Interventions Alliance

Refuge Accommodation for Survivors with Multiple Compound Needs

Evidence Review

May 2026

This document will outline the types of support needed by and provided to people with multiple compound needs who are seeking safety from domestic abuse. This will include a (working, non-exhaustive) list of safe accommodation providers who offer the specialist support required.

Introduction

People seeking safety from domestic abuse may have additional needs, or be experiencing one or more severe disadvantages which interact and compound one another, such as (but not limited to) significant mental health needs, substance use, criminal justice experience or convictions, and homelessness. Research suggests that domestic abuse victimisation is not only more common in women experiencing multiple disadvantages, but that it can both cause and contribute to other forms of disadvantage, and also has bi-directional interactions with other forms of disadvantage[1]. For example, domestic abuse victims may experience deteriorating mental health and/or use of substances as a coping mechanism for domestic abuse and trauma, which then further increases their risk of victimisation.

There are various **definitions** used by different agencies, such as 'Multiple Complex Needs', 'Multiple Compound Needs', or 'additional', 'multiple' or 'specific' needs or disadvantages. While the term 'complex' has been used commonly in the past, it is now viewed as stigmatising and problematic[2], so this report uses 'compounding' or 'additional' to describe such needs.

Different agencies also use varying **criteria** for whether or not someone is deemed to have additional needs. Some organisations are more limited than others, such as only working with clients with alcohol or substance use support needs. There may also be different thresholds for severity of mental health needs, the inclusion/exclusion of people with a criminal record, considering experiences of homelessness, or requiring a minimum number of co-occurring additional needs in order to qualify for referral. Other barriers such as disability, having no recourse to public funds, language or cultural needs can also impact and interplay with survivors' ability to access domestic abuse interventions[3].

Support for survivors with additional or compound needs is much less common than mainstream support. People seeking safety from domestic abuse who have additional or compounding needs require extra or specialist support, and mainstream services are often not equipped to accommodate these needs sufficiently or safely. If survivors are not able to access refuge, they may be forced to return to their abuser, or homed in non-specialist or unsupported temporary accommodation[4].

Funding

The 2021 Domestic Abuse Act places a Duty on local authorities in England to ensure the provision of 'safe accommodation' for survivors of domestic abuse, as part of the government's wider Tackling Violence Against Women and Girls work[5]. This is mostly funded by the Ministry for Housing, Communities and Local Government (MHCLG; previously the Department for Levelling Up, Housing and Communities), the Ministry of Justice and the Home Office[6]. A small number of refuges receive commissioned funding from a Police and Crime Commissioner, or from an Integrated Care Board[7].

Safe accommodation services are mostly commissioned by local authorities via competitive tender, with a smaller number financed via grant funding[8] or provided 'in house' by local authorities[9]. Women's Aid's annual audit reports that in 2023-24, 79.6% of 280 refuge services were commissioned by their local authorities for all of their bedspaces, 5% were partially commissioned and 13.9% were non-commissioned.

Only eight respondents to Women's Aid's annual survey said that their local authority funding covered access to specialist support workers (e.g. drugs/alcohol misuse, mental health, sexual abuse). Eight respondents said they were running specialist domestic abuse services for women with "complex needs" without dedicated funding[10].

The MHCLG funds the Duty provisions for local authorities, allocating £125m in 2021/22 and 2022/23, £127.3m for 2023/24 and £129.7m for 2024/25[11]. Although duty funding allowed local authorities to offer longer term contracts with safe accommodation providers[12], funding is short-term, not ring-fenced for specialist domestic abuse services or for marginalised groups, and significantly lower than the minimum investment recommended by Women's Aid[13] (£228m for refuges alone[14]). Competitive tendering processes can cause strain on providers' financial and time capacity[15], particularly for smaller organisations[16]. Costs of running services are rising, while funding is not keeping pace, threatening current provisions and limiting expansion[17]. Funding from local authorities often does not cover all the costs of running a service such as support costs (salaries, training), central costs (admin, premises) and activity costs, meaning providers must source additional funding to run their service[18].

What support is available?

Residential support includes refuge accommodation (communal or dispersed accommodation with built-in support staff), specialist safe accommodation (including 'by and for' services for specific characteristics), and second stage or 'moving on' accommodation. *NB: It can also include sanctuary schemes, whereby security equipment is installed in survivors' own home to improve safety, however this report will not cover this type of provision in detail, instead focussing on accommodation with built-in support.*

Research by the Domestic Abuse Commissioner in 2021[19] found that for accommodation based

domestic abuse services **without specialist provision**, 40% would accept a referral for a person misusing alcohol, 39% would accept a person misusing substances, 32% would accept a referral with high mental health needs, and 31% would accept a person with an offending history. However even when survivors are able to access such services, the lack of specialism makes it a poor fit, which may lead to poorer engagement or complete disengagement from survivors[20]. Survivors may also hide or downplay their additional needs, meaning that not only do they not receive the correct support, they may also be increasing the risk to themselves and others[21].

Local authorities are required to carry out local needs assessments, to assess the needs of people accessing specialist domestic abuse support in the area. However survivors often have to move to other areas when escaping their abuser, so are limited to accessing available spaces in other areas that can cater to their needs[22].

There are only a handful of refuges across the country with the ability to meet the needs of survivors with additional or compound needs, as this requires specialist staff as well as suitable premises. In 2023-24, Women's Aid[23] found only three domestic abuse services run exclusively for women with substance use and/or mental health support needs. Women's Aid's recent Domestic Abuse Report also found a decline in the number of specialist support workers in refuges and community-based services for women with alcohol/substance use, and mental health needs[24].

Research on specialist refuge spaces with staff who are trained specifically to support survivors with additional and compounding needs shows that survivors are better engaged with services, and coordinated approaches to service provision improves the quality of service and communication between agencies[25].

Services are only able to meet the level of support needed with adequate **funding**, and the additional support needed for compound needs survivors can increase the cost by 50%[26]. Funding is often lacking across the whole domestic abuse sector, but particularly so for specialist and culturally specific safe accommodation services[27]. Specialist services are limited due to the resources available, and generally underfunded[28].

Although the number of survivors accessing safe accommodation is rising, so too is the number who are unable to access such support, often due to limited availability[29]. **Demand** for specialist services particularly outweighs current provision, and data from Women's Aid also shows a decrease in refuge services with specialist support workers and alcohol use (33 refuges with specialist mental health workers in 2024, down from 48 in 2023; 32 refuges with specialist for alcohol use workers in 2024, down from 34 in 2023)[30].

The **length of stay** in refuge, dispersed, and specialist accommodation is shifting towards longer-term stays (42% staying for six months or more in 2024-2025, up from 31% the year prior[31]), which has been linked to more survivors having additional needs[32]. While these longer stays are positive for the survivors receiving support, they also limit the available bedspace for new referrals[33].

Access issues

'Mainstream' refuges often struggle to accommodate survivors with high substance abuse or mental health needs due to their **increased support needs**, and therefore have to turn down referrals from such cases.

Women's Aid's No Woman Turned Away project offers support to survivors facing barriers to refuge access. In their 2025 annual report[34], 37.1% of the total 342 women they supported had mental health support needs, 19.6% had substance use support needs and 8.5% had an offending history. The report also details that women were refused from vacancies as the refuge couldn't support their mental health (11.4%) and substance use (10%).

Staff capacity/training

After capacity constraints, the most common reason survivors could not be supported in refuge was due to unmet needs (4,030 instances in 2024-2025 – although this is a decrease from 5,370 the year prior). Of these, 20% were unmet mental health support needs, 12% were drugs support needs and 9% were alcohol support needs[35]. Although access to support for survivors with alcohol/substance use or mental health needs has been increasing in some areas[36], provision capacity is still not keeping up with demand.

Resourcing constraints mean that staff may not have enough time or expertise to be able to support survivors with their specific and compounding needs. Refuge workers should be knowledgeable on trauma-informed working, mental health issues and alcohol/substance use, however sometimes this is not available or embedded in operations. This could be due to lack of funding, time available for training, or in some cases staff not being aware of the need[37].

The training needed to support the specific needs of survivors with multiple compounding needs requires staff to attend longer sessions, and refuges may not be able to cover these hours. It also comes at a financial cost, which refuges may not have funding for. Trauma informed work also entails staff having space to reflect or receive clinical supervision, which requires ongoing dedicated time, cover and funding.

Refuge environment

Some survivors with additional needs require not only support staff with suitable expertise, but also specific **physical environments** (e.g. ligature free rooms) in order to be safely accommodated.

Establishing **Psychologically Informed Environments** (PIE) in refuges can decrease the number of referrals rejected due to compounding needs[38]. A PIE has requires several elements: An organisational framework that is reflective, compassionate and trauma informed; physical environments and social spaces that provide a sense of physical and emotional safety for clients and staff, and facilitate interactions and choice; ongoing staff training in trauma-informed working, and support for staff to manage and reflect on their experiences and emotions, including reflective practice; relationships which are managed and valued as a tool

for growth, including peer relationships and the inclusion of clients with compounding needs; outcomes are monitored and evaluated to support ongoing learning and improvement, and shared with clients and staff to help understanding of how PIEs work[39].

Risk to others

Placement of some survivors with additional needs requires consideration of the risk they pose to other residents or staff members[40]. Survivors with additional needs may not be able to be accommodated in mainstream services due to potential risks to other residents, such as violence or abuse, other risky behaviours or risk of relapse into substance use. They may also pose a risk to staff, for example to their physical safety, so ensuring staff are suitably trained and resourced is critical for safe management.

Alcohol/substance use

Many refuges request that residents agree to 'house rules' or similar rules or policies, which often include an agreement not to use alcohol or other substances while in the accommodation. This can mean that survivors with substance use support needs are excluded – or, they agree but continue to use and try to hide it from staff, meaning they may be putting themselves at further risk, as they don't have the supervision or support they need, or they use in unsafe places/conditions instead. In some cases, adaptations can be made to refuge policies, such as altering expectations from abstinence to safer/reduced use of substances, or consulting with staff before using[41].

Survivors with substance use support needs may require staff with specialist training in order to be accommodated and supported safely. Where abstinence is not possible, survivors can be supported to reduce their use or use more safely, for example using needle exchange services[42].

Convictions

Survivors with convictions are often hard to place – especially those with arson charges, as provider/landlord insurance will not accept residents with this risk profile[43]. The latest report on Women's Aid's No Woman Turned Away project[44] noted that only two of the 29 women with an offending history were able to be accommodated in refuge. This is concerning as Prison Reform Trust identified strong links between women's experiences of domestic abuse and offending[45], with survivors often being coerced in to offending by their abuser.

Provision by gender

The majority of survivor support is for women only (and their children), reflecting the fact that most domestic abuse survivors are women, and most of their abusers are men. In addition, according to data from the Changing Futures programme (which supports people facing multiple disadvantages, including domestic abuse) women were statistically much more likely to have experienced domestic abuse (93%) than men (46%)[46].

There is just one by-and-for refuge for transgender and non-binary survivors in the UK[47], and a

handful of dedicated or by-and-for LGBTQ+ provisions[48]. Many 'mainstream' refuge services include trans women in their women's provision, although there are no current figures on bedspaces available to trans people. However, research suggests that even where specialist LGBT+ domestic abuse services are available, they are not always inclusive of trans and non-binary service user's needs[49].

There are also significantly fewer services for male survivors. Mankind reports that in 2025 there were 429 spaces refuge/safe accommodation in the UK for men, of which only 130 are dedicated for men[50]; this is compared to 4,604 bed spaces for women in England in the same year[51].

Women's experiences of domestic abuse and multiple disadvantages differ to the experiences of men facing these issues[52]. Most of the evidence available focuses on services for women, due to most services being women-only. Although services evaluated may include trans women, the evidence available does not discern between the experiences of cisgender and transgender women. There is minimal research addressing the experiences of men or people of other genders with multiple additional needs, and overall the needs of underserved groups such as these are still generally unmet[53].

Considerations for residential support

Communal vs dispersed accommodation

Refuge accommodation has specialist support for survivors on-site, which generally houses more than one survivor or family and is therefore often referred to as a 'communal' or 'shared' setting. Dispersed accommodation is safe accommodation that is usually self-contained (rather than communal or shared), with access to visiting specialist support[54].

Dispersed accommodation is a good option for survivors with additional needs that cannot live communally – for example, those who may not cope well with being around lots of other people and/or children, due to trauma, neurodivergence, behaviour or other restrictions. However, this needs to be balanced with the support needs and how this can be delivered when the staff are spread across multiple locations[55].

Survivors with additional needs can be too vulnerable to live in dispersed accommodation, requiring round the clock access to on-site support. This means they would therefore be more suited to communal refuges. However, extra considerations are needed when assessing placement of a survivor with additional needs in communal accommodation, such as the risk to themselves and others (as noted in the previous section).

Dispersed accommodation is sometimes not restricted to women-only, and so may not be suitable for female survivors who need single-sex provision in order to protect their physical and psychological safety following trauma[56].

Non-DA specialist safe accommodation

Some other housing projects/providers also provide accommodation for compound needs clients (predominantly those with substance use or mental health support needs) who are also at risk of domestic abuse. These homes are not principally geared towards domestic abuse survivors but can be suitable for some survivors with additional needs when linked in with domestic abuse services[57]. However, accommodation or hostels such as this can house mixed-gender residents with diverse issues and needs (meaning survivors feel unsafe or face further abuse)[58], or come with stricter rules than a refuge (potentially triggering survivors of previous controlling behaviours)[59], making them unsuitable for many survivors with additional needs.

Alternatives to residential support

Other community support includes outreach, advocacy, counselling or therapy, drop-ins, helplines and peer support. The needs of survivors using these services are generally supported through collaborative partnerships with healthcare or other providers/services.

A Domestic Abuse Commissioner report from 2021[60] found that of community based domestic abuse services without specialist provision for survivors with additional needs, 62% would accept and offer a full service to women with high mental health needs, 66% to women misusing alcohol, 65% to women misusing other substances, and 65% to women with a history of offending. These rates are much higher than the acceptance rates for residential services (as noted in a prior section of this paper).

Outreach support is generally provided by Independent Domestic Violence Advisors (IDVAs), either in association with residential refuges or domestic abuse organisations or elsewhere in the community. There are also specialist IDVAs, or IDVA+ roles in some areas who are dedicated to survivors with multiple disadvantages. Although these are less common, they have been shown to improve survivors' feeling of safety and empowerment and reduce assessed risk upon the conclusion of support[61]. Aside from an evaluation of the IDVA+ role in one area, there is scarce evidence on the outcomes for survivors with additional needs who are supported in the community.

The importance of interlinked services

Even where specialist workers are available, it's still important to have agencies working together to address survivors' needs holistically. This includes medical care, support with children, substance use and mental health support, and criminal justice workers.

Services are often working in silo and creating barriers of their own[62]. The timing and sequencing of services' interventions are also important. For example, unpacking domestic abuse related trauma before sufficient support with substance use or dependence may trigger

relapse[63]. Alternatively, success with one intervention may improve some areas but be detrimental to others – such as gaining stable housing may improve mental health but lead to an increase in alcohol use[64].

Interventions need to interlock and build on the successes of previous steps. This requires ongoing and constructive communication between services, as well as being survivor-led and supporting them to choose their own priorities for support. Provision that is coordinated between services tends to encourage learning between services and greater familiarity, reducing frequency of inappropriate referrals[65] (and associated time/money spent on processing these), and also reducing the incidences of survivors having to re-tell their stories of trauma, feeling like they are being passed around, let down or rejected by services.

Refuges with more specialist knowledge on issues such as substance misuse are also able to refer and signpost to other services/programmes, meaning that the needs of survivors with additional needs are better met. Additional referral pathways between services and a dedicated keyworker increased the likelihood of survivors accessing services, where they had previously disengaged[66]. Co-located services provide additional entry points to specialist services for survivors, as well as opportunities for staff to share knowledge between services[67].

Survivors, particularly those with additional needs, often have lack of trust in some or all services, often due to prior negative experiences (e.g. stigmatisation or judgment), trauma or not feeling safe[68]. However, if a survivor builds a relationship with one service, this can be used to improve relationships or engagement with other services. Where multiple agencies are involved concurrently, it's important that survivors are clear which agency to go for help with each specific issue, to again avoid the feeling of being passed between services who can't help.

Summary

This report has outlined what support is available to survivors with additional and compounding needs who are seeking residential domestic abuse support, including access issues and considerations for residential support. Specific needs can include increased or problematic alcohol or substance use, justice system involvement (particularly so for those with arson convictions) and severe mental health support needs. These needs can compound or interact with other characteristics such as gender, disability, language or cultural needs, or having no recourse to public funds. Appropriate specialist support is much harder to find than mainstream services, and demand far outstrips provision. The literature base on how the needs of these survivors are met is also limited.

Refuges accommodating survivors with additional or compound needs must be able to balance the risk posed to other residents and staff, but also the risk to the survivor. These needs and risks also interact with the type of available accommodation, such as communal vs dispersed homes, physical features of the environment and the availability of staff with specialist knowledge on specific and compounding additional needs.

Meeting the needs of survivors with additional or compound needs means that higher staff capacity is needed. Specialist training and support for staff are vital. There may also be specific requirements for the physical refuge space. These necessities cost money, which is often in short supply in the sector, specifically in specialist services.

In all cases, the importance of joint working between services cannot be overstated. Improved referral pathways between services increase the likelihood of success, giving more chances for survivors to build trusting relationships with professionals. Sequencing of interventions is also critical so that survivors can build on their successes. These actions require multiple services having the ability and capacity to communicate effectively, in order to work holistically with survivors. Again, this requires adequate funding for delivery of these critical services.

Although access to specialist support for survivors with compound needs is increasing, provision is not keeping up with demand. There is also limited evaluation of the services that are providing this support, and their impact and outcomes for survivors. This is an area that requires attention, to ensure that the right support is being delivered and improving safety for survivors effectively.

Specialist Residential Providers

The following section details residential domestic abuse services with specific provision for survivors with additional or compounding needs. While efforts have been made to locate all such services, this inventory may not be complete and as such is a working list.

Solace Womens Aid - Multiple Needs Refuge: "We define people with multiple needs as having multiple issues in their lives which can include significant mental health and/or problematic substance use, prostitution, potential involvement in the Criminal Justice system leading to additional barriers in finding and maintaining housing."

NIA - Specialist Refuges: "The Emma Project is a pioneering refuge and outreach service for women who have experienced domestic and sexual violence including women who have been exploited through prostitution and who also use substances problematically."

Safenet - Jane's Place Recovery Refuge (Lancashire): 15 self contained flats where "Residents are supported to recover from both domestic abuse and additional issues, such as use of drugs and alcohol. We offer both domestic abuse focused recovery group work and bespoke group work programmes to motivate residents towards recovery."

The Haven - Support for women experiencing complex needs (Wolverhampton) states that alongside specialist inhouse staff they also work collaboratively with other agencies to ensure women get the support they need. "Women with complex needs that we see, are facing a combination some of the following issues: mental health issues, substance misuse issues, physical health conditions, learning disabilities, homelessness, housing issues, poverty, trauma, family or relationship issues – alongside domestic abuse"

Social Interest Group - SIG Equinox While not specifically a refuge, “SIG Equinox – Brighton Women’s Service is a female-only residential project providing low, medium and high support for women who have experienced homelessness, substance use, criminal justice history, mental health and domestic abuse.”

Interventions Alliance - Safe homes for people seeking safety from domestic abuse in East Sussex – “Specialist care available in two homes for up to a total 12 women aged 18+ from East Sussex who are experiencing or at risk of domestic abuse and are facing at least two of the following: Homelessness; Substance misuse; Poor mental health; Past or present offending”

[1] Understanding domestic abuse interventions for women experiencing multiple disadvantage (CFE Research & Department for Levelling Up, Housing and Communities, 2024)
[2] Evaluation of the Domestic Abuse Duty for Support in Safe Accommodation (Ministry of Housing, Communities & Local Government, 2025)
[3] Nowhere to Turn (Women's Aid, 2025)
[4] 'Where do you go? There's nowhere': Developing safe accommodation options for domestic abuse survivors (Homeless Link, 2022)
[5] Annual progress report from the Domestic Abuse Safe Accommodation National Expert Steering Group 2021-22 (GOV.UK, 2023)
[6] The Annual Audit (Women's Aid, 2025)
[7] ibid.
[8] ibid.
[9] Evaluation of the Domestic Abuse Duty for Support in Safe Accommodation (Ministry of Housing, Communities & Local Government, 2025)
[10] The Annual Audit (Women's Aid, 2025)
[11] Annual progress report from the Domestic Abuse Safe Accommodation National Expert Steering Group 2021-22 (GOV.UK, 2023)
[12] Evaluation of the Domestic Abuse Duty for Support in Safe Accommodation (Ministry of Housing, Communities & Local Government, 2025)
[13] Investing to save: The economic case for funding specialist domestic abuse support (Women's Aid, 2023)
[14] Women's Aid updates proposed funding settlement (Women's Aid, 2024)
[15] The Annual Audit (Women's Aid, 2025)
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[17] Written evidence submitted by Refuge (TVF0065) to Home Affairs Select Committee inquiry on Violence Against Women and Girls funding (2025)
[18] The Annual Audit (Women's Aid, 2025)
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[20] Understanding domestic abuse interventions for women experiencing multiple disadvantage (CFE Research & Department for Levelling Up, Housing and Communities, 2024)
[21] Morton, S., Hohman, M., and Middleton, A. (2015) Implementing a Harm Reduction Approach to Substance Use in an Intimate Partner Violence Agency: Practice Issues in an Irish Setting. Quoted in Understanding domestic abuse interventions for women experiencing multiple disadvantage (CFE Research & Department for Levelling Up, Housing and Communities, 2024)
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[23] Nowhere to Turn (Women's Aid, 2025)
[24] The Annual Audit (Women's Aid, 2025)
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[26] Annual progress report from the Domestic Abuse Safe Accommodation National Expert Steering Group 2022 to 2023 (Department for Levelling Up, Housing & Communities, 2024)
[27] Models of domestic abuse support in safe accommodation (Ministry of Housing, Communities & Local Government, 2025)
[28] The Annual Audit (Women's Aid, 2025)
[29] Evaluation of the Domestic Abuse Duty for Support in Safe Accommodation (Ministry of Housing, Communities & Local Government, 2025)
[30] The Annual Audit (Women's Aid, 2025)
[31] Support in Domestic Abuse Safe Accommodation: 2024-2025 (Ministry of Housing, Communities and Local Government, 2025)
[32] Evaluation of the Domestic Abuse Duty for Support in Safe Accommodation (Ministry of Housing, Communities & Local Government, 2025)
[33] ibid.
[34] Nowhere to Turn (Women's Aid, 2025)
[35] Support in Domestic Abuse Safe Accommodation: 2024-2025 (Ministry of Housing, Communities and Local Government, 2025)
[36] Evaluation of the Domestic Abuse Duty for Support in Safe Accommodation (Ministry of Housing, Communities & Local Government, 2025)
[37] Understanding domestic abuse interventions for women experiencing multiple disadvantage (CFE Research & Department for Levelling Up, Housing and Communities, 2024)

[38] Peace of Mind: Creating a Psychologically Informed Environment in Solace Women's Aid Refuge Services (AVA & Solace Women's Aid, 2017)
[39] ibid.
[40] Support in Domestic Abuse Safe Accommodation: 2024-2025 (Ministry of Housing, Communities and Local Government, 2025)
[41] Understanding domestic abuse interventions for women experiencing multiple disadvantage (CFE Research & Department for Levelling Up, Housing and Communities, 2024)
[42] ibid.
[43] Nowhere to Turn (Women's Aid, 2025)
[44] ibid.
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[47] Loving Me (Domestic Abuse Commissioner, n.d.)
[48] The Annual Audit (Women's Aid, 2025)
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[57] ibid.
[58] Women, homelessness and violence: What works? (Bimpson, Green & Reeve, 2021)
[59] 'Where do you go? There's nowhere': Developing safe accommodation options for domestic abuse survivors (Homeless Link, 2022)
[60] A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales (Domestic Abuse Commissioner, 2021)
[61] Evaluation of the Independent Domestic Violence Advisor Plus Role within Bath and North East Somerset (Jones, Skinner & Jacks, 2020)
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[66] ibid.
[67] Promising practice from the frontline (Homeless Link, 2018)
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