domestic abuse commissioner

A Patchwork of Provision

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

TECHNICAL REPORT

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Summary of key themes

What support is needed for survivors of domestic abuse?

Survivors initially need help with immediate safety, basic physical needs, emotional support and navigating the legal processes relevant to their circumstances. Eventually, survivors' needs change. However, many are unable to access the longer-term support needed to recover from abuse.

What help is available?

The mapping process identified over 1,500 community-based support services, two thirds of which work with victims and survivors assessed as being at high risk of harm. Advocacy or caseworker support was the most regularly available intervention provided by community-based services. Over half of domestic abuse support organisations provide outreach and/or group work/support groups. Less common is counselling and floating support workers who provide more holistic support to victims and survivors.

There are over 4,000 units of accommodation-based support in England and Wales. Alongside these services are open access services (e.g., helpline and online), behaviour change interventions and prevention and awareness initiatives. The most sought-after services according to victims and survivors are counselling, therapeutic support and advice.

How do survivors find out about services?

Improving access to support is important because without support it is harder for survivors to leave abusive situations. Remaining with the perpetrator of abuse for long periods of time causes more harm to survivors' physical and mental health, social networks, and income, thus further undermining their ability to escape.

Survivors reported that, alongside their own research, police and health workers were the professions most likely to tell them about domestic abuse support services. However, many different professions can be the first person that survivors go to for help. Ensuring a coordinated community response to domestic abuse will help signpost victims to support at the earliest opportunity. Survivors seeking support had mixed experiences before they accessed domestic services. Professionals who were kind, non-judgemental and recognised the seriousness of the situation made a big difference to how survivors felt about the experience. Unhelpful practice included having a poor understanding of domestic abuse, reluctance or refusal to help based on protected characteristics or immigration status, and failure to accommodate survivors with additional needs.

What are the barriers to support?

Over half of the victims and survivors who responded to our survey were currently receiving help or had got help from a domestic abuse service during the previous three years. However over 40% had not received help and had either given up trying to get help, thought about it but decided not to, did not know how to, or were still trying to get help at the time they completed the survey.

There is considerable variation in the provision of services, spending per capita and funding arrangements across England and Wales. There are also differences in access to support, eligibility for services, and whether accommodation-based support meets the criteria for a refuge. Services cannot currently meet the demand. Service providers reported that only one third of the accommodation-based referrals they received during the year ending March 2021 were fulfilled. Several organisations said that they had to cease some services due to funding reasons.

Once survivors reach services, they need to feel welcome. Some survivors described difficulties in accessing services or feeling uncomfortable because of their gender, ethnicity, Deaf status, disability, sexual orientation and age. The same factors that perpetrators exploit to control victims (e.g., social isolation, lack of information, financial insecurity, immigration status), also act as additional barriers to accessing support for domestic abuse.

Children are not getting the right support for domestic abuse. Thresholds for services for children experiencing domestic abuse are too high and too often the views and perspectives of children are marginalised in decisions made about them.

Why is specialist domestic abuse support important?

The response from mainstream services to domestic abuse survivors was often inappropriate and failed to address their additional needs and the complexity of their circumstances. The impact of specialist services once survivors reach them was considerable. Survivors talked about their lives being saved, tangible day to day differences they had noticed in how they live, having more knowledge that might protect them, and feeling more confident and able to plan for their future. However, several survivors interviewed were still facing ongoing abuse.

Regardless of whether the abuse had stopped or length of time which had passed, almost all the survivors interviewed were dealing with longer term issues that were a consequence of the trauma they had experienced. Support to help survivors recover is vital. Also, for many, having no access, or delayed access, to justice made it difficult for survivors to recover and move on with their lives. While overall responsibility lies with the justice system, domestic abuse support services can play a vital role in supporting victims during the process.

Key themes for future service delivery emerging from this research are:

1. Intervene at the earliest stage, to prevent or reduce the severity of abuse
2. Fund services to enable flexible support over longer periods of time.
3. Increase provision of specialist knowledge and ensure tailored provision for additional needs

The main policy report '*A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales*' that this technical report accompanies provides detailed recommendations for services, commissioners and government.

1. Introduction

The Office of the Domestic Abuse Commissioner (DAC Office) led a two-year project to map domestic abuse service provision within England and Wales. This document is the technical report which sits alongside the main policy report: *A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales'.*

1.1 Duties of the Domestic Abuse Commissioner

An early priority for the DAC Office[1] has been to review the provision of domestic abuse services. One of the duties of the Commissioner set out within the Domestic Abuse Act 2021 is to encourage good practice in:

"(d) the provision of protection and support to people affected by domestic abuse."

The Commissioner may fulfil this duty by:

"assessing, monitoring, and publishing information about the provision of services to people affected by domestic abuse" (Domestic Abuse Act, 2021).

The project has involved victims and survivors of abuse, service providers and commissioners of services to provide a holistic review of domestic abuse support available.

1.2 Policy context for the mapping project

Domestic abuse can have significant and long-lasting physical, psychological, social, and economic consequences for both the individual and wider society (Oliver et al, 2019).

1.2.1. Domestic abuse continues to be highly prevalent.

One in five people in England and Wales has experienced domestic abuse since the age of 16 (ONS, 2020a; McManus et al, 2022). It is a problem that exists in all parts of the country (ONS, 2020b). Like previous years, around 6% of the adult population experienced domestic abuse in the year ending March 2022 (ONS, 2022) when the project took place. The project coincided with the Covid-19 pandemic. Evidence from domestic abuse services suggest that referrals became more complex during national lockdowns when victims endured enforced time spent at home with abusers (Moore et al, 2021) and services either closed or moved online (Stanley et al, 2021).

1.2.2. Support for victims is provided through a variety of means.

Victims often have multiple and intersecting needs that require a mix of different types of support. For example, victims fleeing domestic abuse may need one-to-one advocacy or casework to address safety, practical support for immediate physical needs, and help navigating the criminal justice system. Victims may also seek recovery and therapeutic support, such as specialist counselling and groupwork. Some victims require accommodation-based support such as refuge or other forms of safe accommodation (which often includes practical and therapeutic support).

1 The DAC Office was set up prior to the Domestic Abuse Act 2021.

1.2.3. Type of support service can influence outcomes for victims.

All survivors benefit from services delivered by professionals with a thorough understanding of domestic abuse and coercive control. Some victims need workers with additional specialist knowledge. Victims from minoritised groups are more likely to engage with and benefit more from organisations led 'by and for'[2] their own community. These organisations' ability to recognise and understand intersectionality (Crenshaw, 2017) and the multiple barriers faced by those from marginalised groups enables more tailored support (Imkaan and EVAW, 2020).

1.2.4. Funding of services varies between areas and types of organisations.

Variation in the funding of domestic abuse services is present in:

- the amount of funding provided each year,
- who provides the funding,
- whether the funding is through commissioned contracts or grant routes,
- the length of time funding is secured for, and
- the number of different funding sources an organisation relies on to fund services.

All these factors impact the long-term sustainability of funding, and hence the availability of different types of domestic abuse support. Smaller local organisations within the funding ecosystem are disadvantaged by interaction at the local level, cost focused competitive funding processes, overemphasis on innovation-focused funding, bias against smaller, less established organisations and complex application processes (Adisa et al, 2019).

1.2.5. Evidence of a post code lottery for survivors trying to access support.

The DAC Office has sought to evidence the variation of service provision by mapping domestic abuse services across England and Wales**.** A briefing based on early findings was published in June 2022 to support the pre-legislative scrutiny of the Victims Bill (House of Commons Justice Committee, 2022). This technical report sets out the DAC Office's methodology and findings based on the analysis of the full dataset available in October 2022.

1.3 Aims of project

The overall aims of the mapping project are to map domestic abuse services in England and Wales, highlight good practice and identify areas for improvement, including gaps in service provision and funding; and to answer the following research questions:

1. What domestic abuse support is available to domestic abuse victims and survivors in England and Wales?

2. What support do victims and survivors say they need and what barriers do they experience in accessing support?

3. How does provision vary between geographic areas in terms of:

    - Types of services available,
    - Level of provision
    - Types of organisations providing domestic abuse support, and
    - Funding arrangements

4. What does support look like for minoritised groups of victims / survivors, how does this vary between geographic areas, and to what extent do demographic factors determine access to support?

2 We use the term 'by and for' to mean 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 that they serve and may include wrap-around holistic recovery and support that address a victim / survivor's full range of needs, beyond purely domestic abuse support.

1.4 Summary of the methods used for the mapping

Mapping of services within England and Wales involved three surveys with the following groups:

1. **Victims and survivors** were asked about their experiences of accessing domestic abuse services via an online survey.
2. **Organisations providing domestic abuse support** completed a survey about their services, eligibility criteria and funding arrangements.
3. **Commissioners of domestic abuse services** provided information about funding arrangements and the type of services they commission.

The DAC Office also worked in partnership with specialist domestic abuse services to facilitate interviews and focus groups with **victims and survivors from minoritised groups** who were likely to be underrepresented within the online survey. Further details on data collection for each method are provided in Section 3.

1.5 Aims of the technical report

The aims of this technical report are to:

- Present details of the methodology used to assess, monitor and map the provision of domestic abuse services, including the data collection tools and analytical approach.
- Present detailed results from the analysis, which are discussed within the main policy report.

1.6 Structure of this report

The remainder of this technical report is structured as follows:

- Section 2 describes the feasibility study, planning, and research ethics.
- Section 3 provides an overview of methods and data collected.
- Section 4 sets out the findings from the analysis data.
- Section 5 makes recommendations for future service provision.
- Section 6 is a glossary of terms used within the report.
- Section 7 provides references and appendices, including research tools, tables and figures.

2. Planning the mapping project

Work on the project began in 2020 with the planning of a feasibility study. The DAC Office set up an advisory group to consult on the project plan and method. Members came from organisations providing specialist domestic abuse support services (see Appendix 7.2).

2.1 Feasibility study

The DAC Office commissioned NatCen to undertake a feasibility study into mapping domestic abuse services (Hudson et al, 2021). The purpose of the study was to test approaches to identifying domestic abuse services, extracting information about service provision and consulting with victims and survivors about their experiences of trying to access services.

2.1.1. Structuring the mapping process

A key decision was choosing the geographic boundaries within which services should be mapped, and how this interacts with other structures and tiers of local government. The feasibility study explored the mapping of services in areas falling under four different types of local authority structure,[3] listed below (with the actual areas tested during the study in brackets):

- district council (South Hams in Devon),
- county council (Warwickshire),
- unitary authority (Blackpool), and
- London borough (Southwark).

2.1.2. Identifying service providers

Service providers within the pilot areas were identified via existing directories and online searches. This process illustrated how access to services was more complex than identifying locations within local authority boundaries, e.g., there were services based in Devon outside of South Hams but still accessible to South Hams residents. Similarly, as many services in London are city wide, a broader range of services were included in the Southwark pilot than just those based in Southwark.

2.1.3. Collecting information about services

Using publicly available information, such as service websites and repositories identified several challenges in collecting accurate information about services. It was difficult to link information to local authority areas or identify funding information. Relying on desk research also introduced bias, as only organisations with sufficient resources could afford to update their online presence. The project team eventually concluded that desk-based research should be considered a preliminary stage for identification of services only. Accurate service information would need to be obtained via surveys and stakeholder engagement.

2.1.4. Using a survey to collect information about services

NatCen developed a survey to collect comparable and consistent data from service providers covering:

- organisation type (including whether they are 'by and for' services),
- types of support they provided to domestic abuse victims,

3 Due to time and budgetary constraints, the feasibility study did not test mapping in metropolitan boroughs or Welsh principal areas, which both effectively act as unitary authorities.

- amount and sources of funding received for domestic abuse services,
- whether they provided dedicated support to children and young people.

Definitions and categories used in the survey were developed with support from the DAC Office's project advisory group, who also advised on service providers that had been missed by the desk research.

The DAC Office invited service providers within feasibility study areas to complete the service provider survey via e-mail invitations, usually to the main contact e-mail listed in directories or on the organisation's own website. A large-print Word version of the survey was also made available to those who required it. The survey was also publicised through social media. Thirty-three organisations responded to the pilot survey from the four study areas.

Recommendations following the feasibility study to improve response rates, avoid duplicate responses, reduce burden on providers and improve data accuracy were:

- Provide clear communication on the role of the Domestic Abuse Commissioner and the purpose and intended outcomes of national mapping, including any implications for areas identified to not be meeting victim/survivor demand.
- Consider the wider demands on services, such as consultations, upcoming legislation and commissioning cycles, and schedule national mapping appropriately.
- Provide accessible formats for providers to share information beyond an online survey
- Target specific individuals within organisations to respond rather than issuing an open call.

Pilot survey of victims and survivors

NatCen worked with the advisory group and a member of the Safe Lives Pioneers[4] to develop a survey that asked about:

- types of domestic abuse service respondents wanted to access
- experiences of accessing services and the support received
- demographic information.

The survivor survey was disseminated within three of the pilot areas via the DAC Office Twitter, local police forces and council newsletters, local domestic abuse service social media pages, local newspapers and via minority group networks (e.g., Black and minoritised women and LGBT+ victims and survivors). Although accessed 1,382 times, the pilot dataset consisted of 50 respondents. The following steps were recommended to ensure the mapping process was accessible to survivors:

- shortening the survey length
- focus on survivors' access to services
- cognitive testing of survey questions
- engaging with underrepresented victim/survivor groups.

The last recommendation led to the arrangement of focus groups and interviews discussed in Section 3.2.

2.2 Project timeline

Once the feasibility studies and further consultation and development was complete, the survey to service providers was distributed during Summer 2021. Other workstreams, including a survey to commissioners and follow up activities to improve coverage and response rates took place for the next 12 months until Autumn 2022. Figure 1 sets out the timeline for the different activities completed within each workstream.

2.3 Research ethics

The mapping project was conducted according to the six ethical principles of the Government Social Research ethics (Government Social Research, 2021). The GSR ethics checklist for the mapping project can be found in Appendix 7.4 of this report. All research conducted by the DAC Office also follows the Research Integrity Framework on Domestic Violence and Abuse

4 Safe Lives Pioneers are a group of domestic abuse experts by experience.

(Women's Aid, 2020). The two main ethical considerations for the project were enabling participation and minimising personal and social harm.

2.3.1. Enabling participation

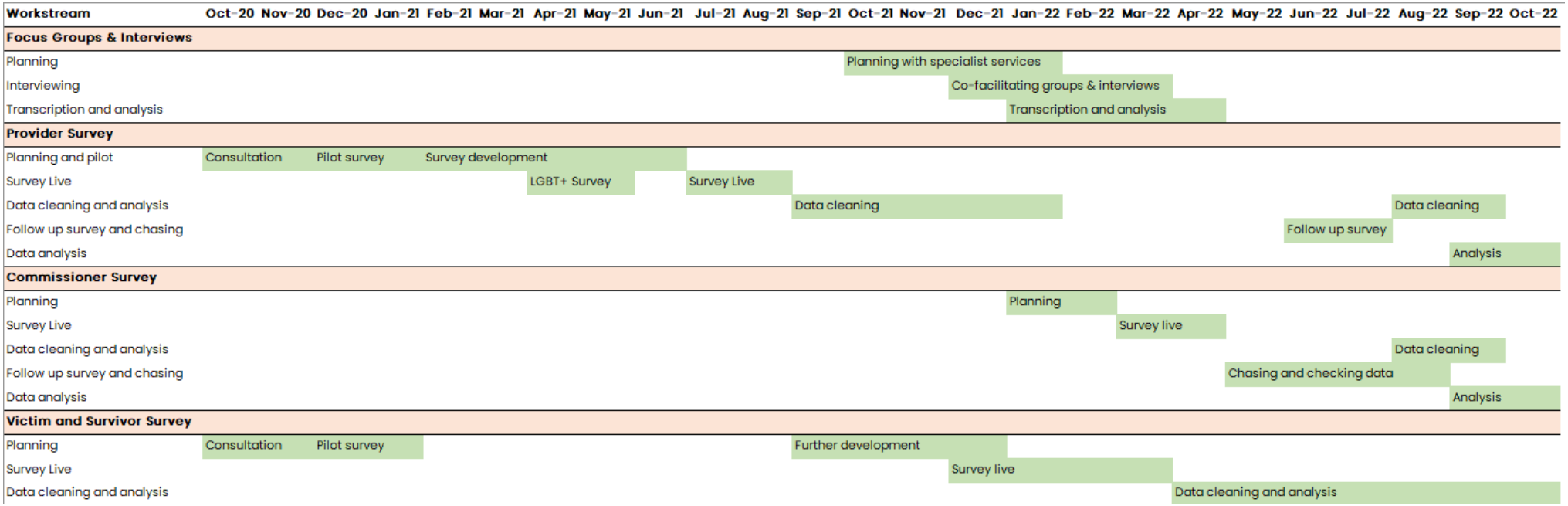
The online survey for victims and survivors was translated into 12 languages. Deaf respondents completed the survey by watching videos in British Sign Language (BSL). An Easy Read version of the survey was created in consultation with people with learning disabilities to ensure that a more accessible version of the survey was available for those who needed it.

The DAC Office worked in partnership with eight specialist services, including 'by and for' organisations to recruit of a diverse sample of survivors to participate in focus groups and interviews. This provided insights from survivors who are often excluded from research that complemented the survivor survey findings.

2.3.2. Minimising personal and social harm

Safeguarding procedures were agreed prior to recruitment of participants. Introductory sections of the survey explained the limits of confidentiality if the respondent provided information that needed to be passed onto the police or social services. Survivors who were at immediate risk of serious harm were signposted to emergency services. The online survey included guidance on safer ways to access the survey online and warnings about spyware and deleting internet browsing history. The survey also provided a link to information about domestic abuse helplines and support services. Sources of support both during and after interviews were agreed with each organisation involved in recruiting participants for interviews and focus groups. All interviews were conducted by a researcher experienced in conducting interviews on sensitive topics.

Figure 1: Project timeline October 2020 to September 2022



3. Data collected for the mapping project

This section describes the methodology, samples, analytical approach and limitations of each workstream within the mapping process.

3.1 Victim / survivor survey

3.1.1. Method

An online survey for victims and survivors of domestic abuse was held between December 2021 and March 2022. It was open to anyone aged over 16 within England and Wales who had experienced domestic abuse, and who had accessed, tried to access, or considered accessing services in the previous 3 years.

Survey design

The survey design was informed by a pilot survey completed by 50 respondents participating in the feasibility study described in Section 2.1 (Hudson et al, 2021). It consisted of 25 closed questions and 3 open ended questions covering the following themes:

- **Access to services**: where victims / survivors found out about support, ease of access to support (including barriers experienced by those who experienced difficulties accessing support).
- **Needs of victims and survivors**: What types of support victims / survivors wanted and what type of support they got (including specialist by and for support and dedicated support for children)
- **Outcome of help**: comparing feelings of safety and wellbeing reported to compare those who received support with those who did not.

The survey also included demographic questions to determine whether experiences of accessing services differed from some groups. Survey participants could complete 12 further questions that provided more detail about access to services if they were willing to do so.

Ensuring access to the survey:

The DAC Office used various methods to publicise the survey. This done via:

- a press release that was picked up across local newspapers.
- networks developed with local authorities, police and crime commissioners, health trusts, trade unions and other stakeholders.
- networks developed with domestic abuse service providers (who could raise awareness among survivors using their services and support them to complete the questionnaire if necessary).
- social media: Twitter, LinkedIn, Facebook survivor groups, Mumsnet.
- appearances by the Commissioner on national and local radio.

Most participants completed the survey online, which was possible in 12 languages (Arabic (Egypt), Bangla/Bengali, Chinese, English, French, Gujarati, Polish, Portuguese, Punjabi, Spanish, Urdu, and Welsh). Deaf respondents were able to watch a video in BSL and could either complete survey questions online or send their own BSL video if they chose to. An Easy Read version of the survey was created in consultation with people with learning disabilities.

Data collection

Data was collected via Smart Survey, an online survey tool. Data cleaning was undertaken using Microsoft Excel and Zoho Creator.

3.1.2. Sample

Over 4,000[5] people responded to the survey. Responses were received from every Tier 1 local authority in England and Wales.[6] Table 1 below sets out how respondents completed the survey.

Table 1: How respondents completed the survey

Method of responding	No.	%
BSL fully completed	5	0.1%
BSL partially completed	4	0.1%
Easy Read	6	0.1%
Online survey fully completed	2616	61%
Online survey partially completed	1643	38%
Total	4274	100%

Response from each area

Numbers of responses from each English region and Wales were compared with census population figures. Responses were evenly spread, ranging between 5 and 8 people responding per hundred thousand population within England and 11 people in Wales (Appendix Figure i). Seven per cent of respondents preferred not to state where they lived.

Access to support during the previous 3 years

Over half of the respondents were currently receiving help or had got help from a domestic abuse service during the previous three years (57%). It is likely that this is an overrepresentation of the proportion of victims and survivors who receive support, as many of the survey respondents were recruited via the services they attended. Others who had not received help (43%) had either:

- given up trying to get help (18%)
- thought about it but decided not to, or didn't know how to (20%), or
- were trying to get help at the time they completed the survey (4%).

Gender and biological sex

When respondents were asked about their biological sex, 83% said they were female and 17% said they were male. When asked about gender, 75% said they were female, 16% said they were male, 1% said they were non-binary and 8% said 'other'. In a separate question, 1% considered themselves to be trans or having a trans history. Although the size of the male and female samples is very different, respondents' gender broadly reflects domestic abuse victim characteristics in England and Wales. For the year ending March 2021, female victims represented 73% of victims of all domestic abuse related crimes and 93% of victims of domestic abuse related sexual offences (ONS, 2021).

Age of respondents

Most respondents were aged between 26 to 55 years (84%). Respondents' age ranges are presented within Appendix Figure ii. Only 10% were survivors aged over 55 years and just over 1% aged over 65 years. It is likely that using an online survey was off-putting for some older people. Older survivors are more likely to experience domestic abuse over several years (Safe Lives, 2016). Black or minoritised older people, who are socially

5 The total number of respondents was 4274.

6 Respondents living outside of England and Wales were directed away from the survey.

isolated and lonely, or are divorced, separated or widowed are more likely to experience violence (Fadeeva et al, submitted). Recognising these issues, the DAC Office arranged a focus group with older survivors to ensure that their perspectives were represented within the mapping process (see Sections 3.2 Focus groups and interviews).

Work or education status

Just over a third of respondents were in paid work. For those who were not working, the most common reason for not working was because of illness (7% of respondents). Detailed responses to work or education status can be found in Appendix Figure iii.

Ethnicity

Most respondents reported their ethnicity as White (83%). The second largest group were Asian/Asian British (9%), followed by Mixed/ Multiple ethnic groups (4%), Black/African/ Caribbean/Black British (3%) and Other Ethnic Group (1%). Respondents' detailed ethnicity data can be found in Appendix Table III.

Religion

Nearly half of the respondents said they had 'No religion' (49%). The next largest category was those who described themselves as 'Christian' (36%), followed by 'Muslim' (7%), and 'Prefer not to say' (5%). Buddhist, Hindu, Jewish and Sikh respondents each represented 1% of the total sample (See Appendix Figure iv).

3.1.3. Analytical approach

Microsoft Excel, Zoho Creator and SPSS were used to provide descriptive statistics. Comparisons of sub-groups using chi-squared tests were carried out using SPSS. Open ended questions within the survey were coded into themes. Where possible respondents' ceremonial counties were used to map their Police and Crime Commissioner area (PCC) to enable comparisons with other datasets.

3.1.4. Limitations

Recruitment of participants

Structural marginalisation and the barriers that prevent victims and survivors from getting support for domestic abuse could also prevent them from participating in research. These intersecting barriers are discussed in Section 4.7. It is likely that the mapping process excluded many of the most isolated victims and survivors who are yet to reach domestic abuse support services and whose freedom of action is still curtailed by the perpetrator of their abuse. Conversely, survey respondents from minoritised groups are more likely to report that they had accessed specialist support, as many were recruited to participate in the survey via the support services that they attend.

Sample sizes

While the overall survey sample size is large, analysis of subgroups within the sample, e.g., LGBT+ survivors, or survivors within in a particular geographical area is not always possible as the sub samples are too small and to protect the identities of respondents.

Boundary differences

Not all ceremonial counties could be mapped exactly to the relevant PCC as some lie within more than one. This meant that no responses could be mapped to Cleveland PCC and only responses from East Riding could be mapped to Humberside PCC.

Ethnicity, location and other multiple factors

Black and minoritised populations are not evenly spread across England and Wales (see Appendix Table IV). For some issues, e.g., the proportion of survivors seeking for refuge services, it is unclear to what extent survivors' ethnicity or their location (or a combination of both) influenced responses as we did not attempt any regression analysis.

3.2 Focus groups and interviews

3.2.1. Method

Focus groups and interviews were arranged with groups of survivors from populations who were underrepresented within the pilot online survey and known to experience difficulties in accessing domestic abuse services (Safe Lives, 2016; Donovan et al, 2021; Thiara et al, 2011; Thiara and Roy, 2020; Martin and Panteloudakis, 2019, Huntley et al, 2019; Dusenbery et al, 2022): Organisations providing specialist domestic abuse services were invited to work in partnership with the DAC research team to interview survivors of domestic abuse who accessed their services. Each organisation was paid for the staff time and resources required to plan the interviews and focus groups with the researchers, ethically recruit participants, provide support to participants prior to, during and after the research process and co-facilitate the interview or focus group.

Tailoring the interviews approach for different groups of survivors

Focus groups were arranged for survivors who attended peer support groups (survivors with learning disabilities and/or neurodiverse survivors, migrant women) or it was felt would benefit from a group activity (older survivors). Individual interviews were arranged for survivors who it was thought would prefer privacy (male survivors, LGBT+ survivors) or for whom interviews were more practical (interviews with deaf survivors carried out with deaf support workers and BSL translators). Templates for the information provided to participants and the ethical procedures followed to recruit participants can be found in Section 7.3. These were tailored in consultation with each organisation involved.

Topics covered within the interview

All interviews were conducted by a researcher who was experienced in interviewing participants about sensitive topics. Survivors were asked about their experiences in seeking support for domestic abuse, including:

- what help they needed at the time and what support they received,
- the difficulties they experienced trying to access support,
- what elements of the support were helpful,
- the difference the support has made to them, and
- what problems are unresolved,
- any recommendations on how services can be improved.

Template topic guides that were tailored for each organisation can be found in Sections 7.3.5 and 7.3.6.

Focus groups with professionals working within domestic abuse services

Three further focus groups were held with professionals. One focus group was with by and for service providers of domestic abuse support for black and minoritised women and girls and two further groups were held with workers who provided domestic abuse services to children and families. Topic guides for these groups can be found in Section 7.3.7..

3.2.2. Sample

The DAC Office contacted eleven organisations that provided services to either (1) minoritised people with protected characteristics (e.g., deaf or disabled survivors) or (2) groups of the population where further understanding of their specific experiences is needed (e.g., men or older survivors). Three organisations were unable to participate because of staffing pressures at the time. Recruitment through the eight specialist services, enabled the recruitment of a diverse sample of 35 survivors. This group included 26 women (74%) and 9 men (26%). Most had experienced intimate partner violence (86%) while five people (14%) were escaping family violence. Eight survivors were LGBT+ (23%), and over half (57%) were from black and minoritised ethnic groups, with 49% speaking English as second language. The immigration status for at least nine participants (26%) meant that they had no

recourse to public funds[7] within the UK. Five participants were Deaf (14%), over a quarter (26%) were disabled. Four participants (11%) used a service for survivors aged 55 or older. Appendix Table XXXII presents focus participants' demographic information.

Professional perspectives on support for victims and survivors came from three focus groups (17 participants) organised to discuss domestic abuse support services for children and black and minoritised women and girls. Workers who were present to support survivors during the interviews also occasionally gave comments which were also included within the analysis.

3.2.3. Analytical approach

Interviews were recorded and transcribed. These were then analysed using a framework approach (Ritchie and Lewis, 2003) within Microsoft Excel.

3.2.4. Limitations

We chose to recruit participants via domestic abuse support services to ensure that they could be adequately supported both during and after interviews. We recognise that this ethical choice excluded survivors who do not receive any support from specialist services. The eventual sample was diverse, and their intersecting needs often meant that one individual had more than one of the protected characteristics we were trying to recruit. However, we did intend to include survivors from a slightly broader range of support organisations. The three organisations who were unable to participate could have provided contacts with more migrant survivors from different ethnicities, and disabled survivors some of whom may have spent time living within institutions.

3.3 Service provider surveys

3.3.1. Method

The main service provider survey took place during Summer 2021. As with the survivor survey, the design was informed by the feasibility pilot discussed in Section 2.1. To increase the size of the sample, a second shorter survey was distributed during Summer 2022.

Survey design

Service providers received a link to the survey with a covering email from the Commissioner explaining her rationale for the survey and why it was important to collect detailed data about domestic abuse services. The survey asked respondents to provide their name, role and contact email address. They were then asked to provide information on:

- **Their organisation**: what needs it provides support for, whether it is a specialist organisation, and their staffing arrangements.
- **Services provided**: the names and categories of services, who can access them, local authority areas served, and whether they provide dedicated support for children and young people.
- **Community-based Services (CBS):** where the support is located, whether they target specific groups, how they respond to survivors with specialist needs. Referral data for March 2021, including numbers received, engaged with, waiting times, the proportion of referrals requiring support because of domestic abuse.
- **Accommodation-based Services (ABS):** whether they can be defined as a refuge, whether they target specific groups, how they respond to survivors with specialist needs, the number of units of accommodation, average length of stay. Referral data for year ending March 2021 including numbers received, and the proportion of which were provided with ABS support.
- **Resources and funding**: number of full-time equivalent (FTE) staff, average volunteer hours per week, main sources of funding for each service, % funding spent on domestic abuse services, number of different funding sources, typical length of funding, total annual income and expenditure for financial year ending March 2021, any time periods when services did

7 'No recourse to public funds' (NRPF) is a condition attached to work, family and study visas which restricts people from accessing housing benefit and other public funds due to their immigration status.

not have dedicated funding, whether any services had to cease due to limited funding, whether they received any emergency funding in response to Covid-19 pandemic.
- **Accessibility**: provision of interpreters, other communication support, helplines.

Data collection

Data was collected via SmartSurvey during July and August 2021. Data cleaning and analysis was undertaken using Microsoft Excel and Zoho Creator. Data collection and analysis for the shorter follow up survey was undertaken entirely using Zoho.

3.3.2. Sample

The service provider survey provided data on over 600 organisations across every Tier 1 local authority area in England and Wales. The initial survey held in Summer 2021 received responses from 477 organisations, representing 536 services[8]. A further 83 organisations responded to the second survey invitation distributed during Summer 2022, giving a total of 619 responses about services.

Types of organisations responding to the survey

Responding organisations were asked to describe their organisation and the support that they provide. Over half (53%) were 'Domestic abuse/VAWG' (Violence against Women and Girls) service providers. The next largest group said that they had a 'broader remit' than domestic abuse and VAWG (24%); 14% said they were a specialist 'by and for' organisation, and 10% were 'public sector'. Six organisations did not state what type of service they provided. Appendix Table XXXIII and Figure v presents the different type of organisation responding to the survey and the support they provide, which is discussed in Section 4.1. Most of the organisations describing themselves as specialist by and for services were organisations by and for Black and minoritised people (65 organisations). The others were four by and for disabled people, three by and for Deaf people, and four by and for LGBT+ people.

3.3.3. Analytical approach

Microsoft Excel and Zoho Creator were used to provide descriptive statistics. SPSS was used to compare sub-groups using chi-squared tests. Open ended questions within the survey were recoded into existing and further categories when needed. In addition to the research questions set out in Section 1.3, some of the themes emerging from the focus groups and interviews were explored further within the provider survey data. The DAC Office also tried to respond to external requests about the mapping data towards the end of the project.

Faith based organisations

The survey did not include any questions about whether the service providers were faith-based organisations. Search functions within Zoho were used to respond to an information request about faith-based organisations. To identify faith-based organisations the data fields that contained the name of the organisation or any additional notes provided by the responding organisations were searched using the following search terms: 'faith', 'religious', 'Muslim', 'Christian', 'Jewish', 'Hindu', 'Sikh', 'Quaker', 'Catholic', 'Temple', 'Kingdom Hall', 'Church', 'Mosque', 'Meeting House', 'Synagogue'. This produced five results: Jewish Women's Aid, Sikh Women's Aid, Muslim Women's Network UK, Churches Housing Association Dudley & District, Restored. We also consulted the Faith & Communities Programme Manager from Standing Together who also helped identify organisations that could be included within the analysis.

3.3.4. Limitations

A combination of structural problems within the service provider questionnaire plus the use of a shorter survey for 2022 follow up, meant that the dataset is only partial for some survey questions. Complexities with routing meant that responses to some survey questions needed to be merged during data cleaning to ensure that all available responses were included.

8 Some nationwide organisations submitted data for their different service sites.

Information on locations is provided at Tier 1 local authority level only. However, this means that some granularity is lost in this report as several organisations only provide services to specific areas within a Tier 1 authority. For example, My Sister's House provides services to Arun and Chichester (Tier 2 District Councils) within the Tier 1 County Council of West Sussex. Some organisations provided additional detail on the areas in which they work *within* a Tier 1 local authority, and this has been retained should further analysis be required in the future.

Service providers often had different funding arrangements with more than one local authority. This meant that depending on how respondents chose to answer the question (e.g., for each local authority or multiple local authorities combined) their answers could be different. The research team had to make decisions on the presentation of data balancing factors like prioritising the sample size versus confidence in the accuracy of the data. We have taken a cautious approach and preferred to report data that we felt was the most representative of the funding arrangements.

3.3.5. Survey to map LGBT Domestic Abuse Service Provision

Prior to main survey, the DAC Office commissioned a research team from Galop and Durham University to map the provision of specialist support for LGBT+ victims and survivors of domestic abuse in England and Wales. The study aimed to develop and map evidence of inclusive practice, identify gaps in provision and understand the extent to which services were by and for the LGBT+ population. Specialist domestic abuse services were largely unavailable in many areas, particularly the South-West, and North-East of England and in Wales. Services often work outside of their remit and beyond their capacity to meet demand. For further findings and recommendations see Donovan et al, 2021.

3.3.6. Rapid literature review of child and adolescent to parent violence

The DAC Office also commissioned a rapid literature review on child and adolescent to parent violence and abuse (CAPVA), with the aim of providing an overview of the subject and its main issues, the current approaches taken to intervention, and the gaps in the evidence base. While not a mapping exercise, the review did provide details of organisations in England and Wales that provide interventions to address CAPVA (Baker and Bonnick, 2021).

3.4 Commissioner survey

To supplement the information being collected from service providers, the Domestic Abuse Commissioner made use of her powers under Part 2 of the Domestic Abuse Act to collect information from commissioners of services.

3.4.1. Method

All local authorities and Police and Crime Commissioners within England and Wales were asked to complete a spreadsheet to provide details of the domestic abuse organisations that they funded during the year ending March 2021. Information within this data request included:

- **Services commissioned** - the name, type of service and eligibility criteria,
- **Funding** – amount, period, source of funding, joint or single funding.
- **Service features** – support to children and young people, remote delivery.

The survey coincided with NIHR[9] funded research led by the University of Birmingham into the remote delivery of domestic abuse support services. To ease the burden on potential respondents, three questions were included to find out whether any element of the commissioned service was delivered remotely, whether remote delivery of the service had been evaluated, and whether the respondent was willing to share their data with the NIHR study.

9 National Institute for Health Research

Data from completed spreadsheets were manually copied into one master spreadsheet. Appendix 7.8 lists the information included within the data request. Not all commissioners of services responded to the call for information. When information from a partner commissioner of a jointly funded service was missing, the commissioner who had submitted information was contacted to clarify whether the amount they had submitted for joint contracts was just their contribution or the total amount of the joint contract. Most submitted their contribution only. Those who submitted the total amount were asked to clarify the total with a breakdown of each commissioning organisation's contributions.

3.4.2. Sample

Funding information was provided by 154 commissioning bodies across England and Wales. Appendix Table LIV and LV list the number of commissioning organisations who provided information by region and by PCC area. Complete datasets were obtained for all PCCs and over 80% of Tier 1 local authorities. Data submitted included 1,715 separate instances of funding for 793 distinct provider organisations Appendix Table LVI presents the number of distinct providers organisations by type of organisation. Sixty organisations (8%) were 'by and for' service providers. Most organisations provided community-based services (74%) and one fifth provided accommodation-based services (21%). Service categories that were less common were open access (12%), behaviour change interventions (10%) and prevention and awareness (7%).

3.4.3. Analytical approach

Microsoft Excel and Zoho Creator were used to provide descriptive statistics summarising the data submitted. Only spending on direct services were included within the analysis.

Excluded were information about spending on MARAC meetings, campaigns and internal coordination or administrative posts within public bodies. Submissions that referred to COVID funding was extracted so that the funding picture for domestic abuse services was not distorted by the circumstances of the pandemic and the proportion of the overall amount that was COVID specific could be calculated. Funding amounts were prorated and categorised into bands to make it easier to summarise and compare the data. Total funding amounts were compared to population size to calculate spend per capita.

3.4.4. Limitations

Some commissioning organisations did not respond to the call for information. Despite considerable resource spent following up organisations to ensure that they submitted their data, eventually the DAC Office had to prioritise obtaining datasets from Tier 1 local authorities and PCCs. This meant that we were unable to obtain complete datasets for Tier 2 local authorities or other commissioning bodies.

Submissions from commissioning organisations were accepted as provided. Although some double checking took place when the figures submitted seemed abnormal, any errors within submissions are retained. Similarly, while data cleaning resolved any slight differences in the names of services submitted e.g., "Women's Centre" and "Womens Centre" the research team could not assume that "Women's Centre" and "Women's Place" within the same area was the same service. Finally, there were a few instances where commissioners described services aimed at minority communities as 'by and for' when further enquiry showed the organisation should not be described in that way, e.g., an in-house council run service. These instances were recoded.

4. Findings of the mapping project

4.1 What domestic abuse support is available in England and Wales?

The mapping process provides a comprehensive view of domestic abuse service provision across England and Wales. This includes the type of support available, who provides it and who it is intended for. Features and provision of accommodation-based services and community-based services are considered separately.

4.1.1. Type of support and who provides it

Respondents to the service provider survey described 1,859 separate services. The survey asked respondents to distinguish between accommodation-based and community-based services. Most support services are community-based (83%), with the remaining 17% accommodation-based. Over 1,500[10] community-based domestic abuse services were reported by 399 service providers via the survey, while 310 accommodation-based services were reported by 176 organisations.

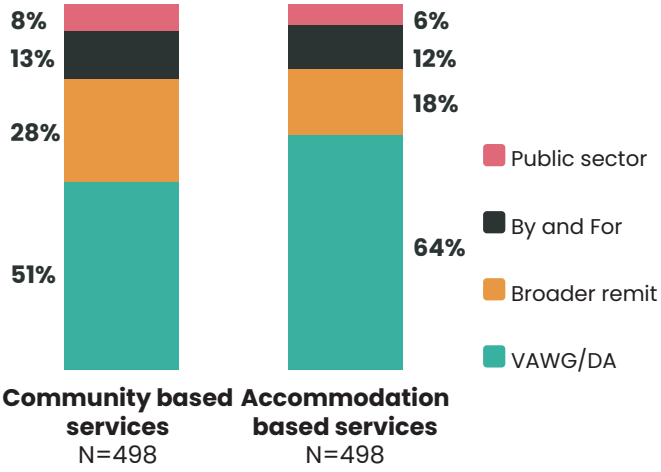
Other services included within the survey were:

- open access services, including helplines, drop-in services and online web chats
- behaviour change interventions; and
- prevention and awareness.

Over half of all domestic abuse services are provided by VAWG/DA organisations

The service provider survey enabled a comparison of types of organisations providing community-based and accommodation-based services.

Figure 2: Types of organisations providing community-based and accommodation-based services.



Most accommodation-based services were provided by VAWG/DA organisations (64%). Other types of providers were those with a broader remit than domestic abuse (18%), and specialist by and for organisations (12%). Only 6% were public sector organisations. Provision of community-based services is slightly more mixed, with just over half of the providers being VAWG/DA sector organisations; and greater involvement of organisations with a broader remit (28%) (Figure 2) The proportion of specialist by and for providers and public sector

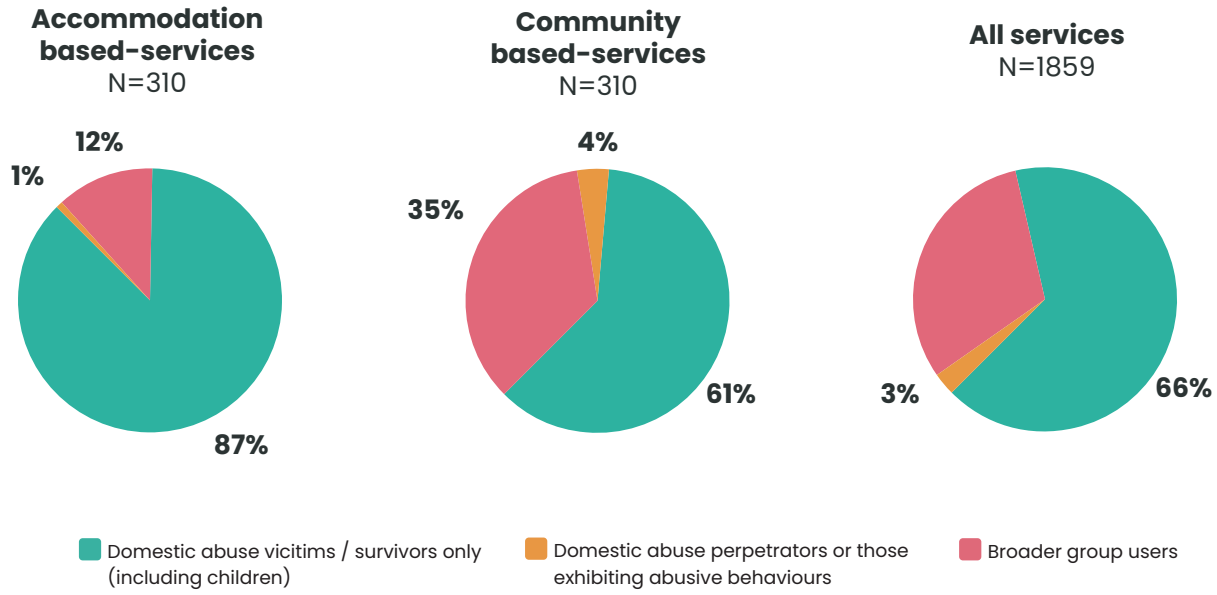
10 1549 services.

organisations followed a similar pattern to accommodation-based services, albeit a far greater number of services are community-based.

For whom are the support services intended?

Two thirds of all domestic abuse services reported in the service provider survey were intended for victims and survivors of domestic abuse only. Most accommodation-based services are for this population (see Figure 3). Intended recipients of community-based services are more varied. Over 60% of community-based services are intended for domestic abuse victims/survivors. Four per cent of community-based services are intended to change the behaviour of domestic abuse perpetrators or those exhibiting abusive behaviours, including child or adolescent to parent abuse. The remaining 35% of services reported were not exclusively for domestic abuse survivors and were intended for a broader group of users.

Figure 3: Comparing the intended recipients of domestic abuse services, accommodation-based, community-based and all services.



How survivors describe the services they receive

While the data from commissioners and service providers depict the extent of domestic abuse support, the interviews with survivors who received specialist services provided a greater sense of comprehensive and holistic support that can be provided to survivors. Support provided changed as survivors needs moved from immediate escape and survival to recovery and rebuilding their lives.

"So Kanlungan helped me with mental support, talked to me twice a week, any time, any day, if I needed help, they are there. And I share everything, if I want to cry, if I felt alone, lonely, unloved, they are always there to support me. There were times that I would like to commit suicide. I would like to go to get myself hit by the train. But Kanlungan is always there saying that, 'You will be OK, we're always here, anything that you need, any support that you need just tell us and we will help you by all means'. And that gives me strength: when some other people, that doesn't even know you, helps you with all their hearts. That's really a big thing for me." (Migrant survivor)

Support provided by services that helped with the interviews included:

- Helping the survivor to **safely escape** from the perpetrator by providing:
  - train tickets,
  - accommodation,
  - mobile phones that were not monitored.
- Immediate practical help with **basic needs** including:
  - emergency accommodation, food, and toiletries,
  - access to food banks,
  - food and clothing vouchers.
- Support during **difficult processes**, e.g., translation and/or emotional support when making police statements, providing video evidence.
- Supporting survivors' **mental health** by empathising and providing validation via:
  - counselling,
  - peer support,
  - being kind and sympathetic.
- Providing **specialist advice** tailored to the survivor's particular circumstances:
  - Independent domestic violence advisor (IDVA)
  - Independent Sexual Violence Advisor (ISVA)
  - Housing and benefits
  - Legal advice on applying for court orders
  - Immigration advice
- Help to regain **control of assets** and possessions:
  - Help to freeze bank accounts
  - Support to retrieve belongings from former home
- Helping survivors gain **access to health services**, including:
  - registering for NHS services,
  - accompanying them to doctors' appointments,
  - charitable funds that could support the payment of medical bills.
- Counselling, peer support and workshops enabling survivors to **recognise abusive behaviours**, develop techniques to cope with traumatic flashbacks, and build their self-confidence.

Survivors emphasised the importance of having access to **specialist advice at key points**. One survivor described how a quick conversation with an ISVA who told her that she could oppose entry prevented a rapist being returned to the family home by the police:

"her telling me that I could oppose entry, I don't think I'd be sitting here today telling you this story, I really don't, it actually was lifesaving. That little bit, that five-minute conversation with her on the phone made all the difference in the world. Because they were letting him go, they were dropping him back home"

4.1.2. Accommodation-based services in England and Wales

Information on nearly 200[11] accommodation-based services was available via the service provider survey. The process identified over 4000[12] units of accommodation-based support across England and Wales, this figure is similar to the number of refuge spaces reported by annual Women's Aid audit.[13] A 'unit' was defined as bed space for one adult and their children. The median number of units per organisation was 18; however, this could range between 3 and 198 units per organisation.

Four out of five accommodation-based services meet the criteria for a refuge

Accommodation-based service providers were asked to state whether their services met the definition of a refuge, based on the Women's Aid definition[14]:

11 198 services.

12 4533 units reported by 173 organisations.

13 Women's Aid 2022 Key Findings from Routes to Support Annual Audit

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

"Offers accommodation and support only for women experiencing domestic abuse which is tied to that accommodation. The address will not be publicly available. It will have a set number of places. Residents will receive a planned programme of therapeutic and practical support from staff and access peer support from other residents. This will include:

- *Access to information and advocacy*
- *Emotional support*
- *Access to specialist support workers (e.g., drugs/alcohol misuse, mental health, sexual abuse)*
- *Access to recovery work (e.g., counselling and group work)*
- *Access to support for children (where needed)*
- *Practical help*
- *Key work & support planning (work around support needs including e.g., parenting, finances, and wellbeing)*
- *Safety planning"*

Over 80% of providers said their accommodation met the criteria. The remaining service providers either said 'no' it did not (7%) and or said 'it varies' (13%).

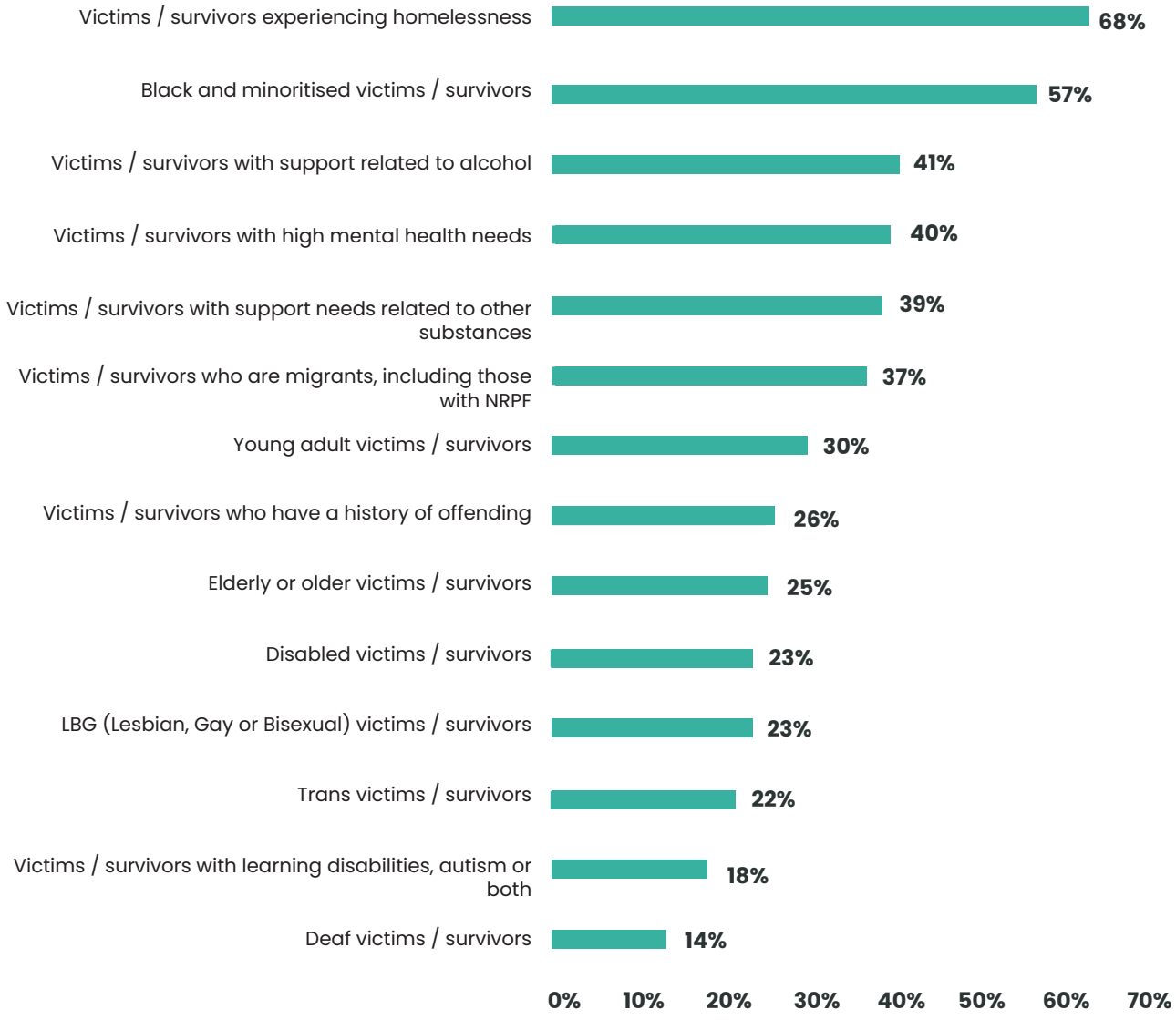
Regional variation in proportion of services meeting refuge criteria

While 93% of the accommodation within Wales met the criteria, only 63% of the accommodation in South-West England did. Percentages of services meeting the refuge criteria within each region (based on responses from 181 accommodation-based services) across England and Wales are presented in Appendix Table XXXV. Further discussion of regional variation in the availability of services can be found in Section 4.2.

Specialist support within accommodation-based services

Service providers were asked if they provided support specifically tailored to help victim/survivors with additional needs. Figure 4 presents the percentage of organisations reporting that they were able to provide specialist support for specific groups.

Figure 4: Specialist support available within accommodation- based support within England and Wales (N=111)



The most frequently reported specialist support was for victims and survivors experiencing homelessness and victims and survivors from black and minoritised groups. It is unclear whether respondents answering this question were considering homelessness due to the survivor needing to escape the perpetrator or survivors who were homeless prior to that event. Less common was support for Deaf victims and survivors, and those with learning disabilities, autism or both. Regional variation in specialist provision is discussed in Section 4.2.

Average length of stay within accommodation usually between 3 and 12 months

Service providers were asked to report the average length of stay within their accommodation (Appendix Table XXXVII). The most frequently reported was 'Over three months and up to six months' (31% of organisations). Over two thirds of organisations reported time periods between three and 12 months for the average length of stay within their accommodation. Only 11% reported 'Over 12 months' and only one organisation said the short period of 'up to one month'.

Only one third of accommodation-based referrals were fulfilled

Service providers were asked to state or estimate both the number referrals they received for accommodation-based support, (excluding any duplicate or inappropriate referrals) and how many referrals they were able to accept during the year ending March 2021. The median number of referrals *received* by organisations responding to this question was 150. However, the median number of referrals *accepted* during the same period was 45[15] meaning that there is a considerable shortfall in the number of accommodation-based support places available.

4.1.3. Community-based services in England and Wales

Nearly 500 organisations shared information on over 1400 services delivering community-based domestic abuse support within England and Wales[16].

Type of intervention

Advocacy or caseworker support was the most frequently reported intervention provided by community-based services, included within 72% of services. More than half of services provided outreach (56%) and group work/support groups (52%). Less common were counselling (38%) and floating support (24%) who provide more holistic support to victims and survivors. Availability of interventions in different areas of England and Wales are discussed in Section 4.2.

Settings for delivering services

Most organisations delivered community-based services from their organisation's building (84%). Over half said they delivered services from community centres (58%), public locations (58%) or the survivor/victim's home (57%). Over 40% said they worked within family courts (43%), criminal courts (42%), health- based settings (42%), police stations (41%) and children's social care services (41%), with a slightly lower proportion working within housing services (38%) or other settings (37%). It is likely that organisations answered this question were thinking about where a service might be delivered when required rather than where it is permanently located.

Extent of referrals to community-based services:

Organisations responding to the first service provider survey were asked to report on the number of community-based referrals they received and were able to engage with during the year ending March 2021. Referrals received were counted regardless of whether the service was able to accept them. Services were asked to exclude duplicate or inappropriate referrals within their data. A total of 678,456 referrals were reported by 345 organisations. While the median number of referrals for community-based support was 613, numbers of referrals for each service ranged between four and just under 46,000.[17] The median number of referrals that the services engaged with was 493, and ranged between 4 and 17,500[18] The median number of referrals provided with repeated support (support provided on an ongoing basis e.g., through an assigned caseworker or attending series of group programmes) was 222, approximately two fifths of the referrals engaged with (Figure 5).

15 The mean average of referrals *received* by organisations was 474 and the mean number of referrals *accepted* during the same period was 86.

16 496 organisations and 1435 services.

17 45,991

18 17,582

Figure 5: Median number of referrals received, engaged with and provided with repeated support per service provider.

Proportion of referrals that were domestic abuse related:

Organisations were asked to estimate what proportion of their referrals were domestic abuse related. Over half of the organisations said that all their referrals were related to domestic abuse, and over three quarters said that at least 60% of their referrals were domestic abuse related. Two thirds of community-based organisations (66%) worked with victims/survivors assessed as at high risk of harm. One fifth of organisations (21%) did not categorise victims/survivors by level of risk in community-based services.

4.1.4. Service provision for specific gender or sex

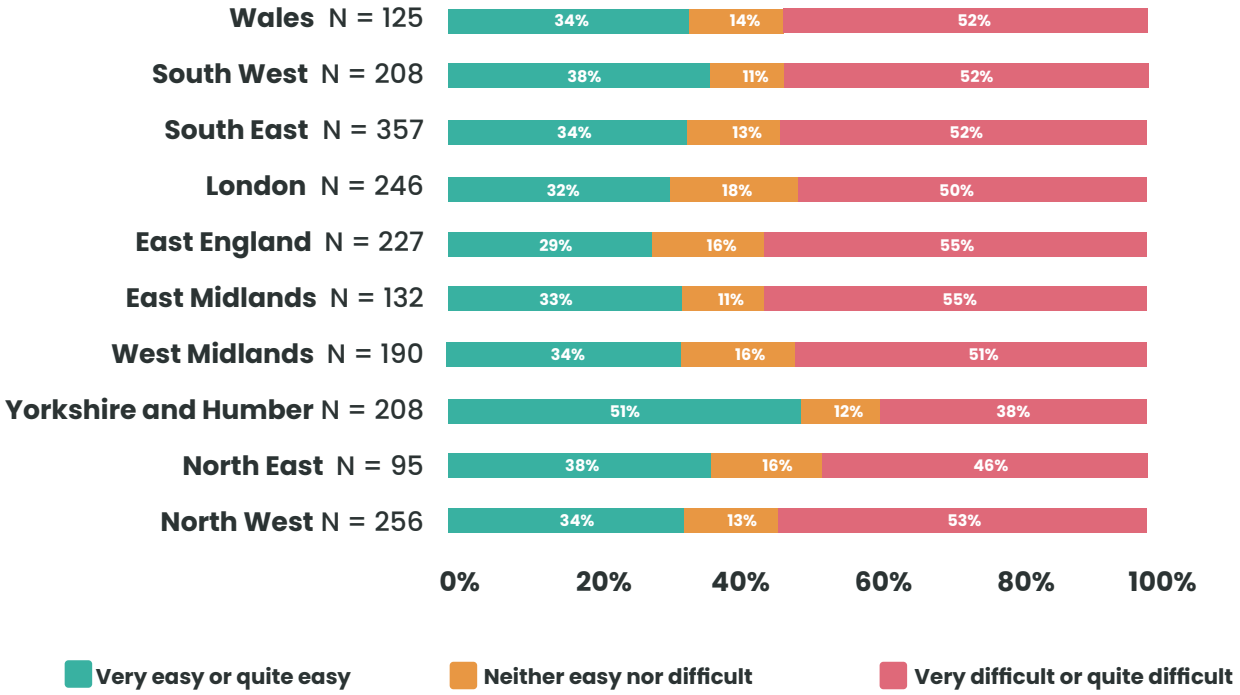
Organisations were asked if the services they provided were specific to any gender or sex. Half of all service provision was single gender or single sex: 23% women only, 2% men only and a further 26% of organisations provided a mixture of services for men and women but the services were single gender or single sex. A third of organisations provide services that are not gender or sex specific. Fifty-one organisations (9%) said they provided a mixture of services for men and women and non-gender or sex specific provision. The remaining organisations described other types of provision (1%) or did not respond to the question (6%). Information provided by commissioners of services gave a slightly different picture with 27% women only, 3% men only, 57% mixture of service delivered separately for men and women and 13% delivered in a mixed sex/ gender space (Appendix Table XLIII).

Use of male staff

During the first round of the survey, services were also asked to state in what capacity male staff or volunteers were involved in the running of their domestic abuse services. This was asked to understand to what extent services were delivered or managed exclusively by women. Over half the of services did not answer this question. Of the 280 organisations that did reply, over a third of services use male staff to provide direct services to women and children (38%), most had male staff as working as 'maintenance, contractors or consultants (70%) or within 'management, trustees or governance' (71%) of their services. Over half used male staff in the delivery of their other services (50%).

When services for women only were compared with services who either provided services that were not gender specific or provided single sex services to men and women, the latter group were far more likely to say that they employed men in a variety of roles. Men were less likely to work directly with women and children. Notably, 44% of women's organisation did not answer this survey question.

Figure 6: Survivors' responses to the question 'Overall, was it easy or difficult to get help once you heard about what was there?



4.2 How does provision vary between geographic areas?

Variation in provision across different areas of England and Wales was considered by looking at:

- how easy or difficult survivors found it to get help once they heard about services,
- the number of provider organisations in each area,
- the types of services available, and
- differences in spending.

4.2.1. Survivors across England and Wales experience difficulties in getting help

Survivors were asked to say how easy or difficult they found it to get help once they heard what was available (Appendix Table XXVIII). In most areas approximately a third said it was 'Very easy or quite easy' but over half found it 'Very difficult' or 'Quite difficult' as illustrated in Figure 6. The only exception was the Yorkshire and Humber region where over half of the respondents said they found it 'Very easy' or 'Quite easy' to get help once they heard what was available. The figures presented exclude those who said they did not hear about any support or said that it 'depended on the service'.

4.2.2. Variation in the number of provider organisations

While the number of domestic abuse support organisations within an area does not necessarily show overall capacity, it does give an indication of provision. A reminder at this point should be given that this is the number of organisations that replied to our survey, rather than a comprehensive directory of services. As would be expected, the regions in England with the highest populations, like London and the North-West, tended to have the highest number of organisations.

Figure 7: Number of domestic abuse support organisations in each region/country

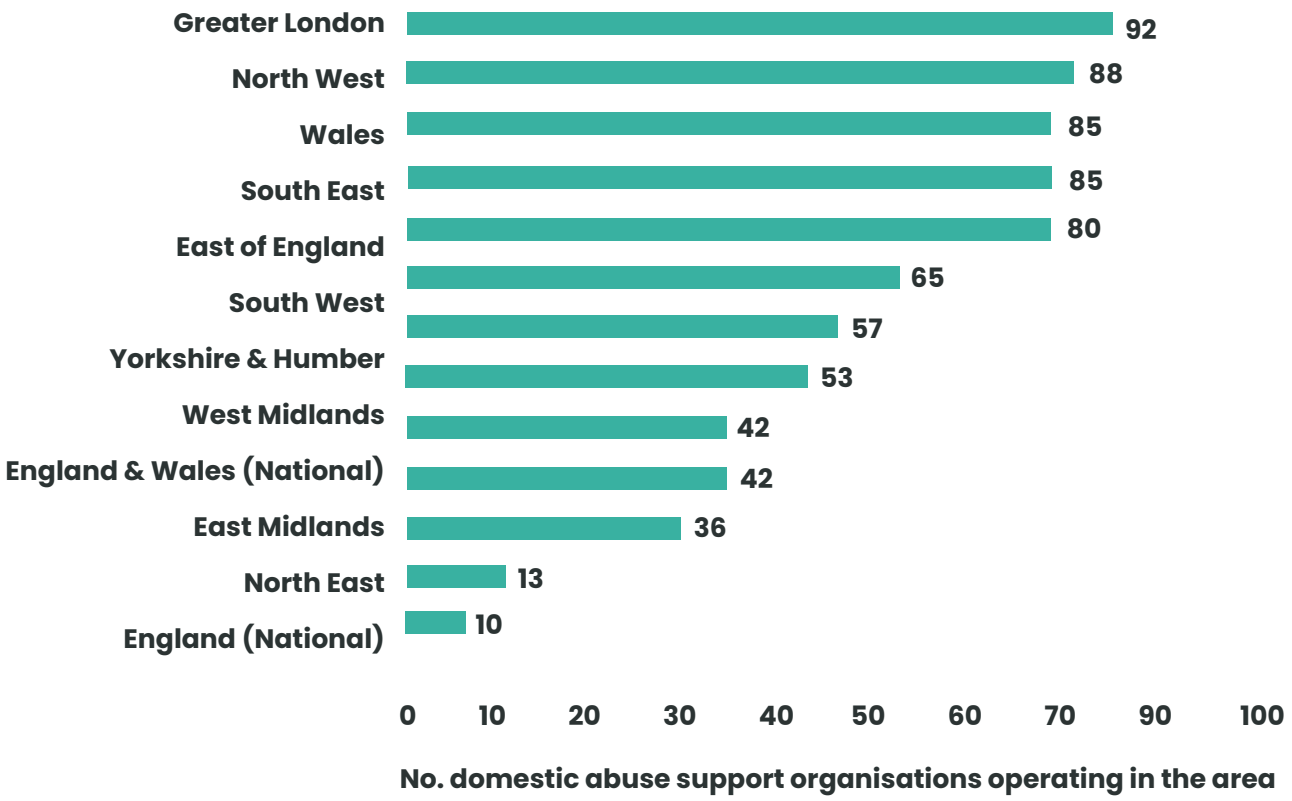
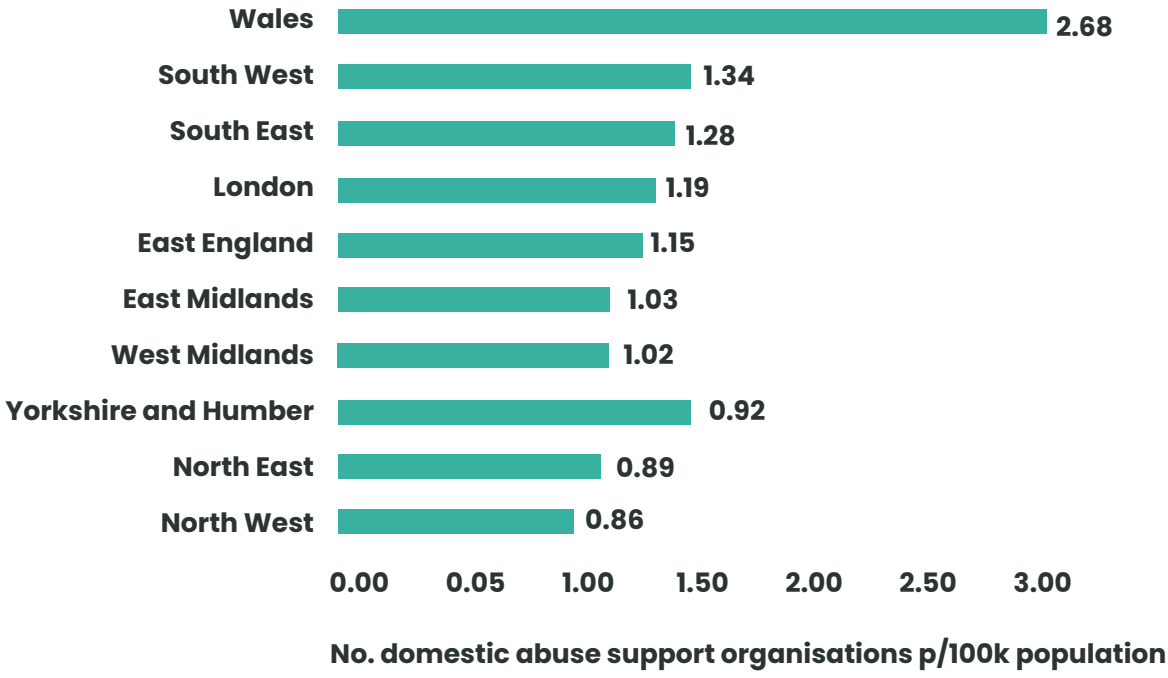


Figure 7 presents the number of domestic abuse support organisations in each region, plus national organisations for operating in England, Wales or England and Wales. However, when the number of organisations was compared to the size of the population within an area (Figure 8), there is a greater number of organisations per head of population within Wales and the North-East than in the Midlands and more populous regions like London and the South-East. This is illustrated in Figure 8 which present the number of domestic abuse organisations within each area per 100,000 population.

Figure 8: Number of domestic abuse support organisations per 100,000 population



4.2.3. Variation in the types of services available

Variation across English regions and Wales in the types of services available was compared by looking at:

- the percentage of organisations providing accommodation-based services or community-based services,
- the percentage of organisations providing different community-based service interventions,
- regional differences in the percentage of services that can accept referrals of survivors with additional needs.

Balance of accommodation-based or community-based service providers varies

Organisations in some areas of the country were more likely to provide accommodation-based services or community-based services than organisations elsewhere. (Appendix Table XLIX). For example, domestic abuse organisations operating in the East of England were the most likely to be providing community-based services (95%) and least likely to provide accommodation-based services (27%). Meanwhile nearly half of the organisations operating in the East Midlands provided accommodation-based services (48%) and 75% provided community-based services.

Organisations is some areas more likely to provide certain service interventions

There is also variation in the type of service intervention that organisations are likely to provide within each region (Appendix Table L). Organisations in the North-West were the most likely to provide counselling (61%), those in the North-East were most likely to provide group support (80%), while those in Greater London and Wales were most likely to provide advocacy (92%).

Regional differences in how organisations respond to survivors with additional needs

Access to domestic abuse services for different groups was measured by asking service providers about the eligibility criteria for their services. Organisations were asked to indicate how they would respond to referrals of victim/ survivors who have additional needs. The percentage of organisations in each region/country that would accept and provide a full service to each group survivors with additional needs are presented in Appendix Tables LI and LII. Additional needs that had the largest difference between regions in the percentage of community-based providers accepting referrals were Deaf survivors, Male victim/survivors, Trans victims/survivors and survivors with high mental health needs. For accommodation-based service providers the largest differences between regions were for Male and Trans survivors, survivors experiencing alcohol or substance misuse or survivors with No Recourse to Public Funds (NRPF).

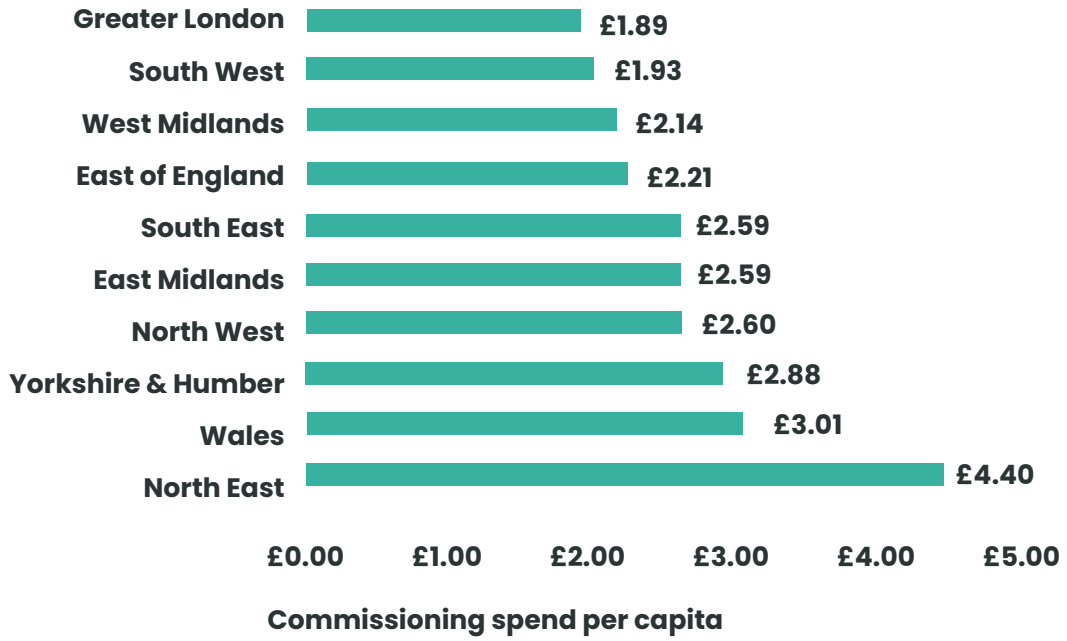
4.2.4. Variation in funding amounts

Variation in funding arrangements can be represented in terms of the amount of funding provided towards domestic abuse services each year, who provides the funding, whether the funding is through commissioned or grant routes, the length of time funding sources are secured for, and the number of different funding sources an organisation relies on to provide domestic abuse services. Funding of domestic abuse services, including geographical differences, will be discussed in Section 4.9. In this section we look at differences in spending in each area.

Commissioning spend per head of population illustrates the postcode lottery

Total funding per region was divided by population figures (ONS, 2022c) as illustrated by Figure 9. Using this method of comparison, the North-East region was the highest spending area per head of the population by some margin, while Greater London, the South-West, the West Midlands and the East of England all spent less than the average of £2.47 per capita. It is worth noting that this only reflects Tier 1 Local Authorities and Police and Crime Commissioners.

Figure 9: Regional commissioning by Tier 1 Local Authorities and Police and Crime Commissioners spend per capita



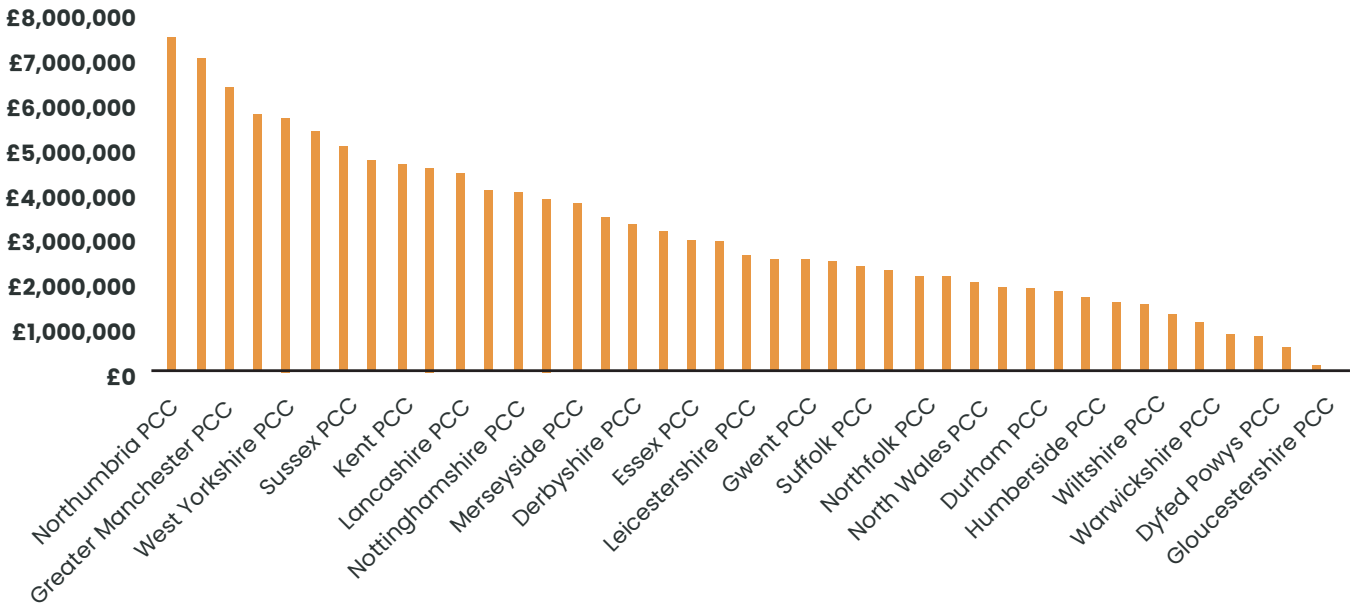
Average spend per PCC area on domestic abuse support was £3.2 million

Actual funding reported by commissioners (Tier 1 Local Authorities and PCCs) within each PCC area ranged between £133,000 and £7.6m as illustrated in Figure 10. Depending on the PCC area[19], this figure could represent the funding provided by one

19 Amounts discussed represent funding within a PCC area which includes the PCC plus other commissioning organisations with the geographical area represented by the PCC.

commissioner or several commissioners.

Figure 10: Actual funding reported by the commissioners within each PCC area (excluding London) for year ending March 2021.



The number of distinct commissioners and provider organisations within each PCC area is presented in Appendix Table LIV. The average per PCC area was £3.2 million. These figures exclude the outlier figures for London (City of London Police Authority Board, and MOPAC London PCC areas– amounts for all PCCs can be found in Figure 10). The number of individual organisations funded within a PCC area ranged from 1 - 58. The median number was 19. As discussed in the Section 3.3.4. it is possible that there is some duplication within submissions.

4.3 What support do victims and survivors say they need?

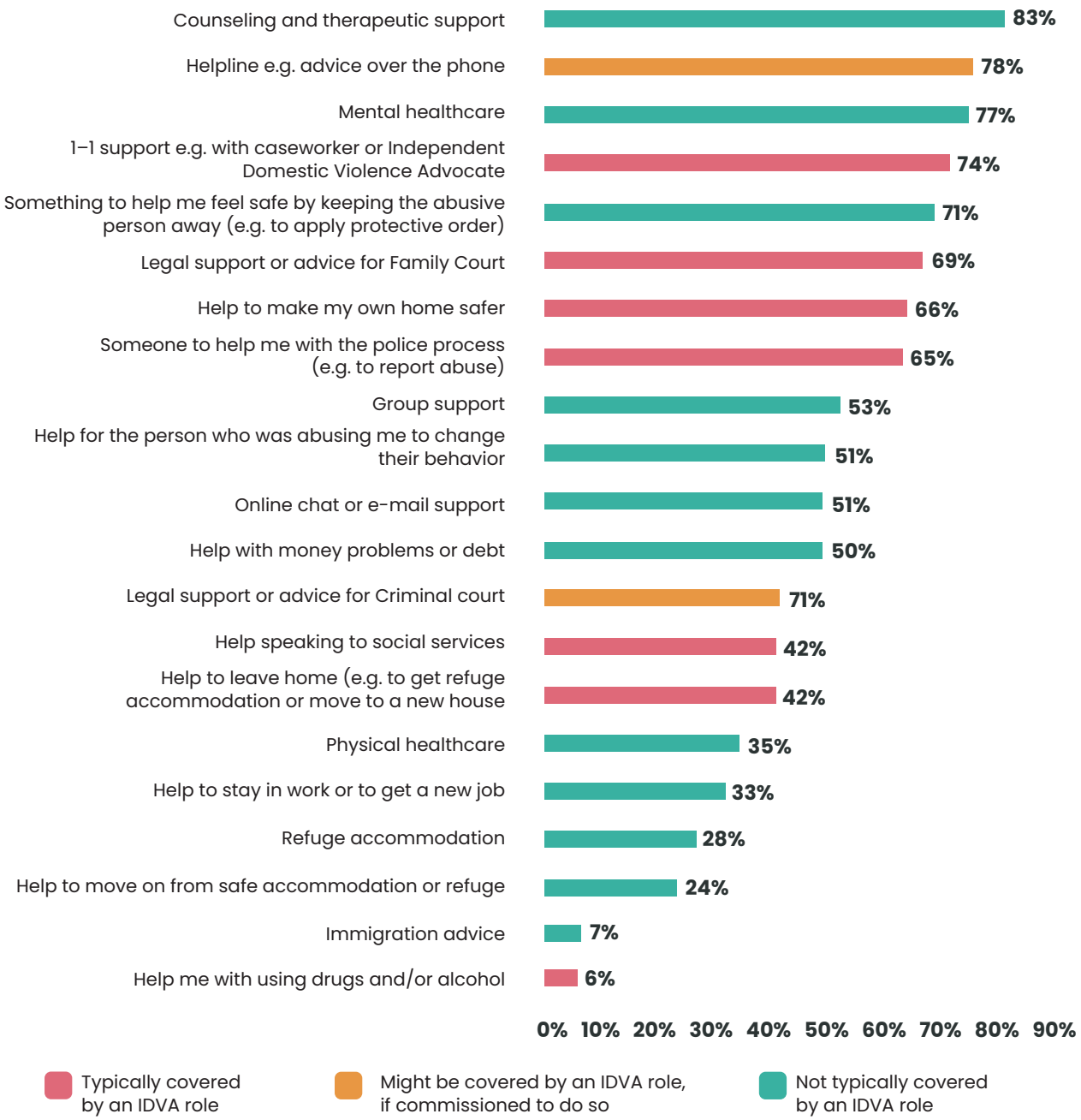
The victim/survivor survey combined with the qualitative interviews provided rich and detailed information on what domestic abuse support services were prioritised when victims and survivors tried to escape and recover from abuse. This section discusses

- the type services they had tried to access
- regional differences in what victims/ survivors prioritise
- demographic differences in what is prioritised by survivors, and
- how survivors' needs change from when they first seek support.

4.3.1. Survivors prioritise counselling, therapeutic support and advice

Survivors were asked to indicate from a list of different services what support they had sought during the previous three years (Figure 11). Most victims and survivors responding to the survey reported that they had wanted some form of community-based support, seeking both practical advice as well as support to help them cope and recover from the abuse. The service that most survivors wanted was counselling and therapeutic support (83%), followed by helpline advice over the phone (78%), and then mental healthcare (77%) (Figure 11). Only 28% of survivors wanted refuge accommodation. Far more wanted help to keep the abusive person away (71%) and help to keep their home safer (66%).

Figure 11: Percentage of respondents wanting different types of support for domestic abuse during the previous three years



4.3.2. Survivors in London more likely to need a refuge

There were only slight variations in what victims and survivors prioritised when responses from different regions of England and Wales were compared (Appendix Table V). The most notable regional differences concerned those seeking refuge or alternative accommodation: a third of survivors in London wanted refuge compared to one fifth of survivors in the East Midlands, similar proportions needed help to move on from safe accommodation or refuge. Survivors in Yorkshire and the Humber were more likely to want help with the police process, while those in the West Midlands were the most likely to seek support from a helpline (Appendix Table V).

4.3.3. Variation in type of support prioritised by different populations

Victims and survivors from minoritised or marginalised communities were asked if they wanted to access specialist support that was delivered 'by and for' their own communities. The majority of black and minoritised survivors (67%), LGBT+ survivors (68%) and over half of disabled (55%) said that they had wanted this type of support.

Demographic information was compared to find out if some populations wanted some services more than others. Disabled survivors were more likely to prioritise one to one support, counselling, and mental health support than non-disabled survivors (Appendix Table IX).

There were differences in the types of support prioritised by survivors of different ethnicities (Appendix Table VII). Although all ethnic groups prioritised counselling, White respondents were the most likely to say that they wanted counselling (86%). Black respondents indicated a preference for one to one support (87%) over counselling (81%). Again, the most notable difference was among those seeking refuge, with Black respondents (59%) over twice as likely as White respondents (25%) to prioritise this type of support. It is unclear if ethnicity or the proportion of Black respondents living in London (48%) that is behind this difference.

There was little variation between men and women wanting access to counselling, mental health support, or support through the criminal court (Appendix Table XIII). However, a higher proportion of male respondents wanted support through the Family Court (83% of men compared to 66% of women) and access to support for their abuser to change their behaviour (74% of men and 47% of women).

4.3.4. Needs when survivor first try to seek support

During the interviews and focus groups the individual situations of survivors differed and what they recalled varied. However, there were common themes about what support survivors were seeking when they first tried to get help while experiencing domestic abuse.

Basic physical needs and emotional support

The need to prioritise immediate safety meant survivors often lacked basic physical needs at the time. They recalled situations of destitution, homelessness, and having no access to clothes, food or money.

Looking back, survivors valued having someone to talk to and provide emotional support and advice over the other more practical support that they needed at the time. This was due to the mental health problems caused by the abuse. Survivors talked about feeling suicidal, having a nervous breakdown, experiencing panic attacks and anxiety.

"the support I really needed was emotional support. I had anxiety, I could not think, and I developed low self-esteem. Accommodation and finance are just added. The most important help that I really needed at that time when I moved out from him was emotional, mental and psychological help" (Migrant survivor)

Survivors also valued having someone who listened to them, validated what they were saying and helped them to understand what was going on. Some survivors, particularly those with little access to information said they had needed help to recognise that the relationship was abusive.

Navigating legal processes

Another key area of support was navigating the legal and justice systems. Initial help was required with reporting crimes and taking out a restraining or non-molestation order. Some needed help in disentangling themselves from legal problems created by the perpetrator, for example:

- causing debt,
- stealing possessions,
- committing fraud or deception, and/or
- making false allegations.

Survivors talked about the emotional toll of lengthy legal processes on their mental health but needing to see the process through to either clear their name, ensure their child(ren)'s safety, or resolve their immigration status.

What survivors also wanted, but usually did not happen to their satisfaction, was for the perpetrator to face justice:

"what I would have liked was the chance to actually [have] him to go to court, but they thought I was an unreliable witness. As with all people with disabilities, they thought it'd be too much for me" (Survivor with learning disabilities)

"the fact that she still thinks she's got away with it, that's what really upsets me and makes me angry. It really upsets me that she's walking streets here. I can't ever go to [home town] freely." (LGBT+ Survivor)

4.3.5. Survivors' support needs will change

Changes in support needs were not just due to changes in their circumstances, e.g., removal of immediate risks, but also because the survivor's understanding of their situation can change:

"Once you understand more about what's happening, you might feel differently about what support you need" (Domestic Abuse Worker)

Once immediate safety and gaining clarity about their situation was resolved, survivors talked about the help to support their recovery after abuse so that they could:

- regain confidence,
- learn how to manage traumatic flashbacks,
- escape the psychological control of the perpetrator.

Psychological support is needed long after the abuse has stopped. One survivor talked about how counselling was helping with the psychological fear that she still lived with even though her perpetrators were no longer actively trying to control her:

"I'm thousands of kilometres away right now from them, but the power, it's still in my brain. So, it's not that straight forward that I get the support and then slowly [recover]..., because the power they have in my brain is still a big one. So I think fear, the psychological fear is a big one"

4.4 Experience of support prior to accessing specialist support

Survivors' experiences when they first try to seek support can have a major impact on whether they can leave. This section of the report discusses

- the professional groups to whom survivors disclosed abuse, and
- the positive and negative experiences of services that survivors had when they initially tried to get help.

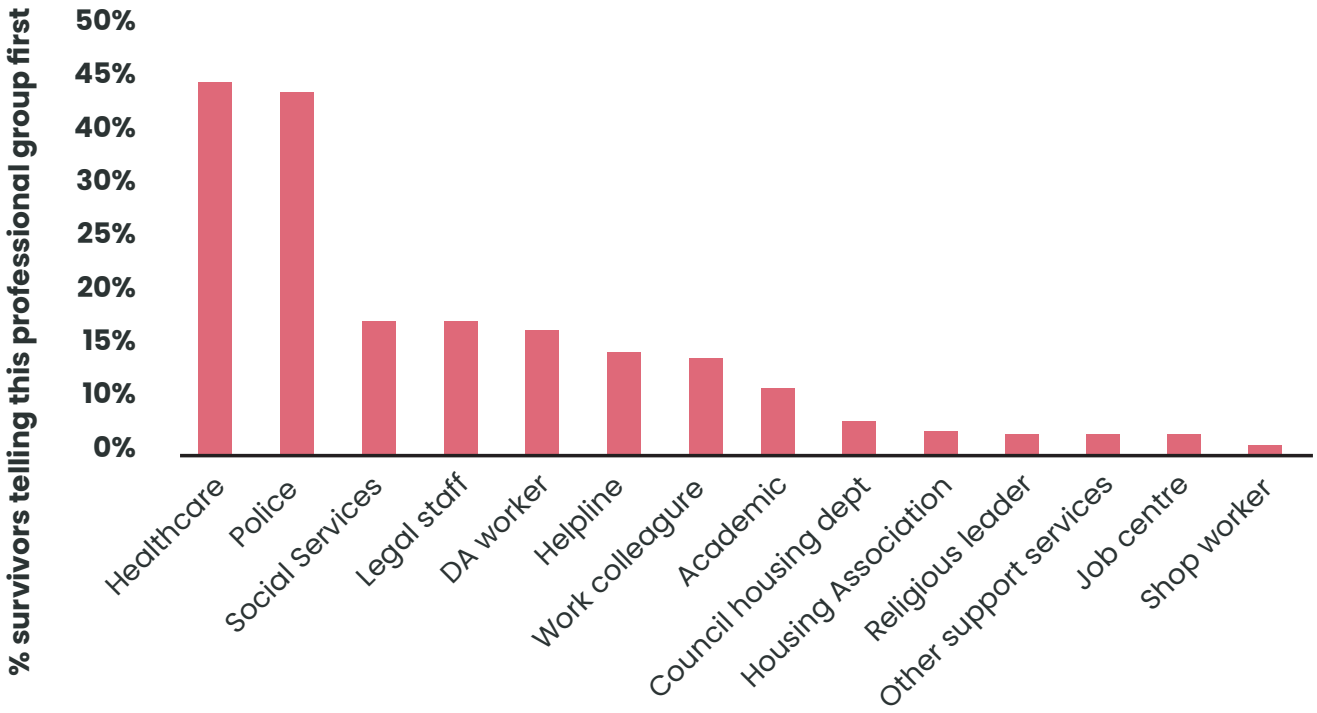
4.4.1. Who did survivors tell first?

The survey asked survivors to say who they told first when they tried to seek support, and if they had told any professionals about the domestic abuse. Respondents were able to record more than one profession if appropriate. Figure 12 illustrates that health care workers (44%) and the police (42%) were the most likely to be the first professionals that survivors chose to tell that they were experiencing domestic abuse. This is not surprising as these are professionals

who are likely to attend critical events and/or have opportunities to speak to survivors in private. However, it is perhaps surprising that police and health workers were almost three times more likely to be told before social services, helplines or domestic abuse workers and underlines their critical role in usually being the first response to domestic abuse.

There were differences between men and women in who they told first (Appendix Table XXIII). Women were more likely to say that they told a domestic abuse worker than men (16% of women compared to 9% of men). Men were twice as likely to have told legal staff (31% of men compared to 12% of women) or more likely than women to tell social services (26% of men compared to 14% of women). There also appears to be slight differences in who Black and minoritised survivors tell first compared to White survivors. Although health care workers and the police were the professionals that all ethnicities told first, it appears they were more likely to be approached by White survivors. Black and minoritised survivors were more likely to tell domestic abuse workers, council housing departments and religious leaders than White survivors (Appendix Table XXIV).

Figure 12: Professions[20] that survivors of domestic abuse tell first (N=2019)



Who told survivors about domestic abuse support services?

Survivors were most likely to say that they found out about domestic abuse support service through their own research (33%) or via the police (28%), and to a lesser extent health care workers (19%) and friends and family (17%). Appendix Table XXV lists survivors' responses to the question 'Where did you first hear about the domestic abuse services that existed?'.

4.4.2. Positive experiences before prior to accessing specialist support

Interview participants were asked about their experiences of trying to get help before they were able to access domestic abuse support.

Contact with services was considered supportive if their workers were **kind** to survivors and able to make **referrals that were helpful**, for example to the police,

20 Respondents could tick as many professions as they chose to.

benefits or legal advisors, housing, or specialist domestic abuse advisors. It was helpful if services were **non-judgmental** and willing to help at a time when the victim was ready:

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

Routine face to face **primary health care appointments** (e.g., with a GP or midwife) gave survivors the chance to disclose abuse and the health workers had the opportunity to make referrals to social workers, IDVAs and immigration advisors. Examples of health service workers being proactive included:

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

Good examples of **policing** practice valued by survivors included:

- responding to emergency situations promptly,
- arresting the perpetrator,
- recognising that the survivor had additional needs (e.g., arranging specialist support for a woman with learning disabilities while they filmed her statement),
- accompanying a survivor to safely return to their previous home to collect their belongings,
- listening to a survivor and advising him to seek help

One survivor described how he did not realise that he was experiencing domestic abuse until he spoke to a police officer:

"I had reported the historic abuse and what I didn't realise at the time was ongoing manipulation to the police. I was in there for about two hours, sobbing in front of the police officer, she turned round and said, 'Look you need to contact the National Centre for Domestic Abuse' and she was very insistent" (Male Survivor).

4.4.3. Unhelpful experiences with services

Survivors' stories about unhelpful experiences with services before accessing specialist support included services:

- having poor understanding of:
  - domestic abuse, e.g., assuming abuse would stop after the couple separated.
  - benefits applicable to domestic abuse situations. This led to:
    - suggesting alternative accommodation that was unaffordable,
    - having no knowledge of what to do when the survivor had NRPF.
  - refusing to help the survivor due to:
    - their immigration status, or
    - not yet being homeless.
  - failing to accommodate survivors who needed additional support with
    - reading or completing documents (e.g., survivors with learning disabilities), or
    - translation into their first language (e.g., Deaf or migrant survivors).
  - having high staff turnover or regularly transferring cases within the staff team which meant that the survivor had to repeat their story and experienced little progress:

"I had different Social Workers taking me out for half an hour, and I was at a stage where I was just rambling on, just doing the mental spew about anything. But none of them referred me on for any other support, and that was no good to me at all, I just felt like I was being passed from pillar to post" (Survivor with autism)

Delayed access justice delays recovery from abuse

Survivors described their frustration when they were told that the police, or the Crown Prosecution Service (CPS) were not proceeding with the case against the perpetrator. Reasons given for this included:

- It had taken too long to report the abuse,
- Not wanting to put the survivor through court process,
- Not being believed or considered a reliable witness.

Having no access or delayed access to justice made it difficult for survivors to move on with their lives. One survivor who was still suffering from flashbacks was unable to receive support from her Independent Sexual Violence Advisor (ISVA) with details of what happened because it might impact on the forthcoming court case.

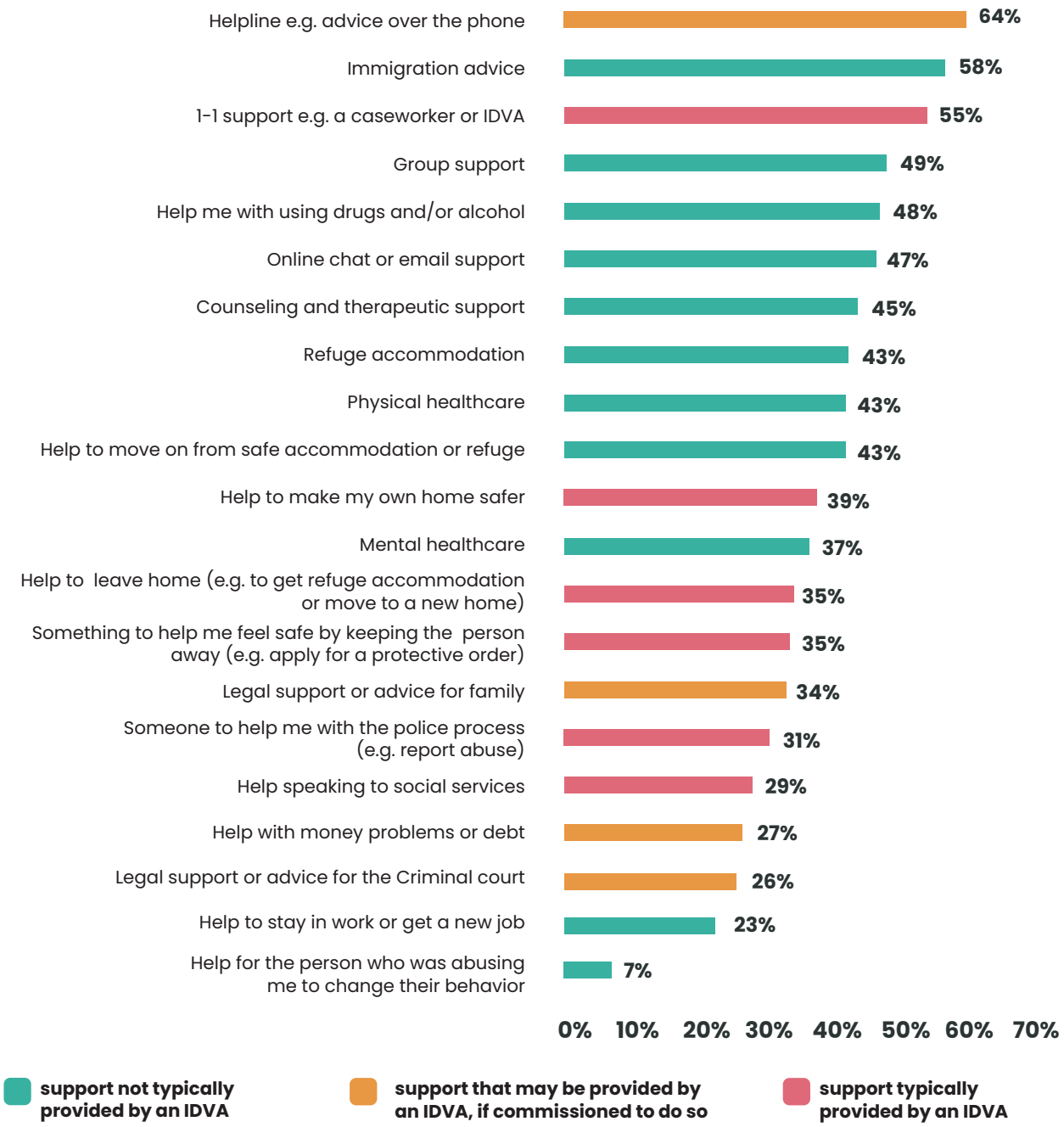
4.5 Outcomes of seeking domestic abuse support

This section discusses the outcomes of survivors' attempts to access support. Here we look at the percentage of survivors who were able to access the support that they had wanted during the previous years. We also explore whether survivors felt that had increased feelings of safety and control compared to when they first thought about accessing support. We compare the responses of those who accessed support with those who did not. This section also summarises what survivors who participated in the interviews and focus groups said about what positive differences support services made to their lives and what problems are still unresolved for them.

4.5.1. Unmet need, particularly therapeutic and protective support.

Survey respondents were asked to think about the domestic abuse support services that they had wanted over the previous three years and then indicate whether they received that help. Figure 13 presents the percentage of respondents who got the help that they wanted and whether this type of support is typically provided by an IDVA.

Figure 13: Percentage of respondents who received community-based domestic abuse support that they wanted.



Survivors' responses to this question illustrate unmet need across multiple forms of support. Only three types of support had more than half of those who wanted the service receiving it. Although most respondents wanted counselling and therapeutic support and/or mental health services, most did not receive it. Only 35% of survivors who wanted 'something to help me feel safe by keeping the abusive person away (e.g., to apply for a protective order)' got this support. Only a small minority (7%) said that there was help for the person who was abusing me to change their behaviour, although this also possibly reflects lack of compliance of perpetrators as much as availability of services (Appendix Tables V and VI presents the number of survivors wanting and receiving different interventions). It is possible that working with 'by and for' domestic abuse services to publicise and recruit respondents

affected responses to this question. A disproportionate number of respondents seem to have received immigration advice, compared to what survivors told us about their experiences of seeking support.

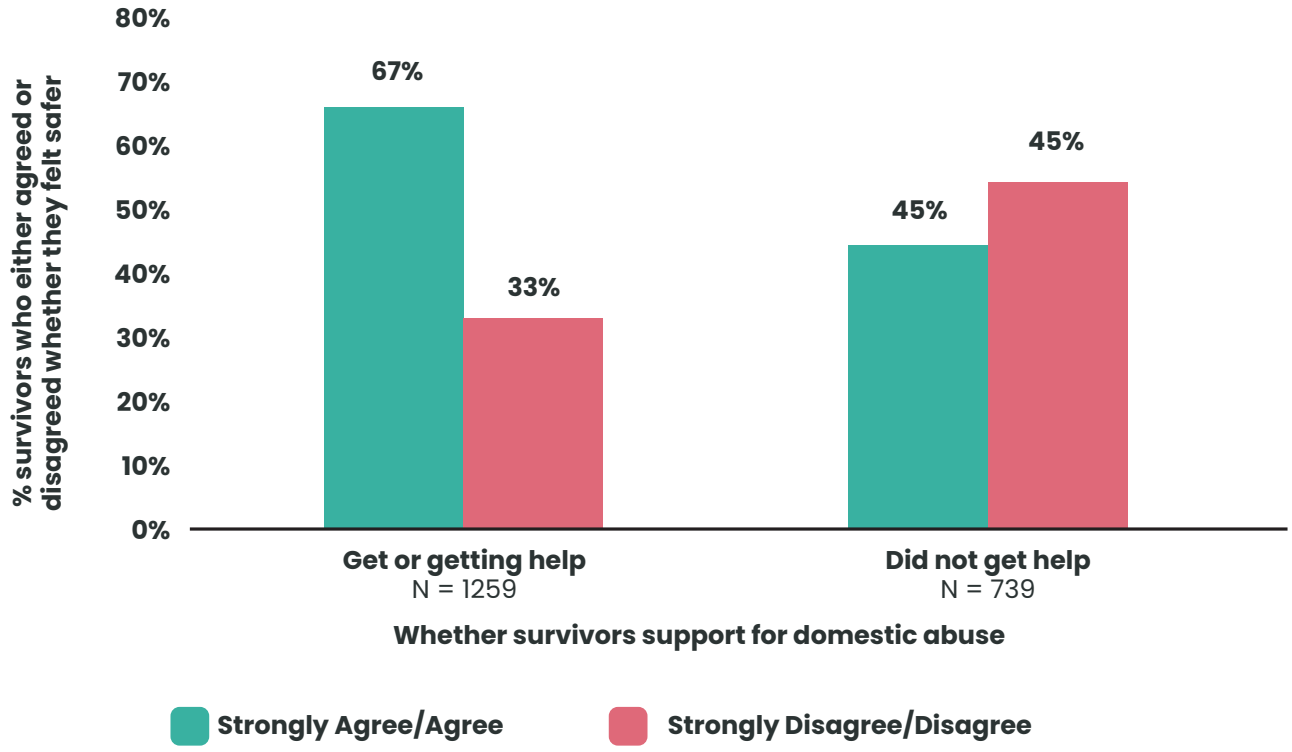
4.5.2. Improved feelings of safety and control

Survey respondents were asked to what extent they agreed or disagreed with the following statements:

- I feel safer because of the help I got
- I feel more in control of my life because of the help I got
- I feel that I got the right help at the right time

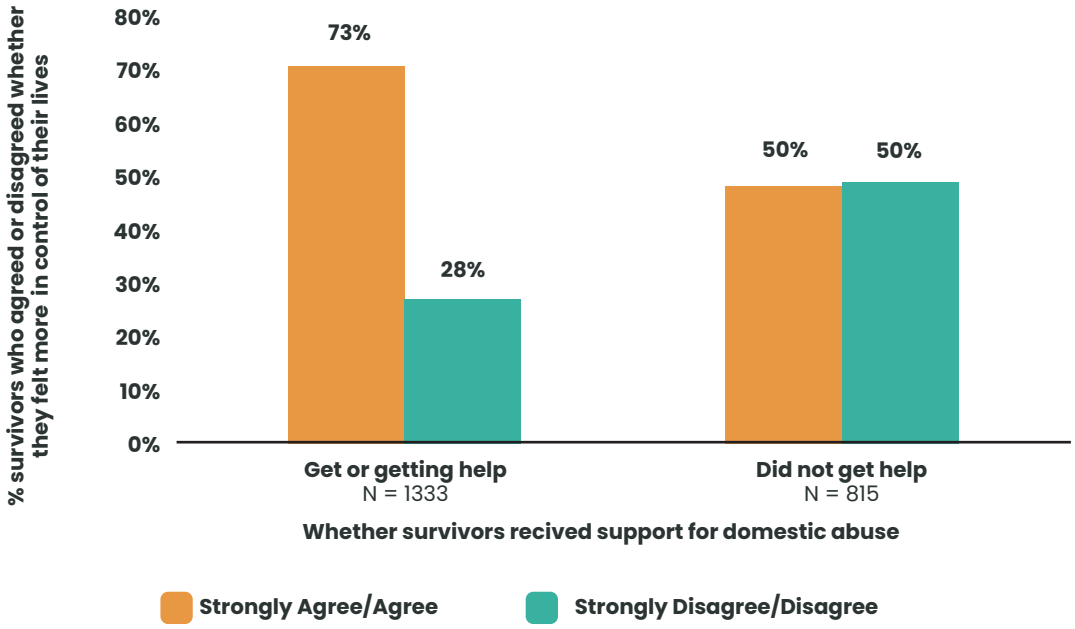
Overall, 55% agreed that they felt safer, 63% agreed that they felt more in control and 47% agreed that they got the right help at the right time (Appendix Tables X to XII). These questions were used to compare the experiences of survivors who had received support for domestic abuse with those who had not.

Figure 14: Percentage of survivors agreeing that they felt safer, comparing survivors who had accessed services with those who did not.



Of those who expressed a view, 67% of victims and survivors who accessed support services said they now felt safer compared to 45% of survivors who had not, (Figure 14) and 73% who had accessed support felt more in control of their lives compared to 50% who had not (Figure 15). The questions were also used to explore outcomes for different populations of survivors, as will be discussed in Section 4.6 of this report.

Figure 15: Percentage of survivors agreeing that they felt more in control of their lives, comparing survivors who had accessed services with those who did not.



4.5.3. Survivors' descriptions of the positive differences that support made

Towards the end of each interview survivors were asked to describe what difference the specialist support had made to their lives and what they felt was still problematic or unresolved. Survivors talked about their lives being saved, tangible day to day differences they had noticed in how they live, having more knowledge that might protect them, and feeling more confident and able to plan for their future. Survivors who had been in very dangerous situations talked about how they and their children's **lives had been saved** by the support that they received. They believed that either the perpetrator would have killed them, their circumstances were such that they would have been unable to survive, or they would have taken their own lives. One father described how he and his children were starving before they were helped to move to a refuge in another city to escape his ex-partner's violent family:

"I would have died that day, or something would have happened, and I was so close to packing my bags and going back because I thought, I've got no money, I've got no family. I've got no friends that I can rely on, how am I going to do this? And the fact that my children were saying, 'Dad, I'm hungry, I'm hungry'. I said, 'Daddy can't get you a big meal, what you're going to have to do is have a small meal and you are going to have to share and when you sit there'. If you sat there and saw them, they were eating like cannibals because they were that hungry and then I'm sitting there starving myself because then I'm just thinking, no, it's fine, I'll survive as long as I've got a glass of water, that's fine" (Male Survivor)

Tangible day to day to differences that the survivors described included being able to:

- sleep,
- feel safe in their home,
- talk without crying,
- meet with others in a group,
- make simple decisions about their life.

Parents noticed that children's behavioural problems improved when they received help to talk about what happened and manage their emotions.

Survivors also talked about what they had learnt from the support they received. Some felt that they were **more protected in the future** because they:

- understood how to recognise a range of abusive behaviours, not just physical abuse,
- knew where to get help in future,
- had a safety plan, and
- felt supported by workers and other survivors

Survivors also talked about **feeling better about themselves** and their appearance and more confident to meet new people. Placing responsibility for the abuse with the perpetrator had helped them to feel less guilt or shame about having been in an abusive relationship. Some were ready to contemplate having new intimate relationships in the future and talked about being able to trust again.

Greater optimism and hope for the future meant that the survivors were starting to make plans for their training, education, and career. One LGBT+ survivor said that in future she would like to come out to her family rather than live a 'double life', something she had never contemplated before. Another person wanted to train to support other survivors of domestic abuse.

4.5.4. What is unresolved?

The survivors participating in the interviews were at very different stages in their journeys. Some were reflecting on the support they had received for at least year while others were still at great risk from perpetrators. Consequently, answers to the question 'what is still unresolved?' greatly depended upon whether the abuse and harassment was still high risk, or whether some time had passed since they were at immediate risk of harm.

Ongoing harassment and abuse

Survivors for whom harassment and abuse was ongoing did not feel safe, could not relax, suffered headaches, and felt trapped. Financial and living circumstances were very difficult as was the ability to work and earn money. They and other family members were stressed as they were worried and frightened of what might happen next. Survivors separated from their children were particularly distraught and concerned.

Longer-term issues

Survivors described injuries and long-term physical health problems that they were unable to recover from following physical violence. Survivors also described physical and mental health symptoms consistent with common responses to trauma. Survivors described always being on alert or easily taken back to traumatic events by something seemingly unrelated, and not expecting these symptoms to be easily resolved:

"Even now, I sit there at night times, yet I can't sleep. I wake up going to check if my kids are breathing and checking the windows. If I hear any banging noise, I'll end up going to the kitchen and getting a rolling pin in case I think it's them. Checking my front door, checking my windows if they're shut. Checking if anyone's in the house" (LGBT survivor)

"Once you've been attacked, you are forever after always on some form of alert. It's not a case of, 'Oh there you go, there' [referring to therapy], No, you are changed, you are on alert thereafter. You're always, at the back of your mind on alert. Your guard never really comes down, and you never feel safe" (Neurodiverse survivor)

Survivors described feeling **anger**. This could be because they felt that the perpetrator had got away with their crimes – some continued to face the perpetrator regularly. Sometimes the anger was caused by the professional response to the abuse. This was particularly the case if the survivor had not been believed or if they felt that professionals had sided with the perpetrator. **Legal issues** continued for many as cases took a long time to reach court, or because the perpetrators were using the legal processes to undermine survivors.

Even those who had received therapy and support found it difficult to trust anyone to have an intimate relationship again. One survivor described her **loneliness** but also how she continues to keep people at a distance to protect herself:

"My idea of staying safe is just not to make myself available to anything, so I'm just not open to any relationships, end of story. That's it, it's very isolating, it's very lonely and it's very cut off and very disconnected, but it is what it is and it's the only way I can make sure I can stay safe" (Neurodiverse survivor)

4.6 What barriers do victims and survivors experience in accessing support?

All survivors are faced with barriers to seeking help. Indeed, sometimes the seriousness of the threat from the perpetrator can make reporting abuse less likely:

"I took the decision not to report it to the police, rightly or wrongly, I suppose that's partly because... I was in the heat of it all, the situation, and the language and threats I was having to endure as well made me fearful really. I didn't know whether he was going to attack me or kill me and all sorts of things at one point. So, that prevented me from doing that" (Male Survivor)

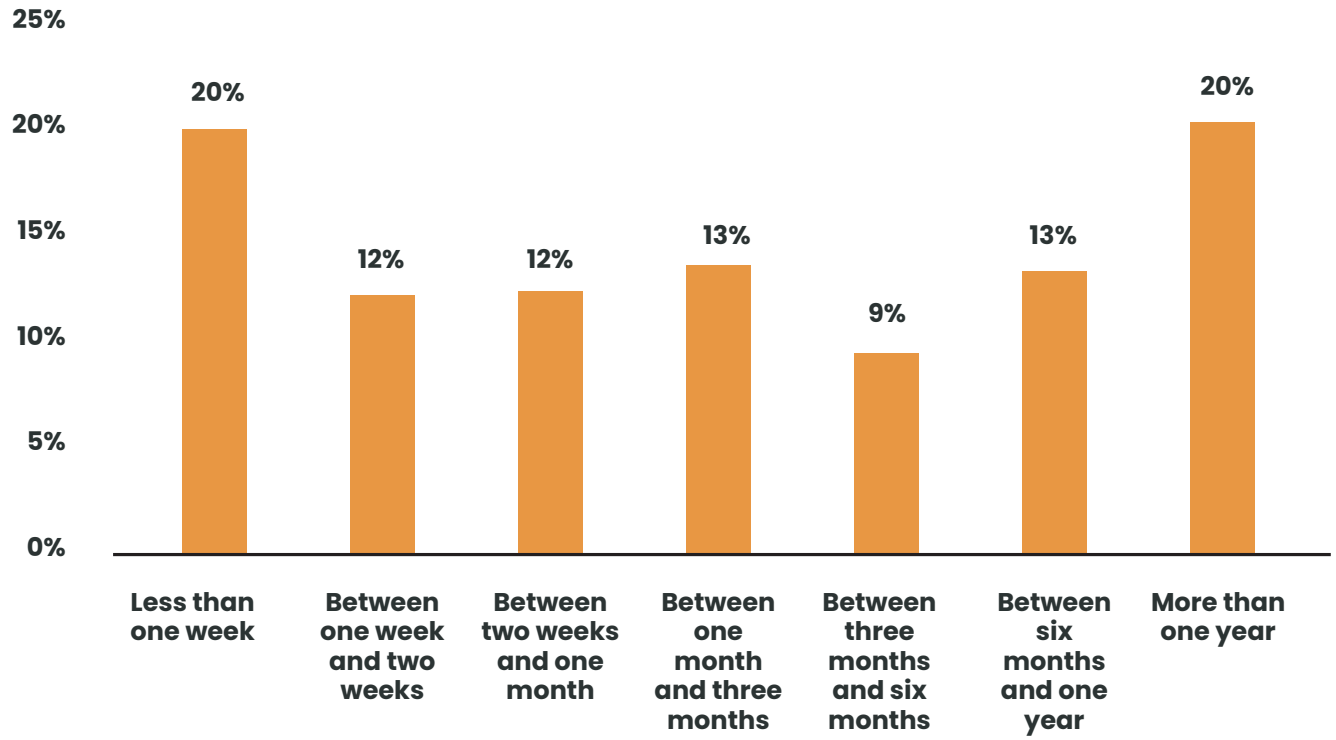
4.6.1. Difficulties in getting support from domestic abuse organisations

Getting support can be challenging. Most survivors said they had contacted at least two different domestic abuse support organisations during the previous three years (Appendix Table XIII). Most survivors said at least one organisation that they contacted did not help them, while over 20% reported that 3 or more of the organisations they had contacted did not help them. A similar figure (21%) said they would not know where to find help if they needed help in the future (Appendix Table XV). Most survivors (88%) said that if they needed help in the future, they would be happy to speak to domestic abuse services either directly or through someone else. However, this still left 12% whose experiences meant that they were not happy to do this. Over half of the respondents (55%) said there were types of help that they would have liked but were not available in their area (Appendix Table XVI).

4.6.2. Waiting times reported by survivors and service providers

Survivors reported mixed views about the time it took to get support. When asked whether they agreed with the statement 'I feel that I got the right help at the right time' 48% agreed and 38% disagreed (Appendix Table XXVII). These responses reflect the wide variation in the amount of time that passed between when survivors first started thinking about accessing domestic abuse services and when they started to receive help presented in Figure 16 overpage. While nearly a third of survivors said they were helped within two weeks, a similar proportion said over six months passed, including 20% who waited for more than a year. What is not known is how much of this time passing is due to availability of services, survivors' awareness of services, or their ability to access help being curtailed by their perpetrator(s).

Figure 16: Responses to 'How much time passed between when you first started thinking about using domestic abuse services and when you started to receive help?' (N=1530)



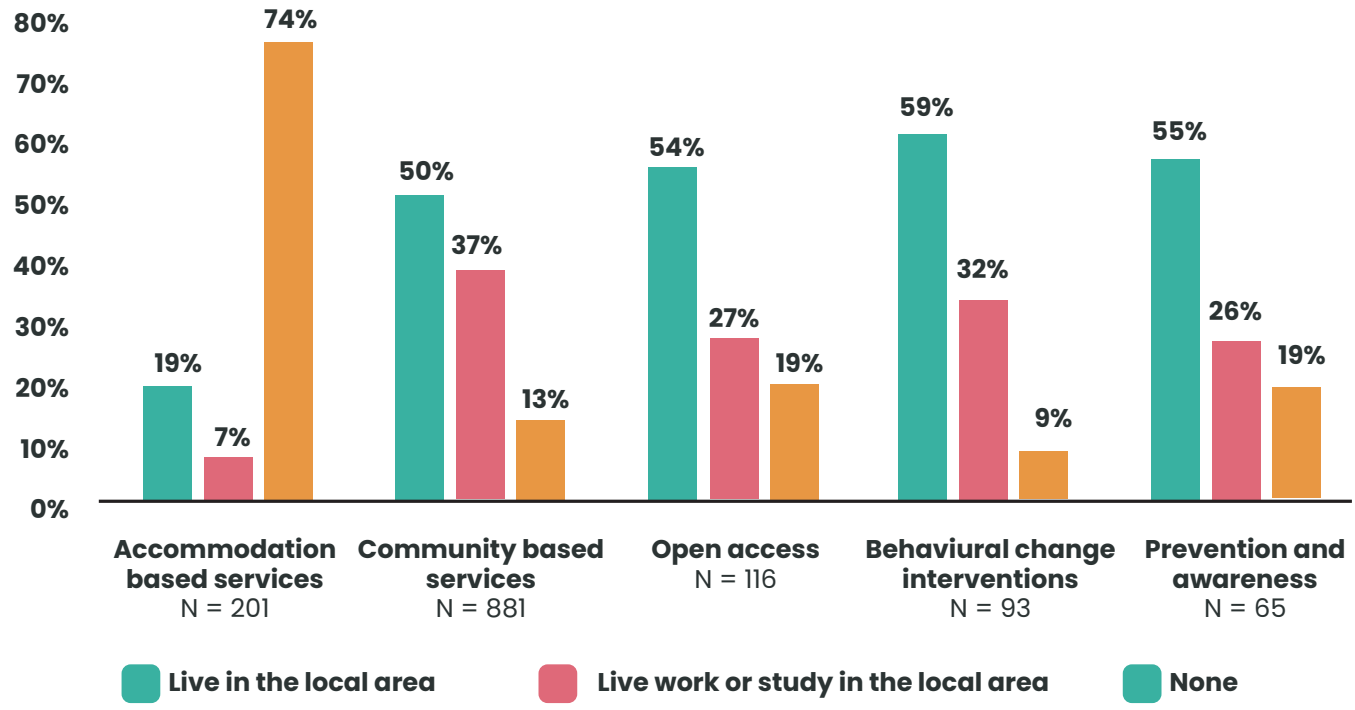
Average waiting times for services reported by service providers

Service providers across England and Wales were asked to report the average waiting time for their service. Options ranged between 'Up to 1 week' (12% of service providers responding) and 'More than six months' (4%). Nearly half of organisations said that they did not hold waiting lists (47%). For those organisations that did hold waiting lists, three quarters had waiting lists where the person would be seen within 3 months (Appendix Table XLII).

4.6.3. Residency requirements preventing access to services

Survivors' access to services was usually determined by where they lived. Information provided by commissioners of services indicated that most community-based domestic abuse support services had some form of residency requirement (either 'living within the local area', or 'live, work or study within the local area') for survivors' to be eligible to access the service (Figure 17).

Figure 17: Residency requirements reported by commissioners of services, according to service type.



Consistent with guidance, most accommodation-based services did not require any residency requirement. For other types of services over half required the person to live within the area and between one quarter and a third required either living, working or studying within the commissioning area. Survey comments described how these requirements were a frustrating barrier for those survivors living near to a service but not within the commissioning area. Exactly half of the respondents said they found it difficult to find out what help existed where they lived (Appendix Table XXVIII).

Other barriers related to survivors' locations are discussed in Section 4.2: 'How does provision vary between geographic areas?'.

4.7. Minoritised and excluded populations

Socially excluded populations face additional barriers to accessing domestic abuse services. While many of the reasons for this are shared, some factors are exacerbated by specific protected characteristics.

As discussed in Section 4.1.2. access to domestic abuse services for different groups was measured by asking service providers about their eligibility criteria services. The survey asked respondents to indicate how they would respond to referrals of victim/survivors who have additional needs. Options that they can choose were as follows:

- Would be accepted, and full service provided
- Would be formally referred onto another more specialist service
- Would be signposted to another more specialist service
- Access to support would depend on clinical judgement

The percentage of services stating that their service would accept referrals and provide a full service to a particular population is reported throughout this section. It should be noted that referring onto another more specialist service may be the most appropriate response to some referrals.

4.7.1. Black and minoritised ethnic groups and migrant survivors

Specialist support[21] for black and minoritised survivors was provided by 55% of accommodation-based service providers. Only 35% provided specialist support to survivors who were migrants, include those with NRPF.

Support services focusing on immigration status over safety

Migrant survivors described how the legal status of having 'no recourse to public funds' (NRPF) meant that they were denied some services, or the response received was poor. No access to health services meant that survivors could be subject to very high hospital fees and struggled to manage their own and their children's health conditions as they could not afford to attend appointments or pay for medical prescriptions.

Services that were meant to intervene on behalf of survivors often focused on clarifying immigration status before the immediate need. Survivors described situations where legal advice, accommodation, charitable help, health services, social support, benefits, and refuge were all denied due to their NRPF status. This placed survivors in situations where, even though they had escaped the perpetrator, they were vulnerable to exploitation and abuse from others.

Experiences of discrimination

Before they were able to access specialist by and for services, survivors from black and minoritised groups often described the process of seeking help as abusive and sometimes racist. Survivors perceived that their ethnicity and/or legal status made them appear less than human to professionals who were meant to be helping them. One survivor described her and her young child's experience of being turned away by a local authority social work department having been referred by the Citizen's Advice service:

"The receptionist was not OK. She immediately asked me about my passport and the immigration status. Then she called the manager because I was crying, and I said 'The Citizens Advice Bureau referred me here knowing that you will assist me nicely, fairly like others. And I heard from the Citizens Advice Bureau as well that if you can't help me here, you can refer me to [another service] that can help us and assist us, despite of my status here'. And they didn't do that either. Also, the manager there started raising his voice saying, 'You're not eligible to approach any of us here', and 'You don't have legal rights to ask assistance from us'. So, I didn't have a choice but to leave, and I felt really, really small at that time" (Migrant survivor)

Unsurprisingly, Black and minoritised survivors really valued services that made them 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:

"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 that you need to say. So, it comes from the heart from the brain and comes out of you. What you really feel and what you really think, you genuinely tell it. And you know that somebody's listening to you, focusing on you, on what you're saying, and will analyse what you said and will give you the good advice on how he thinks about it. In the natural language you've been raised up [in]. So, yeah, it's really helpful like that for me." (Migrant survivor)

21 By this, we mean that the support is specifically provided for and tailored to the needs of these victims / survivors. For example, by specific support for Deaf or disabled victims / survivors, we mean that the content of the support provided is specific to their lived experiences, rather than just accessibility adjustments (e.g., sign language, ramps).

Better outcomes for black and minoritised survivors attending by and for services

Of Black and minoritised survivors who accessed 'by and for' services, 78% felt safer and 76% felt more in control of their lives compared to 48% and 55% of those who had accessed another kind of service. Just 30% of Black and minoritised survivors who had not accessed any support whatsoever felt safer than they had previously. As will be seen in Section 4.9, the funding for by and for domestic abuse organisations is more precarious than other types of organisations. Responses to the service provider survey indicate that they were more likely to cease services due to funding issues.

Meeting interpreting needs

Service providers were asked to think about whether they can provide interpreters when needed for the services that they provide (either over the phone or in person). Most organisations said they were able to access external interpreters for their services (85%) and over half (58%) said they had staff within their organisation who can interpret. However, a third of organisations said they although they were able to occasionally access external interpreting services this was not possible for every case where needed and just over a fifth said they did not have access to any interpreter services (Appendix Table XLIV).

Multiple factors trap migrant survivors within abusive situations

Several factors placed migrant survivors at greater risk of living domestic abuse for longer periods of time:

- **Isolation from family and friends** living abroad meant there were less people within their social circle to confide in, or who could provide practical support and advice if they disclosed abuse.
- **Less awareness of their rights** within the UK, including having knowledge that the abusive behaviour was unlawful, or they were entitled to services and support.
- **Less financial independence**, because of
  - barriers to employment,
  - less knowledge of UK systems, or
  - no legal documentation to open own bank account.
- When police and other professionals became involved, survivors believed that they were **more likely listen to the UK born perpetrator** than a migrant victim.
- **Reluctance to confide in health or social workers** because of
  - cultural and language barriers,
  - fear of repercussions from their abuser, and
  - concern that professionals might think that they were not keeping their child safe.
- Perpetrators can exert greater control over migrant survivors by **threatening their immigration status** to remain in the UK, and their access to employment, benefits, and the right to reside in the family home.
- Fear that disclosure of abuse might jeopardise their immigration status was particularly difficult for migrants who had **left their home country to escape** poverty, oppression, or traumatic circumstances. Some faced life-threatening situations if they lost the right to remain in the UK.
- Being forced to remain with the perpetrator, often for **many years, causes more harm** to migrant survivors' physical and mental health, social networks, and income, thus further undermining their ability to escape the abuse.

Survivors valued being able to access support privately.

Service providers for black and minoritised survivors placed emphasis on the importance of confidentiality in the way that their services are accessed and delivered. This was because of increased concerns within black and minoritised communities about:

- information being shared which could bring shame to the survivor or their family,
- cultural beliefs within communities that made disclosing sexual orientation or leaving a marriage more dangerous for the survivor.

Open sources of peer support, e.g., social media were not an option for those who

needed to keep their identity secret, as this comment about a self-help group illustrates:

"they were saying, you can become a member, you can join us and become part of that team. I was afraid to do that because then that meant coming out to them and saying, hello, this is me, an LGBT Muslim and I wasn't really ready for that" (Muslim LGBT+ Survivor)

Providers talked about having to think carefully about the ethnicity, culture, and beliefs of those who could enter or work within their premises. This meant that

- they could only use certain suppliers,
- use of volunteers was restricted,
- some survivors could not be placed with others if it put them at risk; this was a particular concern for refuge services.

4.7.2. Underreporting of abuse of survivors with disabilities

Specialist support for survivors with disabilities was provided by 23% of accommodation-based service providers. For survivors with learning disabilities, autism or both it was only 18%.

Disabled people's difficulties in accessing any services are well-documented. They are "more likely than non-disabled people to report that accessing services was somewhat difficult (40.1% disabled and 22.5% non-disabled) and very difficult (11.4% and 2.7%, respectively)." (ONS, 2022). Section 4.7.2. has already discussed barriers experienced by survivors with learning difficulties trying to access support for domestic abuse.

Domestic abuse experienced by survivors who were neurodiverse or had learning disabilities is likely to be underreported, due to the barriers to getting justice and the poor support that these populations experience. These barriers include:

- difficulties in recognising abuse,
- not being believed, and
- not being adequately supported once the abuse is identified.

Difficulties in recognising that the relationship is abusive

Communication difficulties associated with autism, neurodivergence or other learning disabilities, plus the social isolation that these difficulties can bring, make it harder for survivors to recognise that they are in an abusive relationship. Some survivors felt that some perpetrators deliberately target people with learning disabilities, often initially for financial reasons:

"Being autistic, you're more vulnerable, and you're more trustworthy, you're inclined to believe people, because it's harder to read whether they're telling the truth or not. You tend to take them at face value" (Survivor)

"The people who I were living with before, they used to take money off me. I used to draw so much out, and they wanted the rest. It was meant to go towards bills, but it didn't. It went to alcohol and drugs" (Survivor)

Those without social support systems in place that took account of their disabilities were particularly vulnerable, especially if their family did not recognise their need for additional support. Survivors with learning disabilities often lacked friends who might notice abuse, give advice, or intervene. Also, it is easier for a perpetrator to control a victim with learning disabilities by preventing them from contacting family or friends and controlling their movement and mobile phone.

Even when survivors recognised what was happening was wrong, they are less likely to access specialist domestic abuse advice who could help them understand what was happening and help navigate their way to safety, legal support, and recovery. This was because people with learning disabilities are less likely to:

- disclose the abuse or know how or to whom they can report it,
- know where to get information or advice,
- understand the information provided,

- recognise that they could contact the
- police (which should lead to an IDVA.

referral).Professional responses to disclosures by victims with learning disabilities were often inappropriate. Instead of making a referral for specialist domestic abuse support, some professionals:

- made unsuitable referrals,
- assumed that communication difficulties meant the survivor could not be referred,
- decided to provide support themselves, despite lacking specialist domestic abuse knowledge.

One young woman described being placed in an old people's home to address her immediate safety, but no attempt was made to contact a domestic abuse service. A common problem was with professionals not referring people with learning disabilities to specialist domestic abuse support in the belief that other workers will be unable to communicate with the victim. This denies the survivor the specialist knowledge an IDVA or ISVA can bring. Given the right support and information many survivors with learning disabilities can be helped. For example, this survivor describes how a worker helped her to recognise that her relationship was abusive:

"[social worker] she was brilliant, when he wasn't around me, I was allowed to speak freely, a bit louder. And she got me to do a few exercises. She helped me see what I didn't see before. So, she would say 'Right ..., what do you think's a healthy [relationship]...?', kind of thing" (Survivor with learning disabilities)

Less likely to be believed when they report abuse

Survivors also described situations where the perpetrator could exploit their partner's disabilities to manipulate professionals. Examples included a perpetrator persuading medical professionals to add inaccurate information to their partner's medical record.

Other survivors described being continually provoked by the perpetrator until they reacted and then the perpetrator could present themselves as the victim.

"If they're articulate or they turn the tables and make out you to be the baddy. Like they're the victim: 'Oh look what she's done!'. I mean I used to throw things, but then nobody's looking at the triggers for that and what you've gone through, if you've lost it" (Survivor)

Societal prejudice about the mental capacity and reliability of survivors with learning disabilities results in them being less likely to be believed when they disclose abuse:

"when I was attacked ..mum phoned up social services and said, 'Oh this is what's happened'. They said to my mum 'Is she telling the truth?' Mum said 'Yes! Why would she make that up?'" (Survivor)

Survivors with learning disabilities have less access to the justice system.

Often, cases are not brought to court because the survivor is either considered to be an unreliable witness or unable to 'cope' with the court process. This means that the perpetrators of the abuse against survivors with learning disabilities rarely face consequences for their actions and continue their behaviour. One survivor described how the police did not consider using her evidence to prosecute a serial rapist, who she had to continue to face after he attacked her:

"the person who raped me, raped someone else as well, but they didn't bother looking into my case and thinking, 'Oh he's done it to her as [well]'...and I live in a small town where you see the abuser" (Survivor with learning disabilities)

Inadequate support after abuse inhibits recovery

The denial of justice to victims is just one factor that inhibits survivors' recovery from abuse. Other factors included:

- not knowing they needed specialist help or how to access it,
- not being referred for counselling or survivor workshops because of assumptions about their understanding,
- less likely to have specialist domestic abuse support to navigate the process,
- lack of counselling services with an understanding of how to work with autistic or neurodiverse domestic abuse survivors,
- being less able to understand and rationalise the time spent waiting for support.

Not getting the support they needed after the abuse left survivors feeling lonely and further isolated and struggling with their mental health:

"I've had to manage on my own most of the time. There's all this support out there for people, but it doesn't seem to apply to me, because I don't fit the boxes. I don't come under mental health, I don't come under learning disability, I'm autistic, there are no autistic specific services, so I fall through the gaps. Recognised needs are not met, you end up in mental health services because your needs aren't being recognised and met." (Survivor with autism)

Services unable to meet communication needs of people with learning difficulties

Service providers were asked about their ability to meet the communication and support needs of people with learning disabilities, autism or both. This could include how services are advertised, methods of contact that do not rely on literacy or numeracy, staff training and links with local specialist services. Nearly two fifths of organisations responding to this question said that they did not have access to communications support for people with learning disabilities or autism. Other organisations had support for this within their organisation (33%), through another organisation (33%) or through other means (15%).

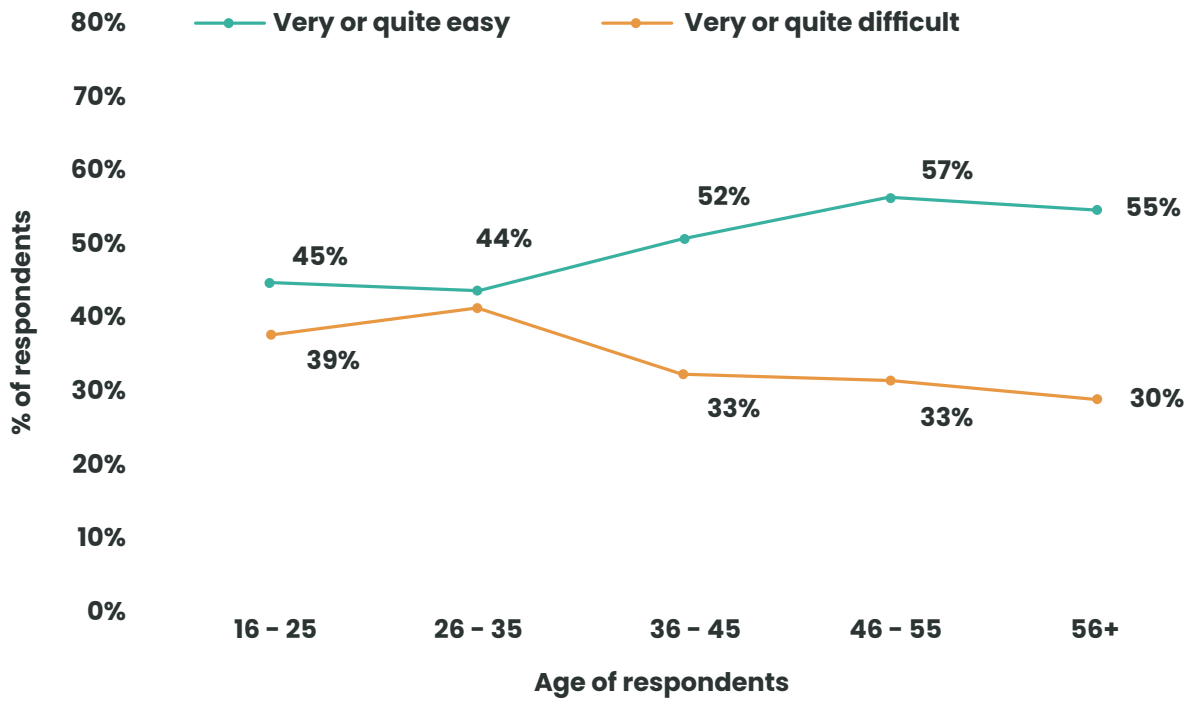
4.7.3. Age related factors can make older survivors more vulnerable to abuse

Services for older people

Specialist support for elderly or older survivors was provided by 25% of accommodation-based service providers.

Even when older survivors were aware of domestic abuse support, they were more likely to report finding it difficult to get help. The line graph within Figure 18 illustrates that those who reported that it was 'very or quite easy' were skewed towards younger age groups, particularly the 26 to 35 years age group. The line illustrating the percentage of respondents who found it difficult is skewed towards older age groups.

Figure 18: Ease or difficulty in getting help once you heard about what was there, according to age N= 2367



Factors that made it harder for older survivors to leave

Older survivors described age related factors that increased their vulnerability and made it harder for them to leave the perpetrator of their abuse. Older survivors tended to be more socially isolated because:

- support networks reduce as parents and other **family members die**,
- **physical and/or mental health problems increase**. Regardless of whose health was deteriorating, the risks for the victim increased, as the perpetrator could have increased control over them or take out their frustration with their illness on them.
- **retirement** reduced victim's opportunities to have independent income and social contacts; while the retirement of the perpetrator could intensify the abuse as they would be at home throughout the day.

It was harder for older survivors to leave an abusive partner because they may be:

- unaware that the coercive behaviour was illegal and abusive,
- holding cultural beliefs that you should not leave your marriage,
- reluctance to leave the home where they may have lived for decades.

Those who moved to a refuge can find it unsettling to be surrounded by much younger people:

"they were all pretty young girls with young kids and, and I'd walked out of my home where my parents lived round the corner and everything belonged to me there" (Older survivor)

When older survivors did seek help, they experienced further barriers to help if they had:

- less access to information that was only available online,
- experienced difficulties using the telephone due to age related hearing loss,
- further isolation caused by other intersectional factors, such as race, gender, sexual orientation, poverty, and health.

4.7.4. Deaf survivors are forced to work harder to get support

Only 13% of accommodation-based service providers provided specialist support for Deaf survivors.

Survivors recruited for the interviews through the Deaf health charity Sign Health had

referred themselves for support. Concerns about privacy had made some wary of using a service delivered by members of the relatively small Deaf community. It is therefore important that Deaf-led organisations highlight their professionalism and the importance of maintaining confidentiality in their work so that other Deaf survivors feel more confident to come forward for help.

Hearing services often fail Deaf survivors

Survivors' concerns about Deaf-led services were outweighed by a reluctance to use hearing services that had previously failed to communicate with them effectively. Reasons for this were:

- British Sign Language interpretation not made available,
- providing a different BSL interpreter at each appointment,
- communicating information by email, which many BSL users will have difficulty understanding.

Use of unqualified, unregistered and insufficiently trained BSL interpreters was also a problem as they may have:

- insufficient knowledge about domestic abuse,
- limited understanding of Deaf context and culture,
- only basic BSL skills.

One survivor described being unable to communicate the danger she was in because the interpreter's BSL skills were too basic:

"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)

The impact of poor support from hearing services included:

- delays before they could disclose abuse,
- conversations during assessment being uncomfortable and stilted,
- workers not recognising that the survivor was experiencing abuse and trauma,
- inadequate professional responses to dangerous circumstances,
- limited access to information about domestic abuse,
- missing out on accommodation because of the time needed to set up a conversation,
- Deaf survivors feeling inferior and not treated equally to hearing survivors.

Lack of Deaf awareness within police investigations

Increasing BSL interpretation provision within police services would help evidence gathering in abuse case involving Deaf survivors, who described:

- police arriving unexpectedly at their home without an interpreter despite being told the survivor is Deaf,
- being unable to report abuse promptly because no interpreter was available,
- paying travel costs more than once to make a statement because the BSL interpreter had cancelled at short notice,
- loss of physical evidence against the perpetrator of sexual abuse because there was no interpreter to explain the hospital tests required. This ultimately led to the case against the perpetrator being closed.

Despite equality legislation[22], Deaf survivors are forced to 'work harder' to arrange support, for example interviewees described:

- arranging for BSL translations of written English documents,
- coordinating appointments to fit around the availability of a translator,
- not being able to call services directly,
- sensing workers' panic when they realise that they are Deaf.

Worryingly, services that were not Deaf aware were more likely to leave Deaf survivors living in dangerous situations and/or struggling with anxiety and mental health problems for months and years. One woman was harassed by her ex-partner for a year because a housing officer failed to arrange

22 Equality Act 2010

for a non-molestation order, would not help her move, and closed her case because the perpetrator no longer lived there:

"I was locked in, in a way. They were saying, 'oh the, the risk is reduced' but it seemed like the Housing Officers didn't really understand about domestic abuse. I felt like someone could intrude at any time. I felt like the professionals were quite ignorant." (Deaf survivor)

Survivors found it frustrating when organisations do not provide BSL translation or take advantage of technology to make their service more responsive to BSL users. This meant that Deaf survivors had less access to:

- information about safety planning or recognising abuse,
- opportunities to describe the details of their situations to workers,
- specialist domestic abuse support unless they lived in specific areas.

4.7.5. Male hesitancy to seek help when information and support is aimed at women

Service provision for men is discussed earlier in Section 4.1.4. A third of organisations provide services that are not gender or sex specific, 2% are men only. A further 26% of services said that they provide single sex services for both men and women, but it is unclear what proportion of their services were available to each gender.

Male survivors described several barriers to disclosing domestic abuse, including:

- not recognising that what he is experiencing is domestic abuse,
- preferring to deal with the situation on his own and not confide in anyone else,
- feelings of shame that they were in an abusive relationship,
- fear that he would be less likely to be believed if the perpetrator was a woman.

One survivor described how he had found it difficult it to accept what was happening:

"I felt so disgusted with myself, but as time has gone, I don't care. I've been through it and I'm proud. I'm going to put my hands up and say, yes, I'm a man and I have been abused by a woman. If a man can do it, a woman can also do it to a man as well" (Male Survivor)

Another reason why some male survivors were reluctant to report abuse was their **role as a father** and the need to retain contact and protect their children. Some fathers felt that their children were at risk of abuse from their ex-partner:

"I've got one [child] who's been told something and they're fearful to leave Mummy in case Mummy commits suicide because that's what Mummy said to them, and I've got another who believes that Mummy doesn't like [them] and prefers [their] younger sibling and is self-harming". (Male Survivor)

Male survivors reported very mixed experiences when they tried to access domestic abuse services. Several had initially looked for support online but found that most information provided appeared to be aimed at women:

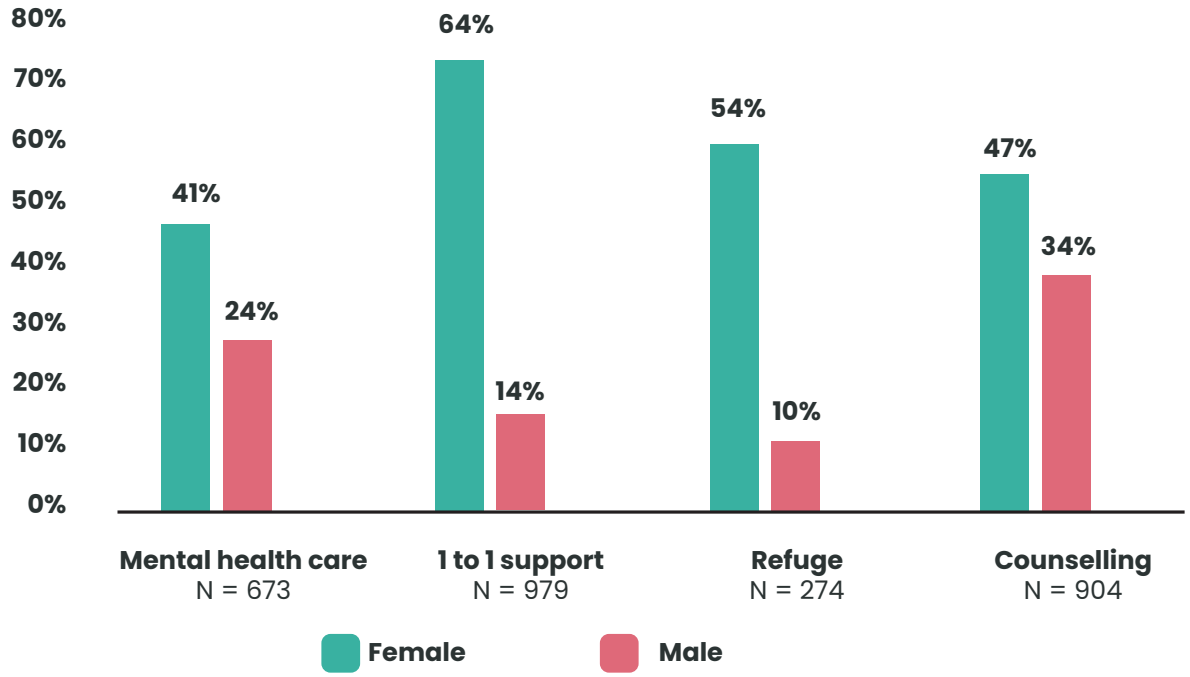
"When I was looking, everything was specifically to support women, I felt kind of, 'Oh, so where do I go now, what do I do?'" (Male, LGBT+ survivor)

When male survivors did try to contact domestic abuse services, they found that some services could not accept or seemed to discourage male referrals, either by:

- not calling back,
- making him feel unwelcome or 'othered',
- closing their case if they were not in immediate physical danger.

These comments from the interviews are supported by the survey data. Percentage responses from men and women on what services they wanted were broadly similar, however men were less likely than women to report that they had received the services, as illustrated in Figure 19.

Figure 19: Comparison of the percentage of male and female respondents who reported that they obtained access to the services they had wanted.



Men were almost twice as likely than women to say that they found it difficult to get help once they heard about what was there (Appendix Table XVII).

The focus on immediate physical risk over other forms of domestic abuse, was felt to disadvantage male survivors as:

- other forms of controlling behaviour and abuse were minimised,
- female perpetrators' ability to instigate others to be physically violent is overlooked.

One survivor described his conversation with the police after he was pressured to drop charges related to a violent attack by his ex-partner's family:

"I said, 'Look her sons have attacked me'. The police have evidence of that, [but] they were saying, 'Well basically you dropped all them charges'. I said, 'When you're in that environment, you will understand. When you're not in that environment, you won't understand'" (Male LGBT+ Survivor)

4.7.6. Barriers to supporting LGBT+ Survivors

Some of the barriers to support described by male survivors, such as not recognising abuse, feelings of shame, fear of not being believed and services seemingly not designed for them also applied to LGBT+ survivors.

While there were examples of services being helpful, other services felt unwelcoming. One man described the how the police were encouraging, sympathetic and arranged for an IDVA after he was sexually assaulted by his ex-partner. However, the same person described a domestic abuse service as having 'traditional views' on what a domestic abuse survivor should look like which made him feel uncomfortable.

Only 23% of service providers of accommodation-based support said that they provide specialist support tot LGB survivors, and 21% for Trans survivors.

LGBT+ survivors more likely to experience difficulties accessing services

LGBT+ survivors were more likely than heterosexual/straight survivors to say that they experienced difficulties getting help when they became aware of support services available (Appendix Table XXVI). While just under half of heterosexual respondents said they experienced difficulties, the percentage for lesbian (60%), bisexual (63%) and gay (67%) respondents was much higher.

The sample of gay men responding to questions about whether they accessed the services they wanted was too small to make wider inferences. However, it was noticeable that the small number of gay men who did respond to those questions consistently reported less access to refuge, counselling, mental health and one to one support than heterosexual/straight, lesbian and bisexual respondents.

When LGBT+ survivors were asked whether they felt safer, those who attended by and for services appeared to have better outcomes, however this cannot be robustly reported due to sample size.

LGBT+ Survivors from culturally conservative backgrounds

Survivors whose sexual identity intersected with a conservative religious faith faced additional risks and barriers to support. Knowledge of the survivor's sexual orientation gave perpetrators significant control over them. Some LGBT+ survivors we interviewed described living double lives as the threat of disclosure of their sexual orientation had the potential to isolate them from their whole community:

"What can I do? They won't learn, they won't understand this, or they don't want to change their mind. I can't just disconnect myself from everyone. So, I have to hide some of this stuff. I have to keep it personal" (LGBT+ Survivor)

The need to hide their sexual orientation also meant that survivors could not report the abuse as this was likely to make their situation public.

Interviews with LGBT+ survivors from culturally conservative backgrounds described extreme homophobic reactions to their sexual orientation from ex-wives and their families. After separation perpetrators continued to pursue the men and found multiple ways to 'punish' them. Culturally conservative backgrounds, e.g., based on religion or criminal gang culture, made it easier for perpetrators to ostracise victims and create credible threats to life by

- disclosing their sexual orientation to family and their community
- contacting their employers
- saying they cannot work in certain areas
- using family or gang related networks to trace them across the country
- reporting them to authorities within their home country (where being gay is illegal)
- gathering evidence to open a case of capital punishment against them
- using their details to commit fraud or deception
- accumulating debts in their name
- use of extreme violence and threats of violence
- stalking and online abuse
- false allegations of domestic and/or child abuse

Services that addressed both faith and LGBT+ are hard to find

Muslim survivors felt that organisations aimed at the LGBT+ population would not understand their situation or the risks they faced:

"No, they're talking about [different things] even like I remember the whole getting married and all that stuff, we're like we're still coming out here trying to not get killed, never mind getting married" (Female Muslim LGBT+ Survivor)

One survivor described how most resources that he found online did not look updated,

while another described how her concern that an Asian counsellor might be judgemental about her sexual orientation as very few appeared to offer a service to the LGBT+ population. When they did find a specialist service like the Naz and Matt Foundation survivors described the relief they felt when they did not have to explain or 'teach' their culture to the person who was meant to be helping them:

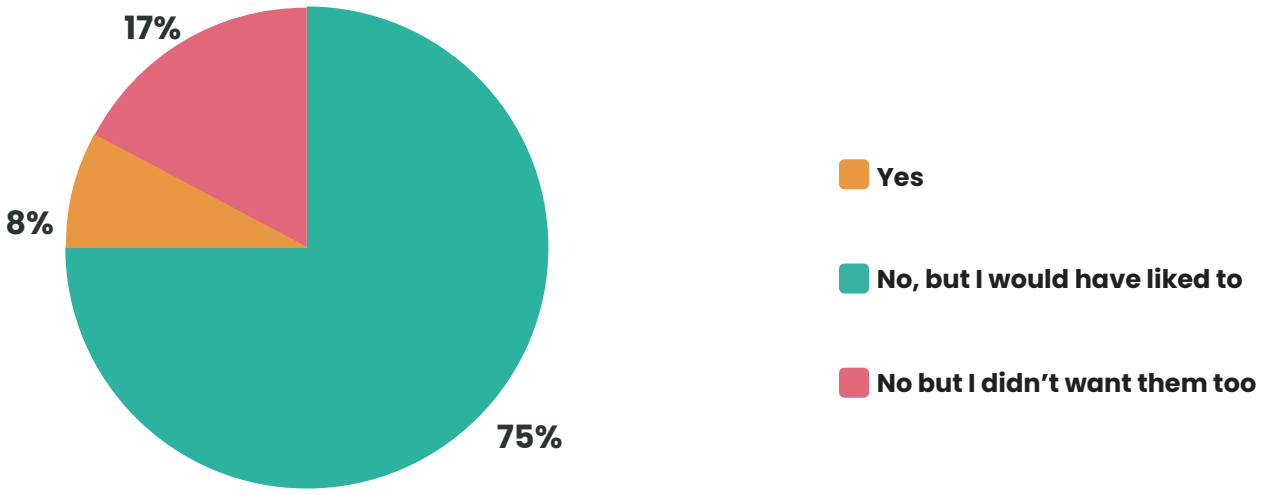
"He understood. There wasn't just like 'Oh don't worry, just live your life now', talk or 'just be yourself'. There was none of that. ..I think especially in our culture, it's just not the way we're wired or brought up. We can't just shed that part of us, and it just felt I was getting the support that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

4.8. Children and young people

4.8.1. Insufficient support or not listening to children

One of the most striking findings from the survey was the proportion of parents who wanted help from domestic abuse support services for their children but were unable to obtain it, as illustrated in Figure 20.

Figure 20: Parent survivors' responses to 'Did your children get any support from Domestic Abuse services?' N=599



This was the case across England and Wales with the percentage of parents saying they were unable to get help ranging between 70%-100% across regions (Appendix Table XXI).

Themes emerging from interviews with practitioners working with child victims of domestic abuse highlighted the different ways that they felt they were not able to support them effectively. Children are not getting the help they need to recover; attempts to include the voices of children in decision making are lacking, and the court system is enabling the continuation of domestic abuse through children.

Thresholds for intervention are too high

One of the reasons why children were not getting the support they need was that the thresholds for social services intervention in domestic abuse cases or referrals for mental health support are too high:

"we've had mums come to us and report that the police haven't taken them seriously until they disclosed rape. We've had non offending parents going to GPs just looking for mental health support and get turned away if they're not with the perpetrator currently." (Social work practitioner)

High thresholds for accessing services meant that:

- Safeguarding focused on physical risk rather than other forms of abuse
- Cases were closed too early, e.g., immediately after moving to a refuge
- Only children showing behavioural problems are referred for services
- Little intervention for young people
    - experiencing domestic abuse within their own intimate partner relationships
    - involved in child to parent violence.

Legal system not protecting children

Practitioners had also observed several cases where the **family court** became an arena for domestic abuse to continue, resulting in contact arrangements with the perpetrator that were not in the child's best interests:

"we're seeing an awful lot of children being forced into contact, through the court system. Half of the children and teenagers on our books are still having to see that person through contact" (Social work practitioner)

There were also concerns the criminal court system was not passing information to the family courts that should inform decisions about perpetrators' access to their children.

Attempts to include the voice of the child not fit for purpose

Practitioners were also sceptical of attempts by CAFCASS workers to capture the voice of child in decision making. There appeared to be little consideration that children will feel very protective of their parents and that time is needed to build a relationship where children can feel they talk openly about their true feelings:

"So [CAFCASS] would meet with the child and maybe after two sessions and a couple of worksheets, they think they've got the real voice of the child. Because of how complex domestic abuse is and that child loves both parents, they don't want to get anyone in trouble. They think they've grasped the honest voice, true voice of the child, they haven't. A lot of the children say to me they're afraid of them. They don't know them, and they don't want to talk to them, because there's no relationship of trust there, and then they feed back to the courts and they're supposed to capture the voice of the child and it's not fit for purpose whatsoever, and this is where children are getting let down" (Social work practitioner)

Another way that children's perspectives are overlooked is when professional decision making is overly influenced by the perpetrator, to the extent where children's wishes can be ignored, as in this example during a conference meeting:

"This little boy was [attacked] a couple of times by his dad, and he was so afraid. His dad was a [professional], a really high up [professional], and completely charmed all services involved and the school. This little boy said, [in] his Danger Statement was that he was afraid his dad was kill him, would kill him the next time he had him and he never wanted to see his dad again. And it went to child protection, and I said, can you please read this out in the Child Protection Conference and the social worker decided not to. Even though that was a Child Protection Conference. And I then challenged the social worker and said, it sounds like you're hoodwinked" (Social work practitioner)

Children's interests suffer when perpetrators can appear more responsible and plausible to the professionals involved than the parent who is being abused as this practitioner explained:

"I've known perpetrators actually groom school staff, you know, and say, 'Oh, I'm a perfect parent, and the mum's no good, you know? She's a drinker, she's this, she's that'. So, the perpetrator's taking the children to school acting almost as if he's the brilliant parent, and actually,

he's locked mum up, inside the house, and she hasn't been out for years, and the abuse that's going on is horrific. I've known perpetrators groom professionals. Which can be something to have your radar on because obviously, as we know, perpetrators can come across as the nicest people that walk the planet "(Social work practitioner)

Professionals working with children living in abusive situations need to challenge cultures that questions the parenting of survivors without looking at the patterns of behaviour the perpetrator who has caused those difficulties.

4.8.2. Outcomes for children

Perhaps reflecting the lack of services for children, most parents responding to the survey (59%) disagreed that their child(ren) was safer than when they first thought about getting help (Appendix Table XXXI). Parents whose children did receive help were more likely to agree (57%), that their children were safer although 29% of this group disagreed (Appendix Table XXIX). Over half of this group felt that their child(ren) got the right help at the right time, but 37% disagreed, including 20% who strongly disagreed.

4.9. Funding of domestic abuse services

This section will discuss the funding of by and for services, particularly those for black and minoritised women as we interviewed a group of service providers for this population. We then go on to consider the funding of domestic abuse services more generally.

4.9. Funding of services for black and minoritised populations

Interviews with providers of by and for services for black and minoritised women described how their services are undermined by:

- Reliance on small amounts of short-term funding
- Biases and priorities of individual local commissioners
- Unequal partnerships or unhelpful attempts at collaborative working

4.9.2. 'By and for' services are reliant on small amounts of short-term funding

Often set up to address unmet local need, these services are often disadvantaged in their funding arrangements. Few receive large long-term contracts from main commissioners. Instead, the funding of BME 'By and for' services tend to be reliant upon relatively small amounts, for short periods of time from a range of commissioning organisations:

"I appreciate the work that's going on at the moment, the push for the recognition of the specialist work that we do, and the fact that the need is greater for the black and the minoritised groups has helped shift people's understanding of our needs and, how important it is for us to get the support. I think the next shift and the next push is really long-term funding 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" (By and For Service provider)

Sources of funding for the services providers that participated in the focus group included:

- housing benefits
- trusts and funding bodies, e.g., National Lottery, Children in Need, Comic Relief, Rosa
- small amounts from local authorities, police and crime commissioners and central government departments
- heavy reliance on unpaid voluntary work

Data reported by providers and commissioners of domestic abuse services suggests that by and for organisations are less likely to receive funding from core local council budgets that other domestic abuse organisations.

Figure 21: Main sources of funding for accommodation-based services according to type of organisation

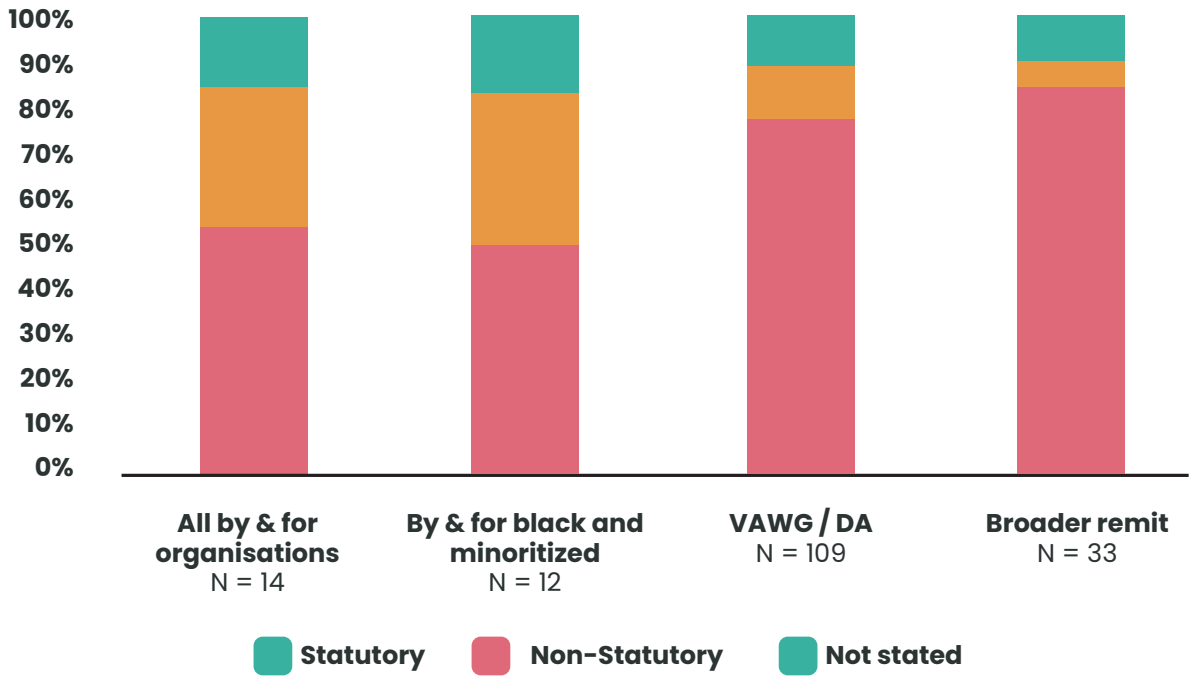
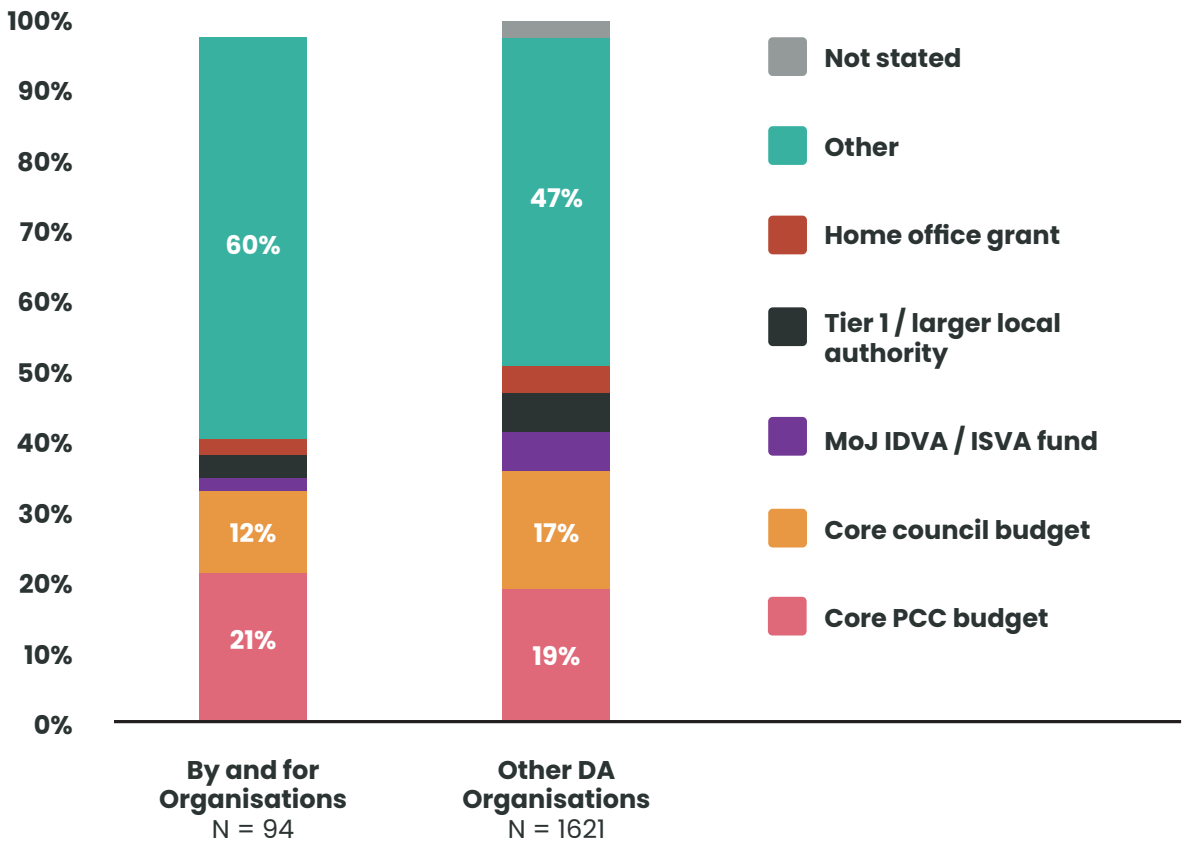


Figure 21 compares the main sources of funding reported by different types of accommodation-based provider organisations. While statutory funding was the main source of funding for the majority of VAWG/DA (77%) and organisations with a broader remit (85%) only half of by and for organisation said that statutory funding was their main sources of funding. Over a fifth (23%) of 'by and for' domestic abuse support organisations did not receive any statutory funding, a far high proportion than VAWG/DA organisations (4%), or organisations with a broader remit (8%).

By and for organisations generally are more reliant on other sources of commissioning. Figure 22 shows that of all the funding instances reported by commissioner of services 60 of funding for by and for services came from sources other than statutory funding (from central or local government or the PCC). By and for organisations were more likely to receive funding from a single commissioner than jointly funded commissions (Appendix Table LVII)

Figure 22: Funding instances reported by commissioners of domestic abuse services for year ending March 2021, according to organisation type.



Funding of by and for organisations was more likely to be less than £25k

Comparisons were made between the types of organisations receiving funding. Over three quarters (77%) of the funding received by providers was under £100k. Nearly all funding over £100k was given to organisation that were not By and for organisations. Only 4% of the instances of funding reported over £100k was given to By and for organisations. When the funding of services for amounts less than £100k was compared according to type of organisation, By and for services were more likely to be commissioned for less than £25k (57% of compared to 46% of other domestic abuse organisations (Appendix Table LXI).

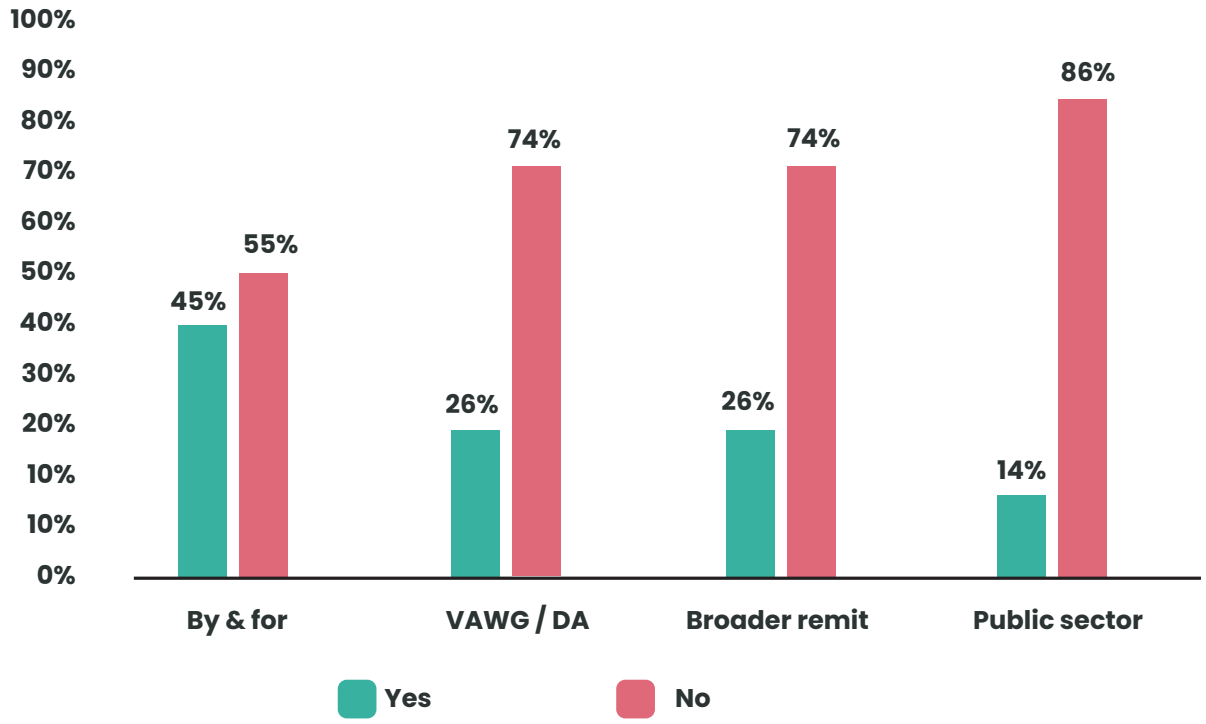
Problems arising from short term funding

Funding for BME 'By and for' services tend to be short term, often just for one year. Smaller organisations do not have the capacity to retain staff while waiting for confirmation of future funding. Therefore, short term funding for by and for services has a detrimental impact on:

- Staff turnover and retention of expertise
- Long term planning
- Proportion of staff time spent on
  - recruitment and training
  - applying for funding
  - satisfying the information needs of multiple funders

Organisations responding to the service provider survey were asked if they had to cease any services during the past financial year due to limited funding. Compared to other provider organisations, by and for providers were much more likely to have ceased services because of funding. Figure 23 compares the response to this question from by and for organisations with VAWG/DA services and organisations with a broader remit.

Figure 23: Percentage of organisations that had to cease services due to limited funding during 2020/21, by type of organisation.



Reliance on unpaid work

Problems with funding meant that many by and for organisations are very reliant upon volunteers. While the providers of refuges said it was difficult for them to rely on volunteers, some community-based by and for providers said volunteers were an essential part of their service model:

"a lot of volunteering, a lot of giving free time, energy commitment and passion. Not everyone else is able to do that. So that's been a majority of our funding. A lot of undocumented and unaccounted for voluntary time to make things work and patch it up. You just can't close your door, we know that women will continue to come, and they will need that support. So that's how we have sustained the organisation, our main funding source, having the ability to recruit and maintain and keep well-wishers giving their time for free." (By and For Service Provider)

4.9.4. Commissioning decisions driven by the bias and preferences of individuals

Service providers felt that in some areas funding decisions are not fully transparent:

"Things happen behind the scenes which shouldn't, I found out that when [another organisation] lost their funding they kicked up a fuss and they were awarded some money by [local authority] as a sort of a payment, I feel the payment is to keep people quiet personally" (By and For Service provider)

Participants gave examples of commissioning decisions that excluded specialist black and minority ethnic (BME) domestic abuse services that were hard to understand:

- Areas with ethnically diverse populations commissioning no BME service for several years.
- An incorrect assumption that BME services were not needed in a more affluent area.
- Additional temporary funding given to a housing association that had voids rather than an unfunded BME refuge that was oversubscribed.

Service providers had noticed that the recent Domestic Abuse Act and guidance had encouraged more interest from commissioners in their services. Additional funding has helped organisations to address longstanding needs within their

communities that they were previously unable to meet, for example provision of an Office of the Immigration Services Commissioner registered practitioner or providing a service to children. However, some commissioners are not interpreting the guidance requirement to provide specialist support to victims as necessarily via 'By and for' services and would instead fund other organisations, that might have recruited a Black or Asian worker but do not have the history or expertise with the community that is needed:

"They suddenly employ one black woman who was going to do all this stuff, but didn't have the language, didn't even understand issues around black community, let alone migrant issues, didn't have a clue, but they allowed this to happen"

"We have got organisations here that have got decades and decades of experience, expertise, knowledge, they know the community, they've got the skillset, they've got the proof that they've done this. But you've got local authorities going to another provider that hasn't got that skillset. Funding them, disregarding all the work, all the expertise and the knowledge"

Other ways that the commissioning process was unhelpful or unfair to 'by and for' services were:

- Encouraging small By and for organisations to bid against each other, potentially undermining the overall capacity for their populations in the area
- Funding only a minimum service rather than the full holistic service their populations need: ""They didn't want to pay fully of what we needed, they paid the bare minimum"
- Only part-funding a post so further funding must be sought elsewhere.
- Requiring funding applications to be completed at short notice
- Limited timeframes in which to spend additional funding

4.9.5. Unhelpful collaboration and unequal partnerships with other services

Most contact with other services working with domestic abuse was through accepting referrals of women from their community. The circumstances of these women tended to be more complex, involving multiple problems, e.g., housing, immigration, trauma, debt, children at risk. Abuse had often gone on for longer because the referring services were unable to help:

"We tend to have those referrals come in when it's more complex. We are thankful for those referrals because we find that when we look deeper, those women, tend to be left" (By and For Service Provider)

Like their funding, the referrals to by and for services usually came from multiple sources, including statutory service providers (local authority social workers, GPs, midwives, the police, schools), other voluntary organisations and charities and informal networks within the BME community (family members, friends, acquaintances from church or other religious groups).

By and for service providers described having to ensure that any partnership arrangements with other organisations benefitted women within their community. Examples of where collaboration had not worked out well included:

- Commissioned services including referrals made to the B&F service within their service statistics, but not passing on any of the funding they receive for those cases.
- Other organisations setting up activities aimed at the same community at times that would compete with an existing group provided by the by and for organisation
- B&F services providing expertise to help the local authorities or other services to apply for funding aimed at their community and then not receiving any of the funding.

The unequal relationship with local authorities led to unhelpful practices including:

- Delaying payments to the service
- Requests to prioritise local authority referrals over those in greatest need
- Tokenistic invitations to attend meetings or committees.
- Failing to audit how central government funding for black and minoritised populations is allocated.
- Expecting services to conform to the commissioning strategy rather than community needs.

This last point, undermines one of the main advantages of commissioning by and for services, their enhanced understanding of their community's needs:

"Please listen to us and look at what we're telling you what we need. It might not be what you want to fund. It might not be part of your strategy and you might not realise or understand its value, but when you are dealing with people with intersectional problems, you don't see their problems and they don't always want you to know exactly what they are, but we understand them" (By and For Service Provider)

This enhanced understanding having been gained through the worker's own lived experience:

"Our women have layers and layers that they have to deal with. People have to understand that. 'Why didn't she apply for her benefits?' "What benefits? She is a migrant who hasn't got secure immigration." 'What's that?' People don't even know what that is. Also, our staff, we as black and minoritised women, we bring to the table a lot of our own layers, and we understand, we are women that are coming from it also because of the lack of resourcing and everything else, discrimination, racism. Really we have a lot to deal with ourselves and that needs to be acknowledged - our wellbeing" (By and for service provider)

4.9.6. General commissioning of domestic abuse services

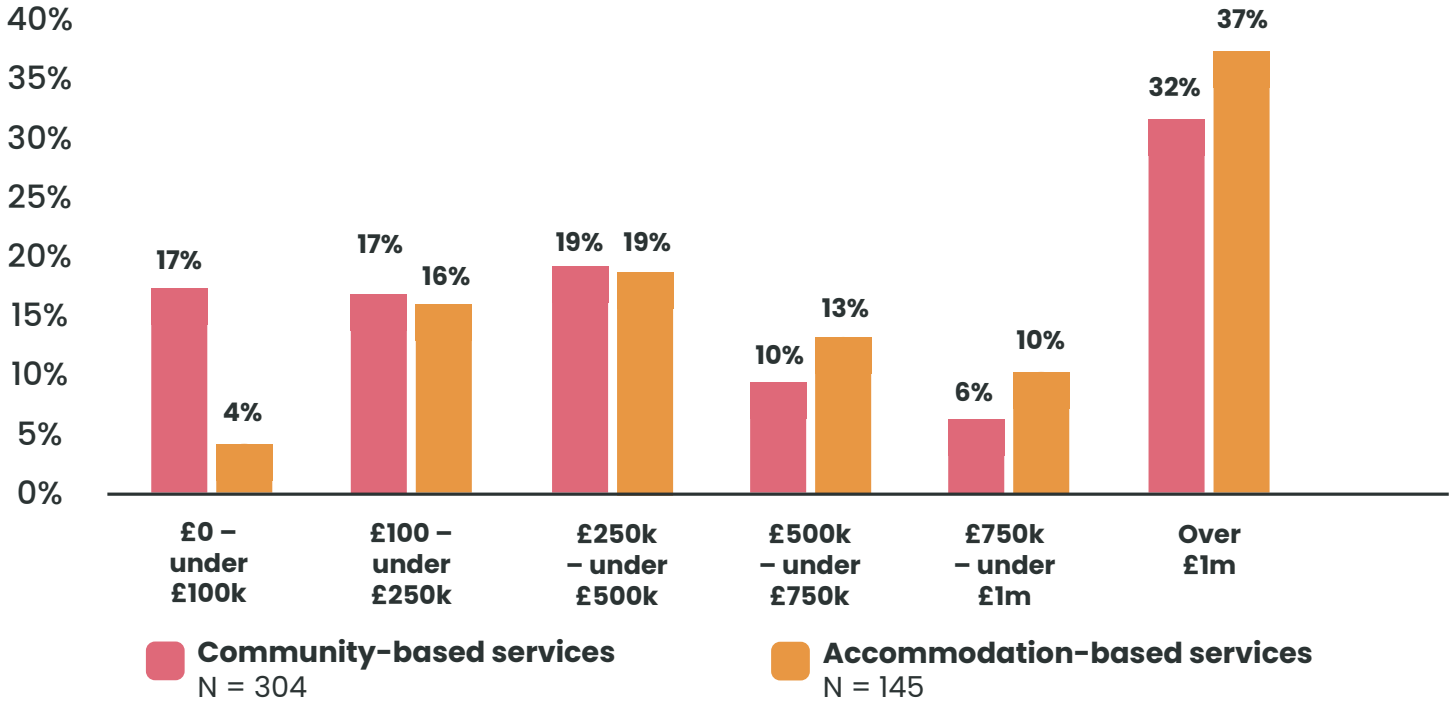
This section we discuss data provided by commissioners regarding their funding for domestic abuse support organisations. We can analyse this as individual funding instances or total funding received by organisation.[23] In the following sections we are looking at funding instances. It is important to consider funding instances as they provide an indicator of funding patterns experienced by organisations.

Income for domestic abuse services vary considerably

Funding of domestic abuse services ranges from services operating on a few thousand pounds per annum to services requiring millions of pounds. While funding for approximately a third of both community and accommodation-based services was over £1m, the distribution of income for the two types of service differed. Only a small minority of organisations (4%) delivering accommodation-based services had incomes of less than £100k compared to 17% of community-based services (Figure 24). Statutory based funding was the main source of funding for both types of service, representing three quarters of all funding, although this amount was much lower for specialist by and for service providers as discussed in the previous section.

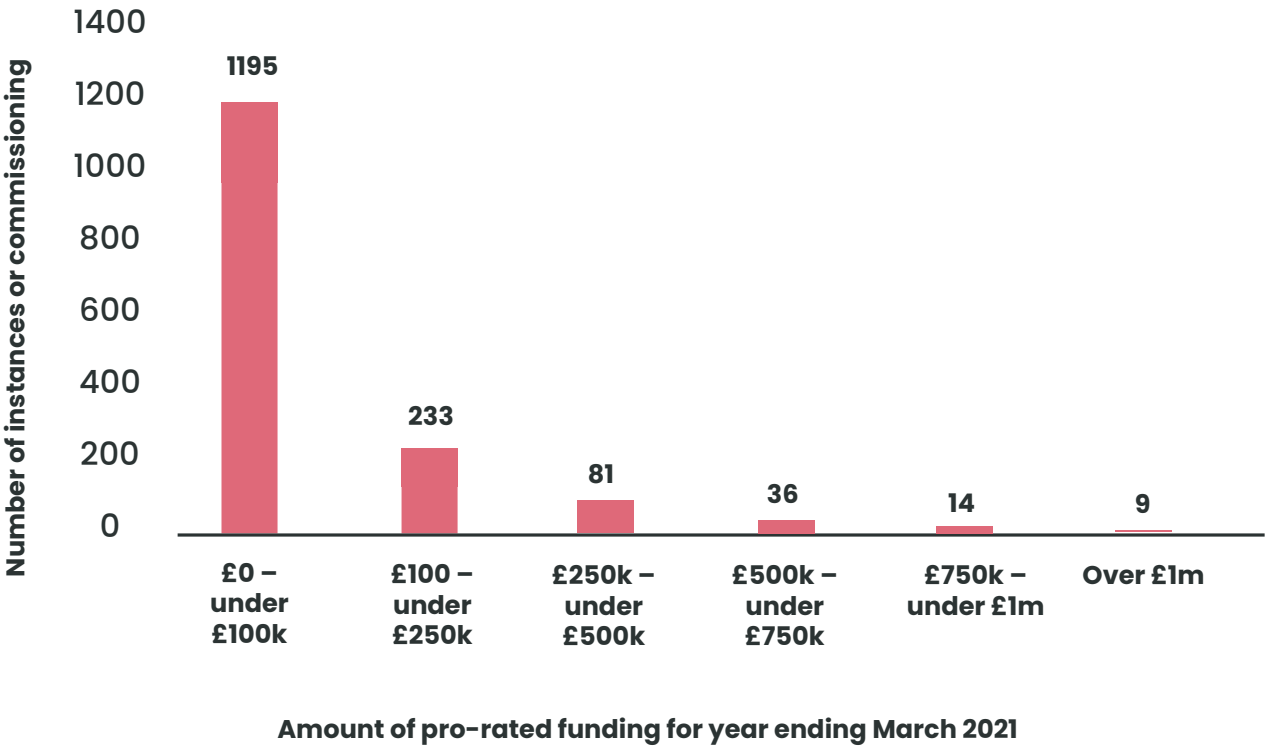
23 For example, an organisation might receive £5,000 and £30,000. This can be counted as two separate funding instances or £35,000 total for the financial year.

Figure 24: Annual income for community-based and accommodation-based domestic abuse services in England and Wales, year ending March 2021.



The data request sent to commissioners of services gives an overview of the statutory funding given to domestic abuse support services. Figure 25 presents the distribution of the number of pro-rated funding amounts reported by commissioners of services within England and Wales.

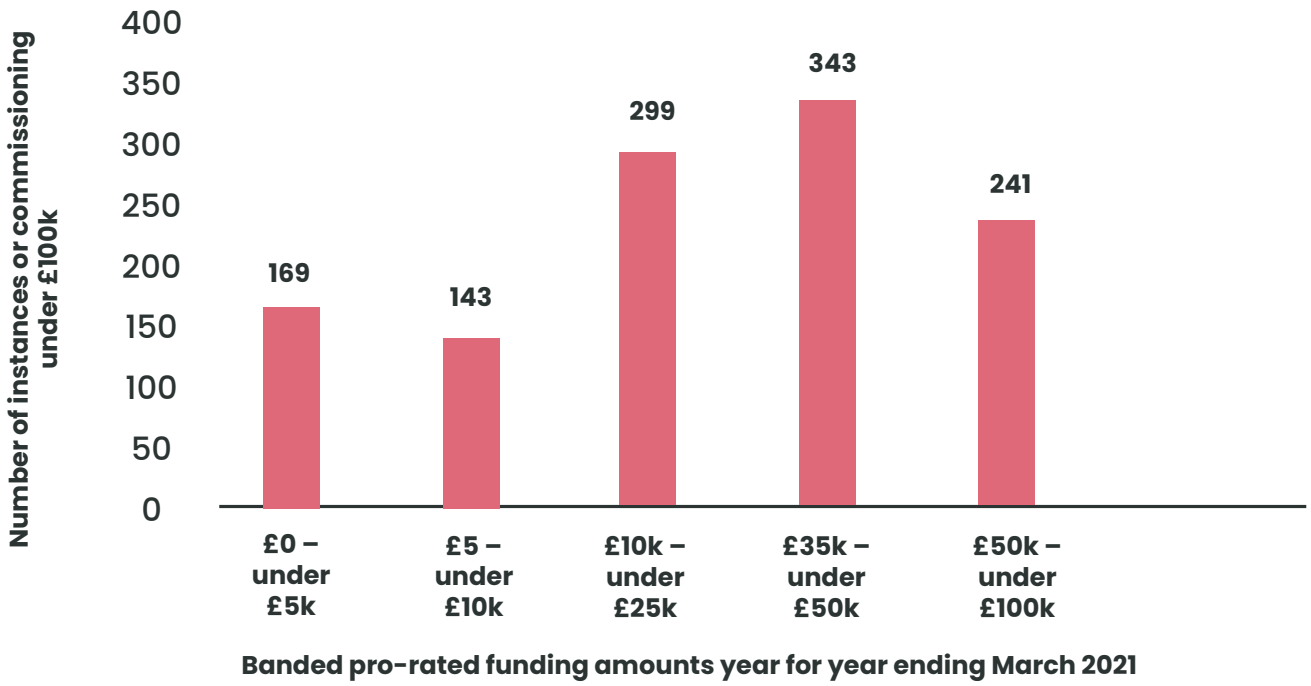
Figure 25: Pro-rated funding amounts reported by commissioners of domestic abuse support services within England and Wales for the year ending March 2021.



Service funding between £25k and £50k were the most frequently commissioned

Most funding amounts reported by commissioners were less than £100k (76%). A further 15% were amounts between £100k and £250k. As most funding was less than £100k, amounts below £100k were examined further to look at how these smaller amounts of were distributed. Figure 26 presents pro-rated funding amounts of less than £100k. Over a quarter of the funding amounts given were less than £10k, with a slightly larger proportion of these being less than £5k. The most frequently commissioned funding amounts for domestic abuse services were between £25k and £50k.

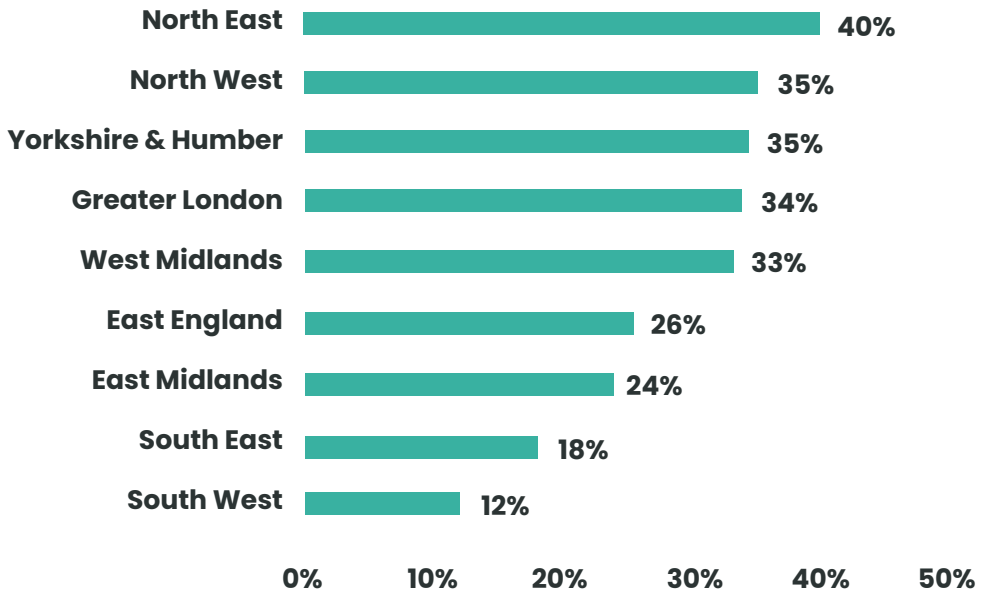
Figure 26: Pro-rated funding amounts less than £100k reported by commissioners of domestic abuse support services within England and Wales for the year ending March 2021.



Funding of services in the North of England appears to be more precarious

Service providers were asked if they had to cease some services in the past year due to limited funding. Figure 27 presents regional differences in the percentage of organisations that had to cease some services due to limited funding. Over a third of organisations in the North-West and Yorkshire and the Humber and 40% of services in the North-East had to cease services, compared to only 18% of organisations in the South-East and 12% of services in the South-West.

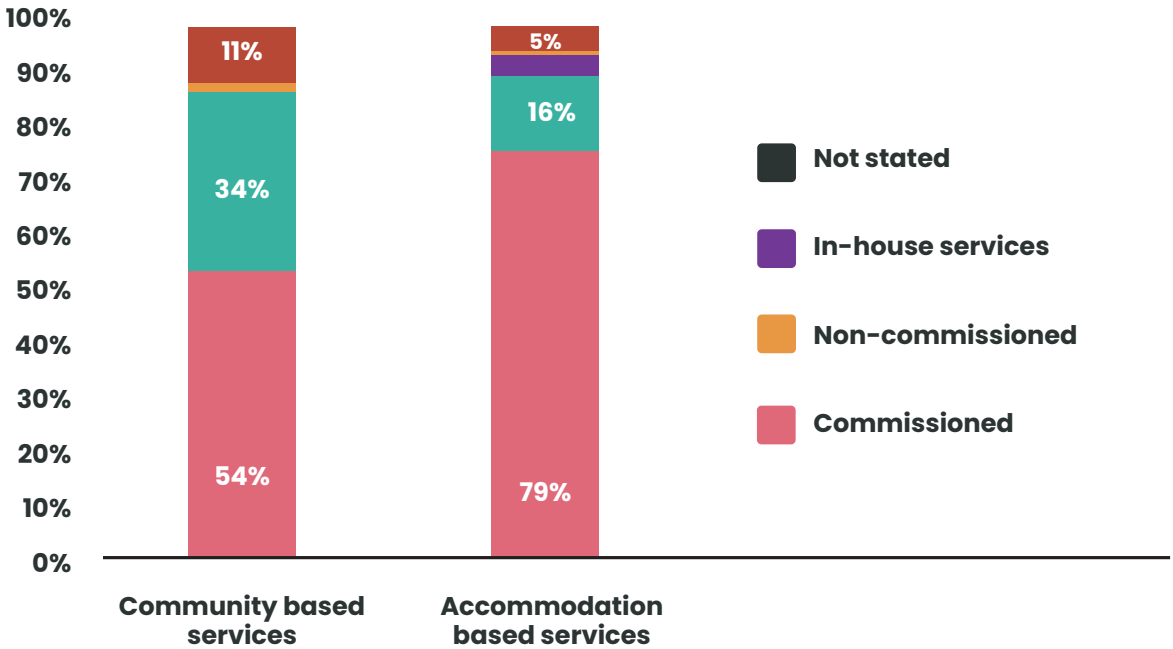
Figure 27: Percentage of organisations that had to cease services due to limited funding by region/country



4.9.7. Type of funding

Data submitted by commissioners of domestic abuse support services shows that accommodation-based services were more likely to receive a commissioned contract or grant (79%) than community-based services (54%). A third of the funding for community-based services came from non-commissioned contracts (Figure 28).

Figure 28: Type of funding for community-based and accommodation-based services, based on individual funding instances.



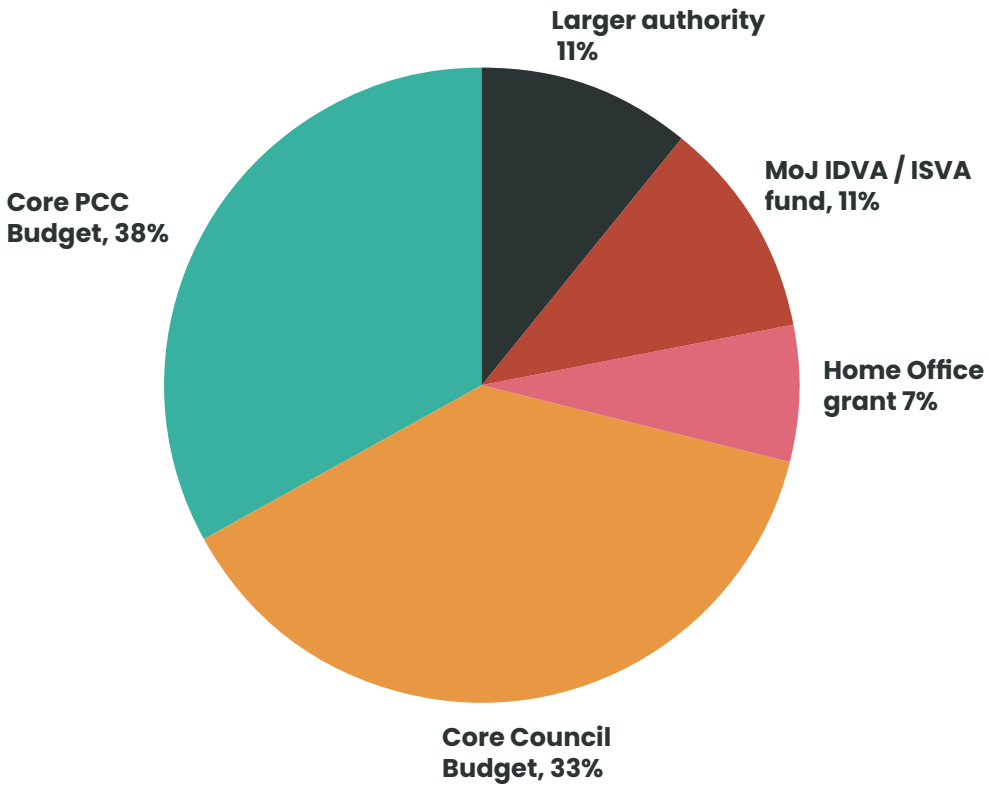
Regional variation in type of funding

There was considerable variation between regions when the proportion of organisations that received statutory funding were compared. For organisations providing accommodation-based services, 91% responding in the North-West received some form of statutory funding as their main source of funding compared to 58% of those based in the East Midlands (Appendix Table XLVII). For organisations providing community-based services, 81% in the East Midlands received statutory funding as their main source of funding compared to 67% of organisations providing community-based services in Yorkshire and the Humber (Appendix Table XLVIII).

Source of funding

Commissioners of services were given a list of options to indicate the source of the funding that they used to commission domestic abuse support services. These are presented in Figure 29. Most funding came from the core budget of the relevant commissioning body (71%). Nearly half of all responses did not fit into the categories provided, so commissioners had space to provide further details of different funding sources.

Figure 29: Sources of funding for funding instances reported by commissioners N=865



5. Survivors' recommendations for future service provision

Interviewees were asked about how domestic abuse services could be improved in the future. Three themes emerged:

1. Intervening at an earlier stage, to prevent or reduce the severity of abuse
2. Increasing specialist knowledge and ensuring tailored provision for additional needs
3. Funding to allow greater flexibility of support over longer periods of time.

5.1. Intervening at an earlier stage

Survivors who had attended programmes that had helped their **understanding of domestic abuse** said that they wished they had known more about abuse before it happened to them. They suggested providing more information about abusive relationships:

- within schools and included in the curriculum
- for the LGBT+ population
- with BSL translations so that the Deaf community has access to the same information as the hearing community. For example, any information given out after TV programmes should also have a BSL version.

Services need to be promoted more widely and frequently so that there is greater **awareness of how to access help** before survivors reach crisis point. This should be done by

- Recognising that there are significant barriers for some populations to access services and thinking about what else can be done to reach them.
- Participating in outreach and community events to raise general awareness of the organisation within the local community.
- Ensuring that promotion materials refer to all types of domestic abuse not just physical abuse.

Survivors also felt that more could be done to improve **the response when survivors first reach out for help**. Critically there should be more domestic abuse training for anyone working in a position where they might be the first point of contact for a domestic abuse survivor so that they can respond appropriately and with compassion.

5.2. Increasing specialist knowledge and ensuring tailored provision for additional needs

Currently there is a systemic problem where survivors who find it difficult to access help are referred to different places to get the support. The process is slow and the survivor is required to repeat their story multiple times before eventually getting the solutions they need. Meanwhile perpetrators can continue the abuse. Specialist by and for organisations providing holistic services can help survivors navigate the system. However, the service that these organisations provide could be improved with changes to the current system. Suggested improvements include:

- Closer working or joint commissioning of domestic and sexual abuse services and services for people with autism or learning disabilities.

- Therapeutic services provided by practitioners with an understanding of autism.
- Easier access to government departments that could advise them on complex areas of immigration or justice, e.g., the Home Office did not respond to attempts to prevent a dangerous relative entering the UK.
- Legal Aid to cover statements for immigration cases.
- Staff training and translation of information and resources to enable by and for organisations to advise survivors on debt and financial problems.
- All services including police, housing and health services to be Deaf aware and use the technology available to provide BSL interpretation and translation to ensure that they obtain the details needed to support Deaf survivors.

5.3. Flexible support over longer periods of time

Service providers and survivors we talked to wanted to see services that could provide holistic support over **longer periods of time** and **outside office hours**. There could be breaks in service, if necessary, providing **regular contact** was made to check that the survivor was OK; but ideally the survivor should have the opportunity to return at any time. This would enable them to seek a different type of support to what they initially needed with **workers that already knew them** and their history.

Therapeutic interventions that involved a **fixed number of sessions were not sufficient** for the survivor to explore what they had been through. Survivors with learning disabilities appreciated being able to attend workshops more than once.

Looking to the future, survivors said they would like advice on **training, education and employment** to help survivors and opportunities to **meet and talk** with other survivors.

6. Glossary of Terms

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

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

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

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

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

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

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

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

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

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

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

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

support, or behaviour-change interventions for perpetrators of domestic abuse.

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

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7.2 Advisory Group

The following organisations were invited to form an advisory group for the mapping project:

- Agenda
- The Angelou Centre
- Ending Violence Against Women
- Galop
- Imkaan
- IRISi
- Rape Crisis England and Wales
- Refuge
- Respect
- SafeLives
- Sign Health
- Standing Together Against Domestic Abuse
- Stay Safe East
- Southall Black Sisters
- Victim Support
- Welsh Women's Aid
- Women's Aid Federation of England

7.3. Participant information sheets and topic guides

7.3.1: Generic Participant Information Sheet for Interviewees

Domestic Abuse Commissioner's Office Interviews for Mapping Project

December 2021-January 2022
Participant Information Sheet – Generic Template

The Domestic Abuse Commissioner's Office are working with {*ADD NAME OF ORGANISATION*] to interview people who have used domestic abuse services to find out about their experiences of using the services.

The role of the Domestic Abuse Commissioner is to be independent and speak on behalf of victims and survivors. The Commissioner can use statutory powers, which are set out in the Domestic Abuse Bill, to raise public awareness and hold both agencies and government to account in tackling domestic abuse.

This information sheet is for people to who use {*SERVICE NAME*} to help you decide whether you are willing take part in an interview. It will explain why we are holding interviews, and what your participation would involve. If you have any questions or would like further information, please speak to {*ADD NAME OF MAIN CONTACT*}.

Why are you asking me to take part in an interview?

The Domestic Abuse Commissioner's Office is running an online survey about how easy or difficult it is to access and use services. We are also arranging interviews and focus groups to make sure that we include the views of people who are sometimes not included in research about domestic abuse.

We hope that by running focus groups specifically for groups who can sometimes be left out (e.g., migrant women, older people, LGBT+ people) we will find out what issues are most important and relevant to them. You can find out more about the research here: https://domesticabusecommissioner.uk/research/

What would the interview involve?

Interviews will be held during December and January. The interviews will last for {*LENGTH OF TIME TO BE AGREED WITH PARTNER AGENCY*]. The aim of the interview is to find out:

- what type of support you wanted,
- where you went to for support,
- how easy or difficult it was to get support,
- how long you had to wait,
- if the support you received helped you.

We will start by reminding you about why we are holding the interview and what it will involve. If you change your mind about taking part, you can finish the interview and leave at any stage without having to give us a reason.

FACE TO FACE - Refreshments will be provided and [sector partner name] will pay for your travel costs to take part [or replace with other / additional compensation].

ONLINE LEAD PERSON - will talk to you about the focus group and will send you an invitation to the online focus group held on Zoom/Teams. [Add details about compensation for time]

What will you do with the information I provide?

Everything you say during the interview will be confidential. We will only break confidentiality if we feel someone is at risk of serious harm, as would any other service that has a responsibility towards victims and survivors.

With your permission, we will record the interview to help us remember and analyse what you tell us. This can be done by recording the audio from the interview or via the transcription function within Microsoft Teams. Recordings will be typed and stored confidentially. If you do not want your interview to be recorded, we can take handwritten notes. We will take the following steps to protect your data:

- All computers will be password protected
- Transcripts and recordings will only be identifiable by a number and date.
- Any sharing of documents or recordings between {*the ORGANISATION}* and the research team will be done via secure websites.
- We will remove any information from our papers that could identify you. All papers and recordings will be stored for 2 years after publication of the report and then destroyed.
- Any quotes that we use within report or publicity will be changed if they include information that could identify someone.

Findings from the interviews and focus groups will be written up into a report by

DEADLINE. We will share our learning via an external report published on the Domestic Abuse Commissioner's website. We will also discuss our findings widely through the social media, conferences, and articles to highlight the needs of victims and survivors.

I would like to take part. What do I do now?

Tell {*NAME OF LEAD PERSON*}. They will ask you to complete a consent form indicating that you consent to participate and have been given information to make an informed decision about whether to take part.

Taking part in an interview is entirely voluntary so if you change your mind, that is fine, you do not have to give us a reason. It helps us if you let us know that you no longer want to attend so that we can arrange to interview another person.

Making a complaint about the interview

If you would like to complain about any aspect of the interview, you can do so to {*any member of staff from ORGANISATION*}, or to the Domestic Abuse Commissioner's research team, please email commissioner@domesticabusecommissioner.independent.gov.uk. To help us to respond to your comment or complaints effectively, please tell us it relates to the 'Service Mapping Interviews'.

7.3.2: Generic Participant Information Sheet for Focus Group Participants

Domestic Abuse Commissioner's Office Focus Groups

December 2021-January 2022
Participant Information Sheet – Generic Template

The Domestic Abuse Commissioner's Office are working with {*ADD NAME OF ORGANISATION*] to run focus groups with people who have used domestic abuse services to find out about their experiences of using domestic abuse services.

A focus group for people who have used {*ADD NAME OF ORGANISATION*} will be held at *VENUE/on Zoom** on **Day *DATE* 2021/2*. The focus group will last for {*LENGTH OF TIME TO BE AGREED WITH PARTNER AGENCY*].

This information sheet is for people to who use *SERVICE NAME* to help you decide whether you are willing take part in the focus group. This information sheet explains why we are holding focus groups, and what your participation would involve. If you have any queries or would like further information, please speak to *ADD NAME OF MAIN CONTACT*.

Why are you asking me to take part in a focus group?

The Domestic Abuse Commissioner's Office is running a survey about how easy or difficult it is to access and use services. We are also arranging focus groups to make sure that we include the views of people who are sometimes not included in research about domestic abuse.

We hope that by running focus groups specifically for groups who can sometimes be left out (e.g. migrant women, older people, LGBT+ people) we will find out what issues are most important and relevant to them. You can find out more about the research here: https://domesticabusecommissioner.uk/research/

What would the focus group involve?

We would like to speak to between 4 and 10 people who use *NAME OF SERVICE*. The aim of the focus group is to find out:

- what type of support you wanted,
- where you went to for support,
- how easy or difficult it was to get support,
- how long you had to wait,
- if the support you received helped you.

We will start the group by reminding you about why we are holding the group and what it will involve. If you change your mind about taking part, you can leave the focus group at any stage without having to give us a reason.

FACE TO FACE - Refreshments will be provided and [sector partner name] will pay for your travel costs to take part [or replace with other / additional compensation].

ONLINE LEAD PERSON - will talk to you about the focus group and will send you an invitation to the online focus group held on Zoom/Teams. [Add details about compensation for time]

What will you do with the information I provide?

Everything you say during the focus group will be confidential to the group. We will only break confidentiality if we feel someone is at risk of serious harm, as would any other service that has a responsibility towards victims and survivors.

With the group's permission, we will record the interview to help us remember and analyse what you tell us. Recordings will be typed and stored confidentially on password protected computers. Should you not agree for the focus group to be recorded, a researcher will take notes, which would also only be identifiable by a focus group number. Papers and recordings will be stored for 2 years after publication of the report and then destroyed. We will remove any information that could identify you from the papers.

You will not be identifiable in any reports or publicity. Any quotes that we use will be changed if they include information that could identify someone. The focus groups will be written up into a report by {*DEADLINE*}. We will share our learning via an external report published on the Domestic Abuse Commissioner's website. We will also discuss our findings widely through social media, conferences, and articles to highlight the needs of victims and survivors.

I would like to take part. What do I do now?

Tell {*LEAD PERSON*}. They will ask you to complete a consent form indicating that you consent to participate and have been given information to make an informed decision about whether to take part.

Taking part in the group is entirely voluntary so if you change your mind, that is fine, you do not have to give us a reason. It helps us if you let us know that you no longer want to attend so that we can give your place to another person.

Making a complaint about the focus groups

If you would like to complain about any aspect of the focus group, you can do so to {*any member of staff from ORGANISATION*}, or to the Domestic Abuse Commissioner's research team, please email commissioner@domesticabusecommissioner.independent.gov.uk. To help us to respond to your comment or complaints effectively, please tell us it relates to the 'Focus Groups'.

7.3.3: Generic Participant Consent Form for Interviews

Domestic Abuse Commissioner's Office Mapping Project

December 2021 to January 2022
Consent Form –Interviews

To consent to participate in the interview, please could you read through and put a mark beside the statements below, sign the document and then return to a member of the ORGANISATION team.

◯	I have read/understood the information sheet about the interview and understand why the Domestic Abuse Commissioner's Office is carrying out the research.
◯	I have had the chance to think about the information sheet and ask questions.
◯	Any questions I had were answered and I am happy with this.
◯	I understand that I do not have to take part in the interview. I do not have to answer any questions that I do not want to. I can withdraw without giving any reason.
◯	I agree that what I say can be written in the report but that these comments will not say my name or my details. Also, the names and details about other people I mention will not be written in the report.
◯	I understand that the documents or recordings with my interview data will never have my name on them and will be given a number instead.. They will be stored securely by the research team and will be destroyed after 2 years.

Signature.....

Date.....

7.3.4: Generic Participant Consent Form for Focus Groups

Domestic Abuse Commissioner's Office Focus Groups

December 2021 to January 2022
Consent Form – Survivors' Focus Groups

To consent to participate in the focus group, please could you read through and put a mark beside the statements below, sign the document and then return to a member of the ORGANISATION team.

◯	I have read/understood the information sheet about the interview/ focus group and understand why the Domestic Abuse Commissioner's Office is carrying out the research.
◯	I have had the chance to think about the information sheet and ask questions.
◯	Any questions I had were answered and I am happy with this.
◯	I understand that I do not have to take part in the focus groups. I do not have to answer any questions that I do not want to. I can withdraw without giving any reason.
◯	I agree that what I say can be written in the report but that these comments will not say my name or my details. Also the names and details about other people I mention will not be written in the report.
◯	I understand that the documents or recordings with my interview/focus data will never have my name on them and will be given a number instead. They will be stored securely by the research team and will be destroyed after 2 years.

Signature.....

Date.....

7.3.5: Generic Interview Topic Guide

DAC Service Mapping Survivor Interviews: Topic Guide Template

Introduction

The Domestic Abuse Commissioner's research team is working in partnership with specialist 'by and for' domestic abuse services, and other organisations that provide support tailored towards specific groups of victims and survivors, to run focus groups and interviews about victims' and survivors' experiences of using domestic abuse services.

The interviews are part of a wider mapping exercise of services for domestic abuse victims and survivors, including support for children and perpetrator interventions. The purpose of this mapping project is to evidence the postcode lottery in domestic abuse services. An important part of this work is our victim survey.

The online survey, which will be open from 7th December 2021 to 31st January 2022, will ask about experiences of trying to access and use domestic abuse services.

The aim of the interviews is to ensure that we include the perspectives of survivors from minoritised and underrepresented groups, who may not respond to the survey in large numbers. The interviews will also provide us with an opportunity to ask questions tailored to the experiences and service needs / preferences of minoritised groups.

Interviews will be held during December 2021 and January 2022. These will be jointly facilitated by the DAC research team and the specialist service teams, using an adapted version of this topic guide.

The topic guide describes:

- preparation prior to the interview,
- introducing the interview to the interviewee,
- the questions for the interview to discuss and additional prompts, and
- closing the interview

The guide can be adapted to suit the needs of each group of survivors. We welcome your suggestions on how to tailor the preparation or running of the interview to suit the needs of the survivors that you work with.

Please send any suggested changes to [NAME], Senior Research Officer to the Domestic Abuse Commissioner, email XXXXX@domesticabusecommissioner.independent.gov.uk

Preparation prior to the interview

Equipment and preparation needed

Interviews arranged via the *ORGANISATION* Team will be held online

Ensure that you have the latest version of the software which provides greater data safety and security.

Ensure that participants have downloaded the application and know how to use it. Offer practice sessions if needed.

Set up interpreter service if needed.

Set up data sharing arrangements, e.g., WeTransfer

Introducing the interview on the day

Scene setting

Thank the interviewee for their time. Inform them how long the interview will last.

Introduce self and role.

Explain the objectives of interview and how the information the interviewee shares will be used.

Check that they have had a chance to look at the participant information sheet or go through the main points if they have not.

Ground rules:

Can finish the interview and leave at any time

Do not have to answer any question that you do not want to and do not have to explain why you don't want to answer.

Remind interviewee of confidentiality (and its limits*)

Discussion during the interview will not be fed back to the other members of staff by the facilitators.

What will be done with the information shared

Acknowledge that this will be carefully done as private and sensitive issues that we are discussing.

Will only report general themes, any quotes or examples chosen to illustrate points and will not make the interviewee identifiable.

*Only time we would need to break confidentiality would be if they tell us something that makes us think a child or vulnerable person is at risk of immediate serious harm; in which case we will follow safeguarding procedures. Restate that this is unlikely as we will be talking about access and use of services.

Running the interview

Individual Introductions

Name or name they want used during this group

Check how person is feeling – remind them the interview is about services not them.

Starting recording and confirming consent

Ask if they have any questions

Check that it is OK to record the interview. Data will be held securely and will only be accessed by the research team (if no objections, turn the recorder on now).

Remind them that they can leave the interview at any time and do not have to answer all the questions if you do not wish to.

Can you confirm for the recording that you have received enough information about the evaluation to help you make an informed decision about taking part, and that you are happy to proceed?

Key questions and prompts for interviewer

Q1: How did you find out about the SERVICE NAME? Did you try to get advice or support from anywhere else before you contacted the SERVICE NAME?

- Helplines or another service?
- Did you visit a service?
- Other email or webchat services
- Did anyone else make a call, send an email, or make contact for you

Q2: What kind of support did you want or need at the time?

- Accommodation
- Emotional support
- Advice and information (e.g. help with housing, accessing benefits, legal advice),
- Help with the police
- Helpline numbers

Q3: What type of support (if any) did you end up getting?

- Did you get support from more than one place?
- From where else?
- How many organisations did you approach?
- [For each service]
    - Did you get the support that you wanted?

Q4: How easy or difficult was it to get support?

- In what ways?
- What worked well?
- What could be improved?
- No recourse to public funds

Q5: We would like to ask you now about how long it takes to get support

- Did you have to wait for support?
- How long did you have to wait?
- Was that acceptable to you?
- Was it the right type of support?

Q6 What difference did the support make for you?

- Safety
- Having more control over circumstances
- What else has helped?

- If you tried to get support from more than one place, can you tell us anything about the different ways they tried to support you
- Considerations for the future – what could be different

Closing the interview

Check whether there is anything that they would like to add.

Anything else that the local teams should consider?

Explain what to do if there is (1) anything that they want to add or further comments about domestic abuse support services, or (2) if they wish to withdraw their comments or if they have any questions.

Direct interviewee to further support if needed.

Thank the interviewee for their time.

7.3.6: Generic Focus Group Topic Guide

DAC Mapping Survivor Focus Groups: Template Topic Guide

Introduction

The Domestic Abuse Commissioner's research team is working in partnership with specialist 'by and for' domestic abuse services, and other organisations that provide support tailored towards specific groups of victims and survivors, to run focus groups about victims' and survivors' experiences of using domestic abuse services.

The focus groups are part of a wider mapping exercise of services for domestic abuse victims and survivors, including support for children and perpetrator interventions. The purpose of this mapping project is to evidence the postcode lottery in domestic abuse services. An important part of this work is our victim survey.

The online survey, which will be open from 7th December 2021 to 31st January 2022, will ask about experiences of trying to access and use domestic abuse services.

The aim of the focus groups is to ensure that we include the perspectives of survivors from minoritised and underrepresented groups, who may not respond to the survey in large number. The focus groups will also provide us with an opportunity to ask questions tailored to the experiences and service needs / preferences of each group.

Focus groups will be held during December 2021 and January 2022. These will be jointly facilitated by the DAC research team and the specialist service teams, using an adapted version of this topic guide.

The topic guide describes:

- preparation prior to running the group,
- introducing the group to the participants,
- the questions for the group to discuss and additional prompts, and
- closing the session

The guide can be adapted to suit the needs of each group of survivors. We welcome your suggestions on how to tailor the preparation or running of the group to suit the needs of the survivors that you work with.

Please send any suggested changes to NAME, Senior Research Officer to the Domestic Abuse Commissioner, email XXXXXX@domesticabusecommissioner.independent.gov.uk

Preparation prior to the group

Equipment and preparation needed

Face to Face focus groups:

Refreshments.

Ensure that there is a relatively quiet, comfortable and tidy space with good facilities and seating for everyone to participate.

Consider whether part of the £1k budget is needed for participants who need help with travel costs and caring responsibilities in order to participate?

Online focus groups

Ensure that you have the latest version of the software which provides greater data safety and security.

Ensure that participants have downloaded the application (e.g. Zoom) and know how to use it. Offer practice sessions if needed.

Introducing the focus group on the day

Scene setting

Thank the participants for their time. Inform them how long the focus group will last (this will vary depending on group).

Introduce self and role.

Explain the objectives of this focus group and how the information participants share will be used.

Check that they have had a chance to look at the participant information sheet (or equivalent) or go through the main points if they have not.

Ground rules:

Face to face groups only

You do not need to wait for me to ask you to talk but please do not talk over each other.

We are trying to create a group discussion – side conversations are unhelpful.

Other ground rules will depend on the group – we would welcome advice from partner agencies on how to discuss ground rules for their group.

Online and face to face groups

Be respectful of other participants

Listen to what others say

OK to have different views

Can leave at any time

Do not have to answer any question that you do not want to and do not have to explain why you don't want to answer.

Remind participants of confidentiality (and its limits within focus group)

Discussion during the focus group will not be fed back to the other members of staff by the facilitators. Ask the participants to not do this either.

What will be done with the information shared within the group?

Will only report general themes, any quotes or examples chosen to illustrate points and will not make the interviewee identifiable.

Acknowledge that this will be carefully done as private and sensitive issues that we are discussing.

Only time we would need to break confidentiality would be if they tell us something that makes us think a child or vulnerable person is at risk of immediate serious harm; in which case we will follow safeguarding procedures. Restate that this is unlikely as we will be talking about access and use of services.

Running the focus group

Individual Introductions

(Take advice from partner organisations on suitable topic to discuss to encourage the group to start talking).

Name or name they want used during this group

Highlight that there will be different experiences within the group, but this is useful for hearing about contrasting experiences and views. But also, similarities and shared knowledge that might not be clear to me or others who do not have your experiences.

Starting recording and confirming consent

Ask if they have any questions

Check that it is OK to record the group. Data will be held securely and will only be accessed by the research team (if no objections, turn the recorder on now).

Remind them that they can leave the group at any time and do not have to answer all the questions if you do not wish to.

Can you confirm for the recording that you have received enough information about the evaluation to help you make an informed decision about taking part, and that you are happy to proceed?

Key questions and prompts for facilitators

Q1 - Q1: How did you find out about the SERVICE? Did you try to get advice or support from anywhere else before you contacted the SERVICE?

- Helplines or another service?
- Did you visit a service?
- Other email or webchat services
- Did anyone else make a call, send an email, or make contact for you

Q2: What kind of support did you want or need at the time?

- Accommodation
- Emotional support
- Advice and information (e.g. help with housing, accessing benefits, legal advice),
- Help with the police
- Helpline numbers

Q3: What type of support (if any) did you end up getting?

- Did you get support from more than one place?
- From where else?
- How many organisations did you approach?
- [For each service] Did you get the support that you wanted?

Q4: How easy or difficult was it to get support?

- In what ways?
- What worked well?
- What could be improved?
- No recourse to public funds

Q5: We would like to ask you now about how long it takes to get support

- Did you have to wait for support?
- How long did you have to wait?
- Was that acceptable to you?
- Was it the right type of support?

Q6 What difference did the support make for you?

- Safety
- Having more control over circumstances
- What else has helped?
- If you tried to get support from more than one place, can you tell us anything about the different ways they tried to support you
- Considerations for the future – what could be different

Closing the focus group

Check whether there is anything that they would like to add.

Anything else that the local teams should consider?

Explain what to do if there is (1) anything that they want to add or further comments about domestic abuse support services, or (2) if they wish to withdraw their comments or if they have any questions.

Direct participants to further support if needed.

Thank the interviewees for their time.

7.3.7: Focus Group Topic Guide – Professionals working with child domestic abuse survivors

DAC Mapping Survivor Focus Groups: Barnardo's Topic Guide

Introduction

The Domestic Abuse Commissioner's research team is working in partnership with specialist 'by and for' domestic abuse services, and other organisations that provide support tailored towards specific groups of victims and survivors, to run focus groups about victims' and survivors' experiences of using domestic abuse services.

The focus groups are part of a wider mapping exercise of services for domestic abuse victims and survivors, including support for children and perpetrator interventions. The purpose of this mapping project is to evidence the postcode lottery in domestic abuse services. An important part of this work is our online victim survey, which was open from 7th December 2021 to 14th February 2022, and asked about experiences of trying to access and use domestic abuse services.

The aim of the focus groups is to ensure that we include the perspectives of survivors from minoritised and underrepresented groups, who may not respond to the survey in large number. The focus groups will also provide us with an opportunity to ask questions tailored to the experiences and service needs / preferences of each group. Focus groups will be held during December 2021 and March 2022. These will be jointly facilitated by the DAC research team and the specialist service teams, using an adapted version of this topic guide.

We are speaking to Barnardo's practitioners to gain some understanding of some of the barriers experienced by children needing support because of domestic abuse. While not possible within the timescales for this project, we plan to undertake future research where we hear directly from children and young people who have experienced domestic abuse.

The topic guide describes:

- preparation prior to running the group,
- introducing the group to the participants,
- the questions for the group to discuss and additional prompts, and
- closing the session

The guide can be adapted to suit the needs of each group of survivors. We welcome your suggestions on how to tailor the preparation or running of the group to suit the needs of the survivors that you work with. Please send any suggested changes to NAME, Senior Research Officer to the Domestic Abuse Commissioner, email XXXXX@domesticabusecommissioner.independent.gov.uk

Preparation prior to the group

Online focus groups

Ensure that you have the latest version of the software which provides greater data safety and security.

Ensure that participants have downloaded the application (e.g. Zoom or Teams) and know how to use it. Offer practice sessions if needed.

Introducing the focus group on the day

Scene setting

Thank the participants for their time. Inform them how long the focus group will last (90 minutes including 10-minute break).

Introduce self and role.

Explain the objectives of this focus group and how the information participants share will be used.

Check that they have had a chance to look at the participant information sheet (or equivalent) or go through the main points if they have not.

Ground rules:

Online and face to face groups

Be respectful of other participants

Listen to what others say

OK to have different views

Can leave at any time

Do not have to answer any question that you do not want to and do not have to explain why you don't want to answer.

Remind participants of confidentiality (and its limits within focus group)

Discussion during the focus group will not be fed back to the other members of staff by the facilitators. Ask the participants to not do this either.

What will be done with the information shared within the group?

Will only report general themes, any quotes or examples chosen to illustrate points and will not make the interviewee identifiable. Acknowledge that this will be carefully done as private and sensitive issues that we are discussing.

Only time we would need to break confidentiality would be if they tell us something that makes us think a child or vulnerable person is at risk of immediate serious harm; in which case we will follow safeguarding procedures. Restate that this is unlikely as we will be talking about access and use of services.

Running the focus group

Individual Introductions

Name, service and how long you have worked for Barnardo's.

Highlight that there will be different experiences within the group, but this is useful for hearing about contrasting experiences and views. But also, similarities and shared knowledge that might not be clear to me or others who do not have your experiences.

Starting recording and confirming consent

Ask if they have any questions

Check that it is OK to record the group. Data will be held securely and will only be accessed by the research team (if no objections, turn the recorder on now).

Remind them that they can leave the group at any time and do not have to answer all the questions if you do not wish to.

Can you confirm for the recording that you have received enough information about the evaluation to help you make an informed decision about taking part, and that you are happy to proceed?

Key questions and prompts for facilitators

Q1: What type of services and support are children referred to?

- What age ranges are catered for?
  - Infants and preschool children
  - Primary school children – KS1 and KS2
  - Secondary school children
  - Late teens/young adults (within family, IPV)
- What services do you refer children on to?

Q2: What do parents and referrers want for the children?

- Support for wellbeing
- Help with behavioural problems
- Refuge immediate safety
- Help with child-parent relationship

Q3 Where have they tried to get support before the referral to Barnardo's?

- School
- Police
- GP
- Social Services
- Helplines
- What local organisations could they approach?

Q4: What do the children themselves say they need?

- Do they welcome the referral?
- Do they understand why you are working with them?
- What are their priorities?

Q5: How easy or difficult is it to get support?

- In what ways?
- What works well?
- What could be improved?
- To what extent is no recourse to public funds an issue for families you have worked with?
- Considerations for the future – what could be different

Q6: What have been the outcomes of the most recent referrals to your service?

Closing the focus group

Check whether there is anything that they would like to add.

Anything else that the local teams or commissioners should consider?

Explain what to do if there is (1) anything that they want to add or further comments about domestic abuse support services, or (2) if they wish to withdraw their comments or if they have any questions.

Direct participants to further support if needed.

Thank the interviewees for their time.

7.4: Research Integrity Form and GSR Ethics Checklist

GSR Principle 1: Research should have a clear and defined public benefit		
Principle components	**Considerations and mitigations**	**Sensitivity rating**
a) Identifying a user need *- Does the research aim to meet a clearly defined, legitimate and unmet user need?* *- Have you engaged with relevant stakeholders in order to fully establish the user need?* *- Is other research already taking place with the same groups, which could be amalgamated to prevent over-researching small populations?*	The DAC's core role is to provide public leadership on tackling domestic abuse and to oversee and monitor the provision of services to victims of domestic abuse and their children in England and Wales. One of the responsibilities of the DAC is the provision of protection and support to people affected by domestic abuse. This research will map that provision across England and Wales and evidence survivors' experiences of accessing services. Creation of a Research Advisory Group to advise on research process, ethics and user needs. Consultation with domestic abuse sector via monthly stakeholder meetings. Correspondence and meetings with research team (University of Birmingham) who are mapping the provision of online services developed during the COVID-19 pandemic has ensured that providers of services are not contacted about similar issues within the same year. Request to permit sharing of data was included within the DACO data collection spreadsheet.	**Green**

b) Public benefit *- How will the findings from this research benefit the public?* *- Are there any risks that public benefits will not be realised?* *- Could the research disproportionately benefit or disadvantage a particular group?* *- Is it necessary to conduct this research in order to realise the public benefits?* *- Does the public benefit outweigh any identified risks?*	Evidence the current funding and provision of domestic abuse services in England and Wales to inform future decision making by commissioners and the Home Office. Findings need to be published in time for the next spending review. Interim policy briefing will be published before the Summer Parliamentary recess 2022. Research tools provided in multiple languages, including BSL and Easy Read versions of questionnaires. Monitoring of participation to ensure geographical representation plus widespread promotion of the research and targeting of minoritised groups. Previous mapping exercises on this scale were undertaken several years ago. Information on current provision is needed to fulfil the DAC's statutory duties. Commenting on access and the provision of domestic abuse services will be a sensitive topic for research participants who are survivors of domestic abuse. Many will have had difficult experiences accessing support and will still be living with the consequences of the abuse. Risks to participants' wellbeing are balanced by a sensitive and inclusive research approach and giving survivors an opportunity to comment on their experiences and influence the provision of services in the future.	**Amber**

c) Transparency and Dissemination *- Have you got a clear dissemination strategy in place? i.e. where, when and how you will disseminate findings?* *- What is our role/ responsibility to different stakeholders and research participants around dissemination?* *- Are there any accessibility or equality issues about how findings are made available or presented?* *- How will you ensure that research findings are brought to the attention of relevant stakeholders?* *- Will the research process be fully transparent?*	Dissemination of findings will begin in May 2022 <u>Home Office</u> Policy report and technical reports to influence and inform decision making. <u>Survivor participants</u> Link to reports shared via DACO website and advertised via social media. Link sent to organisations involved in recruiting participants BSL video for Deaf survivors Meeting with survivors with learning disabilities facilitated by experienced workers. <u>Policy and DA sector</u> Link to reports shared via DACO website and advertised via social media. Slide deck for presentations Blogs and articles on specific issues. Access to summary data via Zoho Parliamentary launch <u>Academic Audiences</u> Presentations at academic conferences Link sent to DA academics mailing list	**Green**

GSR Principle 2: Research should be based on sound research methods and protect against bias in the interpretation of findings		
Principle components	**Considerations and mitigations**	**Sensitivity rating**
a) Proposed methodology *- Is the research design appropriate to the groups being interviewed?* *- Is this level of respondent burden appropriate for the groups of people involved in the research?* *- How will the research consider the diverse perspectives of people according to their gender, disability, ethnicity, religion, sexual orientation, socio-economic status and age?* *- Is the proposed methodology the best and most cost-effective way of answering the research questions?* *-Have you considered all the possible potential biases in the data, methods and analysis techniques that will be used in the project?* *- Are you using new, emerging, or controversial methodologies or techniques? If so, what steps have been taken to ensure the integrity of the methods and results?*	<u>Methods</u> Online survey of service providers across England and Wales. Spreadsheet emailed to service commissioners to complete. Online survey completed by victim survivors, provided in multiple languages including BSL and Easy Read versions. Qualitative interviews and focus groups held with victim survivors from minoritised groups recruited via the 'by and for' domestic abuse services that support them. <u>Rationale</u> Online surveys will provide the opportunity to obtain the geographical spread required to report on services within England and Wales. Qualitative interviews will obtain the perspectives of groups who are likely to be underrepresented within the online survey. Data will be thematically analysed using a framework approach. No emerging or controversial methodologies are used.	**Amber**

b) External ethical scrutiny *- Has your project been subject to independent ethical review?* *- Does the project fall will in the remit of the UK Policy Framework for Health and Social Care Research? (See section 3.13-3.15 in the main guidance for further information and links to decision making tools)* *- Will contracted partners be required to go through internal ethics committees?*	Project scrutiny was via an external advisory group. Subsequent ethical review for interviews and focus groups within research undertaken by researcher external to team who designed the tools. The HRA decision tools indicated that the study did not require an NHS REC review. Contracted partners were required to follow the recruitment processes and use materials designed and produced by the DAC research team. No organisation had their own internal ethics committee.	**Amber**

GSR Principle 3: Research should adhere to data protection regulations and the secure handling of personal data		
Principle components	**Considerations and mitigations**	**Sensitivity rating**
a) Data Protection *- What procedures are in place to* *ensure adherence to the GDPR, Data Protection Act (2018) and other government data security requirements?* *- What is your legal basis for processing of personal data?* *- How will you inform and assure participants that you will treat their data in accordance with the relevant data protection legislation (e.g. privacy notice)?* *- Do you need to complete a Data Protection Impact Assessment?*	Public task is the lawful basis for the processing of data within this project. The data protection processes and mitigations described below negates the need for a Data Protection Impact Assessment. Surveys Participants were asked to complete the survey anonymously. Open text boxes were coded into categories for analysis. Open text data will be anonymised prior to analysis and data storage. Minimum sample size for reporting of information about sub-groups needed to be over 5 cases to enable statistical analysis. Information on how participants data would be protected was provided at the beginning of the survey, in multiple languages including Easy Read and BSL versions. Appropriate security is in place. Computer and cloud access controls are in place (password protected). All staff completed either HOAI GDPR Induction or data protection e-learning. Focus groups and Interviews Participant information sheets describe how participant's information would be used and stored. Any information that could identify an individual within transcripts will be removed (e.g., references to	**Amber**

b) Research findings *- How can you ensure that the data collected during the research is not going to be used for any other than its originally defined purpose?* *- What checks are in place to ensure that no one can be identified in reporting? (for both quantitative and qualitative work)*	DAC Office research team will create and regularly review a data protection log that will record sources of data, legitimate use, and for how long data can be stored. References to names and places will be removed from transcripts and coding frameworks. Audio recordings will be deleted after transcription and coding is completed. Reporting of sub-groups within survey data will have a minimum of ten participants.	**Amber**

GSR Principle 4: Participation in research should be based on specific and informed consent		
Principle components	**Considerations and mitigations**	**Sensitivity rating**
a) Consent to take part in primary research *- What processes are in place to ensure that participants are informed and understand the project, the purpose, the client, topics and that their participation is voluntary? Will you ensure that participants have given fully informed consent before taking part in the research?* *- If you intend to follow up participants with further research, has this been made clear and consent given?*	<u>Interviews and focus groups</u> Each participant is provided with a Participant Information Sheet/Video that will explain the purpose of the research, the questions that they will be asked and that their participation is entirely voluntary. Payments will be made to recognise participants' time but not so much as to be coercive. There will be no further follow up of participants other than to report research findings to participants with learning disabilities. Before the interview begins the researcher will check that the participant has received and understood the Participant Information and reiterate the main points again. <u>Surveys</u> Survey participants provided with a Participant Information including Q&A about the Commissioner and the mapping project, and how their information will be used. No attempt will be made to follow survey participants. One group of focus group participants will be contacted again once the findings are available as this was something that they and their organisation requested.	**Amber**

b) Consent via gatekeepers or proxy *- Is this required? If so, what processes need to be in place?* *- What steps can be taken to ensure representativeness, i.e. to ensure that participants are not "hand-picked" by gatekeepers or that there is a minority view promoted?*	Service providers were used to recruit and interview participants for the following reasons: Access and ability to communicate with their population Understanding of additional needs of participants who are domestic abuse survivors, including communication, wellbeing and safety. Ability to provide emotional support to participants during and after the interview. Ability to follow up concerns and address any safeguarding risks disclosed or identified during the interview. Research team held meetings with gatekeepers to discuss the aims of the project and the need to recruit a representative cross section of service users where possible. Gatekeepers understood that the main focus of the interviews was to understand survivors' journey to accessing support rather than an evaluation of their service so there was less motivation to handpick participants. Research team monitored participants' demographic information to inform the recruitment strategy and to ensure that the sample was sufficiently diverse.	**Green**

c) Children and young people (aged 16 and under) *- What processes are in place to ensure consent from a parent or legal guardian has been sought for children under the age of 16 and how has this been done?* *- How can you ensure that the children are also adequately informed about the research?* *- What processes are in place to ensure, where required, an adult accompanies children and young people during an interview? Who is best to accompany the child(ren)?*	No children or young people aged 16 or under were invited to participate in the research. Online survey respondents who stated that they were aged 16 or under were redirected to a message explaining that the survey was not intended for under 16s.	**Green**
d) Vulnerable adults *- Are you interviewing participants who may lack the mental capacity to provide informed consent for themselves? If so, the successful contractor may be required to obtain clearance from an NHS Research Ethics Committee.* *- How can you ensure that participants are adequately informed about the work?*	Participants with learning disabilities were invited to take part by workers who they knew well and were able to explain the research in a way that they could understand. Those taking part in the focus group were reminded that they did not have to answer any questions that they did not want to and could leave the focus group at any time.	**Green**
e) Access protocols *- Are there any particular access protocols for certain groups, does this apply to your respondent group?* *Access protocols could apply to: Courts, Police, Prisons, Schools*	No access protocols applied.	**Green**

f) Secondary Research *- Does the consent cover all potential future uses of the data?* *- If your legal basis for processing data is not consent, have you still considered whether individuals have been (or should be) given the choice of their data being included in this research?*	Provider and Commissioner surveys – data will be stored for 5 years and then destroyed. Public bodies providing data collection for the Commissioner survey have a legal duty to respond to data requests as set out in the Domestic Abuse Act.	**Green**
g) Incentives? *- Is the use of incentives necessary? What evidence do you have that the use of incentives will significantly improve the research?* *- Is your use of incentives in keeping with the GSR ethical principles? (See section 2.33-2.35 in the main guidance for further information)*	Participants were reimbursed for their time and participation. This was arranged via the 'by and for' organisations that we worked in partnership with to recruit and support participants. Use of incentives is in keeping with GSR ethical guidelines. Incentives given recognised individual's contributions without coercing them to participate in the research or affecting their access to benefits or services.	**Green**

GSR Principle 5: Research should enable participation of the groups it seeks to represent		
Principle components	**Considerations and mitigations**	**Sensitivity rating**
a) Identifying and reducing the barriers to participation *- What steps have you taken to identify potential barriers to participation?* *-What steps can be taken to encourage and widen participation?* *(e.g. travel costs, childcare, varying times and locations of interviews, accessibility of venues, advance letters in different languages etc)* *- Do you need interviewer assistance such as offering help with completion, or a translator?*	<u>Focus groups and interviews</u> Research team met with each 'by and for' specialist domestic abuse service to discuss how the process should be tailored for their population. This considered time of day, days of the week, online or face to face, online format (Zoom or Teams), focus group or individual interviews. Participant information sheets and consent forms were tailored for each population and checked by the service providers to ensure that language was appropriate for their group. Participant information sheets and consent forms were translated into different languages for migrant participants and BSL users. Participants with learning disabilities and/or who were neurodiverse were supported by their workers during the focus group. <u>Online survey</u> The survey was offered in 14 languages including BSL and Easy Read versions. The Easy Read version was co-produced with people with learning disabilities.	**Green**

b) Ensuring that hard to reach groups are included *- Is the research and sample design appropriate?* *- Might the data collection method exclude some groups of people?* *- Do you need to consult with others (e.g. support groups, charities and other relevant stakeholders) so that barriers to participation for certain groups are fully identified and reduced?*	Pilot version of survey identified underrepresentation of some groups of the population. Specialist domestic abuse services including 'by and for' services were approached to ensure that the following groups would be represented via focus groups and interviews: Black and minoritised women and girls Migrant women Deaf women Older people Disabled women Women with learning disabilities and or neurodiverse Men LGBT+ Workers who provided domestic abuse services to children and young people were also interviewed.	**Green**

GSR Principle 6: Research should be conducted in a manner that minimises personal and social harm		
Principle components	**Considerations and mitigations**	**Sensitivity rating**
a) Research participants *- Do any of the research questions cover stressful or culturally sensitive subjects? If so, how will stress and sensitivities be minimised?* *- How can interview length be kept to the minimum?* *- Do you need to ensure that there is post-interview support?* *- How will you offer support to those that are approached but decide not to participate in the research?*	The survey and interview questions were about survivor's experiences of accessing services rather than what had happened in their past. However, it is recognised that it the process of seeking support can be upsetting and it is difficult to talk about accessing support without referring to the reasons why support was needed. Interviewer was trained and experienced in interviewing survivors about sensitive topics. Specialist support workers were on hand both during and after the interviews to provide support and address any risks or needs identified during the interview. Online survey provided links to domestic abuse support services.	**Amber**

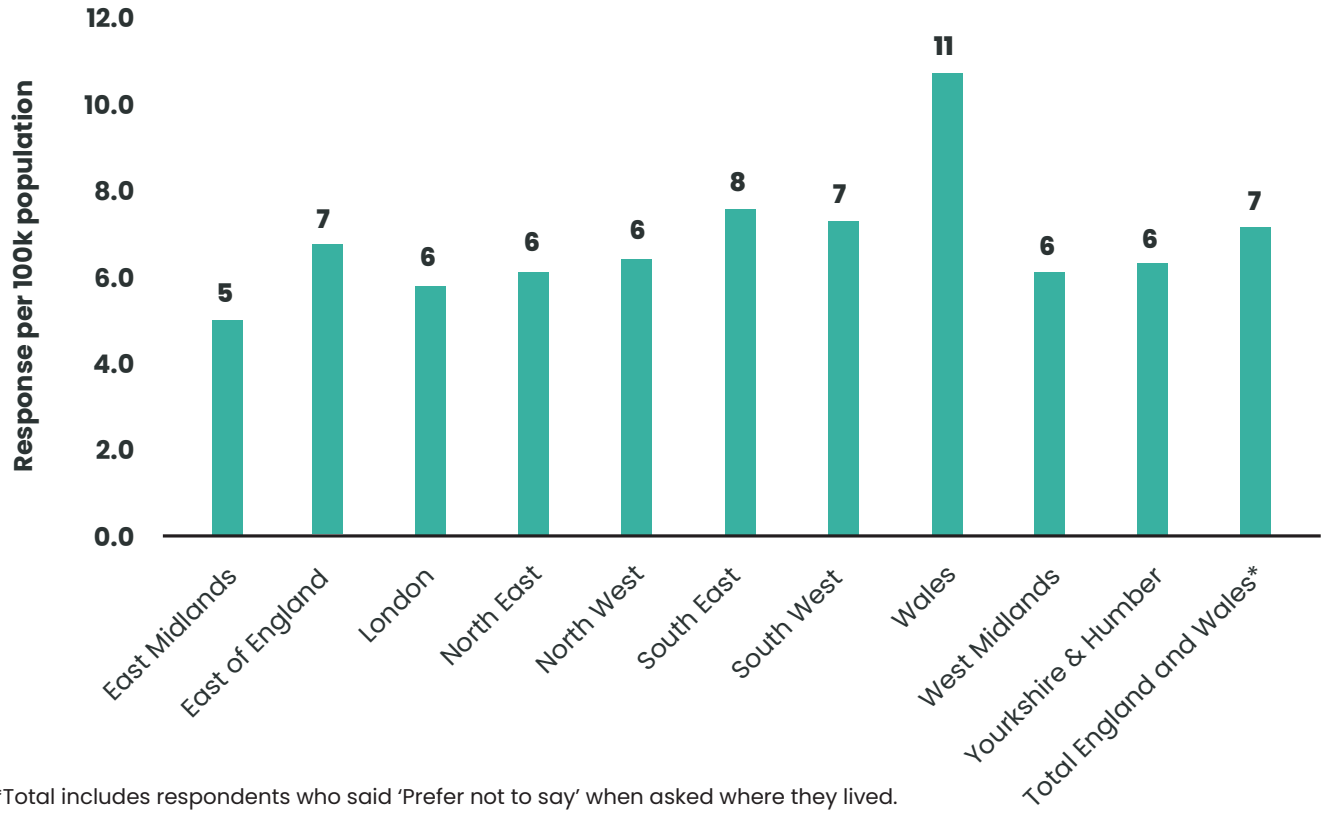
b) Interviewers/ researchers *- What procedures are in place to ensure interviewers are properly trained (for example in methods, relevant legislation such as the Equality Act)?* *- Do all interviewers / researchers have appropriate security clearance (e.g. criminal record checks or disclosure Scotland if interviewing/ working with children)?* *- What procedures are in place for handling disclosures of abuse, self-harm or suicidal ideation?* *- What procedures are in place to ensure the safety of the interviewer/ researcher?* *- Has consideration been given to exposure of researchers and analysts to sensitive topics? (e.g. potential for vicarious trauma)*	Researcher conducting interviews has • received training in equality and diversity and unconscious bias. • completed full check by Disclosure and Barring Service • agreed to follow the safeguarding procedures of each partner organisation involved in recruiting research participants. • regular supervision and opportunity to use telephone helpline if needed. • experience in interviewing and researching sensitive topics.	**Amber**
c) Wider Social Groups *- How will you mitigate any potential for harm to those who have not taken part in the research? For example, research focussing on specific groups has the potential to impact the wider social group.* *- Have you considered or sought the public's views on the research?*	Careful consideration will be given to the presentation of findings, given the sensitivity of the topic area. Domestic abuse affects every group in society so themes that emerge from the research will apply to many different groups. Online survey included open question that provide the opportunity to provide feedback.	**Green**

Relevant legislation		
Will your research comply with all relevant legislation? For example: • Anti-Terrorism, Crime and Security Act (2001) • Crime and Disorder Act (1998) • Data Protection Act (2018) • Freedom of Information Act (2000) • General Data Protection Regulation (2016) • Health and Social Care Act (2012) • Human Rights Act (1998) • Mental Capacity Act (2005) • Equality Act (2010) - Public Sector Equality Duty Do you need to ensure compliance with any additional legislation, policy, code of practice or guidance	Yes	**Green**

Summary	Overall sensitivity rating
What are the key sensitivities? The key ethical issues within this project are enabling participation and minimising personal and social harm **How are you addressing them?** The online survey for victims and survivors was translated into 12 languages. Deaf respondents completed the survey by watching video in British Sign Language (BSL). An Easy Read version of the survey was created in consultation with people with learning disabilities to ensure that a more accessible version of the survey was available for those who needed it. The DAC Office worked in partnership with eight specialist services, including 'by and for' organisations to recruit of a diverse sample of survivors to participate in focus groups and interviews. This provided insights from survivors who are often excluded from research that complemented the survivor survey findings. Safeguarding procedures were agreed prior to recruitment of participants. Introductory sections of the survey explained the limits of confidentiality if the respondent provides information that needed to be passed onto the police or social services. Survivors who were at immediate risk of serious harm were signposted to emergency services. The online survey included guidance on safer ways to access the survey online and warnings about spyware and deleting internet browsing history. The survey also provided a link to information about domestic abuse helplines and support services. Sources of support both during and after interviews were agreed with each organisation involved in recruiting participants for interviews and focus groups. All interviews were conducted by a researcher experienced in conducting interviews on sensitive topics. **How often will you re-visit this research ethics assessment?** After data collection, prior to writing the report and post project.	**Amber**

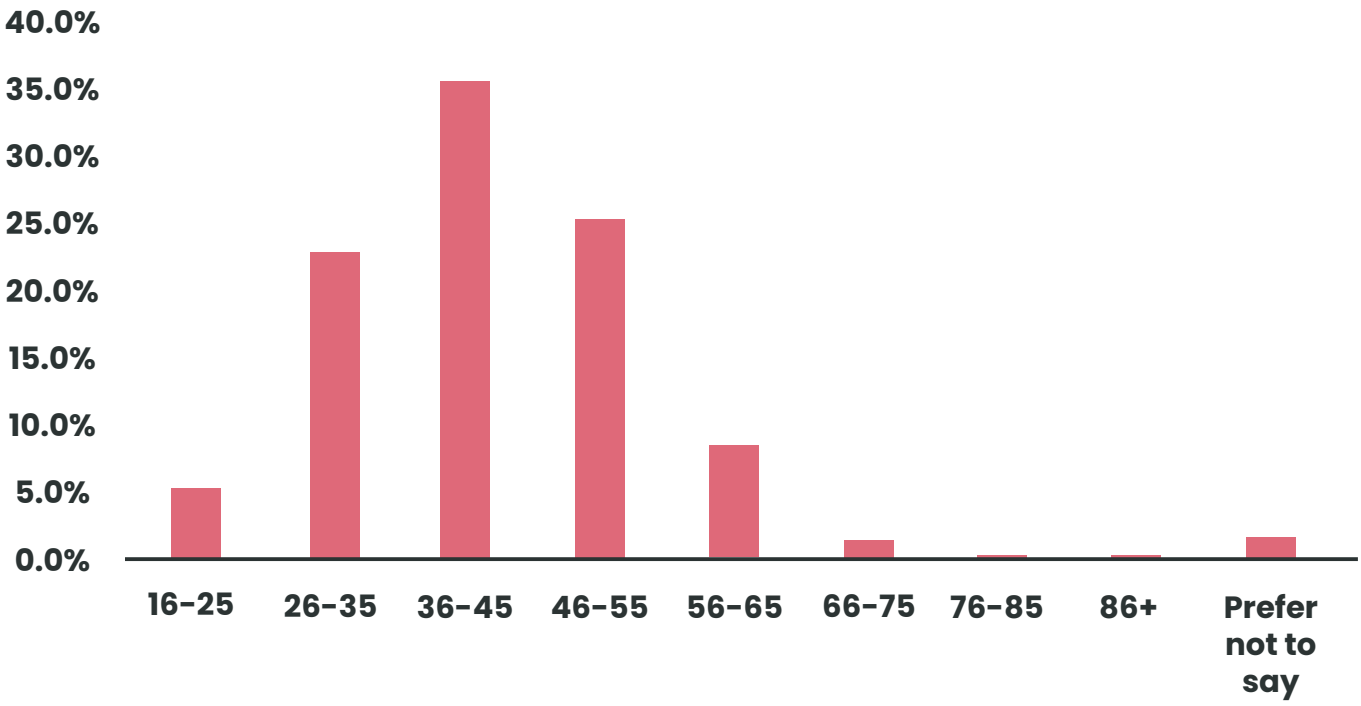
7.5: Victim / survivor survey

Figure i: Victim/survivor survey response rate per 100K head of population, English regions, and Wales



*Total includes respondents who said 'Prefer not to say' when asked where they lived.

Figure ii: Age of respondents to victim/survivor survey (N=2720)



Appendix Table I: Sex of respondents

Sex	No.	%
Female	2183	83%
Male	461	17%
Total	**2644**	**100%**

Appendix Table II: Gender of respondents

Gender	No.	%
Female	2052	75%
Male	445	16%
Non-binary	24	1%
Other	207	8%
Total	**2728**	**100%**

Figure iii: Respondents current work or education status

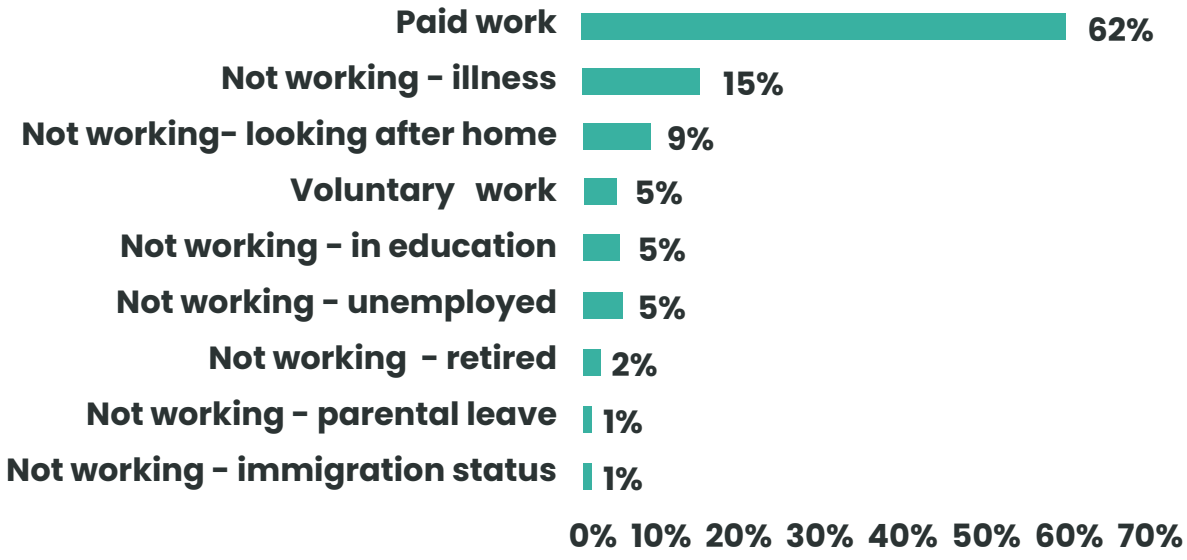
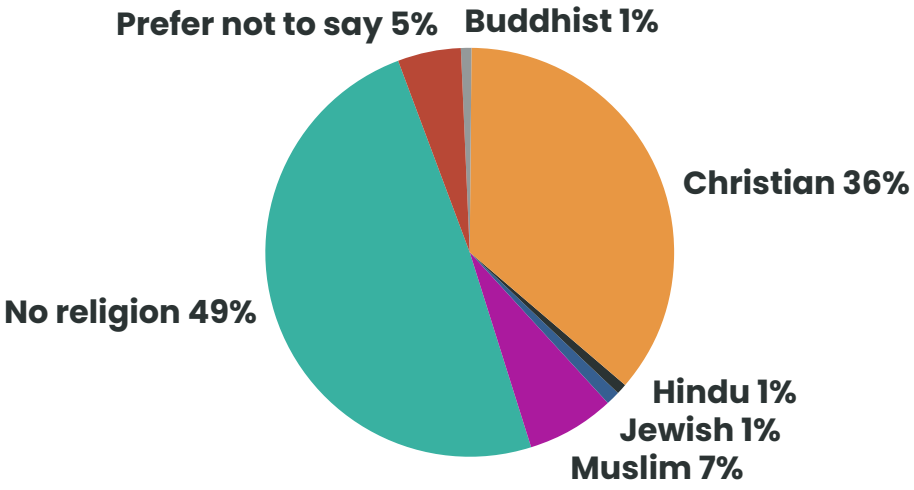


Figure iv: Religion of respondents to victim/survivor survey



Appendix Table III: Detailed ethnicity of respondents to victim/survivor survey

Ethnic group	Ethnic background	No.	%
White		2219	83.0%
	English/ Welsh/ Scottish/ Northern Irish/ British	2022	75.6%
	Irish	33	1.2%
	Gypsy or Irish Traveller	6	0.2%
	Any other White background	158	5.9%
Mixed/ Multiple ethnic groups		105	3.9%
	White and Black Caribbean	31	1.2%
	White and Black African	11	0.4%
	White and Asian	20	0.7%
	Any other Mixed/ Multiple ethnic background	43	1.6%
Asian/ Asian British		235	8.8%
	Indian	70	2.6%
	Pakistani	112	4.2%
	Bangladeshi	26	1.0%
	Chinese	2	0.1%
	Any other Asian background	25	0.9%
Black/ African/ Caribbean/ Black British		77	2.9%
	African	35	1.3%
	Caribbean	32	1.2%
	Any other Black/ African/ Caribbean background	10	0.4%
Other ethnic group		38	1.4%
	Arab	7	0.3%
	Any other ethnic group	31	1.2%
Total		**2674**	**100.0%**

Appendix Table IV: Broad ethnicity categories according to region

	White		Mixed/ Multiple ethnic groups		Asian/ Asian British		Black/ African/		Other ethnic group		Not known		Total	
Region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	No.	%	No.
North West	277	13%	10	10%	22	9%	3	4%	2	5%	164	10%	478	11%
North East	106	5%	4	4%		0%	0	0%	1	3%	52	3%	163	4%
Yorkshire and Humber	181	8%	7	7%	63	27%	3	4%	2	5%	91	6%	347	8%
West Midlands	198	9%	5	5%	34	15%	6	8%	0	0%	121	8%	364	9%
East Midlands	159	7%	4	4%	5	2%	5	7%	1	3%	69	4%	243	6%
East of England	271	12%	9	9%	12	5%	5	7%	2	5%	133	8%	432	10%
London	174	8%	25	24%	67	29%	37	48%	13	34%	196	12%	512	12%
South East	410	19%	20	19%	20	9%	11	14%	6	16%	239	15%	706	17%
South West	257	12%	12	11%	2	1%	4	5%	5	13%	135	8%	415	10%
Wales	137	6%	2	2%	2	1%	0	0%	1	3%	192	12%	334	8%
Prefer not to say	49	2%	7	7%	8	3%	3	4%	5	13%	208	13%	280	7%
Total	**2219**	**100%**	**105**	**100%**	**235**	**100%**	**77**	**100%**	**38**	**100%**	**1600**	**100%**	4274	100%

Appendix Table V: Services that victims and survivors said that they wanted by respondents' region/country

Region or country	North West	North East		West	East	East of England	London	South East	South West	Wales	Prefer not to say	Total
Refuge	24%	22%	26%	27%	20%	31%	33%	26%	27%	28%	42%	**28%**
1to1	71%	79%	81%	70%	77%	73%	72%	75%	74%	74%	56%	**74%**
Group	51%	54%	49%	55%	59%	55%	49%	56%	57%	52%	46%	**53%**
Helpline	75%	70%	80%	84%	79%	78%	76%	80%	81%	74%	62%	**78%**
Online	47%	47%	50%	54%	57%	50%	47%	56%	52%	46%	33%	**51%**
Counselling	84%	88%	81%	84%	86%	83%	83%	84%	87%	81%	66%	**83%**
Someone to talk to	93%	92%	94%	93%	89%	89%	87%	91%	93%	86%	73%	**90%**
Explain options	85%	88%	93%	90%	91%	87%	86%	89%	91%	86%	74%	**88%**
Police process	64%	61%	72%	64%	70%	65%	64%	66%	63%	59%	53%	**65%**
Protective Order	70%	73%	69%	76%	73%	69%	73%	74%	69%	67%	56%	**71%**
Home Safe	69%	68%	69%	67%	65%	65%	58%	68%	65%	66%	61%	**66%**
Move on from refuge	19%	21%	25%	19%	18%	24%	33%	26%	21%	22%	39%	**24%**
Leave Home	41%	45%	38%	35%	39%	44%	47%	45%	41%	34%	51%	**42%**
Physical healthcare	39%	35%	40%	31%	37%	35%	38%	37%	30%	28%	35%	**35%**
Mental Health care	77%	75%	78%	72%	84%	75%	79%	78%	78%	76%	59%	**77%**
Immigration advice	4%	3%	13%	6%	4%	5%	15%	4%	3%	3%	19%	**7%**
Social Services	36%	45%	42%	42%	41%	44%	42%	47%	40%	39%	39%	**42%**
Money debt advice	47%	47%	55%	53%	50%	54%	46%	52%	50%	43%	54%	**50%**
Work	29%	35%	33%	30%	32%	43%	33%	33%	29%	30%	35%	**33%**
Drugs or Alcohol	7%	7%	4%	7%	5%	6%	6%	7%	6%	4%	6%	**6%**
Family Court	68%	65%	69%	74%	75%	68%	63%	72%	70%	67%	49%	**69%**
Criminal court	45%	41%	39%	45%	37%	44%	44%	47%	38%	39%	26%	**42%**
Behaviour change	49%	50%	41%	51%	52%	52%	50%	56%	53%	47%	45%	**51%**

Appendix Table VI: Services that victims and survivors said that they wanted and got by respondents' region/country

Region or country	North West	North	Yorkshire and Humber	West Midlands	East Midlands	East of England	London	South East	South West	Wales	Prefer not to say	Total
Refuge	41%	46%	50%	53%	38%	37%	51%	40%	39%	43%	38%	**43%**
1to1	53%	66%	60%	55%	58%	56%	51%	50%	58%	59%	44%	**55%**
Group	41%	66%	43%	58%	51%	45%	42%	53%	51%	52%	37%	**49%**
Helpline	63%	78%	61%	72%	59%	65%	63%	65%	61%	58%	57%	**64%**
Online	48%	46%	44%	53%	44%	41%	47%	52%	48%	42%	41%	**47%**
Counselling	44%	58%	49%	47%	44%	48%	46%	45%	38%	37%	33%	**45%**
Someone to talk to	54%	67%	64%	62%	63%	59%	54%	62%	59%	59%	39%	**59%**
Explain options	42%	55%	55%	44%	49%	39%	40%	46%	43%	40%	35%	**44%**
Police process	31%	41%	42%	30%	33%	30%	27%	29%	28%	29%	39%	**31%**
Protective Order	31%	37%	38%	35%	31%	37%	36%	37%	34%	23%	36%	**35%**
Home Safe	42%	34%	49%	28%	36%	38%	35%	41%	36%	48%	30%	**39%**
Move on from refuge	48%	33%	57%	28%	59%	43%	35%	37%	43%	56%	50%	**43%**
Leave Home	35%	33%	51%	32%	43%	34%	35%	27%	30%	35%	47%	**35%**
Physical healthcare	48%	50%	37%	35%	48%	44%	43%	43%	41%	38%	48%	**43%**
Mental Health care	42%	47%	41%	34%	38%	37%	35%	39%	31%	36%	30%	**37%**
Immigration advice	45%	0%	96%	54%	50%	54%	63%	39%	25%	40%	54%	**58%**
Social Services	31%	36%	45%	27%	21%	20%	34%	27%	21%	25%	41%	**29%**
Money debt advice	24%	25%	43%	25%	24%	28%	29%	27%	22%	28%	24%	**27%**
Work	26%	20%	18%	19%	18%	20%	19%	24%	27%	45%	26%	**23%**
Drugs or Alcohol	63%	57%	63%	29%	50%	56%	44%	43%	36%	50%	50%	**48%**
Family Court	35%	34%	42%	33%	35%	31%	31%	35%	30%	40%	24%	**34%**
Criminal court	29%	31%	25%	28%	29%	27%	19%	24%	28%	31%	33%	**26%**
Behaviour change	10%	16%	9%	4%	7%	6%	6%	8%	6%	3%	13%	**7%**

Appendix Table VII: Services that victims and survivors said that they wanted by respondents' ethnicity

			Behaviour change		Family Court		Mental health care		Refuge		Criminal Court		1 to 1 support	
Ethnic group	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
White	1715	86%	974	51%	1340	69%	1532	78%	466	25%	794	43%	1474	75%
Mixed/ Multiple ethnic groups	73	78%	54	58%	59	66%	69	77%	31	35%	45	50%	71	76%
Asian/ Asian British	147	84%	70	48%	128	76%	126	75%	70	42%	56	38%	145	80%
Black/ African/ Caribbean/ Black British	55	81%	29	45%	38	58%	47	71%	37	59%	23	39%	59	87%
Other ethnic group	24	75%	19	61%	23	74%	22	71%	11	37%	14	48%	22	71%
Not known	197	70%	92	45%	131	64%	155	67%	103	29%	76	37%	191	58%
Total	**2211**	**83%**	**1238**	**51%**	**1719**	**69%**	**1951**	**77%**	**718**	**28%**	**1008**	**42%**	**1962**	**74%**

Appendix Table VIII: Services that victims and survivors said that they wanted by respondents' gender

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

Appendix Table IX: Services that victims and survivors said that they wanted, according to whether they reported a disability

	Counselling		Behaviour change		Family Court		Mental health care		One to one support		Refuge		Criminal Court	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		%
Disabled	1053	88%	564	50%	772	67%	1045	88%	930	78%	345	30%	501	45%
Non-disabled	1158	80%	674	52%	947	70%	906	67%	1032	70%	373	26%	507	40%

Appendix Table X: Respondents agreeing or disagreeing with the statement 'I feel safer because of the help I got (N=1526)

Response	No.	%
Strongly agree	377	25%
Agree	463	30%
Neither agree nor disagree	267	17%
Disagree	224	15%
Strongly disagree	195	13%
Total	**1526**	**100%**

Appendix Table XI: Respondents agreeing or disagreeing with the statement 'I feel more in control of my life because of the help I got'

Response	No.	%
Strongly agree	457	30%
Agree	509	33%
Neither agree nor disagree	206	13%
Disagree	174	11%
Strongly disagree	193	13%
Total	**1539**	**100%**

Appendix Table XII: Respondents agreeing or disagreeing with the statement ' I feel I got the right help at the right time'

Response	No.	%
Strongly agree	330	22%
Agree	392	26%
Neither agree nor disagree	221	15%
Disagree	319	21%
Strongly disagree	261	17%
Total	**1523**	**100%**

Appendix Table XIII: Number of domestic abuse organisation the survivor had contacted in the previous 3 years

Number of organisations	No.	%
Five or more	193	10%
Four	199	10%
Three	380	19%
Two	494	25%
One	430	22%
Zero	283	14%
Total	**1979**	**100%**

Appendix Table XIV: Number of domestic abuse organisations the survivor contacted but did not get help from.

Number of organisations	No.	%
Five or more	106	6%
Four	89	5%
Three	185	10%
Two	345	18%
One	417	22%
Zero	785	41%
Total	**1927**	**100%**

Appendix Table XV: Responses to question 'If you needed help in the future for domestic abuse, would you know where to find it?'

Response	No.	%
No	442	21%
Unsure	389	18%
Yes	1288	61%
Total	**2119**	**100%**

Appendix Table XVI: Are there any types of help you would have liked but were not available in your area?

Response	No.	%
Don't know	639	31%
No	295	14%
Yes	1121	55%
Total	**2055**	**100%**

XVII: Responses to 'I feel that I got the right help at the right time'

Response	No.	%
Strongly agree	330	22%
Agree	392	26%
Neither agree nor disagree	221	14%
Disagree	319	21%
Strongly disagree	261	17%
Total	**1523**	**100%**

Appendix Table XVIII: Black & minoritised survivors who felt safer, by what service they accessed

	Accessed 'by and for service' (number)	Accessed 'by and for' service (%)	Accessed a non-by and for service	Accessed a non-by and for service (%)	Accessed no domestic abuse services	Accessed no domestic abuse services (%)
Strongly agree or agree	98	74%	21	42%	19	28%
Neither agree nor disagree	6	5%	11	17%	20	30%
Strongly disagree or disagree	28	21%	33	51%	38	42%

Appendix Table XIX: Responses to 'Did your children get any support from domestic abuse services N=599

All respondents with children	No	%
Yes	45	8%
No, but I would have liked them to	451	75%
No, but I didn't want them to	103	17%
Total	**599**	**100%**

Appendix Table XX: Responses to 'Did your children get any support from domestic abuse services' Parents who wanted services for their children N=451

Respondents who wanted a service for their children	No	%
Yes	45	9%
No, but I would have liked them to	451	91%
Total	**496**	**100%**

Appendix Table XXI: Responses to 'Did your children get any support from domestic abuse services, region N=599

	Yes		No, but I would have liked them to		No, but I didn't want them to	
Region	**No**	**%**	**No**	**%**	**No**	**%**
North West	6	8%	58	74%	14	18%
North East	0	0%	11	100%	0	0%
Yorkshire and Humber	7	14%	38	73%	7	14%
West Midlands	2	4%	35	75%	10	21%
East Midlands	4	9%	33	75%	7	16%
East of England	7	11%	44	70%	12	19%
London	3	5%	46	82%	7	13%
South East	9	7%	94	73%	25	20%
South West	5	7%	56	75%	14	19%
Wales	2	7%	23	79%	4	14%
Prefer not to say	0	0%	13	81%	3	19%
Total	**45**	**8%**	**451**	**75%**	**103**	**17%**

Appendix Table XXII: Responses to 'Overall, was it easy or difficult to get help once you heard about what was there', by region, excluding those unable to give a view.

Region	Very easy	Quite easy	Neither easy nor difficult	Quite	Very
North West (N=256)	11%	23%	13%	20%	32%
North East (N=95)	19%	19%	16%	27%	19%
Yorkshire and Humber (N=208)	23%	28%	12%	11%	27%
West Midlands (N=190)	10%	24%	16%	17%	33%
East Midlands (N=132)	11%	22%	11%	22%	33%
East of England (N=227)	15%	15%	16%	26%	28%
London (N=246)	13%	19%	18%	20%	30%
South East (N=357)	11%	23%	13%	20%	33%
South West (N=208)	10%	27%	11%	21%	31%
Wales (N=125)	14%	21%	14%	26%	26%

Appendix Table XXIII: Responses to 'If you told any professionals about the domestic abuse, who did you tell first?' by sex/gender.

	Male		Female	
Profession	**No.**	**%**	**No.**	**%**
Healthcare	166	47%	699	43%
Police	172	49%	682	42%
Social services	92	26%	221	14%
Legal staff	108	31%	198	12%
DA worker	31	9%	259	16%
Helpline	51	14%	187	12%
Work colleague	44	13%	178	11%
Academic	19	5%	126	8%
Council housing dept	18	5%	60	4%
Housing Association	11	3%	43	3%
Religious leader	16	5%	33	2%
Other support service	10	3%	35	2%
Job centre	8	2%	31	2%
Shop worker	1	0%	17	1%
Total	**352**	**100%**	**1615**	**100%**

Appendix Table XXIV: Responses to 'If you told any professionals about the domestic abuse, who did you tell first?' by ethnicity

	Black and minoritised		White	
Profession	No.	%.	No.	%
Healthcare	114	39%	761	44%
Police	111	38%	741	43%
Social services	52	18%	262	15%
Legal staff	38	13%	269	16%
DA worker	54	18%	239	14%
Helpline	40	14%	203	12%
Work colleague	22	7%	207	12%
Academic	21	7%	127	7%
Council housing dept	24	8%	55	3%
Housing Association	11	4%	44	3%
Religious leader	20	7%	29	2%
Other support service	4	1%	43	2%
Job centre	11	4%	29	2%
Shop worker	3	1%	16	1%
Total	**295**	**100%**	**1724**	**100%**

Appendix Table XXV: Response to 'Where did you first hear about the domestic abuse service(s) that existed?'

	No.	%
Own research	1183	33%
Police	1003	28%
Healthcare	696	19%
Friend of family	613	17%
Social services	395	11%
Helpline	302	8%
Work	211	6%
Legal	206	6%
DA service contact	198	5%
Other	185	5%
Education	152	4%
Community	131	4%
Other support service	78	2%
Council housing	74	2%
Housing association	49	1%
Job centre	32	1%
Local shops	18	0.5%

Appendix Table XXVI: Ease of getting help once you heard what was there, by sexual orientation

Getting help by sexual orientation	Very or Quite Easy		Neither Easy nor Difficult		Very or Quite Difficult	
	No.	%	No.	%	No.	%
Bisexual	30	30%	7	7%	63	63%
Gay	2	22%	1	11%	6	67%
Heterosexual / straight	619	37%	222	13%	811	49%
Lesbian	5	14%	9	26%	21	60%
Total	**656**	**37%**	**239**	**13%**	**901**	**50%**

Appendix Table XXVII: Ease of getting help once you heard what was there, by gender

	Very Easy		Quite Easy		Neither Easy nor Difficult		Quite Difficult		Very Difficult		Total	
Gender	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Female	233	16%	393	26%	225	15%	317	21%	324	22%	**1492**	**100%**
Male	6	2%	25	8%	24	8%	39	13%	210	69%	**304**	**100%**
Non-binary	1	7%	1	7%	2	13%	3	20%	8	53%	**15**	**100%**
Total	**240**	**13%**	**419**	**23%**	**251**	**14%**	**359**	**20%**	**542**	**30%**	**1811**	**100%**

Appendix Table XXVIII: Response to How easy or difficult was it to find out about what help that existed where you live?

Response	Freq	%
Very easy	170	8%
Quite easy	482	23%
Neither easy nor difficult	379	18%
Quite difficult	502	24%
Very difficult	532	26%
Total	**2065**	**100%**

Appendix Table XXIX: Response to 'I feel that my child or children are safer because of the help they got'

	No.	%
Strongly agree	95	26%
Agree	114	31%
Neither agree nor disagree	50	14%
Disagree	42	12%
Strongly disagree	62	17%
Total	**363**	**100%**

Appendix Table XXX: I feel that my child or children got the right help at the right time

	No.	%
Strongly agree	80	22%
Agree	116	32%
Neither agree nor disagree	36	10%
Disagree	62	17%
Strongly disagree	72	20%
Total	**366**	**100%**

Appendix Table XXXI: I feel that my child is (or that my children are) safer now than when I first thought about getting help

	No	%
Strongly agree	70	11%
Agree	111	17%
Neither agree nor disagree	92	14%
Disagree	132	20%
Strongly disagree	254	39%
Total	**659**	**100%**

7.6: Focus groups and interviews

Appendix Table XXXII: *Demographic characteristics of survivors participating in focus groups and interviews (N=35)*

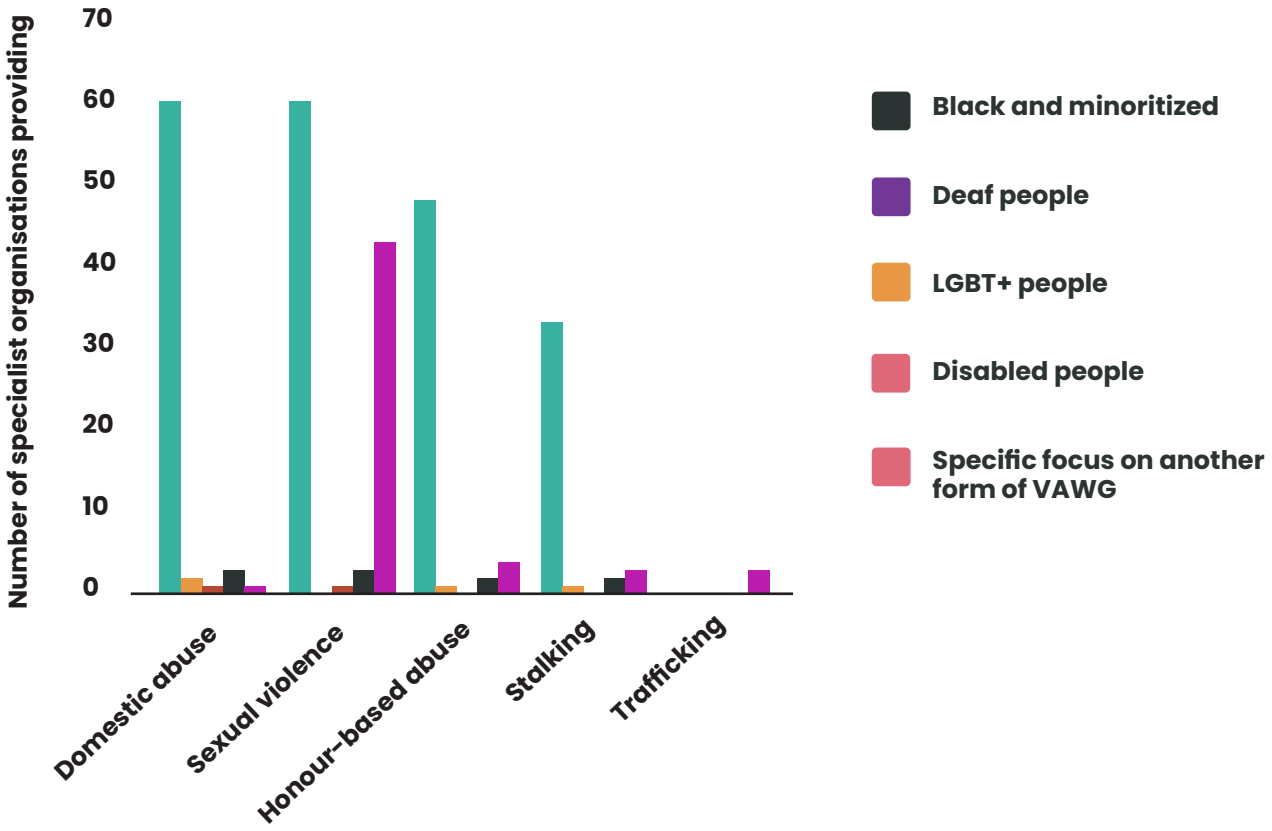
Demographic characteristics	No.	%
Gender		
Female	26	74%
Male	9	26%
Type of abuse		
Intimate partner violence	30	86%
Family violence and abuse	5	14%
Minoritised groups		
LGBT+	8	23%
Black and minoritised ethnic groups	20	57%
English as second language	17	49%
No recourse to public funds (NRPF)	9	26%
Disabled	9	26%
Deaf	5	14%
Older survivors 55+ years	4	11%

7.7: Service provider survey

Appendix Table XXXIII: Detail of type of organisations responding to survey

Type	What type of organisation are you?	No. orgs	% Orgs
By and For		**76**	**13.6%**
	By & For Black and minoritised people	65	11.6%
	By & For Deaf people	3	0.5%
	By & For LGBT+ people	4	0.7%
	By & For Disabled people	4	0.7%
VAWG / DA		**293**	**52.4%**
	Domestic abuse	184	32.9%
	Domestic abuse & perpetrator intervention	36	6.4%
	Domestic abuse perpetrator intervention	4	0.7%
	Specific focus on another form of VAWG	54	9.7%
	VAWG	15	2.7%
Broader remit		**130**	**23.3%**
Public sector		**54**	**9.7%**
Not stated		**6**	**1.1%**
Total		**559**	**100.0%**

Appendix Figure v: Type of support provided by specialist by and for support services



Appendix Table XXXIV: Does your accommodation-based support meet the criteria for the definition of a refuge? (N=207)

	No.	%
Yes	167	81%
No	14	7%
Varies	26	13%
TOTAL	**207**	**100%**

Appendix Table XXXV: Regional variation in accommodation-based services meeting refuge criteria N=181

	Yes		No		Varies		Total	
Region	**No. orgs**	**% row**	**No. orgs**	**% row**	**No. orgs**	**% row**	**No. orgs**	**% row**
North West	18	75%	2	8%	4	17%	**24**	100%
North East	11	92%	1	8%	0	0%	**12**	100%
Yorkshire and the Humber	15	79%	0	0%	4	21%	**19**	100%
West Midlands	14	74%	3	16%	2	11%	**19**	100%
East Midlands	13	81%	2	13%	1	6%	**16**	100%
East of England	14	88%	0	0%	2	13%	**16**	100%
Greater London	25	81%	1	3%	5	16%	**31**	100%
South East	18	78%	1	4%	4	17%	**23**	100%
South West	12	63%	2	11%	5	26%	**19**	100%
Wales	15	94%	0	0%	1	6%	**16**	100%
Total	**146**	**81%**	**11**	**6%**	**24**	**13%**	**181**	**100%**

Appendix Table XXXVI: Accommodation-based referrals received and accepted during Year ending March 2021

	No.	No. of	Average no. per organisation
Referrals received in Year ending March 2021	72047	137	526
Referrals accepted in Year ending March 2021	12681	133	95

Appendix Table XXXVII: Average length of stay in accommodation- based support (organisational level data).

Average length of stay	No. Organisations	%
Up to 1 month	1	1%
Over 1 month and up to 3 months	15	10%
Over 3 months and up to 6 months	48	31%
Over 6 months and up to 9 months	34	22%
Over 9 months and up to 12 months	24	15%
Over 12 months	17	11%
Varies	17	11%
TOTAL	**156**	**100%**

Appendix Table XXXVIII: Who can access community-based services? N=1549

Who can access community-based services?	No. services	% services	No. organisations (distinct)	% organisations (distinct)
Domestic abuse victims / survivors only (including children)	951	61%	301	75%
Domestic abuse perpetrators or those exhibiting abusive behaviours	55	4%	42	11%
Broader group of users	543	35%	221	55%
TOTAL	**1549**	**100%**	**399**	**100%**

Appendix Table XXXIX: Who can access accommodation-based services? N=310

Who can access accommodation-based services	No. services	%	No. orgs (distinct)	% orgs (distinct)
Domestic abuse victims / survivors only (including children)	270	87%	158	90%
Domestic abuse perpetrators or those exhibiting abusive behaviours	4	1%	3	2%
Broader group of users	36	12%	27	15%
Total	**310**	**100%**	**176**	**100%**

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

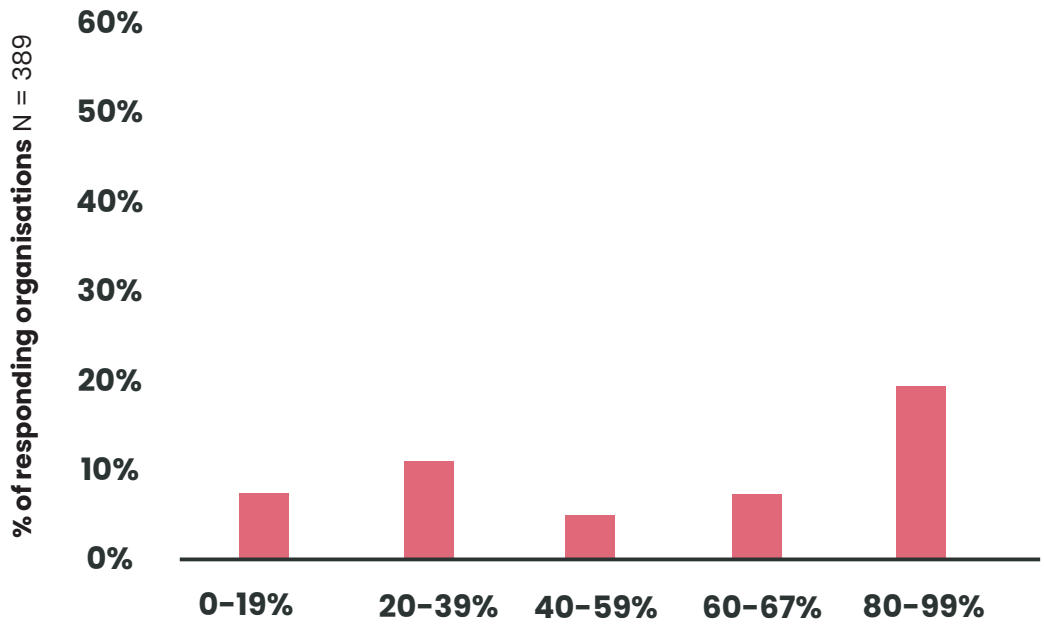
Types of intervention	No.	%
Advocacy or caseworker support	919	72%
Outreach	718	56%
Floating support	304	24%
Counselling	485	38%
Group work / support groups	669	52%
Other type of community-based support	56	4%

Appendix Table XLI: Settings where community-based services may be provided N=435

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

NB It is likely that organisations answered this question thinking about where a service might be delivered when required rather than where it is permanently located.

Appendix Figure vi: Percentage of organisations with high and low proportions of referrals that are domestic abuse related within each organisation N=389



Appendix Table XLII: Average waiting time for community-based services

Average waiting time	% those who responded	% those who had waiting lists
Up to 1 week	12%	23%
Over 1 week and up to 2 weeks	7%	13%
Over 2 weeks and up to 1 month	10%	17%
Over 1 month and up to 3 months	12%	23%
Over 3 months and up to 6 months	10%	18%
More than 6 months	4%	7%
We do not hold waiting lists	47%	

Appendix Table XLIII: Service provision according to sex and gender (N=559)

Categories of service provision according to sex or gender	No.	%
All of our domestic abuse services are for women only	130	23%
All of our domestic abuse services are for men only	9	2%
We provide a mixture of domestic abuse services for men and women (but services are single gender or single sex)	144	26%
We provide domestic abuse services that are not gender or sex specific	185	33%
Mixture of domestic abuse services for men and women and non-gender or sex specific	51	9%
Other	4	1%
Not stated	36	6%
Total	**559**	**100%**

Appendix Table XLIV: Service provider organisations' access to interpreters when needed. N= 309

	No.	%
Yes, we have staff in our organisation who are able to interpret	178	58%
Yes, we are able to access external interpreters for our services	262	85%
Yes, we are able to occasionally access external interpreting services but not in every case where needed.	102	33%
No, we do not have any access to interpreter services	66	21%

Appendix Table XLV: Service provider organisations' access to communication support for people with autism or learning disabilities N= 417

	No.	%
Yes, we have access to communications support within our organisation	137	33%
Yes, we have access to communications support through another organisation	138	33%
Yes, we provide communications support through another way	62	15%
No, we do not have access to communications support for people with learning disabilities, autism or both	163	39%

Appendix Table XLVI: Population and the number of domestic abuse organisations within each country and region

Country	Number of domestic abuse organisations	Population
Wales (National)	8	3,169,600
England (National)	13	56,550,100
England & Wales (National)	42	59,719,700
Country/Region		
East Midlands	42	4,865,600
West Midlands	53	5,961,900
South-East	85	9,217,300
Greater London	92	9,002,500
Yorkshire and the Humber	57	5,526,400
South-West	65	5,659,100
North-West	88	7,367,500
East of England	80	6,269,200
North-East	36	2,680,800
Wales	85	3,169,600

Appendix Table XLVII: Percentage of organisations that provide accommodation-based services that receive some form of statutory funding as a main source, by region

Region	Total responding	No.	%
North West	21	19	91%
North East	11	8	73%
Yorkshire and the Humber	15	13	87%
West Midlands	18	14	78%
East Midlands	12	7	58%
East of England	10	9	90%
Greater London	24	21	88%
South East	19	18	95%
South West	15	14	93%
Wales	15	15	100%

Appendix Table XLVIII: Percentage of organisations that provide community-based services that receive some form of statutory funding as a main source, by region

Region	Total	No.	%
North West	50	35	70%
North East	20	14	70%
Yorkshire and the Humber	27	18	67%
West Midlands	27	21	78%
East Midlands	20	10	50%
East of England	32	26	81%
Greater London	44	33	75%
South East	42	32	76%
South West	24	16	67%

Appendix Table XLIX: Percentage of organisations operating in each region/country providing accommodation-based services and community-based services

Region	Total No. orgs	No. orgs with ABS	% orgs with ABS	No. orgs with CBS	% orgs with CBS
North West	86	31	36%	78	91%
North East	35	14	40%	28	80%
Yorkshire & the Humber	56	25	45%	46	82%
West Midlands	50	23	46%	41	82%
East Midlands	40	19	48%	30	75%
East of England	77	21	27%	73	95%
Greater London	90	34	38%	69	77%
South East	82	29	35%	70	85%
South West	62	24	39%	49	79%
Wales	82	26	32%	66	80%

Appendix Table L: Percentage of organisations providing community-based service providers who provide advocacy, floating support, group support, outreach and counselling by region/country

Region	Advocacy	Floating support	Group	Outreach	Counselling
North West	87%	30%	76%	72%	61%
North East	88%	48%	80%	80%	56%
Yorkshire and the Humber	85%	39%	72%	62%	28%
West Midlands	80%	43%	58%	70%	53%
East Midlands	79%	25%	57%	54%	46%
East of England	70%	18%	54%	63%	37%
Greater London	92%	28%	72%	73%	50%
South East	75%	23%	67%	65%	37%
South West	60%	25%	58%	55%	33%
Wales	92%	51%	65%	84%	41%

Appendix Table LI: Referral eligibility reported by organisations providing accommodation-based services, by region/country

	East Midlands		East of England		Greater London		North East		North West		South East		South West		Wales		West Midlands		Yorkshire and the Humber	
Additional needs	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Black and minoritised victims / survivors	15	94%	18	95%	31	97%	12	100%	25	93%	22	100%	19	100%	21	91%	19	91%	21	100%
Deaf victims / survivors	11	69%	14	74%	22	69%	7	58%	19	70%	16	73%	14	74%	16	70%	13	62%	15	71%
Disabled victims / survivors	10	63%	10	53%	17	53%	6	50%	18	67%	12	55%	11	58%	15	65%	12	57%	12	57%
LGB (Lesbian, Gay or Bisexual) victims / survivors	14	88%	19	100%	27	84%	10	83%	25	93%	20	91%	19	100%	20	87%	15	71%	17	81%
Male victims / survivors	7	44%	5	26%	2	6%	3	25%	11	41%	6	27%	15	79%	10	44%	5	24%	8	38%
Trans victims / survivors	5	31%	7	37%	5	16%	4	33%	16	59%	10	46%	16	84%	16	70%	6	29%	10	48%
Victims / survivors experiencing alcohol misuse	8	50%	8	42%	5	16%	2	17%	12	44%	9	41%	10	53%	12	52%	9	43%	10	48%
Victims / survivors experiencing homelessness	12	75%	18	95%	29	91%	6	50%	22	82%	18	82%	17	90%	17	74%	17	81%	17	81%
Victims / survivors experiencing other substance misuse	8	50%	8	42%	5	16%	2	17%	11	41%	8	36%	10	53%	12	52%	9	43%	10	48%
Victims / survivors who have a history of offending	6	38%	7	37%	4	13%	2	17%	7	26%	6	27%	11	58%	9	39%	9	43%	9	43%
Victims / survivors with children who also require accommodation	16	100%	19	100%	29	91%	11	92%	25	93%	21	96%	18	95%	20	87%	17	81%	18	86%
Victims / survivors with high mental health needs	5	31%	7	37%	4	13%	2	17%	10	37%	7	32%	7	37%	10	44%	8	38%	7	33%
Victims / survivors with learning disabilities, autism or both	10	63%	10	53%	19	59%	5	42%	17	63%	15	68%	12	63%	16	70%	15	71%	12	57%
Victims/Survivors with no recourse to public funds	10	63%	9	47%	22	69%	5	42%	15	56%	11	50%	8	42%	19	83%	12	57%	15	71%

Appendix Table LII: Referral eligibility reported by organisations providing community-based services, by region/country

	East Midlands		East of England		Greater London		North East		North West		South East		South West		Wales		West Midlands		Yorkshire and the Humber	
Additional needs	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Black and minoritised victims / survivors	26	100%	58	94%	63	98%	25	100%	70	96%	58	98%	40	100%	55	98%	39	98%	39	95%
Deaf victims / survivors	18	69%	46	74%	40	63%	20	80%	52	71%	51	86%	34	85%	45	80%	29	73%	31	76%
Disabled victims / survivors	22	85%	50	81%	46	72%	23	92%	62	85%	52	88%	36	90%	48	86%	31	78%	33	81%
LGB (Lesbian, Gay or Bisexual) victims / survivors	24	92%	57	92%	53	83%	23	92%	68	93%	56	95%	38	95%	55	98%	31	78%	36	88%
Male victims / survivors	18	69%	44	71%	31	48%	14	56%	48	66%	44	75%	30	75%	42	75%	27	68%	29	71%
Trans victims / survivors	20	77%	46	74%	46	72%	17	68%	60	82%	46	78%	35	88%	53	95%	27	68%	30	73%
Victims / survivors experiencing alcohol misuse	16	62%	44	71%	33	52%	17	68%	48	66%	44	75%	26	65%	41	73%	23	58%	30	73%
Victims / survivors experiencing homelessness	18	69%	56	90%	52	81%	19	76%	62	85%	50	85%	33	83%	49	88%	29	73%	32	78%
Victims / survivors experiencing other substance misuse	14	54%	44	71%	33	52%	17	68%	48	66%	45	76%	26	65%	41	73%	23	58%	30	73%
Victims / survivors who have a history of offending	13	50%	40	65%	41	64%	15	60%	51	70%	40	68%	27	68%	41	73%	22	55%	26	63%
Victims / survivors with high mental health needs	13	50%	43	69%	30	47%	16	64%	44	60%	43	73%	26	65%	41	73%	19	48%	27	66%
Victims / survivors with learning disabilities, autism or both	21	81%	44	71%	46	72%	20	80%	54	74%	50	85%	33	83%	46	82%	29	73%	33	81%
Victims/Survivors with no recourse to public funds	21	81%	54	87%	55	86%	19	76%	66	90%	51	86%	36	90%	53	95%	32	80%	36	88%
Total	**26**	**100%**	**62**	**100%**	**64**	**100%**	**25**	**100%**	**73**	**100%**	**59**	**100%**	**40**	**100%**	**56**	**100%**	**40**	**100%**	**41**	**100%**

Appendix Table LIII: Whether their organisation had to cease services because of funding by organisation type.

What type of organisation are you?	Yes		No		Summary	
	No.	%	%	No.	No.	%
By and For	19	45%	23	55%	42	100%
VAWG / DA	41	26%	115	74%	156	100%
Broader remit	27	26%	76	74%	103	100%
Public sector	4	14%	24	86%	28	100%
Total	**91**	**28%**	**238**	**72%**	**329**	**100%**

7.8: Commissioner data request

Appendix 7.8.1: Data request send to Commissioners of domestic abuse services

Commissioner name Name of your public authority (e.g. Essex County Council, Northumbria PCC)
Provider organisation name Name of organisations who provide DA services which you commission or fund (one row per service)
Is the organisation 'by and for' any of the below groups? Defined as organisations that are run by and for people with protected characteristics who face the greatest levels of marginalisation and exclusion.
What is the name of the service that you provide funding for? If you provide funding for more than one service from this organisation, please split across multiple rows (unless your answer will remain the same for all columns)
Service category Please select one - if you fund multiple services by the same organisation, please provide one row per service.
Who is the service for? When answering this question, do not consider children and young people (for example, answer 'women only' where a women's refuge includes bedspcace for accompanying male children)
Does this service provide specialist support for children and young people?
Residency requirements
Is this service available remotely? E.g., over phone or webchat
If yes, has the remote delivery been evaluated? If yes, please could you provide a copy of the evaluation report in the response email.
Please provide any further detail of the service provided. For example, is the service an IDVA / ISVA service, other (non-IDVA) advocacy support, a refuge, long-term recovery work. Please limit to no more than 100 words.

Are you happy for information in columns A to K to be shared with the University of Birmingham?
This is for a separate study looking at the impact COVID-19 has had on domestic violence and abuse survivors and the best support packages that can be remotely accessed by survivors or those at risk. Please note no other information you provide will be shared beyond the DAC Office.

Funding provided by your organisation for this service (year ending March 2021)
Please only provide details of funding that your organisation provides for this service. You can provide information about other funders in columns S and T.

Funding source
Please select from the drop-down list, if none of these apply, please write in free text.

Funding source - other sources / additional comments
If none of the options in column K apply, please provide details of funding source for this service here, or provide any additional comments

Is this a grant or a contract/commissioned service?

When did this funding commence?
Please provide the month and the year

When does this funding end?
Please provide the month and the year. If it was a one-off grant, please select the same date as its commencement.

Is this funded singly by your organisation or jointly with another commissioner (e.g. a Local Authority or a PCC)?

If jointly funded, please specify who the service is jointly funded with

Are you content to share a copy of your Part 4 Needs Assessment and draft delivery plans?
If so, please provide alongside your completed spreadsheet

Appendix Table LIV: Number of distinct commissioners and provider organisations by PCC area.

PCC area	Commissioners		Providers	
	No.	%	No.	%
Avon and Somerset PCC	5	3%	33	4%
Bedfordshire PCC	4	3%	41	5%
Cambridgeshire PCC	3	2%	15	2%
Cheshire PCC	5	3%	26	3%
City of London Police Authority Board	1	1%	1	0%
Cleveland PCC	5	3%	14	2%
Cumbria PCC	2	1%	21	2%
Derbyshire PCC	3	2%	27	3%
Devon and Cornwall PCC	5	3%	30	4%
Dorset PCC	2	1%	6	1%
Durham PCC	3	2%	21	2%
Dyfed Powys PCC	1	1%	11	1%
Essex PCC	4	3%	10	1%
Gloucestershire PCC	1	1%	4	1%
Greater Manchester PCC	7	5%	59	7%
Gwent PCC	6	4%	11	1%
Hampshire PCC	5	3%	23	3%
Hertfordshire PCC	2	1%	13	2%
Humberside PCC	4	3%	10	1%
Kent PCC	3	2%	30	4%
Lancashire PCC	4	3%	22	3%
Leicestershire PCC	3	2%	14	2%
Lincolnshire PCC	3	2%	7	1%
MOPAC London PCC	1	1%	24	3%
Merseyside PCC	7	5%	39	5%
Norfolk PCC	2	1%	13	2%
North Wales PCC	1	1%	11	1%
North Yorkshire PCC	3	2%	10	1%
Northamptonshire PCC	2	1%	10	1%
Northumbria PCC	7	5%	57	7%
Nottinghamshire PCC	3	2%	19	2%
South Wales PCC	3	2%	35	4%

South Yorkshire PCC	5	3%	36	4%
Staffordshire PCC	3	2%	11	1%
Suffolk PCC	2	1%	34	4%
Surrey PCC	2	1%	14	2%
Sussex PCC	3	2%	30	4%
Thames Valley PCC	10	7%	45	5%
Warwickshire PCC	2	1%	8	1%
West Mercia PCC	5	3%	16	2%
West Midlands PCC	6	4%	27	3%
West Yorkshire PCC	5	3%	24	3%
Wiltshire PCC	3	2%	18	2%
Total	**155**	**100%**	**858**	**100%**

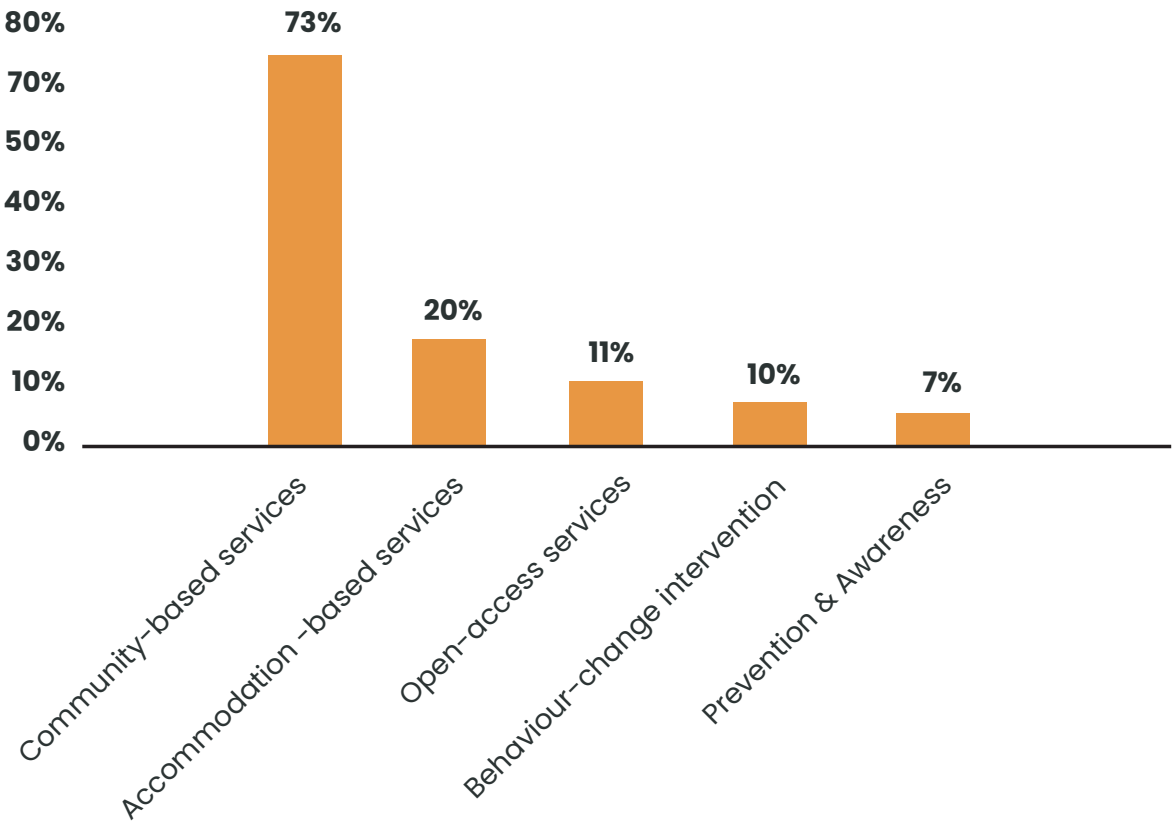
Appendix Table LV: Number of distinct commissioners and provider organisations by region.

Region	Commissioners No.	%	Providers No.	%
East Midlands	12	8%	71	8%
East of England	17	11%	118	14%
Greater London	1	1%	24	3%
North East	15	10%	89	10%
North West	25	16%	164	19%
South East	22	14%	140	16%
South West	17	11%	86	10%
Wales	11	7%	59	7%
West Midlands	16	10%	61	7%
Yorkshire and the Humber	19	12%	84	10%
Total	**155**	**100%**	**858**	**100%**

Appendix Table LVI: Number of by and for organisations within commissioning survey data by type

Type of organisation	No.	%
Black and minoritised people	52	6%
Deaf people	2	0%
Disabled people	5	1%
LGBT+ people	10	1%
None of the above	720	84%
Not stated	105	12%
Total	**858**	**100%**

Appendix Figure vii: Types of services delivered by the service providers N=8



Appendix Table LVII: Single and joint funding instances by type of organisation

Is this funded singly by your organisation or jointly with another commissioner	By and for organisations N=102	Other organisations N=1613
Jointly (multiple partners)	8%	12%
Jointly (one other partner)	5%	12%
Singly	87%	76%
Total	**100%**	**100%**

Appendix Table LVIII: Single and joint funding instances, by for whom the service is for.

	Not sex or gender specific (but service delivered separately to men and women)	Not sex / gender specific (service delivered in mixed sex / gender space)	Women Only	Men Only
Jointly (multiple partners)	15%	18%	7%	15%
Jointly (one other partner)	15%	15%	8%	6%
Singly	70%	67%	85%	79%
Total	**100%**	**100%**	**100%**	**100%**

Appendix Table LIX: Commissioners' information on who services are for

	No. services*	%
Not sex or gender specific (but service delivered separately to men and women)	850	57%
Not sex / gender specific (service delivered in mixed sex / gender space)	190	13%
Women Only	411	27%
Men Only	47	3%
Total	**1498**	**100%**

**Same service can be counted more than once as it may be commissioned by several commissioning bodies*

Appendix Table LX: Residency requirements reported by commissioners of services, according to service type.

	Accommodation-based services		Community-based services		Open access		Behaviour change		Prevention and awareness	
Residency requirements	No.	%	No.	%	No.	%	No.	%	No.	%
Live in the local area	38	19%	439	50%	63	54%	55	59%	36	55%
Live work or study in the local area	14	7%	326	37%	31	27%	30	32%	17	26%
None	149	74%	116	13%	22	19%	8	9%	12	19%
Total	**201**	**100%**	**881**	**100%**	**116**	**100%**	**93**	**100%**	**65**	**100%**

Appendix Table LXI: Comparison of total funding under £100k, according to type of domestic abuse support provider organisations

Total funding per provider	By & For		Other	
	No.	%	No.	%
£0 up to £25,000	35	57%	268	46%
£25,000 up to £50,000	15	25%	175	30%
£50,000 up to £75,000	9	15%	95	16%
£75,000 up to £100,000	2	3%	50	9%
Total	**61**	**100%**	**588**	**100%**

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