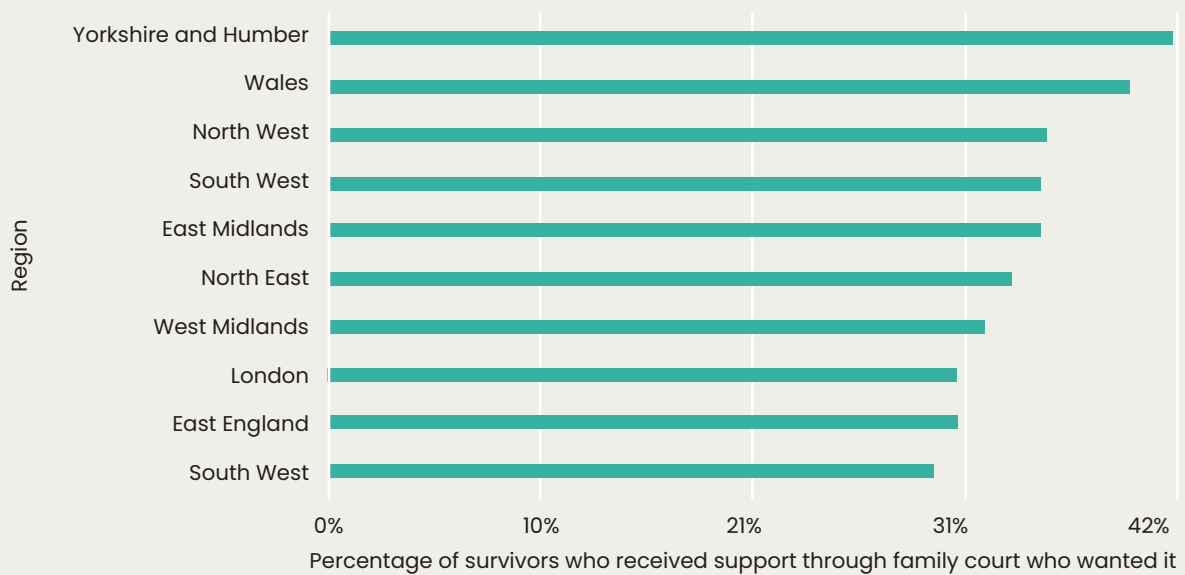


Figure 15: Proportion of survivors who wanted support through Criminal Court who received it, by region.

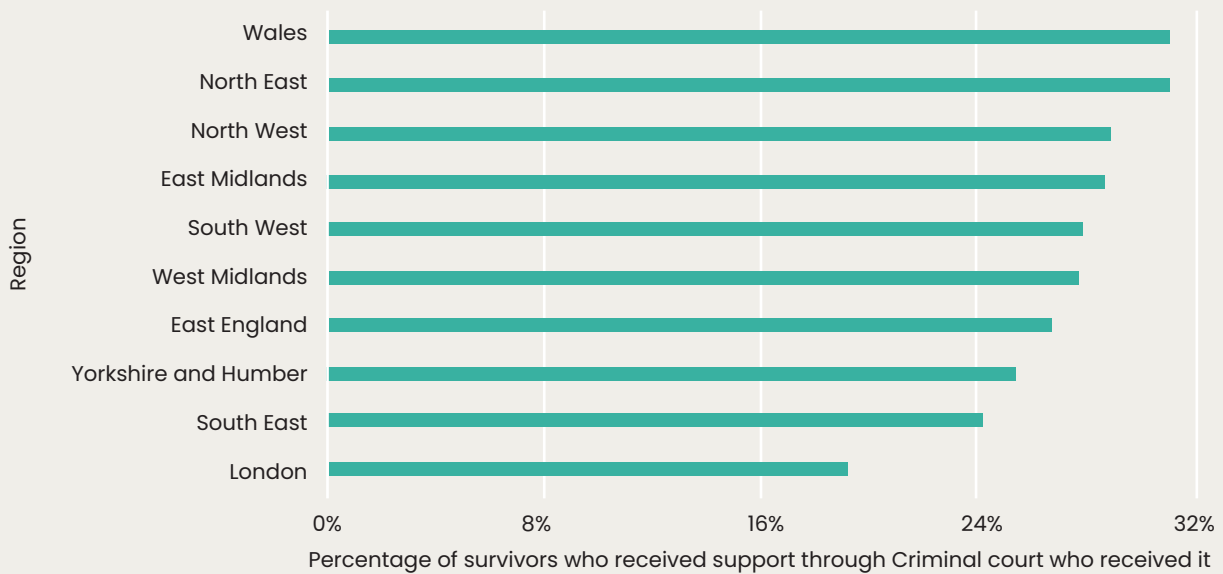


Figure 16: Proportion of survivors who wanted behaviour change programmes for their perpetrator who received it, by region.

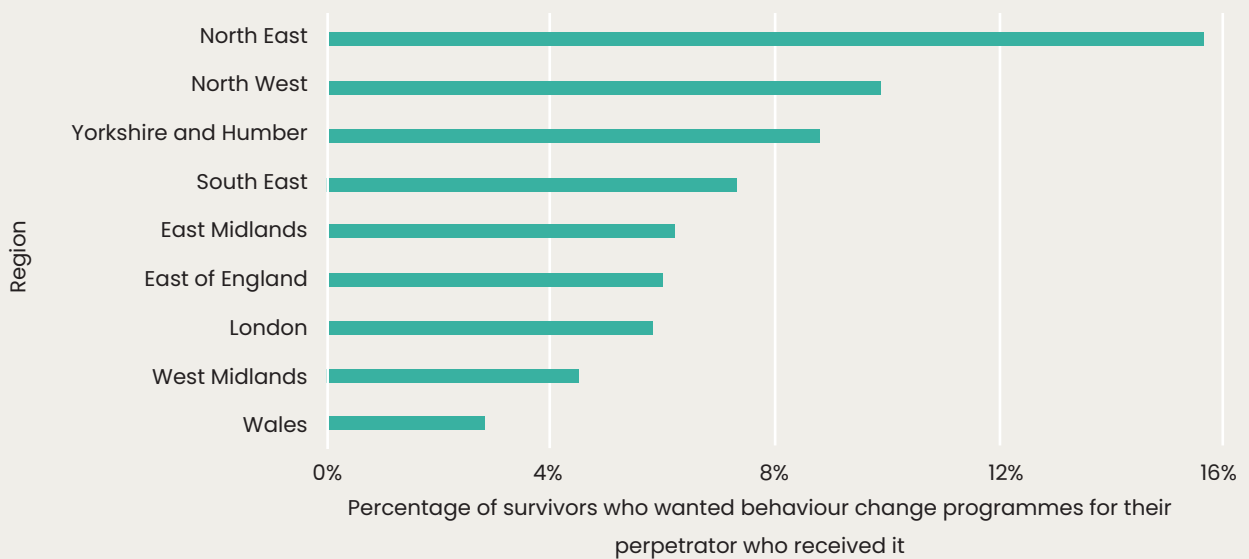




Figure 17: Proportion of survivors who wanted refuge who received it, by region.

