



Ministry of Housing,  
Communities &  
Local Government

# Value for Money of Support in the Context of Safe Accommodation

A Rapid Evidence Assessment

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Consulting



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# About

This rapid evidence assessment (REA) was conducted as part of the three year evaluation of Part 4 of the Domestic Abuse Act 2021, which places a statutory duty on Tier 1 local authorities in England to provide support within safe accommodation for victim-survivors of domestic abuse and their children, as victims in their own right, and on Tier 2 LAs to co-operate with their Tier 1 LA. The aim of the duty is for victims of domestic abuse, including their children, to be able to access appropriate support in safe accommodation when they need it.

To provide additional context for the evaluation, MHCLG commissioned three rapid evidence assessments, including this one on Value for Money. The review is authored by Bert Provan, Kath Scanlon, Jessica Rowan and Adriana Gaganis of the London School of Economic and Political Science. It is intended to be read in conjunction with the [final evaluation report](#).

# Executive Summary

This rapid evidence assessment (REA) identifies literature about the value for money of support services for victim-survivors of domestic abuse, to inform practitioners, policy makers and funders. It looks at how to assess the value for money of existing schemes which are delivering services and also how to undertake options appraisals of proposed, new or continuing services. Note that there is increasing reference to '[value for investment](#)' as part of economic assessments (distinct from social return on investment, SROI, which is well-established). As this REA was commissioned with a focus on the concept of value for money specifically, it does not include value for investment approaches but its findings will nevertheless also be relevant to those looking to conduct value for investment evaluations.

The first section considers the overall established principles and structure of these types of value for money assessments. It then provides a short summary of how the principles apply specifically to domestic abuse support services. The rest of the REA provides more specific details about these principles (such as the monetisation of the specific costs and benefits of domestic abuse support services, and how to include issues such as wellbeing or human rights). It concludes by looking at three practical examples of these types of value for money assessments.

There is considerable and robust evidence about how to gather evidence both on the harms caused by domestic abuse and the benefits of support services. The evidence comes from the UK and international studies of interventions to reduce and address domestic abuse and violence against women and girls. There is also good evidence in the UK on monetisation of the benefits of services, including various approaches to monetise wellbeing, although monetisation of human rights aspects is less robust.

An important element of these assessments is to start with a clear theory of change which sets out the nature of the services, the specific inputs, the aims targeted, and the actual outcomes. We provide some examples of theories of change as guides, which have many common features.

This rapid evidence assessment was commissioned as part of a wider evaluation of the local authority duty to provide advice, support and safe accommodation for adult and child victim-survivors of domestic abuse under Part 4 of the Domestic Abuse Act 2021. An important element of this is the identification, referral and engagement of victim-survivors in need of support. This review therefore outlines the extensive literature on the role of frontline healthcare services (GP or accident and emergency) in identifying and referring people in need of these services. One aspect of value for money assessments is that many of these studies offer good examples of practical ways to collect data that can be used in robust assessments as well as assisting victim-survivors in greatest need who may be missed by other services.

Part 4 – also known as the DA Duty and referred to hereafter as the duty – focuses on provision of support in accommodation-based services. A problem in evidencing value for money in accommodation settings is that valuations of this type are often undertaken using qualitative interviews, rather than using large quantitative datasets. We cite some good

examples of how more of the quantitatively robust evidence can be gathered in such settings, although there is limited literature specifically on this dimension of the services.

Addressing the needs of diverse communities with particular needs, and assessing specific innovative approaches are also issues which are addressed in the literature. There is good emerging literature on 'by and for' services (focused on groups with specific needs) and also some literature on innovative schemes, but this is patchy and could be more systematically addressed.

Three case studies of actual evaluations are examined, including one designed for by and for services. This include the mechanics of turning the day-to-day data and information from projects into structured and robust value for money and options appraisal assessments, including reference to a specific tool which can be used by local domestic abuse support providers.

# 1 Overview

## 1.1 Aims and framework of this rapid evidence assessment

A rapid evidence assessment (REA) is a widely used technique that follows a structured protocol to identify the most relevant literature about a particular topic and capture the key lessons. This REA forms part of a wider evaluation of local authority duties under Part 4 of the Domestic Abuse Act 2021, which include provision of advice, support, and safe accommodation for adult and child victim-survivors of domestic abuse. The wider evaluation began in 2022.<sup>1</sup> [Two further evidence reviews](#) have been prepared to which readers may also want to refer. One relates to models of support in safe accommodation and the other to the outcomes and impacts of support for victim-survivors in a context of safe accommodation.<sup>2</sup>

This rapid evidence assessment was commissioned to review how ‘value for money’ is understood, assessed, and used in relation to domestic abuse support and safe accommodation. The specific research questions are:

1. How is value for money being assessed in relation to domestic abuse support?
2. How is value being interpreted in value for money assessments of domestic abuse support?
3. How are recognition of harms and rights being integrated with value for money assessments of domestic abuse support?

Value for money evidence can help identify improvements to service provision, support funding bids at a local or national level, and inform the development of new services and options for new policies and approaches aimed at improving outcomes and services for domestic abuse victim-survivors. This review includes a focus on literature about value for money assessments of accommodation-based domestic abuse services and also draws on literature about approaches for specific client groups or types of services and funding. It aims to identify and summarise relevant literature about the principles and practice of value for money assessments of domestic abuse services, in a format that will help both funders and policy makers. Consequently, throughout the report, the information is presented from two main perspectives:

1. The first is methodological, focusing on the types of information that should be collected and how it could be used to produce robust and reliable appraisals, which can assist in making funding and policy decisions.
2. The second is more practical, focusing on tools and approaches that service providers can use to undertake their own appraisals, with specific examples. This includes looking at appraisals of different service elements, for example, identification and referral of victim-survivors, monetisation of needs and benefits, accommodation-based support, or services for groups with specific needs. This includes three case studies of specific value for money models including one which is available for small providers of domestic abuse services to use for themselves.

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<sup>1</sup> See <https://www.gov.uk/government/publications/delivery-of-support-in-domestic-abuse-safe-accommodation-annual-progress-report-2021-22/annual-progress-report-from-the-domestic-abuse-safe-accommodation-national-expert-steering-group-2021-22> at Para. 83

<sup>2</sup> See the Collection of Domestic Abuse Duty Evaluation outputs on .gov.uk of which this REA is a part.

A structured internet search of academic and grey literature was performed using key terms linked to domestic abuse, support and housing services, and value for money. Annex A sets out how the literature search was conducted, including the main search terms and the flow of identification of papers. Annex B provides a summary of the papers considered, the main focus of the papers and an indication of their usefulness.

## 1.2 Value for Money and Options Appraisals

The process of evaluating a current service to understand its overall impact and its value for money is a different but overlapping process from that of doing an 'options appraisal' of future investment or policy change. Both can be seen as types of 'cost benefit analysis', but options appraisals are forward-looking and reflect evidence and assumptions about future service needs and provision, while value for money assessments draw on historic data.

Both options appraisals and value for money assessments rely on collection of data around the costs, impacts and beneficial outcomes of services being provided or proposed to be provided. Each (ideally) needs a 'control', a comparator scenario (also known as a counterfactual). There is a need to consider what would have been the outcomes for victim-survivors if they had not received the support from the services? How many people would have been able to mitigate the harms themselves without the support from the services? It can sometimes be difficult to identify good counterfactual comparator projects locally, but some element of comparison should be part of the overall assessment, and we identify different ways this has been done in the literature below.

HM Treasury's [Green Book](#) contains guidance on options appraisal and policy evaluation. It recommends good approaches to documenting the costs, benefits, and trade-offs of alternative options for delivering policy objectives, and the guidance is relevant to value for money assessments. Further guidance is provided by CIPFA's 2021 'Guide to support Value For Money analysis for public managers' and the OPM 'Value for Money Framework' for making and presenting value for money assessments in a way that opens both the reasoning process and the evidence to scrutiny. In this initial section, we have drawn from these background documents, and below summarise how they can be applied to the specific focus of this rapid evidence assessment, the value for money of domestic abuse support and accommodation services. In addition, the HMT Options Appraisal of the Domestic Abuse Act 2021 provides a clear guide to the considerations made of the value of the changes introduced by the act, which is an important reference point for how that overarching Act was assessed in terms of the value for money of the act at that time, and alternative options which were considered.

Two final studies give a general overview of approaches to undertaking value for money exercises. Remme, M. et al (2014) review approaches to cost benefit analysis / value for money in both high income and in low and medium income countries, and we have focused here on approaches which are relevant to the UK and to domestic abuse services. The report notes that economic evaluations enable policy makers to prioritise interventions that represent the best value for money. Different types of economic evaluation methods respond to specific objectives or are relevant to different decision-makers:

- Cost-effectiveness analysis considers natural units as outcome measures, such as years of intimate partner violence averted;



- Cost-utility analysis is strictly speaking different from cost effective analysis (although it is often perceived as similar) in that it typically considers composite measures of both morbidity and mortality, such as Disability-Adjusted Life Years or Quality-Adjusted Life Years (particularly where the benefits are linked to specifically medical-related outcomes);<sup>3</sup>
- Cost-benefit analysis measures both social benefits and costs in monetary units, in order to ascertain whether the benefits of an intervention outweigh its costs (or whether the benefit-cost ratio >1).

Based on the evidence reviewed in Remme et al (2014), cost benefit analysis was the recommended economic method for assessments relating to domestic abuse and domestic violence. This is because it is a measure which monetises all the varied benefits of a programme or intervention, and the overall societal impact of preventing and reducing domestic abuse. The paper also notes that activities such as police and health care provision are resulting economic costs, and that consequently averting violence and abuse is the direct benefit of the intervention to be monetised.

Remme et al (2014) goes on to note that economic evaluations would ideally be based on 'randomised control trials', which include monitoring the counterfactual (mentioned above) but these are rare (in the context of this review) and are unlikely to be possible for many smaller domestic abuse services. Nevertheless, we explore in later sections how elements of randomised control trials could be included.

Sheppard et al. (2024) undertook a systematic review of recent literature on the cost and cost-effectiveness of interventions implemented to reduce violence against women and decision frameworks guiding resource allocation. The authors performed a scoping review of scholarly and grey literature on the cost-effectiveness and/or resource allocation for interventions addressing intimate partner violence, dating violence, and non-partner sexual violence perpetrated against women aged 15 years and over. All countries and contexts were eligible, with papers published in English between 2010 and March 2023 included. This was a wide-ranging international study where only some of the papers were from high-income nations like the UK, and some of the conclusions had more relevance to other parts of the world than to the UK.

In high-income countries, interventions largely focused on training personnel, law enforcement, support services, and perpetrator engagement. Overall, the heterogeneity within the limited recent literature meant that the cost-effectiveness of interventions could not be compared easily. This finding is important as one of the aims of this review is to identify a common approach to value for money assessments in England so that interventions can be compared.

The Sheppard study also noted that a retrospective economic analysis of interventions already implemented might be possible if detailed administrative data were accessible for research purposes. Administrative data would need to include cost and outcome data to enable a comparison between the intervention and control to permit economic evaluation. This suggests that establishing a common baseline dataset for all domestic abuse support

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<sup>3</sup> 'DALYs' have become more common in the field of public health and health impact assessment. They include not only the potential years of life lost (or gained) due to potentially premature death but also equivalent years of 'healthy' life lost or gained by virtue of being in states of poor health or disability.

projects would be a useful way forward, building on the data currently being collected in the main evaluation project.

### 1.3 Suggested components of a domestic abuse value for money assessment

Drawing from the documents above and the identified evidence as a whole, the suggested framework for conducting an assessment is set out below, covering both theoretical and practical perspectives. It is noted that using cost-benefit framing for traumatic experiences may seem to detract from their profound human impact. There is an ethical consideration for those conducting such assessments to ensure that the process does not abstract from the injustice and trauma of domestic abuse itself. As the REA shows, such assessments can be done in ways that recognise the lived experience of abuse and also establish the related costs and benefits of efforts to address it and to support survivors in their recovery.

1. **The structure and aims of the service:** This sets out who the service is for, what services are provided and by whom, how clients are identified and referred in, the length of service provision, the main aims of the services, costs of services, and sources of income. This is often summarised in a 'theory of change' which sets out how the clients are supported to achieve the intended aims. Monitoring data should be identified for each aspect. Service aims may be short-term (immediate provision of a safe place to stay, for example) and/or longer term (such as better mental health, new employment skills, confidence).
2. **The specific harms the service aims to address (i.e., costs) and the reductions in harm due to services (i.e., benefits):** The harmful impacts of domestic abuse on the victim-survivor, which the service aims to mitigate, should be clearly described and captured in the service. While impacts on individuals will vary from person to person, there is clear literature on the most frequent types of harm and their costs. This may be physical injury, psychological and traumatic harms, loss of their home and job, and wider costs to society such as costs of police and court action. The literature also provides specific evidence about the monetised value of the harm to the individual and to society more generally, which is essential to be able to use as these are financial appraisals.

'Monetised value' in value for money studies describes a process of using evidence to create a cash value to harms or benefits. For example, the monetised value of an incident of domestic physical abuse resulting in the need for NHS or social care support for which specific values are published. Some aspects of monetised value, such as the value of increased wellbeing and stability from having a permanent independent home to live in, have more indirect but often well evidenced methods of monetisation. There is also literature on how 'non-monetisable' harms, such as the right not to be subject to abuse can be monetised (including 'willingness to pay' approaches).<sup>4</sup> The implicit biases and limitations of monetisation methods should be reviewed so that only methods appropriate to the context are used. For instance, willingness to pay studies using the Contingent Valuation Method is strongly influenced

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<sup>4</sup> Willingness to pay approaches depend on surveying people to ask how much they would be willing to pay to avoid or obtain something

by the underlying wealth of the people surveyed and therefore using this method on a sample of low-income individuals may not provide appropriate values for the benefits created. It is therefore necessary to assess the limitations and biases of the approach used, make them transparent in reporting and consider whether it is possible to account for these limitations (in the example of willingness to pay, welfare weighting could be used to account for the differing marginal utility of income).

Monetising the benefits of the intervention which can be linked to the services provided and their costs (in this case, providing services to victim-survivors of domestic abuse) requires collection and analysis of clear information about outcomes expected or achieved by the service. This might include essentially practical outcomes (such as victim-survivors being supported to train for and obtain employment) and wellbeing outcomes (such as victim-survivors' feelings of confidence or hope for the future). One essential element here is to ensure that specific data about outcomes achieved can be obtained by comparing information collected at the point of victim-survivors' entry into the services to directly comparable information collected at the end point of support. Some studies cited below also include collecting further data after a period – say six months – to gauge its longer-term effectiveness.

3. **Referral and different services including in healthcare:** How effectively do services identify, refer, and engage with victim-survivors who are in need of the specific services being offered? Below we review literature showing, for example, the importance of frontline health care services in identifying and referring victim-survivors in need of support, and who might otherwise be missed. There may be indications in evidence about the outcomes of services, where low rates of successful outcomes may be due to working with clients whose needs are not primarily in relation to domestic abuse. Or, more positively, that high levels of good outcomes indicate excellent tailoring of outreach and services leading to those good outcomes (as with 'by and for' services. reviewed by Lowe et al (2025).
4. **Overall assessment of value for money:** All the evidence is brought together in an overall assessment, which is likely to be in the form of a cost/benefit ratio (e.g., "£1 spent produced £2.45 of benefit"). Options appraisal involves projecting the adjusted real values of cost and benefit information, as well as likely use of services, into future years, and comparing it with the cost of 'doing nothing' or 'doing another option' (the comparator or counterfactual, as mentioned above).

## 2 Evidence from the literature

The following section follows the order set out above for undertaking value for money assessment and options appraisal. Some steps overlap, and we have tried to cite the literature in the most helpful way for readers. This document is an overview and summary of the main points of the literature. Annex B lists all the documents cited, and links to where they can be found.

### 2.2 Structure and aims of the service

The wider evaluation of local authority responses to the new Part 4 duties is collecting information about how authorities are implementing the new duties. This includes information about whether and how services are meeting victim-survivors' needs, how effective referral routes are in engaging people in need of services, best practice in organising services, how children and young people's needs are being met, and how these programmes of action are being managed and funded. This wider evaluation also includes an overall assessment of the value for money of the programme. That evaluation is based on a theory of change that shows the causal links between actions taken under the new duties and eventual outcomes.

The provision of specific services in local areas will vary from area to area in line with local needs. In general, though, it is helpful to agree on a clear theory of change for the specific service. It can inform and guide the cost benefit analysis. It shows what the aims are and how the activities (in this case, the services provided under the duty) will achieve these aims. These elements should be reflected in the data being collected and monetised.

One short theory of change around domestic abuse services appears in the US based Women Against Abuse literature, which gives a high-level overview of the main elements of domestic abuse support activities. A more detailed example can be found in the value for money study of domestic abuse support and accommodation provided by the national organisation Refuge (NEF 2016). This Refuge theory of change is in the context of a value for money assessment of Refuge services, and so is directly relevant to support organisations doing similar value for money exercises. It sets out the costs and the expected benefits to victim-survivors as well as benefits to the wider public sector and public purse.

More practical details on how the value for money assessment was conducted are provided in the final section below. A more detailed example, related to wider system change and learning in domestic abuse support services delivery, appears in a joint publication from Women's Aid and Safe Lives (2016). This was prepared by these two organisations as *"Jointly endorsed evidence-based recommendations to change policy, practice and funding in our sector and to transform women and girls' lives"*. They describe the approach as:

*"This project has the central involvement of survivors at its core and through all elements of the planning and delivery of the project survivors of abuse have helped to identify the need for change and supported the development of ideas to inform proposed new responses, including this theory of change..... We will develop new evidence-based social innovations that can be replicated across England and*

*combine these with community awareness raising and training to create real change to the way every woman impacted by domestic abuse is offered and receives support and ultimately reduce the overall levels of domestic abuse.”*

This overall domestic abuse theory of change is re-presented on the next three pages. This presents a wider theory of change than in any specific value for money or options appraisal, but clearly maps the framework of how domestic abuse support services can be planned, evidenced, and developed to improve outcomes for victim survivors. Figure 2.1, the main Theory of Change, sets out the overview of the approach to ensuring that the lives of women and girls are transformed by a systemic change to policy, practice and commissioning that promotes early intervention and reduces the prevalence, impact and tolerance of domestic abuse. Figure 2.2 ‘SafeLives: Getting it right first time: activities’ sets out how building on the risk-led model, underpinned by survivors’ views, can be used to design a system and high-quality services to support every stage of the journey to safety and independence. Figure 2.3 ‘Women’s Aid: Change that Lasts’ aims to illustrate how a strengths-based, needs-led model can support domestic violence survivors and their children to build resilience, and lead to independence.

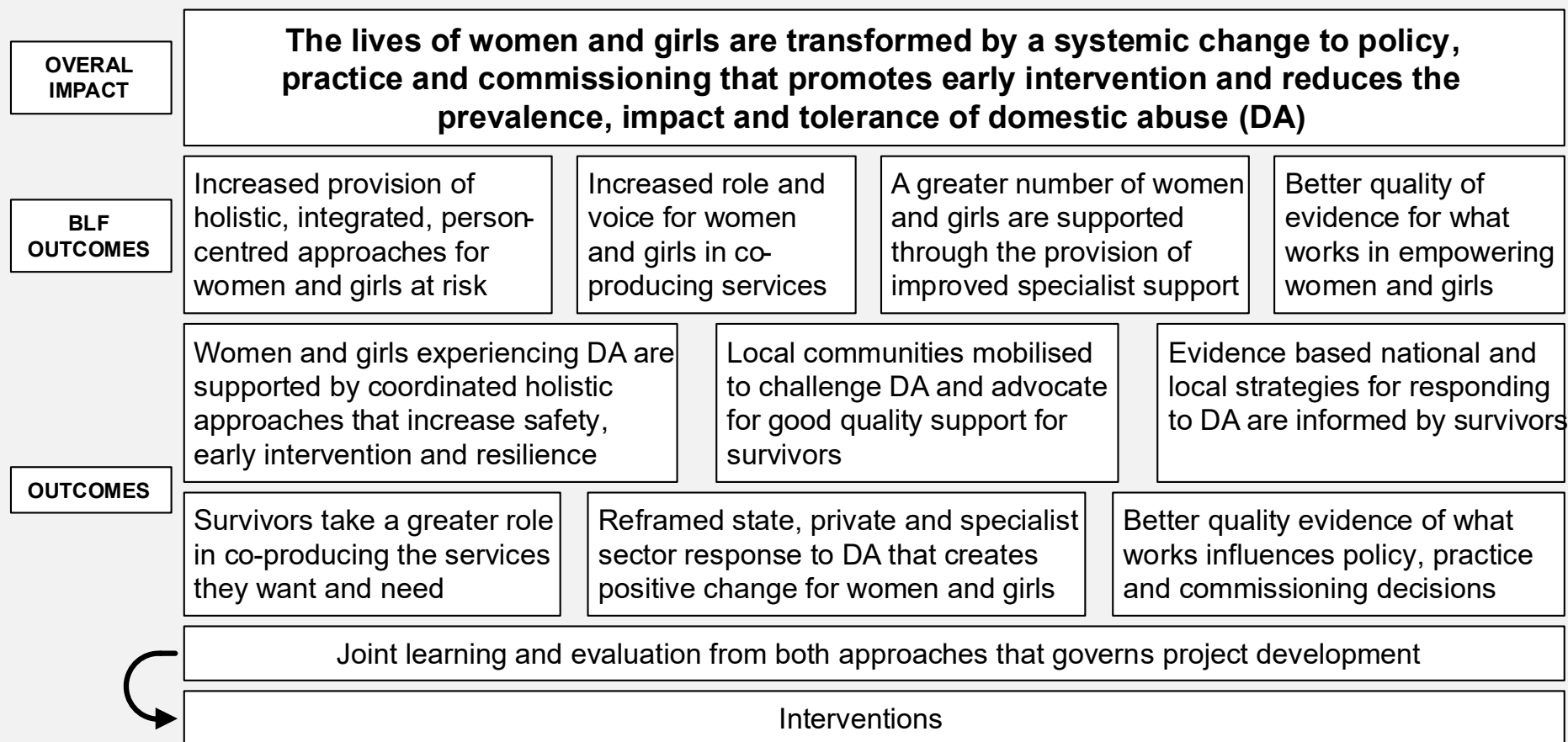
Finally, Action Aid, alongside the Foreign, Commonwealth and Development Office, UK Aid and the Gender and Development Network, also published a theory of change for tackling violence against women and girls.<sup>5</sup> This covers the wider aspects of violence against women and girls in society more generally as opposed to specifically in the domestic or intimate partner violence context, but is comprehensive and clear.

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<sup>5</sup> See [https://www.actionaid.org.uk/sites/default/files/doc\\_lib/toc\\_for\\_vawg\\_summary.pdf](https://www.actionaid.org.uk/sites/default/files/doc_lib/toc_for_vawg_summary.pdf)

Figure 2.1 Theory of Change for Women's Aid and Safe Lives

## Theory of Change



\*BLF is the Big Lottery Fund

Figure 2.2 SafeLives: Getting it right first time: activities

## SafeLives: Getting it right first time activities

Building on the risk-led model, underpinned by survivors views, to design a system and high quality services to support every stage of the journey to safety and independence

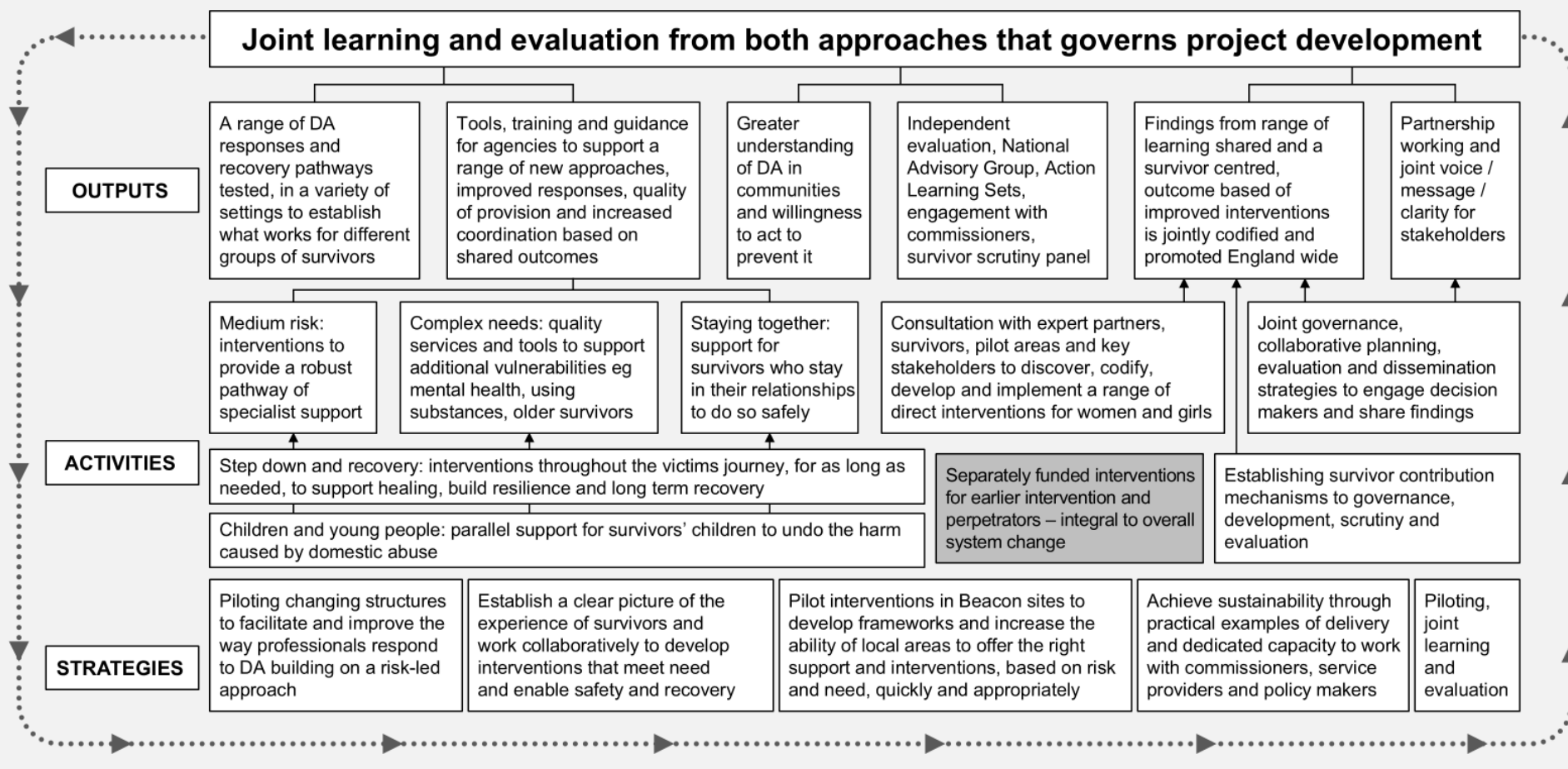
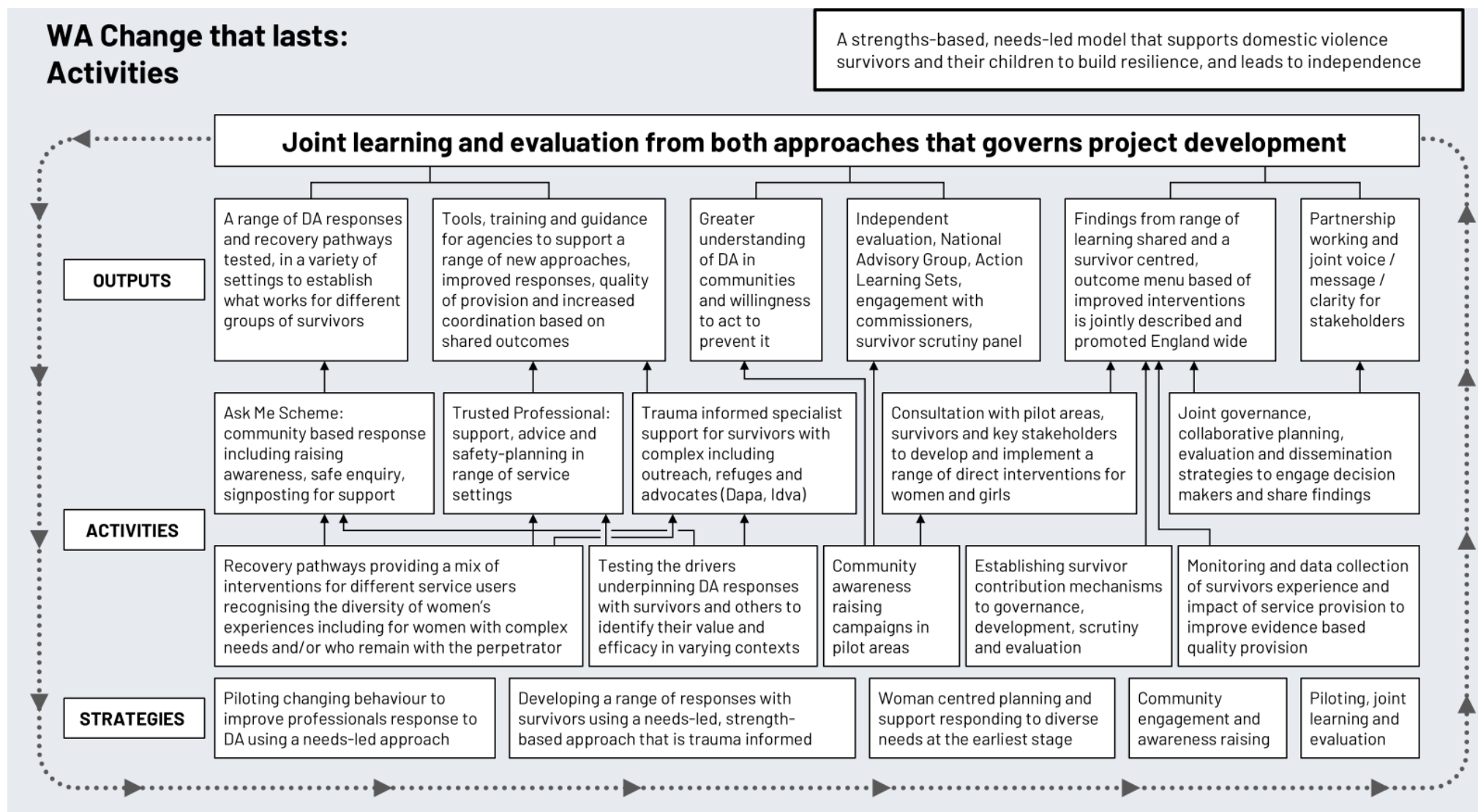


Figure 2.3 Women's Aid (WA): Change that Lasts





## 2.3 Identifying and monetising harms, benefits and rights

This section deals with how to identify and cost the main harms suffered by victim-survivors, as well as the expected benefits. The literature in this section provides a range of sources which can be consulted to set out and monetise the harms that a project aims to address, and to monetise the values of project outcomes. There is also useful literature on non-monetisable harms and benefits including taking account of basic human rights. Even though there may be available evidence or methods to monetise impacts it is important to review whether the methods appropriately capture the benefits being measured. For example, unit costs can be transferred from one situation to another (a process known as benefit transfer); however the scenario needs to be closely aligned with the sample unit costs to avoid biased results. In a case where the available evidence is not appropriate, these impacts should be assessed as non-monetisable benefits.

### Main recognised areas of harms and benefits

There are many existing sources of information about the costs of domestic abuse that local groups can draw on or consult. Here, four of the most commonly cited are discussed. The first two are UK-based. Oliver et al (2019), a Home Office commissioned review of the economic and social costs of domestic abuse, is often cited as an authoritative source of data on costs and benefits, although it does not include estimates of harms to children as it explains in a detailed annex.<sup>6</sup> It builds on previous government reviews and aims to systematically list the main harms resulting from domestic abuse and monetise their costs, although since our review there has been a subsequent publication suggesting that *“Lifetime costs for childhood exposure to child maltreatment and/or parental domestic violence and abuse , were £71,309 per child (non-fatal exposure), and £1,292,377 per child maltreatment fatality”*.<sup>7</sup>

The report estimated the cost of domestic abuse for victims in England at approximately £66 billion, and the average cost for a single victim at £34,015 (both amounts in 2019 values). The biggest component of the overall cost was physical and emotional harms incurred by victims (£47 billion); the latter accounted for the overwhelming majority of the total amount. The cost to the economy was also considerable, with an estimated £14 billion arising from lost output due to time off work and reduced productivity. Some of these costs would be borne by the government, such as the costs to health services (£2.3 billion) and the police (£1.3 billion). In this report, victim services costs were also included in the totals, including expenditure by charities and the time given up by volunteers to support victims. Some of these costs fell to government, such as housing costs totalling £550 million, which includes temporary housing, homelessness services, and repairs and maintenance.

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<sup>6</sup> This annex set out that direct causality between the impacts on children and domestic abuse could not be established. The impacts from adverse childhood experiences often manifest themselves over a prolonged period, many years after the event, and could also be influenced by additional factors. This point is made not in respect of how non-monetisable benefits could be included in value for money estimation, but rather to flag that even in studies of generally monetisable benefits there may be methodological constraints identified to including otherwise likely monetisable benefits.

<sup>7</sup> The economic burden of child maltreatment and co-occurring parental domestic violence and abuse in the UK Available at: <https://www.sciencedirect.com/science/article/pii/S0145213425001905>

The report provided an overview of these costs. As re-presented below, they were divided into costs to the victim-survivor of domestic abuse, and costs of responding to incidents of domestic abuse such as prosecuting perpetrators. All costs were dated as at 2016-17. In 2016-27, the estimated annual cost of domestic abuse in England and Wales was over £66bn. This included:

- Costs in anticipation:
  - £6m
- Costs as a consequence:
  - £47.28bn in physical and emotional harm
  - £14.1bn in lost output
  - £2.33bn in health services
  - £0.72bn in victim services
- Costs in response:
  - £1.26bn in police costs
  - £0.34bn in criminal legal costs
  - £0.14bn in civil legal costs
  - £0.11bn in other costs

The underlying data used to estimate the levels of incidence of each type of harm – and from that the national cost - was based on estimates of incidence of domestic abuse gathered through the Crime Survey for England and Wales, both from the main survey and the interpersonal violence self-completion module.<sup>8</sup> This was used to calculate the overall national likelihood of physical and emotional harm resulting from domestic abuse occurring, and the costs of those harms. Costs were based on the Quality Adjusted Life Year (QALY) method which is outlined in the HM Treasury Green Book on appraisal and evaluation.

In practical terms, local groups undertaking value for money studies can use the information in Oliver et al (2019) to give monetised values to the harms their programmes target – which should be uprated for inflation using published uprating values, and can be supplemented by more specific local costs and incidence of crime, harms requiring local authority and NHS care, and other support.<sup>9</sup> In valuing the harms, groups are also valuing the benefits—as the benefits of interventions are monetised at the value of the harms prevented or mitigated.

In estimating these costs, a wide ranging source of local monetised values is the Local Government Association's extensive library of the costs of service provision (such as care services) in their National Themes Outcomes and Measures (TOMs) Framework. Finally, the unit costs for health and social care are published and an overview and sets of values are available from the University of Kent.<sup>10</sup>

The second set of studies is European. The 2021 European Institute for Gender Equality report assessed the costs of domestic abuse in EU countries (Kisat et al, 2021). Where

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<sup>8</sup> The Crime Survey of England and Wales can be accessed via the ONS at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/latest>

<sup>9</sup> HMT values can be found at <https://www.gov.uk/government/statistics/gdp-deflators-at-market-prices-and-money-gdp-march-2025-spring-statement-quarterly-national-accounts>

<sup>10</sup> The *Unit Costs of Health and Social Care 2023* Manual is held at the University of Kent PSSRU website <https://kar.kent.ac.uk/105685/> and provides unit costs for NHS and local authority support and treatment.

unit costs were available the author used the bottom-up methodology described in Oliver et al (2019), multiplying the unit cost by the incidence of gender-based and intimate partner violence. In other cases, they used a top-down method, multiplying the total cost or funding of a service by the percentage of its usage attributable to intimate partner violence (e.g. for civil justice, self-funded legal costs, and homelessness prevention). The parallel 2021 document 'Methodological manual for the EU survey on gender-based violence against women and other forms of inter-personal violence' has extensive guidance on how to collect data for cost-effectiveness and value for money studies, as well as guidance on how to interpret the results.<sup>11</sup> It is primarily aimed at professional researchers, but can certainly be used for smaller scale value for money assessments, to inform how questionnaires with consistent data can be captured, as well as good practice on conducting quantitative interviews. Another practical guide to how to do this type of research, and which is very accessible for non-academics, is Robson (2024).

The time spent by staff on various tasks greatly affects overall costs. One technique for collecting staff-cost data appears in Mohit (2015), a paper on integrated health and social services, which has a more general focus than domestic abuse, but is methodologically useful in indicating how to monetise a wide range of relevant costs. This paper costs the "as is" case (business as usual) and compares it with proposed joint working (the "to be" case). The paper has a useful table on the current system in which each partner separately collects information then shares it with others, the time spent by staff on this information sharing process now, and the time that would be saved by joint working. This is broken down by task, and the estimates of the time required for each task were agreed at focus groups of relevant staff (including doctors, nurses, social workers, and other frontline staff). This method of identifying time inputs can provide monetisable estimates for value for money studies.

### **Benefits that are difficult to monetise**

Value for money assessments often aim to put costs and benefits, even those that are never part of business or public sector funded activity, in monetary terms to give a more comprehensive estimate of harms and benefits. This raises many knotty methodological and philosophical issues, particularly in the case of domestic abuse. What is the right 'price' to put on experiencing physical or emotional pain, or the loss of a sense of security or wellbeing?

Some of the main benefits of intervention in this area are psychological and are difficult to monetise in the same way as, for example, loss of employment and income. We reviewed a number of papers on the harms which are difficult to monetise but often targeted by domestic abuse services. Many of them assign proxy monetary value to such benefits, such that they can be included in value for money assessments and options appraisals.

Santos (2013) provides an overview of the monetisation of 'life satisfaction' as a wider outcome for domestic abuse services. The paper summarises three main valuation methods for non-marketable goods at the individual level. 'Revealed preference' methods use information about actual behaviour to reveal what people pay to put up with an otherwise bad outcome. 'Hedonic regression analysis' estimates the value of public goods and services using a marketable good such as housing, whose price changes

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<sup>11</sup> European Commission: *Eurostat, Methodological manual for the EU survey on gender-based violence against women and other forms of inter-personal violence (EU-GBV)* – 2021 edition, Publications Office of the European Union, 2021, <https://data.europa.eu/doi/10.2785/25571>

systematically with the quality of a non-marketed good – such as popular schools. ‘Stated preference analysis’ asks respondents how much, in monetary terms, they value a particular good or service. This last is the approach taken by the Refuge study cited in the final section below (NEF 2016).

Exploring this further, other guidance can be found in the wider literature on social value and Social Return on Investment. The concept of social value moves beyond using money as the main indicator of value, instead putting the emphasis on engaging people to understand the impact of decisions on their lives (see Institute of Social Value definition).<sup>12</sup> It has been supported by the UK government for over 20 years; see 2021 update focusing particularly on funding local services (which would include domestic abuse services).<sup>13</sup>

The UK Institute of Social Value sets out that measuring ‘social value’ is a way to *“understand and record the relative importance we place on the wellbeing changes we experience. It helps to inform better decision-making to increase positive change and decrease the negative”*.<sup>14</sup> It provides guidance on the measurement of wellbeing.<sup>15</sup> This concept is also monitored by the Office of National Statistics which has identified 10 broad dimensions of wellbeing which are regularly tracked for the UK population through the ‘Measures of National Well-being Dashboard: Quality of Life in the UK’.<sup>16</sup>

An extensive discussion of monetisation approaches to wellbeing can be found in a recent LSE paper *Value for Money: How to improve wellbeing and reduce misery* (Frayman et al., 2024). In addition, the social and community value in relation to safe and secure housing has been documented by the Housing Association Charitable Trust which has published a monetised guide to the benefits of improved wellbeing and reductions in harm in its Social Value Bank.<sup>17</sup> This is based on the work of Fujiwara (2014). Small service providers could incorporate some of these measures into their value for money analyses. As noted above, the aim here is not only to identify social value as an outcome which is beyond simply the direct economic value, but also (perhaps paradoxically) to provide a monetised economic amount which can then be included in a value for money or options appraisal exercise on the same basis as the more easily monetised values.

## How to value human rights

This review also considers how human rights could be incorporated in value for money assessments of domestic abuse services, which again raises the question of monetisation. A general point to make is that the Domestic Abuse Act 2021 defined new rights, and enforcement of those rights is a means to prosecute perpetrators now and deter further violations of the right not to be abused in the future.

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<sup>12</sup> Institute of Social Value definition <https://socialvalueuk.org/what-is-social-value/>

<sup>13</sup> <https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources>

<sup>14</sup> <https://socialvalueuk.org/what-is-social-value/>

<sup>15</sup> <https://socialvalueuk.org/a-focus-on-wellbeing/>

<sup>16</sup> [www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/ukmeasuresofnationalwellbeing/dashboard](https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/ukmeasuresofnationalwellbeing/dashboard)

<sup>17</sup> <https://hact.org.uk/tools-and-services/uk-social-value-bank/> *Measuring the Social Impact of Community Investment: A Guide to using the Wellbeing Valuation Approach*. London: Housing Association Charitable Trust

Aceves (2018) notes that assessing the benefits of protecting human rights requires consideration of the costs that occur when rights are violated. For example, detrimental effects on social and economic productivity of victims of rights violations. This can be seen as a way to indirectly monetise the impact of protecting rights. More critically, the paper also observes that protecting individuals from egregious human rights violations should not depend on how affordable it is. Critics argue that techniques to monetise human rights are neither feasible nor accurate. For example, willingness to pay or “stated preference approaches which depend on doing surveys of people about how much they value taking account of certain rights.

Nevertheless, there can be seen to be parallels with other areas of health, social care or transport policy, where choices are informed by the value of reducing mortality risks. Careful calculations around monetary costs and benefits are routinely made by evaluators as part of formal options assessments (including the tax generating potential of a young educated person) of a death on the roads, so difficult choices about otherwise distressing and rights based priorities (like the right to life or to be safe on the roads).

Bayefsky (2014) notes that then-President Obama required consideration of human dignity in US federal cost benefit analyses. There was considerable criticism that incorporating dignity would oblige agencies to introduce costly regulations based on a ‘fudge factor’. The Wall Street Journal commented

*“a regulation might pass Mr. Obama’s cost-benefit test if it imposes \$999 billion in hard costs but supposedly results in a \$1 trillion increase in human dignity, whatever that means in bureaucratic practice”.*

Bayefsky suggests that dignity (which we see as synonymous with rights) should be a value of its own. The paper attempts to monetise dignity, even approximately, with the risk of failing to reflect its incommensurability with monetary values. The complexity and malleability of dignity, and the contextual nature of different rights, tend to produce relatively opaque and malleable numbers. Instead, the paper advocates a method it calls *qualitative specificity*, which takes full consideration of harms, drawing on people’s lived experience and wider community and professional voices. This approach which can be seen as echoing a wider citizen jury’ framework.

Finally, in the [HMT Impact Appraisal](#) of the Domestic Abuse Act 2021, in the summary page it notes:<sup>18</sup>

***Other key non-monetised benefits by ‘main affected groups’***

*The main non-monetised benefits of the measure in the act are intended to provide greater support to the victims of domestic abuse and their children, recognise the seriousness of domestic abuse, raise awareness of the range of forms it can take, support victims through the justice system and prevent offending and reoffending. Break even analysis estimated the annual cost at full implementation of these policies to be offset if the total number of domestic abuse victims is reduced by 0.2 per cent per year.*

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[https://assets.publishing.service.gov.uk/media/6102c683d3bf7f0448719e5d/DA\\_Act\\_2021\\_Impact\\_Assessment.pdf](https://assets.publishing.service.gov.uk/media/6102c683d3bf7f0448719e5d/DA_Act_2021_Impact_Assessment.pdf)

In conclusion, including monetised rights in a value for money framework can only be done, if at all, by taking account of costs to individuals and society when rights are violated. This may echo some of the costs which have already been included by the other approaches outlined in this section above.

## 2.4 Referrals and different services, including in healthcare

Capturing the costs and benefits of early advocacy and referral is a particular challenge in value for money assessments of domestic abuse services. This section discusses different approaches taken to this.

As noted above, harms to physical and mental health represent most of the costs to victim-survivors and to public expenditure. Akbari et al. (2021) studied the costs and benefits of immediate and early advocacy in a healthcare setting, and in particular how this setting is an excellent place to identify victim-survivors and refer them to domestic abuse services. In addition, it sets out that the NHS has a clear financial interest in supporting programmes which are likely to reduce domestic abuse and its consequent costs. This is therefore not so much about the actual support services for victim-survivors, but about the community and wider service links which can be very effective in identifying victim-survivors in most need and who are less likely to make contact with services through other routes.

A meta-analysis of literature on the impact of linking and immediate advocacy work in hospital and in community settings is provided by Rivas (2015). In this context, advocacy work is immediate work (usually under 12 hours) which can be distinguished from longer-term support and accommodation provision which can last for many months or longer. The studies included were clinical trials comparing advocacy for abused women with no care or usual care, to understand whether advocacy was safe and effective. Studies varied in terms of advocacy duration (30 minutes to 80 hours) and participating staff (students, nurses, professional advocates, psychologists, social workers, community health workers, mothers in antenatal clinics, researchers). Eleven studies measured abuse, six assessed quality of life, and six measured depression. Three considered advocacy plus psychiatric help. Most studies followed up on the women for at least a year. The overall conclusion was that it was unclear whether brief advocacy (mostly given in healthcare settings) was effective, although it may provide short-term mental health benefits and reduce abuse for two subgroups, for pregnant women and for those suffering less severe abuse. The relevance of this study is in evaluating wider service and how they can assist in supporting victim-survivors in different community services.

In 2007, the Identification and Referral to Improve Safety (IRIS) project was introduced within primary care settings. IRIS is a training and support programme to improve the response to domestic abuse in general practice, with the option of extending it into secondary care. IRIS has now been implemented in over 35 administrative localities in the UK. A further detailed study of the cost effectiveness of IRIS is provided by Barbosa et al (2018) which concluded that the IRIS programme is likely to be cost effective and cost-saving from a general societal perspective in the UK and cost-effective from a health service perspective.

A study of the impacts of IRIS, but at a more local level, is provided in Panovska-Griffiths et al. (2020). It notes that since 2011 onwards, IRIS has been implemented in eleven London boroughs. In two boroughs the service was disrupted temporarily. This study



evaluates the impact of that service disruption, and notes that there was a significant reduction in referrals in those boroughs, indicating that the programme was effective in stimulating referrals.

A recent paper dealing with IRIS is Cochrane et al. (2024). This study aimed to evaluate the prospective cost-effectiveness of the Identification and Referral to Improve Safety plus (IRIS+) intervention compared with usual IRIS care using feasibility data derived from seven UK general practice sites. A Markov model was constructed from a societal perspective to estimate mean incremental costs and quality-adjusted life years (QALYs) of IRIS+ compared with usual care over a 10-year time horizon.<sup>19</sup> The paper cites evidence that identifying female survivors in primary care and referring to specialist support is effective and cost-effective through the provision of domestic abuse training linked with a direct pathway to local domestic abuse support. This study illustrates the benefits of systematic collection of a shared data set from referring agencies.

Finally Halliwell et al. (2019), carried out a quantitative evaluation of Independent Domestic Violence Adviser (IDVA) referral services comparing those in the emergency department and the community in the UK. In terms of domestic abuse related outcomes hospital survivors accessing hospital based IDVAs were more likely to experience a cessation of abuse compared to those accessing community-based IDVAs, including reductions in physical abuse, sexual abuse, harassment and stalking, and jealous, coercive, and controlling behaviours. In addition, the longer that survivors presenting in the emergency department had access to IDVAs, the greater the chance of using wider community services and subsequent feelings of safety and cessation of abuse. One key aspect of this study is to illustrate the effective capture of the views and feedback from victim-survivors in addition to background information on demographics and on support services provided.

## 2.5 Assessing accommodation-based services

This section discusses approaches taken to valuing the costs and benefits of accommodation-based domestic abuse services, which have included survey and interview techniques. Tutty (2015) illustrates the use of surveys of service users. The paper explores how the safety and trauma issues of abused women are addressed through a cross-Canada study of YWCA shelters, based on information gathered from 368 women victim-survivors. All new residents in ten shelters were invited to complete an entry survey collecting information on demographics, what services the women had accessed before they entered the shelter and what they hoped to gain from residing in the shelter. It included a Danger Assessment and the Impact of Events Scale-Revised (IESR), a measure of post traumatic stress disorder related symptoms. Questions include “Has the physical violence increased in severity or frequency over the past year?”; “Has he ever forced you to have sex when you did not wish to do so?”; and “Does he own a gun?”. The

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<sup>19</sup> The Markov model is an analytical framework that is frequently used in decision analysis, and is probably the most common type of model used in economic evaluation of healthcare interventions. Markov models use disease states (or outcomes) to represent all possible consequences of an intervention of interest. These are mutually exclusive and exhaustive and so each individual represented in the model can be in one and only one of these outcomes at any given time. (York Health Economics Consortium: <https://yhec.co.uk/glossary/markov-model/>). In this study the outcomes were ‘no abuse’, ‘abuse not identified’, ‘abuse identified and seeing advocate’, ‘abuse identified, not seeing advocate’ and ‘dead’, and these were recorded at the end of the intervention which was usually 6 months (or in some case 10 months).

instrument uses a weighted scoring system. It also asks respondents whether they are experiencing trauma symptoms such as avoidance, hyperarousal and intrusive thoughts. Items are scored one for bothering you “a little bit”; 2 for “moderately”; 3 for being bothered “quite a bit” and 4 for “extremely”.

The Entry Surveys were administered by shelter staff several days post entry, respecting that the women had recently experienced a significant life event that could have been traumatic. On shelter entry, over 75% of women residents fell in the range of Extreme or Severe Danger on the Danger Assessment. Although still experiencing serious anxiety, severity as measured by the ‘Impact of Event Scale’ showed improvements when comparing shelter entry to the point they left the shelter. Clients also completed a more open-ended feedback survey on departure, which asked about the extent to which their needs had been met during their shelter stay and their future plans regarding their abusive partner. The women strongly endorsed the shelter in assisting them with safety, support, and access to essential basic needs.

This study illustrates a specific way to quantify the impact of these supported domestic abuse accommodation services, by covering a sufficiently wide range of projects with consistent data gathering. This produced sufficient consistent data about outcomes and attitudes to undertake some quantitative and statistically robust analysis of the impact of the programmes as part of a value for money/cost benefit appraisal exercise, based on structured feedback from service users.

Clark et al. (2019) is another example of the good use of interviews to understand the views of residents on the benefits and drawbacks of specific types of accommodation based support, and to ask them to compare it to an alternative type of support which could also have been offered as a way of providing immediate housing and support to domestic abuse survivors fleeing their homes. The programme was Domestic Violence Transitional Housing, which provides victim-survivors with longer-term housing, typically lasting up to two years. The paper is mainly based on an analysis of interviews with 30 victim-survivors living in Domestic Violence Transitional Housing about their experiences and the characteristics of the accommodation and services. It concludes that interviewees in this housing reported high levels of economic abuse that impacted their current financial and housing problems. This abuse had caused some participants to lose their jobs, homes, and their family and friends. Many said the time limited nature of their stay in this housing was inadequate for them to attain safe and stable housing for themselves and their children.

Some participants were asked specifically about an alternative approach, which is ‘Rapid Rehousing’. This provides survivors with a short-term rent subsidy (often three to six months but can be up to two years in some programmes) to live in homes of their choice, paired with limited, housing-focused services. Survivors can then remain in the housing if they can afford the rent. Most said they would have preferred Rapid Rehousing as it offered more autonomy, privacy, and freedom to choose where to live.

This type of study highlights the utility of qualitative work to identify victim-survivors’ views on what services are effective in meeting their needs and most likely to deliver benefits in terms of wellbeing, confidence, and ability to build new social and economic networks.



## 2.6 Assessing other specialist services

Some value for money evaluations relate to project features such as a focus on certain types of clients or use of certain financial mechanisms. The evidence to be collected depends on the nature of the project characteristic being evaluated.

Some services support victims-survivors from particular ethnic or linguistic backgrounds, and may want to demonstrate that their approach provides better value for money than less targeted help. The needs of victim-survivors, their level of awareness of and engagement with services, and the likelihood of good outcomes may be influenced by their ethnicity and cultural background, legal status (such as access to public funds) or wider diversity characteristics. Taft et al (2024) examines an early-intervention project in Australia which focuses on diversity issues.<sup>20</sup> It describes a cluster of randomised controlled trials of culturally competent systems intervention to prevent and reduce domestic violence among migrant and refugee families when they present at general practice services. The types of issues faced by those migrant groups (marginalisation, fear of authorities due to uncertain immigration status, poverty and destitution) are similar to groups in the UK, although this research is not taking place in the UK. In the diversity focused locations, GP staff undertake three domestic abuse training sessions from a GP educator and bilingual domestic abuse advocate or educator. In addition, a South Asian advocate or educator has been employed. The study has not yet been completed, but the method is to collect data from primary care clinics in Melbourne that serve high migrant/refugee communities and provide the special support and from a control group also serving the same ethnic population who do not provide this support programme. This illustrates a project with carefully thought through support for these victim-survivors in need of a tailored and special type of support, as well as good design of data collection and robust comparative data collection.

Proposals for innovative ways of supporting victim-survivors must often demonstrate value for money. Often scenarios are used to capture possible ranges of outcomes. Charro (2018) is a Portuguese study of the feasibility of using a social impact bond to finance employability training for domestic abuse victim-survivors temporarily housed in domestic abuse accommodation. Outcome metrics were participants' employability rate three months after the end of the program and their level of English skills after two months of intensive classes. Six hypothetical versions of a social impact investment bond were tested against three outcome scenarios (from high engagement and success to low), and the expected return on the social bond investment was estimated. The findings suggested that a social impact bond would be a suitable funding mechanism for interventions of this type. This illustrates how innovative models for providing funding can also be evaluated, as well as innovative ways to support victim-survivor employability.

Children can be strongly affected by witnessing domestic abuse. Domestic violence can also be traumatic for a child who never sees or hears it directly, but who experiences its aftermath, but we noted above that the main UK study on costs of domestic abuse (Oliver et al. 2019) specifically did not include impacts on children. Rosenberg et al (2015) demonstrates some main likely benefits to children of domestic abuse interventions in a study that explores the benefits of funding for civil legal assistance for women seeking

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<sup>20</sup> We have included an Australian example as this is a sufficiently similar high income country in terms of overall development and legal structures, and more importantly in terms of the incidence of DA and its impact on particular groups of women with specific ethnic and cultural needs.

protective orders from courts. These orders can be effective in prevention of further incidents of abuse. Benefits identified include reduction in the direct and indirect harms associated with children's exposure to violence. The costs (which were not monetised in the paper) included:

- Healthcare, including immediate medical and mental health treatment;
- Housing and residential care costs - many children are temporarily relocated as a result of violence, spending periods of time either in shelters with their mothers or, in more extreme cases, in foster care. In both cases there are financial costs to the government;
- Disruption of school attendance due to these relocations;
- Indirect psychological and psychosocial effects including a range of emotional, and social problems, and impaired intellectual and cognitive functioning;
- Greater likelihood of perpetuating the cycle of abuse in their own families.

As noted above, more recent research has been published in 2025 after the conclusion of this paper, which brings additional evidence about the impacts of domestic abuse on children and the monetisable values of these harms (see Herbert et al, 2025).

### 3 Examples of assessments of value for money in domestic abuse services

This section provides examples of how monetised values have been turned into full cost benefit analyses or options appraisals. Three papers are considered in detail:

- A recent report by London's Southall Black Sisters, *Investing in Safety* (2024), which shows how to present the financial case for investing in 'by and for' services;
- A study by the New Economics Foundation of the domestic abuse agency Refuge (2016) that illustrates how to build a value for money model;
- An options appraisal by Scanlon et al. (2022) for the Domestic Abuse Commissioner of proposals to provide additional rights and services to victim-survivors without access to public funds.

#### 3.1 Example 1: Investing in Safety - Southall Black Sisters (2024)

The recent report by London's Southall Black Sisters and other organisations, *Investing in Safety* (2024) is likely to be of great interest to many small service providers.<sup>21</sup> It shows how to present the financial case for investing in 'by and for' services, specifically for people with no recourse to public funds, so includes useful information and practical approaches for these specific groups. The document is designed to assist local groups in making funding applications in their local area and includes a [practical calculator](#) of monetised values to use in making the case.<sup>22</sup>

According to the paper's overview, it provides:

*...a robust financial model that calculates the net savings for local public services per woman, over three years, generated by the No Recourse No Safety partners – by and for services Southall Black Sisters, Latin American Women's Rights Service, Safety4Sisters, Ubuntu Women Shelter and The Angelou Centre. The Cost Benefit Calculator can be downloaded and amended according to the level of local need to calculate the funding required for by and for services for victim-survivors with No Recourse to Public Funds and to create an invest to save business case. .... [T]he report details the methodology, findings and recommendations of the cost benefit analysis. These resources are free to download and use.*

The report documents the costs and benefits for a cohort of 40 case study women and their children, with information collected from the No Recourse No Safety partners in winter/spring 2022/23. This included information about the needs and harms they experienced, the services they received from the domestic abuse service provider, and the cost of local health, social services, and other public sector agencies in dealing with incidents of domestic abuse. The cost benefit calculation quantifies the difference in

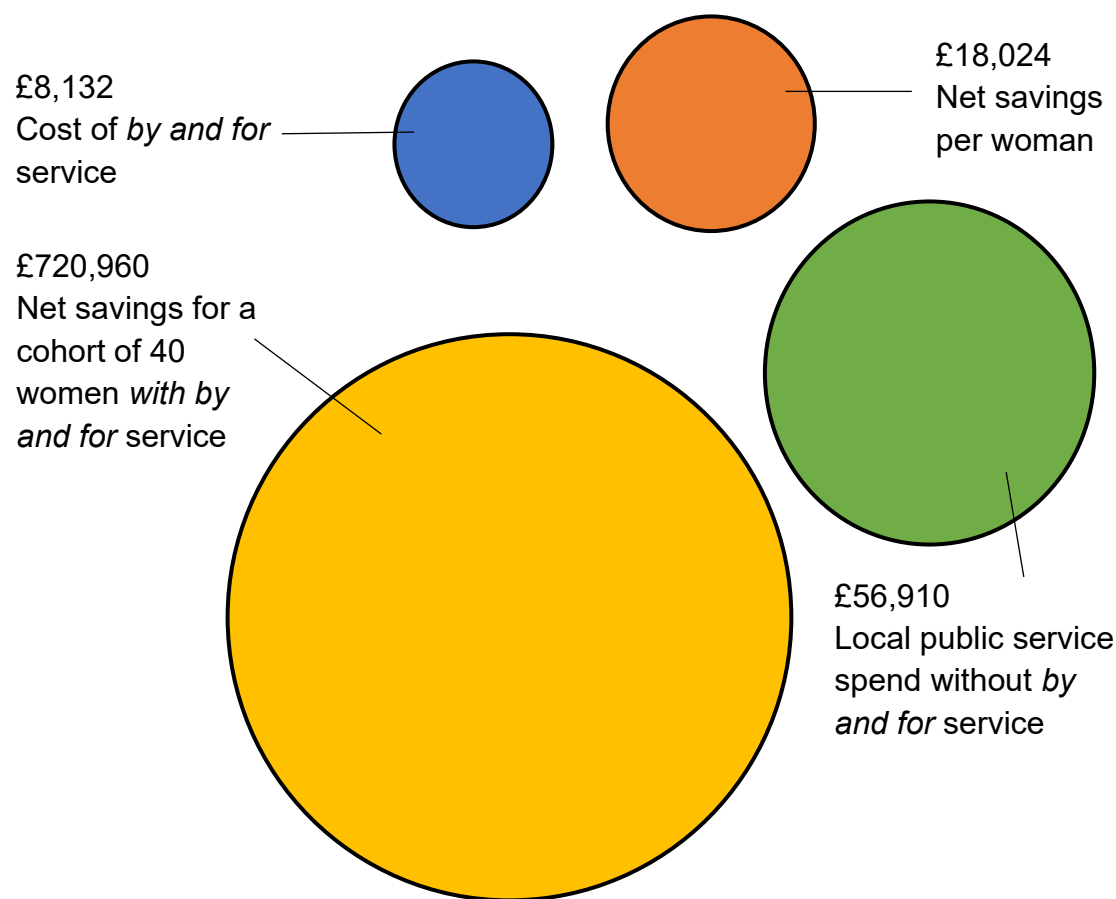
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<sup>21</sup> Authored by Fiona Sheil and Published by Southall Black Sisters, Latin American Women's Rights Service, Safety4Sisters, Ubuntu Women Shelter and The Angelou Centre

<sup>22</sup> <https://southallblacksisters.org.uk/app/uploads/2024/04/cost-benefit-calculator.xlsx>

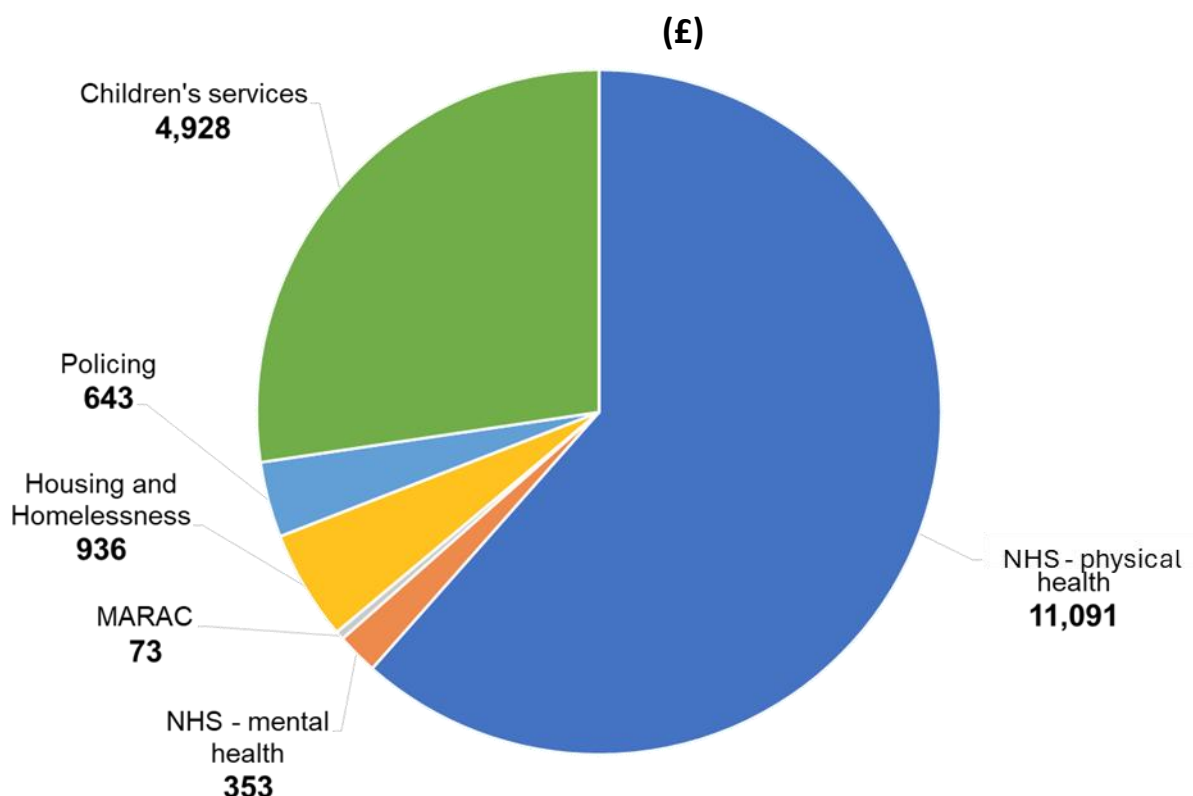
demand and costs to local public services over three years where the by and for service is made available to victim-survivors with No Recourse to Public Funds. This is compared to the counterfactual scenario in which the 'by and for' service is not made available. The paper concluded that over three years, the 'by and for' service generated net savings to local public services of £18,024 per woman (Figure 3.1), with the greatest savings coming for the NHS (Figure 3.2).

**Figure 3.1: Net savings per woman evidenced in Southall Black Sisters study**



Re-presented from Southall Black Sisters et al (2024)

**Figure 3.2: Net savings per woman by service area over three years (£) from SBS study**



Source: Southall Black Sisters et al (2024)

Calculations were based on the extent of the harms found by services amongst the women they supported, which were monetised using various techniques. Physical injuries were monetised using NHS costs as shown in Table 3.1, which is from the accompanying spreadsheet .

**Table 3.1: Cost to the NHS of physical injuries sustained by victim-survivor of domestic abuse**

Incident	Cost (per incident)
Assault/minor injuries	£273
Serious assault	£4,683
Serious assault/Rape	£1,512
Suicide attempt	£4,615
Sexually transmitted infection (STI)	£3,879

Source: Southall Black Sisters et al (2024)

Post traumatic stress disorder (PTSD) and complex trauma were monetised using estimates from various sources, and include costs of translation for the targeted client group of women without recourse to public funds (Table 3.2).

**Table 3.2: Cost to Community and Mental Health Services of PTSD and complex trauma sustained by victim-survivor of domestic abuse (from SBS spreadsheet)**

<b>PTSD / Complex Trauma</b>	<p>Assuming assessment and two contacts with Community Mental Health Services. This contact will come as it becomes clear the anxiety/depression pathway is not sufficient.</p> <p>Component costs:  <b>£294 assessment</b> (Jones et al, 2022)  <b>£241 mental health care cluster contact</b> (Jones et al, 2022)  <b>Interpreter 3 hours at £26 per hour</b> + VAT at 20% (The Language Shop.com)</p>
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Source: Southall Black Sisters et al (2024)

The appropriate values to use in a value for money calculation depend in part on 'attribution' – that is, the proportion of good outcomes that can be attributed directly to the intervention in question – and partly on what proportion of people receiving the intervention actually benefit from it. These ratios should be informed by evidence where possible. It is also possible to model the effects of different assumptions about attribution and success rates. Table 3.3 shows that the base case (the one deemed most likely) was that 90% of the good outcomes were due to the support services provided by the project, and that 25% of those engaged did not have good outcomes. The next paper (NEF 2016) also discusses these issues.

**Table 3.3: Effects of attribution of effects and success rates on benefits**

		Percentage of cohort not achieving outcomes			
		15%	25% (base case)	35%	45%
Rate of attribution to by and for service	100%	£23,781	£20,026	£16,272	£12,517
	95%	£22,592	£19,025	£15,458	£11,892
	90% (base case)	£21,403	£18,024	£14,645	£11,266
	85%	£20,214	£17,022	£13,831	£10,640
	80%	£19,025	£16,021	£13,017	£10,014

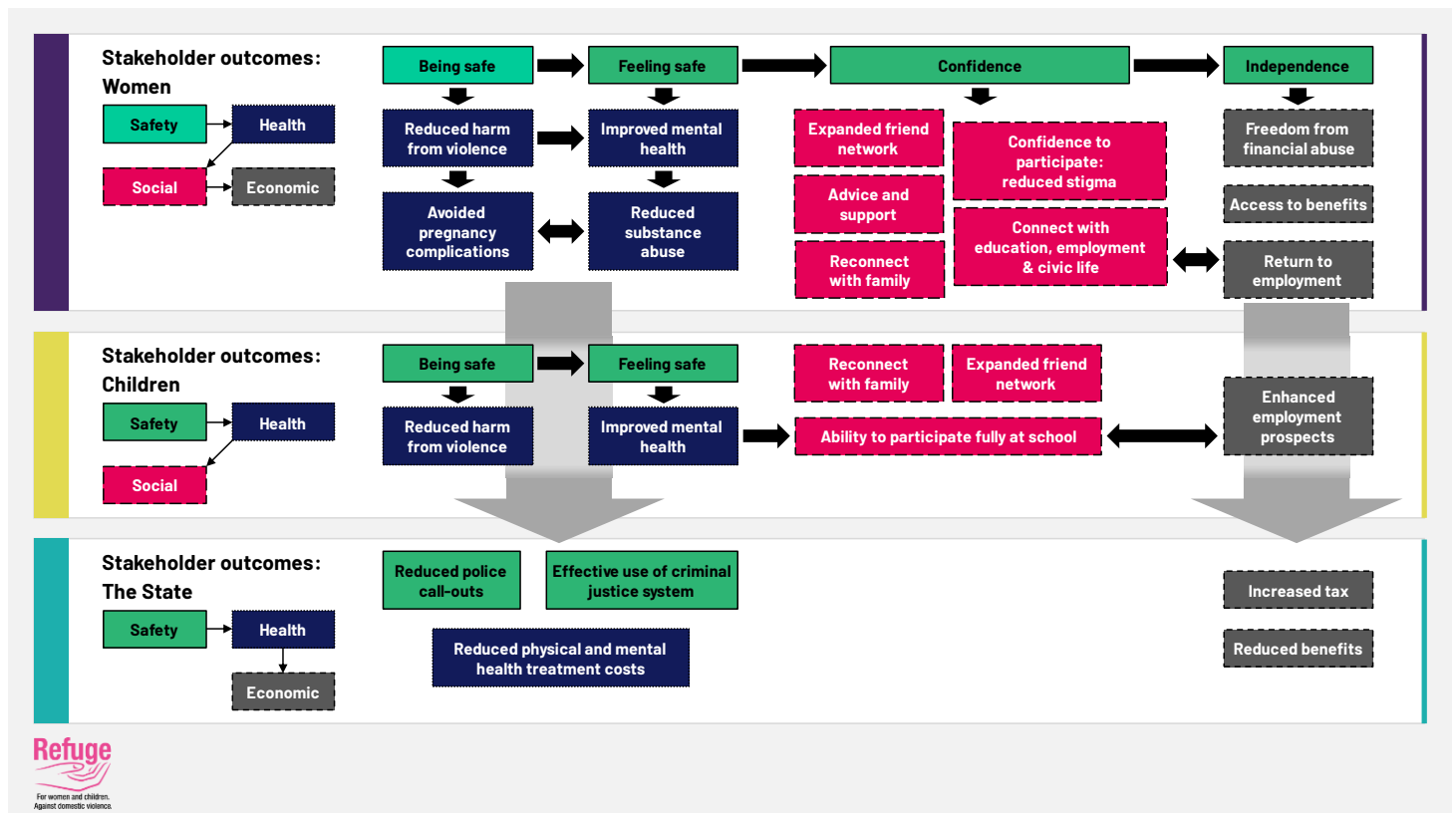
Source: Southall Black Sisters et al (2024)

## 3.2 Example 2: Refuge: A Social Return on Investment Evaluation (2016): New Economics Foundation

A study of the domestic abuse agency Refuge (NEF 2016) also illustrates how to build a value for money model based on an underlying theory of change (Figure 3.3). The figure should be read from left to right, with arrows indicating causality. Desired outcomes (in pink) for victim-survivors include improved mental health, reconnecting with family, and return to employment. All are included in the data collection around outcomes. The yellow band of outcomes are for children and include ability to participate fully in school; the blue band sets out outcomes and benefits for the public purse including reduced benefits payments and lower health treatment costs.

**Figure 3.3: Theory of Change for Refuge social return on investment evaluation**

Source: NEF (2016)



The analysis is based on detailed evidence of activities and outcomes from Refuge records. The organisation has a bespoke electronic case management information system (IMPACT) that holds anonymised data on over 48,000 cases and can generate granular reports on outcomes, as well as 'distance travelled' for each client between intake and exit. Even so, the authors state that these figures are likely to underestimate the actual numbers affected by domestic abuse as:

*Many financial proxies used in this Social Return On Investment are based on estimated costs per domestic violence incident; by all accounts, this is likely to be a gross underestimate. Research suggests that most victims of domestic violence will experience 35 incidents of abuse before they seek help, but police statistics cap*

*recorded incidents at five, making it impossible to assess the true extent and cost of the crime.*  
(NEF 2016: 7)

Some benefits are valued using a 'willingness to pay' method, based on survey data about the monetary value people say they attach to certain outcomes, which we have commented on above. Table 3.4 gives some examples:

**Table 3.4: Assessed monetary value of outcomes for women using Refuge services**

Outcome Domain	Outcome	Indicator	Proxy Description	Proxy Value
Safety	Being safe	Freedom from violence (classified as serious according to severity, duration and/or frequency of incidents)	Willingness to pay to avoid serious injury (discounted to avoid double counting)	£29,699
		Freedom from violence (classified as moderate/mild according to severity, duration and/or frequency of incidents)	Willingness to pay to avoid moderate injury (discounted to avoid double counting)	£2,175

Source: NEF (2016)

This NEF report for Refuge summarises the main difficulties of quantifying the costs and benefits of domestic abuse services. Attribution has been mentioned, but there are several others, and it is essential to include these in detail in this review of good practice in undertaking value for money assessments: These include:

**Attribution:** The majority of women receive help from more than one source. Refuge refers most of its clients to multiple services for social or medical support, to ensure that their specific needs are met. While help from friends or family may not be forthcoming at first, Refuge also helps women to think about who might be able to offer assistance and, where possible, could support them in connecting to other community opportunities. As such, 'Attribution' accounts for the proportion of good outcomes that should be credited to these other factors of support.

**Cherry picking:** Naturally, some results are more flattering than others. This report takes care to represent the benefits as well as the financial implications of Refuge's work. Specifically, full attention is given to the costs borne by the welfare system in supporting women who require financial help as a result of fleeing the family home.

**Conservative estimates:** Where there is a range of possible options in any of the Social Return on Investment domains, the most conservative estimate has been chosen. For example, the value of family relationships was given a proxy equivalent to the recreational spending of a family with only one adult and one child, in the lowest income decile.

**Deadweight:** This acknowledges the possibility that some people who escape from abusive relationships might do so without ever contacting Refuge. While evidence on this counterfactual outcome is understandably elusive, research suggests, for example, that a



small proportion (about 14%) of perpetrators will spontaneously cease their abuse without any intervention. As such, 14% of overall impact has been discounted for the relevant outcomes.

**Displacement:** This SROI values the impact of services provided by Refuge not only on its clients, but also on the broader societal scale. For this reason it is necessary to assess whether a good outcome for a Refuge service user might, as a consequence, prevent a positive outcome for another victim of domestic violence. For most outcomes, this is not the case – one person's improvement in confidence does nothing to stifle another's. However, in some situations, such as needing refuge housing, limited availability does mean that one family's gain will be another's loss. This is accounted for in the calculations.

**Double counting:** Some of the outcomes assessed in this SROI are overlapping. A key example is the financial proxy used to quantify personal safety: people were asked what they would be willing to pay to avoid serious injury. It may be assumed that their calculus included anxiety about lost income from work, long-term health consequences or disability, isolation from friends and family, depression etc. This financial proxy was therefore diminished significantly, to ensure that the health, social and economic components of the safety domain were not being accounted for multiple times.

**Drop-off:** While positive changes supported by Refuge's work may endure long into the future, other factors may also play an increasing role as time goes by. For example, a woman's safety in the first year may be completely dependent on a refuge service, but as she reintegrates into her community and builds resilience through work, study, and personal care, these latter components will deserve greater credit for sustaining this outcome. The model therefore discounts the impact of Refuge over time.

**Net Present Value<sup>23</sup>:** The impact of Refuge's work lasts beyond the timeframe of the actual intervention, and is valued in this model over a period of three years. In order to prevent inflation from skewing the calculations, the final numbers are reduced to a net present value, determined at the current rate of inflation. The Consumer Price Index (CPI) is used as the relevant inflation rate, as it most closely represents the average spending, per person, on common household goods. The CPI currently stands at 0.3% and is not likely to show significant movement over the medium term.

**Sensitivity testing:** Translating human experience into data will inevitably require some decisions or assumptions to be made – about how to account for counterfactual outcomes, for example. It is therefore important to run alternate scenarios to check that these decisions do not unduly affect the outcome of the model.

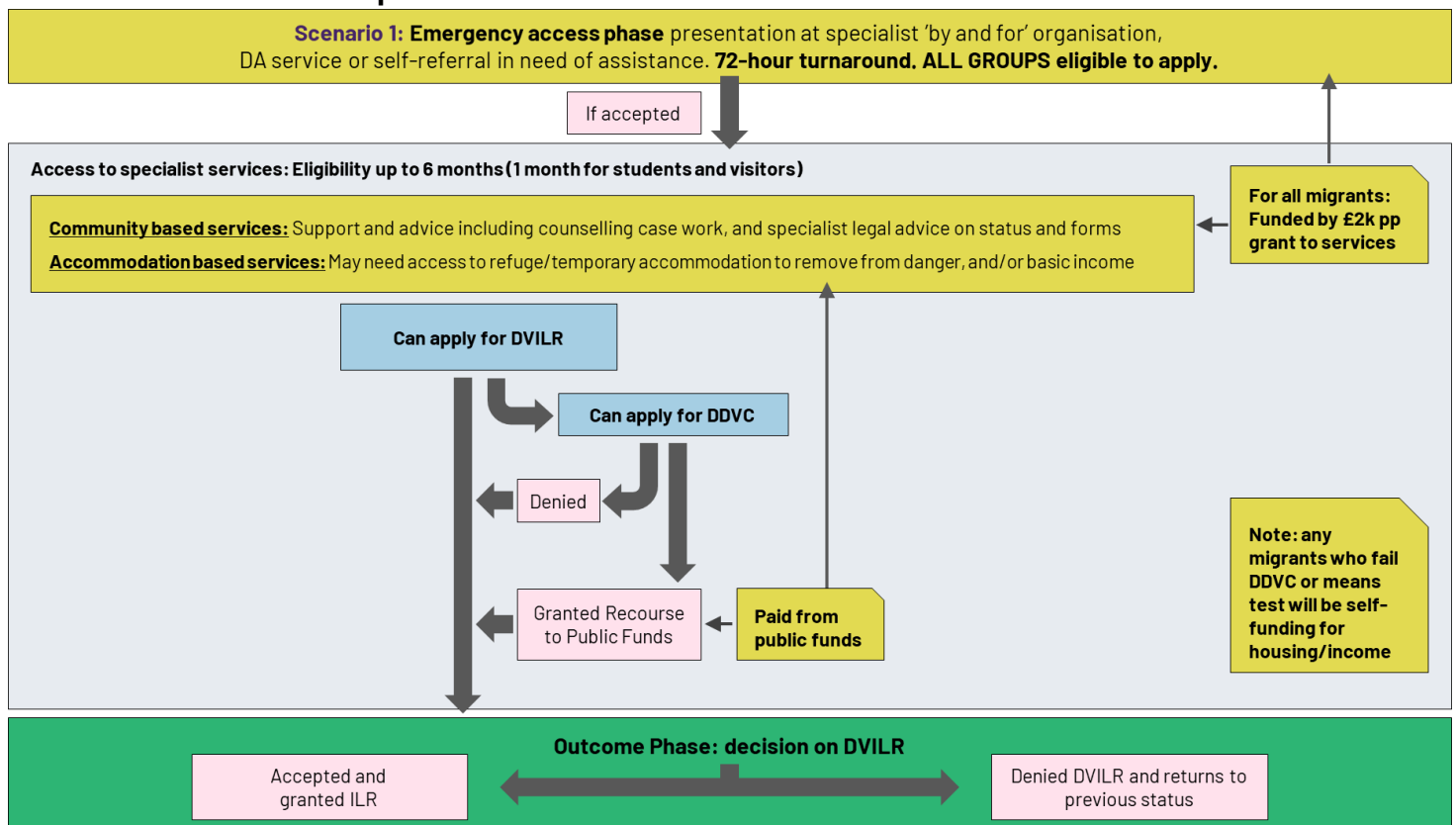
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<sup>23</sup> This refers to the way costs over several years need to be adjusted for the impact of inflation over those years. Above we have mentioned the use of HMT inflation tables to do this

### 3.3 Example 3: Cost-benefit analysis of extending support to domestic abuse victims with No Recourse to Public Funds – Scanlon et al (2022)

In their report for the Domestic Abuse Commissioner, Scanlon et al. (2022) undertook an options appraisal of proposals to provide additional rights and services to victim-survivors without access to public funds. This study looks at options for policy changes at national not local level. The authors draw on published evidence about the likely impact of possible changes and options for the provision of new services. One of these options (scenarios) is presented graphically in Figure 3.4.

**Figure 3.4 One option for providing domestic abuse support to migrant victims without access to public funds**



(Source: Scanlon et al 2022).

Note that "DVILR" is a way in which people can apply for indefinite leave to stay in the UK due to being victim-survivors of domestic abuse; and "DDVC" is a way in which victim survivors can apply for temporary permission to stay in the UK and apply to claim benefits if their relationship broke down because of domestic abuse.

In conducting the appraisal, the authors estimated the number of individual victim-survivors within scope. For this, team members from the Migration Observatory drew on estimates of the overall population of this group from Home Office and other data on migration, and the estimated total population of migrants without recourse to public funds in England. Then, as in the Home Office study, the Crime Survey of England and Wales was used to estimate the incidence of domestic abuse amongst this group. This information informed estimates of the costs of service provision and of financial savings and other benefits as a consequence of interventions.

The report identified potential areas of monetisable benefits informed by Oliver et al. (2019) and other papers cited in this review. The example of employment impacts provides a useful comparison to Oliver et al. above, where they assessed the loss of output and productivity. In Scanlon et al. the main benefit identified was the increased earning potential of victim-survivors, which would affect not only the individual but also the public purse through tax and national insurance contributions.

The assumption behind the calculations here were documented as inputs to the model. This involved clearly stating the source of all the financial assumptions made in the model (for example Department for Work and Pensions figures about the average numbers of part time hours which people with children worked, and average pay). It set out clearly how

these individual items of evidence and information were converted to unit costs for the victim-survivors in the group of people being considered for the policy change (for example in terms of the net gain to the public purse if someone got work and thereby received less in welfare benefits and contributed tax and NI over a 6 month period). It then also totalled up the monetary impact in terms of costs and benefits of these kinds of individual calculations to what the overall cost of the service would be and the monetisable benefits would be each based on how many people were helped by the services in each year over a 10 year period (using the standard 'net present value' approach to adjust for inflation).

The final table (Table 3.5) rolled forward the costs and benefits over a 10-year period, providing a net present value using HMT inflation adjustments. This included summary cost benefit ratios for the two examined scenarios compared to 'business as usual' (BAU) (Figure 3.4).

**Table 3.5: Net present value (PV) of costs and benefits over 10 years (Scanlon et al., 2022)**

Costs / Gains	Category	Scenario 1	Scenario 2
<b>Year 0 cohort, Y0 costs</b>			
	Initial support	£41,667,126	£41,667,126
	Universal credit	£13,021,371	£12,148,107
	Child benefit	£1,398,395	£1,316,293
	Costs of admin	£1,619,621	£2,849,179
<b>Total costs in Year 0</b>		£57,706,512	£57,980,706
	Less BAU costs	£16,196,208	£16,196,208
<b>Y0 costs net of BAU</b>		<b>£41,510,304</b>	<b>£41,784,498</b>
10-year PV of net costs for Y0 cohort		£61,683,989	£61,305,066
<b>Gains: Y0 cohort, 10 year PVs</b>			
	Physical & emotional harm prevented	£106,703,310	£100,766,469
	Homelessness & destitution prevented	£26,369,187	£24,373,581
	Employment & skills, incl. tax revenues	£91,014,626	£80,711,788
	Children's gains	£22,077,684	£20,407,318
Total of PVs of gains: Y0 cohort		£246,164,807	£226,259,156
10-year PV of gains - costs, Y0 cohort		£184,480,818	£164,954,090
<b>Benefit-cost ratio, 10 years, Y0 cohort</b>		<b>4.0</b>	<b>3.7</b>
Sum of PVs of costs: 10 annual cohorts		£536,826,358	£536,719,998
Sum of PVs of gains: 10 annual cohorts		£2,293,420,355	£2,107,967,253
<b>Gains - costs (10-year PVs)</b>		<b>£1,756,593,997</b>	<b>£1,571,247,255</b>
<b>Benefit-cost ratio (BCR) 10 years, 10 annual cohorts</b>		<b>4.3</b>	<b>3.9</b>

(Source: Scanlon et al 2022)

## 3.4 Conclusion

The REA sets out the evidence on value for money in relation to domestic abuse support and shows the main ways in which good value for money assessments of domestic abuse services have been evaluated in the literature. This final practical section is intended to show how other organisations have actually put together these assessments. It provides specific examples of how value for money and options appraisals have been done in the different contexts of each example. This shows the very specific steps providers can take themselves to approach value for money assessments for their organisation and offers others an insight into how to understand and interpret such assessments.

# Annex A: Structure of searches and search logs

Studies were retrieved from various academic and grey literature databases. Academic databases searched include JSTOR, IBSS, ProQuest, Med of Science, while Open Access and grey literature databases include Google Scholar, Directory of Open Access Journals and the Domestic Abuse Housing Alliance (DAHA), as well as a general Google search.

Various combinations of selected key search terms were tested and employed using Boolean operators. Inclusion and exclusion criteria as at Table A.1 below. Search terms were classified under three different strands: (1) foundational search terms (e.g., domestic abuse, domestic violence, intimate partner violence), (2) Monetisation search terms (e.g., value for money, cost-benefit, cost effective, financial assessment), and lastly, (3) Intervention search terms (e.g., safe accommodation, shelter, housing, intervention, support). See table A.2 for full range of search terms used.

The first hundred results were selected from each of the academic databases, and the first fifty from grey literature databases and search engines.

Two series of searches were performed between two researchers. Once searches were completed, each researcher compiled their results, testing for and removing duplicates. The academic database search collectively yielded 265 results, and the open access and grey literature search yielded 121 results. After the removal of duplicates 325 documents were left.

The researchers agreed on relevance criteria by which to further filter the results. The following criteria were used to exclude certain types of study:

- Exclude where the focus was on abuse of children (though include where the focus was on the impact on children on witnessing parental domestic abuse)
- Exclude focus on the perpetrator of domestic abuse
- Exclude focus on prevention of domestic abuse
- Exclude focus on training
- Wider assessment of thematic relevance based on the extent to which initial review of abstracts indicated that inclusion was appropriate.

A subjective relevance coding system was developed, by which results were ranked between 0-5 (0 attributed to irrelevant results and 5 attributed to highly relevant results). Results ranked 0-2 were removed, results given a rank of 3 were assessed again by abstract, and re-ranked to lower relevance, and disregarded, or to higher relevance for inclusion. This left 47 documents for fuller consideration. After review and initial work on the rapid evidence assessment report a total of 32 documents were cited as part of the final report. More details are below.

*Table A.1. domestic abuse REA Inclusion and Exclusion Criteria*

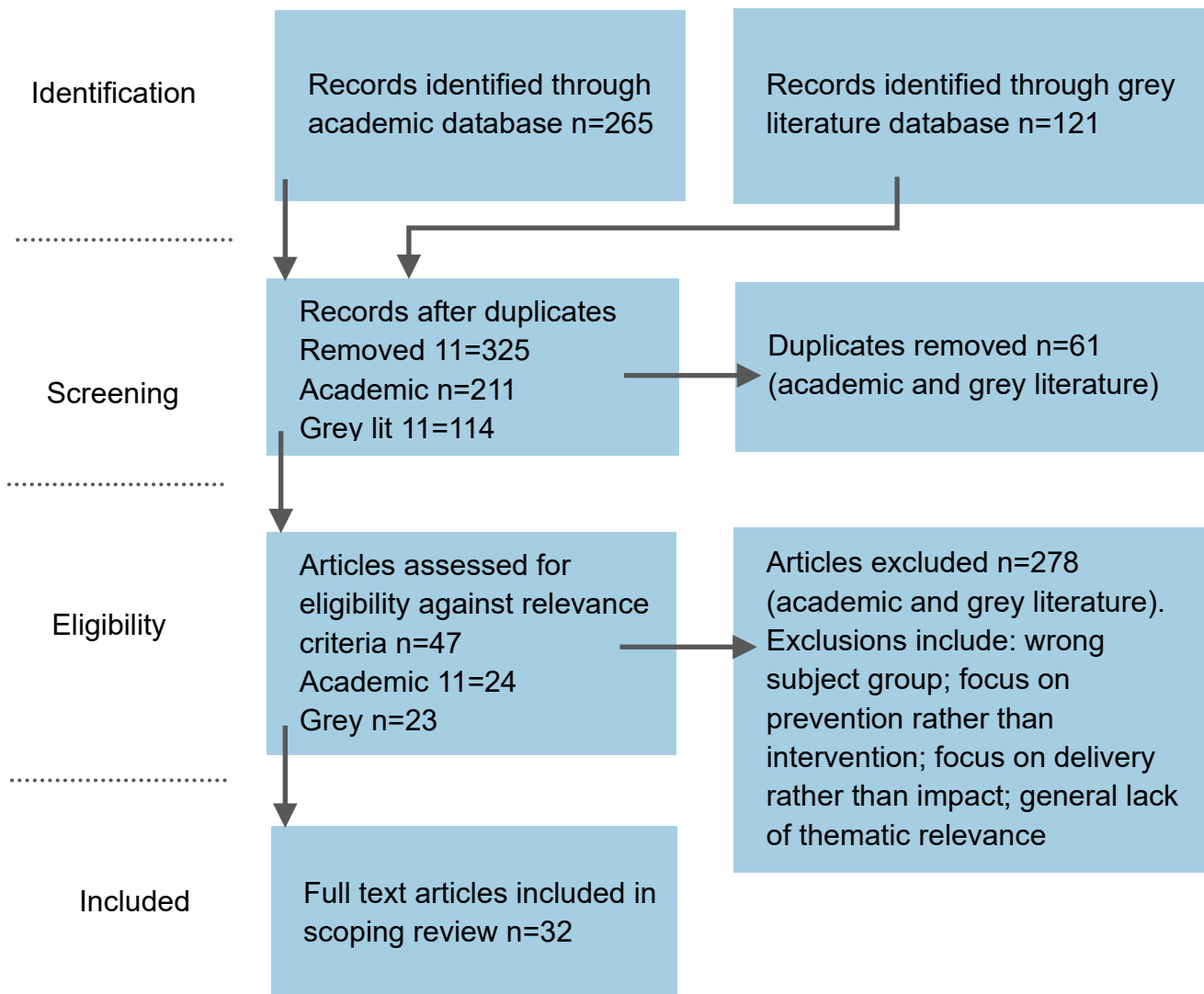
<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
<b>Language:</b> English	Exclude abstracts not available in English
Include International examples	Exclude if not in English
Open access/via researchers' institutional access	Exclude material not available open access/via researchers' institutional access
<b>Full text:</b> Available	Exclude Not Available
<b>Timeframe:</b> 2013-2024	Exclude pre-2013
<b>Type:</b> Peer-reviewed and credible grey literature	
<b>Selection:</b> First 100 results for academic databases; first 50 results for search engines	

*Table A.2. domestic abuse REA Search Terms*

<b>Foundational search terms</b>	<b>Problem/Intervention search terms</b>	<b>Monetisation/VfM search terms</b>
Domestic abuse	Housing	Value for Money
Domestic violence	Safe accommodation	Cost-benefit
Survivors		Effectiveness
Victims		
<b>Alternatives</b>		
Intimate partner violence (IPV)	Refuge	Economic evaluation
Gender-based violence (GBV)	Shelter	Cost-effectiveness
Family violence		Return on investment (ROI)
Domestic conflict		Economic impact

The flow of searches and documents included in the final list is outline at Figure A.1, showing how 32 full text articles were included.

**Figure A.1 Flow of studies selected**





## Annex B: Bibliography of documents included in the REA

Author(s) & Year Published	Title and Reference	URL	Main subject	Usefulness <sup>24</sup>
Aceves, W.J. (2018)	Cost-Benefit Analysis and Human Rights	<a href="https://scholarlycommons.law.cwsl.edu/fs/279">https://scholarlycommons.law.cwsl.edu/fs/279</a>	Theory of Change in tackling VAWG	H
Action Aid (n.d.)	A Theory of Change for Tackling Violence Against Women and Girls.	<a href="https://www.actionaid.org.uk/sites/default/files/doc_lib/toc_for_vawg_summary.pdf">https://www.actionaid.org.uk/sites/default/files/doc_lib/toc_for_vawg_summary.pdf</a>	Identifying and effecting change	M
Akbari, R.A., Alam, B., Ageed, A. et al (2021)	'The Identification and Referral to Improve Safety Programme and the Prevention of Intimate Partner Violence', <i>International Journal of Environmental Research and Public Health</i> , 18(11)	<a href="https://doi.org/10.3390/ijerph18115653">https://doi.org/10.3390/ijerph18115653</a> <a href="https://www.mdpi.com/1660-4601/18/11/5653">https://www.mdpi.com/1660-4601/18/11/5653</a>	Identification of victim survivors	M
Barbosa, E. C., Verhoef, T. I., Morris, S. et al. (2018)	Cost-effectiveness of a domestic violence and abuse training and support programme in primary care in the real world: Updated modelling based on an MRC phase IV observational pragmatic implementation study. <i>BMJ Open</i> , 8(8) Article e021256	<a href="https://doi.org/10.1136/bmjopen-2017-021256">https://doi.org/10.1136/bmjopen-2017-021256</a> <a href="https://bmjopen.bmj.com/content/8/8/e021256">https://bmjopen.bmj.com/content/8/8/e021256</a>	Effectiveness of health care DA awareness training	H
Bayefsky, R. (2014)	'Dignity as a Value in Agency Cost-Benefit Analysis', <i>The Yale Law Journal</i> , 123(6)	<a href="https://www.yalelawjournal.org/note/dignity-as-a-value-in-agency-cost-benefit-analysis">https://www.yalelawjournal.org/note/dignity-as-a-value-in-agency-cost-benefit-analysis</a>	Including human rights in VfM	M
Charro, M.I.G. (2018)	'Employability Program for Domestic Violence Victims Living in Long-Term Shelters', Master's in Finance at Universidade NOVA de Lisboa - School of Business and Economics	<a href="https://www.proquest.com/docview/3039732348/abstract/23C959AA8C824E4EPQ/1">https://www.proquest.com/docview/3039732348/abstract/23C959AA8C824E4EPQ/1</a>	Using social impact bonds to fund employability training	NA
CIPFA 2021	Guide to support value for money (VfM) analysis for public managers	<a href="https://www.cipfa.org/-/media/Files/Services/GO-Lab-VfM-Toolkit/GO-Lab-guide.pdf">https://www.cipfa.org/-/media/Files/Services/GO-Lab-VfM-Toolkit/GO-Lab-guide.pdf</a>	General VfM method guidance	M
Clark, D.L., Wood, L. & Sullivan, C.M. (2019)	'Examining the Needs and Experiences of Domestic Violence Survivors in Transitional Housing', <i>Journal of Family Violence</i> , 34, pp.275-286	<a href="https://link.springer.com/article/10.1007/s10896-018-0010-4">https://link.springer.com/article/10.1007/s10896-018-0010-4</a> <a href="https://doi.org/10.1007/s10896-018-0010-4">https://doi.org/10.1007/s10896-018-0010-4</a>	Different types of accommodation based services	H

<sup>24</sup> Usefulness was defined as high (H) or medium (M).

Author(s) & Year Published	Title and Reference	URL	Main subject	Usefulness
Cochrane, M., Szilassy, E., Coope, C. et al (2024)	'Primary care system-level training and support programme for the secondary prevention of domestic violence and abuse: A cost-effectiveness feasibility model', <i>BMJ Open</i> 2024;14(1) e071300	<a href="https://doi.org/10.1136/bmjopen-2022-071300">https://doi.org/10.1136/bmjopen-2022-071300</a>	Effectiveness of health care DA awareness training	H
European Institute for Gender Equality (2021a)	<i>The costs of gender-based violence in the European Union - Technical report</i>	<a href="https://euagenda.eu/upload/publications/20213229-mh0921238enn-pdf.pdf">https://euagenda.eu/upload/publications/20213229-mh0921238enn-pdf.pdf</a>	Monetised cost benefits	M
European Institute for Gender Equality (2021b)	<i>Methodological manual for the EU survey on gender-based violence against women and other forms of inter-personal violence</i>	<a href="https://data.europa.eu/doi/10.2785/25571">https://data.europa.eu/doi/10.2785/25571</a>	Guidance on data collection	H
Frayman, D., Krekel, C., Layard, R., et al (2024)	<i>Value for Money: How to improve wellbeing and reduce misery</i> . Centre for Economic Performance: London School of Economics	<a href="https://cep.lse.ac.uk/new/publications/abstract.asp?index=11099">https://cep.lse.ac.uk/new/publications/abstract.asp?index=11099</a>	Monetising wellbeing benefits	H
Fujiwara, D. (2014)	<i>Measuring the Social Impact of Community Investment: Methodology Paper</i>	<a href="https://hact.org.uk/publications/measuring-the-social-impact-of-community-investment-methodology-paper/">https://hact.org.uk/publications/measuring-the-social-impact-of-community-investment-methodology-paper/</a>	Monetising wellbeing benefits	H
Halliwell, G., Dheensa, S., Fenu, E. et al (2019)	'Cry for health: a quantitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse', <i>BMC Health Services Research</i> , 19, 718	<a href="https://doi.org/10.1186/s12913-019-4621-0">https://doi.org/10.1186/s12913-019-4621-0</a>	Comparative outcomes for hospital and community referrals	H
Herbet, K., Feder, G., Gilbert, R. et al (2025)	'The economic burden of child maltreatment and co-occurring parental domestic violence and abuse in the UK', <i>Child Abuse &amp; Neglect</i> , Vol. 163	<a href="https://www.sciencedirect.com/science/article/pii/S0145213425001905">https://www.sciencedirect.com/science/article/pii/S0145213425001905</a> <a href="https://doi.org/10.1016/j.chiabu.2025.107435">https://doi.org/10.1016/j.chiabu.2025.107435</a>	Societal costs of childhood exposure to DA	NA
HM Treasury (HMT) (2021)	<i>Options Appraisal of the Domestic Abuse Act 2021</i>	HMT Options Appraisal	Impact assessment of DA Act	H
HMT (2023)	<i>The Green Book</i>	<a href="https://www.gov.uk/government/collections/the-green-book-and-accompanying-guidance-and-documents">https://www.gov.uk/government/collections/the-green-book-and-accompanying-guidance-and-documents</a>	General VfM method guidance	H

Author(s) & Year Published	Title and Reference	URL	Main subject	Usefulness
Housing Association Charitable Trust (HACT) (2023)	<i>Measuring the Social Impact of Community Investment: A Guide to using the Wellbeing Valuation Approach.</i>	<a href="https://hact.org.uk/tools-and-services/uk-social-value-bank/">https://hact.org.uk/tools-and-services/uk-social-value-bank/</a>	Social Impact of Community Investment	NA
Jones, K.C., Weatherly, H., Birch, S. et al (2024)	<i>Unit Costs of Health and Social Care: 2023 Manual</i>	<a href="https://kar.kent.ac.uk/105685/">https://kar.kent.ac.uk/105685/</a> doi:10.22024/UniKent/01.02.105685	Unit Costs of Health and Social Care	NA
King, J., Wate, D., Namukasaet, E. et al (2024)	<i>Assessing Value for Money: The Oxford Policy Management Approach</i>	<a href="https://www.opml.co.uk/sites/default/files/migrated_bolt_files/opm-vfm-approach-2.pdf">https://www.opml.co.uk/sites/default/files/migrated_bolt_files/opm-vfm-approach-2.pdf</a> Value for Money Framework	General VfM method guidance	M
Lowe, P.E., McManus, S. et al (2025)	'Black and Minoritized Women's Experiences of Specialist Domestic Violence Services in the UK: A Scoping Review', <i>Trauma, Violence &amp; Abuse</i> , online	<a href="https://journals.sagepub.com/doi/epub/10.1177/15248380251335038">https://journals.sagepub.com/doi/epub/10.1177/15248380251335038</a>	Lit review of impact of 'By and for' DA services	H
Mohit, B. (2015)	<i>A cost-effectiveness approach to calculating SROI for integrated and interoperable health and social services in a local health and human services department.</i> PhD Thesis, Johns Hopkins University	<a href="https://jscholarship.library.jhu.edu/items/203ac3d5-aa9f-478b-ac11-613478774b8c">https://jscholarship.library.jhu.edu/items/203ac3d5-aa9f-478b-ac11-613478774b8c</a>	Methodology for monetising costs in health and social service	M
National Social Value Taskforce (2019)	<i>National Themes and Outcomes Measurement Framework for social value measurement</i>	<a href="https://www.local.gov.uk/sites/default/files/documents/National%20TOMs%202019%20Guidance%201.0.pdf">https://www.local.gov.uk/sites/default/files/documents/National%20TOMs%202019%20Guidance%201.0.pdf</a>	Monetised cost benefits	H
NEF (New Economics Foundation) (2016)	<i>Refuge: A Social Return on Investment Evaluation</i>	<a href="https://socialvalueuk.org/wp-content/uploads/2017/04/Refuge-SROI-2016.pdf">https://socialvalueuk.org/wp-content/uploads/2017/04/Refuge-SROI-2016.pdf</a>	Practical example of VfM study of DA	H
Oliver, R., Alexander, B. et al (2019)	<i>The economic and social costs of domestic abuse.</i>	<a href="https://assets.publishing.service.gov.uk/media/5f637b8f8fa8f5106d15642a/horr107.pdf">https://assets.publishing.service.gov.uk/media/5f637b8f8fa8f5106d15642a/horr107.pdf</a>	Monetised cost benefits	H
Panovska-Griffiths, J. et al (2020)	'Disruption of a primary health care domestic violence and abuse service in two London boroughs: interrupted time series evaluation', <i>BMC Health Services Research</i> , 20(1):569	<a href="https://pubmed.ncbi.nlm.nih.gov/32571378/">https://pubmed.ncbi.nlm.nih.gov/32571378/</a>	Outcomes of health care referrals	M
Author(s) & Year Published	Title and Reference	URL	Main subject	Usefulness

Remme, M.; Michaels- Igbokwe, C. & Watts, C. (2014)	<i>What works to prevent violence against women and girls? Evidence Review of approaches to scale up VAWG programming and assess intervention cost-effectiveness and value for money.</i> Medical Research Council, South Africa	<a href="https://assets.publishing.service.gov.uk/media/57a089b540f0b652dd000384/What_Works_Inception_Report_June_2014_AnnexJ_WG5_Paper_Scale-up.pdf">https://assets.publishing.service.gov.uk/media/57a089b540f0b652dd000384/What_Works_Inception_Report_June_2014_AnnexJ_WG5_Paper_Scale-up.pdf</a>	Types of DA VfM studies	M
Rivas, C., Ramsay, J., Sadowski, L. et al (2015)	'Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse', <i>Cochrane Database Syst Rev.</i> 2015(12):CD005043.	<a href="https://pubmed.ncbi.nlm.nih.gov/26632986/">https://pubmed.ncbi.nlm.nih.gov/26632986/</a> doi: 10.1002/14651858.CD005043.	Effectiveness of early advocacy	H
Robson (2024)	Real World Research (5 <sup>th</sup> Edition)	<a href="https://www.wiley.com/en-ie/Real+World+Research%2C+5th+Edition-p-9781119523604">https://www.wiley.com/en-ie/Real+World+Research%2C+5th+Edition-p-9781119523604</a>	Guidance on data collection	H
Rosenberg et al (2015)	<i>Supporting survivors: The economic benefits of providing civil legal assistance to survivors of domestic violence</i> , Institute for Policy Integrity, New York University School of Law	<a href="https://policyintegrity.org/documents/SupportingSurvivors.pdf">https://policyintegrity.org/documents/SupportingSurvivors.pdf</a>	Effectiveness of legal advice	M
Santos (2013)	'Costs of Domestic Violence: A Life Satisfaction Approach', Special Issue on Wellbeing in <i>Fiscal Studies</i> , 34(3) 391-409	<a href="https://www.jstor.org/stable/24440398">https://www.jstor.org/stable/24440398</a>	Monetising wellbeing benefits	M
Scanlon, K., Provan, B. et al (2022)	<i>Cost-Benefit Analysis of Extending Support to Domestic Abuse Victims with NRPF: A Technical Report for the Domestic Abuse Commissioner.</i> CASE, LSE	<a href="https://sticerd.lse.ac.uk/dps/case/cr/casereport144.pdf">https://sticerd.lse.ac.uk/dps/case/cr/casereport144.pdf</a>	Practical example of DA options appraisal	H
Sheppard, L., Alsubhi, M., Brown, V. et al (2024)	'What Interventions are Cost Effective in Reducing Violence Against Women? A Scoping Review', <i>Applied Health Economics and Policy</i> , Vol.22, pp.283–296	<a href="https://doi.org/10.1007/s40258-023-00870-0">https://doi.org/10.1007/s40258-023-00870-0</a> // <a href="https://link.springer.com/article/10.1007/s40258-023-00870-0">https://link.springer.com/article/10.1007/s40258-023-00870-0</a>	Lit review into VfM of DA programmes	M
Southall Black Sisters et al (2024)	<i>Investing in Safety: The financial case for investing in by and for services supporting victim-survivors with No Recourse to Public Funds.</i>	<a href="https://southallblacksisters.org.uk/submissions-campaigns/investing-in-safety/">https://southallblacksisters.org.uk/submissions-campaigns/investing-in-safety/</a>	Practical example of VfM study of DA, with tool	H
Taft et al (2021)	'HARMONY: a pragmatic cluster randomised controlled trial of a culturally competent systems intervention to prevent and reduce domestic violence among migrant and refugee families in general practice', <i>BMJ Open</i> , 11(7) e046431	<a href="https://pubmed.ncbi.nlm.nih.gov/34326046/">https://pubmed.ncbi.nlm.nih.gov/34326046/</a> doi: 10.1136/bmjopen-2020-046431	Addressing diversity in services	H
<b>Author(s) &amp; Year Published</b>	<b>Title and Reference</b>	<b>URL</b>	<b>Main subject</b>	<b>Usefulness</b>

Tutty, L.M. (2015)	'Addressing the Safety and Trauma Issues of Abused Women: A Cross-Canada Study of YWCA Shelters', <i>Journal of International Women's Studies</i> , 16(3) article 8	<a href="https://vc.bridgew.edu/cgi/viewcontent.cgi?article=1817&amp;context=jiws">https://vc.bridgew.edu/cgi/viewcontent.cgi?article=1817&amp;context=jiws</a>	Robust methods to evaluate accommodation based services	H
Women Against Abuse (2025)	Women Against Abuse Theory of Change	<a href="https://www.womenagainstabuse.org/about-us/our-theory-of-change">https://www.womenagainstabuse.org/about-us/our-theory-of-change</a>	Theory of Change in DA services	H
Women's Aid and Safe Lives (2016)	Women's Aid and Safe Lives Joint Theory of Change	<a href="https://www.womensaid.org.uk/wp-content/uploads/2016/11/Appendix-A-Womens-Aid-and-SafeLives-Joint-Theory-of-Change.pdf">https://www.womensaid.org.uk/wp-content/uploads/2016/11/Appendix-A-Womens-Aid-and-SafeLives-Joint-Theory-of-Change.pdf</a>	Theory of Change in DA services	H