A scoping review of refuge models

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While every effort has been made to ensure that the information contained in this draft report is accurate and up-to-date, the author(s) cannot accept legal responsibility or liability for any actions taken by readers as a result of any errors or omissions.

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[1] https://www.uos.ac.uk/content/suffolk-institute-for-social-economic-research

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Abbreviations

NRPF	No recourse to public funds
DA	Domestic abuse
NWTA	No Woman Turned Away
OH	Oranje Huis
SCC	Suffolk County Council
VAWG or VAWGMB	Violence Against Women and Girls/Violence Against Women and Girls including Men and Boys

1 Executive Summary

This evidence review was researched and written for Suffolk County Council (SCC) as part of the broader evaluation of Suffolk's refuges and satellite accommodation. This scoping review report has been written and researched by Dr Olumide Adisa, Dr Katherine Allen, Fiona Costello, and Anni Meehan.

The scoping review provides information on other models of refuges based on the existing evidence, to help further support SCC's evidence-informed approach to commissioning domestic abuse services and accommodation.

1.1 Scoping review: Objectives

This report presents findings from the scoping review of the existing literature on refuge and other accommodation-based responses to people fleeing domestic abuse (DA). Its objectives are:

- To synthesise research findings on models of DA refuge and other accommodation-based responses operating in England and globally, giving an overview of the evidence base on 'what works' and what doesn't work so well.

- To identify the challenges currently facing refuge service providers and analyse how these impact their ability to meet survivors' needs

- To locate gaps in refuge service provision and summarise the impacts of these gaps

While this scoping review serves as a preliminary exploration of these questions, mapping key models of refuge and the literature on their reach and efficacy, the evaluation of Suffolk's refuges and satellite evaluation contributes to this body of evidence and provides a source for stakeholders' perspectives on at least two of the identified models – that is, the conventional/'underground' model, and the dispersed/satellite model.

1.2 Summary of key findings

The research team identified three refuge models from the existing evidence:

- **the conventional/'underground' model**
- **the dispersed/satellite model**
- **the open/'Dutch' model[2]**

Model	Benefits	Challenges
- *Conventional model:* - 'Underground' or withheld address, generally survivors relocate from another area - Behavioural guidelines designed to safeguard residents and promote security - Often – although not always – a collective way of living, with shared kitchen and living spaces	- Confidential location safeguards residents from being traced by perpetrators - Communal living fosters supportive peer relationships with others in a similar situation - Access to intensive, in-house support from staff	- Moving out of local area can disrupt supportive informal networks, ties to community (see Haaken & Yragui, 2003) - Rules designed to promote safety and harmonious communal living can also be experienced as disempowering and isolating (see Øverlien, 2010) - If relationships with peers are not positive, can be a source of added stress and conflict (see Haj-Yahia & Cohen, 2009)
- *Satellite/dispersed model:* - 'Underground' or withheld address, generally survivors relocate from another area	- Provides accessible, secure accommodation for a wider range of survivors, including those with complex needs	- Moving out of local area can disrupt supportive informal networks, ties to community

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[2] None of the studies detailed on the open or Dutch model of refuge offer outcome evaluations, instead providing a more preliminary view of the benefits and challenges associated with the open model. It was therefore not possible to directly compare the outcomes with conventional/underground or satellite.

Model	Benefits	Challenges
• Self-contained housing units for survivors who are not able to access conventional refuge; for example, women with older male children or people with needs around substance use • Wrap-around support	• Greater degree of privacy and flexibility for residents e.g. around curfews	
• *'Open' or Dutch model:* • Published location, open to guests and family members of residents, and, in some variants (and in standard to medium risk situations), to the perpetrator • 24/7 security and risk assessment of incoming residents	• Open model "prioritises safety without hiding the woman and cutting her off from her social environment" (de Jong, 2011: 3) • Offers a 'whole family' approach to DVA intervention – a flexible service that "engages families on their own terms" (Stanley & Humphreys, 2017: 100) • Survivor can access secure accommodation without having to end relationship with perpetrator	• Not appropriate for survivors assessed as 'high risk' (de Jong, 2011) – potentially a survivor could be assessed as medium or standard risk erroneously, exposing her and others to danger • Workers must balance working with perpetrators and supporting them to change behaviour while remaining survivor-centred – extensive training required (de Jong, 2011: 5) • Police are closely involved for security reasons, which could deter some survivors

There was a dearth of literature examining the benefits or drawbacks of the satellite model relative to conventional refuge. Similarly, while there were articles on the open model that explored its history and theoretical underpinnings, as well as case studies that showed encouraging outcomes, there were no impact evaluations available for review.

The scoping review findings on national and international gaps in provision are reflected in local trends. Emerging findings from the evaluation suggest that black and ethnic minority women, particularly those who are, or believe themselves to be NRPF or who are not fluent in English, as well as male survivors and survivors who are involved in prostitution or sex work, all remain underserved by local refuge provision, including satellite/dispersed housing.

1.2.1 Key principles of refuges and safe accommodation models

Increased professionalism linked to changing funding structures: from a grassroots feminist response to violence against women and girls (Warrington, 2003) to greater reliance on mainstream funders and service contracts.

Holistic and needs-led: contemporary refuges in the UK typically provide a range of services in addition to accommodation, including legal advice and assistance, child support, therapeutic provision, individualised safety planning, or support with obtaining housing, employment and health care. To our knowledge, for alternative safe accommodation models in the UK setting, satellite accommodation provision is the only one of its kind to offer a similar package of wrap-around support as can be found in a refuge setting.

Shared central values and objectives: all the models were aimed to safeguard and empower individuals who have experienced DA – but employed different approaches to housing and supporting survivors, and, in the case of the open model, has a very different relationship to community involvement and publicity.

1.2.2 Key gaps in refuge service provision

From the review, the key gaps can be grouped into two main areas: funding and capacity and responding to diversity and complexity.

Spaces for male survivors are particularly limited: in addition to the striking gender-asymmetry in experiences of ongoing, physically harmful and life-threatening abuse, there are significant disparities between victims when it comes to finding safety. While the evidence base shows that there is a general shortfall of refuge spaces (Women's Aid, 2020), spaces for male

survivors are particularly limited: in 2015, ManKind found that there were only 20 dedicated spaces for men across the UK, with a further 58 spaces open to them. An annual audit from Women's Aid showed that 13% of refuges surveyed were able to accommodate men, with 186 spaces available nationally (25 of which are designated for men only), in contrast to 3,728 spaces for female survivors (Women's Aid, 2020: 32).

Minoritised and migrant women face further obstacles: particularly when seeking refuge accommodation, as can women with specialist health and support needs. Over 40% of the women supported through the Women's Aid No Woman Turned Away[3] project were from black and ethnic minority backgrounds, while around 19% had no recourse to public funds owing to their immigration status (NRPF) (Austin & Smith, 2019:10-11). Meanwhile, nearly 1 in 4 of the women supported had disabilities (24.6%), while almost half had additional support needs in relation to their mental health (37.9%) or substance use (12%) (Austin & Smith, 2019: 10-11). Women involved in prostitution or sex work also encounter barriers accessing mainstream DA services, being excluded from many shelters due to complex support needs (Davis, 2004: 5).

LGBTQI survivors: the review found that there are only three dedicated LGBT+ refuge services operating nationwide in October 2019 (located in Brighton and Hove, London and Manchester) (Magić & Kelley, 2019: 50). SafeLives national dataset for 2017-18 showed that "just 2.5% of people accessing support from domestic abuse services identified as LGBT+" (SafeLives, 2018: 9). For example, practitioners reported that non-binary survivors can additionally face personal and systemic barriers, experiencing "invalidation" of their gender identity both in the context of DA "which can be used as a form of power and control over the survivor, but can also be used as exclusion criteria by services" (Magić & Kelley, 2019: 22).

Refuge provision for survivors with additional mental health needs: the review found that this has historically been "grossly inadequate", in spite of these known causal links (Barron, 2005: 12). As of 1st May 2019, a Women's Aid annual audit found that "only 16% of all refuge services have a specialist mental health support worker(s), about 11% have a specialist drug-use worker and only 10% have a specialist alcohol use worker" (Women's Aid, 2020: 29). This level of provision is particularly concerning given that about 44% of refuge service users report having some form of support need around mental health (Women's Aid, 2020: 7).

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[3] The No Woman Turned Away project, which began in January 2016, is designed to provide dedicated support to women who face barriers accessing refuge spaces.

1.2.3 Key features of successful models – what works and what doesn't work so well

No single model of refuge was found to be equally accessible, or appropriate, for all survivors: people seeking refuge present with a range of diverse, complex – and sometimes conflicting – needs. Survivors caring for small children and survivors who use alcohol or other substances as a coping mechanism are likely to have radically divergent requirements and expectations; while each has an equal right to support, the *right* support might look very different.

Emerging findings from the evaluation of Suffolk's refuges and satellite accommodation[4] corroborate this analysis, suggesting that alternative refuge models **should be understood as complementary rather than competitive**. Experiential evidence from local refuge providers and survivors (Adisa, 2020) indicates that 'what works' for Suffolk's survivors is offering flexibility, a choice of options and the space to make decisions.

Funding shortages, uncertainty, and complexity around recommissioning: experiential evidence from practitioners suggests that DA services locally and nationally face challenges in relation to sustainability (Bond, 2015; Women's Aid, 2020; Women's Budget Group, 2019), with a preponderance of short-term funding driving precarity and stifling more sustained forms of support locally (Bond, 2015: 108-9). Additionally, the review found reports of refuge staff spending extensive time and resources supporting service users facing a complex range of needs: poverty, problematic substance use, mental health and immigration issues (Burnett *et al*, 2016: 517).

Evaluating refuges in relation to over-ambitious or misinformed outcome measures is likely to yield disappointing results.

Mainstream refuges within the UK are not always equipped to meet the complex, enduring and intersecting needs of many DA survivors from black and ethnic minority communities (McCarry *et al*, 2018).

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[4] Adisa, O. (2020). An evaluation of refuge and satellite accommodation provision in Suffolk. University of Suffolk. NR

1.3 Messages for commissioners and funders

- Provide funding to support the conventional model of refuge and the dispersed/satellite model. While satellite can be used creatively to provide accommodation support for those that have complex needs (such as disabled survivors who require accessible facilities and male survivors) specialist work with minoritised survivors (including LGBTQI+ survivors) ought to be undertaken by specialist services supporting black and ethnic minority women

- The remit of support services ('by and for' services, and generic organisations) should be reviewed to ensure that the above-mentioned groups identified under 'gaps in provision' are not continuously excluded

- Further develop the evidence base to understand local innovative and adaptive approaches of refuge and safe accommodation provision. Future commissioning should be rooted in evidence of 'what works' allowing for ongoing reflections for the change in outcomes being created

- Establish and maintain good local partnerships with support organisations to share working practices across the system and how they meet the relevant needs of various communities identified in this review

- There is a need to consider the whole system, as safe accommodation is just one aspect. A number of outcomes in other areas of work to support survivors are likely to be impacting on overall outcomes for children and families.

2 Methodological approach: Scoping review

This report is designed to give a comprehensive overview of the literature on refuge models, following the robust methodological framework for scoping reviews outlined by Arksey and O'Malley (2005). Given the terminological shifts and diversity within the field of DA research, a variety of search terms were employed to ensure that relevant papers were not screened out due to differences in terminology.

Scoping reviews do not address the issue of the relative weight of evidence in favour of the effectiveness of any particular intervention. The advantage lies in its ability to provide a narrative or descriptive account of available research sooner rather than later. As a result, the method demands higher degrees of analytical skills from reviewers.[5]

Researchers initially used both ProQuest and their institutional database to conduct advanced searches for 'domestic abuse AND accommodation', 'domestic abuse AND refuge' and 'women's shelter', filtering for papers published from 2000 onwards. Abstracts were screened for suitability, according to whether a paper was within the remit of the review and might provide information about an intervention relevant for domestic abuse and housing, DA, or women's shelter, and/or evidence of effectiveness of service intervention models.

Those which met the criteria were obtained in full-text and further screened for suitability. Papers which were a very close match to the criteria of the review were read in full and references contained within those papers were also listed and then researched and full texts obtained where relevant. Fourteen articles were identified as relevant for inclusion in the review. Subsequently, researchers conducted two advanced, 'all date' ProQuest searches for 'battered women AND models of shelter' and 'battered women AND type of shelter', which together yielded a further six articles and theses. Following abstract screening, five of these were identified as potentially relevant and full-text versions were reviewed. Four were identified as relevant for inclusion in the review following this stage.

A follow-up search for news articles about contemporary refuges operating according to the open or 'Dutch' model identified during the initial phase of the review found evidence of two refuges, one located in Sussex and one in the Netherlands, called Oranje Huis (OH).

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[5] Arksey, H. and O'Malley, L. (2005). Scoping studies: towards a methodological framework, International Journal of Social Research Methodology, 8, 1, 19-32.

Researchers identified one article (Stanley & Humphreys, 2017), a previous scoping review (Barter *et al*, 2018), a published conference paper (van den Brink, 2008) one book chapter (Stanley, 2015), one thesis chapter (Reifenstein, 2014) , a literature review (Drost, van der Kooij & Lunnemann, 2015) and a grey literature case study (de Jong, 2012) that referred to the OH. Of these, the conference paper, case study, book chapter and scoping exercise contained either substantive discussion of the model or relevant information not available elsewhere. Finally, a more targeted search for relevant grey literature produced by Women's Aid, ManKind, Galop, SafeLives, the Women's Budget Group and St. Mungo's was conducted.

Research Questions

- RQ1: What are the prevailing models of refuge, and how well are they meeting survivors' needs?
- RQ2: What are the current gaps in provision, who is falling through these gaps, and why?
- RQ3: What alternative refuge models have been trialled nationally or internationally, and with what outcomes?

2.1 Report structure

Sections 3 and 4 discuss the emerging findings from the existing and available evidence.

2.2 Scoping review: Background

This review stems from a wider evaluation on Suffolk's refuges commissioned by Suffolk County Council. Specifically, this review sets out key models of refuge and the literature on their reach and efficacy in an attempt to ensure that newly commissioned refuge services are evidence informed. While the scope of this review is primarily about refuge services, the scope has been expanded to include other accommodation-based support, offering more flexible models of accommodation support for DA victims/survivors.

The Home Office defines DA as "any incident or pattern of incidents of controlling coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality" (Home Office, 2013: 2).

DA has devastating consequences and impacts on many aspects of society. In the year ending 31 March 2017, domestic abuse was estimated to cost £66 billion in England and Wales[6]. DA remains a key determinant for homicides (HMIC, 2014).

Recent data from the Crime Survey for England and Wales (year ending March 2019) shows that 1.6 million women and 786,000 men experienced some form of DA in the preceding year (Office for National Statistics, 2019a).

Accommodation-based responses to DA are particularly vital for women because of the gender 'housing gap' in the UK: austerity, rising housing costs and the gender pay gap have contributed to a "crisis of affordability" for single women in need of housing (Reis, 2019: 4).There is a robust body of data which shows both that DA is a significant driver of homelessness in women and that homeless women and women in DA refuges share a remarkably similar profile of needs and characteristics (see Young and Horvath, 2018)[7], including "mental health and substance abuse problems, lifetime rates of victimisation and trauma, and issues related to poverty" (Stainbrook & Hornik, 2006: 53).

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[6] https://www.gov.uk/government/publications/the-economic-and-social-costs-of-domestic-abuse

[7] https://www.homeless.org.uk/sites/default/files/site-attachments/Women%27s%20research_March%2019_1.pdf

Bretherton and Pleace found that "every study in the last 30 years or more has reported that women who become homeless often do so as a direct result of domestic violence and that […] experience of domestic violence and abuse is near-universal among women who become homeless" – whether or not it was identified as the cause (Bretherton & Pleace, 2018: 13). Women seeking to leave abusive relationships face an acute dilemma: stay in a dangerous situation but remain housed or leave and risk homelessness and its associated hazards.

The work Women's Aid does with women waiting for refuge spaces illustrates the heavy costs associated with underfunded and oversubscribed refuge services: of 309 women supported, 27 women reported sleeping rough while awaiting refuge, five with their children and one of whom was pregnant (Austin & Smith, 2019: 5). 59 women experienced further abuse in the intervening period, and 21 were physically assaulted (Austin & Smith, 2019:5). Having access to safe, affordable and supportive accommodation when needed empowers women to leave abusive situations and regain control of their lives.

While refuge provision was the most reported type of homelessness provision for women in England and Wales (Holly, 2017)[8], there is less of an established body of literature on DA's relationship to male homelessness. However, 8% of homeless men surveyed by St. Mungo's reported that DA had played a role in their situation (St Mungo's, 2014: 4). Therefore, there is a pressing need to respond to accommodation-based services for male victims fleeing abuse.

In the context of an increasingly lean and competitive funding climate – in which DA refuge services must simultaneously contend with the organisational and societal impacts of a decade of austerity, while meeting funders' expectations around monitoring and evaluation – it is important, and timely, to examine newer models of refuge support that work for DA victims, in line with their needs.

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[8] https://avaproject.org.uk/wp/wp-content/uploads/2017/09/Mapping-the-Maze-executive-summary-for-publication.pdf

3 Findings

3.1.1 RQ1: What are the prevailing models of refuge, and how well are they meeting survivors' needs?

Community responses to DA have been documented since the 15th century, with communities historically deploying strategies such as "public shaming, ridicule and punishment" to regulate men's use of violence against female intimates (Dobash & Dobash, 1981: 568). However, such measures were intended to punish *unseemly* and *excessive* uses of violence, rather than to prohibit any form of physical control or chastisement, which was regarded as a legitimate tool for enforcing masculine authority.

Victorian social reformers characterised DA as a public, social problem that should be addressed through legislative means, with influential essays such as Frances Power Cobbe's 'Wife Torture in England' (1878) contributing to the passage of the Matrimonial Causes Act in 1878[9]. Such legislative reforms afforded some protection against the most brutal or flagrant forms of abuse, particularly for wealthier women who could afford to seek legal redress. However, police and judiciary largely remained reluctant to intervene in the domestic sphere: DA continued to be viewed as a private issue between husbands and wives rather than an offence against the public order.

The burgeoning women's liberation movement rediscovered DA as a social, and intrinsically political, issue in the early 1970s, with the first Women's Aid refuge founded in Chiswick in 1971 (Pizzey, 2014: 216). Drawing on historical analysis and qualitative research conducted across 12 refuges in East Anglia, Warrington (2003) details the evolution of DA refuges in Britain, exploring the shift over decades from a volunteer-led and overtly political social movement to a professionalised social service.

Early efforts to establish refuges were mobilised by female volunteer-activists who sought to take domestic abuse from 'behind closed doors' and bring it into the public domain. By providing emergency accommodation, refuges offered an immediate sanctuary from abuse but, just as importantly, were designed to empower women and re-establish them as decision-

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[9] The Act afforded rights and protections for women who could demonstrate that they had been subjected to persistent and severe physical maltreatment by their husbands. "On convicting a husband for assault, a magistrate could grant a separation order, command him to pay a weekly sum toward maintenance, and allow the woman to retain custody of children under 10 years of age" (Dobash & Dobash, 1981: 571).

makers in control of their own lives, rather than fostering "a conventional charitable relationship in which the person helped feels beholden to the helper" (Warrington, 2003: 129). This empowerment model was foundational to the early refuge movement; refuges were run along collective and non-hierarchical lines (generally on a shoestring budget), with "an open door policy and workers and residents sharing equally in decision-making" (Warrington, 2003: 129). In addition to supporting victims, volunteer-activists shared two key objectives: to challenge violence against women and change women's status in society.

In the ensuing decades, many refuges enjoyed improved material conditions – moving from over-crowded and often poor-quality housing to private rooms and amenities – and extended their range of support services. Contemporary refuges work with women individually to identify unmet needs, offering a spectrum of services typically including legal advice and assistance, child support workers, some form of therapeutic provision, individualised safety planning, and support with obtaining housing, employment and health care.

These changes were accompanied by other, more foundational, transformations: the local authority funding on which refuges increasingly relied was scarce, short-term and often contingent on a clear management structure being in place, resulting in a pragmatic shift to a more conventional working model. In some instances, refuge workers felt that they had been forced to downplay or compromise their radical principles and surrender their autonomy in order to pursue funding opportunities. Similarly, the shift from volunteer-activists to paid workers, many with specialised or professional qualifications, resulted in greater hierarchisation and division of labour, and a movement towards a "professional therapeutic" (rather than a feminist or politicised) understanding of DA (Warrington, 2003:143).

While Warrington's observations and interviews suggested that most interviewees no longer identified with the explicitly feminist ethos of the early refuge movement, nor shared its orientation towards social transformation, the East Anglian refuges retained their core value of empowering women. Equally, this professionalisation increased refuges' credibility among police and statutory services, resulting in more effective multi-agency working.

As indicated, DA refuges first emerged via the women's movement, and were originally conceived as a response to a gendered social issue – a resource set up to support 'battered women' rather than gender-neutral 'survivors of domestic abuse'. Equally, while prevalence research shows that people of all genders perpetrate, and are subject to abuse, women are "more likely to be victims of each type of abuse", resulting in a higher level of need for

services (Office for National Statistics, 2019a). Accordingly, refuges – and the body of research into their practice and efficacy – have historically focused on women and their needs. For clarity, when discussing literature/research findings, the researchers have aimed to employ the same terminology used by the authors cited. So as the review predominantly yielded literature that exclusively or predominantly focused on female survivors, the text will frequently refer to 'women' accessing refuge.

In the course of conducting this review, the research team identified three contemporary models of refuge: the conventional 'underground' model detailed in Warrington's article, the satellite or 'dispersed housing' model; and thirdly, the open model (discussed in further detail in response to RQ3)[10].

Satellite refuge provision offers housing and wrap-around services for victims of DA who do not meet the criteria to be supported in refuge accommodation. Women supported through satellite provision stay in self-contained accommodation sourced through the local authority, social housing and the private rental sector. The aim is to "create a flexible alternative that also offers specialist support to victims with complex needs" for whom conventional refuges may be inaccessible or unsuitable (Home Office, 2018: 25).

To complicate Warrington's (2003) account of the evolution of British refuge services, according to which one, more or less consistent, refuge model is supplanted by another over time, the first women's refuge established in England was very different from the 'ideal type' Warrington describes as characteristic of early, grassroots refuges (Warrington, 2003: 132). Chiswick Women's Aid was an "open shelter, with a published address" (Haaken & Yragui, 2003: 54), which welcomed male volunteers and workers and adhered to a very different understanding of DA – seeing it as part of a 'generational cycle' of family violence rather than a cause and consequence of gender inequality (Pizzey, 2014: 217). The majority of refuges, across Britain and worldwide would adopt the competing 'National' or feminist model pioneered by the National Women's Aid Federation; 'underground' refuges staffed exclusively by women, and based on a gendered understanding of DA "as arising from socially sanctioned forms of male dominance" (Haaken & Yragui, 2003: 55). The scoping review yielded two articles

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[10] Alternative accommodation-based DA support services include "sanctuary schemes" (Netto, Pawson & Sharp, 2009), which are designed to enable victims of DA to remain in their current residence. As this review is designed to examine models of crisis accommodation for people fleeing abuse, this complementary scheme to enable people to remain in their own homes was judged to be outside the remit of the present study.

describing contemporary refuges with a published or 'open' address, which are designed to extend "battered women's security and self-determination by embedding them in a network of supportive community relationships" (Shimmin, 2011: 156).

Each model shares central values and objectives – to safeguard and empower individuals who have experienced DA – but employs different approaches to housing and supporting survivors, and, in the case of the open model, a very different relationship to community involvement and publicity.

The review yielded few articles specifically discussing either the satellite/dispersed accommodation model (Home Office, 2018) or the open model (Haaken & Yragui, 2003; Shimmin, 2011), although a Women's Aid (2020) annual audit does note that surveyed refuges incorporate a range of accommodation types including "shared, self-contained or dispersed" (Women's Aid, 2020: 26).

Accordingly, this section will focus on detailing the major issues and tensions that emerged in relation to refuge provision in general, referring to no specified 'model':

- **Funding and capacity**
- **Responding to diversity and complexity.**

In order to assess whether existing models of refuge are meeting survivors' needs, it is important to first identify the main outcomes that a 'successful' or effective refuge service can reasonably be expected to deliver; "some funders think that appropriate 'outcomes' of domestic violence programs should be that service users will never be abused again, or that survivors will 'leave the relationship'" thereby ending all abuse (Sullivan *et al*, 2008: 294).

Sullivan *et al* (2008) worked with refuge networks in Ireland, Portugal and Scotland to formulate a multi-country outcome evaluation model, grounded in the experiential evidence of DA professionals and survivors. They identified three unifying objectives shared by refuge providers in each country: "(1) increase women's and children's safety; (2) increase survivors' access to community resources that can enhance their well-being; and (3) empower women" (Sullivan *et al*, 2008: 297).

Each of these objectives was rooted in a strengths-based approach to working with survivors, ensuring that women were aware of their options and the resources available to them, supporting them in accessing these, and increasing their confidence and well-being. Using this

evaluation model, Sullivan *et al* surveyed 224 women staying in 15 refuges across Scotland, Ireland and Portugal. Survey respondents reported positive changes from their refuge stay, including a greater sense of safety (85%), greater access to helpful information (95%), more confidence in their decision-making (95%) and more able to meet their children's needs (76%) (Sullivan et al, 2008: 303). Concerningly, and in line with empirical findings from Women's Aid (Austin & Smith, 2019) and St. Mungo's (Bretherton and Pleace, 2018), 37% of respondents indicated that they would have become homeless if refuge space had been unavailable.

However, contemporary refuges' capacity to meet women's needs continues to be impacted by financial pressures. For example, Burnett *et al* (2016) conducted in-depth interviews and focus groups with a purposive sample of 37 staff and four executive directors from selected refuges in Ontario, analysing how changing policy demands and other structural factors shape DA services.

While negotiating financial challenges such as "unstable and insufficient funding, inadequate capacity [and] insufficient transitional housing", refuge staff reported spending extensive time and resources supporting service users facing a complex range of needs: poverty, problematic substance use, mental health and immigration issues (Burnett *et al*, 2016: 517). In a context of endemic poverty, an increasingly challenging welfare system, and geographic isolation/rurality, refuges are the last 'fallback' for marginalised and more disadvantaged women, requiring them to function beyond capacity and stretch already meagre resources (Burnett et al, 2016: 522).

Such findings underline the critical role refuges play in women's recovery from DA globally, particularly in the context of public funding cuts and a shrinking social safety net. While these findings emerged in a different national and policy context, they chime with a growing body of evidence by UK researchers on austerity's effects on DA services. The Women's Budget Group found that "women's voluntary organisations [particularly those supporting minoritised women] are facing a climate of cuts to funding, combined with an increase in demand for services as a result of austerity" (Women's Budget Group, 2019: 8).

Similarly, other articles identified during the scoping review support the claim that mainstream refuges within the UK are not always equipped to meet the complex, enduring and intersecting needs of many DA survivors.

McCarry *et al* (2018) conducted focus groups and interviews with 53 service users and 31 purposively selected service providers to explore violence against women and girls (VAWG)

provision in Wales, including DA refuges. Feedback from service user participants highlighted two salient issues with refuge provision:

1. A lack of ongoing support for survivors after leaving refuge
2. A lack of expertise in 'generic' DA refuges regarding issues that affect minoritised and migrant women.

Significantly, there was a high degree of convergence or triangulation between service user and service provider views: service provider interviewees also voiced frustration at the crisis-oriented, short-term support they are empowered to provide, with "ever-tightening budgets, increased caseloads and standardisation of services" compelling providers to limit support to a period of 12 weeks (McCarry *et al*, 2018: 201). They also raised concerns that an increasingly 'generalist' approach to VAWG commissioning and delivery might lead to professionals "working with women without having the requisite training or understanding" of the particular challenges they face (McCarry *et al*, 2018: 210).

As briefly discussed during 2.3 Scoping review: Background, there is evidence to suggest that women seeking DA refuge often face multiple, intersecting forms of marginalisation and disadvantage, sharing a nexus of characteristics with a group of people widely recognised to have 'complex' needs: women presenting at homelessness shelters (Stainbrook & Hornik, 2006). If, as discussed in the next section, women with complex or additional needs routinely face barriers and delays to accessing mainstream refuge provision, this indicates that complementary intersectional models of refuge may be beneficial.

3.1.2 RQ2: What are the current gaps in provision, who is falling through these gaps, and why?

The 2020 Women's Aid annual audit shows that 269 DA refuges were operating across England on 1st May 2019. Although refuge spaces have increased year on year since 2010, figures show that provision is still 30% lower than the Council of Europe's recommendation of one family space per 10,000 head of population, with about 3,914 spaces available nationwide (Women's Aid, 2020: 28). The effects of this shortfall are compounded for male and LGBT survivors and for women facing multiple forms of marginalisation or with additional support needs: there are only 40 'specialist' refuges in England designed to provide targeted support for women with complex or interlocking needs: 32 for black and ethnic minority women, three for women with complex needs (including substance use) and two for women with learning disabilities. Women with mobility issues are likely to face significant delays, as only 0.9% of

refuge spaces are wheelchair-accessible, with only a further 1% suitable for people with limited mobility. Less than 1 in 5 (16.7%) refuge spaces in England can accommodate a woman accompanied by three or more children, and a mere 5.4% of refuge spaces nationally can accept women with NRPF. Spaces in specialist refuges collectively "make up just 13.3% of all refuge spaces […] and half of these spaces are located in London", meaning that women in need of specialist provision are even more likely to face lengthy delays and to travel long distances to reach refuge (Women's Aid, 2020: 25).

In relation to provision for LGBT survivors, Galop identified only three dedicated LGBT+ refuge services (Brighton and Hove, London and Manchester) operating nationwide in October 2019 (Magić & Kelley, 2019: 50). Available survey findings on prevalence suggest that LGBT+ people experience DA at levels equal to, or higher than, heterosexual and non-transgender people. Unofficial estimates produced by the Office for National Statistics in response to a 2016 FOI request showed that "more than 1 in 4 (27.5%) gay men and lesbian women and more than 1 in 3 (37.3%) bisexual people [responding to the 2015-6 Crime Survey for England and Wales] report at least one form of domestic abuse since the age of 16" (Office for National Statistics, 2016, cited in Magić & Kelley, 2019: 7). Similarly, Stonewall commissioned YouGov to survey LGBT+ people living in England, Scotland and Wales. A subset of the findings, in relation to the 871 transgender participants, found that 28% of respondents reported experiencing domestic abuse by a partner in the past year. Both these estimates are based on a comparatively small subset of those surveyed, so may be less reliable, and more prone to sampling variation, than those produced in relation to larger populations.

However, experiential evidence indicates that LGBT+ survivors experience intersecting forms of abuse and marginalisation associated with their sexual orientation and/or gender identity that contribute to under-representation among mainstream DA service users, and may point to a need for greater specialist provision; SafeLives national dataset for 2017-18 showed that "just 2.5% of people accessing support from domestic abuse services identified as LGBT+" (SafeLives, 2018: 9). For example, practitioners reported that non-binary survivors can additionally face personal and systemic barriers, experiencing "invalidation" of their gender identity both in the context of DA "which can be used as a form of power and control over the survivor, but can also be used as exclusion criteria by services" (Magić & Kelley, 2019: 22).

Since January 2016, the Women's Aid No Woman Turned Away[11] (NWTA) project has provided dedicated support to women facing barriers accessing refuge spaces. Their 2019 report analysed:

1. Quantitative data captured by NWTA specialist practitioners between 12 January 2018 and 11 January 2019 using propriety data collection software
2. Qualitative interviews with 17 DA survivors (16 of whom had encountered barriers to accessing refuge)
3. Artwork created by these survivors, exploring their experiences of seeking refuge (Austin & Smith, 2019: 5).

The NWTA and Galop findings highlight a range of insufficiencies in the current refuge provision nationally, indicating that the five most common issues for women waiting to access refuge include: ties to their local area, mental health support needs (37.9%), substance use (12%), disabilities (24.6%), no recourse to public funds (or NRPF – 19%) and having four or more children (15.5%) (Women's Aid, 2019: 10-11). Minoritised women were also over-represented among survivors accessing the NWTA project: over 40% of the women supported were from black and ethnic minority backgrounds.

These findings point to crucial gaps between existing refuge provision and survivors' needs, resulting in survivors with complex and intersecting needs facing demonstrable – and detrimental – delays in accessing refuge services. Yet many of the same issues that are deemed 'complex', or viewed as ancillary to refuges' central mandate, are common responses to abuse and trauma: as Barron (2005) observed, "there is a clear overlap between the experience of domestic violence and mental ill-health", including in its more stigmatised manifestations such as problematic substance use or self-harm (Barron, 2005: 12).

Refuge provision for survivors with additional mental health needs has historically been 'grossly inadequate', in spite of these known causal links (Barron, 2005: 12). As of 1st May 2019, Women's Aid's annual audit found that "only 16% of all refuge services have a specialist mental health support worker(s), about 11% have a specialist drug use worker and only 10% have a specialist alcohol use worker" (Women's Aid, 2020: 29). This level of provision is particularly concerning given that about 44% of refuge service users report having some form of support need around mental health (Women's Aid, 2020: 7).

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[11] The No Woman Turned Away project is designed to provide dedicated support to women who face barriers accessing refuge spaces.

Equally, research indicates that, due to a combination of socio-economic factors including public funding cuts and labour market discrimination, minoritised women are more likely to live in "poor households and have large families and dependent children" (Women's Budget Group, 2019: 2). They are therefore particularly likely to require refuge spaces when fleeing abuse. If refuges are ill-equipped to meet their needs, this represents a major gap in provision.

Table 1: Description of the three refuge models, including benefits and challenges

Model	Benefits	Challenges
• *Conventional model:* • 'Underground' or withheld address, generally survivors relocate from another area • Behavioural guidelines designed to safeguard residents and promote security • Often – although not always – a collective way of living, with shared kitchen and living spaces	• Confidential location safeguards residents from being traced by perpetrators • Communal living fosters supportive peer relationships with others in a similar situation • Access to intensive, in-house support from staff	• Moving out of local area can disrupt supportive informal networks, ties to community (see Haaken & Yragui, 2003) • Rules designed to promote safety and harmonious communal living can also be experienced as disempowering and isolating (see Øverlien, 2010) • If relationships with peers are not positive, can be a source of added stress and conflict (see Haj-Yahia & Cohen, 2009)
• *Satellite/dispersed model:* • 'Underground' or withheld address, generally survivors relocate from another area • Self-contained housing units for survivors who are not able to access conventional refuge; for example, women with older male children or people with needs around substance use • Wrap-around support	• Provides accessible, secure accommodation for a wider range of survivors, including those with complex needs • Greater degree of privacy and flexibility for residents e.g. around curfews	• Moving out of local area can disrupt supportive informal networks, ties to community

Model	Benefits	Challenges
• *'Open' or Dutch model:* • Published location, open to guests and family members of residents, and, in some variants (and in standard to medium risk situations), to the perpetrator • 24/7 security and risk assessment of incoming residents	• Open model "prioritises safety without hiding the woman and cutting her off from her social environment" (de Jong, 2011: 3) • Offers a 'whole family' approach to DVA intervention – a flexible service that "engages families on their own terms" (Stanley & Humphreys, 2017: 100) • Survivor can access secure accommodation without having to end relationship with perpetrator	• Not appropriate for survivors assessed as 'high risk' (de Jong, 2011) – potentially a survivor could be assessed as medium or standard risk erroneously, exposing her and others to danger • Workers must balance working with perpetrators and supporting them to change behaviour while remaining survivor-centred – extensive training required (de Jong, 2011: 5) • Police are closely involved for security reasons, which could deter some survivors

3.1.3 RQ3: What alternative refuge models have been trialled nationally or internationally, and with what outcomes?

Two studies identified during the initial phases of the scoping review examined the benefits of an 'open' or Dutch refuge model: Haaken and Yragui (2003) and Shimmin (2011). Three others included relevant discussion of women and children's experiences of living in conventional refuges, illustrating some of the losses, and restrictions, associated with underground refuges: Haj-Yahia & Cohen (2009), Malik *et al* (2013) and Øverlien (2010). A further four publications specifically discussing the Oranje Huis (OH) were found to contain relevant information on the pros and cons of the Dutch approach.

None of the studies detailed in this section offer outcome evaluations, instead providing a more preliminary view of the benefits and challenges associated with the open model. It is therefore

not possible to directly compare the outcomes of conventional/underground and open refuges. However, the multiple barriers to access discussed in RQs 1 and 2 suggest that embracing a complementary range of refuge models may enhance DA services' ability to meet survivors' diverse needs.

Van den Brink (2008) documents the evolution of a regional DA umbrella organisation operating across two Dutch provinces, including the development of the OH pilot. As with UK refuges, services transitioned over time, seeing a similar shift from the grassroots, politicised approach of the 1970s to a growing 'pragmatism' and professionalism by the early 2000s (van den Brink, 2008: 170). OH, which was built in 2009, was part of a strategic move towards visibility and away from refuges functioning as "closed, secret strongholds" (van den Brink, 2008, 172). While conventional/underground refuge provision still exists for survivors with higher security needs, this model is no longer the unquestioned default. The OH operates from a disclosed, and clearly recognisable location, and offers a range of support around DA, including early intervention services for survivors who do not require refuge. The OH shares common aims with conventional refuges – safeguarding and empowering survivors – but there are also significant differences in philosophy and practice.

According to its founders, safety is not synonymous with secrecy; in fact, the security afforded by underground locations "is often more fiction than fact [since] a secret address is less secret in practice than it is supposed to be" (van den Brink, 2008: 172). OH, is a community-based service that was designed to reduce social isolation for survivors and counter stigmatisation, sending the unambiguous message that "domestic violence is a societal problem that cannot be ignored. Victims should not have to hide, lock themselves up, and feel ashamed" (van den Brink, 2008: 173). Residents are able to invite visitors, to retain ties to their local community and, more controversially, to maintain contact with the perpetrator. The most significant departure from conventional refuges is the stated objective of achieving "a safe – or safer – return home" for survivors who wish to do so (van den Brink, 2008: 172). This aim was grounded in the recognition that many survivors will choose to return to their partner because they want to end the violence rather than their relationship, with around 50% of residents returning to their partner within two weeks of entering refuge (van den Brink, 2008: 172).

A case study further detailing the reasoning behind the OH initiative, and offering an insider's appraisal of its early achievements, was published as part of UN Women's Virtual Knowledge Centre to End Violence Against Women and Girls in 2012 (de Jong, 2012).

The OH model was informed by experiential evidence from practitioners, survey responses from Dutch refuges, academic research and "insights learned through engagement with both the victim and the perpetrator" (de Jong, 2012: 1). In addition to providing refuge for survivors and their dependents, OH offers psychoeducational training, including classes on "anger management, parenting skills, and coping strategies to deal with consequences of abuse" (de Jong, 2012: 2). The OH is guided by a "new concept of safety", one based on increasing a survivor's physical and emotional security without "cutting her off from her social environment", and in making society as a whole safer by raising awareness around DA (de Jong, 2012: 2-3). While the location of the OH is not concealed, and non-residents are able to enter the building, it has 24/7 security measures in place to protect residents and workers. All incoming residents are risk-assessed, and those who are judged to face a high risk of continuing violence from perpetrators are referred to conventional refuges elsewhere in the Netherlands. Safety plans are made with all women and children prior to their departure.

During the initial six weeks of a survivor's stay, family workers provide intensive support and deliver 'family programmes', working individually and collectively with the survivor, any children, and the perpetrator. Extended family members may be called on to support the survivor and act as a source of accountability for the perpetrator, serving as a protective support network. Family members are invited to plan for a 'future without violence', which might involve reunion or safe separation and co-parenting, with or without ongoing support from professionals. After this 'crisis' stage, survivors choose their next steps, which can include returning to the relationship with a safety plan, separating and moving home or staying with family or friends, or moving to another refuge for up to six months.

Internal monitoring and evaluation found that women reported feeling secure in OH despite the unconcealed location. Monitoring data gathered from OH and conventional refuges yielded a counterintuitive finding: "after being in a traditional shelter, about 40% of the women return to their partner [while in OH] only 19% return to their partner" (de Jong, 2012: 4). Evidence from practitioners suggested that the insights gained during the family programmes could be the causal mechanism generating this change: because the perpetrator is involved in making the family plan, the survivor is confronted with the "positive and negative sides of her relationship [making her] more realistic" about her partner's capacity for change (de Jong, 2012: 5). A subsequent process evaluation, conducted in 2010, "found that clients and staff were satisfied with the [overall] approach but recommended that services for children should be strengthened" (Stanley, 2015: 243, reporting on Dutch-language findings from Lünnemann, Smit and Drost, 2010).

Due to the unconcealed location of OH, its founders note that "cooperation with the police is very important [...and] security should be provided in which the police are visible and aware of the importance of their response" (deJong, 2012: 5). In addition to bolstering security, however, the close presence of, and alliance with police could deter women with support needs around substance misuse from accessing the OH refuge, or others who may fear or distrust police. Another, and more urgent, concern is the risk threshold for accommodation in OH; while survivors initially assessed as 'high risk' are referred to a conventional refuge, such assessments remain an inexact science, only fully validated in retrospect. It is conceivable that survivors erroneously judged to be standard- or medium-risk could be admitted to OH, posing a risk to the woman herself, other residents and workers.

A scoping exercise that explored VAWG services across England and Wales, reported that a Sussex refuge founded in 2017 was modelled on OH (Barter *et al,* 2018: 66). No impact evaluation or research regarding this refuge has been published so far, however.

Haaken and Yragui conducted semi-structured telephone interviews with 51 refuge staff members across the United States, exploring their views on open versus underground refuge models. They found that the underground model was overwhelmingly favoured by interviewees, who viewed it as an essential security measure for women fleeing DA. It was also far more commonly adopted, with around 91% of shelters operating at unpublished locations – their respondents identified 1588 underground shelters compared to only 135 open shelters. Yet this largely unquestioned preference was not grounded in an especially strong evidence base – interviewees themselves noted that even ostensibly 'confidential' locations are often well-known to the local community, and there is no evidence to support the view that open shelters experience more adverse incidents (Haaken & Yragui, 2003: 60).

Haaken and Yragui argue that that the underground refuge model is failing to meet the needs of minoritised women. "Many women of colour associate the process of entering shelter with 'going into hiding'" and a corresponding loss of community, experiencing it as an "alien", disempowering and rule-bound environment rather than as a space of sanctuary and solidarity (Haaken & Yragui, 2003: 65). Grassroots women's groups have implemented alternative models of refuge: Casa Esperanza, a culturally-specific shelter for Latina women located in Portland, is an open shelter with a published address. Founders explained the reasoning behind this model: "there was lots of discussion around whether secrecy was even feasible because of the strong community tie. We saw the confidential location as further isolating ourselves [...while with the open shelter] the need and the evidence of the problem is visible

to everyone" (Haaken & Yragui, 2003: 65). This model for open refuges is designed to encourage community involvement and accountability, and sustain the informal support networks that can be disrupted when women are displaced by DA.

Employing a range of ethnographic techniques, including six months of participant observation in two shelters, Shimmin (2011) explored the social geography of open and underground shelters operating in Massachusetts, analysing how DA professionals working across rival paradigms construct refuges as 'safe spaces' (Shimmin, 2011: 13).

The Massachusetts open shelter, Voices, employed a similar justificatory framework to the culturally-specific shelter profiled by Haaken and Yragui, framing "battered women's transition as a process that takes place in and through community relationships, institutional engagement and social resources" (Shimmin, 2011: 145). While there were genuine differences in practice between the open and underground shelters which enabled them to meet different women's needs (for example, empowering local DA survivors to remain in the community) Shimmin found that the distinctions were more superficial than they first appeared. Both open and underground refuges enforced a similar range of behavioural restrictions and norms to promote security and harmony among residents, including an initial 'quarantine' period where some new residents are prohibited from leaving. Though "represented as opposites, 'open' and 'secret' shelters enforce similar guidelines on residents' behaviour because they shelter women under common conditions of insecurity", negotiating similar tensions between securing women's safety and allowing them autonomy (Shimmin, 2011: 138).

Literature on women and children's experiences living in conventional refuges also sheds light on tensions or problems associated with the model. Haj-Yahia and Cohen (2009) conducted a phenomenological exploration of women's experiences in two Israeli refuges, completing semi-structured interviews with a purposive sample of 18 women. Interviewees reported a spectrum of responses to the communal living and "restrictions and prohibitions" associated with living in refuge (Haj-Yahia & Cohen, 2009: 99). While a minority of women (two) reported wholly positive experiences, the majority were more ambivalent, citing the enforced isolation from the outside world, lack of privacy and feeling of being controlled. One participant experienced the room inspections and expectations around cleanliness and upkeep as particularly "authoritarian", likening the experience to living with her abusive parents (Haj-Yahia & Cohen, 2009: 99).

Similarly, Malik *et al* (2013) interviewed a convenience sample of 20 women living in Pakistani public sector refuges. Women described a highly controlled atmosphere, with "freedom of movement totally restricted" due to security concerns, and access to food, clothes and health care heavily monitored by staff (Malik *et al*, 2013: 56).

Employing a grounded theory approach, Øverlien (2010) interviewed seven children staying in Norwegian refuges, analysing interview data to arrive at an understanding of how children experience daily life in refuges, particularly those aspects of refuge life that they experience as anxiety-provoking or "problematic" (Øverlien, 2010: 74). As with many of Haj-Yahia and Cohen's adult interviewees, children expressed ambivalence about the rules in place to protect refuge residents; while older participants understood the associated prohibitions around visitors and disclosure to be protective, they also found it deeply isolating, furthering their sense of displacement and preventing them from forming friendships locally. Younger children understood the need for secrecy as a form of 'lying', perhaps even akin to a continuation of the "culture of silence" about abuse (Øverlien, 2010: 76).

3.2 Key summary points

- DA refuges emerged in the 1970s as part of a grassroots feminist response to violence against women and girls. Initially run along collective and non-hierarchical lines, they would become more professionalised over succeeding decades as they increasingly relied on mainstream funders, offering an extended range of services and engaging in multi-agency collaboration

- The conventional or underground model is the most familiar and widely available form of communal refuge in the UK. There is an alternative form of refuge provision known as the open, or Dutch model, with encouraging findings from internal monitoring and evaluation and case studies. However, there is currently a dearth of impact evaluations available to provide robust support for the safety and efficacy of the model. Reviewers also identified a lack of literature examining the specific risks or benefits associated with the dispersed/satellite model

- Service providers' capacity to fulfil the demand for shelter and ongoing, needs-led support is contingent on securing adequate, sustainable funding. The Women's Budget Group (2019) found that austerity has simultaneously reduced available funding while increasing the need for refuge provision due to a shrinking social safety net. Insufficient

funding, and a resultant focus on crisis-oriented, short term provision, pose significant barriers to meeting survivors' needs (McCarry *et al*, 2018)

- DA is a major contributor to homelessness in women (Bretherton & Pleace, 2018; Stainbrook & Hornik, 2006) and for a minority of homeless men (St. Mungo, 2014). Evidence shows that women accessing homeless shelters and/or seeking DA refuge share a similar profile of needs and characteristics, including support needs in relation to substance use and mental health (Stainbrook & Hornik, 2006). However, the majority of English refuges are not adequately resourced to meet these needs; just 16% of all refuge services have a specialist mental health support worker, 10.8% have a specialist drug use worker and 10.4% have a specialist alcohol use worker (Women's Aid, 2020)

- There are currently 269 refuges and 3,914 refuge spaces in England comprising shared, self-contained or satellite/dispersed accommodation, of which 16.7% can accommodate women with three or more children, 13% can accommodate men, and 5.4% can accommodate women with NRPF

- Of women supported by the No Woman Turned Away project: 40% were from black and ethnic minority backgrounds, 38% had mental health needs, 25% had disabilities, 19% had no recourse to public funds, 15% had four or more children

- National trends are broadly in line with Suffolk (evaluation data) – migrant and minoritised women, male survivors and survivors involved with prostitution or sex work face additional barriers to accessing refuge

- Qualitative studies conducted internationally (Haaken & Yragui, 2003; Haj-Yahia & Cohen, 2009; Øverlien, 2010; Malik *et al*, 2013) show that women and children in refuges can find the associated secrecy and behavioural restrictions authoritarian and isolating. However, it is unclear from the evidence review whether these findings are equally applicable to UK refuges. Further research with service users and refuge workers may be merited to explore how to negotiate the tension between ensuring the safety of refuge residents and staff while honouring survivors' need to maintain autonomy and regain a sense of control over their lives

- As the reviewed case studies on the open model relate to the Dutch Oranje Huis, it is plausible that social, political and economic differences between the UK and

Netherlands are significant enough that learning insights for DA survivors in the Netherlands is not straightforwardly transferable to a UK context.

4 Conclusions and recommendations

While this review exposed gaps and uncertainties in the literature (suggesting fertile areas for future research) the research team were able to synthesise available findings to arrive at preliminary answers for the questions posed at the outset:

- What are the prevailing models of refuge, and are these meeting DA survivors' needs?
- What do we know about the current gaps in provision? Who is most affected by these and why?
- Are there alternative models of refuge operating nationally or internationally? Is there a robust evidence base for these models?

Research from the UK and internationally disclosed three refuge models: the conventional or 'underground' model, the satellite model and the open or Dutch model. The review findings indicate that these models should be understood as potentially complementary, answering to different needs rather than standing in competition. While the evidence base for the satellite and open models remains relatively sparse, the diverse and sometimes conflicting interests of survivors – a need for child-friendly accommodation versus a need for 'wet housing' for alcohol-dependent survivors – logically implies a need for flexibility and options. Findings from the main research report support this hypothesis.

Based on findings from the review, there is a clear imperative for sustainable, needs-led funding to invest in a range of complementary refuge models and longer-term wrap-around support. 'By and for' services are particularly under-resourced and over-subscribed, resulting in ongoing disparities in access for marginalised survivors. There is a need for increased, ringfenced funding for 'by and for' services, and a simplified/'joined up' commissioning ecosystem for the VAWG and DA sectors.

Key principles of refuges and safe accommodation models

Increased professionalism linked to changing funding structures: from a grassroots feminist response to violence against women and girls (Warrington, 2003) to greater reliance on mainstream funders and service contracts

Holistic and needs-led: contemporary refuges in the UK typically provide a range of services in addition to accommodation, including legal advice and assistance, child workers, therapeutic provision, individualised safety planning, and support with obtaining housing, employment and health care. To our knowledge, for alternative safe accommodation models, Satellite accommodation provision is the only one of its kind to offer a similar package of wraparound support as can be found in a refuge setting.

Shared central values and objectives: all the models were aimed to safeguard and empower individuals who have experienced DA – but employed different approaches to housing and supporting survivors, and, in the case of the open model, a very different relationship to community involvement and publicity.

Key gaps in refuge service provision

From the review, the key gaps can be grouped into two main aspects: funding and capacity; and responding to diversity and complexity.

Spaces for male survivors are particularly limited: in addition to the striking gender-asymmetry in experiences of ongoing, physically harmful and life-threatening abuse, there are significant disparities between victims when it comes to finding safety. While the evidence base shows that there is a general shortfall of refuge spaces (Women's Aid, 2020), spaces for male survivors are particularly limited: in 2015, ManKind found that there were only 20 dedicated spaces for men across the UK, with a further 58 spaces open to them. A Women's Aid annual audit showed that 13% of surveyed refuges were able to accommodate men, with 186 spaces available nationally (25 of which are designated for men only), in contrast to 3,728 spaces for female survivors (Women's Aid, 2020: 32).

Minoritised and migrant women face further obstacles: particularly when seeking refuge accommodation, as can women with specialist health and support needs: over 40% of the women supported through the Women's Aid NWTA[12] project were from black and ethnic minority backgrounds, while around 19% had no recourse to public funds owing to their immigration status (Austin & Smith, 2019: 10-11). Meanwhile, nearly 1 in 4 of the women supported had disabilities (24.6%), while almost half had additional support needs in relation

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[12] The No Woman Turned Away project is designed to provide dedicated support to women who face barriers to accessing refuge spaces.

to their mental health (37.9%) or substance use (12%) (Austin & Smith, 2019: 10-11). Women involved in prostitution or sex work also encounter barriers in accessing mainstream DA services, excluded from many shelters due to their complex support needs (Davis, 2004: 5).

LGBTQI survivors: The review found that in October 2019, there are only three dedicated LGBT+ refuge services operating nationwide: Brighton and Hove, London and Manchester (Magić & Kelley, 2019: 50). SafeLives national dataset for 2017-18 showed that "just 2.5% of people accessing support from domestic abuse services identified as LGBT+" (SafeLives, 2018: 9). For example, practitioners reported that non-binary survivors can additionally face personal and systemic barriers, experiencing 'invalidation' of their gender identity both in the context of DA "which can be used as a form of power and control over the survivor, but can also be used as exclusion criteria by services" (Magić & Kelley, 2019: 22).

Refuge provision for survivors with additional mental health needs: the review found that this has historically been "grossly inadequate", in spite of these known causal links (Barron, 2005: 12). As of 1st May 2019, a Women's Aid annual audit found that "only 16% of all refuge services have a specialist mental health support worker(s), about 11% have a specialist drug use worker and only 10% have a specialist alcohol use worker" (Women's Aid, 2020: 29). This level of provision is particularly concerning given that about 44% of refuge service users report having some form of support need around mental health (Women's Aid, 2020: 7).

Key features of successful models – what works and what doesn't work so well

No single model of refuge was found to be equally accessible, or appropriate, for all survivors: people seeking refuge present with a range of diverse, complex – and sometimes conflicting – needs. Survivors caring for small children and survivors who use alcohol or other substances as a coping mechanism are likely to have radically divergent requirements and expectations; while each has an equal right to support, the *right* support might look very different.

Emerging findings from the evaluation of Suffolk's refuges and satellite accommodation[13] corroborate this analysis, suggesting that alternative refuge models **should be understood as complementary rather than competitive**. Experiential evidence from local refuge

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[13] Adisa, O. (2020). An evaluation of refuge and satellite accommodation provision in Suffolk. University of Suffolk. NR

providers and survivors (Adisa, 2020) indicates that 'what works' for Suffolk's survivors is offering flexibility, a choice of options and the space to make decisions.

Funding shortages, uncertainty, and complexity around recommissioning: experiential evidence from practitioners suggests that DA services locally and nationally face challenges in relation to sustainability (Bond, 2015; Women's Aid, 2020; Women's Budget Group, 2019), with a preponderance of short-term funding driving precarity and stifling more sustained/less crisis-focused forms of support (Bond, 2015: 108-9). Additionally, the review found reports of refuge staff spending extensive time and resources supporting service users facing a complex range of needs: poverty, problematic substance use, mental health and immigration issues (Burnett *et al*, 2016: 517).

Evaluating refuges in relation to over-ambitious or misinformed outcome measures is likely to yield disappointing results.

Mainstream refuges within the UK are not always equipped to meet the complex, enduring and intersecting needs of many DA survivors from black and ethnic minority communities (McCarry *et al*, 2018).

Messages for commissioners and funders

- Provide funding to support the conventional model of refuge and the dispersed/satellite model. While satellite can be used creatively to provide accommodation support for those that have complex needs (such as disabled survivors who require accessible facilities, and male survivors) specialist work with minoritised survivors (including LGBTQI+) survivors ought to be undertaken by specialist services supporting black and ethnic minority women
- The remit of support services should be reviewed to ensure that the above-mentioned groups identified under 'gaps in provision' are not continuously excluded
- Further develop the evidence base to understand local innovative and adaptive approaches of refuge and safe accommodation provision. Future commissioning should be rooted in evidence of 'what works' allowing for ongoing reflections for the change in outcomes being created
- Establish and maintain good local partnerships with support organisations to share working practices across the system and how they meet the relevant needs of various communities identified in this review

- There is a need to consider the whole system, as safe accommodation is just one aspect. A number of outcomes in other areas of work to support survivors are likely to be impacting on overall outcomes for children and families.

5 References and key papers reviewed

Arksey, H. & O'Malley, L. (2005). 'Scoping studies: towards a methodological framework', International Journal of Social Research Methodology, 8(1). pp. 19-32. DOI: https://doi.org/10.1080/1364557032000119616

Barter, C., Bracewell, K., Stanley, N. & Chantler, K. (2018). Scoping Study: Violence Against Women and Girls Services. Lancashire: Connect Centre for International Research on Violence and Harm. Available at: http://clok.uclan.ac.uk/24762/

Bond, E. (2015). Understanding Domestic Abuse in Suffolk: A study of the experiences of survivors. ISEED: University Campus Suffolk. Available at: http://www.suffolk-pcc.gov.uk/wp-content/uploads/2012/11/UCS-Understanding-Domestic-Abuse-in-Suffolk.pdf

Bretherton, J. & Pleace, N. (2018). Women and Rough Sleeping: A Critical Review of Current Research and Methodology, Centre for Housing Policy: University of York. Available at: https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/.

Burnett, C., Ford-Gilboe, M., Berman, H., Wathen, N. & Ward-Griffin, C. (2016). 'The Day-to-Day Reality of Delivering Shelter Services to Women Exposed to Intimate Partner Violence in the Context of System and Policy Demands', Journal of Social Service Research, 42(4). pp. 516–532. DOI: http://dx.doi.org/10.1080/01488376.2016.1153562

Chester-James, D. (2004). 'Downplaying Danger: A Response to Haaken and Yragui's 'Going Underground'', Feminism & Psychology, 14(4): pp. 583–587; DOI: 10.1177/0959-353504046873 Available at: https://journals-sagepub-com.uos.idm.oclc.org/doi/pdf/10.1177/0959353504046873

Davis, J. (2004). Off the streets: Tackling homelessness among female street-based sex workers. Shelter: London. Available at: https://england.shelter.org.uk/__data/assets/pdf_file/0016/49030/Off_the_Streets.pdf DOI: 10.1353/vic.2001.0061

De Jong, M. (2012). Case Study: Oranje Huis (the Netherlands). Available at: https://www.endvawnow.org/en/articles/1402-domestic-and-sexual-violence.html

Dobash, R. P. & Dobash, R.E. (1981). 'Community Response to Violence against Wives: Charivari, Abstract Justice and Patriarchy', Social Problems, 28(5). pp. 563-581. DOI: 10.1.1.825.6786

Drost, L., van der Kooij, T. & Lünnemann, K. (2015). The Protection of IPV victims: Legal Framework and Criminal Procedures. INASC: Verwey-Jonker Instituut. Available at: http://www.inasc.org/pdf/INASC_literature%20review_framework_NL.pdf

Grierson, J. (2020). 'Domestic abuse bill fails to protect children and migrant women – charities'. Available at: https://www.theguardian.com/society/2020/mar/03/domestic-abuse-laws-to-be-brought-back-before-parliament

Haj-Yajia, M. & Cohen, H. (2009). 'On the Lived Experience of Battered Women Residing in Shelters', Journal of Family Violence, 24. pp. 95-105. DOI: 10.1007/s10896-008-9214-3

Hamilton, S. (2001) 'Making History with Frances Power Cobbe: Victorian Feminism, Domestic Violence, and the Language of Imperialism', Victorian Studies, 43(3). pp. 437-460. Available at: https://www.jstor.org/stable/pdf/3829700.pdf?ab_segments=0%2Fbasic_SYC-4946%2Fcontrol&refreqid=search%3Abca7b9299f7eeb143d42998ee921260f.

Home Office, Ministry of Justice & Ministry of Housing, Communities and Local Government (March 2020). Domestic Abuse Bill Delegated Powers Memorandum. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869067/Delegated_powers_memorandum.pdf

Home Office (2013). Information for Local Areas on the change to the Definition of Domestic Violence and Abuse. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf

Home Office (March 2020). Policy paper. Domestic Abuse Bill 2020: overarching factsheet. Available at: https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet

Home Office (2018). Transforming the Response to Domestic Abuse: Government Consultation. Available at: https://consult.justice.gov.uk/homeoffice-moj/domestic-abuse-

consultation/supporting_documents/Transforming%20the%20response%20to%20domestic%20abuse.pdf

Hutchison, S, Page, A. & Sample, E. (2014). Rebuilding Shattered Lives: The final report. St. Mungo's: London. Available at: https://www.mungos.org/publication/rebuilding-shattered-lives-final-report/

Magić, J. & Kelley, P. (2019). Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse. Galop: London. Available at: http://www.galop.org.uk/wp-content/uploads/Galop_RR-v4a.pdf

Malik, R., Dilshad, M., Rubab, I. & Hashmi, M. A. (2013). 'Voices of Inmates: What State Offers to Public Sector Shelter Homes in Pakistan?', Journal of Educational Research; Bahawalpur, 16(1), pp. 51-61.

ManKind Initiative (2016). Briefing: Refuges and safe houses for male victims of domestic abuse. Available at: http://new.mankind.org.uk/wp-content/uploads/2015/05/Refuges-for-Male-Victims-of-Domestic-Abuse-Briefing-July-2016.pdf

McCarry, M., Larkins, C., Berry, V., Radford, L., & Stanley, N. (2018). 'The Potential for Co-production in Developing Violence against Women Services in Wales'. Social Policy and Society, 17(2). pp. 193-208. DOI: https://doi.org/10.1017/S1474746417000070

Ministry of Housing, Communities and Local Government (October 2019). Domestic Abuse Services. Future Delivery of Support to Victims and their Children in Accommodation-Based Domestic Abuse Services: Consultation Response. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839171/Domestic_Abuse_Duty_Gov_Response_to_Consultation.pdf

Office for National Statistics (2019a). Domestic abuse victim characteristics, England and Wales: year ending March 2019. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019

Office for National Statistics (2019b) Homicide in England and Wales: year ending March 2018. Available at:

https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideine nglandandwales/yearendingmarch2018#how-are-victims-and-suspects-related

Office for National Statistics (2016). Prevalence of intimate violence among adults aged 16-59 by category and sexual identity of the victim, year ending March 2016. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/005986prev alenceofintimateviolenceamongadultsaged16to59bycategoryandsexualidentityofthevictimyea rendingmarch2016csew

Netto, G., Pawson, H. & Sharp, C. (2009). 'Preventing Homelessness due to Domestic Violence: Providing a Safe Space or Closing the Door to New Possibilities?', Social Policy & Administration, 43(7). pp. 719-735. DOI: 10.1111/j.1467-9515.2009.00691.x

Øverlien, C. (2011). 'Abused women with children or children of abused women? A study of conflicting perspectives at women's refuges in Norway', Child & Family Social Work 16. pp. 71-80. DOI: 10.1111/j.1365-2206.2010.00715.x

Pizzey, E. (2014). 'Marinated in violence: therapeutic intervention for victims of domestic abuse', Housing, Care and Support, 17(4). pp. 215-223. DOI: 10.1108/HCS-10-2014-0025

Riefenstein, M. (2014). The Impacts and Implications of Physically Focused Dutch Domestic Violence Campaigns. Smith College. Available at: https://cdn.atria.nl/epublications/IAV_B00110209.pdf

Ries, S. (2019). A home of her own: Housing and women, Women's Budget Group. Available at: https://wbg.org.uk/wp-content/uploads/2019/07/WBG19-Housing-Report-full-digital.pdf

SafeLives (2018). Spotlight Report. Free to be Safe: LGBT+ people experiencing domestic abuse. Available at: http://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf

Secure Tenancies (Victims of Domestic Abuse) Act 2018, c. 11, Section 1. Available at: http://www.legislation.gov.uk/ukpga/2018/11/section/1/enacted

Sullivan, C., Baptista, I., O'Halloran, S, Okroj, L., Morton, S. & Sutherland Stewart, C. (2008). 'Evaluating the Effectiveness of Women's Refuges: A Multi-Country Approach to Model

Development', International Journal of Comparative and Applied Criminal Justice, 32(2). pp. 291-308

Stainbrook, K. A. & Hornik, J., (2006). 'Similarities in the Characteristics and Needs of Women With Children in Homeless Family and Domestic Violence Shelters'. Families in Society: 87(1). pp. 53-62. DOI:10.1606/1044-3894.3484

Stanley, N. & Humphreys, C. (2017). 'Identifying the key components of a "whole family" intervention for families experiencing domestic violence and abuse', Journal of Gender Based Violence, 1: 1. pp. 99-115. DOI: 10.1332/239868017X14913081639164

Stanley, N. (2015). 'Moving Towards Integrated Domestic Violence Services for Children and Families' in Humphreys, C, & Stanley, N (eds) (2015), Domestic Violence and Protecting Children : New Thinking and Approaches, Jessica Kingsley Publishers, London. pp. 232-248.

Bachmann, C. L. & Gooch, B. (2018). LGBT in Britain: Trans Report Available at: https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf

van den Brink, A. (2008). 'The Amsterdam Approach: Enterprising and Pragmatic' in Krenn, M., Weiss, K. & Logar, R. (eds.) (2008) Ten Years of Austrian Anti-Violence Legislation: International Conference in the Context of the Council of Europe Campaign to Combat Violence Against Women, Including Domestic Violence. Vienna, 5-10 November 2007. Vienna: Federal Chancellor. pp. 166-175.

Walby, S. & Towers, J. (2017). 'Measuring violence to end violence: mainstreaming gender', Journal of Gender-Based Violence, 1(1). pp.11-31. DOI: https://doi.org/10.1332/239868017X14913081639155

Warrington, M. (2003). 'Fleeing from fear: The changing role of refuges in meeting the needs of women leaving violent partners', Capital & Class: 80. pp. 123-150

Women's Aid (2019.) Nowhere to Turn: Findings from the third year of the No Woman Turned Away project. Available at: https://www.womensaid.org.uk/no-woman-turned-away/

Women's Aid (2020). The Domestic Abuse Report 2020: The Annual Audit. Available at: https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/The-Domestic-Abuse-Report-2020-The-Annual-Audit.pdf

Women's Budget Group (2019). Triple Whammy: The impact of local government cuts on women. Available at: https://wbg.org.uk/wp-content/uploads/2019/03/Triple-Whammy-the-impact-of-local-government-cuts-on-women-March-19.pdf

Reference	Sample	Location	Research methodology	Key findings
Barron, J. (2005). 'Multiple challenges in services for women experiencing domestic violence', *Housing, care and support*, pp. 11-15	37 female mental health/substance use service users who are also DA survivors. 340 DA refuges and support services, 90 community mental health teams, and 104 substance use organisations	UK	Mixed methods: postal questionnaires featuring open-ended responses distributed to DA, mental health and substance use organisations. Individual or group interviews with 30 DA survivors with complex needs. Survey data from seven survivors with complex needs	• The reviewed literature showed that between 35-73% of abused women experience depression and anxiety disorders, and around 50-60% of female mental health service users are known to have experienced DA • However, DA provision for women with complex needs was identified as grossly inadequate, with only 8% of refuges reporting that they would always be able to accommodate women with substance use or mental health needs • Conversely, survey findings showed inconsistencies in awareness, training and knowledge of DA among mental health and substance use professionals: around 50% of mental health professionals and two-thirds of substance use professionals had received training • Effective, consistent training, policies and inter-agency working needed
Barter, C., Bracewell, K., Stanley, N. & Chantler, K. (2018). *Scoping Study: Violence Against Women and Girls Services.* Connect	35 professionals with experience of commissioning for VAWG services	England and Wales		• Interviewees identified precarious and/or short-term funding for VAWG services as the most serious issue facing the sector • Service providers felt that pursuing funding sources led to compromises on core values such as a gendered understanding of VAWG

Centre for International Research on Violence and Harm. University of Central Lancashire				- Increasing demand and scarce resources led to a focus on crisis-led provision and a lack of specialist services for survivors facing multiple marginalisation - There has been a move to increasingly 'universal' or generic VAWG services, as well as to VAWG services being subsumed within mainstream/non-specialist services. This shift was viewed as detrimental, impacting survivors' ability to access services tailored to their specific needs - Services supporting asylum seekers, survivors with complex needs and survivors of sexual violence faced particular issues around funding, which interviewees put down to a lingering 'problem with public perceptions' (p.5) - Recommendations based on the findings: ring-fenced funds for specific groups, including Black and Ethnic Minority, LGBT+ and women-only services; funds for early intervention as well as crisis provision; caution that cost should not override quality during tendering processes
Burnett, C. *et al*, (2016) 'The Day-to-Day Reality of Delivering Shelter	37 staff members and four executive directors based at	Ontario, Canada	Interviews and focus groups with staff from four Ontario refuges, and	- Service users face significant structural challenges due to policy, e.g. in relation to obtaining welfare - Service users typically face multiple forms of disadvantage in addition to DA, and have complex needs

Services to Women Exposed to Intimate Partner Violence in the Context of System and Policy Demands'. *Journal of Social Service Researc*h, 42(4), pp. 516-532	four refuges in Ontario		critical discourse analysis of relevant policy texts	• Refuge workers spend significant time supporting service users in negotiating these structural barriers and in relation to their additional support needs
de Jong, M. (2012). *Case Study: Oranje Huis (the Netherlands).* Available at: https://www.endvawnow.org/en/articles/1402-domestic-and-sexual-violence.html (Accessed: 21 February 2020)	Case study drawing on author's experiences as a practitioner with OH	Netherlands	Case study, drawing on early quantitative data re impacts and experiential evidence from the author	• Early findings show women felt secure in spite of unconcealed location • Early data shows only 19% of OH residents return to perpetrators • Children, as well as mothers, residing in OH demonstrated a high level of need for therapeutic support and safety planning • Residents advocated for a stronger initial focus on resolving social and economic issues (such as accessing benefits and finding schools for children) before trying to address complex emotional needs • It could be challenging for workers to balance therapeutic work with perpetrators with remaining survivor-centred

				• Due to the nature of OH, close contact and collaboration with police to provide visible, reliable security is imperative
Dessie, L.C., Wood, L. & Sullivan, C.M., (2019). 'Examining the Needs and Experiences of Domestic Violence Survivors in Transitional Housing'. *Journal of Family Violence,* 34(4), pp. 275-286	30 survivors staying in transitional housing	Southwestern, USA	Interviews and qualitative and quantitative survey data collected from 30 women staying in transitional housing – some housed in facility, some across 'scattered sites'	• Transitional housing (TH) for service users who leave refuge – provides accommodation, rental assistance and supportive services for up to two years • Positive outcomes of TH: reduced financial burden/stress, enhanced feelings of security, social support, access to programming, time and support to recover from trauma • Negative outcomes: strict rules around security, lack of privacy, poor condition of housing unit, had to relocate to access TH • TH preferred by survivors with greater financial and security needs. Others found it too restrictive
Drost, L. *et al*, (2015). *The Protection of IPV victims: Legal Framework and Criminal Procedures.* INASC: Verwey-Jonker Instituut	Review of Dutch legal framework and criminal procedures in relation to DA	Netherlands	Literature review	• Within Dutch law, there is no specific criminal offence of DA/IPV – DA offences are included under the relevant general criminal law, e.g. assault, sexual assault, stalking. However, violence within intimate or familial relationships is an aggravating factor • The Dutch criminal justice has an array of legal instruments and measures that can be used to protect and support DA survivors, including temporary

				restraining orders, directives regarding minimum standards for the treatment of crime victims and a right to criminal compensation • Dutch police are increasingly tasked with fulfilling dual roles in relation to DA: apprehending criminals and supporting survivors. To adequately fill the latter role, the police service will require a 'paradigm shift' (p.32)
Haaken, J. & Yragui, N. (2003). 'Going Underground: Conflicting Perspectives on Domestic Violence Shelter Practices', *Feminism & Psychology*. 13(1), p. 49-71	51 DA professionals (shelter executive directors or staff members) from across 50 US states	US context – nationwide study	Qualitative approach: semi-structured interviews	• Findings showed an overwhelming majority of US shelters operated from undisclosed locations – only 135 of 1558 shelters had published addresses • Nearly all respondents understood confidential locations as a security measure to protect residents – however, 81% also noted that ostensibly 'underground' locations discoverable by a sufficiently determined perpetrator • Open shelters were understood to increase a sense of community accountability for DA, reframing it as a public concern rather than a private or taboo issue • Professionals from culturally-specific DA services such as LANA (Latina, African American, Native American and Asian American) understood open shelters as a means of involving local communities, and preserving women's social support networks

Haj-Yahia, M. & Cohen, H.C. (2009). 'On the Lived Experience of Battered Women Residing in Shelters'. *Journal of Family Violence*, 24(2), pp. 95-109	18 survivors staying in two refuges	Israel	Qualitative. Interviews with purposive sample of 18 women staying in refuge for between two weeks to eight months	• Interviewees had a range of responses to living in refuge; some wholly positive, most ambivalent, one viewed it as 'jail'-like, due to behavioural prohibitions • Most participants negatively characterised their relationship to other residents, describing them as a source of conflict and alienation • Most interviewees were positive about their relationship with staff members, although several portrayed them as 'problematic and complex' (p.102)
Humphreys, C., Hester, M., Hague, G., Mullender, A., Abrahams, H. & Lowe, P. (2000). *From Good Intentions to Good Practice, Mapping Working with Families Where there is Domestic Abuse.* Bristol: The Policy Press	Seven case studies of DA services evidencing 'innovative practice', located in England, Wales, Scotland and Northern Ireland:	UK	Multi-methodological approach: literature review; national mapping of service provision via questionnaire distributed to services with follow-up; in-depth case studies employing analysis of organisational documents, and site visits (including interviews/focus groups)	• Provision at a local level is extremely varied • Good practice at a local level can 'trickle up', influencing national policy • There was a lack of training in DA among social care services and children's charities • Recommendation for the introduction of national minimum standards for working with families affected by DA to ensure consistent access to informed, effective provision
Madoc-Jones, I., Hughes, C. & Humphries, K. (2015)	33 interviewees who work with victims of crime	Interviewees drawn from 'one police	Qualitative. In-depth interviews with 33 service providers.	• Multi-agency working and end-to-end case management for 'high risk' victims were associated with better practice and outcomes

'Where next for victim services in England and Wales?', *The Journal of Adult Protection,* 17(4), pp. 245-257		area in England and Wales'		• Better coordination of service delivery is therefore recommended • Refuge 'rarely available' for men experiencing DA, and perceptions of service can deter victims: 'Even when a collective's constitution had been changed to allow males victims to access services, some male and female victims were understood to be reluctant to access services. This was because of the tendency for domestic abuse and organisations providing services to be understood in stereotypical terms […as] "manhaters"' (p.250)
Malik, R. *et al*, (2013). 'Voices of Inmates: What State Offers to Public Sector Shelter Homes in Pakistan?', Journal of Educational Research; *Bahawalpur, 16(1) pp. 51-61*	20 women residing in state-run refuges in Pakistan	Lahore, Pakistan	Qualitative study employing in-depth interviews with 20 refuge residents	• Freedom of movement in state-run refuges is highly restricted due to safety concerns • Clean, secure accommodation, but with considerable overcrowding • Material deprivation – interviewees reported insufficient food, clothes and healthcare. There were also a lack of leisure activities for mothers and their children
McCarry, M. *et al*, (2018). 'The Potential for Co-production in Developing Violence against Women	31 service providers and 53 service users	North and South Wales	Five focus groups with 53 service users, 31 telephone interviews with service providers	• Service users identified gaps in refuge provision for BMER women, and a lack of follow-up support after leaving refuge

Services in Wales'. *Social Policy and Society*, 17(2), pp. 193-208				• Service providers also felt there was a lack of specialist/culturally-informed provision for BMER women, and disagreed with 12-week time limit for providing services
McGarry, J., Simpson, C. & Hinsliff-Smith, K., (2014). 'An exploration of service responses to domestic abuse among older people: findings from one region of the UK'. *The Journal of Adult Protection*, 16(4), pp. 202-212	Three older DA survivors, 18 professionals from statutory and voluntary services delivering DA provision or services for older people	One region of the UK (region undisclosed)	Mixed methods approach: postal questionnaire using pre-validated instrument and semi-structured telephone interviews	• There is a gap in services in terms of specialist, targeted support for mature survivors of DA • There is conceptual confusion among professionals around what constitutes elder abuse versus DA perpetrated against older people • There is a need to strengthen multi-agency working and referral pathways to prevent older survivors from 'falling through the cracks' • Existing promotional materials and access points for DA services may alienate older survivors
Øverlien, C. (2011). 'Abused women with children or children of abused women? A study of conflicting perspectives at women's refuges in Norway', *Child & Family Social Work, 16.* pp. 71-80	Part of a larger study featuring interviews with 22 children aged 4-17 staying at seven Norwegian refuges. Article based on interviews with seven of these children	Norway	Mixed methods: quantitative mapping of refuges (survey data) and qualitative interviews with 22 children	• Until 2009 there were no national policy or steering documents regarding provision for children staying in women's refuges. Findings show that there remains a lack of consistency, e.g. variations in follow-up for children after leaving refuge • Participants reported several 'conflicting perspectives'; routine aspects of refuge procedure accepted by adults that evoked confusion and anxiety for children. For

				example, the need for secrecy around location, a lack of visitors or the sudden move into refuge • There is a need for DA refuges to rethink policies, procedures and priorities with children in mind
Perez-Trujillo, M. and Quintane, E., 2017. Why do they Stay? Examining Contributing Factors to Women's Length of Stay in a Domestic Violence Shelter. Journal of Family Violence, 32(1), pp. 89-100	Detailed case files for 210 survivors	Bogota, Colombia	Quantitative – multivariate regression analysis. Researchers reviewed the 210 complete case files held on women accessing one Colombian shelter between 2010-12, examining how 'demographic data, abuse history, situational needs, and contextual factors' correlate to duration of refuge stay (p.89)	• Higher educational level, higher needs and greater fulfilment of needs by refuge services was associated with longer stays
Reifenstein, M., (2014). *The Impacts and Implications of Physically Focused Dutch Domestic Violence Campaigns.* Smith College	Six DA experts, one DA survivor	Netherlands	Qualitative approach: six fact- and opinion-seeking interviews with experts in DA, and one life history interview with a survivor	• Dutch awareness campaigns about DA tend to focus on physical acts of violence and their aftermath, rather than exploring the mental health impacts of abuse • Consensus among the interviewed experts suggested that there had been advances in public understanding of the psychological toll of abuse and its long-term impacts

				on survivors. However, the experiences of survivor interviewed contradicted this
Sanders-Mcdonagh, E., Neville, L. & Nolas, S. (2016). 'From pillar to post: understanding the victimisation of women and children who experience domestic violence in an age of austerity'. *Feminist Review*, (112), pp. 60-76	Data from earlier mixed-method realist evaluation of CGP programmes in 32 London boroughs, including interviews with programme coordinators, facilitators and service users (24 children, 18 mothers & 34 professionals)	32 London boroughs	Qualitative approach. Research team drew on pre-existing interview findings from their 2010-11 realist evaluation of voluntary and public sector services rolling out 'CGP' programmes (psycho-educational group work with children affected by DA)	• Funding cuts to DA services and the accompanying disruption/reduction in service have major, adverse impacts on women and children who have experienced abuse, acting as a form of secondary victimisation or 'structural violence' (Sanders-McDonagh et al, 2016: 65)
Shimmin, J. (2011*) Homemaking: Gender, Safety, and Place in Massachusetts Battered Women's Shelters.* PhD thesis. New York University	40 professionals from Massachusetts DA shelters	Massachusetts USA	Ethnographic and qualitative approach: six months of participant observation, 40 interviews, organisational document analysis, 500 photographs	• Gender politics have become increasingly peripheral in the official policies and communications of publicly funded US DA services, which are expected to employ gender-neutral intake criteria. However, gendered norms of victimisation continue to unofficially shape practice, with survivors who display "fear, dependency and vulnerability" (88) afforded greater credibility and empathy • While conventional and open shelters appeared to draw on different justificatory frameworks, in practice women

				• staying in both were subject to similar behavioural expectations, prohibitions and norms • Class emerged as a central, yet under-acknowledged factor: most women who accessed accommodation-based services did so as a 'last resort' (p.223) because they were unable to afford other options
Stainbrook, K.A. & Hornik, J. (2006). 'Similarities in the Characteristics and Needs of Women with Children in Homeless Family and Domestic Violence Shelters'. *Families in Society*, 87(1). pp. 53-62	Two non-probability samples of single, female-headed families staying in DA and homeless shelters (n = 147 and n = 291) in three New York counties between 2001-3	New York, USA	Mixed methods approach: psychometric instruments, participant work status and financial support information, service data referencing all admissions and discharges for the period, in-depth interviews with service users	• Rates of substance misuse, mental ill health, lifetime and childhood trauma were similar across populations of women drawn from the homeless and DA shelters (although women in DA shelters were more likely to report recent violence and PTSD) • Equally, women from both populations reported similar financial difficulties, including difficulties accessing sufficient food (48% homeless women, almost a third of women from DA shelters) • However, despite this clear overlap in service user profile and needs, homeless shelters typically offered fewer therapeutic/trauma-focused services, suggesting that homeless women may miss out on needed interventions
Stanley, N. (2015). 'Moving Towards Integrated Domestic Violence Services for	Review of research evidence on key challenges to moving toward more	UK	Review of research, including published project data from OH	• New methods of multi-agency working are emerging, often in direct response to inquiries and serious case reviews highlighting shortcomings in information sharing and collaboration

Children and Families' in Humphreys, C, & Stanley, N (eds) (2015), *Domestic Violence and Protecting Children: New Thinking and Approaches*, Jessica Kingsley Publishers, London, pp. 232-248	integrated, multi-agency DA interventions			• However, a culture of 'secrecy' and 'poor communication' between agencies acts as an obstacle to a more integrated approach • The lack of a cohesive approach and shared knowledge and understanding of DA has particularly impacted child protection work: social care services have historically taken a punitive role towards mothers who fail to 'manage' their partner's violence, disincentivising families from seeking support • Meanwhile, police services were often reluctant to engage children, and social care services felt that the information shared by police was insufficiently child-focused
Stanley, N. & Humphreys, C. (2017). 'Identifying the key components of a 'whole family' intervention for families experiencing domestic violence and abuse', *Journal of Gender-Based Violence.* 1(1), pp.99-115.	Interviews with 12 Domestic Abuse Navigators (DANs), two specialist perpetrator workers, two drug and alcohol workers and seven family members accessing the 'Growing Futures' project	Doncaster, England	Process evaluation of a pilot 'whole family' DA intervention in Doncaster employing a multi-method approach: document analysis of casebooks and learning logs, interviews with 24 participants	• Historically, DA interventions emerged as 'silos', initially catering to (predominantly female) survivors, with child-focused programmes emerging over time. Perpetrator programmes developed separately. There are emerging whole family approaches in the UK, North America, the Netherlands, and Australia • The pilot under evaluation operated in a location in Northern England over an 18 -month period. 12 specialist DANs worked with family members individually and collectively

				• The evaluation found that the voluntary and non-judgemental approach of the programme succeeded in engaging families, although the DANs were less confident in working with perpetrators than other family members
Sullivan, C. *et al*, (2008). 'Evaluating the Effectiveness of Women's Refuges: A Multi-Country Approach to Model Development'*, International Journal of Comparative and Applied Criminal Justice*, 32:2, pp. 291-308	224 respondents staying in 15 refuges across three countries	Ireland, Portugal, Scotland	Survey data collected from 224 women staying in refuge	• Refuge providers in each country identified common objectives as the basis for an outcome evaluation: (1) increase women's and children's safety (2) increase survivors' access to community resources that can enhance their well-being (3) empower women • Survey respondents reported positive outcomes from their time in refuge, including a greater sense of safety, better access to information and ability to meet their children's needs • 37% believed they would have become homeless if refuge space unavailable
van den Brink, A. (2008). 'The Amsterdam Approach: Enterprising and Pragmatic' in Krenn, M., Weiss, K. & Logar, R. (eds.) (2008). *Ten*	Overview of evolving DA services in Amsterdam, 1990-2008, tracking increasing professionalisation and reach	Amsterdam, Netherland	Historical analysis of changing DA provision in Amsterdam, with details of then-emerging services, such as the OH	• The Blijf Groep is a regional DA umbrella organisation which provides a range of DA services across two Dutch provinces, including the OH. It emerged as a grassroots, politicised movement of 'activists' and became increasingly professionalised over time, with growing national collaboration

Years of Austrian Anti-Violence Legislation: International Conference in the Context of the Council of Europe Campaign to Combat Violence Against Women, Including Domestic Violence. Vienna, 5-10 November 2007. Vienna: Federal Chancellor, pp. 166-175				• There has been a shift from a 'monocausal' account of DA as a manifestation of patriarchy to consideration of other risk factors such as economic dependence, substance abuse and transgenerational patterns of violence and neglect • There has been an increasing diversification of funding sources during this transitional period, with a shift from predominantly government funding to a range of sources including healthcare, charity and enterprise
Warrington, M. (2003). 'Fleeing from Fear: The changing role of women's refuges in meeting the needs of women leaving violent partners'. *Capital and Class*, 27 (2), pp. 123-150	16 workers working across 12 refuges	East Anglia	In-depth interviews with 16 refuge workers.	• DA refuges emerged out of the grassroots women movement • Refuges became more professionalised over time, with more conventional management structures • Refuges currently occupy an 'intermediate' model, embodying aspects of both a 'social movement' and a social service' – still retaining core value of empowering women

Reference (incl. commissioning	Sample	Location	Research methodology	Key findings

organisation where relevant)				
Austin, J. & Smith, K. (2019). *Nowhere to Turn 2019: Findings from the third year of the No Woman Turned Away project.* Women's Aid	309 women supported by the No Woman Turned Away (NWTA) project 2018-2019	England	Mixed methods approach: quantitative data collected by NWTA workers between 12 January 2018 and 11 January 2019, qualitative interviews with 17 women supported by the project and artworks created by these survivors documenting their search for a refuge space	• Of the 309 women supported, 22% would eventually access a place in refuge, 17% stayed with friends or family, 11% found emergency accommodation, 9% remained in their current address (without the perpetrator), while 10% remained living with or returned to the perpetrator • 41.1% of women supported by the NWTA project were from Black and Ethnic Minority backgrounds, while around 19% had NRPF • 24.6% of the women supported had disabilities, while almost half had additional support needs in relation to their mental health (37.9%) or substance use (12%)
Bretherton, J. & Pleace, N., (2018). *Women and Rough Sleeping: A Critical Review of Current Research and Methodology.* York: Centre for Housing Policy, University of	14 women with lived experience of rough sleeping, aged mostly in their 30s and 40s.	UK context	Mixed methods approach: Rapid review of the available evidence and research on rough sleeping among women. Secondary analysis of anonymised CHAIN data from London, and three focus groups in Bristol, Leeds and York	• Women outnumber men among statutorily homeless households in Britain, although are less likely to sleep rough, instead relying on precarious, short term, informal arrangements such as sofa-surfing. This finding may relate to the fact that women who have slept rough report 'horrendous [experiences], often including sexual abuse, violence and stigmatisation' (summary) • Women's homelessness is closely, and often causally, linked with domestic abuse

York. Commissioned by St. Mungo's				
Davis, J. (2004). *Off the streets: Tackling homelessness among female street-based sex workers*	Practitioners from four projects supporting women involved with street-based sex work in Lambeth, Bristol and Birmingham	England	Qualitative: case studies of four projects supporting street-based sex workers, employing interviews with professionals on these projects	- Street based sex work is associated with acute, multiple vulnerabilities, including trauma, substance use and social exclusion - Women involved with street based sex work often face even greater difficulty in finding safe, stable accommodation than other homeless people: there are very few tenancy support services for women with a history of street sex work, while "hostels and domestic-violence refuges often exclude sex workers because of their complex support needs" (p.5)
Magić, J. & Kelley, P. (2019). *Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse.* London: Galop	LGBT+ specialist DA services and LBGT+ projects within mainstream DA services in England and Wales	England and Wales	Mixed methods approach: literature review of UK-based studies, quantitative analysis of data sets shared by four LGBT+ specialists domestic abuse services and three 'mainstream' services running LGBT+ projects. Interviews with LGBT+ DA advocates	- More than 1 in 4 gay men and lesbian women, and more than 1 in 3 bisexual women, report experiencing at least one form of DA since the age of 16 - In addition to gender-based violence, LGBT+ survivors may be subject to abuse relating to their orientation and gender identity - LGBT+ survivors are under-represented among service users in voluntary and statutory sectors, including the criminal justice system. This appears to be partially attributable to systemic barriers; e.g. a lack of cultural awareness/sensitivity of the needs of LGBT+ survivors

				• Specialist refuge provision for LGBT+ survivors is extremely limited, particularly for gay and bisexual men and trans and non-binary survivors
Reis, S. (2019). *A home of her own: Housing and women,* Women's Budget Group	Six interviewees from Coventry Women's Partnership organisations and other housing and homelessness organisations across England (practitioners)	England	Mixed methods approach: initial desk research, secondary quantitative analysis of ONS datasets and LHA rates, interviews and case studies	• Owing to the gender wage gap, "women need over 12 times their annual salaries to be able to buy a home in England, while men need just over eight times" (p.4) • Women are also over-represented among housing benefit claimants (60%), so have been disproportionately affected by the benefits cap • The majority (67%) of statutory homeless individuals are women, and two-thirds of statutory homeless families with children are headed by single mothers
Women's Aid (2020). *The Domestic Abuse Report 2020: The Annual Audit*, Bristol: Women's Aid	Data on 21,351 survivors and 120 DA organisations offering refuge and/or community-based support. Case studies of three providers implementing significant changes to their services	England	Mixed methods: survey data from 120 organisations (57.7% response rate), data from Women's Aid's case management and outcomes monitoring database	• On 1 May 2019, England had 269 refuge services • Between April 2018-May 2019, refuge services supported 11,489 women and 13,787 children • Less than half of refuge spaces available between April 2018-May 2019 could accommodate a woman with two children, while less than 1 in 5 could accommodate a woman with three children • 44.5% of service users in refuges had support needs around mental health, while 15.3% had support needs in relation to physical health

				• During the reporting period, refuge services declined 20.3% of incoming referrals due to a lack of capacity
				• 13.3% of refuge services received no local authority funding
Wakefield, H. (2019). _Triple whammy: The impact of local government cuts on women._ Women's Budget Group	Review of data in relation to austerity-driven cuts in public spending across England	England	Secondary data analysis	• Central funding for local government has fallen by around 56% since 2010
				• These cuts have disproportionately impacted women, particularly Black and ethnic minority women, with significant reductions in local government funding to DA refuges and other crucial public services