Stay Put; Remain Local; Go Elsewhere: Three Strategies of Women's Domestic Violence Help Seeking

Janet C. Bowstead
Royal Holloway, University of London, janet.bowstead@cantab.net

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Abstract

In published domestic violence strategies, there is a tendency to focus on service provision and service responses in each administrative location; rather than recognising the extent to which women and children move through places due to domestic abuse. Whilst a woman's help-seeking may be local—if she has the information and resources, and judges it possible to do so—such help-seeking whilst staying put is only one of many strategies tried by women experiencing domestic violence. Women's strategies are often under-recognised and under-respected by the very service providers which should be expected to be supporting women's recovery from abuse. This article uses administrative data (monitoring records), which were collected as part of a funding programme, to provide evidence of women's domestic violence help-seeking involving these types of housing-related services in England. More than 180,000 cases of service access over eight years provide evidence of women's three help-seeking strategies in terms of place: Staying Put, Remaining Local, and Going Elsewhere; and the distinctive patterns of service involvement and responses to these strategies. Service providers typically attempt to assess women's levels of "risk" and "need;" however, such snapshot assessments in terms of time and place can fail to address the dynamic interplay between women's location strategies and their needs for safety, wellbeing and resettlement. In contrast, viewing the system from the perspective of what women do provides important insights into leaving abuse as a process—not an event—and highlights the impact of different types of services which help or hinder women's own strategies.

Keywords

domestic abuse; administrative data; journeys; housing; risk; needs; support agencies; women's experiences of agencies

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Acknowledgements

STAY PUT; REMAIN LOCAL; GO ELSEWHERE: THREE STRATEGIES OF WOMEN'S DOMESTIC VIOLENCE HELP-SEEKING

Janet C. Bowstead
Royal Holloway, University of London, UK
iD http://orcid.org/0000-0003-0194-7688

ABSTRACT

In published domestic violence strategies, there is a tendency to focus on service provision and service responses in each administrative location; rather than recognising the extent to which women and children move through places due to domestic abuse. Whilst a woman's help-seeking may be local—if she has the information and resources, and judges it possible to do so—such help-seeking whilst staying put is only one of many strategies tried by women experiencing domestic violence. Women's strategies are often under-recognised and under-respected by the very service providers which should be expected to be supporting women's recovery from abuse. This article uses administrative data (monitoring records), which were collected as part of a funding programme, to provide evidence of women's domestic violence help-seeking involving these types of housing-related services in England. More than 180,000 cases of service access over eight years provide evidence of women's three help-seeking strategies in terms of place: Staying Put, Remaining Local, and Going Elsewhere; and the distinctive patterns of service involvement and responses to these strategies. Service providers typically attempt to assess women's levels of "risk" and "need;" however, such snapshot assessments in terms of time and place can fail to address the dynamic interplay between women's location strategies and their needs for safety, wellbeing, and resettlement. In contrast, viewing the system from the perspective of what women do provides important insights into leaving abuse as a process—not an event—and highlights the impact of different types of services which help or hinder women's own strategies.

KEYWORDS

domestic abuse; administrative data; journeys; housing; risk; needs; support agencies; women's experiences of agencies

THIS ARTICLE STARTS WITH THE STORY OF CAROLE,[1] a Black Caribbean woman who sought help from services in England due to domestic violence. The record of her domestic violence journey begins when she is 22 with a one-year-old son, and is shown graphically in Figure 1. Their first recorded relocation is remaining local within her Local Authority to access a domestic violence refuge; but they only remained there for three weeks before going elsewhere: to a different Local Authority.

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[1] A pseudonym allocated to the records of one individual within the administrative datasets.
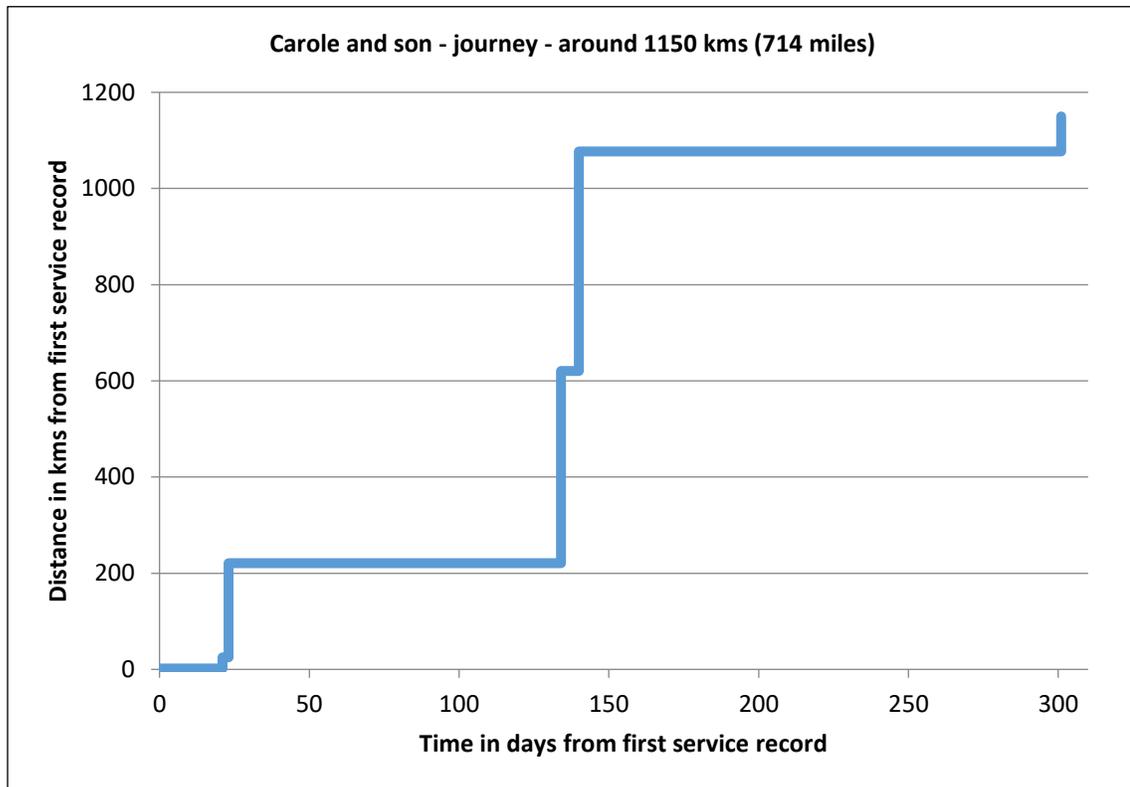
Figure 1: Journey graph of one woman's help-seeking strategies

The journey graph shows further stays, and further journeys; one is a 'Remain Local' journey, when she moves into rented social housing within the same Local Authority, but there is a further move of 'Going Elsewhere' to another different Local Authority. As a result, within less than a year, she and her son have travelled over 1100 kms (over 700 miles), staying in six different Local Authorities, and the final move in the administrative record is to an unrecorded accommodation type; so, it is unclear if they are still on the move. The administrative records give no further detail on the causes and consequences of these multiple relocations across the country, for example, whether the perpetrator tracked her down; but each time she was accessing the services due to domestic violence. This is not a "typical" domestic violence journey—there is no such thing—but it is an example of the places and displacement during one year of the lives of Carole and her son; and of women's strategies of moving both within and between Local Authorities. It indicates the interplay of a multi-stage physical journey—over time and distance—with the different services involved and women's help-seeking strategies at each stage.

BACKGROUND TO WOMEN'S HELP-SEEKING STRATEGIES

Women's help-seeking strategies are often thought of and responded to in locations. Many nation states have complex structures of interaction between the local, regional, and national scales, encompassing administrative and legislative arrangements, and changing over time. Key shifts in the UK include devolution of the nations of Scotland, Wales and Northern Ireland from the much more populous England (Smith & Wistrich, 2014), and a specific Localism Act in 2011 (DCLG, 2011; D.

Featherstone et al., 2012); with a significant impact of the latter on domestic violence services which has been discussed previously (Bowstead, 2015). In brief, both statutory and voluntary sector services work within administrative boundaries, with the Local Authority, or sometimes the County, as the key scale of planning and providing services; though funding may also be from charitable sources. Their duties generally do not extend beyond the boundaries of their area, whether or not the neighbouring area provides the same type of service or any continuity of support. This is especially problematic if the very issue—like domestic violence—that an individual needs support with causes relocation.

Whilst women may encounter a wide range of statutory and voluntary sector agencies when they try to escape abuse from an intimate partner (here termed domestic violence or domestic abuse), they do not typically experience anything like a coherent connected system of support (Neale, 2018). There has long been the language of a co-ordinated community response (DAHA, 2020; DAIP, n.d.; Hague & Bridge, 2008), but women often have to navigate a fragmented service terrain (Bowstead, 2017) and manage multiple encounters with professionals (Neale & Hodges, 2020; Sullivan et al., 2019). These professionals are also themselves navigating the gaps and overlaps in their remits, as well as limited and reducing capacity and funding (Bridge, 2020; Ishkanian, 2014; McRobie, 2012; Sanders-McDonagh et al., 2016; Towers & Walby, 2012). As a result, gatekeeping measures such as procedures and assessments prior to accessing services are used not just to direct women and children to the most appropriate support, but also to set thresholds and limits on accessing any support at all: to slam the gate shut.

In the twenty-first century, there has been a rapid dominance in England (and elsewhere) of new discourse and practice focused on 'risk' (Coy & Kelly, 2019). This discourse is embedded in professional practice through the tools of risk assessment and Multi Agency Risk Assessment Conferences (MARACs) (Peckover, 2014). The tools of risk assessment tend to locate the risk in the individual who is seeking help, or who has come to the notice of an agency; whether or not she has consented to any intervention or information-sharing. Women experiencing domestic violence are routinely referred to as "high-risk individuals" (Howarth & Robinson, 2016, p. 43) as if the woman is the risk and/or the cause of the risk; and she is treated by professionals as if she is the cause of harm to children (B. Featherstone et al., 2018). Not only are women funnelled to specific services on the basis of such risk assessment, many services are only funded to support "high-risk survivors" (Howarth & Robinson, 2016, p. 44). Support is therefore rationed on the basis of this notion of risk.

Whilst some women-focused services may also carry out needs assessments and advocate for a more needs-led approach (Rogerson, 2015), some needs assessment tools provide only a static snapshot which also fixes the needs as located in the woman. As well as being labelled "high-risk," women may now also be labelled "vulnerable" as if the problem is in her, rather than that she has been—to put it mildly – badly-treated. In many contexts, women are de-skilled and undermined by service and system responses, and it would be more relevant to reiterate their rights (Balderston, 2013; Birchall & Choudhry, 2018; UN Human Rights Council, 2019), rather than situating them as risky, needy and vulnerable. The development of trauma-informed practice requires an avoidance of individualising and medicalising of trauma; and there have been moves to pilot strength-based, needs-led approaches by some women's organisations (WAVE, 2018; Women's Aid, 2020). A recent focus on Housing First models has also rediscovered the notion of focusing on "the needs identified by survivors rather than on predetermined needs promoted by agencies" (Sullivan &

Olsen, 2016, p. 5). However, beyond the coercion and control of an abuser, women clearly find themselves navigating a potentially coercive and controlling system when they try to seek help. It is women's navigation that this article explores, to provide evidence of the roles of different types of services; and indicate how services could respond with greater insight and respect for the strategies women employ.

The next section briefly outlines the methods of data access and processing for the secondary data analysis of administrative data presented in this article. It is followed by three key findings on women's help-seeking strategies: the three location strategies and their interplay over time and place; demographic differences for the three strategies; and differences in the roles and types of services for the three strategies. Discussion of the key implications of such findings for policy and practice follow, with the conclusion of the article returning to thinking about journeys like Carole's and how services and authorities respond.

METHODS

The quantitative analysis in this article uses individual-level administrative data which were collected for service monitoring as part of a funding programme of housing-related support services—the "Supporting People Programme" (ODPM, 2002). Women's journeys to escape violence and abuse are necessarily secret, and often completely hidden, but these de-identified datasets were archived and made available under licence for research analysis (DCLG (Department for Communities and Local Government) and University of St Andrews, Centre for Housing Research, 2012). Eight years of data (2003-2011) were collected across the whole of England, and no such comprehensive data are collected now (Centre for Housing Research, 2015) for further discussion of this, please see Bowstead, 2019). Even so, these data only record women's interaction with these types of formal services[2], and do not include women's more informal help-seeking, or accessing other types of support services such as health, counselling, children's services or peer and community support.

The datasets record each unique service access for eight years (i.e. monitoring data collected at the point of someone starting to *receive* a service), but only each service exit for four years; and these were collected in separate datasets each year, so it is only via processing by the author that analysis of service stays is possible (i.e. a period of receiving service support). In addition, multiple service stays by the same individual have been identified and linked using a de-identified variable (available for around four years of data), making possible the journey graph analysis presented above. Linked records of over 20,000 service stays due to domestic violence (whether in accommodation or non-accommodation services) have been analysed; including nearly 2,000 women having multiple service stays where domestic violence was the reason each time. Overall, therefore, the analysis of women's help-seeking strategies draws on evidence of over 180,000 cases of accessing services due to domestic

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[2] Which included one-to-one non-accommodation support, such as outreach and resettlement, and accommodation-based support such as direct access hostels, specialist hostels and women's refuges. Overall the Supporting People Programme defined a wide range of "Housing related support costs" (ODPM, 2002, pp. 33–35) which were "likely to be fundable" by the Programme. The Supporting People programme did not fund a comprehensive or holistic response to domestic violence and specifically excluded "advocacy and legal services, advice services, services which are not accessed as part of a support package, and services specifically for children" (ODPM, 2002, p. 6).

violence, whether accessing non-accommodation support whilst Staying Put; or relocating to access services locally or elsewhere.

The datasets include basic demographic variables in terms of women's age, whether or not she has dependent children with her (though this is absent from the datasets of service exit, so only available on service exit for the records that have been linked), ethnic origin, disability, and some additional support needs. The Supporting People Programme covered a wide range of services and support needs (predominantly for elderly people), but the analysis here is only for women seeking help with the risk of domestic violence as their primary need (see Bowstead, 2018 for a discussion of men's needs when experiencing domestic violence). The datasets also include location variables: either the Local Authority location before accessing the service and the location of the service; or—for the exit datasets—the service location and the Local Authority after accessing the service. At the start of the data collection, England had 354 Local Authorities, which were reduced to 326 by administrative reorganisations by the end of the data collection. The records have been processed to align with the 326 Local Authorities (Bowstead et al., 2020).

Analysis of these datasets therefore provides a unique insight into what women did in seeking help from such formal services. Like all administrative data (Kendall, 2020), it is an under-count and a partial measure of women's location and relocation, but it provides a larger sample than survey and qualitative methods and—crucially—includes women in temporary accommodation that are excluded from the sampling frame of social surveys (Bowstead, 2019). In addition, it is also a partial picture because many women were already in temporary accommodation before their first appearance in the data record, and move to temporary accommodation after their service stay(s); indicating longer journeys. It also does not measure the strategies of women who were unable to access services, including those who may have contacted services but were turned away; such as is often the case for women with No Recourse to Public Funds (DAHA & Women's Aid, 2020; Dudley, 2017). The data cover a period of increasing domestic violence service provision in England – and therefore a wider potential range of options for women's help-seeking—before the cuts and constraints on services due to austerity policies (Bridge, 2020; Ishkanian, 2014; Towers & Walby, 2012). The following section highlights three key findings from the analysis of women's help-seeking: the three location strategies and their interplay over time and place; demographic differences for the three strategies; and differences in the roles and types of services for the three strategies.

THREE STRATEGIES OVER TIME AND PLACE

Whilst women necessarily relocate to access an accommodation-based service, such as a women's refuge or a direct access hostel, many women seek support from non-accommodation services such as 'Floating Support' (the term comes from the principle that the support travels to the woman, rather than her having to relocate to the support), or 'Resettlement.' Women's options to access services therefore depend on whether or not she needs to relocate to escape a violent partner who is not being held accountable or kept away from her; but also whether services are available in her local area and/or elsewhere. Many women stay put and try to access support for the violence, but this is only an 'option' (rather than a trap) if she would have other options as well; for example, if there *would* be a vacancy in a refuge if she and her children needed to flee temporarily or permanently. Sufficient refuge spaces across the country therefore would provide both real support and safety for the women and

children who use them, as well as psychological safety for the women who know about their existence (whether or not they ever end up using them).

The three identified strategies are:

- *"Stay Put"* –women accessing a non-accommodation support service whilst staying in their existing location and accommodation;

- *"Remain Local"*—women relocating and staying within their Local Authority area to access a service;

- *"Go Elsewhere"* – women who cross administrative boundaries at the point of accessing support services.

The strategies can also be related to actual distance travelled: Remain Local relocation journeys may be of many miles, within a geographically large (typically more rural) Local Authority; and Go Elsewhere journeys can be up to hundreds of miles across the country. In addition, women's domestic violence journeys may include multiple points of service access, with or without relocation; generating complex trajectories over time and distance.

These three strategies exist across the datasets both at the point of accessing a service and at the point of exiting a service; and at the point of subsequent service access for some individuals. Any relocation carries within it the potential for disruption and displacement—in practical and emotional terms—but moving to a different Local Authority has additional factors affecting eligibility for support and services due to how services are administered (Bowstead, 2017).

Focusing on women's help-seeking at the point of accessing a support service, it is striking that women self-refer to all types of services and within and beyond their own Local Authority; as well as being referred by agencies. In total, for the final year of data, the proportions of help-seeking strategies are just over a third of women go elsewhere, and just under a third each remain local and stay put (Figure 2).
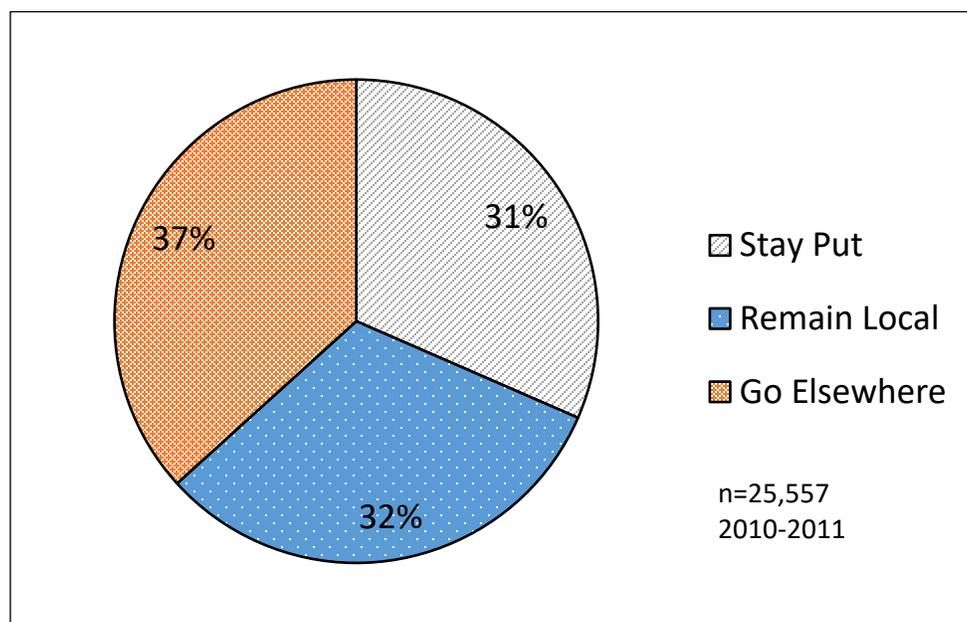

Figure 2: Pie chart of the proportions of the three help-seeking strategies

Focusing on the women who relocate—who do not stay put—just over half move out of the Local Authority area; but just under half leave home but remain within the Local Authority area. The 46%:54% split between remaining local and going elsewhere is consistent over the eight years of data, and the numbers are also consistent: around 8,500 and 9,500 women per year. This suggests that these are strategies reflecting what women need; and are therefore fairly stable over time. The number of women relocating but remaining local has often been underestimated because research may be carried out via women's refuges, and thus be primarily with women who could not remain local (as discussed later, and Bowstead, 2015).

However, there is also an increasing number of women who access services whilst staying put over the eight years; rising from under 1,500 per year to over 8,000. This does not diminish the numbers of women using the other two strategies, it increases the overall numbers of women recorded as seeking service help (Figure 3).
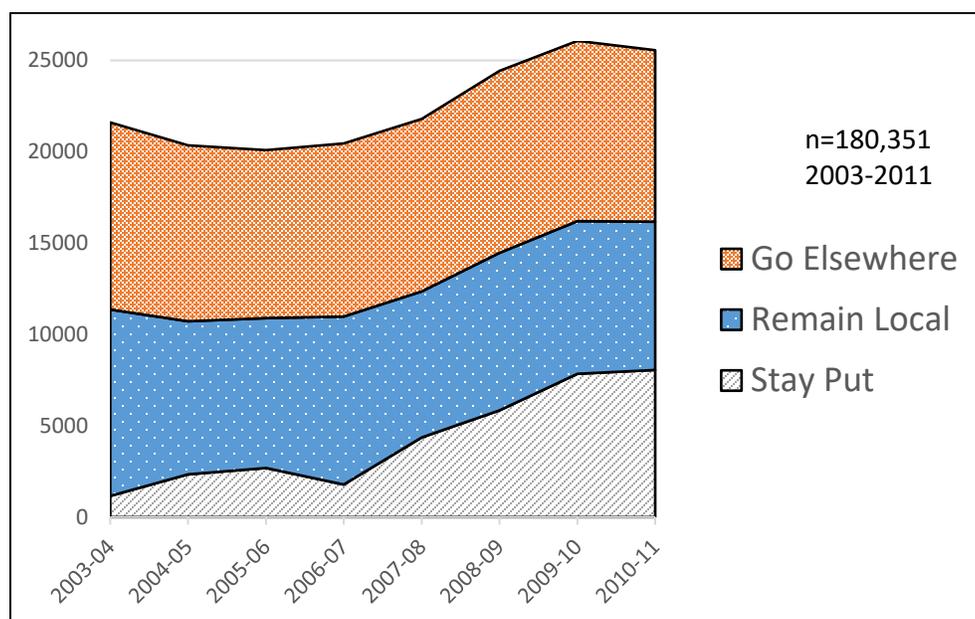

Figure 3: Graph of the proportions of the three help-seeking strategies over eight years

This suggest that, rather than indicating a new need for women to access support services without relocating, it reflects the development of a wider range of services under the Supporting People funding programme: both specialist domestic violence services, and other services accessed by women due to domestic violence. Not all Local Authorities provide domestic violence services (Coy et al., 2009, 2011), and not all Local Authorities increased provision in terms of either capacity or types of service. Analysis of the numbers of women from each Local Authority using each strategy indicates that the numbers staying put but still accessing services are directly related to the level of service provision in the area, and the population level. This suggests that the increasing rates of staying put whilst accessing services due to domestic violence reflects a previously unmet need.

The rates of the three strategies of help-seeking indicate women's range of needs: fundamentally driven by the perpetrators' behaviour, but also shaped by inadequacies in the state in either holding perpetrators to account or providing the support needed

by women and children. Service provision therefore can be understood as providing, or not, the means for women's three strategies; but there are also some characteristics of women themselves which affect their options and strategies.

WOMEN'S CHARACTERISTICS AND HELP-SEEKING STRATEGIES

It is vital in the focus on women's strategies, that it is not forgotten that the cause of help-seeking is the perpetrator's abusive behaviour, which will often include trying to continue to control her through multiple methods (Kelly & Westmarland, 2016). However, the data used in this research do not include any information on abusers or their characteristics.

Many of women's characteristics which affect their help-seeking, such as her resources, her knowledge and connections, her legal rights, and awareness of those rights, are not recorded in these de-identified administrative data. Similarly, her responsibilities to work, community, study, family and her children are largely not recorded in the data. Dependent children are recorded in terms of sex and age at the point of service access with their mothers, but not at service exit. However, the three strategies can be considered in terms of association, or not, with the demographic characteristics and additional needs that *are* recorded in the datasets.

Whilst different strategies may be pursued at different stages in multi-stage journeys—like Carole's shown at the start of this article—women with different characteristics are also shown as more likely to pursue different strategies.

In these data, women seeking help range from age 15 to 102; and women in all age categories use the three strategies (Figure 4). However, women in the age range 18-32 are statistically significantly more likely to go elsewhere than women of other ages ($p < 0.001$. chi-Square = 3227.067. n=177,269 N.B. data on age is missing in some cases so they are excluded from the analysis here). Younger women (22 and under) are statistically significantly more likely to remain local; and older women (33 and over) proportionately more likely to stay put.

Women with dependent children are more likely to go elsewhere ($p < 0.001$. Chi-Square = 1554.883. n=180,351); with an obvious overlap with the age categories as more likely to be in the 18-32 age range. The strategy of moving to another Local Authority may be particularly connected to the additional risk of being tracked down via the children if mothers relocate but remain local.
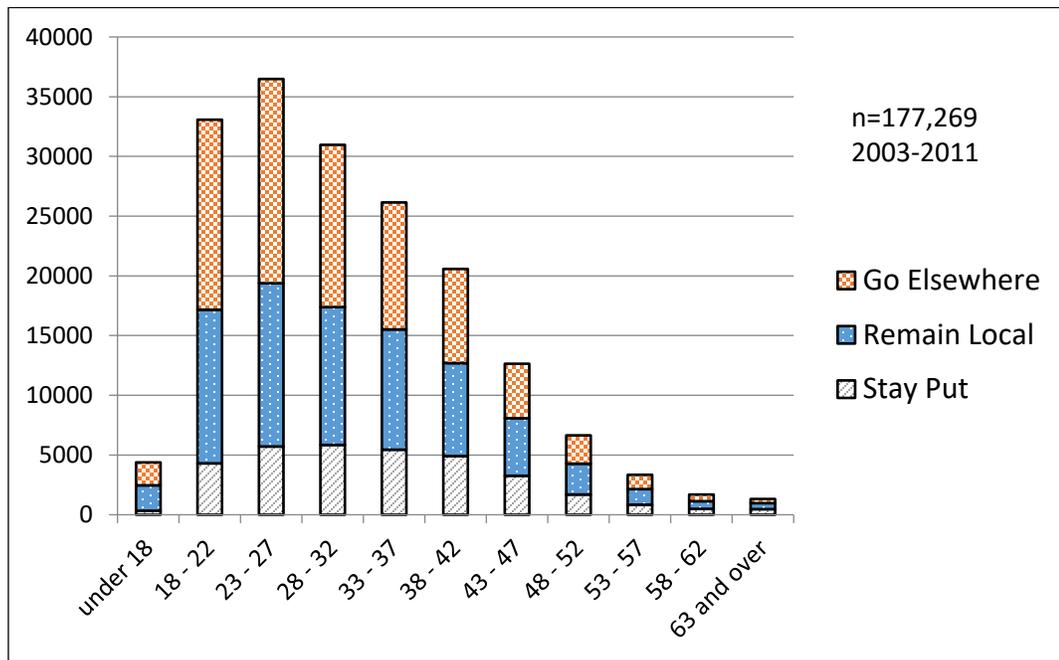
Figure 4: Graph of women's ages and the three help-seeking strategies

The large majority (72%) of women seeking help from services due to domestic violence are recorded as White British; but this is lower than the estimated proportion in the population of England (85%) and so indicates that ethnic minoritised women seek help at a higher rate than their proportion within the population. This is likely to reflect the inequalities in society whereby ethnic minority people have fewer private resources and are therefore more likely to need to access public sources of support, such as publicly-funded services (Burman & Chantler, 2004, p. 380). The census categories of ethnic origin were used in the data collection; with all the recognised limitations of such groupings (Ahmad, 1999; Brown et al., 2014).
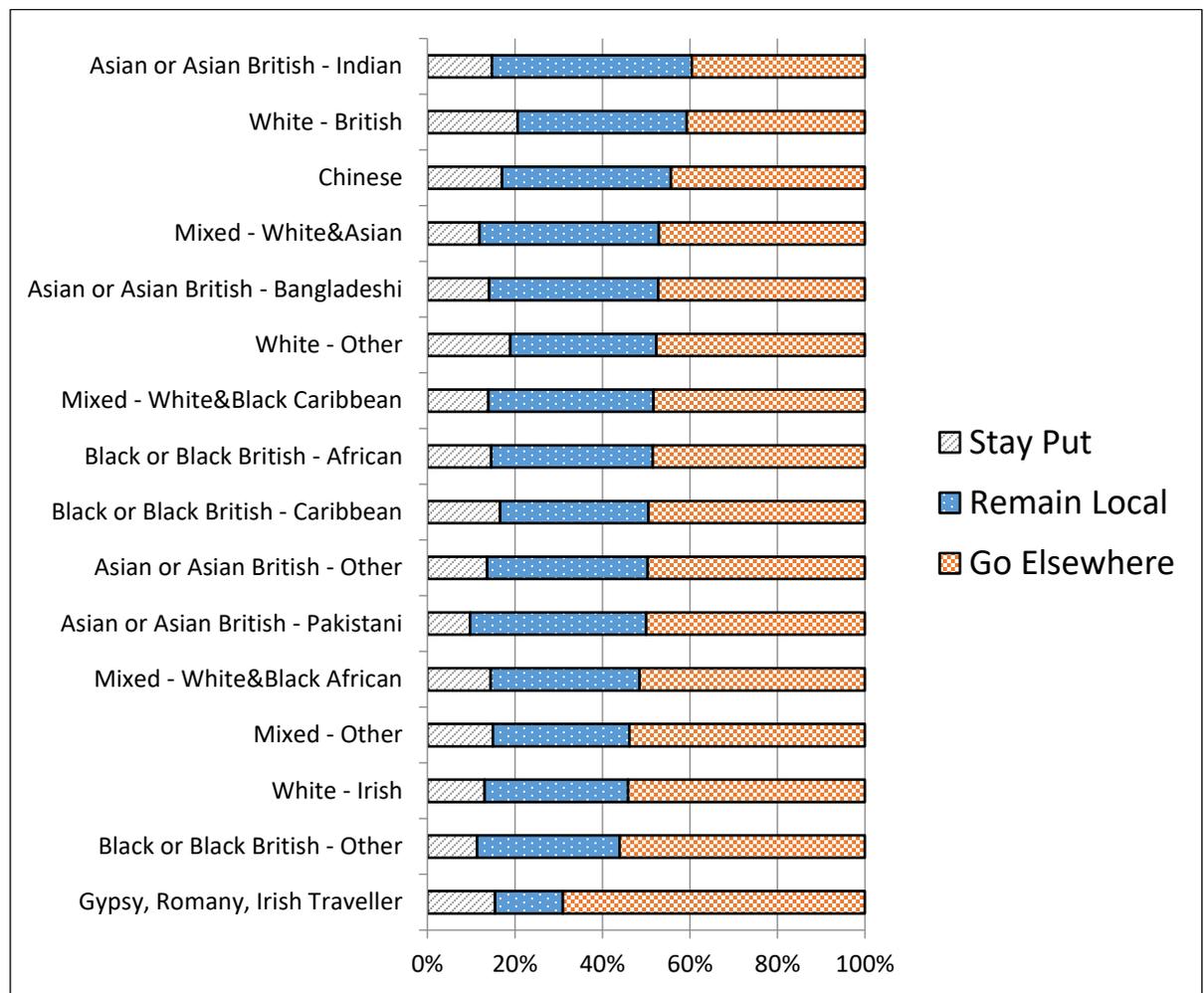
Figure 5: Graph of women's ethnic origin and the three help-seeking strategies

Overall, as shown in Figure 5, there are similar proportions of the three strategies by women of all ethnic minority categories, with ethnic minority women statistically significantly more likely to go elsewhere and White British women more likely to stay put (p<0.001. chi-Square = 2175.912. n=178,608 N.B. data on ethnic origin is missing in some cases so they are excluded from the analysis here). If going elsewhere is understood as a safety strategy to reduce the risk of being tracked down, it could relate to community connections of the perpetrator as well as the perpetrator himself; and therefore to be more likely amongst smaller community groups. Gypsy, Romany, Irish Traveller women, as well as White Irish women, go elsewhere at the highest proportion; as well as Black women in the "Other" category. Only Asian Indian and Asian Pakistani women have remain local as their most likely strategy; and no ethnic minority categories are more likely than White British women to stay put. It is important to note that structural inequalities, including racism, limit the options of ethnic minority women and children; and that specialist services are only available in some areas and disproportionately affected by funding cuts (Bridge, 2020; Imkaan, 2020; Kelly et al., 2020).

Most women seeking help from the services included here do not have additional support needs recorded beyond the range of needs caused by the abuse (As with all the data, these are recorded using the categories in the Supporting People monitoring system at the point of accessing services, within the context of being offered support (i.e. not

being turned away); but there will also be considerations for each individual in terms of disclosure of additional needs). However, around 6% of women were disabled, and some women had needs around mental health (4.3%), alcohol problems (1.9%) or other drug problems (1.5%). This may contrast with the experience of some service professionals who categorise more women experiencing domestic violence as being 'vulnerable' or having a range of additional needs; and this skewed experience reflects the different strategies women use to seek help, and therefore the types of agencies they interact with on their journeys. This will be evidenced in more detail in the next section, but in terms of these characteristics of women, these additional needs are statistically significantly associated with different strategies.

Disabled women are more likely to remain local and much more likely to stay put and access support than non-disabled women (who are more likely to go elsewhere) (p<0.001. Chi-Square = 882.003. n=180,351.) Similarly, women with mental health problems are more likely to remain local and much more likely to stay put and access support than women without such problems; who are therefore more likely to go elsewhere (p<0.001. Chi-Square = 725.240. n=180,351). The pattern of different strategies is the same for women with alcohol problems, with them being more likely to stay put or remain local; and less likely to go elsewhere (p<0.001. Chi-Square = 233.759. n=180,351). There is no difference on staying put for women with or without drug problems, but women with drug problems are more likely to remain local, and women without drug problems more likely to go elsewhere (p<0.001. Chi-Square = 103.948. n=180,351). Whilst these data are clear about women with additional needs being more likely to stay within their Local Authority when they seek help for domestic violence, there is no indication as to whether this is related to more limited options to access services elsewhere if they needed to, or a more positive scenario of additional support services maybe enabling women to stay put or remain local safely and appropriately. Women already receiving a support package from a range of services may find it especially difficult to re-establish a "package of care" in a new area (Neale & Hodges, 2020, p. 14). Administrative data such as these enable exploratory analysis and the uncovering of trends and patterns in much larger samples than are otherwise available; but need to be brought together in research with other data sources to understand women's experiences in more depth (Bowstead, 2017). What is clear is that women's strategies interact with service provision in a complex interplay; and the next section discusses this in more detail.

AGENCIES INVOLVED IN WOMEN'S THREE STRATEGIES

Many women and children may escape domestic abuse without agency involvement, but others will interact with a range of services at different stages. The datasets analysed here provide evidence on two key aspects of service responses to domestic abuse: agencies and professionals referring women to services due to domestic violence; and the types of support services women access. Because the Supporting People data cover much more than just women's refuges, they enable analysis of women's access to a wider range of services; though these are still all broadly housing-related short-term services and do not include services such as community support, counselling, children's services, or peer support.

Referring Women to Services

Women refer themselves to services in about a quarter of cases where the referrer is recorded (24.6%, n=39,410) and are referred by voluntary sector services in another quarter of cases (24.3%); with statutory services being involved in referring

half (51.1%) of the women accessing services (Figure 6). Different statutory agencies are involved to different extents, and there are significantly different patterns of referrals in terms of both women's strategies, and the types of services accessed; indicating the range of women's needs on their journeys.
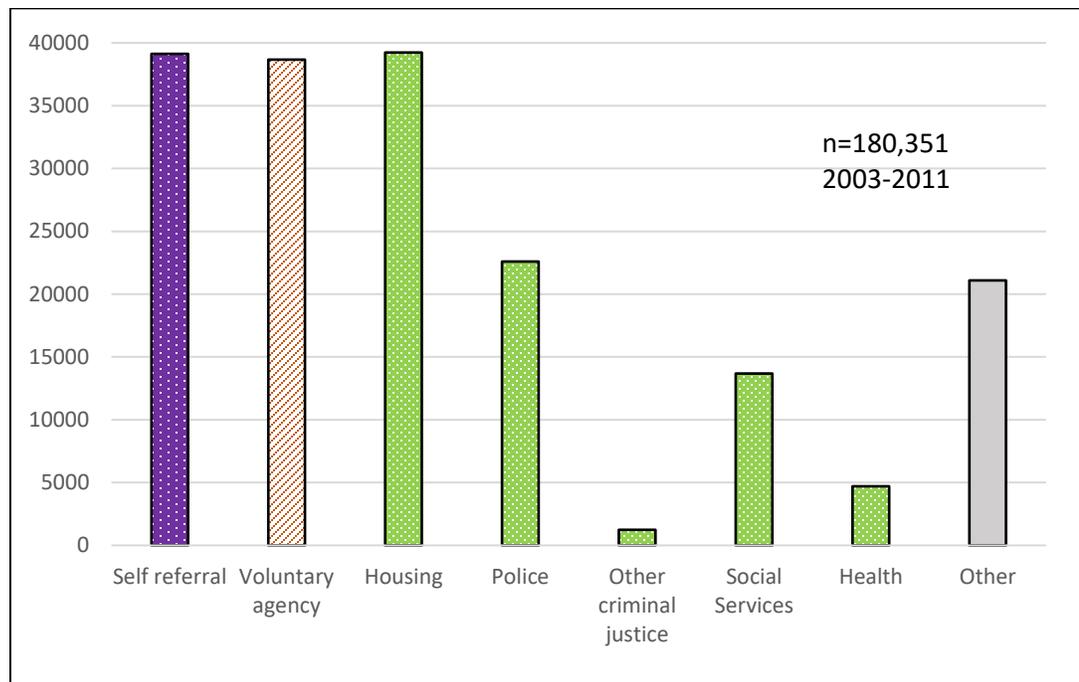

Figure 6: Graph of self-referrals and referrals from different types of agencies

Women self-refer to all types of services, and using all three strategies, indicating their personal agency and autonomy in help-seeking as and where they need (Figure 7). However, they are statistically significantly more likely to refer themselves when they are staying put or remaining local (p<0.001. Chi-Square = 10843.347. n=159,257. N.B. data on specific referring agency is missing in some cases—"Other"– so they are excluded from the analysis here). Women may lack the information to be able to refer themselves to services elsewhere, and voluntary sector referrers are statistically significantly more likely to refer when women are going elsewhere. Voluntary sector agencies are therefore clearly vital in enabling women's service access outside of their known area—when they need to go elsewhere.
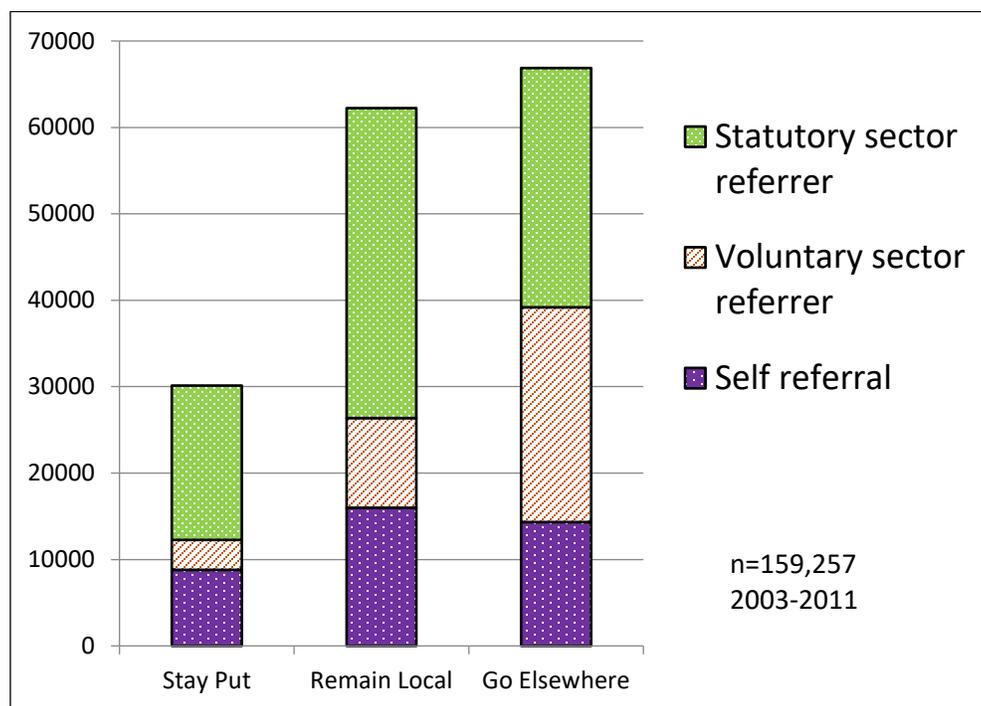
Figure 7: Graph of self-referrals and referrals and the three help-seeking strategies

Statutory sector agencies are statistically significantly more likely to refer women when they are staying put or remaining local; so only within the local area. There are also distinct differences between different statutory agencies. Police and other criminal justice agencies, Social Services, and Health agencies are all most likely to refer women who are staying put ($p<0.001$. Chi-Square = 16414.114. n=180,351); however, Housing agencies are most likely to refer women who are remaining local.

The distinctive role of Housing agencies is also highlighted by analysis on the linked dataset of women's service stays which identifies if individuals access services more than once within the timeframe of these data. Whilst Police, Social Services and Health are most likely to refer women who have a single service access, Housing is most likely to refer women to access services on their second or subsequent service access ($p<0.001$. Chi-Square = 155.896. n=18,188). Voluntary sector referrers are also more likely to be involved when women had multiple service access, whereas self-referral is not more or less likely in terms of single or multiple service access; again indicating women's personal agency and autonomy in help-seeking as and where they need. So, though women themselves may have long-term help-seeking journeys with multiple stages; it is primarily only voluntary sector agencies that continue to be involved in referrals after initial incidents of help-seeking.

Overall, therefore, different types of agencies are involved differently in women's three strategies: though statutory agencies are involved in around half the referrals to support services, these are distinctively more when women are staying put or remaining local—and on a single incident of help-seeking. This also means that statutory agencies are more likely to be aware and involved with women with additional support needs (as discussed above), to underestimate the extent of women's relocation across administrative boundaries (for some of the implications of this, see Bowstead, 2017); and are more likely to be involved where women access particular types of services.

Type of Service Accessed

Within these datasets on housing-related support services, just over half of the services accessed are women's refuges (52.9%), with nearly 10% being other accommodation services – such as supported housing or a direct access hostel (9.7%); and the rest (37.4%) being non-accommodation support services.

Though both refuges and other accommodation services provide a roof over the heads of women and children who have had to relocate due to domestic violence, they significantly tend to be accessed as part of different strategies (Figures 8 and 9).
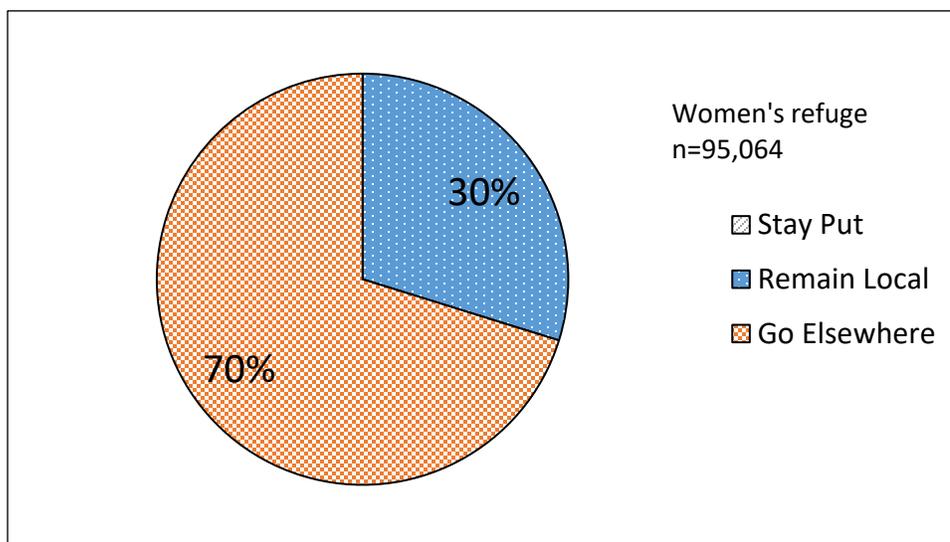

Figure 8: Pie chart of the three help-seeking strategies to women's refuges
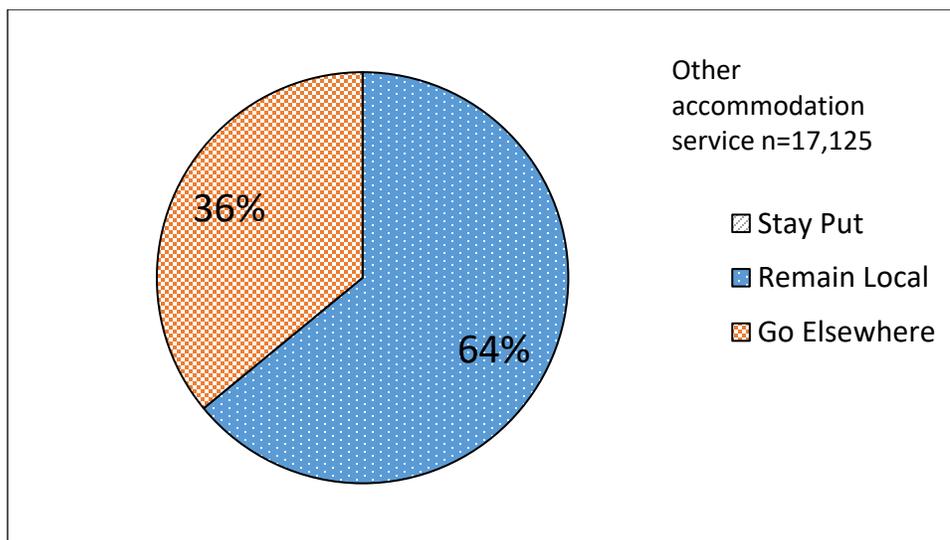

Figure 9: Pie chart of the three help-seeking strategies to other accommodation services

Whilst nearly two-thirds (64%) of women accessing other kinds of accommodation service are from within that same Local Authority; women's refuges are the key services for women who need to go elsewhere to escape the abuse. Refuges are

consistently accessed by 70% non-local women (Quilgars & Pleace, 2010; Bowstead, 2015), and are essential to enable women's and children's journeys where this is necessary. Crucially, therefore, this is why women's refuges should not be understood or planned as local services; and women and children's access from elsewhere should not be constrained.

Many women have actually relocated at the point of accessing non-accommodation services; for example, they may be in a new private sector tenancy because a refuge or hostel was unavailable or unsuitable, and access floating support to help them with the practical and emotional aftermath of abuse. Figure 10 shows that around half (50.5%) of the women accessing non-accommodation services had relocated, mostly remaining local (within the same Local Authority) (44.1%); and 6.4% having travelled from elsewhere.
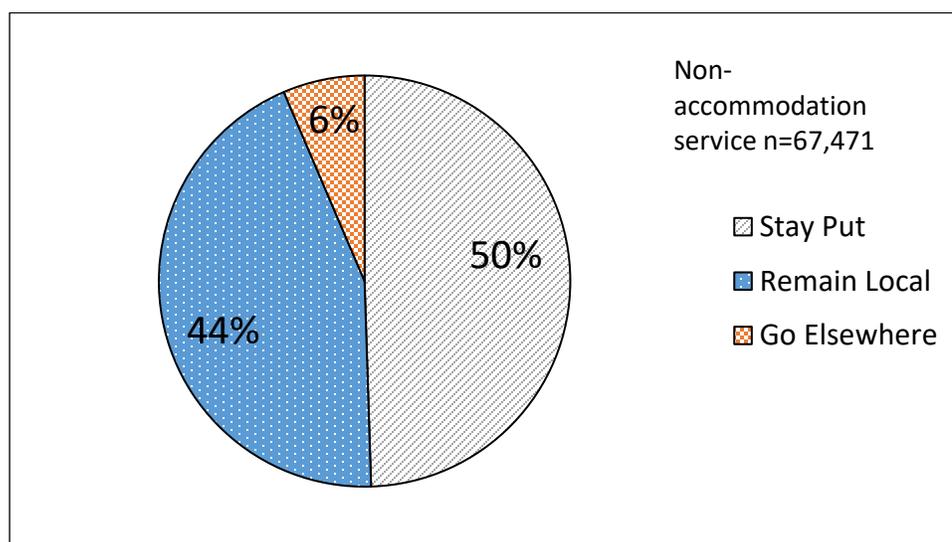

Figure 10: Pie chart of the three help-seeking strategies to non-accommodation services

Whilst women's options to access refuges are dependent on provision across the country; their options to remain local or stay put depend on the type and capacity of services their own area provides; and this varies widely. Some Local Authorities will have provided a wider range of services for local women experiencing domestic violence, beyond the services that were funded under the Supporting People Programme. Others will not – there is no statutory requirement in terms of types and capacity of services. In addition, women referring themselves are dependent on their own knowledge of services and how to access them; and are otherwise dependent on the knowledge and information from referral agencies.

Statutory agencies are statistically significantly less likely to refer women to refuges, and more likely to refer to other kinds of accommodation or to non-accommodation services ($p<0.001$. Chi-Square = 8400.254. n=160,427. N.B. data on specific referring agency is missing in some cases – "Other" – so they are excluded from the analysis here.) In contrast, voluntary sector agencies are more likely to refer women to refuges. This may reflect the type of service that women need at that point of help-seeking, but it does indicate that statutory agencies will only have a partial picture of the range of women's strategies and needs; and may be less aware of women's strategies that involve accessing refuges and/or are more likely to involve going elsewhere.

Table 1 shows, in summary, the different characteristics of women and services that tend to be associated with women's three strategies.

Table 1: Characteristics of women and services and the three help-seeking strategies

	Stay Put	**Remain Local**	**Go Elsewhere**
Demographics Age	more likely women 33 and over	more likely young women under 23	more likely women aged 18-32
Demographics Children	more likely without children	more likely without children	more likely with children
Demographics Disability	more likely to be disabled	more likely to be disabled	less likely to be disabled
Demographics Ethnic origin	more likely for White British women	more likely for White British women and Asian Indian and Pakistani women	more likely for ethnic minority women - especially Black women and Gypsy, Roma, Traveller and Irish women
Additional needs due to mental health, alcohol, or drugs problems	more likely to have support needs around mental health or alcohol	more likely to have support needs around mental health or alcohol or other drugs	less likely to have additional support needs around mental health, alcohol, or drugs
Referrer	more likely Statutory Sector or Self	more likely Statutory Sector or Self	more likely Voluntary Sector
Referrer most likely statutory referrer	Police	Housing	none
Service - most likely service accessed	non-accommodation support - especially floating support and outreach	other accommodation or resettlement support	women's refuge

DISCUSSION

The findings show that women use a range of strategies in help-seeking due to domestic violence. The three strategies of stay put, remain local, or go elsewhere do associate to an extent with different demographics, but also relate to different resources in different times and places. In addition to women's own personal agency – and self-referral to services—statutory and voluntary agencies operate as gatekeepers to women's strategies; both via the referrals they make, and the actual services provided in particular areas of the country. The interplay of all these factors can lead to the trajectories of individual women's journeys which incorporate more than one of these three strategies (at different stages); as well as the fact that journeys may be blocked or curtailed in numerous ways.

The role of services is a key factor in supporting women and children's recovery from domestic violence. Women talk about the importance of professionals' attitudes and empathy (Kulkarni et al., 2012), as well as the appropriateness of the actual services provided (Neale, 2018; Neale & Hodges, 2020). As the analysis here shows, services of all types often only have a snapshot impression of women's help-seeking, leading to a risk of an under-recognition of women's strategies before and after their involvement. Greater recognition of women's journeys by professionals could improve both the service provided, and the way in which they engage with women who are seeking help. An appropriate and timely referral can be a brief but crucial service intervention, whilst the failure to provide that can block the next stage of women's help-seeking strategies. Women self-refer via all three strategies and to all types of services, but they can be unaware of their options, find options blocked to them by agency practices and eligibility criteria, or find options unavailable due to the lack of service types or capacity.

The three strategies evidenced here raise a particular issue about services as gatekeepers: the rationing of support due to thresholds for assistance and eligibility criteria. In England (and elsewhere), from the late 1990s, the holistic and needs-based framing of women's and children's support that was grounded in the feminist foundations of responses to domestic abuse was increasingly shifted towards a new discourse focused on risk (Coy & Kelly, 2019). Statutory agencies had become more involved in multi-agency partnerships to respond to domestic violence (Hague et al., 1996), and the Police were especially key in embedding the discourse of risk in professional practice through the tools of risk assessment and Multi Agency Risk Assessment Conferences (MARACs) (Humphreys et al., 2005; Peckover, 2014). Whilst it was not inevitable that a formal consideration of risk would lessen the focus on women's rights and needs, that is what has happened; with consequences for specialist service funding and provision, and for women's autonomy and agency within a system supposedly set up to help them (Davis, 2015; Wilson, 2013). Overall, there has been a concerning move away from the principle of women being experts in their own lives (Hague & Mullender, 2006); and towards a focus on women's behaviour as if she is responsible for the perpetrator's behaviour (Debbonaire, 2011). The risk-based language has become so normalised that women themselves are (shockingly) categorised as "high-risk individuals" (Howarth & Robinson, 2016, p. 43), rather than as individuals facing the risk of perpetrators and inadequate state responses to them. Women's organisations that try to maintain a rights-based, women-focused core to their services face a challenging funding context, but often articulate a needs-led approach (Rogerson, 2015) and develop trauma-informed approaches that highlight structural inequalities rather than individualised and medicalised concepts of trauma (AVA and Agenda, 2019; Scott et al., 2020; Sullivan & Olsen, 2016).

Because agencies only have a snapshot of women's lives, at the point of interaction, any risk assessment—or needs assessment—tends to be static and inflexible to women's agency and strategies. Each woman has been dealing with the reality and consequences of domestic abuse from before she has any contact with services; and will be doing so for long afterwards (Miller, 2018). Women are experts in their own lives, and are passing through a complicated and fragmented system which may or may not help them. Whatever they need, they are still managing their own lives, and have the right to do so; and do not need a replication of the surveillance and control previously wielded by the perpetrator (Bond-Taylor, 2016; Sharp-Jeffs et al., 2017). More than anything, they need a system that engages with and controls the violent men (Kelly & Westmarland, 2016).

To illustrate what an understanding of women's three location strategies could add to service assessments and responses, the key needs of women and children for safety, wellbeing and resettlement will be briefly discussed (Figure 11). The diagram shows how levels of these three needs vary according to the strategies women use.
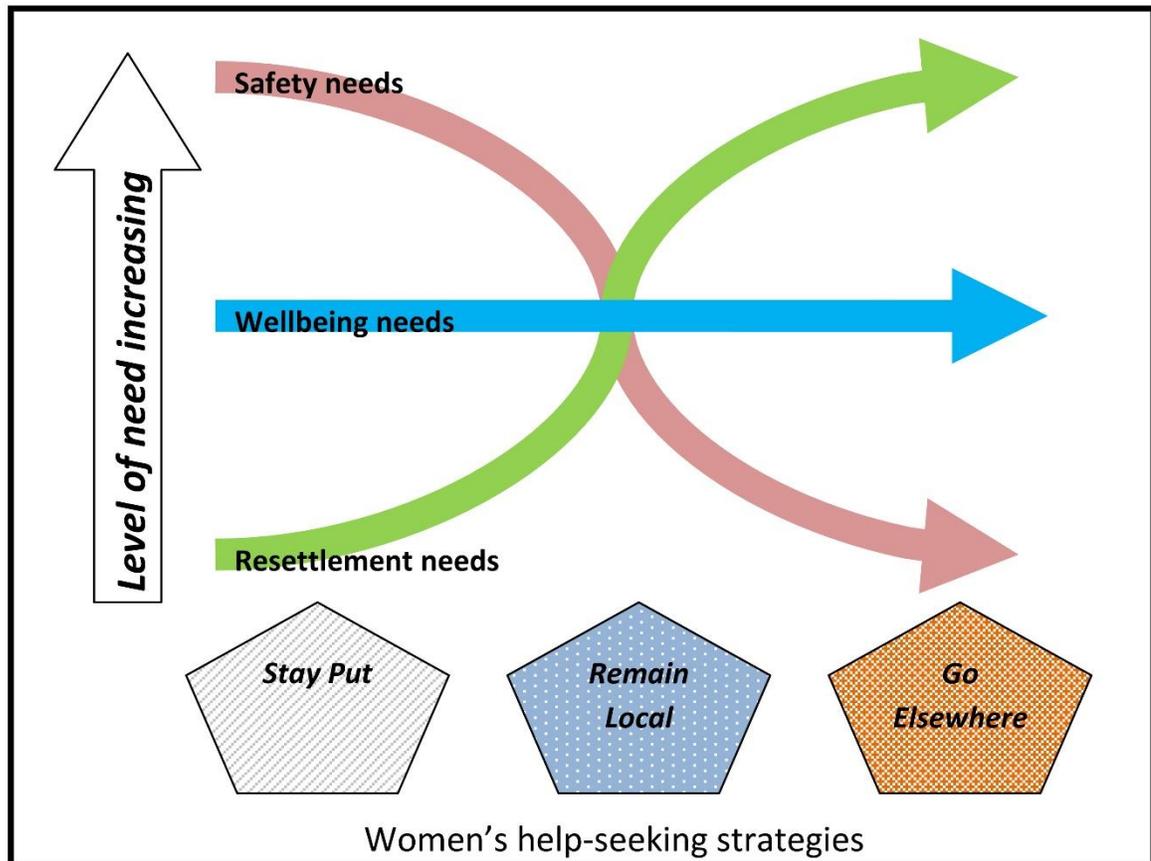

Figure 11: Diagram of the three help-seeking strategies and women's safety, wellbeing and resettlement needs

Wellbeing is a constant need—women and children's wellbeing will have been harmed by the abuse, and can be rebuilt by their own emotional labour, and supported by peer and specialist support in different contexts. Other needs however interact strongly with the strategy a woman is attempting at any one time. If she is attempting to Stay Put, her safety needs will be very high, but her resettlement needs are low, as she and her children are staying in a familiar place. However, if she goes to an unknown and maybe distant place, ensuring that the perpetrator is unaware of her new location, her safety needs are massively reduced (and she will become ineligible for any risk-based support services). However, her resettlement needs are greatly increased as she is literally safe but deeply displaced in a new area – unknown, and possibly even the least likely place she would go to.

This shows the folly and injustice of eligibility criteria based solely on level of risk—excluding women and children who are most in need of resettlement support. If she has arrived in an area which only funds and provides risk-based domestic violence services, and funnels referrals via risk assessments and MARACs, she is likely to be unable to access any domestic abuse support. The support she needs will not be just practical; though this can be considerable from getting children into nursery or

school, enrolling in college, or finding work, to finding the shops, parks, mosques, churches and so on to rebuild their lives. Women's and children's recovery will therefore take so much longer, with all the personal and economic costs, if they are left literally safe but isolated and stuck in terms of moving on from the abuse.

The interplay of different needs and strategies indicates the importance of holistic and dynamic responses to domestic violence, which build on women's own responses and rights. Different help-seeking and referral strategies may relate to different needs, but also to failures in responses; such as lack of information, lack of service capacity, thresholds and eligibility criteria, and the types of services in particular areas. Whilst women themselves know the range of issues they are coping with, any professional they encounter will only see a tiny fraction of what is going on; and particular types of agencies will only engage with women and children at distinctive moments. As a result, they cannot extrapolate from this to assume knowledge of women and children who are pursuing different strategies away from abuse. For example, Police, who are more likely to encounter women who are staying put or remaining local, cannot conclude from their data about the rights and needs of the thousands of women and children who go elsewhere. More effective responses to domestic abuse will only be built on a more three-dimensional understanding of women's domestic violence help-seeking, and on principles of respecting women's rights and autonomy by providing the support they need, when and where they need it Violence against women is a human rights violation (UN Human Rights Council, 2019; UN Women, 2020), which highlights the state's duties to respond appropriately.

Whether individual women stay put, remain local and/or go elsewhere in their journeys to escape and recover from domestic abuse; the terrain over which they travel is far from smooth. And the systems and services, the policies and practices, that are ostensibly established to support her recovery do not necessarily help her progress. Whilst women themselves know all too well the complex twists and turns of their journeys away from abuse – and whether and how they were helped – this research has highlighted the only partial picture that different types of services (statutory and voluntary sector) will have. Professionals, service providers and commissioners need to give greater consideration to women's domestic violence journeys, including their strategies of staying put, remaining local, or going elsewhere, if they are going to provide effective support for women and children's rights and needs (and not just 'risk'). Returning to the domestic violence journey that started this article, unfortunately we cannot ask Carole about the twists and turns of her journey. We cannot ask her whether she was listened to and respected during each encounter with professionals and workers; we cannot ask her whether she was offered options at each stage, and whether they met her needs. We cannot ask her about the perpetrator that caused her and her son to be on the move, and whether he was held to account for his abusive behaviour. We cannot ask her if she and her son were supported to resettle and recover from the violence. We can, however, ask the women that *we* encounter in our work and lives that are experiencing domestic abuse, and we can listen and respond with a greater understanding of how women and children are placed and displaced by abuse, and the consequences for their rights and recovery.

AUTHOR BIOGRAPHY

Janet C. Bowstead [http://orcid.org/0000-0003-0194-7688] is a researcher with a professional background in frontline, policy, and coordination work on violence against women. Her research is interdisciplinary in nature, across geography, social policy and sociology; integrating quantitative, spatial, qualitative and creative methods www.womensjourneyscapes.net.

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