



Ministry of Housing, Communities & Local Government

Models of domestic abuse support in safe accommodation

A Rapid Evidence Assessment

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List of acronyms and abbreviations

LA – Local authority

MHCLG – Ministry of Housing, Communities and Local Government

MI – management information

Executive Summary

Introduction

This is a rapid review of the evidence on prevailing models of domestic abuse support in safe accommodation operating within the United Kingdom (UK) and internationally, the effectiveness of these models and their accessibility to victim-survivors from a range of backgrounds and with varying needs. The review was commissioned by the Ministry of Housing, Communities and Local Government (MHCLG) as part of the broader evaluation of Part 4 of the Domestic Abuse Act which placed a statutory duty on Tier 1 local authorities (LAs) to provide domestic abuse support within safe accommodation. It is intended to be read in conjunction with the final evaluation report available [on gov.uk](#). Safe accommodation is understood, in accordance with the MHCLG guidance, as a secure location with some level of specialist support for domestic abuse victims. This includes but is not limited to: dispersed accommodation, sanctuary schemes, second stage or 'moving on' accommodation, specialist safe accommodation (including 'by and for' services), and refuge accommodation.¹

The review sought to address three research questions:

1. What are the prevailing models of domestic abuse accommodation-based support operating internationally?
2. What evidence is available regarding the effectiveness of each of these models?
3. What evidence is available regarding the role or function different models play within the domestic abuse support ecosystem?

A total of 56 journal articles, book chapters and reports spanning several methodologies and fields of study were identified as relevant, and thematically mapped and synthesised. The literature was international, with a focus on the UK, but an over-representation of North American studies, in line with research trends on domestic abuse.

The literature and models identified in this review should not be taken as exhaustive; despite taking a systematic approach, the restricted timeframe of the review precludes a comprehensive search strategy.

Domestic Abuse models operating internationally

The most well-represented models of domestic abuse accommodation-based support were: conventional refuges and shelters operating from an undisclosed location (hereon conventional refuges); Domestic Violence Transitional Housing; Domestic Violence Housing First; and 'open' refuges and shelters which operate from an unconcealed or publicised location (hereon open refuges). The majority of the literature discussed conventional refuges, with less research available on the other models. Notably, two forms

¹ The definitions of different types of safe accommodation and support within safe accommodation are available in the [statutory guidance for local authorities across England](#) and are summarised in the glossary of the final evaluation report.

of accommodation-based support identified as models of interest at the outset of the review were underrepresented in included literature: Sanctuary Schemes and dispersed accommodation.

Review findings indicated substantial variations in policies, services and working practices ‘within’ models of domestic abuse accommodation-based support, and several important commonalities ‘between’ models. As there was so much variation in implementation it was challenging to identify and define model-specific mechanisms of change. However, where studies referenced theorised mechanisms of change, principles of trauma-informed practice, needs-led, survivor-centred and gender-responsive approaches featured.

Conventional refuges

Conventional refuges first emerged in the UK in the 1970s, as part of a grassroots response to domestic abuse and the lack of mainstream provision for victim-survivors fleeing abuse. While initially staffed by volunteers, refuges became increasingly professionalised over the succeeding decades.

Review findings, and the wider grey literature, indicate that contemporary UK refuges typically provide safe accommodation in an undisclosed location and a programme of staff and peer support tied to this accommodation, including safety planning, counselling, emotional support, advocacy and recovery work, as well as specialist support concerning needs around substance use or mental health (see Women’s Aid, 2023a, 2023b; Women’s Aid, 2024).

However, the availability of these services across UK refuges has varied due to resource constraints; less than 70% of the 270 refuges surveyed for the 2023 Women’s Aid Annual Audit were able to provide either group work or children and young people’s programmes, while just over one third could deliver a counselling service (Women’s Aid, 2023a).

Contemporary UK refuge services may include communal accommodation, self-contained properties in a shared site, or dispersed properties in the community, with considerable variation in the nature and scale of provision, ranging from “one shared house with space for two households, to a refuge service with over 75 units of accommodation across different sites” (Women’s Aid, 2023a: 42).²

Domestic Violence Transitional Housing

United States (US)-based literature suggests that Domestic Violence Transitional Housing typically lasts between 12 to 24 months, providing victim-survivors with safe and supportive short-term accommodation following their departure from conventional refuges,

² The Domestic Abuse Support (Relevant Accommodation and Housing Benefit and Universal Credit Sanctuary Schemes) (Amendment) Regulations 2021 define dispersed accommodation as a distinct form of accommodation from communal refuge. However, the wider literature suggests that this definition may be more precise/stipulative than how the terminology is used in practice. For example, recent Women’s Aid Audits from 2023-4 do not reflect such a clearcut division between communal refuge and dispersed accommodation tied to wrap-around support, referring to “refuge services (including a range of accommodation types such as shared, self-contained or dispersed, which meet the different needs of women and children accessing the service” (Women’s Aid, 2023a: 40).

affording the time and financial assistance needed to facilitate access to long-term stable housing.

There are variations in practice across programmes, but Domestic Violence Transitional Housing commonly provides a housing unit, rental assistance, and support services. Housing is either facility-based, with victim-survivors sharing a secure campus or apartment building, or 'scattered site', with residents living in properties leased by the provider which are dispersed throughout the community.

Domestic Violence Housing First

Domestic Violence Housing First is a needs-led intervention developed in the US and intended to promote longer-term housing and economic stability. Mobile advocates that meet survivors in their own communities work flexibly with domestic abuse victim-survivors at risk of homelessness to support them in obtaining safe and long-term accommodation, including via financial assistance.

Domestic Violence Housing First is informed by principles of trauma-informed practice, including respect for victim-survivors' agency in how they access services and promoting victim-survivor empowerment.

Open refuges, including the Orange House Approach

Open refuges operate from an unconcealed location and may permit or encourage non-residents to visit the site. They embody a wide spectrum of policies and practices, with individual refuges varying considerably in the extent to which addresses are disclosed or publicised and visitors vetted.

Available literature primarily defines open refuges in contrast to conventional refuges, characterising them as a response to the perceived drawbacks associated with residing in conventional refuges.

Open refuges are designed to preserve existing social connections, promote victim-survivor autonomy, and reduce the power differential between staff and residents, by preventing isolation and lessening the need for confidentiality and security-focused behavioural restrictions. Among included studies, open refuges featured enhanced physical and digital security features to maintain security and de-escalate high-risk situations, as well as relying on private security.

Open refuges have not been widely implemented or evaluated in the UK, and available literature focuses on US-based refuges or Dutch 'Orange Houses'. The Orange House Approach was developed in the Netherlands in the early 21st century. Orange Houses have public addresses, allow visitors and, where safe and appropriate, facilitate whole-family work including the domestic abuse perpetrator.

There is limited evidence regarding the UK implementation or evaluation of open refuges, although included literature shows that there is one UK-based refuge modelled on the Orange House Approach, known as Amber House.

Theories of change

Programme components and mechanisms of change were often not clearly articulated, making meaningful, direct comparisons difficult. Implementation varied considerably within and across models, but all models had common goals of restoring physical safety, providing emotional and practical support, fostering emotional and psychological wellbeing, facilitating social connections, promoting agency and self-determination, and increasing access to material resources.

Effectiveness of each model

There was limited evidence evaluating the effectiveness of the models as distinct types of domestic abuse accommodation-based support. While control and comparison groups were rarely employed due to understandable ethical concerns, the following overarching conclusions can be drawn regarding outcomes for victim-survivors who accessed each form of provision.

Conventional refuges: Positive outcomes identified in reviewed studies included exiting the abusive relationship, increased feelings of safety due to accommodation's undisclosed location, improvements in mental wellbeing, self-efficacy and empowerment. Benefits included receiving significant emotional and practical support, including information and resources, and connection with other victim-survivors. Drawbacks of the model included the impact the confidential location had on their ability to maintain relationships with friends and family, in turn affecting their wellbeing, and disruptions in employment and ability to gain paid employment. There were also concerns regarding overcrowding, a lack of privacy, and instances of discrimination and tensions between the residents occupying shared accommodation.

Domestic Violence Transitional Housing: Some residents, but not all, welcomed the opportunity to share experiences and connect with other victim-survivors. For some victim-survivors, drawbacks of the model echoed those of conventional refuges, namely the lack of privacy and the consequences of the accommodation's security measures on the victim-survivor's ability to maintain social ties and living standards. One study evaluated the model's outcomes on parenting, with findings indicating that it was perceived as a safe environment which allowed residents to explore and address mental health needs and rebuild family relations.

Domestic Violence Housing First: Evaluation results indicated improvements in sense of safety, housing stability, and mental wellbeing, and reduced experiences of economic abuse. Two US-based studies examining the effectiveness of Domestic Violence Housing First against 'services as usual' were among the few included studies to compare the efficacy of different models of provision and indicated that victim-survivors receiving Domestic Violence Housing First experienced significant improvements in housing stability relative to those receiving services as usual.

Open refuges and shelters: The available literature which examined the effectiveness of open refuges and shelters was predominantly dedicated to the Dutch Orange House Approach. Outcomes associated with this model included reductions in abuse and

parenting stress in the adult victim-survivors, enhanced emotional safety in the children and reduced trauma symptoms in both adults and child victim-survivors.

Barriers in accessing accommodation were noted for victim-survivors with additional or intersecting needs such as: insecure immigration status, adolescent sons, accessibility and mental health needs and transgender individuals.

The role and function of models within the wider domestic abuse support ecosystem

Individual domestic abuse accommodation-based support services may adapt their programmes in response to local contexts, economic pressures and changing needs. This heterogeneity in provision makes it difficult to specify how each model operates within, and what it specifically contributes to, wider domestic abuse ecosystems.

While all models act on meeting the core needs, such as safety, agency and emotional and practical support, there is no one model that will benefit all victim-survivors to the same degree given the variety in support needs and personal circumstances victim-survivors present with. Reviewed evidence suggests that the 'best fit' for a victim-survivor will depend on their specific support and accessibility needs. For example, while the behavioural restrictions linked to communal living and an undisclosed location were identified as a drawback of conventional refuges, victim-survivors with higher security needs may still prefer, and benefit from, this form of accommodation. Meanwhile, reviewed studies and the wider literature suggests that victim-survivors whose accessibility and support needs are less compatible with communal living may benefit from more self-contained forms of accommodation.

Service providers' abilities to provide specialist or additional, individual-focused support are dependent on the wider as well as local socioeconomic climate where the model operates, with funding and tendering influencing service provision availability and degree. While lack of funding has ripple effects across the domestic abuse ecosystem, specialist and culturally specific safe accommodation services are substantially affected.

Conclusions and recommendations for research, policy, and practice

Few empirical studies directly compare domestic abuse safe accommodation models, although newer models like Domestic Violence Transitional Housing and Domestic Violence Housing First are more likely to undergo evaluations against a comparator intervention. These studies evaluated their benefits and challenges.

Robust studies which permit direct comparisons of models in relation to key outcome measures, and which engage victim-survivors' perspectives, are needed. The aim of such studies is not to compare models in relation to accessibility and effectiveness to establish a singular 'best' approach. Rather, as it is clear that one size does not fit all, the aim is to understand the extent to which the accessibility gaps, barriers and drawbacks of specific models of provision, or associated with specific groups of victim-survivors, are relevant in a contemporary UK context, and how these can be addressed.

Moderate to high-quality studies on conventional refuge models show positive outcomes for victim-survivor safety, wellbeing and empowerment. US evidence on Domestic Violence Transitional Housing and Domestic Violence Housing First is promising. Still, these findings may not fully transfer to the parallel challenges facing victim-survivors and service providers in UK contexts, owing to differences in service timescales. For example, some US refuges have stringent time limits on maximum stay, meaning that affected victim-survivors need to access post-refuge support earlier in their support journey, and potentially with a different profile of support needs. Meanwhile, UK victim-survivors are more likely to remain in refuges for extended periods due to a lack of available 'move on' accommodation, rather than to be moved on rapidly while still in crisis (see Women's Aid, 2024). Available evidence suggests that Domestic Violence Transitional Housing and Domestic Violence Housing First meet the support needs of victim-survivors in a US context, and are also likely to benefit UK-based victim-survivors and service providers. For example, through reducing waiting lists to enter refuge by enabling residents to move on to Transitional Housing or Housing First programmes once they feel ready, rather than being delayed due to a lack of appropriate accommodation. However, given the differences in context, additional consultation and/or studies with UK-based services may be beneficial to shed further light on which adaptations (if any) are required to best meet the needs of UK victim-survivors.

In terms of the sector gaps in the UK, grey literature suggests that, despite policy changes, barriers persist for migrant and minoritised victim-survivors and those with specific support needs. More generally, sufficient, responsive, and evidence-informed funding that is guided by national as well as local needs assessments, is critical to address gaps, particularly for marginalised groups such as Black, Asian and minoritised victim-survivors, and migrant victim-survivors who have, or are believed to have, no recourse to public funds.

1 Introduction and research objectives

Access to safe, supported and suitable accommodation is crucial for those experiencing domestic abuse and has gained increasing recognition as a lifesaving resource for victims since the emergence of grassroots refuges in the early 1970s (Hague, 2021). However, there are remaining – and significant – areas of unmet need, including a 23.2% national shortfall in refuge spaces relative to Council of Europe recommendations, regional inequalities in the variety and scale of provision, and stark accessibility gaps for disabled victims, those with no recourse to public funds and victims with two or more children (Women's Aid, 2023b).

In 2021, Part 4 of the Domestic Abuse Act introduced a statutory duty for local authorities to plan and provide accommodation-based support for domestic abuse victims. The duty, which came into force on 1 October 2021, stipulates that Tier 1 authorities in England are obliged to:

- Conduct a robust needs assessment for the area, detailing currently available relevant accommodation and any gaps in provision;
- Publish a strategy outlining how identified local needs will be addressed – the strategy must include provisions for meeting the needs of victims with protected characteristics and/or additional and complex support needs;³
- Work in partnership with neighbouring Tier 1 authorities and local Tier 2 authorities to implement the published strategy;
- Monitor and evaluate implementation of the strategy on an annual basis (Ministry of Housing, Communities and Local Government (MHCLG), 2021).

To promote effective, joined-up implementation, accurate evaluation and navigation of emergent challenges, policy makers, funders, commissioners and practitioners require timely access to evidence.

1.1 Objectives

This rapid evidence assessment (REA) was commissioned by the MHCLG as part of an evaluation of the domestic abuse in safe accommodation duty.

This REA is designed to map what is known about prevailing models of domestic abuse support in safe accommodation, charting and synthesising available evidence and identifying gaps and areas of uncertainty.

This was designed to serve the wider evaluation by:

- Providing an accessible and timely resource for central government partners;

³ The MHCLG statutory guidance specifies that this includes victims from out of area who cross administrative boundaries in search of support.

- Generating insights to inform the evaluation team's fieldwork with local authorities;
- Creating a public repository of collated information for funders, commissioners and service providers

Key definitions

For the purposes of this review, researchers employ the statutory definition of domestic abuse delineated in the Domestic Abuse Act 2021, which encompasses an abusive behaviour, or pattern of behaviour, perpetrated by someone aged 16 or older against a second person aged 16 or above with whom they have a personal connection. This definition includes physical, sexual, psychological, emotional and economic abuse and coercive, controlling and/or threatening behaviours.

In relation to defining domestic abuse support in safe accommodation, researchers begin from the definition of relevant accommodation provided in the MHCLG statutory guidance; a secure location with some level of specialist support for domestic abuse victims, which centrally includes (but is not limited to):

- Refuge accommodation;
- Specialist safe accommodation (including 'by and for' services);
- Dispersed accommodation;
- Second stage or 'moving on' accommodation;
- Sanctuary schemes.

Notably, while intended to serve as a non-exhaustive definition, the MHCLG guidance expressly stipulates that local authorities cannot acquit their domestic abuse support duty via generic bed and breakfast or hostel accommodation. When screening the evidence for relevance, researchers therefore focused on literature which relates to specialist domestic abuse accommodation, rather than other forms of supported housing which may incidentally or additionally include domestic abuse-related support for residents.

1.2 Research Questions

This review sought to answer **three** key research questions:

1. What are the prevailing models of domestic abuse accommodation-based support operating internationally?
 - What are the defining features of each model?
 - What is the aetiology of each model?
 - What is the theoretical basis for/Theory of Change underlying each model?
 - Are there models of accommodation-based support operating internationally which are not widely recognised or utilised in England/the UK?
2. What evidence is available regarding the effectiveness of each of these models?
 - Has the model been evaluated in relation to victim safety?
 - Has the model been evaluated in relation to victim outcomes (e.g., revictimisation, secondary victimisation, wellbeing, sense of safety, 'space for action')?⁴
 - Has the model been evaluated in relation to accessibility and effectiveness for different victim groups?
 - Are there gaps in the evidence base regarding one/all of the prevailing models?
 - Is there literature comparing the models?
3. What evidence is available regarding the role or function different models play within the domestic abuse support ecosystem?
 - Are there risks, benefits and drawbacks associated with different models?
 - How/when are victims accessing different models during their help-seeking journey?
 - Are specific victim groups more likely to access/be unable to access certain models?
 - How are different models impacted by contextual pressures (e.g., funding climate)?

⁴ 'Space for action' is a concept developed and subsequently operationalised by UK gender-based violence researcher Liz Kelly (Kelly, 2003; Kelly et al, 2014; Kelly et al, 2018) in relation to women's felt sense of agency and ability to flourish following experiences of coercive control. The measurement scale captures seven key domains including psychological safety and wellbeing; self-efficacy; economic security; physical wellbeing; support and relationships; connection to the wider community, and parenting (Kelly et al, 2018).

2 Methodology

REAs evolved as a tool for charting the research literature on policy issues (Government Social Research Unit, 2008). REAs are informed by systematic review principles of rigour and transparency and are commonly utilised when time and/or resources are limited but where a methodical and replicable approach is needed (Gough et al., 2012).

To meet evaluation timeframes while maximising access to high-quality evidence that corresponded to the research questions, researchers searched the following academic and non-academic databases. These databases were chosen based on accessibility, familiarity and coverage of relevant disciplines: APAPsycArticles, Applied Social Sciences Index & Abstracts (ASSIA); Google Scholar; King's Fund Library; SAGE Journals; Taylor & Francis Online.

2.1 Eligibility criteria

The inclusion and exclusion criteria were as follows:

Inclusion criteria:

1. Material explores the development and theoretical framework of one or more models of specialist domestic abuse support in safe accommodation;
2. Material examines the implementation processes of one or more models of specialist domestic abuse support in safe accommodation;
3. Material evaluates the effectiveness of one or more models of specialist domestic abuse support in safe accommodation.

Exclusion criteria:

1. Material focuses on domestic abuse-related support delivered in the context of non-specialist accommodation – e.g., support provided in hostels for people experiencing homelessness, or in supported accommodation for those with mental health or substance use support needs;
2. Material focuses on community-based domestic abuse support e.g., empowerment programmes, peer support, Independent Domestic Violence Advisors;⁵
3. Abstracts not available in English;
4. Material not available open access/via researchers' institutional access;
5. Material published prior to 2004.

In order to maximise relevance while maintaining rigour within the restricted timeframe, reviewers developed a streamlined set of keywords corresponding to commonly used 'problem' and 'intervention' terms within English-language domestic abuse academic and grey literature (see Table 2.1). In line with standard REA

⁵ In consultation with Ipsos and MHCLG, reviewers agreed that this criterion would be interpreted with a degree of flexibility to allow for inclusion of items where reviewers judged that there was also significant exploration or examination of model(s) of DA support in safe accommodation.

practices, reviewers limited the inclusion period, excluding literature published prior to 2004. This cut-off point was intended to allow reviewers to prioritise emergent models and evidence, including recent evaluations and systematic reviews, and to select for more contextually relevant studies (i.e., in the case of UK-based studies, increasing the likelihood of identifying studies which took place under similar funding models and legislative frameworks, rather than studies conducted during earlier periods).

Table 2.1 Search string 1 categories and keywords

<i>Problem</i>	<i>Intervention/Comparator</i>
Domestic abuse	Refuge
Domestic violence	Shelter
Intimate partner abuse	Supported accommodation
Intimate partner violence	Dispersed accommodation
Family violence	Satellite accommodation
Intimate terrorism	Sanctuary scheme
Coercive control	Housing

Table 2.2 Search string 2 categories and keywords

<i>Problem</i>	<i>Intervention</i>
Domestic abuse	Open model
Domestic violence	Orange House
Intimate partner abuse	Oranje Huis
Intimate partner violence	
Family violence	
Intimate terrorism	
Coercive control	

Title and abstract screening Researchers initially employed one main search string comprising the primary, secondary and tertiary category keywords in Tables 2.1 and 2.2, combined with Boolean operators. To work within the abridged timeframe, researchers limited each search to the first 100 results (academic and grey literature databases), or 50 results (targeted Google Scholar search employing a second search string) returned when sorted by relevance.

Two researchers independently reviewed each title and abstract and voted on whether it should proceed to full text review. Any conflicting votes were discussed in relation to inclusion and exclusion criteria, and reviewers documented their reflections and decision-making process in a shared workbook.

During full text review, researchers followed a similar process, independently reviewing and voting on whether each item should proceed to the data extraction stage.

Generally speaking, researchers erred on the side of inclusion when voting on whether to include studies for full text review, data extraction and quality appraisal, in the interests of adopting a pragmatic yet exploratory approach. When synthesising and reporting the evidence, however, researchers have primarily focused on the most relevant and high-quality items based on quality appraisal and thematic analysis. Figure A.1 in the annex is the flowchart of how papers were identified.

2.2 Data extraction and quality appraisal

During the data extraction phase, two researchers (KA and MH) used a bespoke template to collect structured information on each included study including author/source, year of publication, research design, methodology, study location, population, intervention, outcome, findings and recommendations.

Reviewers employed a streamlined approach to quality appraisal, using an adapted version of Gough's Weight of Evidence tool (Gough, 2007), which appraised each item in relation to 'generic' standards of rigour but also in relation to more specific judgements of contextual and theoretical relevance for the research questions.

Following quality appraisal, researchers conducted a rapid thematic analysis of all included data, including deductive coding based on relevance regarding the three research questions, and inductive and in vivo coding based on emergent patterns, relevant quotations and insights. Owing to staff availability and time constraints one reviewer (KA) led on the thematic analysis while regularly sharing and sense-checking codes and candidate/proto-themes with another reviewer (MH).

Concurrent with data extraction, quality appraisal and thematic analysis, reviewers identified potentially relevant citations and grey literature sources for review and data extraction. Due to the restricted timeframe, this stage was more time limited and less expansive than originally anticipated, which represents a limitation of the review.

Snowballing and targeted grey literature searches

- Goodman et al (2022)
- Sullivan (2012)
- Women's Aid Federation of England

Supplementary literature based on existing knowledge of the research area

- Schechter (1982)
- Bumiller (2008)
- Hague (2021)
- Thiara & Harrison (2021)

Structure of the report

The first section of the report details findings regarding prevailing models of support operating internationally (research question one). It outlines the development, defining features and theorised mechanisms of change underlying the four models of domestic abuse accommodation-based support most commonly represented in

included literature: conventional refuges and shelters, Domestic Violence Transitional Housing, Domestic Violence Housing First and 'open' refuges and shelters, including the Dutch Orange House Approach. The first part of this section is organised by model while, due to significant areas of overlap between models, the second part draws together relevant threads from across included studies and reviews.

The second section of the report addresses evidence of effectiveness and accessibility (research question 2), again organised by the evidence identified in relation to each model of provision.

The third section of the report relates the role or function each model plays within the wider domestic abuse ecosystem (research question 3), examining the perceived risks, benefits and drawbacks of different models.

The fourth and final section synthesises key findings in relation to the development, defining features and evidence base for the four models, as well as highlighting gaps in collated evidence, areas where more research may be needed and implications for policy and practice.

Limitations

There are several limitations to the REA which should be noted when interpreting and applying the findings.

First, owing to time constraints, reviewers adopted a pragmatic and streamlined rather than fully systematic approach. While still conducted in a methodical and transparent way, this means that review findings are not exhaustive and should instead be interpreted as a snapshot of the most relevant and robust research and grey literature evidence in relation to key research questions and themes. This is especially relevant in relation to gaps in included evidence regarding dispersed accommodation and sanctuary schemes as distinct models where relevant grey literature was not identified during the formal review process due to the streamlined REA protocol and restricted timeframe (see Department for Communities and Local Government, 2010; Airlie, 2023).⁶

Taking a less streamlined and more comprehensive approach would enable reviewers to systematically map and refine search procedures in response to international variations and ambiguities in terminology, allowing for a clearer picture of the evidence base relating to these models, their efficacy, benefits and drawbacks and how they are commonly defined and operationalised.

Second, there were relatively few included studies employing control or comparison groups, and only two which were of quasi-experimental design (both were US-based and evaluating the Domestic Violence Housing First model: Goodman-Williams et al., 2023, Sullivan et al., 2023). This methodological tendency can be explained by the nature of the interventions being investigated and the associated risks and

⁶ Notably, dispersed or 'scattered site' supported accommodation did feature in included literature as a variant form of conventional refuge and Domestic Violence Transitional Housing.

vulnerabilities of victim-survivors. This means that by 'generic' quality appraisal standards, there was a limited amount of 'gold standard' research allowing for causal attributions. This impacts reviewers' ability to fully answer the second research question related to the efficacy of prevailing models, as study design means that changes in safety and wellbeing observed in post-intervention groups cannot decisively be attributed to the intervention itself rather than, for example, the passage of time and the impact of other forms of support accessed by victim-survivors during the period e.g. informal social support. However, there was also a high volume of moderate to high quality mixed-methods and qualitative research and grey literature, providing in-depth explorations of the needs and perspectives of specific groups of victim-survivors, which afforded useful and transferable insights.

Third, while reviewers were aware of a robust body of evidence relating to the Orange House Approach and other 'systemic' domestic abuse interventions which were developed in the Netherlands (see Allen et al., 2023; Downes & Jeronimus, 2022), and adapted a second search string to uncover more literature on this intervention, English language literature examining the effectiveness, mechanisms of change or accessibility of this model was notably sparse. Therefore, reviewers were unable to synthesise or appraise available studies on this model owing to language constraints, with the exception of Downes and Jeronimus' systematic review (2022).

Finally, reviewers identified that there were substantial variations in policies, services and working practices 'within' models of domestic abuse accommodation-based support and several important commonalities 'between' models. This limited reviewers' ability to address research questions regarding theories of change and the effectiveness of each model, as there are difficulties in ascribing change mechanisms and impacts to discrete models of provision when there may be significant variations in how, for example, individual refuges or transitional housing sites operate, as well as shared assumptions, inputs, activities and outcomes across models. Reviewers therefore adopted a pragmatic approach to identifying and discriminating models based on the most widely and consistently recognised terminology and programme components and have identified underlying theories of change operating 'across' models rather than isolated to each individual model (see Section 3.2 Theory of Change).

3 Key findings

3.1 Prevailing models internationally

Among the 56 journal articles, book chapters and reports included for mapping and synthesis, the four most commonly discussed models of accommodation-based support were:

- Conventional refuges and shelters operating from an undisclosed location (hereon conventional refuges);
- Domestic Violence Transitional Housing;
- Domestic Violence Housing First;
- ‘Open’ refuges or shelters, with most available (although still sparse) literature dedicated to the Orange House Approach developed in the Netherlands.

Notably, two forms of accommodation-based support identified as models of interest at the outset of the review were underrepresented in included literature. Sanctuary schemes, which allow victim-survivors to remain safely in their own homes with wrap-around support, were evaluated in one grey literature report included in data extraction and quality appraisal; however, this was a brief case study judged to be of low quality and limited relevance (Yorkshire and Humber Academic Health Science Network & West Yorkshire and Harrogate Health and Care Partnership, 2020). Similarly, dispersed accommodation did not emerge as a distinct or thoroughly researched model in the included literature, instead being referenced in relation to other forms of accommodation including conventional refuges and Domestic Violence Transitional Housing.

This gap in included studies may relate to terminological ambiguities and the wider difficulties regarding blurriness in relation to defining and differentiating models. It also reflects the restricted timeframe and pragmatic approach of the review, as well as reviewers’ primary focus on academic databases and peer reviewed literature to maximise the rigour of included items, with most studies being conducted in a US context where different terminology may be employed. The lack of identified evidence regarding these models is a limitation of the review.

Relevant grey literature on dispersed accommodation and sanctuary schemes operating in a UK context was subsequently identified, which had not been retrieved during the formal review process due to the streamlined REA protocol and restricted timeframe (see Department for Communities and Local Government, 2010; Airlie, 2023). Key findings from these reports, and their possible implications, are summarised below.

A 2010 report by the Department for Communities and Local Government synthesised findings from case studies, document analysis and interviews with service users and other key stakeholders to identify how sanctuary schemes can be

safely and sustainably implemented for households at risk of domestic abuse. Sanctuary schemes are a multi-agency, survivor-centred initiative that are widespread across England, and which seek to promote safety and prevent homelessness by enabling victim-survivors to remain in their own homes where it is assessed as being safe for them to do so (Department for Communities and Local Government, 2010).⁷

Like the other models covered in more depth during this REA, the report suggests that sanctuary schemes varied in implementation between and within areas, with differences in the risk assessment process, the agencies responsible for coordinating the intervention, the level of wraparound support, time taken to install enhanced security measures and forms of security measure employed (Ibid). This meant that report authors found it “difficult to draw firm conclusions” about the relative risks and benefits of different types of sanctuary measures (Ibid: 8).

Fundamentally, sanctuary schemes involve providing additional home security measures and wraparound support that enables victim-survivors to stay in their own homes after separating from the perpetrator rather than having to move for safety reasons, with all the social and geographical disruption this can entail (Ibid). While the accessibility and acceptability of sanctuary schemes for different groups of victim-survivors was not examined in depth in the report, the wider research evidence on post-separation risk factors suggests that this approach is likely to be less suitable for victim-survivors exposed to risk factors related to domestic homicide, such as an ongoing pattern of stalking by the perpetrator (Chopra et al., 2022).

As noted, literature reviewed as part of the REA suggested that there are differences in international terminology regarding dispersed accommodation, and the extent to which it is defined as clearly distinct from conventional refuge. In the statutory guidance for English local authorities issued in relation to the Domestic Abuse Act 2021, dispersed accommodation is defined as safe, self-contained accommodation for domestic-abuse victim-survivors with a programme of specialist wraparound support (MHCLG, 2021).

A recent feasibility study report from Refuge (Airlie, 2023) conducted desk-based research and consultation with victim-survivors and professionals with relevant experiences to identify a best practice model for dispersed accommodation. Consultation with victim-survivors indicated that, in addition to providing physically secure and self-contained accommodation, dispersed accommodation should ideally include keyworker support, support with emotional wellbeing and practical help with accessing benefits or legal support and finding longer-term housing (Ibid). Identified barriers to safeguarding victim-survivors and provide intensive and trauma-informed support in dispersed accommodation included a lack of separation between support spaces and victim-survivors’ private living spaces and lower security due to reduced oversight by staff members and other residents. To mitigate these risks, the best practice model includes a ‘cluster model’ of residential units dispersed within a small area, in proximity to a central support hub (Ibid).

⁷ Department for Communities and Local Government is now the Ministry for Housing, Communities and Local Government

Findings from this research indicated that the self-contained nature of dispersed accommodation facilitates access for groups of victim-survivors for whom communal refuges are unsuitable or inaccessible, including disabled victim-survivors with mobility impairments, victim-survivors with substance use or significant mental health support needs, and families with older male children. These findings from the wider grey literature are consistent with REA findings regarding the challenges associated with communal living, and how these may disproportionately impact the acceptability and accessibility of conventional refuge provision for some groups of victim-survivors (discussed in further detail in Section 3.3).

The majority of included items in the REA ($n = 41$) related to conventional refuges, of which 30 were appraised as moderate- or high-quality.⁸ Domestic Violence Transitional Housing represented the second most prevalent intervention, featuring in seven articles with four of these appraised as moderate- or high-quality. This distribution of literature is perhaps to be anticipated, given the historical significance, and continued prominence, of conventional refuges as a societal response to domestic abuse.

Notably, however, while most reviewed literature related to conventional refuges, there was a lack of robust empirical studies designed to evaluate conventional refuges in comparison to alternative models of accommodation-based support. This is also not unexpected; there are obvious ethical issues which preclude randomly assigning victim-survivors to interventions, and studies which compare those who have accessed conventional refuges with those who have not are methodologically limited by the fact that these groups of victim-survivors tend to differ in other important respects, including their access to other options and the severity of the domestic abuse experienced (Sullivan, 2012).

Based on included literature, the evidence suggests that there is considerable variation in policies, services and working practices ‘within’ models, and substantial commonalities ‘between’ models. As Clark et al. (2019) and Sullivan et al. (2023) note regarding evaluating newer models of domestic abuse accommodation in relation to established practice, there is often variability both within “what survivors received [within newer interventions] and what they received as SAU [services as usual]” (Sullivan et al, 2023: 402), rendering evaluations of either ‘model’ “extremely complicated” (Clark et al., 2019: 284).

Conventional refuges or shelters

Development and defining features

⁸ Due to the relatively low number of articles and reports which met inclusion criteria during screening and were included following full text review, and the fact that reviewers did not plan to conduct a meta-analysis or quantitative synthesis of study findings, reviewers chose to include low-quality items to give a more comprehensive picture of available literature, albeit noting its methodological limitations. Lower quality items were afforded less weight in the qualitative synthesis, although some domestic abuse movement-focused items, while appraised as low methodological quality and limited relevance for efficacy and accessibility-focused research questions, were discussed in more detail as these provided historical context regarding grassroots refuges (see Harne & Radford, 2008; Pizzey, 2014).

Refuges emerged in the UK in the early 1970s, in the context of the burgeoning Women's Liberation Movement (Banga & Gill, 2008; Harne & Radford, 2008; Pizzey, 2014; Allen et al., 2023). The earliest refuges were founded by local women's groups mobilising scarce resources in response to the lack of any meaningful statutory and criminal justice provision for women and children fleeing abuse: a grassroots and improvisational solution not just to the problem of individual perpetrators, but to the underlying, structural impediments that served to entrap women in abusive relationships. These obstacles included:

A lack of independent income; lack of alternative housing; punitive state policies and practices; the negative attitudes of social services which held women responsible for the violence their husbands/partners inflicted on them; and the unequal power relations between men and women both in the family and in wider society (Harne & Radford, 2008: 171)

Early UK refuges by necessity embodied a 'make do and mend' philosophy (Kelly et al., 2014), with women squatting in empty properties to provide communal "safe houses" for victim-survivors (Harne & Radford, 2008: 170). These refuges were, at least initially, unfunded and volunteer-led, operating on shoestring budgets (Ibid: 171) and often in the face of opposition from local communities (Pizzey, 2014). Guided by principles of collective working and shared decision-making (Warrington, 2003), early refuges eschewed "top-down rules and regulations" in favour of community-established 'house rules' (Pizzey, 2014: 217).

By the mid-1970s, there were 38 refuges across the UK and the national Women's Aid Federation was founded in 1974 (Harne & Radford, 2008). In addition to providing safe accommodation, practical and emotional support for victim-survivors, Women's Aid formed part of a wider social movement which sought to raise societal awareness of domestic abuse and influence policy development. One early milestone included the formation of a Parliamentary Select Committee on Violence in Marriage (1975), which recognised the need for accommodation-based support for women and children affected by domestic abuse and concluded by recommending the establishment of at least one refuge per 10,000 households (Hague, 2021; Harne & Radford, 2008).

Early North American shelters emerged in a similar context of institutional neglect or hostility, often founded by community activists and those with lived experience of domestic abuse. As with the UK, many early shelters were grounded in an ethos of peer support, mutual self-help and empowerment, and functioned as collectives rather than hierarchies (Hague, 2021; Schechter, 1982).

Across both the UK and US, wider literature on the domestic abuse movement indicates similar trajectories from the 1980s onwards, including a growing reliance on state and/or charitable funding and a corresponding impetus to transition to more traditional management structures. This professionalising tendency was driven by high levels of need for safe accommodation and intensive and specialised support services, which often outstripped the capacities of a volunteer-only workforce (Hague, 2021; Schechter, 1982).

Contemporary conventional refuges in the UK and North America share key commonalities. Both are designed to provide secure, supported accommodation in a confidential location and seek to support victim-survivors in recovering a sense of safety and agency. However, reviewed literature also highlights significant variations and ambiguities in terminology, policy and practice within and across countries, which complicate efforts to define a unitary conventional refuge ‘model’. For example, review findings, and the wider grey literature, indicate that contemporary UK refuges typically provide safe accommodation in an undisclosed location and a programme of staff and peer support tied to this accommodation, including safety planning, counselling, emotional support, advocacy and recovery work, as well as specialist support in relation to needs around substance use or mental health (see Women’s Aid, 2022, 2023a, 2024). However, availability of these services across UK refuges has historically varied due to several factors notably including resource constraints; less than 70% of the 270 refuges surveyed for the 2023 Women’s Aid Annual Audit were able to provide either group work or children and young people’s programmes, while just over one-third could deliver a counselling service (Women’s Aid, 2023a).

Equally, while conventional refuges prototypically feature communal living spaces, some UK and US studies referred to self-contained apartments as an adapted or variant form of refuge or shelter provision (Abrahams, 2007; Nnawulezi et al, 2018), while other sources identified ‘dispersed’ housing as a distinct model of accommodation-based support (Allen et al., 2023). Grey literature suggests that contemporary UK refuge services may include communal living spaces, self-contained properties in a shared site or dispersed properties in the community, with considerable variation in the nature and scale of provision, ranging from “one shared house with space for two households, to a refuge service with over 75 units of accommodation across different sites” (Women’s Aid, 2023a: 42).

Moreover, in the UK, despite significant expansion and professionalisation, national domestic abuse charities such as Women’s Aid retain their independence from statutory services and remain committed to “feminist values and principles” (Women’s Aid, 2024: 98), while US shelters have been critiqued for adopting paternalistic and even coercive working practices and behavioural restrictions (Bumiller, 2008; Harne & Radford, 2008 ; Koyama, 2006). This and other socioeconomic and cultural differences between the UK and US should be considered when applying insights or seeking to draw generalisations from the more extensive US empirical evidence base.

Domestic Violence Transitional Housing

Development and defining features

Domestic Violence Transitional Housing was first widely implemented in the US following the passage of the Violence Against Women Act 1994, and an influx of funding for programmes. Domestic Violence Transitional Housing typically lasts between 12 and 24 months, with some programmes lasting up to three years (DiBella et al., 2023). It is designed to provide victim-survivors with safe and supportive short-term accommodation following their departure from emergency shelters, affording the time and financial assistance needed to facilitate access to long-term stable housing (Clark et al., 2019; Wood et al., 2022b).

While there are variations in practice across programmes, Domestic Violence Transitional Housing commonly provides victim-survivors with a housing unit, rental assistance for the unit and support services (Clark et al., 2019; DiBella et al., 2023). As with conventional refuges, there are also within-model differences regarding the extent to which living spaces are shared; housing is either facility-based, with victim-survivors sharing a secure campus or apartment building, or 'scattered site', with residents living in properties leased by the provider which are dispersed throughout the community (Ibid). Wrap-around support services are designed to meet victim-survivors' security, economic and wellbeing needs, including parenting, educational accommodations for children and childcare (Wood et al., 2022b).

Domestic Violence Housing First

Domestic abuse is a significant driver of homelessness, disrupted employment and economic precarity for victim-survivors. Approaches such as the conventional refuge or Domestic Violence Transitional Housing model provide short- to medium-term accommodation-based support, affording a secure, but temporary, space for victim-survivors to regain a sense of safety. By contrast, Domestic Violence Housing First is intended to promote longer-term housing and economic stability. A key component of the Domestic Violence Housing First model is the role of advocates who work flexibly and on an ongoing basis with victim-survivors to support them in obtaining safe, long-term accommodation, delivering "housing-focused mobile advocacy and/or financial assistance, based on their individual needs" (Sullivan et al, 2023: 395).

Housing First was initially developed in the US in the 1990s as an intervention for people experiencing multiple disadvantage, including homelessness, serious mental illness and substance use (Tsemberis, 2010). In contrast to linear residential treatment or staircase models, which provide access to stable housing only once individuals are considered 'housing ready' and have met behavioural requirements such as abstaining from substances, Housing First is based on the premise that access to housing is a human right (Ibid).

Domestic abuse victim-survivors differ in important respects from the original cohort of service users for whom Housing First was developed – single and predominantly male unhoused adults with significant support needs in relation to mental health and substance dependency (Sullivan & Olsen, 2016). However, proponents of Domestic Violence Housing First argue that the Housing First model shares key commitments with domestic abuse services, including:

- (1) viewing housing as a basic right; (2) treating clients with respect, warmth, and compassion; (3) working with people as long as they need; (4) moving people into independent housing; and (5) separating housing from services (Ibid: 183)*

Domestic Violence Housing First services also seek to embed core domestic abuse principles such as safety planning, community engagement and trauma-informed and empowering practice which respects victim-survivors' choice and agency in accessing services and aims to "increase their power in personal, interpersonal and political arenas" (Ibid).

Open refuges and shelters

Development and defining features

Open refuges operate from an unconcealed or public location, and many allow non-residents to visit the site (Goodman et al., 2022). Available literature primarily defines open refuges in contrast to conventional refuges, characterising them as an innovative solution to the harms associated with residing in “secret location [with] closed access” refuges (Ibid: 7317). Open refuges are designed to preserve existing social connections, promote victim-survivor autonomy and reduce the power differential between staff and residents, by preventing isolation and lessening the need for rules that may be experienced as intrusive or oppressive (Allen et al., 2023; Bracewell et al., 2021; Goodman et al., 2022). This impetus toward open refuges has been characterised as:

“Part of a larger, innovative movement focused on increasing survivors’ community connections, including mobile advocacy services that meet survivors in their own communities (Sullivan & Olsen, 2017), restorative and transformative justice approaches (Mills et al., 2019), and interventions that center the healing of whole families.” (Goodman et al., 2022: 23).

Confidentiality regarding shelter location, and restrictions on access by non-residents, have been identified as defining features of the prevailing conventional refuge model, and are widely regarded as essential for safeguarding victim-survivors and staff from the potential risks posed by perpetrators (Goodman et al., 2022). However, while still under-studied relative to conventional refuges, there are open refuges operating globally that do not treat secrecy as a prerequisite for safety.

In the US and the Netherlands, open refuges have been implemented across multiple locations and are the subject of increasing research (see Allen et al., 2023; Downes & Jeronimus, 2022; Goodman et al., 2022).

As with conventional refuges, open refuges embody a spectrum of policies and practices but can broadly be defined in relation to a commitment to “support survivors in the context of their own social and cultural communities”, including increasing the surrounding community’s sense of investment and ownership in addressing domestic abuse (Goodman et al., 2022: 317). By definition, open refuges operate from an open, rather than an undisclosed, address; however, specifics regarding how this is implemented and the security measures staff employ to safely operate from an unconcealed location, can vary substantially. Reviewed literature indicates that open refuges are more prevalent in the US (although still less markedly common than conventional refuges), with limited evidence regarding the emergence or development of this model in the UK. One included article (Allen et al., 2023), based on a scoping review of models of domestic abuse accommodation-based support, referenced the 2017 launch of a UK open refuge, Amber House, named and modelled after the Orange House Approach; however, literature searches retrieved no further studies regarding UK-based open refuges.

A recent US study identified varying approaches across 11 states, including “fully public” (published or even, in some cases, advertised) addresses and “discreetly

unconcealed” addresses which were neither publicised nor kept secret (Ibid: 320). Security measures included physical barriers such as fences, gates, key cards and access codes, surveillance cameras, bulletproof glass, alarm systems and panic buttons. Shelters also relied on staff, private security and, in emergencies, law enforcement, to maintain security and safely de-escalate high-risk situations. The study highlighted a similar range of practices in relation to visitor access and entry requirements; at the more ‘open’ end, there were shelters that had almost no restrictions, other than prohibiting the perpetrator from visiting, while at other shelters, visitors were required to show government-issued IDs and sign confidentiality agreements.

The Orange House approach was developed in the Netherlands in the early 21st century by the Blijf Groep, a specialist domestic abuse foundation with branches in the Dutch provinces of North Holland and Flevoland (Blijf Groep, 2020). Orange House shelters are located in an open setting with a published address. Like open refuges operating in the US, Orange House shelters share an underlying rationale in that they were developed to address practice-based and research findings regarding specific challenges associated with ‘conventional’ shelters, including the isolation experienced by some victim-survivors when separated from their social networks and some victim-survivors’ desire for the violence to end, rather than their relationship with the perpetrator. Proponents of the model have also cited concerns that shrouding addresses in secrecy reinforces the cultural privatisation of domestic abuse and the stigma attached to victimisation, “colluding with the conception of [DA] as something that should be hidden” (Bracewell et al., 2021: 17).

Conversely, by operating from highly visible locations, Orange House shelters promote community “awareness of domestic violence as a serious social issue that can occur in every family” (de Jong, 2011: 3). The Orange House Approach represents part of a national shift in the Netherlands towards “systemic” and “family-centred” domestic abuse interventions, grounded in a social-ecological model of human development and behavioural change, which emphasises the multidirectional interactions between family members, social networks, support services, schools, workplaces and overarching social and cultural values (Downes & Jeronimus, 2022: 4). Systemic interventions such as the Orange House Approach are “characterised by a shift in focus from easy and rigid distinctions between victim and perpetrator to more dynamic social processes” (Ibid: 5). This means that, where safe and practicable, the Orange House Approach also includes whole family interventions, including adult and child victim-survivors and perpetrators.

As this summary indicates, there are notable differences between the US-based ‘open model’ implemented by shelter directors across 11 states (Goodman et al., 2022) and the Orange House Approach practiced in the Netherlands. Both depart significantly from conventional refuges in core aspects of their everyday practices such as operating from an unconcealed site, and in some cases embracing community awareness of their location and purpose and encouraging visitors. However, available evidence suggests that there are also distinctions, including the Dutch model’s conceptualisation of domestic abuse as often rooted in bi- or multi-directional familial dysfunction, which is likely to prove contentious in UK and US practice settings which remain more aligned with feminist articulations of domestic

abuse as a concerted pattern of coercive and controlling behaviours perpetrated by the abuser.⁹

For the purposes of this REA, these contrasting approaches have been categorised as parts of a wider open ‘model’ not to obscure these differences, but to reflect their positioning across reviewed literature, where open refuges and the Orange House Approach tend to be evoked in contrast with conventional refuges (and the perceived shortcomings of this model) due to operating from an unconcealed or public location. The fact that these approaches are often bracketed together is also indicative of the extent to which conventional refuges ‘set the terms’ according to which other models of accommodation-based support are framed and understood, owing to their status as the most well established and widely adopted mode of provision.

3.2 Theory of change

Among studies and reviews which included explicit or in-depth exploration of proposed mechanisms of change, there were striking commonalities regarding the programme components and processes theorised to generate intended outcomes. These involved countering the harms and losses associated with domestic abuse and, as far as possible, mitigating societal and structural barriers to safety (Abrahams, 2007; Kelly et al., 2014; Nnawulezi et al., 2018; Sullivan & Olsen, 2016; Sullivan & Virden, 2017a, 2017b; Sullivan et al., 2018; Sullivan et al., 2023).

Common programme components included providing access to safe accommodation, safety planning and advocacy (including support with navigating social care, custody, welfare, legal and immigration systems), affording adult and child victim-survivors the opportunity to reestablish social connections, delivering flexible, specialist and culturally responsive emotional support and rendering assistance with resource acquisition, including rental assistance and support with finding employment.

These programme elements were linked to the following intended outcomes for victim-survivors:

- Regaining physical safety;
- Restoring emotional wellbeing;
- Fostering social ties (including familial bonds between adult and child victim-survivors);
- Promoting agency and self-determination;

⁹ Reviewers describe this as a ‘feminist’ understanding to reflect the origins and development of the concept of domestic abuse as a course of coercive and controlling conduct, which was pioneered and popularised by theorists such as Evan Stark (2007), and which explicitly considered coercive control as a form of gendered entrapment. This framework has subsequently been widely taken up and adopted as part of a gender-neutral UK legislative definition of domestic abuse (see the DA Act, 2021). Reviewers use this language to contrast this understanding with accounts of domestic abuse which foreground acts of physical violence (rather than the cumulative impacts of coercive and controlling behaviour) and which position domestic abuse as a result of mutual conflict and dysfunction and thereby assign a degree of culpability to victim-survivors, which were widely prevalent prior to interventions by theorists such as Stark.

- Facilitating access to material resources (including stable long-term housing and employment or flexible financial support).

While the primary focus of the REA was on the effectiveness and accessibility of models of accommodation-based support, rather than cross-cutting theoretical frameworks, reviewed literature indicates that several (mutually inclusive) approaches predominated across reviewed models, suggesting that different models may rely on similar underlying assumptions and mechanisms.

During thematic analysis of all included literature, reviewers identified three overlapping theoretical perspectives/practice models which were frequently evoked in relation to service design, delivery and efficacy across the conventional refuge, Domestic Violence Transitional Housing, Domestic Violence Housing First, and open refuge models.

Trauma-informed practice was expressly cited across literature on conventional refuges (Arroyo et al., 2017; Sullivan et al., 2018), Domestic Violence Housing First (Sullivan & Olsen, 2016), and Domestic Violence Transitional Housing (DiBella et al., 2023; Wood et al., 2022b). It is a 'universal' or systems-focused approach which is designed to meet the needs of service users from different communities and backgrounds and with varying experiences of trauma, coping and recovery (Harris & Fallot, 2001; Barnett Brown, 2018). Trauma-informed practice is grounded in six key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014).

Broadly **needs-led** and **survivor-centred** practices were endorsed in studies and reviews regarding each of the models, including the implementation of **low-barrier and voluntary** service policies; conventional refuges (Abrahams, 2007; Kelly et al., 2014; Nnawulezi et al., 2018; Stevenson et al., 2018; Sullivan & Virden, 2017a & b; Women's Aid, 2019; Wood et al., 2022a); Domestic Violence Transitional Housing (Wood et al., 2022b); Domestic Violence Housing First (Sullivan & Olsen, 2016; Sullivan et al., 2023) and US-based open refuges (Goodman et al., 2022). Services which adopt needs-led or survivor-centred practices take a flexible and holistic approach wherever possible, responding to the specific needs and perspectives of individual victim-survivors. Low-barrier and voluntary service policies are intended to ease access to services and promote victim-survivor autonomy.

Feminist, intersectional and culturally responsive approaches address domestic abuse as a form of entrapment which is facilitated and reinforced by societal and structural inequalities, including racism, gender inequality and inadequate institutional responses to domestic abuse (Allen et al., 2023; Banga & Gill, 2008; Moe, 2007), economic precarity (Crandall et al., 2005; Gill & Banga, 2008; Gezinski & Gonzalez-Pons, 2021; Kelly et al., 2014; Nnawulezi & Hacskeylo, 2022), limited or unsuitable housing (Iyengar & Sabik, 2009; Kelly et al., 2014) and immigration policy (Burman & Chantler, 2005; Crandall et al., 2005; Voolma, 2018; Giwa et al., 2024). These approaches seek to empower victim-survivors by "implementing processes that acknowledge and restore interpersonal power [and work] with survivors to set and achieve personally meaningful goals by increasing their critical consciousness,

enhancing their social and community supports, and building skills and competencies” (Nnawulezi et al., 2018: 671).

Given the sparsity of English language literature on the Orange House Approach, it is more difficult to establish to what extent these theoretical frameworks explicitly informed its development and theorised change mechanisms, although the emphasis on choice, maintaining social connections and having access to both separate living spaces and communal areas shares resonances with both trauma-informed practice and needs-led approaches.

In summary:

- The four identified models of domestic abuse accommodation developed during different time periods, and in response to different needs, pressures and constraints;
- The majority of reviewed literature relates to the conventional refuge model, reflecting its ubiquity and historical significance;
- Terminology was variable and ambiguous, and models were not especially well defined or differentiated, particularly those such as the conventional refuge which emerged as part of a grassroots social movement and where delivery is often impacted by resource constraints, with implications for consistency in activities, outputs and outcomes;
- Reviewed literature suggested common aims and mechanisms of change across the models, including restoring safety, providing emotional and practical support, facilitating connections and promoting access to material resources and autonomy;
- Theoretical frameworks underpinning practices in each of these models included trauma-informed practice, needs-led and survivor-centred and feminist, intersectional and culturally responsive approaches;
- The review highlighted one model of provision which is increasingly well-known internationally but has not been widely implemented within the UK: the open refuge, including the Dutch Orange House Approach.

3.3 Evidence regarding effectiveness

Notably, despite conventional refuges being the most well-represented *form* of accommodation-based support in reviewed literature, there were no studies explicitly intended to examine its effectiveness as a distinct *model* of domestic abuse accommodation or which compared its safety, accessibility and efficacy in relation to other models of supportive accommodation.

Reviewed UK-based literature included several mixed-methods and qualitative studies, which provide valuable insights into accessibility issues, structural barriers, and service user perceptions regarding wellbeing, agency and ‘space for action’ during the help seeking journey (Abrahams, 2007; Bracewell et al., 2021; Burman & Chantler, 2005; Gill & Banga, 2008; Kelly et al., 2014; Voolma, 2018). As further

discussed in following sections, these findings were particularly relevant in relation to questions of accessibility for specific groups of victim-survivors, rather than underlying questions of effectiveness of the conventional refuge model *per se*.

Impact in relation to targeted outcomes: Conventional refuges

Within the UK, Kelly et al (2014) conducted a moderate- to high-quality longitudinal, mixed-methods study tracking 100 women who had accessed Solace Women's Aid domestic abuse services over a three-year period, including refuge, counselling, legal advice, Independent Domestic Violence Advisor (IDVA) and floating support services.

The study was designed to explore how these women (and their children) extended their 'space for action' following domestic abuse, examining changes in their sense of agency and ability to flourish following experiences of coercive control. While the primary focus of the research was on how women and children regain agency over the long-term, at the outset of the study, a majority (n = 87) of participants reported that they had had to relocate as a result of the domestic abuse, and 27 were living in refuges.

Reported benefits of accessing refuge included feeling safe from the perpetrator due to the concealed location, connecting with other families in the same situation and becoming more accepting and less judgemental due to sharing a living space. There were also respects in which a refuge was felt to be less beneficial to victim-survivors' wellbeing, security and sense of agency, including not being able to invite friends around due to the confidential address and challenges with covering the rent when in paid employment, resulting in disruptions to employment in some cases.

Others [seeking support from Solace Women's Aid] had to leave employment after they had exited the abuse, especially those who went into refuge accommodation as the rent was unaffordable on low incomes [...] Indeed it was the cost of refuge accommodation for those in paid work that led some women to take a different route (Kelly et al, 2014: 105)

While this finding is from a 2014 study, a recent report from Women's Aid suggests that refuge rental and service charges continue to pose a barrier to access for some groups of victim-survivors, as while these are typically covered by housing benefit "this is a major barrier to survivors with no recourse to public funds [...] as well as women who want to keep their employment while resident in refuge", who are not eligible to claim benefits to cover their accommodation costs (Women's Aid, 2024: 50).

Abrahams' (2007) participatory action research with 17 victim-survivors and 39 refuge workers indicated a similar range of outcomes in relation to accessing to UK refuge provision, including valuing the sense of safety, intensive emotional and practical support, and connection with other victim-survivors, as well as a spectrum of attitudes regarding behavioural 'rules' and restrictions, concerns about a lack of privacy, and experiences of discrimination, conflict and tension with other residents.

Several moderate- and high-quality US-based studies investigated how accessing conventional shelters affects reported outcomes:

- Secondary data analysis of a 10-year longitudinal dataset of 100 domestic abuse victim-survivors (Panchanadeswaran & McCloskey, 2007);
- Pre-post- survey study and data from 215 shelters (Lyon et al., 2008);
- A cross-sectional study collecting data over four years, with 277 residents from two women's shelters (Perez et al., 2012);
- Secondary analysis of a pre-post survey study of 565 shelter residents across eight US states (Sullivan & Virden, 2017a, 2017b);
- A pre-post survey study with 57 victim-survivors from four Midwestern shelters (Sullivan et al., 2018).

Shelter use was associated with improvements in relation to outcomes such as exiting abusive relationships (Panchanadeswaran & McCloskey, 2007) meeting victim-survivors' needs for safety, emotional support, information and resources such as affordable housing (Lyon et al, 2008; Sullivan & Virden, 2017b), increased self-efficacy and hopefulness (Sullivan & Virden, 2017a), increased empowerment (Perez et al., 2012; Sullivan et al., 2018), reduced severity of post traumatic stress disorder symptoms (Perez et al., 2012) and reduced depressive symptoms (Sullivan et al., 2018).

Owing to the nature of the subject matter and population, there are some methodological limitations which may limit the generalisability of these findings. For example, for ethical reasons, few studies employed control or comparison groups, as it would be unethical to pick or randomly assign the victim-survivors who receive support, or a specific type of support, and those who do not.

Moreover, none of these studies was designed to evaluate the effectiveness of conventional refuges relative to other models of accommodation-based support. Matching victim-survivors' experiences for comparison purposes is both methodologically difficult and ethically questionable given the complexity of domestic abuse presentations and the individualised, needs-tailored support victim-survivors should receive.

These features of the research evidence make it more difficult to understand and demonstrate the relationship between specific characteristics of refuge as a model of accommodation and specific victim-survivor outcomes (as opposed to other factors that may be common across multiple models of accommodation such as the passage of time and separation from the perpetrator).

They also mean that findings may not reflect the experiences or perspectives of domestic abuse victim-survivors who chose not to access conventional refuges, or for whom conventional refuges were not a viable option.

Additionally, while there is a relatively extensive number of publications by US-based researchers on conventional refuges, Domestic Violence Transitional Housing and Domestic Violence Housing First, it is worth noting that some studies featured across a number of publications, which increases the potential for these studies to have an outsized influence on the literature on accommodation-based support by contributing multiple publications based on the same sample (Lyon et al., 2008; Sullivan & Virden, 2017a,b).

Alongside investigating benefits for victim-survivors, one study explored the inverse question: what do victim-survivors believe would have happened if they were unable to access shelter? Lyon et al (2008) surveyed 565 victim-survivors from across eight states at the point when they entered and exited shelters. As part of the survey, respondents were invited to describe what they would have done if the shelter had not existed: the most common responses among the 95% of participants who answered this question included homelessness, further losses (including the loss of their children), ongoing abuse or even death (Ibid). While these responses are of course speculative, grey literature evidence from the UK indicates that such projections are not unduly dire when accommodation-based support is either non-existent or, more often, inaccessible: among the 204 women supported by the No Woman Turned Away project during 2023, recent data shows that 22% experienced further domestic abuse while awaiting refuge, 17% had to 'sofa surf' and 2% slept rough (Women's Aid, 2024).

Impact in relation to targeted outcomes: Domestic Violence Transitional Housing

A further study explored 27 participants' perceptions of Domestic Violence Transitional Housing and parenting (Wood et al., 2022b). Participants expressed that, compared to abusive home environments or what they perceived as the more crowded and restrictive confines of conventional refuges (see Section 3.3 for further discussion), Domestic Violence Transitional Housing afforded a safe, stable climate to address mental health needs and rebuild positive familial connections.

Impact in relation to targeted outcomes: Domestic Violence Housing First

In relation to the evidence underpinning other models of domestic abuse accommodation-based support, reviewers identified two articles based on the same moderate- to high-quality quasi-experimental naturalistic study with 406 victim-survivors (Goodman-Williams et al., 2023; Sullivan et al., 2023). These studies evaluated the effectiveness of Domestic Violence Housing First in promoting safety and housing stability (Sullivan et al., 2023) and examined the relationship between predictor variables such as material hardship, social support and access to Domestic Violence Housing First (rather than services as usual) and improved safety, stability and wellbeing outcomes at 6-month follow-ups (Goodman-Williams et al., 2023).

Domestic Violence Housing First was linked to increased housing stability and reduced experiences of economic abuse and to enhanced wellbeing and lower rates of anxiety, depression and post-traumatic stress disorder. The efficacy of Domestic Violence Housing First as an intervention was mediated by victim-survivors' levels of social support and material hardship, with those who reported higher levels of

support and lower levels of hardship when baseline measures were taken being more likely to show significant improvements in stability and wellbeing 6 months later. Higher levels of social support and lower levels of material hardship appeared to 'augment' the effectiveness of the services received through the Domestic Violence Housing, underlining the significance of wider social and structural factors to victim-survivors' trajectories over time (Ibid).

Impact in relation to targeted outcomes: Orange House Approach

One systematic review (Downes & Jeronimus, 2022) synthesised findings from a Dutch-language cohort study examining the effectiveness of the Orange House Approach for adult female and child victim-survivors by Lünemann et al. (2021). Findings indicated that accessing Orange House Approach was associated with reduced abuse, trauma symptoms and parenting stress among women and increased emotional safety and reduced trauma symptoms among children (Ibid). However, there was no comparison group, and so it is not possible to assert whether these outcomes may have happened if victim survivors received 'services as usual'.

Wider evidence regarding the heterogeneity, effectiveness and evidence base for support delivered in supported domestic abuse accommodation

Two systematic reviews examined a range of victim-survivor outcomes linked to support delivered in safe accommodation and community settings, including rates of revictimisation, emotional and physical health and wellbeing (Arroyo et al., 2017; Trabold et al., 2020). Whilst these studies did not focus solely on support within safe accommodation, they were included in the review to shed further light on the emerging findings of the heterogeneity of prevailing models.

Trabold et al. (2020) reviewed and synthesised findings from 57 articles examining the efficacy of counselling, clinical and advocacy interventions for adult women who had survived intimate partner violence. Their review identified that empowerment-based advocacy and cognitively focused clinical interventions yielded positive health and wellbeing outcomes for women across settings. Further, trauma-informed practice was found to enhance the effectiveness of interventions. In line with findings of the current review, Trabold et al noted the striking heterogeneity of intervention types being delivered by domestic abuse services, including shelter-based counselling and advocacy interventions.

Arroyo et al. (2017) conducted a systematic review and meta-analysis of 21 studies examining the efficacy of short-term psychotherapeutic interventions for adult female victim-survivors of intimate partner violence, including in shelter and community-based settings. Individually delivered, tailored, and trauma-specific interventions such as cognitive behavioural therapy and interpersonal therapy designed for intimate partner violence victim-survivors were found to be most effective.

However, Arroyo et al noted that drawing robust conclusions regarding the differential effects of different intervention types was challenging given the wide range of interventions featured in included studies, the varying comparators used and the fact that interventions in included studies did not always correspond to 'logical' groupings. Authors found large effect sizes in relation to health outcomes,

including post-traumatic stress disorder, depression and self-esteem and moderate effects regarding safety, recurrence of intimate partner violence, substance use and emotional wellbeing. Interventions were equally effective across shelter and community settings, which may reflect the significance of underlying change mechanisms relating to trauma-informed, culturally responsive and survivor-centred practice, once basic needs relating to safety and resources have been met.

While of limited direct relevance when comparing the efficacy of different models of accommodation-based support, these reviews do point to the heterogeneity of support on offer within and following on from supported domestic abuse accommodation, synthesising findings in relation to a variety of intervention types, durations and underlying frameworks. This reinforces findings from Section 3.1 of the present review, regarding the ‘fuzziness’ of prevailing models and the complexity of distilling distinct theories of change or evaluating respective efficacy. As Arroyo et al. (2017) note, these findings also highlight the need for more robust and representative research in this area to inform practice for a range of victim-survivor groups. Although domestic abuse is indisputably a gendered phenomenon that disproportionately impacts women, it affects people of all genders, and children as well as adults are profoundly affected.

Accessibility

Reviewed reports and articles yielded useful insights in relation to safety, accessibility and effectiveness for different victim-survivor groups. However, it was often difficult to disentangle accessibility gaps related to funding and implementation from gaps related to the underpinning components of the models themselves.

In a UK context, reviewed research suggests that specific groups of victim-survivors face significant barriers in accessing conventional refuges (Women’s Aid, 2019). For example, evidence from the past 20 years consistently demonstrates that migrant victim-survivors of domestic abuse with no recourse to public funds are disadvantaged by the intersection of immigration policy and funding mechanisms within the UK domestic abuse sector, unable to access the housing benefits which are used to fund the accommodation element of refuge bed spaces (Domestic Abuse Commissioner, 2021).¹⁰

UK policies regarding no recourse to public funds have been subject to longstanding critique on the grounds that they contribute to structural inequalities and render migrant victim-survivors vulnerable to destitution or ongoing violence (Allen et al., 2023; Burman & Chantler, 2005; Gill & Banga, 2008; Voolma, 2018). It is unclear to what extent investing in alternative models of accommodation-based support would plausibly reduce or circumvent the barriers faced by those with no recourse to public funds seeking refuge, provided underlying funding mechanisms and pressures remain the same, as the barriers to access victim-survivors with no recourse to public funds face are predominantly related to policy (linked to eligibility to claim housing benefit) and funding (whereby refuges are not able to accommodate those who cannot cover the rental costs).

¹⁰ Or who have uncertain status/whom professionals suspect may have NRPF.

UK and North American based reviews and studies additionally highlighted the specific barriers to entering or remaining in communal refuges and shelters that some groups of victim-survivors face owing to a lack of resourcing and specialism in relation to their demographic, support and accessibility needs including:

- Deaf and disabled victim-survivors (Barter et al., 2018; Women's Aid, 2019);
- Victim-survivors with support needs in relation to substance use and/or mental health (Abrahams, 2007; Barter et al., 2018; Harne & Radford, 2008; Hovey et al., 2020; Women's Aid, 2019);
- Larger families, and families with older male children (Abrahams, 2007; Barter et al., 2018; Harne & Radford, 2008; Women's Aid, 2019);
- Victim-survivors and families with pets (Stevenson et al., 2018; Women's Aid, 2019);
- Lesbian, gay, bisexual and transgender victim-survivors, with trans women in need of refuge identified as facing particular barriers (Barter et al., 2018; Leat et al., 2023).

In some instances, this was due to the potential for an individual victim-survivor or family's needs to conflict with or impinge on other residents or the refuge as a whole. For example, in relation to the presence of male adolescents Harne and Radford observe that:

The presence of teenage boys and young men can create difficulties in women-only refuges and while each refuge has its own policy, all have an upper limit for sons, usually between 14 and 16 years. While some mothers are able to make arrangements for their older sons to stay with friends or other family members, some may find themselves in the unfortunate position of not being able to stay in a refuge. This is, of course, regretted but refuges have to balance the needs of all residents (Harne & Radford, 2008: 176)

Similar issues applied to victim-survivors with support needs regarding substance use – owing to concerns that those who are actively using substances may pose a risk to themselves, other shelter residents and staff (Hovey et al., 2020) – and to those with pets, owing to difficulties with allergies, resourcing and space (Stevenson et al., 2018).

In other cases, this was due to victim-survivors' experiences of lateral conflict or discrimination during help seeking or while in shelters, as with the three trans women interviewed by Leat et al. (2023) who reported experiencing hostility and microaggressions from other residents. Conflict and tensions among residents were commonly referenced across the literature and reflect one of the perceived drawbacks of more communal models of provision, discussed in further detail in the following section.

While dispersed accommodation was not highlighted as a distinct model of provision in academic articles and grey literature identified during the REA, the wider literature indicates that dispersed accommodation may be more accessible than conventional refuges for some groups of victim-survivors. As noted in section 3.1, a recent report by Refuge on developing a best practice model for dispersed accommodation in the UK suggests that “shared refuges engender restrictions on the groups of survivors that they can support”. For example, male victim-survivors, families with older male children or victim-survivors experiencing multiple disadvantages such as substance use or significant mental health needs (Refuge, 2023: 11). Meanwhile, the self-contained nature of dispersed accommodation mitigates some of the challenges linked to balancing individual and collective needs, since a victim-survivor or family is not sharing living spaces with other residents.

In summary:

- While most reviewed literature focused on conventional refuges, there were a notable lack of studies directly comparing the effectiveness of conventional refuges in relation to other models of provision.
- There was a lack of English-language literature providing in-depth studies or evaluations of the Orange House Approach.
- Due to the nature of the interventions and population being researched, there were few ‘gold standard’ studies employing randomisation or control groups. Two quasi-experimental studies indicated positive outcomes in relation to housing stability, revictimisation (economic abuse), health and wellbeing for victim-survivors accessing Domestic Violence Housing First.
- The US literature had several moderate to high quality studies evaluating victim-survivor perceptions and outcomes in relation to safety, health and wellbeing, parenting and housing stability, which showed promising effects of accessing conventional refuges, Domestic Violence Housing First and Domestic Violence Transitional Housing provision.
- UK literature afforded rich qualitative and mixed-methods studies exploring victim-survivors’ perceptions and long-term trajectories after accessing refuge.
- Included systematic reviews regarding the delivery of advocacy-based and therapeutic interventions in supported domestic abuse accommodation and community settings highlights the variation in wrap-around support and the need for more robust and demographically diverse studies to inform provision for a wide range of victim-survivors.
- Contextual evidence from victim-survivors and grey literature findings suggests that some groups of victim-survivors, particularly those subject to intersecting forms of marginalisation or with support or accessibility needs perceived to conflict with those of other residents, may experience particular issues in accessing communal domestic abuse accommodation such as conventional refuges.

3.4 Domestic abuse ecosystem

Risks, benefits and drawbacks

Thematic analysis of included texts revealed a rich variety of findings from mixed-methods and qualitative studies and grey literature, which cumulatively illustrate some of the risks, benefits and drawbacks to victim-survivors associated with different models of domestic abuse accommodation. Some of these studies were explicitly designed to contrast differing models (see Clark et al., 2019), while others contain transferable insights based on participants' perceptions of the pros and cons of a single form of accommodation.

As with the evidence on effectiveness, there are limits regarding how far this literature can reliably be extrapolated across differing national contexts, particularly given the heterogeneity in provision even at a more fine-grained regional level. For instance, recent Women's Aid data shows that individual member organisations respond to emerging local patterns of need by introducing new services such as courses on post-separation abuse or pet fostering programmes (Women's Aid, 2024). This means that findings from an evaluation or pilot study of one type of accommodation-based support may not be scalable to other organisations working in different regions or navigating differing contextual pressures. However, the parallels identified across reviewed literature provide some indication of key commonalities.

The perceived benefits and drawbacks of different domestic abuse accommodation models were linked to the distinct needs and experiences of victim-survivors, with multiple (and at times conflicting) impetuses towards autonomy, privacy, connection and safety. While the security measures, separation from existing social networks and lack of privacy associated with conventional refuges and Domestic Violence Transitional Housing were commonly identified as a negative of living in supported domestic abuse accommodation (see Bracewell et al; 2021; Goodman et al., 2022; Grauwiler, 2008), some participants with more significant safety concerns and support needs explicitly welcomed these features. As one interviewee commented regarding the security presence in their Domestic Violence Transitional Housing, "I think the positive thing about bein' here is that you're really secure. It's almost like you're an inmate. But I'd rather be an inmate than to be out in the street without any protection" (Clark et al., 2019: 283). Meanwhile, participants with lower needs in relation to support and security expressed a preference for a less intensive and structured option such as Rapid Rehousing, which provides victim-survivors with a short-term rent subsidy of around 3-6 months and enables them to live in the home of their choice and remain there following the end of the programme (Ibid).

Equally, having the opportunity to connect with others who have survived domestic abuse was identified as a positive and empowering aspect of conventional refuge or Domestic Violence Transitional Housing provision by some included studies, with "residents in communal refuges [benefiting from being able to] exchange experiences, learn from each other and discuss political and social issues" (Abrahams, 2007: 70). However, participants in other studies emphasised the potential for being in close and sustained proximity to other victim-survivors to create tensions or to amplify one's own distress: "You understand, some women need to be alone... I have my sorrow, and here (at the shelter) I have somebody else's and you

have to carry on your shoulders your own and someone's nearby" (Crandall et al, 2005: 951). Similarly, Domestic Violence Transitional Housing residents noted the challenges of living in a tense and traumatised community, often characterized by high levels of conflict between and within families (Wood et al., 2022).

Behavioural restrictions and expectations regarding separation from the perpetrator also emerged as a significant barrier for some victim-survivors, particularly in a US context where conventional refuges were associated with a more professionalised and 'generic' mode of service provision relative to the UK.

Grauwiler (2008) conducted a phenomenological qualitative study exploring the experiences of ten women recruited from a non-residential, community-based programme. Several interviewees voiced their dissatisfaction with conventional refuge services, including the perceived emphasis on leaving the abuser in order to access support, "extensive and rigid" rules, and a lack of information about the drawbacks of entering shelter, including loss of affordable leases, employment and increased risk becoming homeless (Ibid: 317).

In one UK study, a lack of knowledge and resourcing in conventional refuges to support safe access to digital technologies was identified as a significant challenge for young people aged between 13-18, resulting in major disruptions to studying, recreation and staying connected with peers and wider social networks (Bracewell et al., 2021).

Some reviews and studies identified a sense of displacement from social networks and the wider community as an issue which may disproportionately impact Black, Asian and minoritised victim-survivors accessing conventional refuges, particularly those accessing non-culturally specific and 'mainstream' services (Allen et al., 2023). However, it should be noted that the needs, perspectives and experiences of minoritised victim-survivors are not homogeneous, and that concerns regarding privacy and security may also be heightened among victim-survivors from smaller, rural and/or diasporic communities (Thiara & Harrison, 2021).

As Clark et al. (2019) note, the pattern of findings across mixed-methods and qualitative studies exploring victim-survivors' perspectives underlines that no size fits all: while all victim-survivors may share underlying core needs in relation to safety, agency, connection and emotional and practical support, the manner in which these needs should and can be met is likely to vary considerably according to their personal circumstances and preferences, social context and intersecting structural inequalities. As further explored in the following section, individual victim-survivors' ability to access appropriate support is also shaped by wider socioeconomic factors in relation to funding and tendering.

Contextual pressures

In a UK context, a history of sparse, innovation-focused, competitive and short-term funding emerged as a major contextual pressure that has impacted service delivery across a range of accommodation-based models (as well as the Violence Against Women and Girls sector more broadly) (Barter et al., 2018). However, while all services were affected to varying degrees, evidence from sector respondents and

interviewees suggests that this particularly impacted ‘by and for’ organisations, or specialist services which are designed for, delivered by and tailored to the needs of Black, Asian and minoritised women (Ibid).

There is a particular dearth of specialist ‘by and for’ refuges available across the UK, impacting Black, Asian and minoritised victim-survivors’ ability to access suitable supported accommodation (Women’s Aid, 2019, 2024). As with migrant victim-survivors, this is in part linked to external factors such as funding, with competitive tendering processes and a previous shift towards a localist agenda resulting in increased precarity for the sector as a whole, and “death by a thousand cuts” for culturally specific services which serve victim-survivors from across the country (Barter et al., 2018: 21). This is concerning, as research findings indicate that ‘generic’ refuge services cannot always meet the needs of racialised victim-survivors; as one professional survey respondent argued, when in crisis “it is extremely important that [victim-survivors] access provision that understands not only the specific nature of their traumatic experience but also wider issues of culture and provide a sense of familiarity [Survey respondent]” (Gill & Banga, 2008: 29).

In summary:

- Reviewed literature suggests that the perceived risks, benefits and drawbacks of different models of domestic abuse accommodation-based support are intertwined with the varying life experiences, preferences, and support and accessibility needs of victim-survivors. For example, while the secrecy and behavioural restrictions associated with the conventional refuge model were identified as a clear barrier to access and drawback among some victim-survivors, others valued the attention to security and confidentiality.
- Reviewed evidence suggests that victim-survivors with higher needs for security may be likelier to perceive more intensive and structured models of accommodation as better suited to their circumstances, while other victim-survivors may prefer lower barrier options such as Domestic Violence Housing First or rapid rehousing.
- While connecting with other victim-survivors was identified as a positive change mechanism in some studies, others highlighted that close and sustained contact with a ‘traumatised community’ could be detrimental for some families.
- Contextual pressures in relation to competitive funding and tendering processes adversely impacts the domestic abuse sector as a whole, but may more substantially affect specialist and culturally specific ‘by and for’ services which work with victim-survivors from across the UK.

4. Conclusions

4.1 Extent and nature of the evidence base

The REA sought to address three overarching research questions, each with a number of subsidiary questions. Due to gaps and ambiguities within the evidence reviewed, and the streamlined nature of the REA, the review was not able to fully address all sub-questions identified as relevant at the outset.

1. Prevailing models of domestic abuse accommodation-based support operating internationally

The most well-represented models of domestic abuse accommodation-based support were conventional refuges, Domestic Violence Transitional Housing, Domestic Violence Housing First and 'open' refuges and shelters. Most of the literature discussed conventional refuges, with less research available on the other models.

In relation to the **defining features** of each model, reviewed literature indicates that conventional refuges provide safe accommodation in a confidential setting, and a programme of staff and peer support tied to this accommodation, such as advocacy, counselling, practical support and children and young people's services.

Domestic Violence Transitional Housing may be located on a secure campus or across several 'scattered sites'. It typically lasts between 12 to 24 months, providing victim-survivors with safe and supportive short-term accommodation following their departure from conventional refuges, affording access to a housing unit, rental assistance and support services.

Domestic Violence Housing First is a needs-led intervention developed in the US and intended to promote longer-term housing and economic stability. Mobile advocates work with domestic abuse victim-survivors at risk of homelessness to support them in obtaining safe and long-term accommodation, including via financial assistance.

Open refuges operate from an unconcealed location and may permit or encourage non-residents to visit the site. They are intended to preserve existing social connections, promote victim-survivor autonomy and reduce the power differential between staff and residents by preventing isolation and lessening the need for confidentiality- and security-focused behavioural restrictions.

The Orange House Approach is a well-known model of refuge operating in the Netherlands. It broadly aligns with an 'open' model of service delivery, operating from a public address which is open to visitors.

Regarding the development of each model, reviewed literature shows that conventional refuges arose in the UK as a grassroots solution to a lack of statutory responses to domestic abuse and grew increasingly professionalised and

mainstreamed over time. Domestic Violence Transitional Housing developed in the US in the 1990s onwards to meet the needs of victim-survivors leaving short-term and crisis-focused accommodation such as conventional refuges. Domestic Violence Housing First also arose in the US in the 1990s onwards as an adaptation of the needs-led Housing First approach, which is designed to provide people experiencing or at risk of homelessness with access to stable accommodation and specialist, flexible, needs-led support. Meanwhile, open refuges emerged during different countries and time periods (including the US and Netherlands), often in response to perceived barriers or drawbacks associated with the confidential location and behavioural expectations associated with conventional refuges.

Due to implementation differences within models, varying levels of detail in relation to theorised change processes, and shared programme components across models, the REA was not able to synthesise distinct theories of change for individual models. However, trauma-informed, needs-led/survivor-centred and feminist, intersectional and culturally responsive principles and theoretical frameworks were identified as relevant across reviewed models during data abstraction and thematic analysis.

Regarding models of domestic abuse accommodation which are prevalent internationally but are less widely adopted or recognised within the UK, open refuges are a form of specialist domestic abuse accommodation-based support which have attracted increasing academic and practice attention in recent years, but which have not been widely adopted in the UK.

2. What evidence is available regarding the effectiveness of each of these models?

There was limited evidence evaluating the explicit safety, effectiveness and accessibility of the models as distinct types of domestic abuse accommodation-based support, in part owing to the complexities of defining 'services as usual' due to variations in policy and practice between different providers delivering the same model. Equally, the design of included studies did not typically allow for confident conclusions regarding the causal mechanisms underlying particular improvements in victim-survivor situation or wellbeing (that is, whether all positive outcomes were due to the intervention accessed, or some other factor such as time or informal support).

In relation to positive impacts for victim-survivors conventional refuge was associated with outcomes such as exiting abusive relationships, meeting victim-survivors' needs for safety, emotional support, information and resources such as affordable housing, increased self-efficacy and hopefulness, increased empowerment, reduced severity of post traumatic stress disorder symptoms and reduced depressive symptoms.

Domestic Violence Transitional Housing was evaluated in relation to the model's outcomes on parenting, with findings indicating that it was perceived as a safe environment which allowed residents to explore and address mental health needs and rebuild family relations.

Domestic Violence Housing First was evaluated in relation to victim-survivor safety, wellbeing and housing stability, with results indicating improvements in sense of

safety, housing stability and mental wellbeing and reduced experiences of economic abuse. Two quasi-experimental US-based studies indicated that victim-survivors receiving Domestic Violence Housing First experienced significant improvements in housing stability relative to those receiving services as usual.

Reviewed literature examining the effectiveness of open refuges and shelters was predominantly dedicated to the Netherlands-developed Orange House Approach. Outcomes associated with this model included reductions in abuse and parenting stress in the adult victim-survivors, enhanced emotional safety in the children, and reduced trauma symptoms in both adults and child victim-survivors.

3. What evidence is available regarding the role or function different models play within the domestic abuse support ecosystem?

The reported benefits and drawbacks of domestic abuse accommodation models were linked to the specific needs and experiences of victim-survivors. For example, while the security measures, isolation from the wider community and close contact with staff and other victim-survivors associated with conventional refuges and Domestic Violence Transitional Housing were commonly identified as a negative of living in supported domestic abuse accommodation, some victim-survivors with more significant safety concerns and support needs characterised these features as reassuring.

Contextual pressures linked to competitive funding and tendering processes were identified by Violence Against Women and Girls sector participants as disproportionately impacting specialist and culturally specific by and for services which work with victim-survivors from across the UK, a factor which it was felt may be overlooked during local needs assessments.

Discussion

As noted, reviewed literature identified a lack of robust empirical studies explicitly designed to compare or evaluate contrasting accommodation-based domestic abuse support models, particularly in relation to conventional refuges. If this reflects a lack of such studies across the wider literature, it could be argued that this mirrors both the model's ubiquity as the established, 'standard' model of accommodation-based support for domestic abuse victim-survivors and the fact that refuges originally arose out of exigency and as part of a grassroots social movement.

As Dobash and Dobash (1992) observed, in the early days of conventional refuges, "there were no set ways of doing things, nor any textbook theories or professional philosophies [...] New issues arose constantly. New solutions were created daily" (Dobash & Dobash, 1992; Hague, 2021: 68). In other words, early refuges and shelters were not designed from a top-down, first principles approach but were created in response to overwhelming unmet need, with theory emerging from practice.

Due to political mobilisation, ongoing practical need and demonstrated utility, conventional refuges became a core part of the architecture of national/international responses to domestic abuse, and therefore evaluations of refuge as a specific model of accommodation-based support may be limited.

This interpretation of the apparent lack of such studies is bolstered by the fact that included articles on newer models such as Domestic Violence Transitional Housing and Domestic Violence Housing First were more likely to expressly invoke alternative models of accommodation and evaluate their respective pros and cons (Goodman-Williams et al., 2023; Sullivan et al., 2023; Wood et al., 2022).

Similarly, the programme components and theorised mechanisms of change underlying different models were not always clearly defined or differentiated, and some elements of standard or 'best practice' arguably extend across all models. For example, some of the core trauma informed principles of safety, trustworthiness, peer support, cultural responsiveness and choice are relevant to all human services and particularly so in regard to trauma-specific services such as domestic abuse accommodation and wrap-around support. There were also considerable differences in terminology and implementation within and across models, which render direct or straightforward comparisons challenging.

The review identified gaps in included evidence regarding models that are internationally prevalent but less widely adopted in the UK, particularly in relation to open refuge models such as the Orange House Approach. This reflects a limitation of the pragmatic REA inclusion criteria (which included English language items only), as two reviews (Allen et al., 2023; Downes & Jeronimus, 2022) indicate that this model is in fact well-established in the Netherlands, but that published evaluations are in Dutch.

There were also gaps in relation to studied populations: the majority of included studies focused exclusively or primarily on female victim-survivors. While this reflects the gendered nature of domestic abuse, it may suggest that additional research regarding the accessibility and effectiveness of different models of domestic abuse accommodation for male and non-binary victim-survivors is needed to promote evidence-informed and effective responses.

However, reviewers identified a number of moderate to high quality UK- and US-based studies on conventional refuges which provide promising evidence regarding key victim-survivor outcomes, including in relation to safety, reduced revictimization, increased wellbeing, resource acquisition, hopefulness and self-efficacy (Abrahams, 2007; Kelly, 2014; Panchanadeswaran & McCloskey, 2007; Perez et al., 2012; Sullivan & Virden, 2017a, b; Sullivan et al., 2018).

While there were fewer studies related to Domestic Violence Transitional Housing and Domestic Violence Housing First, available literature also provided supportive evidence regarding effectiveness and accessibility by different victim-survivor groups (Goodman-Williams et al., 2023; Sullivan et al., 2023; Wood et al., 2022).

Key findings from the body of reviewed literature suggests that a range of supported accommodation models are required to meet the needs of different groups of victim-survivors. Low-barrier and voluntary engagement policies and Domestic Violence Housing First have been identified as a route to access for those who are marginalised or excluded by mainstream domestic abuse accommodation, while conventional refuge models remain valued and crucial for victim-survivors with intensive security or support needs.

4.2 Implications for research, policy and practice

Further investment is warranted in empirical studies comparing the effectiveness, accessibility and acceptability of different models for a range of victim-survivors, including robust outcome measures and in-depth qualitative evidence from service users. The purpose of this is not to measure different models of provision against a notional 'one size fits all' standard of effectiveness or accessibility (as noted, these are likely to vary or conflict based on individual needs and experiences), but to better understand the extent to which the benefits, barriers and/or drawbacks ascribed to specific models of provision or experienced by specific groups of victim-survivors are applicable in a contemporary UK context and how these can best be enhanced or ameliorated.

Available evidence on conventional refuges, Domestic Violence Transitional Housing and Domestic Violence Housing First models is promising, although context and transferability should be considered when applying research findings from the US evidence base. For example, the policies regarding maximum stays in US versus UK refuges mean that the timescales within which UK victim-survivors would be accessing post-refuge accommodation are likely to vary, with possible implications regarding the specific benefits and drawbacks of these models for different groups of UK victim-survivors, and the forms and level of practical, emotional and financial support needed. This is because research and grey literature evidence indicates that UK victim-survivors are more likely to remain in refuges for extended periods due to limited suitable 'move on' accommodation, rather than being required to leave while still in crisis owing to stringent time limits (see Women's Aid, 2024 for a discussion of prolonged time in refuges and a lack of move-on accommodation).

Available evidence suggests that Domestic Violence Transitional Housing and Domestic Violence Housing First meets the support needs of victim-survivors in a US context, and is also likely to benefit UK-based victim-survivors and service providers, for example, through reducing waiting lists to enter refuge by enabling residents to move on to Transitional Housing or Housing First programmes once they feel ready, rather than being delayed due to a lack of appropriate accommodation. However, given the differences in context, additional consultation and/or studies with UK-based services may be beneficial to shed further light on which adaptations (if any) to the design and implementation of these models are required to best meet the needs of UK victim-survivors.

UK-based grey literature findings from the domestic abuse sector suggest that, despite policy changes in relation to the statutory duty to provide specialist accommodation, there are remaining gaps and barriers, which particularly affect migrant and minoritised victim-survivors, and those with specific support and accessibility needs. Sufficient, and sufficiently responsive and evidence-informed, funding remains a priority, including an awareness that local needs assessments and commissioning should also be attuned to, and informed by, relevant national data; for example, the fact that culturally specific 'by and for' services operating at a local level are likely to serve victim-survivors from across the country.

References of studies included in the REA

Note that not all studies which were included in the Rapid Evidence Assessment are cited directly in the REA report.

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5. Annex

Figure A.1 is the Prisma flowchart outlining the process of identifying included papers.

Figure A.1: Prisma flowchart

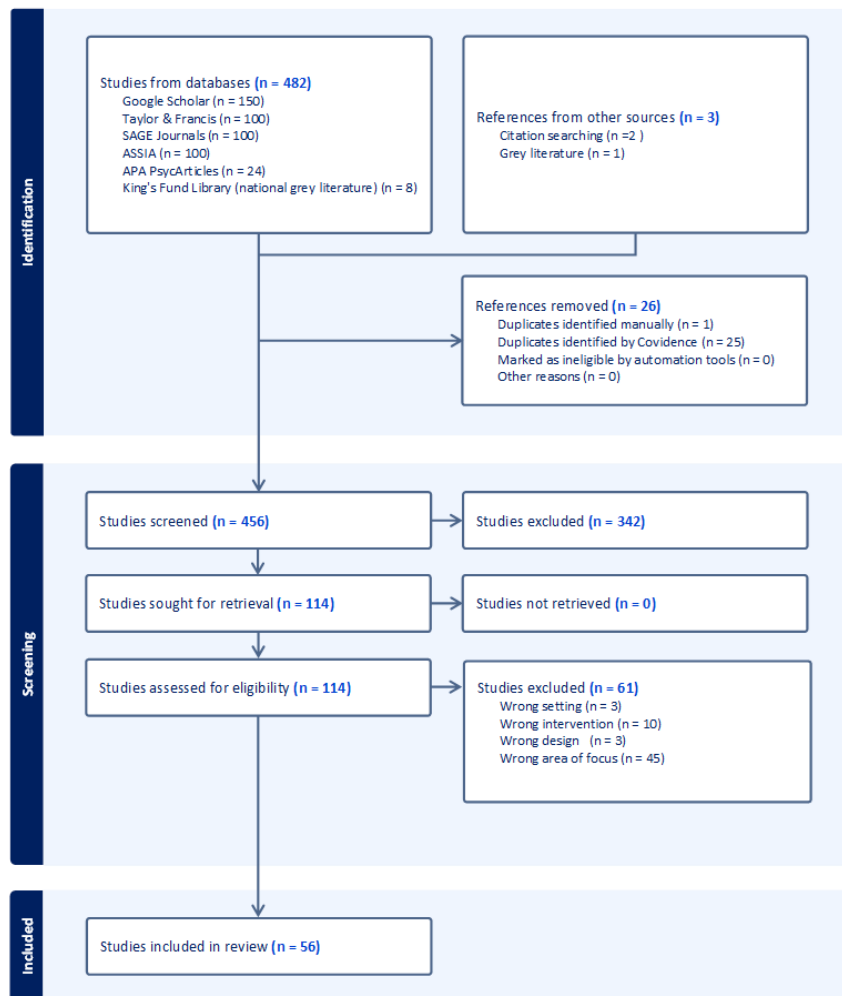


Table A.1 summarises the models of accommodation-based support identified in the REA.

Table 1: Models of accommodation-based support

Conventional refuge (US, UK)	Orange House Approach (Netherlands, UK)	Domestic Violence Transitional Housing (US)	Domestic Violence Housing First (US)
Emerg ed in the early 1970s as a grassroots response to women and children fleeing domestic abuse, in the context of inadequate, absent or hostile responses by police and statutory services	Developed between 2008-2011 by the Blijf Groep, and informed by practice-based findings regarding the risks and drawbacks of conventional shelter working practices, including the social isolation experienced by victim-survivors in conventional refuges, and the desire expressed by many victim-survivors for the violence to end, rather than the relationship	Implemented in the mid-1990s following the passage of the Violence Against Women Act (1994). Designed to provide victim-survivors leaving shelter with longer-term supported accommodation, and to facilitate victim-survivors finding safe and stable housing after short-term stays in crisis accommodation	Adapted from the Housing First model developed in the US in the 1990s, which frames access to housing as a human right. Intended to provide victim-survivors with safe and affordable housing
Temporary, crisis accommodation	Temporary accommodation for those assessed at medium-risk	Longer-term accommodation for those leaving shelter	Sustainable, stable housing
Secret location to safeguard residents	Public, visible location	Secure location	Various locations, including support with remaining in own home
Shared living spaces	Private living spaces, services provided on-site	Facility-based housing units or 'scattered site' (dispersed)	Scattered site and independent housing
Emotional and practical support, mutual self-help and collective decision-making	Temporary accommodation and wrap-around services for victim-survivors in a safe but open setting	Financial assistance and supportive services	Survivor-driven mobile advocacy
Increasing professionalisation and focus on service provision (including therapeutic services) from the 1980s onwards	Systemic intervention which incorporates therapeutic work with whole families, including those who cause harm	On-site services including financial management classes, childcare and counselling to support transition from crisis to recovery	Flexible and individualised trauma-informed support, including financial, practical and emotional support

	Trauma-informed	Needs-led	Feminist, intersectional and culturally responsive
Conception of domestic abuse victimisation and impacts	Domestic abuse victimisation is associated with a range of adverse health, emotional and social impacts, including depression, anxiety, suicidal ideation and post-traumatic stress disorder (PTSD)	Domestic abuse victimisation impedes victim-survivors' ability to fulfil their needs, including access to shelter and sustenance, physical and psychological safety, and social connection and belonging, and agency and self-actualisation	Domestic abuse victimisation is a social issue, not an individual problem, which is both a cause and consequence of gender inequality and intersecting structural inequalities. Domestic abuse negatively impacts wellbeing and autonomy, reducing victim-survivors' access to social support, resources and employment
Theoretical framework	Trauma-informed practice (TIP) is a systemic change approach, which is grounded in epidemiological evidence that trauma is pervasive, detrimental to health and wellbeing, and may affect people's ability to access and benefit from services	Needs-led services take a holistic approach that places the specific needs and perspectives of victim-survivors at the centre, rather than assuming a 'one size fits all' approach based on slotting them into existing services and models of provision	Specialist feminist, culturally specific and 'by and for' services address the particular social and structural inequalities which entrap victim-survivors in abusive relationships
Principles of service design and delivery	Trauma-informed service design and delivery is based in key principles intended to: reduce the risk of re-traumatisation; promote accessibility and efficacy; and restore a sense of safety and agency.	Needs-led organisations may adopt low barrier and voluntary service policies modelled on harm reduction principles, which are intended to ease access to services and promote autonomy	Feminist, intersectional and culturally responsive approaches seek to support victim-survivors in regaining a sense of agency and empowerment, supporting victim-survivors in rebuilding their lives through facilitating

	<p>These principles include:</p> <ol style="list-style-type: none"> 1. establishing a sense of physical and emotional safety 2. restoring a sense of choice and control 3. facilitating connection and peer support 4. building coping and resilience 5. providing inclusive and culturally responsive support 	<p>They may incorporate flexible advocacy and support provision which is guided by the victim-survivors' needs rather than the organisation's existing repertoire of services</p>	<p>access to information and material resources, and addressing societal inequalities that entrap victim-survivors in abusive relationships.</p>
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