Department for Levelling Up,
Housing & Communities

Understanding domestic abuse interventions for women experiencing multiple disadvantage

A Rapid Evidence Assessment

April 2024

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Department for Levelling Up, Housing and Communities

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About

The Changing Futures programme is a £77 million initiative between Government and The National Lottery Community Fund. It seeks to test innovative approaches to improving outcomes for people experiencing multiple disadvantage – including homelessness, substance misuse, mental ill health, domestic abuse and contact with the criminal justice system. The programme is running in fifteen areas across England, between them covering 34 top tier council areas, from 2021 to 2025.

The Department of Levelling Up, Housing and Communities (DLUHC) appointed a consortium of organisations, led by CFE Research, and including Cordis Bright, Revolving Doors and The Sheffield Centre for Health and Related Research (SCHARR) at The University of Sheffield, to undertake an independent evaluation of the Changing Futures programme.

This report is part of a series of Rapid Evidence Assessments (REA) produced for the Changing Futures programme by the evaluation team.

The report was written by CFE Research in August 2023.

For more information about this report please contact cfp@levellingup.gov.uk

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Glossary

ACEs: Adverse childhood experiences

DHR: Domestic homicide reviews

DLUHC: Department for Levelling Up, Housing and Communities (also **DCLG**: *Department for Communities and Local Government* and **MHCLG**: *Ministry for Housing, Communities and Local Government*)

DV: Domestic violence

GBV: Gender-based violence

Housing First: Evidence-based approach to supporting homeless people with experience of multiple disadvantage. The model provides stable housing in the community without conditions, such as entering treatment substance abuse.

IPV: Intimate partner violence

LGBTQ+: Lesbian, Gay, Bisexual, Transgender and Queer/Questioning

NGO: Non-governmental organisation

PIE: Psychologically Informed Environments

PTSD: Post-traumatic stress disorder

SUD: Substance use disorder

Survivors: In this review, this term is used to refer to women who have experienced domestic abuse in the past or are still experiencing domestic abuse. Individual studies reviewed use a range of terms including IPV, GBV, or domestic violence.

RCT: Randomised controlled trial

VAWG: Violence Against Women and Girls

Executive summary

Introduction

This is a rapid review of evidence on effective interventions that help women experiencing multiple disadvantage to get support that addresses the risks and effects of domestic abuse. It has been commissioned by the Department for Levelling Up, Housing and Communities (DLUHC) as part of the evaluation of the Changing Futures programme.

The review aims to answer three key research questions:

- How are women experiencing multiple disadvantage currently conceptualised in the literature?
- What is the current picture of engagement of women experiencing multiple disadvantage with services and support addressing the impacts of and/or reducing the risks of domestic abuse?
- What works to enable women experiencing multiple disadvantage to access and engage with services and support addressing the impacts of and/or reducing the risks of domestic abuse?

This review focusses specifically on women's access to domestic abuse services rather than services more generally. The approaches and literature referenced are not exhaustive and the review does not make claims about the scale and nature of the evidence base.

Domestic abuse and women experiencing multiple disadvantage

One of the differences identified between men's and women's experiences of multiple disadvantage is in their experiences of abuse and violence. Women receiving support from the Changing Futures programme are significantly more likely to report experience of domestic abuse than men (CFE Research and Cordis Bright, 2023a).

A recent analysis (Sosenko et al. 2020) of data on people's experiences of four domains of disadvantage – homelessness, substance misuse, poor mental health, and violence and abuse – identifies a cluster of 17,000 people in the UK experiencing all four domains, of whom 70 per cent are women. Of a larger group of 336,000 adults experiencing three or four of these domains, approximately half were women.

Several studies that were examined argued that domestic abuse was not merely more prevalent amongst women experiencing multiple disadvantage, but that it was either a cause of or contributor to other forms of disadvantage or had bi-directional interactions with other forms of disadvantage.

Multiple disadvantage and access to support for domestic abuse

Domestic abuse services in the UK report overdemand for services generally. Within this context, there is evidence that it is particularly difficult for women experiencing multiple disadvantage to access support. Holly (2017) notes that while women's refuge centres are in high demand, they often place restrictions on which women with higher support needs, such as substance use, mental health, or an offending history, are offered places.

Domestic abuse support has been characterised as focused on supporting people to escape current violence and addressing basic needs, rather than on addressing the impacts of past trauma and supporting recovery. Where women experiencing multiple disadvantage are able to access generic services, there is often a poor fit between their needs and the support available; the way services are run mean that women can either be excluded or disengage.

Within refuges and related services, there can be a lack of understanding, skills and expertise in relation to supporting survivors experiencing multiple disadvantage.

The lack of integration of domestic abuse services with other services for co-occurring needs has also been identified as a barrier to engagement. The siloed nature of services limits their ability to deal with co-occurring issues.

While mistrust of services is a barrier to people experiencing multiple disadvantage engaging with support generally, this can affect women in specific ways. Women often avoid engagement with services, social services in particular, because of previous experience of or the potential threat of child removal.

Accessing support for domestic abuse: what works for women experiencing multiple disadvantage

The approaches described in the literature we reviewed address the above barriers and challenges in the following ways:

- Improving service and practitioner capability and capacity to support women experiencing multiple disadvantage
- Adapting or providing specialist housing-based interventions
- Integration or co-ordination of domestic abuse services with support for multiple disadvantage
- Providing tailored, relational recovery support in safe spaces

Many of the interventions we reviewed incorporated a combination of the above approaches.

Improving service and practitioner capability and capacity to support women experiencing multiple disadvantage

This can be achieved through providing domestic abuse workers with training, guidance, and tools (such as the AUDIT tool to screen for alcohol harm) on mental health, substance misuse and complex trauma. Ongoing support for staff to implement new ways of working and maintain their own wellbeing, such as regular reflective practice sessions, is also important. The evidence we reviewed indicates that these approaches can challenge staff perceptions of women experiencing multiple disadvantage, reduce fears, build staff confidence and give them strategies to handle different scenarios safely. It demonstrates that staff with expertise in one specialism (domestic abuse) can be supported to use these skills with women experiencing other forms of trauma and disadvantage. For example, a descriptive study of such an approach adopted in a shelter in Ireland (Morton et al. 2015) reports that staff became more confident in accepting and supporting women experiencing multiple disadvantage and some of their prior fears were not realised.

Adapting or providing specialist housing-based interventions

Alongside the provision of capacity building support, several of the refuge-based interventions we reviewed included making changes to policies and procedures to avoid excluding those experiencing multiple disadvantage and adopt a more trauma-informed approach. Actions included removing exclusion criteria, reshaping rules as agreements or charters between staff and service users, taking steps to address stigma, and providing harm-reduction services such as needle disposal. The evaluation of one such approach, Refuges Access for All (AVA & Solace Women's Aid 2017), reported the impact to be 'transformational' with fewer women being refused admission.

Domestic Violence Housing First (DVHF) is an adaptation of Housing First[1] aimed at survivors in housing need, including but not limited to those experiencing multiple disadvantage. The adaptation focuses on obtaining housing that is not only stable, but that contributes to safety from domestic abuse and on moving towards settled accommodation at the person's own pace. The evidence we reviewed indicated this approach can be more acceptable to women and produce better outcomes. For example, a study in the US found that survivors receiving the DVHF model had better housing stability outcomes than a comparison group receiving standard domestic abuse support.

Respite Rooms provide short stay (emergency) supported accommodation specifically aimed at survivors of domestic abuse or other gender-based violence who are also experiencing other multiple forms of disadvantage. Piloted recently in 12 locations across England, the Respite Rooms evaluation (IFF, 2023) found them to be highly effective. Service users were more likely to engage with other services and less likely to start or continue rough sleeping or using hostel/night shelters compared to a comparison group.

[1] Housing First is an evidence-based approach that offers access to a settled home in the community with open-ended, intensive support with no conditions attached (such as accepting drug treatment) (Homeless Link 2017b).

Integration or co-ordination of domestic abuse services and support for multiple disadvantage

The evidence reviewed highlights the importance of women with experience of domestic abuse and other forms of disadvantage having access to comprehensive services to address their varying needs. Improved integration or joining up of domestic abuse and other services can include development of improved relationships and referral routes between organisations, co-location of services and use of caseworkers to co-ordinate packages of support for women[2]. Actions that bring service providers together can help improve mutual understanding of services and improve referral processes.

An example of more integrated support is Nottingham's 'Response to Complexity' project. The project provided wraparound support coordinated by a central outreach team across a wide variety of other services. The evaluation (Harris and Hodges, 2019) reported high rates of survivors engaging with services where they had previously disengaged and that having a keyworker assisted with this. Participants in the pilot also reported improved health and wellbeing.

Providing tailored recovery-focussed support in safe spaces

Evidence from a range of often smaller, qualitative studies indicates that women value and benefit from tailored and therapeutic support within a safe space. This can include educational programmes (for example, on topics such as healthy relationships), social activities, counselling, and therapeutic activities such as music, arts and crafts and yoga. The studies we reviewed reported improved outcomes such as quality of life and confidence, and reductions in programme drop-out. However, caution is needed in generalising what works in this regard as survivors' preferences are very varied. What the evidence indicates is the importance of collaborative, non-judgemental and empowering relationships between survivor and support workers.

Quality of evidence

Some of the strongest available evidence we found related to housing-based initiatives, such as DVHF, where we found evaluations with comparison groups, which helps with attributing the impacts observed to the intervention in question. Much of the other evidence we reviewed was largely qualitative evaluations of small-scale and short-term interventions without comparators. There was a wealth of insight and learning based on practice, and research with women experiencing multiple disadvantage provides important information on their needs and preferences. Nevertheless, while this learning is useful for considering how interventions should be delivered, it does not help us understand what interventions should be prioritised over others. More evaluations of clearly defined and documented interventions with consistent outcome measures (including safety outcomes) would enable better comparison across interventions to determine which are most effective.

[2] Depending on the project, caseworker or advocacy worker roles can include the provision of direct support as well as service coordination; as we will discuss, a large number of the studies reviewed were of holistic or multi-component interventions.

Implications for the Changing Futures programme

This review underlines the need for the Changing Futures programme to continue to work hard to reach women. There is a danger that women will not engage if support does not recognise and address their particular needs. The emphasis of many of the Changing Futures areas on workforce development and trauma-informed practice, including flexible person-centred support by workers who are themselves better supported, aligns well with the promising practice identified here. Where areas are undertaking focused work to better support women experiencing domestic abuse, it is essential that this learning is captured and that there are opportunities for areas to share experiences and learning.

1 Introduction

1.1 Background to the review

This is a rapid review of evidence on effective interventions that help women experiencing multiple disadvantage to get support that addresses the risks and effects of domestic abuse. It has been commissioned by the Department for Levelling Up, Housing and Communities (DLUHC) as part of the evaluation of the Changing Futures programme.

Early evidence from the Changing Futures evaluation is consistent with other research that suggests that women's experiences of multiple disadvantage tend to be different from those of men (e.g. Sosenko et al. 2020). Some Changing Futures areas have a specific focus on better reaching and supporting women experiencing multiple disadvantage (CFE Research and Cordis Bright, 2023a).

There is a growing literature on support and services specific to or adapted for women experiencing multiple disadvantage. As identified in a previous evidence review (Cordis Bright and CFE Research, 2022), whilst gender-informed approaches for women experiencing multiple disadvantage have much in common with frontline delivery models for people experiencing multiple disadvantage generally, these approaches also seek to consider women's different experiences and needs. Gender-informed approaches include ones used in women-only spaces as well as those that form part of provision open to both genders and those designed and delivered by women for other women (Cordis Bright and CFE Research, 2022).

One of the differences identified between men's and women's experiences of multiple disadvantage is in their experiences of abuse and violence. Women receiving support from the Changing Futures programme are significantly more likely to report experience of domestic abuse than men – 79 per cent compared to 19 per cent (CFE Research and Cordis Bright, 2023a).

There is some tentative evidence that Changing Futures participants (CFE Research and Cordis Bright, 2023b), including those disclosing experiences of domestic abuse, feel safer after working with the programme for a few months. Whilst encouraging, there is a need to understand more about the differential experience of multiple disadvantage for women, and how to promote women's access to and inclusion in services.

The aim of this review is to identify practices or interventions enabling women experiencing multiple disadvantage to be supported to be safer and recover from interpersonal violence and domestic abuse. The primary focus for this review is on literature related to women experiencing multiple disadvantage that explores issues of domestic abuse or interventions effective in addressing domestic abuse. Studies on addressing domestic abuse or gender-based violence (GBV) in the wider population or for other specific groups of people are outside the scope of this assessment.

Whilst this review focusses on access to support aimed at preventing domestic abuse or supporting recovery from domestic abuse, there is also a need to understand more about how experiences of violence and abuse more broadly affect access for women to other

services. As part the evaluation team's early scoping for this review, Changing Futures peer researchers identified several issues related to women's access to services and support, whose common thread was women's differential experiences of trauma and the extent to which services enabled women to be and feel safe.

Wider policy context

As from October 2021, part 4 of the Domestic Abuse Act places new statutory duties on Tier 1 local authorities in England to provide support for victims of domestic abuse and their children within safe accommodation, including refuges, when they need it. These new duties mean that local commissioners should be reviewing local needs regularly and thinking about how best to support all victims, including those experiencing multiple disadvantage.

This is part of the Government's wider work to tackle Violence Against Women & Girls. The March 2022 Tackling Domestic Abuse Plan[3] sets out the wider measures in the Domestic Abuse Act and outlines the Government's plans to go further to prevent domestic abuse from happening, to provide more support to victims, and to pursue perpetrators.

Much of the evidence included in this review predates the Domestic Abuse Act and as a result may not always reflect the most recent support available to women experiencing multiple disadvantage. An evaluation of the domestic abuse statutory duties (part 4 of the Domestic Abuse Act) is underway and will report in March 2025.

Alongside supporting the ongoing Changing Futures evaluation, it is hoped this review will help inform local commissioning and service design for women experiencing multiple disadvantage.

Defining multiple disadvantage

For the purposes of this review, we have used the definition of multiple disadvantage included in the Changing Futures programme prospectus, which is:

> […] adults experiencing three or more of the following five: homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system. Many people in this situation may also experience poverty, trauma, physical ill-health and disability, learning disability, and/or a lack of family connections or support networks.
>
> **DLUHC, 2020**

The inclusion of domestic abuse in the definition of multiple disadvantage is a departure from definitions employed by earlier initiatives, notably that of the National Lottery

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[3]HM Government (2022), *Tackling Domestic Abuse Plan*, https://assets.publishing.service.gov.uk/media/6244219bd3bf7f32b317e8f3/E02735263_Tackling_Domestic_Abuse_CP_639_Accessible.pdf

Community Fund's Fulfilling Lives programme. As we shall discuss, there is clear evidence that domestic abuse plays a central role in women's experiences of multiple disadvantage.

The omission of domestic abuse from earlier programmes' definitions of multiple disadvantage may in part reflect the fact that influential early UK research on multiple disadvantage focussed on a particular type of multiple disadvantage acknowledged to be a primarily male phenomenon (Bramley and Fitzpatrick 2015, p. 45). Connected to this is the relative lack of visibility of women experiencing multiple disadvantage. Women may be less visible to frontline services because of safety concerns, and following on from this, they may also be less likely to appear in statistics due to undercounting (Robinson 2016). Historically, domestic abuse has been an underreported crime, and data on the prevalence of domestic abuse has been limited.[4]

The literature reviewed in this report frequently uses different concepts of multiple disadvantage and complex needs. Some of the evidence focuses primarily on the overlap between domestic abuse and a single other form of disadvantage, such as homelessness or substance misuse, while acknowledging that people are likely to have also experienced other forms of disadvantage.

1.2 Research aims and questions

The aim of this review is to explore issues of domestic abuse within the context of women experiencing multiple disadvantage, and to understand the evidence on what works in supporting women experiencing multiple disadvantage to recover and be safer from interpersonal violence and domestic abuse.

There are three research questions for this evidence assessment. The first two are largely descriptive questions, exploring how researchers and practitioners define this population and setting out what is known about the 'problem' of service inclusion in relation to achieving safety and freedom from domestic abuse. The aim of these questions is to clarify the population under study and the problems experienced by both public services and service users that interventions seek to solve. The third question explores what is known about effectively including women experiencing multiple disadvantage in support and services to reduce their risk of, and support their recovery from, domestic abuse. This question is intended to inform further research, policy dialogue, and practice.

1. How are women experiencing multiple disadvantage, including domestic abuse, currently conceptualised in the literature?

    - How do definitions of multiple disadvantage differ when the experiences of women are explicitly considered?
    - How does research distinguish this group of women from women with other forms of gendered disadvantage, including other victims and survivors of gender-based violence or domestic abuse?

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[4] In 2021, the ONS published the first outputs from its efforts to bring together existing evidence on violence against women and girls and to redevelop domestic abuse statistics (ONS 2021).

2. What is the current picture of engagement of women experiencing multiple disadvantage with services and support addressing the impacts of and/or reducing the risks of domestic abuse?

    - How does the engagement of women experiencing multiple disadvantage with domestic abuse services compare to that of survivors and victims overall?
    - What factors enable or hinder access to or engagement with support and services addressing the impacts of and/or reducing the risks of domestic abuse?

3. What works to enable women experiencing multiple disadvantage to access and engage with services and support addressing the impacts of and/or reducing the risks of domestic abuse?

    - What approaches or models have been used to support women experiencing multiple disadvantage to access and/or engage with domestic abuse support?
    - What evidence is there for the effectiveness of approaches or models aimed at enabling women to access support to stay safe from domestic abuse?
    - What evidence is there for the effectiveness of approaches or models aimed at enabling women to recover from the social, economic, emotional, and health impacts of domestic abuse?

1.3 Methodology

We developed a protocol for searching and prioritising evidence for review, which was agreed with DLUHC.

Searching for and identifying literature

A list of search terms was identified through an initial scan of literature: see Table 1 below. These search terms were used to identify potentially relevant sources of evidence using internet search engines (Google) for grey literature sources in the public domain, and Google Scholar and databases (e.g. PubMed) for academic evidence. Where search engines produced a high volume of results, we reviewed the first 25 results, which generally corresponds to most relevant results.

The search terms listed below were combined into different search strings using Boolean operators (e.g. AND, OR, NOT) so as to identify studies that directly related to the research questions.

Table 1: Search terms

Population search terms	Problem and intervention search terms
Women	Barriers
Multiple disadvantage	Enablers
Multiple needs	Disclosure
Complex needs	Reporting
Multiple exclusion	Help seeking
Homeless, homelessness	Engagement
Rough sleeping	Support
Substance abuse	Referral
Substance misuse	Access to services
Women offenders	Access support
Survivors	Stay safe
Victims	Recover
Domestic abuse	Improve
Domestic violence	Service inclusion
Violence against women	Services for survivors
Gender-based violence	Women-only services/spaces
Intimate partner abuse	Refuge
Intimate violence	Shelter
Trauma	IDVA
	MARAC
	Safety plan
	Specialist support
	Effective approach/model
	Solution
	Enabling women

Database and Internet searching using keywords was supplemented by manual searching on relevant organisations' websites, and by identifying relevant papers cited by and/or that cite studies identified via keyword searching. Table 2 below presents a list of projects and organisations whose websites were consulted.

Table 2: Websites

Organisations and projects
Women's Aid and other specialist domestic abuse organisations (national and local) e.g. Solace Women's Aid
AVA (Against Violence and Domestic Abuse)
Fulfilling Lives (local project evaluations)
Lankelly Chase
National Lottery Community Fund
Revolving Doors
Homeless Link
MEAM
Clinks
Safe Lives
University of Bristol Centre for Gender and Violence Research

Inclusion criteria

The review focussed on academic and wider grey literature (including research and evaluation published by government departments, NGOs (non-governmental

organisations) and sector bodies and organisations). Empirical studies and evidence reviews (e.g. primary and secondary research) were both included.

Given the fast-moving nature of this policy area, searching focussed on material published in English within the last 10 years, although some older articles were included for background. Although evidence from the UK was the main focus for the review, evidence for the third research question (what works) included evidence from Western Europe, North America and Australasia, where the researchers were satisfied that the population discussed was to some extent comparable to women experiencing multiple disadvantage in the UK (groups with comparable demographic, life course, and service engagement characteristics, and with similar configurations of disadvantage).

Prioritisation

Articles were selected for review using the following criteria:

- **Literature type**. We prioritised literature in the following order:
    - Peer-reviewed academic research
    - Other independent research and evaluation reports
    - Policy reports and grey literature (used primarily for background and descriptive research questions).
- **Methodological considerations.** We assessed studies for robustness, rating each as high, medium, or low. This assessment included a consideration, in line with the Magenta Book Central Government guidance on evaluation (HM Treasury, 2020), as to whether the research design was suitable to the research questions. We used recognised criteria drawn from the MMAT tools and/or criteria based on the CASP checklists. However, we included less robust studies due to the overall lack of higher quality evaluations.

Limitations

Available resource

This is an exploratory review with a specific focus. Although research relating to people experiencing multiple disadvantage is a developing field, we know that other fields, such as gender studies, have produced substantial bodies of literature in relation to women experiencing multiple disadvantage. Therefore, we focussed on more specific questions around women's access to domestic abuse services.

Terminology

Terminology used to describe both multiple disadvantage and domestic abuse or violence varies by setting (different terms are used by different countries as well as by different academic and professional disciplines) as well as over time. This posed a challenge in identifying relevant studies and assessing their relevance, particularly where authors did not define one or both terms. Moreover, it is likely that relevant studies using less frequently or widely used terminology may not have been identified by our searches.

Quality of evidence
Domestic abuse interventions are complex interventions, and thus entail the usual challenges associated with evaluating complexity: these include typically needing longer timelines than are available to most studies to enable assessment of impact; a frequent absence of counterfactuals; and a lack of clarity on the boundaries and content of the real-world interventions being evaluated. However, the detailed practice learning provided by some studies, together with the mix of qualitative as well as quantitative data available, should be of assistance to policy and commissioning professionals in exploring what they might do in a particular local context.

Scope and coverage
This was a rapid review. We examined 19 individual evaluations, studies, or evidence reviews exploring what works for survivors, including or specifically focussing on survivors experiencing multiple disadvantage. In addition, we also reviewed a selection of relevant research, policy and practice guides to provide context. As such, findings should be viewed as indicative and not definitive of what interventions do or do not work for women experiencing multiple disadvantage. They provide the basis for further investigation by the Changing Futures programme, and by research, policy, and commissioning professionals.

1.4 Structure of this rapid review

This review is structured as follows:

- Section 2 discusses the differences in experiences of men and women. It examines the prevalence of domestic abuse in women's experiences of multiple disadvantage, and its relationship to other disadvantages.

- Section 3 explores what is known about access for survivors experiencing multiple disadvantage to support to stay safe and recover from domestic abuse. It then discusses the barriers to support for domestic abuse encountered by women experiencing multiple disadvantage.

- Section 4 investigates four broad types of interrelated adaptations or innovations in domestic abuse support that have been trialled in the United Kingdom and similar settings. For each we set out the problem or barrier the approach is seeking to address, describe the approach and then look at the evidence for effectiveness in terms of improving access to and engagement with domestic abuse support. We also assess the strength and limitations of the evidence, identifying areas where more research is needed.

- The concluding Section 5 highlights how the findings of this review could inform the future work of the Changing Futures programme, as well as the work of those commissioning and evaluating services for survivors and people experiencing multiple disadvantage more generally.

2 Domestic abuse and women experiencing multiple disadvantage

2.1 Defining domestic abuse

Domestic abuse or intimate partner violence is defined differently within different jurisdictions, and researchers may employ definitions that do not precisely map onto legal and administrative definitions. The World Health Organisation (2021) defines intimate partner violence as 'any behaviour by a current or former male intimate partner within the context of marriage, cohabitation or any other formal or informal union, that causes physical, sexual or psychological harm' and notes that it is most commonly perpetrated by men against women and is the most widespread form of violence against women and girls.

The UK definition, given statutory basis by the Domestic Abuse Act 2021, is largely comparable, defining domestic abuse 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). It encompasses psychological, physical, sexual, financial, and emotional abuse. Whilst gender neutral, there is a recognition that the majority of victims are women (Home Office, 2022); domestic abuse is more prevalent in the general female population in England and Wales (6.9 per cent of women versus 3 per cent of men experienced domestic abuse in the year ending March 2022 (ONS 2022)).

2.2 Gender and experience of multiple disadvantage

Differing experiences of men and women experiencing multiple disadvantage

Evidence from both large-scale quantitative studies, and those of specific service user cohorts, shows that for people with experience of multiple disadvantage, current and historic experiences of domestic abuse or intimate partner violence are more common amongst women.

Following a mapping of multiple disadvantage in the UK (Bramley and Fitzpatrick, 2015), researchers at Heriot-Watt University examined differences in the characteristics of men and women who were in contact with one or more of homelessness, substance abuse, and criminal justice services. Analysis found that women were more likely to have had significant adverse childhood experiences[5] (ACEs), and to have been the victims of domestic violence, and were less likely to have been a perpetrator of domestic violence. Additionally, they were more likely to have no qualifications, report significant problems with family relationships, and be receiving medication for mental health problems (McNeish et al. 2016, p.13).

[5] Adverse Childhood Experiences (ACEs) are potentially traumatic childhood events including psychological, physical or sexual abuse and violence in the home, that are associated with increased disease and behaviours that risk health, including substance abuse and mental illness. A higher proportion of women compared to men have multiple adverse childhood experiences (Felitti, Anda, Nordenberg et al. 1998; Centers for Disease Control and Prevention 2019).

Similarly, differences have been reported between men and women experiencing homelessness, including both their past experience and current risks. UK studies of homeless men and women have reported that experiences of intimate partner violence are far higher amongst women than men (Bimpson et al. 2021). A recent Canadian study comparing 217 men and 81 women experiencing homelessness (largely recruited via two emergency shelters) found that whilst women's experiences of substance use were not significantly different from that of the men studied, they had higher levels of ACEs, including verbal and sexual abuse, and there was a statistically significant correlation between gender and the number of ACEs reported (Milaney et al. 2020).

Thus, when people experiencing multiple disadvantage are identified based on domains of need (e.g. housing need, substance abuse, mental health, etc.), the population concerned differs depending on the inclusion or exclusion of experiences of interpersonal violence and domestic abuse. A recent analysis (Sosenko et al. 2020) examining datasets over a 12-month period for people's experiences of four domains of disadvantage – homelessness, substance misuse, poor mental health, and violence and abuse – identifies a cluster of 17,000 people in the UK experiencing all four domains, of whom 70 per cent are women. Of a larger group of 336,000 adults experiencing three or four of these domains, approximately half were women.

The interaction of domestic abuse with other forms of disadvantage

Several of the studies we examined argued that domestic abuse was not merely more prevalent amongst disadvantaged women, but that it was either a cause of or contributor to other forms of disadvantage or had bi-directional interactions with other forms of disadvantage. As we discuss below, domestic abuse has been found to contribute to homelessness, substance abuse, and mental and physical health problems. At the same time, the precise relationships between co-occurring forms of disadvantage are complex: Bennett and O'Brien (2007), for example, caution that neither substance abuse nor domestic violence should be seen as the cause of the other.

Domestic abuse or intimate partner violence (IPV) is a leading cause of homelessness for women (Yakubovich et al. 2022). Sullivan et al. (2023) describe how IPV can produce homelessness and housing instability through a range of pathways, including economic abuse, the woman having to move to escape abusers, and contributing to post-traumatic stress disorder (PTSD) or depression which results in homelessness. Similarly, Bimpson et al. (2021) highlight the distinctiveness of women's experience of homelessness compared to men's, and the overlap and connection between women's experience of violence and homelessness, noting that the violence and trauma of women's experiences can be the source of homelessness.

Bani-Fatemi et al. (2020) note that female substance use has been associated with experiences of gender-based violence (GBV) in several studies. Some study authors argue that domestic abuse contributes to drug and alcohol use disorders as a means of coping with trauma (Bimpson et al. 2021; Armstrong 2022). In light of the overlap between IPV and substance use disorder and their relationship to trauma, Armstrong (2022) examines whether services that try to address trauma would help women engage with both IPV and substance abuse services.

The majority of refuge users report mental health needs (Women's Aid 2021), and alongside substance abuse, domestic abuse has been linked to both mental and physical ill health (Bani-Fatemi et al. 2020; Dillon et al. 2013). Identified associations include depression, PTSD, anxiety, self-harm, and sleep disorders (Stewart et al. 2021; Dillon et al. 2013) as well as premature births, physical injuries, sleep disorders, chronic pain, and gastrointestinal and gynaecological disorders (Stewart et al. 2021; Reid et al. 2021; Dillon et al. 2013). Victims of GBV also report interpersonal distrust and insecure attachments with family and peers and are at increased risk of social isolation (Reid et al. 2021).

At the same time, the relationship between domestic abuse and other forms of disadvantage, including homelessness, alcohol and substance misuse, and mental health needs, has been found to be bidirectional. That is, whilst domestic abuse can lead to additional disadvantages, these other forms of disadvantage can increase the risk of victimisation. As with other authors, Bani-Fatemi et al. (2020) note that homelessness is a risk factor for experiencing gender-based violence, particularly for young people. Bennett and O'Brien (2007) reference the bidirectional relationship between substance abuse and domestic violence, with substance abuse increasing the risk of victimisation, and domestic violence increasing the likelihood that women will abuse substances. Alcohol misuse has been found to increase the occurrence and severity of domestic abuse (Stewart et al. 2020). Similarly, there is evidence for mental ill health arising as a consequence of domestic abuse, as well as making a person more vulnerable to abuse (Safelives 2019). A project examining English Domestic Homicide Reviews (DHRs) for the role of alcohol misuse found that DHRs identified a 'toxic trio' of alcohol misuse, mental health problems, and violence on the part of one or both partners (Alcohol Concern and AVA 2016).

3 Multiple disadvantage and access to support for domestic abuse

3.1 Access to and engagement with support for domestic abuse

Domestic abuse services in the UK report overdemand for services generally: in 2020-2021, 61.9 per cent of all referrals to refuge services using Women's Aid case management system[6] were rejected, with 26.5 per cent of rejected referrals due to lack of capacity (Women's Aid, 2021, p.37). Whilst the minimum refuge bed spaces recommended by the Council of Europe in 2018 was 5,562 (Imkaan 2020 cited by DMSS 2020), following the highest ever yearly increase, provision mapped by Women's Aid in May 2021 was at 4,289 beds (Women's Aid 2021, p.32). Mapping by the Domestic Abuse Commissioner similarly reported 4,000 units (a unit is a bedspace for one adult and their children) (Domestic Abuse Commissioner 2021a, p.25). A survey of 4,274 victims and survivors[7] (ibid) found that apart from helpline advice, a majority of domestic abuse victims were not able to access the support they wanted, with only 43 per cent of those wanting to access refuge accommodation able to do so.

Within this context, funders and providers of domestic abuse services have expressed concerns that the available data may not reflect the degree to which there is a lack of access for women experiencing multiple disadvantage:

> There are likely to be survivors who could have benefitted from accessing domestic abuse services but were never referred because the referring agency already knew that the service was over-subscribed or full, or that it was not resourced to support women with specific needs (for example, needs around drugs and alcohol use, needs around a mental health diagnosis).
>
> **Women's Aid 2021, p.38**

In 2015, a review of domestic abuse services carried out by the Department for Communities and Local Government found that those with experience of multiple disadvantage find it particularly difficult to access support (HM Government 2016, p.29).[8] Holly (2017) notes that whilst women's refuge centres are in high demand, they often place restrictions on which women with higher support needs, such as substance use, mental health, or an offending history are offered places. Data provided by Tier 1 local authorities for 2021-22 identifies that the most frequently reported reasons that households were unable to be supported by a safe accommodation service were mental health, alcohol, and drugs (DLUHC 2023). Research carried out for the Domestic Abuse Commissioner (2021c, p.28), found that, for those without specialist provision aimed at

[6] 85 local services contributed data to the Women's Aid On Track database during this time period.
[7] 75 per cent of the sample identified as female.
[8] The Domestic Abuse Act (see page 2) is designed to improve access to support for this cohort.

service users with additional needs, only 62 per cent of community-based domestic abuse services (n=369) would accept a referral and offer a full service to women with high mental health needs, and 65 per cent would accept a referral and offer full service to women with a history of offending or substance misuse. For accommodation-based domestic abuse services, these figures are even lower, with 31 per cent accepting a referral for someone with a history of offending, and 32 per cent for someone with high mental health needs. An earlier report (Harvey, Mandair and Holly 2014 cited in Holly 2017) found that some refuges exclude women with some diagnoses, such as schizophrenia or autism spectrum disorder or who use opiates including methadone.[9]

As we discuss further on, there are a number of reasons for this, including practitioner concerns and services' relevant expertise. Refuges are often not set up to support women with complex intersecting needs and they are too vulnerable to be housed without support (IFF 2023). Lack of resource can also be a reason for not providing dedicated services to address additional needs, such as substance misuse (Morton et al. 2015). Research conducted by Homeless Link (Young and Horvath 2018) reported that that funding cuts and commissioning approaches (short-term contracts with unachievable targets) were highlighted by services as barriers to providing effective support for women experiencing multiple disadvantage.

> All the women we work with who are in seriously high-risk domestic violence relationships will not be accepted by refuges because of their complex needs, because of their mental health issues, because of their substance issues.
>
> **Stakeholder quoted in Young and Horvath, 2018**

Alongside problems accessing more 'generic' domestic abuse provision, there is a limited supply of specialist domestic abuse services aimed at women experiencing multiple disadvantage. A survey of accommodation-based support in England and Wales (n=111) found that a minority provided specialist support to victims/survivors who had additional needs related to alcohol (41 per cent); high mental health needs (40 per cent), or substance abuse (39 per cent). Similarly, an analysis by Women's Aid of routinely collected service provision data from its members found that specialist support for women experiencing additional inequalities (e.g. members of minoritized communities, women with disabilities, LGBT+, etc.) makes up only 11.4 per cent of all refuge spaces (490 spaces out of 4,289), and moreover, only three services (21 refuge bed spaces) were exclusively for women with substance abuse or mental health support needs (Women's Aid 2021, p.28). For women facing homelessness as a result of domestic abuse, difficulties accessing appropriate accommodation can mean their only choice is mixed gender hostels and other accommodation, often dominated by men (Hess, Lupton and Lea 2022). Emergency and temporary accommodation tends to be mixed sex. For example, Hess, Lupton and Lea (2022) report that out of 529 hostel spaces in Nottingham City, only 43 refuge spaces were reserved for women[10].

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[9] Methadone can be used to treat opioid use disorder and is commonly prescribed in the management of heroin addiction. It is prescribed by a GP or drug treatment service. It is taken by the patient under supervision (e.g.at the treatment service) or in some circumstances at home.

[10] Refuge spaces are safe accommodation as defined by the Domestic Abuse Act, rather than a particular type of accommodation e.g. shared housing. The number of available refuge spaces varies due in part to available funding streams: at time of writing Nottingham had 37 spaces for women in four refuges, and 12 dispersed units, with 6 reserved for women experiencing multiple disadvantage and families.

Further, where specialist services do exist, they may be subject to insecure or short-term funding,[11] leading to a lack of certainty for service users, staff and referring agencies. Harris (2018) highlights how referrals to a specialist project in Nottingham (Responding 2 Complexity) dropped off as the end of the initial funding term approached. Where specialist refuges exist, they are often, like other refuges, oversubscribed (Hess, Lupton and Lea 2022). For example, prior to making changes to their policy and working, the Irish shelter described by Morton et al (2015) were routinely turning down 40 per cent of women due to substance use.

3.2 Factors affecting access to or engagement with support for domestic abuse

In this section we discuss research findings on the barriers to accessing support that women experiencing multiple disadvantage face.

Much of what is available on the barriers that women experiencing multiple disadvantage encounter in relation to accessing domestic abuse support is in grey literature such as discussion papers or service evaluations. In addition, we found some academic studies that had explored barriers with either service providers or survivors experiencing multiple disadvantage.

Domestic abuse provision is primarily designed for crisis response for less disadvantaged women and there is limited specialist provision

Domestic abuse services were described by some researchers as designed for less disadvantaged women who are experiencing crisis rather than those experiencing more severe disadvantage. Victims and survivors in receipt of UK domestic abuse services describe services focussing on help to escape the perpetrator; help with emergency basic needs and processes such as reporting to the police; specialist advice and counselling; help to access health services; and, in relation to recovery support, help in recognising abusive behaviours (Domestic Abuse Commissioner 2021a, p.25). Bimpson et al. (2022, p.19) argue that UK refuge provision is designed for women currently experiencing violence, whereas for women experiencing multiple disadvantage, this violence may be in the past, and that moreover, these services may do little to support recovery.

Even where women experiencing multiple disadvantage can access services not specifically designed for them, this poor ‘fit’ affects their engagement with support. Because so few domestic abuse services will accommodate women who are actively using substances, women may decide not to disclose their substance use, resulting in a missed opportunity for harm reduction and potentially putting women at greater risk (Morton et al. 2015). Studies of domestic violence shelters in the United States indicate that, whilst there are many reasons women may choose to disengage with shelter support unrelated to multiple disadvantage (Fisher et al. 2016), requirements and rules related to behaviours can trigger past traumatic experiences (Wood et al. 2017). Restrictions and conduct rules,

[11] The Domestic Abuse Act (see page 1) is intended to address this issue.

such as curfews and needing to complete chores, and fear of the consequences of non-compliance can be perceived as controlling, echoing previous abusive relationships (ibid).

Low awareness and expertise around survivors experiencing multiple disadvantage

Related to this, there is a lack of expertise in relation to supporting survivors with multiple disadvantage. Research undertaken by AVA's Stella Project (Alcohol Concern and AVA 2016, p.40) found that refuges lacked the tools to risk assess survivors with alcohol problems and did not feel confident they could manage residents with alcohol problems. Similarly, Bennett and O'Brien (2007) reported in an older study of both substance abuse and domestic violence staff that there was low awareness of clients' co-occurring conditions and misinformation.

There can be inconsistent screening by services for co-occurring issues, such as substance abuse and domestic violence (Armstrong 2019). Several evaluations we examined recommended the provision of screening tools and guidance (AVA 2016; Armstrong 2019; Bennett and O'Brien 2007). A review of Domestic Homicide Reviews undertaken with English local authorities concluded that it was critical that alcohol services screen for domestic abuse and vice versa, and when this is detected, for professionals to adopt strategies to actively pursue engagement with the client (AVA 2016).

Harris and Hodges (2019) found that service providers' perception of women with complex needs caused problems for them; the women were often described as 'too complex' or non-compliant. They point to earlier research on how 'victim-blaming' happens, arguing that service providers (and victims) can interpret trauma-induced behaviours as criminal or blameworthy.

Harris (2018) also highlights a need for additional training within the criminal justice system to ensure women experiencing multiple forms of disadvantage are appropriately supported when they report crimes.

Qualitative descriptions and evaluations of projects to support survivors experiencing multiple disadvantage offer interesting insights into staff beliefs and perceptions that affect women's access to support. AVA and Solace Women's Aid (2017) report the views of some refuge staff that accepting women experiencing multiple disadvantage could have a negative impact on their ability to support other women residents. However, following training and ongoing support there was a substantial increase in staff levels of confidence to support women experiencing substance use and mental health issues. Morton et al (2015) also highlight how such concerns can contribute to exclusion of women with substance misuse issues. At the Irish shelter that was the focus of their research they found that, prior to receiving training, many staff held beliefs that are prevalent in wider society such as alcohol use being normalised while use of illegal substances was conflated with addiction. Many staff believed that women needed to be abstinent before they could usefully support them with their experience of IPV.

Several researchers argue that there is a relative paucity of research on what works for survivors experiencing additional disadvantage in comparison to that for 'mainstream' domestic abuse interventions. Reid et al. (2021) highlight a lack of knowledge of the effectiveness of interventions for those experiencing homelessness and gender-based

violence in comparison to the availability of broader evaluative work on gender-based violence interventions. Similarly, Bani-Fatemi et al (2020) note that much more is known about what works for survivors of intimate partner violence generally than for survivors also experiencing homelessness. Reviews of studies and evidence have pointed to a lack of robust data collection and a paucity of evaluative evidence (IFF Research 2023; Yakubovich et al. 2022).

Lack of integration of domestic abuse services with support for co-occurring disadvantages

The lack of integration of domestic abuse services with other services for co-occurring needs, and related to this, failure to engage with survivors using a holistic, life course approach, has also been identified as a barrier to engagement.

A study of domestic violence and substance abuse services in the American Midwest found that that both domestic abuse and substance abuse services may only engage with trauma in a limited way. The researchers found that although both types of services sought to address trauma, the substance user disorder services saw trauma as something that happened in the past, while intimate partner violence (IPV) services focus on the trauma women are experiencing from domestic abuse at that moment and ensuring their safety. For substance use disorder services, addressing trauma at the wrong time might pose a risk of relapse. For IPV services, focusing on trauma not directly related to their current experiences of domestic abuse risked being a distraction and potentially a source of stigma and victim blaming (Armstrong 2023).

Other literature on multiple disadvantage generally highlights the barriers created by ‘silos’ of services that are designed to address single issues (MEAM 2018; CFE and Cordis Bright 2023; CFE Research 2022). This is no less of a problem when it comes to domestic abuse. IFF (2023) highlight the siloed nature of services – providers generally having expertise in domestic abuse or homelessness but not both. Morton et al (2015) indicate that in Ireland few IPV support providers have an integrated response to substance misuse and domestic violence and there is often a requirement for women with substance misuse issues to complete treatment before accessing IPV services.

As well as support for co-occurring needs not joining up in either timing or approach, lack of integration may also simply manifest as lack of one of the needed services. AVA and Solace Women’s Aid (2017) highlight lack of access to appropriate mental health and substance misuse services outside of their refuges as the single biggest barrier to successfully improving support for women experiencing multiple disadvantage within their refuges. Yet, as we discussed in Section 3.1, only a minority of accommodation-based domestic abuse services have in-house specialist support for these needs.

This can affect survivor engagement in a number of ways. Even where service rules do not prevent a person with co-occurring disadvantages accessing both domestic violence and substance abuse support, unaddressed issues related to either problem may limit service engagement, and interfere with program completion, with substance abuse relapse increasing the odds of domestic abuse recurrence for both victims and perpetrators (Armstrong 2023, p.842).

Lack of trust in services

Barriers faced by people experiencing multiple disadvantage accessing statutory services more generally can also be seen in relation to women accessing support for domestic abuse. The Fulfilling Lives programme (CFE et al. 2022) highlighted the need for women to feel safe in order to access services. As a result of the complex trauma experienced, women can have complex and personal notions of safety. Hess, Lupton and Lea (2022) highlight the various ways in which women experiencing multiple disadvantage can be particularly mistrustful of services and thus be less likely to engage as a result. This includes previous poor experiences with services, feeling judged, stigmatised or labelled as 'attention seeking'. Experiences such as homelessness, substance misuse and the removal of children challenge gender stereotypes and expectations of being a 'good mother'. Women can internalise these stereotypes, experience shame and minimise their needs and avoid seeking help as a result. Steele (2022) also offers examples of how women can find it difficult to trust services:

I have not had much luck and hope with services as they have made a lot of promises that they have not always kept. At times I have felt judged by services, and I have been told things that have not come true.

Service user quoted in Steele, 2022

Experience of or fear of child removal is also a barrier to women getting support. Women often avoid engagement with services, social services in particular, because of the potential threat of child removal (Hess, Lupton and Lea 2022). Van Zyl, Hunter and Haddow (2022) in their research with mothers who have experienced child removal, report that mothers were fearful of being honest about their needs or experiences due to fear of this adversely affect their ability to have their children returned to them.

Research with women with experience of multiple disadvantage undertaken by Fulfilling Lives South East (Hadfield and Cooke 2022) highlights how constantly changing staff (as a result of short-term service contracts) and feeling 'let down' by services had a detrimental impact on women's recovery journeys. The complexity of available services also made it confusing to know where to go for help.

4 Accessing support for domestic abuse: what works for women experiencing multiple disadvantage

4.1 Overview of identified approaches

The review examined both evaluations of individual interventions as well as secondary studies and discussion papers seeking to synthesize key principles, practices or approaches that are important when supporting women experiencing multiple disadvantage. In most cases, individual interventions involved multiple strands and approaches; we have therefore sought to summarise broad common elements or themes where some evidence for effectiveness is reported.

Common interventions for gender-based violence and/or domestic abuse include:

- advocacy – support from an advocacy worker that may include help to access a range of services and resources, safety planning, and informal counselling or mentoring, such as goal setting
- strategic work (also sometimes termed advocacy) that attempts to influence services' practices or public policy
- psychological counselling or therapies
- refuges or shelter-based care, and occasionally other housing support, and
- frontline healthcare/first contact responses, which can include referral to other services (Yakubovich et al. 2022; Rivas et al. 2019).

Below we focus on innovations in, or adaptations to, these types of activities that may facilitate access to and continued engagement with support for survivors experiencing multiple disadvantage. The intent is that these should be explored alongside what is known about 'what works' in addressing domestic abuse more generally. The interventions described in the literature were diverse and many contained commonalities in terms of approaches or principles. However, in general they included the following types of interventions:

- improving service and practitioner capability and expertise, including in identification (assessment)
- housing-focussed interventions
- integration or coordination of domestic abuse support pathways with support for co-occurring disadvantage/case management, and
- methods and techniques for delivering recovery-focussed support, e.g. counselling.

Although we discuss each of these types of intervention separately, in practice combinations of interventions are delivered – and in some instances, evaluated – together. For example, improvements to practitioner capabilities may be delivered as part of a wider

change in approach used by domestic abuse or other services to respond better to the needs of victims and survivors experiencing multiple disadvantage.

4.2 Improving capability to support survivors experiencing multiple disadvantage

The Problem

Refuges and domestic abuse support can turn potential clients experiencing other forms of disadvantage away due to concerns they do not have the expertise or resources to support them, and/or concerns about the impact on staff or other refuge residents (Women's Aid 2021; Morton et al. 2015).

Drugs and alcohol services need to screen for domestic abuse, and vice versa, but few domestic abuse workers are using a tool to screen survivors for substance use issues (Armstrong 2019; Alcohol Concern and AVA 2016). Early research by AVA's Stella Project found that refuge workers might not screen for alcohol due to the lack of a screening tool (Alcohol Concern and AVA 2016, p.40).

Interventions to address these include building practitioner capability in IPV assessment, and connected to this, training staff delivering IPV-specific support on how to do this in the context of substance and alcohol abuse.

Solutions: Tools and training on screening

Alcohol Concern and AVA have produced guidance to enable IPV professionals to use the AUDIT tool to screen for alcohol harm, as well as providing support in safety planning in the context of alcohol (Alcohol Concern and AVA 2016). The AUDIT tool, considered by NICE as the gold standard in alcohol screening, can be used by a range of practitioners, including those working in domestic abuse services. In the context of domestic abuse, guidance produced based on research into Domestic Homicide Reviews concluded that workers must use tools to foster conversations that will enable clients to open up about drinking (Alcohol Concern and AVA 2016).

As part of wider changes in practices aimed at enabling women with co-occurring IPV and substance abuse to access shelter support (see below for further detail), staff at an Irish IPV shelter were trained in assessment, with training swaps held between shelter staff and the drug and alcohol agency they would refer survivors to. IPV staff had been initially concerned about asking substance use questions as part of the refuge intake process but became more confident in screening and were able to open up new conversations with their clients about the risks of drug and alcohol use (Morton. et al 2015).

Solutions: Training staff on mental health and substance abuse, and working with complex trauma

The 'Refuge Access for All' project (AVA and Solace Women's Aid 2017), was implemented in refuges across five London boroughs in response to increasing numbers of referrals from women who also had mental health and/or substance misuse issues. The project sought to ensure refuges were psychologically informed environments or PIEs. PIEs are services that are designed and delivered in a way that considers the emotional

and psychological needs of people using them, acknowledging people's past experiences, particularly of trauma, will affect how they engage with support (Homeless Link 2017a).[12]

Similarly, as part of opening services up to women actively using substances, an Irish IPV shelter described by Morton et al. (2015), trained staff on harm minimisation, such as safe injecting, vein care, and obtaining drugs, as well as providing guidance to enable them to respond to different scenarios and to address their fears around issues such as safety (Morton et al. 2015).

The effectiveness of tools and training for domestic abuse workers

A review of advocacy interventions for women experiencing domestic abuse, though not specifically for women experiencing multiple disadvantage, found that domestic abuse workers have reported the benefits of protocols (e.g. checklists or guidance) in 'common but risky or complex situations' (Rivas et al. 2019, p.47). They also cite studies where workers noted the need to be flexible so as to take a survivor-centred approach.

AVA and Solace Women's Aid carried out a mixed methods evaluation of the 'Refuge Access for All' project, which included the training component described above. The evaluation found substantial increases in staff understanding of and confidence to deal with issues of mental health and substance misuse, including increased understanding of trauma-informed approaches. The report provides lots of examples of how staff used resources and strategies introduced as part of the project to improve the emotional support they provided while ensuring their own wellbeing. Service user scores on trauma-informed practice improved, demonstrating that clients felt staff understood them and responded to their needs appropriately (AVA & Solace Women's Aid 2017). The evaluation was reasonably robust, with pre-post measures and data collected from both staff and services users; usefully, the study was able to explore the impact of staff training on the user experience.

Staff training at the Irish IPV shelter was reported to have produced changes in staff confidence and skills, with staff becoming more confident in conducting screening, but also in using their expertise in gender violence to work with risks experienced by clients experiencing multiple disadvantage (Morton et al. 2015). This demonstrates how staff with skills in one specialism (domestic abuse) may be supported with training to use these skills to engage women on other issues. However, this project was not formally evaluated.

In several studies identified by Rivas et al. (2019), staff have commented on the value of training in relation to adopting new techniques, including trauma-informed working, which corroborates these findings. In her study of domestic abuse worker practices, Wood (2014 cited in Rivas 2019, p.47) also identifies reflective practice as increasing the extent to which workers are client-focussed.

Whilst it is difficult to draw conclusions on a broad class of interventions such as tools and training, we note that the review by Rivas et al. (2019) was a substantive realist review

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[12] See the earlier Changing Futures evidence assessment on trauma-informed approaches to supporting people experience multiple disadvantage for further information on PIEs: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148546/Changing_Futures_Evaluation_-_Trauma_informed_approaches_REA.pdf

examining 98 studies. The AVA & Solace Women's Aid (2017) evaluation had no comparator group but included both pre- and post-measures as well as valuable qualitative data. In contrast, Morton et al. (2015) was a descriptive study rather than an evaluation. Such studies provide less certainty on effectiveness but are valuable sources of detail on process and context.

4.3 Housing-based interventions

The problem

Survivors experiencing multiple disadvantage can face barriers to accessing IPV refuges due to co-occurring mental health or substance abuse needs. They are also less likely to access 'gender-neutral' emergency shelters, where they may fear or experience repeat violence or fear their children being taken into care by the authorities (Yakubovich et al. 2022).

Housing solutions that may contribute to survivors staying safe and recovering from domestic abuse include:

- adapting how refuges operate so that they are accessible to and can support survivors experiencing multiple disadvantage – including harm reduction and trauma-informed approaches
- Housing First, an approach that provides stable, longer-term accommodation through ongoing advocacy and resources that move with women from one type of accommodation to the next
- new models of emergency shelters for rough sleepers providing IPV-specific, women-only spaces.

Solutions: Harm reduction and trauma-informed approaches

These approaches involve changes to policies and practices in domestic abuse refuges, including the adoption of harm reduction principles,[13] so that those facing other forms of disadvantage, including mental ill health and substance misuse are not excluded and can be effectively supported.

A report on promising practice in supporting women experiencing multiple disadvantage from Homeless Link highlighted the importance of flexible working practices as part of accommodation, such as removing exclusion criteria and adapting 'rules' into behaviour 'charters' to avoid excluding women and re-traumatising them (Young and Horvath 2018). This type of approach formed part of the changes implemented as part of the Refuge Access for All project described in section 4.2 above (AVA and Solace Women's Aid 2017). Changes were made to policies and procedures with input from service users. These included moving from 'house rules' to a 'house agreement' and changing the warning procedure so that it was more understanding of the reasons why people may display certain behaviours.

[13] e.g. the principle that co-occurring conditions should not be a bar to entering or staying in accommodation and that engaging with treatment for these conditions should not be a condition of accommodation.

Morton et al. (2015) describe similar measures implemented in an Irish refuge as part of a move to admitting women who were actively using substances. Changes included provision of needle disposal and work to address the stigma around substance use. Posters and leaflets were placed around the shelter to encourage more open discussion of substance misuse. It was recognised that women were likely using substances on site, despite this being prohibited, but just not disclosing. The shelter moved away from asking residents who used on site to leave, while retaining a zero-tolerance approach in communal areas. This meant that women were more likely to discuss their substance misuse and related issues.

Solution: Housing First: prioritising safe, settled housing

Housing First is an evidence-based approach that offers access to a settled home in the community with open-ended, intensive support with no conditions attached (such as accepting drug treatment) (Homeless Link 2017b).

Domestic Violence Housing First (DVHF) is an adaptation of this model developed in the United States. DVHF is an intervention aimed at survivors in housing need (including but not limited to those with other co-occurring conditions). This adaptation advocates working with homeless IPV survivors and their children to obtain housing that is not only stable, but that contributes to their safety from IPV (Sullivan et al. 2023; Sullivan and Olsen 2016). The emphasis is on moving towards settled accommodation at the person's own pace.

Westminster VAWG Housing First Project aims to support women experiencing violence and multiple disadvantage who are not currently engaged with services (Steele 2022). It brings together housing providers, VAWG specialists and Housing First workers. The project started small (supporting just ten women) then grew to accommodate 20. Each staff member only supports a maximum of five women at any time due to the high level of needs that women have. The year two evaluation highlights that giving women choice was a key enabler to tenancy sustainment with an emphasis on matching properties to what women say they need to feel safe – even if this means women turn down some offers of accommodation. Housing providers flexed their usual processes to meet the needs of women experiencing multiple disadvantage, such as taking longer over viewings. The evaluation also highlights the need for women to feel physically safe in their housing before they can begin to address feelings of emotional safety and trauma related to domestic abuse. Activity supporting this included discussing door guarding and supporting women with physical safety measures such as the installation of intercoms, key safes, or sanctuaries (Steele 2023). Staff take time to build women's trust in them, and specialist skills in relation to VAWG and domestic abuse are said to be vital.

Solutions: New models of emergency accommodation

'Respite Rooms' have recently been piloted in 12 locations across England (IFF 2023). Respite Rooms provided short stay (emergency) supported accommodation specifically aimed at survivors of domestic abuse or other gender-based violence who are also experiencing other forms of disadvantage, including homelessness, substance misuse, and mental health needs, but also victims of trafficking and those with no recourse to public funds. The pilots provided single-sex, single-gender accommodation with intensive wraparound (practical, emotional, and specialist) support, including domestic abuse and

gender-based violence specific support. It sought to address the needs of women[14] who could not be housed in an IPV refuge due to the severity of their needs. The evaluation (IFF 2023) provides a wealth of insights into aspects of the pilot that women found helpful and enabled them to engage. These include accommodation being located close to relevant support but away from other temporary or emergency accommodation, such as hostels, which helped people feel safer and less anxious. Self-contained private bedsits alongside some communal areas meant women could control how much they interacted with other people. 24/7 staff models also worked better than those that offered support in 'office hours' only as women often wanted support outside these hours when other services were also closed. Accepting referrals from a range of sources was important to ensure that those women who avoided statutory services were picked up.

Effectiveness of housing-focussed approaches

There is some evidence that housing interventions for survivors generally can contribute to improved mental health and safety outcomes (i.e. perceived safety, intent to leave partner) (Yakubovich et al. 2022).

According to the evaluation (AVA and Solace Women's Aid, 2017), the impact of Refuge Access for All project was 'transformational'. There was greater willingness by refuges to accept women experiencing multiple disadvantage, with fewer women being refused admission because of mental health needs – reducing from 9 refusals to 1 in the same 6-month period 12 months later. Service users were also said to relish having the opportunity to be more involved.

> I have felt that Solace values my opinions on the everyday running of the service, this has made me feel like a person rather than another number on a system
>
> **Service user quoted in AVA and Solace Women's Aid 2017**

The descriptive paper on the Irish refuge reforms (Morton et al. 2015) sets out how outcomes differed from what was expected based on prior beliefs and the concerns that IPV services report regarding accepting women using substances into refuges. These include concerns that such women could be a danger to staff or other clients and their children, either through violence or leaving medication unattended; that IPV work does not equip people with the skills to do drug and alcohol work; and that women cannot be worked with until substance misuse ceases; or that such work would require too many resources. In first year of admitting women there were no incidences of conflict between substance using and non-substance using clients. Incidents of intoxication did not increase and there were no problems of violence or abuse of other residents, staff or children. The authors note the need to properly evaluate harm reduction approaches in IPV settings, including the impact on children (Morton et al. 2015).

A longitudinal, non-randomised study of 345 homeless or unstably housed survivors from five organisations in the Pacific Northwest USA found that survivors receiving the DVHF model had better housing stability outcomes than a comparison group receiving standard domestic violence (DV) support (e.g. support groups, counselling, safety planning,

[14] The Liverpool pilot of this initiative also included male victims.

emergency shelter or other advocacy support but not support focussing on housing stability). The group receiving DVHF also reported decreased physical, psychological and economic abuse (Sullivan et al. 2023). Whilst there were no significant differences between the intervention and comparator group at 6 months, at 12 months those who had received the augmented support reported less physical abuse, emotional abuse, economic abuse, and use of the children as an abuse tactic compared to those who received standard DV support. However, the researchers caution that more data is needed to interpret this finding (Sullivan et al. 2023).

The self-evaluation of the Westminster VAWG Housing First Service (Steele 2022) reported that most of the women supported were engaging and that they viewed the service favourably compared to other homelessness services they had experienced. Of 25 women supported, 16 had been housed and 15 maintained their tenancies. The Housing First team emphasise the importance of the women choosing their priorities for support, and so it can take a long time before they are ready to disclose and discuss abuse. However, the year two evaluation indicates that some say their worker has helped them recognise their partner's behaviour as abusive. Women are also reported to have engaged with physical and mental healthcare services, substance misuse services and to have improved their economic circumstances – such as applying for benefits.

The Respite Rooms evaluation found them to be highly effective (IFF 2023). Service users received an average of 4 services whilst in the Respite Room, in comparison to 2.5 for a comparison group. They were also less likely to start or continue rough sleeping or hostel/night shelter use. 65 per cent moved on to safe accommodation after leaving, compared to 48 per cent in the comparison group.

The evidence we reviewed on the effectiveness of housing-based interventions includes some of the stronger evaluation designs covered in this report. Both the DVHF and Respite Rooms evaluations include comparison groups, which help with attributing the impacts observed to the intervention in question. Both the Refuge Access for All and VAWG Housing First project evaluations are mixed-method self-evaluations without comparator groups; the lack of independence being a further limitation. The Irish refuge case study is purely descriptive. There is much here that is corroborated in wider literature on domestic abuse and/or multiple disadvantage, including strong evidence on the effectiveness of Housing First. However, further evaluations looking at the effectiveness of interventions specifically designed for women experiencing domestic abuse and multiple disadvantage would greatly strengthen the evidence base.

4.4 Integrating or joining up domestic abuse support with other services/intensive case management

The problem

As described in Section 3, failure by services to recognise the intersecting nature of women's experiences, including the intersection of mental ill health, substance use and domestic abuse, can limit survivor access to support (Harris and Hodges 2019, p.169). Untreated co-occurring conditions are not merely the results of victimisation but can put the survivor at risk of future victimisation.

Solutions: Joining up support via referral pathways

Both in the UK and abroad, interventions targeted at survivors experiencing multiple disadvantage have included efforts to integrate or coordinate domestic abuse support with that for co-occurring disadvantage, particularly substance abuse. The approaches to join up support in the studies we reviewed involved the development of referral relationships and pathways (e.g. Morton et al. 2015).

Nottingham's 'Response to Complexity' project sought to provide a coordinated response to support survivors of domestic and sexual abuse experiencing multiple disadvantage (defined as including mental ill-health and/or substance misuse including alcohol) in Nottingham City (Harris 2018). Outreach workers or staff at a central refuge coordinated wraparound support from other services for survivors. Wraparound support included support for substance misuse, mental health, homelessness, language interpretation, health and welfare advice, and post-accommodation support, alongside access to a specialist complex needs domestic abuse support worker. There was also a component of outreach or co-location, in that survivors could access other services in the 'safe place' of the refuge, 'rather than expecting them to access mix gendered drug and alcohol services, which their perpetrator may also have been accessing' (Harris and Hodges 2019, p.180).

Research by Homeless Link (Young and Horvath 2018) identified several potential ways to encourage more joined-up working. These include more joint working when services are designed or commissioned in order to encourage organisations to work collaboratively and the co-location of services. The report provides a case study of Brighton Women's Centre as an example of promising practice in co-located services. Specialist women's workers provided support within local homelessness projects in the form of women-only spaces. The presence of specialist women's workers within a more generic homelessness setting meant they could share their expertise and champion the needs and rights of women.

Such approaches to joining up services are not dissimilar to those employed by Changing Futures projects in relation to people experiencing multiple disadvantage more generally; but there is an explicit focus on supporting safety and recovery from domestic abuse.

The effectiveness of integrating domestic abuse support with other support

Whilst logic would dictate that survivors' complex situations require integrated interventions, understanding the most effective approaches to this is complicated by the difficulties in comparing such interventions (Rivas et al. 2019, p.33). However, effective advocacy support for survivors has been delivered by professionals and lay people working in a range of disciplines and settings (e.g. healthcare, courts, social workers), supporting the argument for increased joint working (Rivas et al. 2019, p.51).

Analysis of a large-scale longitudinal survey of substance abuse treatment programmes in the US involving 1,123 women from 50 services (Andrews et al. 2011), helps to emphasise the importance of comprehensive support services for women with experience of both IPV and substance misuse. Women with experience of IPV were more likely to use additional services, in particular mental health and access services (transport and childcare) compared to women with only drug and alcohol problems. Further, getting family support services (parenting, counselling, life skills etc.) was associated with reduced substance misuse post-treatment for those with experience of IPV, but not for those without. This

supports earlier research cited by the authors that women in substance misuse treatment are more likely to use and benefit from services such as financial assistance, healthcare, housing and family counselling than men. Although not a service evaluation and the analysis cannot attribute causality, this is nevertheless empirical evidence of an association between comprehensive service use and reduced substance misuse.

As part of the mixed-methods evaluation of the six-month Response to Complexity pilot project, Harris and Hodges (2019) examined whether the referral pathway put in place had benefited survivors and service providers. Survivors reported that previously they had disengaged from services, but that having keyworker support had assisted them in accessing services. The pilot reported a high rate of survivors engaging with services, although difficulties were still experienced in providing access for some such as those with a criminal record for arson (Harris 2018). As the project was targeting survivors who may previously have been 'invisible' to domestic abuse services (Harris and Hodges 2019), this is tentative evidence of the project increasing access to support for domestic abuse for women experiencing multiple disadvantage. There was also qualitative evidence of increased understanding amongst agencies and services feeling more confident working with survivors experiencing multiple disadvantage (Harris and Hodges 2019, p.178). As services understood what each other did better, this reduced the frequency of inappropriate referrals and the extent to which women had to repeat their story or felt they were being passed back and forth between services (Harris 2018).

At the same time, the researchers caution that limits were placed on how much difference such an intervention could make when provision was limited, as was the case for mental health services, and when not all agencies needed by survivors were participating in the project. Harris also comments that there is a gap in research exploring the experiences of survivors with complex needs with the criminal justice system and their ability to report abuse (Harris 2018, p.10).

Survivors reported that their health and wellbeing improved through involvement with Response to Complexity. This is similar to findings from other studies of coordinated services, which have reported improved survivor outcomes, both in relation to co-occurring conditions as well as reductions in domestic abuse. For example, in an older study of a pilot project where six agencies co-operated to provide co-ordinated services to women experiencing both IPV and substance abuse, substance abuse and self-efficacy in relation to domestic violence both improved significantly (Bennett and O'Brien 2007). However, there is also a need to better understand how treatment participation affects co-occurring conditions. In the same study, women's perceived 'vulnerability to battering' increased by nearly 20 per cent from baseline to follow-up, with the authors speculating that this could be due to women's improved perceptions of the seriousness of the situation, to partner reactions to the programme, or to another, unknown factor (Bennett and O'Brien 2007).

The Brighton Women's Centre case study (Young and Horvath 2018) indicates that the co-located services provided an informal and safe entry route for women into specialist support. Over time, women were reported to be able to take steps to improve their safety, including securing appropriate accommodation and leaving an abusive partner.

As discussed previously, the heterogeneity of interventions aiming to join up domestic abuse support with that for co-occurring needs, and the impracticality of running experimental evaluations, limits the evidence of effectiveness for such interventions.

However, both the large-scale longitudinal study and the mixed-methods UK findings provide evidence of links between the different needs of service users and factors enabling them to engage with support that strongly suggest joining up provision would improve service user outcomes. Moreover, similar findings in relation to other services for people experiencing multiple disadvantage reinforce this finding.

4.5 Methods and techniques for delivering recovery-focussed support

The problem

Whilst much of domestic abuse provision may focus on crisis intervention, it is recognised that victims and survivors also require support for recovery. This is because, as discussed in section 2.2, domestic abuse can result in post-traumatic stress disorders, and has been implicated in co-occurring needs (e.g. drug and alcohol abuse, mental health needs). As discussed in section 3.2, services that are inappropriate or a poor fit for women experiencing multiple disadvantage can hamper engagement with support.

Solutions: Tailored, relational support in safe spaces

Community-based, trauma-informed group support with both therapeutic and social aspects has been valued and helped support safety and recovery in some instances. In a Canadian mixed-methods study (n=70) of female youth experiencing gender-based violence and homelessness,[15] researchers found that community-based, group psychoeducation, accompanied by social activities, mental health counselling and crisis support, reduced experiences of victimisation and increased quality of life after 12 months. However, there were no statistically significant improvements in other outcome measures, such as substance use or PTSD scores. The survivors described valuing safe, women-only spaces, sharing lived experiences and tailored psychoeducation. The researchers note that there were no premature dropouts from the programme during the period of the study (Bani-Fatemi et al. 2020).

Similarly, a smaller qualitative study, again from Canada, of 18 young survivors experiencing homelessness described recovery being supported through a ‘safe space’ and tailored curriculum. The intervention was based on a 2-hour per week, 16-week group course on topics such as healthy relationships and coping mechanisms, with the addition of social activities such as arts and crafts, yoga, and meal preparation. The study reported improvements in health, confidence and motivation, and interpersonal skills (Reid et al. 2021).

A qualitative study conducted for the Fulfilling Lives South East Partnership similarly identified that survivors valued support with social/relational issues, safe spaces in which they were listened to, and support that was responsive to their individual needs and preferences (Hadfield and Cooke 2022).

[15] Study participants reported high levels of ACEs, and gender-based violence (including multiple forms) but a minority had substance use disorders.

Similarly, Bimpson et al. (2022, p. 28) note that a meta-analysis of interventions delivered in domestic abuse refuges, including music therapy, group counselling, cognitive behaviour therapy (CBT) etc. while wide ranging, do point to the benefits of tailored support.

The effectiveness of different approaches to therapeutic support

Whilst the studies of specific interventions above suggest that tailored support for survivors with social or group elements is valued, caution should be taken when seeking to generalise what works for survivors experiencing multiple disadvantage. For example, whilst Bani-Fatemi et al. (2020) and Reid et al. (2021) describe positive engagement with and outcomes from group interventions, other studies suggest alternate approaches. In a small-scale, qualitative study of the support experiences and preferences of women service users experiencing multiple disadvantage (Hadfield and Cook, 2022), some participants expressed a preference for one-to-one support, saying that support groups could be triggering. The survivors expressed varied preferences as to how one-to-one support should be delivered, with some disliking more medicalised approaches, which can direct survivors to talk about specific issues at different times or which aim at diagnosis. A realist systematic review of studies involving survivors with a range of characteristics identified strong evidence for the importance of the quality of the survivor-advocate relationship, with collaborative, non-judgmental, empowering relationships being more effective (Rivas et al. 2019). More research into whether and how therapeutic support needs to be tailored for different survivors' experiences and situations would be beneficial.

Researchers report relatively little evidence about the types of therapeutic or psychosocial interventions supporting recovery designed specifically for survivors who are homeless or experience multiple disadvantage (Bani-Fatemi 2020; Bimpson et al. 2022). Bani-Fatemi et al.'s evaluation was a strong mixed-methods design, and similarly, Reid et al. produced a qualitative evaluation that benefitted from significant engagement with the research participants. Hence, these studies provide some useful directions for further investigation. In contrast, the Hadfield and Cooke study, whilst providing useful feedback, was not an evaluation. Further meta-analyses, such as that identified by Bimpson et al., would be useful in helping to identify what principles or approaches to support are likely to be more or less appropriate for women experiencing multiple disadvantage in the UK context. More quantitative and qualitative data collection on disengagement when evaluating recovery treatments would be useful in this regard.

5 Conclusions

5.1 Evidence on effective approaches

This evidence review was challenging for several reasons. Firstly, the literature uses a variety of terms and conceptualisations of both multiple disadvantage and domestic abuse. Some sources focus more broadly on violence against women and girls, others more narrowly on intimate partner violence, which may or may not include forms of abuse such as coercive control. Not all the evidence reviewed focuses explicitly on multiple disadvantage as defined by the Changing Futures programme, but on the overlap between experiences of domestic abuse and one other disadvantage, be it substance misuse, homelessness or mental ill health.

Overall, as pointed out in several reviews we examined, there is a lack of robust evaluation that looks at the specific barriers and enablers to women survivors with experience of other forms of disadvantage getting access to effective support with domestic abuse. The level of evidence is low even in comparison to evidence on domestic abuse support more generally. Yet it is clear that women experiencing multiple forms of disadvantage face additional hurdles to gaining the support they need.

It is difficult to compare outcomes of different approaches as evaluations measure a wide variety of different outcomes. There were often few measures that explicitly related to women's safety and measures that might relate to recovery were similarly heterogenous. Moreover, dropout or disengagement were only examined in a few studies, and yet sustaining engagement is as much a part of the puzzle to be solved as facilitating initial access or referral to support.

Nevertheless, there is a wealth of insight and learning from qualitative studies and practice learning. Research with women with experience of multiple disadvantage provides important information on their needs and preferences. This implementation learning is useful for considering *key characteristics* of interventions; however, it does not help us understand *what* specific interventions or models should be commissioned or delivered over others.

It is important that domestic abuse services understand and are able to respond to the specific experiences, needs and preferences of women experiencing multiple disadvantage. And given the prevalence of domestic abuse among women experiencing other forms of disadvantage, it is imperative that services recognise the centrality of domestic abuse to the experience of multiple disadvantage.

At the same time, many of the barriers to accessing support uncovered in this review are, at root, shared by others experiencing multiple disadvantage:

- uncoordinated services working in single-issue silos
- limited specialist support
- a lack of specialist staff skills and understanding, leading to stigmatising and exclusionary responses in mainstream services

- which in turn leads to poor experiences and lack of trust in services by women.

Similarly, solutions share similar features: psychologically informed and person-centred services. We have identified four broad types of activity and have dealt with them separately for the purposes of this report. But these are rarely neatly defined single interventions. There is considerable overlap between them and evaluations are often of programmes of work that comprise multiple strands of activity. It is not a case of selecting the best approach, as all appear to be necessary to deliver effective outcomes. What is required is holistic adaptation, incorporating staff training and support, access to safe housing, revised policies and procedures, integration with other services and tailored therapeutic interventions. Where there is a need for more evidence is on how best to select and configure these elements to meet the needs of women experiencing multiple disadvantage.

It was also notable within the evidence we reviewed that the wider contextual factors in which interventions are delivered and tested has implications for their success. Many of the UK-based recent evaluations highlight the constraints of working within a system where resources are limited. In particular, a shortage of appropriate housing to move people on to and over-stretched and tightly rationed mental health services are reported to present ongoing challenges.

5.2 Implications

For the Changing Futures programme

The way multiple disadvantage is defined changes the nature of the population in question. It is positive that the programme definition incorporates domestic abuse. Yet in light of the estimate provided by a recent report (Sosenko et al, 2020) that of those experiencing combined homelessness, mental ill health, substance misuse, and abuse and violence in the UK, 70 per cent are women, the fact that 37 per cent of Changing Futures participants are women (CFE and Cordis Bright, 2023) underlines the need for the programme to continue to work hard to reach women. Indications from the latest interim evaluation report that funded areas generally see the programme as being inclusive to many groups rather than targeting particular populations could mean there is a danger that women will not engage if support does not recognise and address their particular needs.

The emphasis of many of the Changing Futures areas on workforce development and trauma-informed practice aligns well with the promising practice identified here. It is important that awareness raising and training activities and resources incorporate domestic abuse and its links to multiple disadvantage, trauma etc.

Where areas are undertaking focused work to better support women experiencing domestic abuse, it is essential that this is captured and that there are opportunities for areas to share experiences and learning.

This review provides useful context for forthcoming qualitative research on the experiences of underserved groups planned as part of the programme evaluation. If possible, the evaluation should purposively sample Changing Futures areas that have undertaken targeted work to improve access to services for women with experience of domestic abuse. Analysis of quantitative data on referrals to domestic abuse services

should also be undertaken to inform qualitative discussions with Changing Futures staff and stakeholders.

5.3 Areas for further research

While there are several sources of evidence on the extent to which domestic abuse services are over-subscribed generally, there is much more limited detail on the extent to which women experiencing multiple disadvantage and domestic abuse are able to access domestic abuse services. Better tracking of the mismatch in demand and services will help inform the case for more appropriately equipped domestic abuse services.

More evaluations of clearly defined and documented interventions for women experiencing multiple disadvantage with consistent engagement and outcome measures (including safety outcomes) would enable better comparison across interventions to determine which are most effective. Almost none of the evaluations reviewed included comparison groups to help attribute impact to interventions. We recognise the challenges of using traditional experimental approaches in a complex environment, so more evaluations employing alternate approaches to establishing causal relationships, such as repeat measure designs and theory-based methods focussed on identifying key mechanisms (e.g. realist designs) would be valuable in strengthening the evidence base.

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