

Routes to Safety

An intersectional perspective

Summary findings | November 2025



Acknowledgements

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The Nuffield Foundation

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About SafeLives

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

We work with organisations across the UK to transform the response to domestic abuse. We listen to survivors, putting their voices at the heart of our thinking and we look at the whole picture for each individual and family.

Last year alone, 11,500 professionals and First Responders received our training. Over 90,000 adults at risk of serious harm or murder and more than 100,000 children received support through dedicated multi-agency support designed by us and delivered with partners.

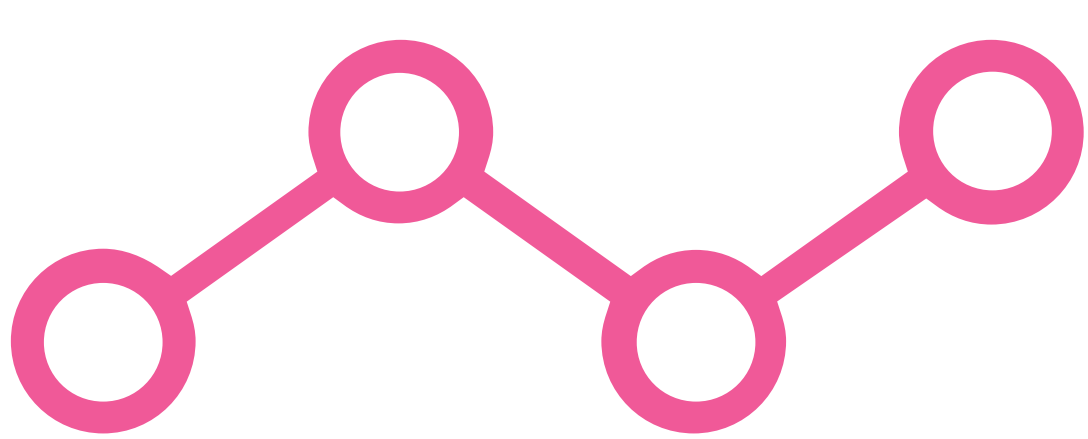
In the last six years, almost 5,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that’s just the start. Together we can end domestic abuse. Forever. For everyone.

Lived Experience

SafeLives are committed to placing people with lived experience at the heart of all we do to end domestic abuse. We believe engaging the expertise of victim/survivors is fundamental in ending domestic abuse for everyone, and for good. We consult victim/survivors nationally to ensure a wide and diverse range of voices are heard, while also providing a platform for their independent and authentic perspectives.

SafeLives works closely with a group of victim/survivor volunteers, known as ‘pioneers’, who help shape and develop its work. Throughout this project, pioneers played a key role in guiding and informing its direction.

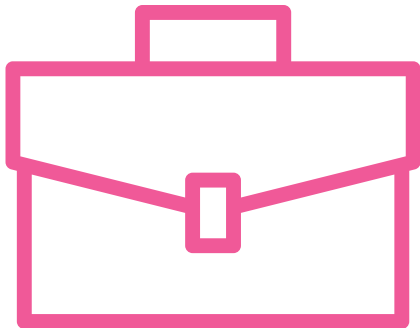
The data



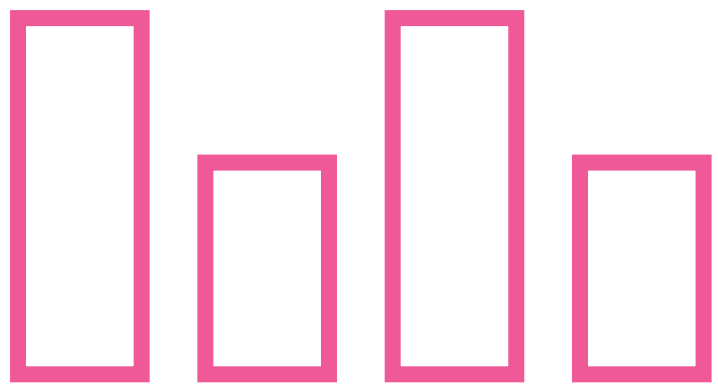
30,814

victim/survivors were included within the Insights dataset

6 professionals were interviewed and provided their expertise for the report



47 academic papers were read in full, with key information grouped and summarised

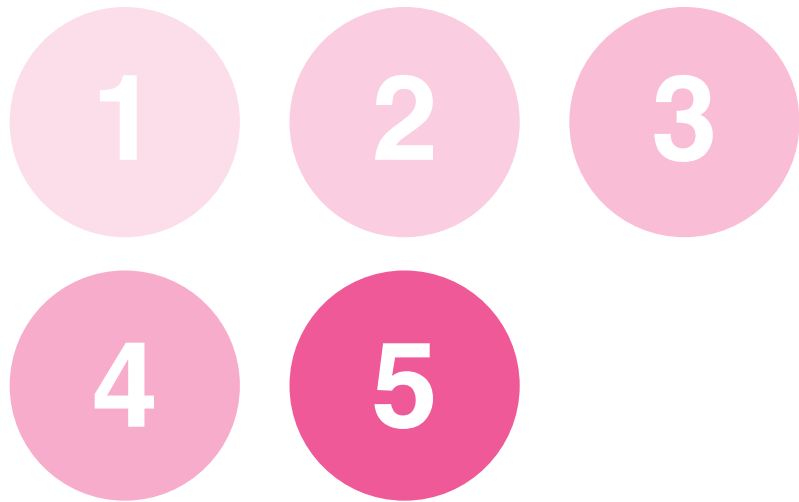


34 datapoints were analysed for each victim/survivor in the Insights dataset

7 victim/survivors were interviewed and shared their experiences for the report

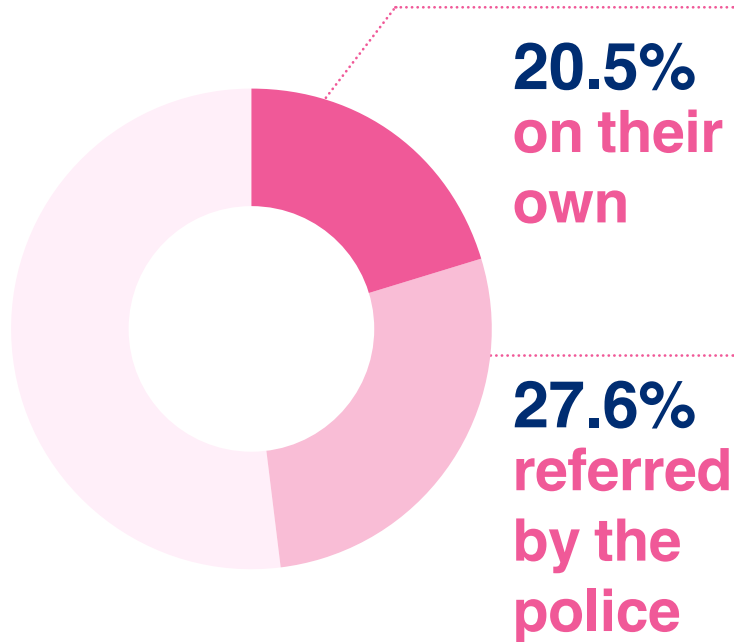


Key insights from victim/survivors

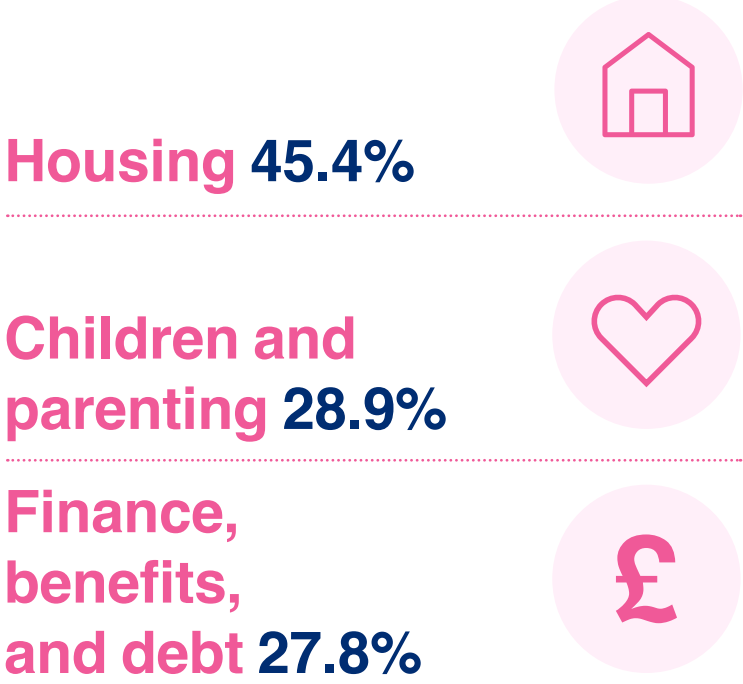


On average, people in the dataset experienced abuse for five years before receiving support.

Most frequently came to services:



The most common areas of need were:



After receiving support from domestic abuse professionals, many reported:



Use of language

Safelives defines ‘victims’ of domestic abuse as people who currently live in danger and ‘survivor’ to describe the person from the moment they start to receive support/move on from the abuse. For this report, we use ‘victim/survivor’ to describe anyone with an experience of domestic abuse.

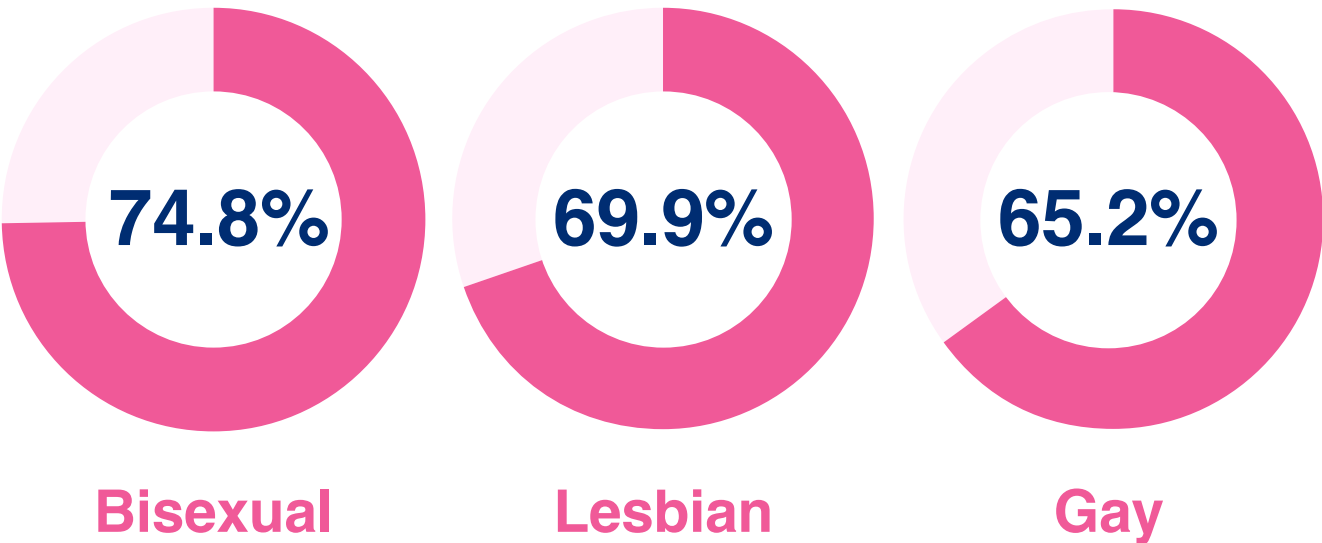
Differences by identity

A higher number of ticks on the DASH at intake were seen for victim/survivors that have a disability, are LGBT+, non-male or aged 19-35.

Disabled victim/survivors experienced abuse for **one year longer** than those without a disability.

Asian / Asian British disabled women experienced abuse for nearly **three years longer** than white women without a disability.

Mental health needs were highest among those identifying:



4x longer Asian/ Asian British women experienced abuse for longer across age all groups. For example:
Asian / Asian British women aged 18 and under
White women aged 18 and under

Victim/survivors aged 51 and over experienced abuse for 43 months longer than those aged 36–50.

Average amount of time (months) women experience domestic abuse:	
White	70.7
White with disability	74.2
Asian / Asian British	89.8
Asian / Asian British with disability	105.6

Background

The Crime Survey for England and Wales (CSEW, 2024) estimates that around one in five adults have experienced domestic abuse since the age of 16, with approximately 2.3 million people aged 16-74 affected in England and Wales in the last year (ONS, 2024).

Domestic abuse does not affect all groups equally. For example, disabled people are three times more likely to experience domestic abuse than those without a disability (ONS, 2021), and young people aged 16–19 experience the highest rates compared to any other age group (ONS, 2024).



Research shows that the further a victim/survivor is from a perceived “norm,” the harder it can be to access support services (SafeLives, 2017a, 2018; Women’s Aid, 2024). People with intersecting identities often face additional barriers, as their needs may not be fully recognised by practitioners (SafeLives, 2017a, 2018; Thiara & Roy, 2020). Cultural misunderstandings among service providers can also discourage victim/survivors from seeking help confidently (SafeLives, 2017b; Women’s Aid, 2022).

Between 2016 and 2019, SafeLives ran a spotlights series highlighting hidden victim/survivors who face extra barriers to accessing support. This research focused on the whole person, recognising that multiple identities shape a survivor’s experiences.

In the past year, over 128,000 cases identified as at high risk of death or serious harm from domestic abuse were discussed at MARAC (Multi-Agency Risk Assessment Conferences) (SafeLives, 2025). While only one in five survivors report abuse to the police (ONS, 2023), two-thirds of MARAC referrals come from the police. Barriers to reporting abuse are often higher for certain groups, which may explain why Black, Asian and racially minoritised people, LGBT+ individuals, and disabled people are underrepresented in MARAC data.

“Intersectionality is not primarily about identity but about how structures make certain identities the consequence of and the vehicle for vulnerability. Intersectionality is an analytic sensibility, a way of thinking about identity and its relationship to power. It’s about understanding and addressing how interlocking systems of power – such as race, gender, class, sexuality, and ability – create layers of disadvantage that are compounded for those who embody multiple marginalized identities.”

Crenshaw, 2015

1 in 5 
adults have experienced domestic abuse since the age of 16

Our Research Questions

How is a victim/survivor’s journey to safety influenced by the referral pathway and intersecting identity?

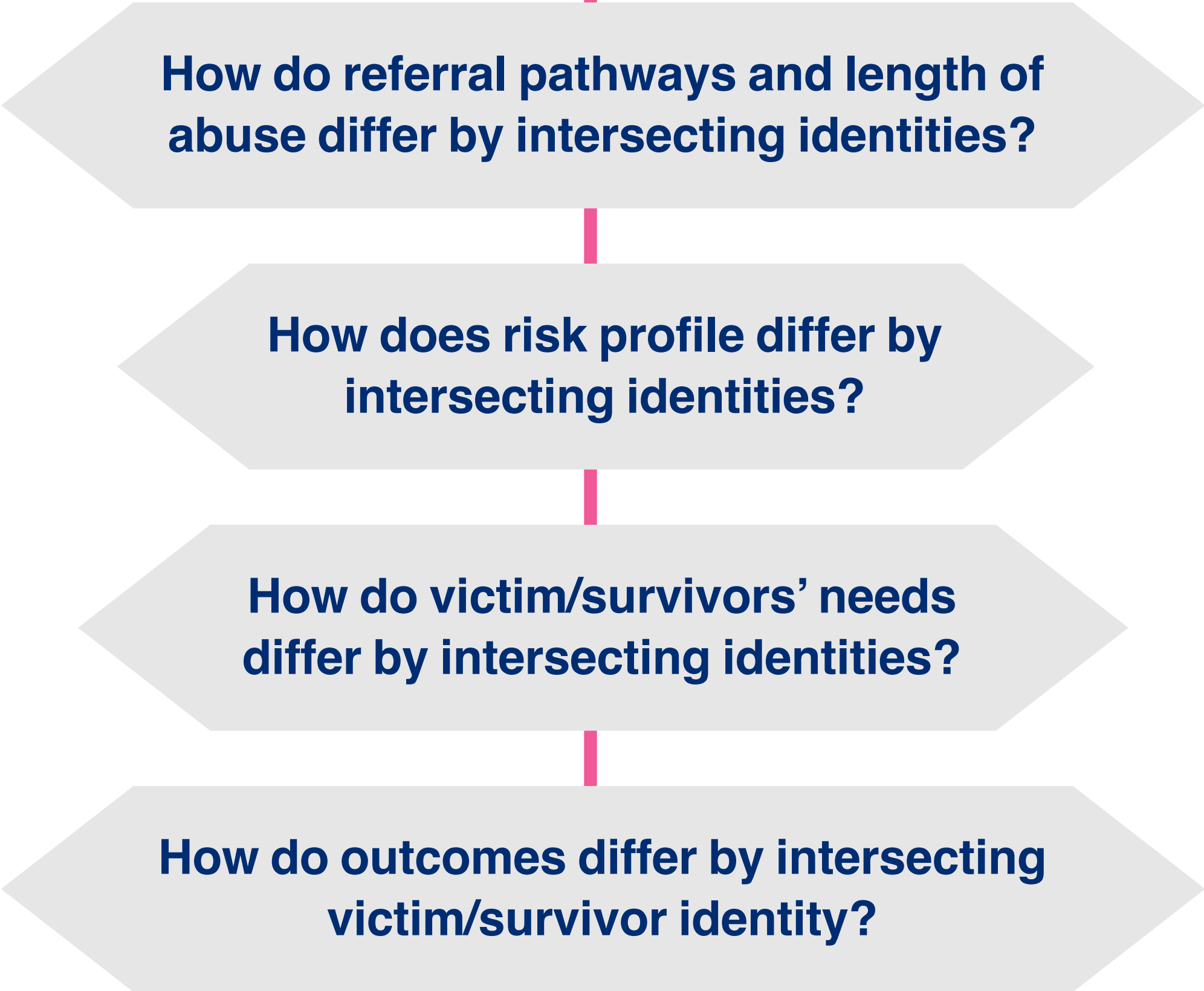


SafeLives’ Insights

SafeLives’ Insights data contains anonymised case level data collected by frontline professionals from 29 services when a victim/survivor enters the service (intake) and when they exit the service. It supports services to better understand the impact of their work and the people they support. Data has been included for 30,814 victim/survivors between January 2016 and October 2024. This date range has been included with advice from the advisory groups to allow for a larger number of cases and to track any changes over time.

Data included demographic characteristics (gender, age, ethnicity, sexuality, and disability status), date case opened and closed, referral route, risk profile at intake and exit, needs on intake, level of abuse on intake and exit and client reported outcomes at exit.

More information is available on the **SafeLives website**



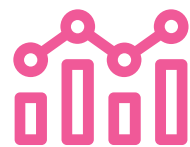
Methodology

A mixed methods approach was taken to investigate the research questions.



Rapid Review

A rapid review was conducted to identify and collate information from published UK domestic abuse literature, from 2014 onwards, exploring experiences and risk through an intersectional lens.



Quantitative Analysis

This study used data from SafeLives’ Insights dataset. The dataset included key demographic variables such as gender, age, ethnicity, sexuality, and disability status. It also captured information on the level and types of abuse experienced, the needs clients presented with when entering the service, referral routes, duration of abuse, client risk profiles, and self-reported outcomes at service exit.

The data was analysed in several ways to understand how different factors affect victim/survivors’ experiences of domestic abuse and their routes to support services. We used descriptive statistics and statistical analysis to identify patterns in the data and to understand statistically significant differences in experiences of domestic abuse relating to individual identities and the compounding impact when identities are layered. See the full report for full details about the quantitative analysis.



Qualitative Analysis

Semi-structured interviews were carried out with victim/survivors with marginalised identities (7 interviews) and professionals working with victim/survivors with marginalised identities (6 interviews). The interviews were carried out to gather in-depth information about individuals’ experiences and to further our understanding of the quantitative data.



Domestic abuse

Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between a victim and their perpetrator regardless of gender or sexuality. This can encompass – but is not limited to – psychological, physical, sexual, financial, and emotional abuse. Domestic abuse can be perpetrated by a partner or ex-partner, family member, or carer.



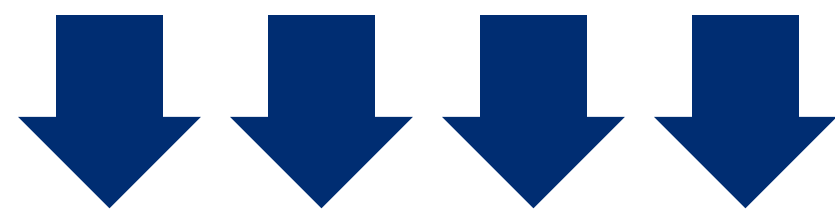
Marginalised identities

Marginalised identities are social identities or characteristics of individuals or groups that are systematically disadvantaged, excluded, or discriminated against within society. Examples include, but are not limited to, individual from minority ethnic groups, LGBTQ+ individuals, people with disabilities.

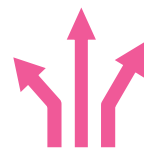
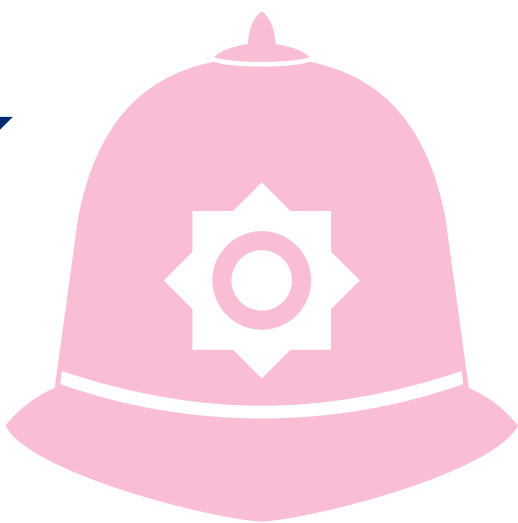


Summary of findings by research questions

How do referral pathways and length of abuse differ by intersecting identity?



Fewer referrals are made by the police for disabled and Black and racially minoritised victim/survivors.



Referral pathways

► **Referral pathways differ across identities.** Fewer referrals are made by the police for victim/survivors who are Black/African/Caribbean/Black British, Asian / Asian British, and those with a disability. Some identities are more likely to be referred through helplines (Black and racially minoritised victim/survivors, and individuals with a disability). Young people are more likely to be referred by Children’s Social Care than other identities.

► **Referrals are being received in different ways,** with services ‘meeting’ individuals where they already are including virtually such as Facebook groups and other social media platforms or by word of mouth.

► **Barriers exist to seeking help through more conventional pathways.**

Our interviews and literature identifies that victim/survivors with intersecting identities have experiences of being let down by a range of services in a range of contexts, so that when they are experiencing domestic abuse, they do not seek help. During the interviews, victim/survivors described other, non-domestic abuse related experiences where they received unhelpful responses. Examples were given around autism and reporting of bullying and health problems being dismissed.

► **The interviews with professionals and victim/survivors identified a learnt distrust of services and a reluctance to report to the police,** where they mentioned that they might not be taken seriously. This chimes with the literature which identified that learnt distrust of services can act as a barrier to engaging with services and disclosing abuse (Evans & Feder, 2016).

► **Some of the barriers relate to wider social systems and the normalisation of prejudice against certain identities.** Literature also identified that prejudice, along with minimisation of experiences can hinder disclosure (Lahti, 2023; Mulvihill et al, 2023; Todd, 2021).

► **Statutory organisations, particularly the police, hold substantial power and can be hard for victim/survivors to access.** Some professionals noted that police involvement can have benefits, such as offering practical support and validating victim/survivors’ experiences, helping to undermine the normalisation of abuse.

“
Having a police email address has absolutely changed professionals’ responses to victims”

Professional

► **Interviews showed that victim/survivors often prefer support from professionals or organizations that understand or share their specific identity.** Literature highlights the importance of specialist organisations that recognise how experiences of abuse intersect with marginalised identities (Barnes et al, 2023; Dixon et al, 2022).

“
... when you’re disabled, we spend such a lot of time dealing with disability benefits, processes, so you grow up knowing that everyone thinks you’re a scrounger and a faker... And that profoundly affects me, and other disabled people; when we have to tell our stories – and especially in like an abuse context – because the idea of not being believed, and seen as manipulative, like... I can’t even explain how much that affects us.

Victim/survivor



Length of abuse

► **Our analysis shows that the victim/survivor’s identity impacts the length of abuse experienced before accessing support from a domestic abuse service.** When the victim/survivor has a disability, is from an ethnic minority, or over-50, the average length of abuse is increased. Increased length of abuse is compounded by intersectional identities, where disabled victim/survivors who are both older and from an ethnic minority experience abuse for longer before receiving support.

► **Some literature identifies that people from marginalised communities may be less visible within society** due to the devaluing and othering of their identity (Wydall et al, 2023). This can extend the time taken for institutions to recognise the signs of domestic abuse impacting these individuals. Some identities also experience domestic abuse for shorter periods of time before receiving support such as younger individuals and men.

► **On average white British women experience domestic abuse for 70.7 months before receiving support from a domestic abuse service.** This increases to 74.2 months when they have a disability. However, Asian / Asian British women experience domestic abuse for 89.8 months which increases to 105.6 months for Asian / Asian British disabled women.

► **Our analysis shows that overlapping intersectional identities can compound experiences of abuse,** leading to statistically significant longer lengths of abuse than would be expected from each identity on their own. This means that statistically significant longer lengths of abuse are seen for the following combined identities:

- White, heterosexual females aged 51 and older, with a disability and without a disability
- Asian / Asian British, heterosexual females aged 51 and older, without a disability
- Asian / Asian British, heterosexual females aged 36-50 with a disability

And shorter lengths of abuse for the following combined identities:

- White, heterosexual females aged 18 and under without a disability
- White, heterosexual males aged 51 and older, with a disability and without a disability
- Asian / Asian British, heterosexual females aged 19-35 without a disability



► **The literature suggests that services need to be proactive in enquiry, referral, and support** to identify often invisibilised victim/survivors. Where this happens, it leads to improved outcomes. Examples were shared in the interviews of professionals recognising signs of abuse and being proactive to discuss with the individual.

► **There are numerous missed opportunities to support marginalised victim/survivors to become safer sooner**, and responses to help-seeking for marginalized communities can be negative and unhelpful. The interviewees discussed minimisation of their experiences following disclosure, multiple visits to services or multiple disclosures. This can then reinforce the internalised normalisation of abuse and prolong the length of the abuse.

“
I went to A&E a few times, ...”
Victim/survivor

► **The professionals recognised that there is a delay in reporting the abuse** and that work needs to happen to avoid only reporting at the point of crisis.

“
They [victim/survivors] do wait until they’re at crisis stage.”
Professional

“
We’re getting a lot [of DA cases] where other professionals are involved and identify it, and then kind of bring to the survivor’s attention.
Professional

How does risk profile differ by intersecting identities?

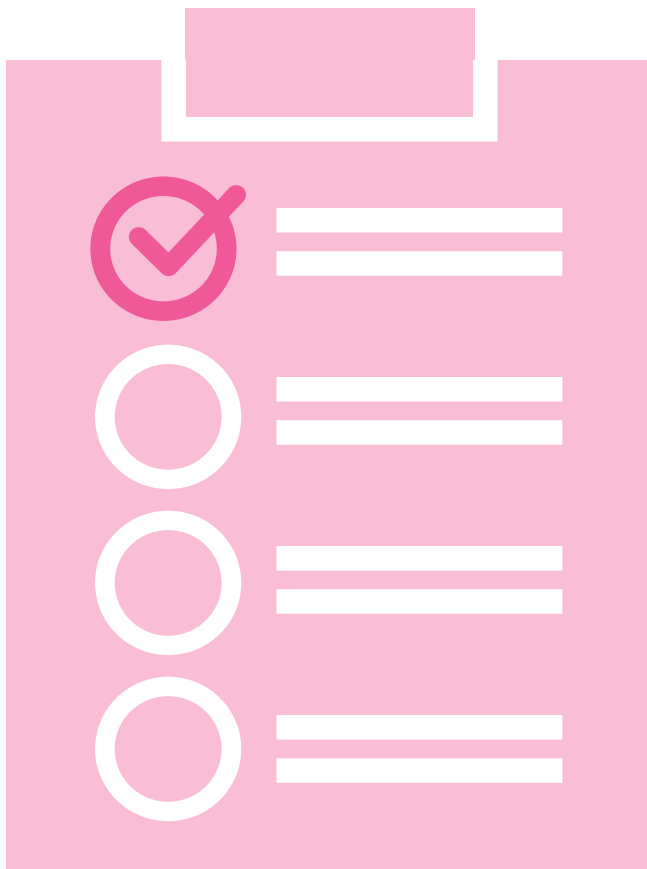
► **One of the ways that risk is measured in Insights is through the number of ticks on the DASH at intake and at exit.** We can see that a higher number of ticks on the DASH at intake were seen for victim/survivors that have a disability, are LGBT+, non-male or aged 19-35. We can also see that the number of ticks appears to decrease with age, with victim/survivors aged 51 and over having a lower number of ticks at intake. A lower number of ticks were also seen for certain Black, Asian and racially minoritised communities (Asian / Asian British and Black, African, Caribbean, or Black British).

.....

White, heterosexual females, aged 51 and over with a disability have statistically significant fewer ticks on the DASH than would be expected from the individual identities on their own.

.....

► **When we apply the intersectional lens through our analysis, we can see that intersectional identity has a compounding effect** where the number of ticks at intake is significantly different than would be expected from the individual identities on their own. Fewer ticks are seen than would be expected for white, heterosexual females aged 51 and older with a disability.



► **It is important to note that there are a number of questions on the DASH that may not be relevant for older individuals,** and this could be skewing the numbers. Specifically, the following questions from the DASH risk assessment may not be relevant for older individuals meaning that there are 22 possible questions instead of 24:

- Question 7. Is there conflict over child contact?
- Question 9. Are you pregnant or have you recently had a baby (within the last 18 months)?

► **The types and severity of abuse being experienced differs across identities.** Our analysis of the Insights data identified the following differences:

- Severity of physical abuse, sexual abuse, harassment and stalking and jealous and controlling behaviour decreases with age.

► **Higher levels of physical abuse were reported by white victim/survivors compared to Asian/Asian British and Black, African, Caribbean, or Black British victim/survivors.** This is particularly relevant when considering the pattern of seeking support described in the interviews, where individuals seek support at the point of crisis which, is typically when this becomes physical abuse.

– Specific intersections of identity were also identified as experiencing different levels of physical abuse, particularly around sexuality and age. With some of the non-heterosexual younger age groups experiencing lower levels of physical abuse compared to the heterosexual women in the same age group.

– Compared to white female victim/survivors, Asian / Asian British victim/survivors identified lower severity of physical abuse, harassment and stalking and jealous and controlling behaviour and higher severity of sexual abuse. However, for female victim/survivors aged 51+ and Asian / Asian British the severity of harassment and stalking is higher.

► **Victim/survivor interviews identified that marginalised communities may only contemplate contacting the police about the domestic abuse when it escalates, is at a point of crisis or there has been physical violence.**

► **Victim/survivors reported that perpetrators often manipulated their support networks,** which could result in attempts to disclose abuse or seek help being relayed back to the perpetrator. Breaches of confidentiality can increase the risk to the victim/survivor and may lead to prolonged experiences of abuse due to fear of disclosure.



DASH (domestic abuse, stalking and ‘honour’- based abuse risk checklist)

The DASH is one component of a wider risk-care pathway, supporting professional judgement. DASH is a structured tool used across multi-agencies and is the most commonly used risk assessment tool in the UK (Armitage, 2024). It is consistently recorded at intake and exit by the services using insights to support safety planning. It is a numerical assessment of risk factors being faced by individuals experiencing domestic abuse and is not a predictive tool for future risk.



Well, talking to people was good, but then they... kind of it got back to the perpetrator, and then obviously that put me at more risk because they knew about it, and they just weren't very sort of helpful; there wasn't really a lot they could do about it, they said.

Victim/survivor

► **Leaving the relationship may heighten risk not only from abuse but additional identity-related challenges such as health.** However, this may not be acknowledged or identified by the services involved. Professionals noted that they must consider everyone’s unique circumstances, identities, and needs to provide effective and appropriate support to minimise risk.

► **Interviews highlighted that perpetrators often use the emergence of transitional identities as an opportunity to initiate or escalate abuse.** Pregnancy was frequently identified as a period of heightened risk, with some victim/survivors attributing the onset of abuse to this time.

► **There were also differences in the change in risk profile from when a victim/survivor entered a service to when they exited the services.** On average some identities have a greater reduction in risk and some lower reduction in risk. Further research is needed to understand the differences alongside risk levels.

► **When comparing the intersection of identities, ethnicity and disability have a significant interaction.** Specifically, the combination of being both Black, African, Caribbean, or Black British and having a disability is associated with a smaller reduction in risk from intake to exit where the average reduction on ticks was 1.8 compared to 2.6 for white victim/survivors who had a disability.

“ All anyone wants is for you to leave, regardless of whether leaving, as a disabled person – or as a queer person, for that matter – is going to put you at even greater risk.

Victim/survivor

How do victim/survivors' needs differ by intersecting identities?

► **Needs differ across identities.**

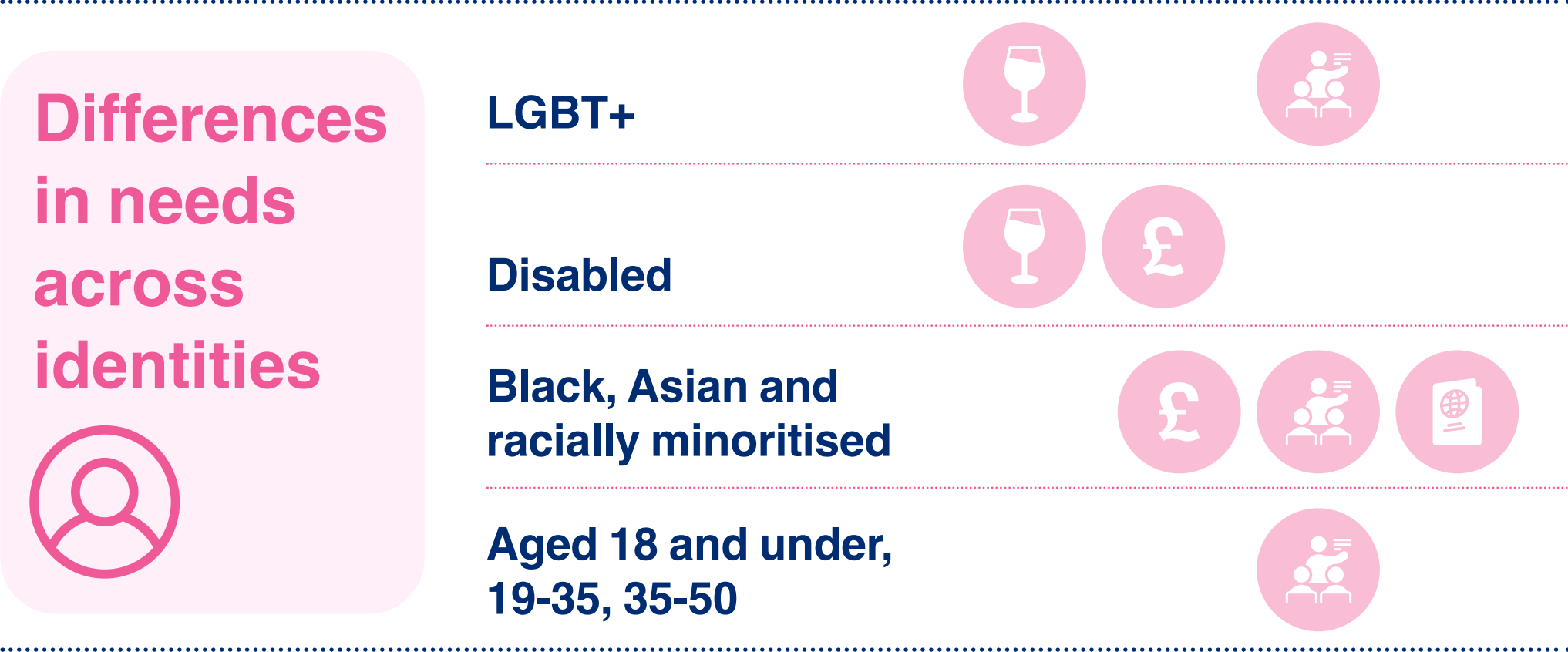
Our Insights data shows the following differences in needs at intake compared to other identities:

- LGBT+ victim/survivors were more likely to identify needs around alcohol, drug misuse, employment, education and training
- Disabled victim/survivors were more likely to identify needs around alcohol, drug misuse, finance, benefits and debt

- Black, Asian and racially minoritised victim/survivors were less likely to identify needs around alcohol. They were more likely to identify needs for employment, education and training, finance, benefits and debt and immigration
- Victim/survivors aged 18 and under were most likely to have needs around employment, education, and training, and those aged 19-35 and 35-50 were also more likely to have this need than those aged 51+

- Female victim/survivors and those that identify in another way were more likely to have housing needs than male victim/survivors

► **Many victim/survivors with intersection identities will normalise the abuse.** Literature and our interviews highlighted that recognising abuse can be difficult for any victim/survivor, especially while it is happening. For those with intersecting identities, external and internalised prejudice may further complicate this process. Interviews highlighted that many victim/survivors thought the abuse was their own fault. This normalisation was attributed to previous trauma or a history of marginalised communities learning to accept abuse.



► **Validation from others can help victim/survivors recognise abuse.**

However, marginalised victim/survivors may be isolated and lack this feedback, while perpetrators increase the isolation as a form of control (Bates & Carthy 2020; Mulvihill et al, 2023). Interviews highlighted that being believed during initial engagement with support services is vital in building trust and encouraging further disclosure. This may be especially important for those with marginalised identities, whose experiences are often minimised by professionals and agencies.



He got rid of all my friends”

Victim/survivor

► **Victim/survivors highlighted times where this validation can be provided in different ways and without human interaction.**



I got really scared, and I went online, and I actually did like this kind of questionnaire; and I remember I did this on my phone, and the result came back as like ...you know... ‘What you are experiencing is abuse’, and I was like... ‘Oh my god!’ like, ‘I’m not crazy!’”

Victim/survivor

► **Some of the professional interviews discussed the needs of individuals that were not always able to be met or that there may be delays in meeting needs.** This aligned with the literature (Desai et al, 2024).



There seems to be a general... erm... attitude of ‘It’s quite difficult to work with ethnic minority communities’, which makes... which makes it quite difficult, because you can see people wincing, as soon as they have to use Language Line, or they have to use an interpreter!”

Professional

► **Language and communication barriers can affect individuals with neurodiversity or low literacy.**

Adapted communication methods, accessible materials, and sensory-friendly environments may be needed. Victim/survivors described being overwhelmed by the amount of paperwork and communication required to access support. Professionals acknowledged services are mostly built around neurotypical norms which could lead to support being ineffective or inaccessible. Early identification of literacy or technological needs, along with practical help to complete forms and process information, is crucial for maintaining engagement.



I think one of those unmet needs is understanding how different brains process this information, and how it will impact on behaviour. And having the skills and the understanding to be able to provide things that work.”

Professional

“

If their sensory needs aren't met, then they're not going to be able to process what you're telling them."

Professional

► **Accessing support can require victim/survivors to make difficult decisions about existing support linked to their identity**, such as visa complexities, insecure immigration status, accessing funding, and an inability to work (Alderson et al, 2022). This can act as a barrier to accessing support. Interviews described that services may not fully recognise the victim/survivor's situation, leading to negative impacts, including delays in health services, visa processing, or financial support.

“

One of the big issues about getting me rehoused was, I did not want to be housed outside my GP's catchment area. I have a rare condition, and when you have any kind of rare condition, you do not want to leave a good GP because you will have to start from scratch with other ones"

Victim/survivor

“

[She] can change the immigration to a parental visa, but the citizenship will take longer for 10 years. If she's under the skilled worker visa, for now, in the policy of immigration, in 5 years she can be a British citizen, but if she's swapped to parental visa, all the years that she stayed in the UK will be dissolved, and she will start from scratch, and it will take 10 years for her to be a British citizen."

Professional

► **Some interviews discussed the complex, overlapping needs that affect the support received.**

Specialist services may not know how to support all the aspects of an individual's intersecting identity, meaning people must prioritise the identity with more pressing needs at the time. While services provide training for professionals on specific areas, such as housing, this is often fragmented, and there is limited training on intersectionality.

“

All these different services ... have their own priority and their own focus".

Professional

“

This affects anyone who goes through domestic abuse, but the more vulnerabilities you have because of your identity, the less you're understood.

Victim/survivor

► **As support is often siloed, victim/survivors must engage with multiple agencies to meet their needs.** This fragmented approach can be overwhelming, creating barriers to accessing effective support. One professional explained that they refer clients to trusted services to ensure appropriate and responsive care. When professionals do not take this initiative, victim/survivors may receive unsuitable support leading to unmet needs, disengagement, and further challenges.

► **Interviews with professionals and victim/survivors highlighted that shared identity such as cultural background, disability, or sexuality can foster empathy, understanding and trust,** reducing the need victim/survivors to explain their differences. Conversely, professionals gave examples of when this is absent and generalised support failing to meet the needs of marginalised communities.

► **Individuals may not recognize their own marginalized identities, or they may be invisible to services.** Literature notes that some identities, like disability, can be differentially visible to the individual themselves (Bradbury-Jones et al, 2015). Interviews reflected this, with some victim/survivors unaware of some of their marginalized identities at the time of the abuse such as neurodivergence. This means professionals may not provide appropriate support for this identity – for example, one victim/survivor talked about ‘masking’ and the quantity of information being overwhelming at the time.

“ *I did have a rehab officer from the Council, and she was very helpful. Yeah, she... she believed me, and took me seriously.*

Victim/survivor

“ *I’m non-binary and bisexual; didn’t know either of those things back then.*

Victim/survivor

How do outcomes differ by intersecting victim/survivor identity?

“It will have an impact until... like the end of my life; I just have to learn to live with this, now. Like, because I will not recover – I will not recover from this – I just have to learn with this, but yeah, it’s... it’s like a scar.

Victim/survivor

“Scarred, but survived!

Victim/survivor

► Our Insights data identified differences in outcomes by different identities following support:

- Individuals aged between 19-35 identify **higher feelings of safety** and **greater improvements in quality of life** after receiving support compared to other age groups.
- There are **lower perceptions on improvement in wellbeing and quality of life** for disabled victim/survivors and this is more pronounced for disabled Black and Black British victim/survivors compared to non disabled victim survivors.
- Asian / Asian British victim/survivors identify **higher perceptions of safety, wellbeing and quality of life** after receiving support , compared to White victim/survivors.



- Victim/survivors who were interviewed described the impacts of the domestic abuse they experienced, often describing long term impacts. Some described the impact being further marginalisation due to additional health conditions, loss of income and becoming homeless.
- The interviews discussed how much the support from ‘by and for’ services and supportive statutory services was valued and the difference this made to them.

Key Reflections

1

There is a link between identity and experiences of domestic abuse



A victim/survivor’s identity can influence almost every part of their experience with domestic abuse, from how and where they seek help, to the kind of support they receive, and the outcomes they achieve. These challenges can be even greater when someone has multiple marginalised identities. Our quantitative analysis shows that this can mean some people experience abuse for longer, have different levels of risk when they first access support, and have different needs identified along the way.

Our research identified the following about the experiences of domestic abuse by marginalised communities:



Identity forming part of the abuse

Abusers can weaponise aspects of a person’s identity in ways that other victim/survivors may not experience (Rogers, 2017; Butterby & Donovan, 2024; Idriss, 2020).



Impact of systemic inequalities

Experiences of systemic inequality can affect how people respond to trauma and recognise domestic abuse in their relationships (El Abani & Pourmehdi, 2021).



Barriers in support

Interviews highlighted unhelpful, inaccessible, or inappropriate responses can reinforce these challenges.



Different experiences of abuse

Linking the Insights analysis with evidence from literature and interviews we see that identity can influence help-seeking, length and nature of abuse, the needs identified, and the support received.

2

Disclosures and referral pathways are different for victim/survivors with marginalised identities

Victim/survivors with marginalised identities face overlapping barriers when trying to access traditional disclosure and referral pathways such as statutory services like police, healthcare services, or social services. Victims/survivors with marginalised identities may have previous negative experience with these organisations due to their identity or have a fear that their identity will have an impact on how they will be treated.

This results in fewer referrals into services from the police and for some identities other statutory organisations and a greater likelihood of being referred by helplines and self-referrals, as seen in our Insights analysis.

Our interviewees described victim/survivors making disclosures and seeking support, particularly statutory support, at the point of crisis or following a physical incident.



The first thing wasn't going to be calling the police"

Victim/survivor

3

There are differences in the ways help is sought and the burdens placed on victim/survivors with marginalised identities

'By and for' services providing support for marginalised communities will often 'meet' individuals in places that they are already, which includes online spaces, and use innovative disclosure and referral routes such as Facebook groups, other social media platforms or word of mouth. This links with the quantitative analysis which identified that individuals with marginalised identities are more likely to make self-referrals or seek support through helplines. The literature also showed that there are positive responses to professionals being proactive in this way (Evans & Feder, 2016).

In interviews victim/survivors highlighted the burdens they faced when seeking and receiving support. Much of the emotional and logistical work is placed on the victim/survivor and this can act as a barrier to seeking support and preventing harm. Victims/survivors described how they faced challenges in managing the numerous processes which are often greater for those from marginalised communities due to intersecting forms of disadvantage.

4

Missed opportunities for help seeking is exacerbated for victim/survivors with multiple marginalised identities

Interviews revealed that victim/survivors with multiple marginalised identities often require several attempts at help-seeking before receiving effective support. This is frequently linked to experiences of being disbelieved, having disclosures minimised, or not being taken seriously by professionals. A lack of understanding about victim/survivors’ diverse needs, and the specific barriers faced by those from marginalised communities, often compounds these challenges.

Literature and our interviews identified that when seeking help, victim/survivors may experience a range of practical, social, and systemic barriers. Some of these are specific to particular communities and may be overlooked by services, meaning that support may not meet needs and be inappropriate or inaccessible for some communities. Where services provide this untailored, generic support, victim/survivors from marginalised communities are like less likely to seek help and are more likely to drop out of support. To address these challenges services must recognise and respond to the specific and intersecting needs of marginalised populations

“ And it took me seven disclosure attempts before someone actually took me seriously.

Victim/survivor

5

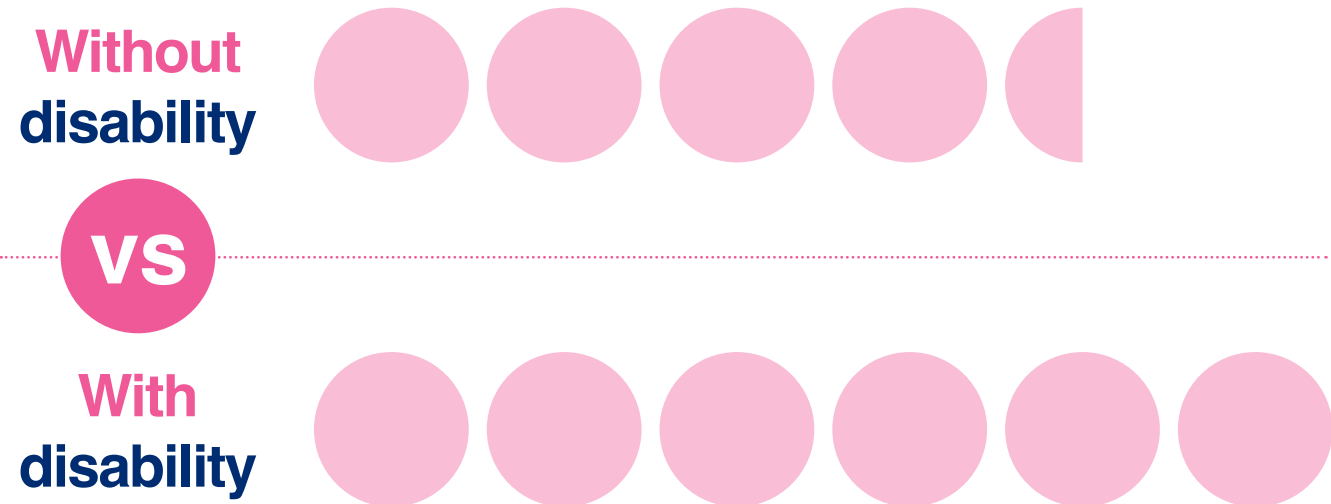
Victim/survivors with marginalised identities experience differences in length of abuse

The barriers to support, missed opportunities and additional complexities in receiving support can influence how long a victim/survivor experiences domestic abuse before accessing support from a domestic abuse service. The literature identified that individuals who have faced a history of marginalisation and discrimination may normalise some harmful behaviours which can make it harder for them to recognise when they are experiencing domestic abuse (El Abani & Pourmehdi, 2021).

Our quantitative analysis and interviews identify that victim/survivors' identity is linked the length of abuse experienced before receiving support from domestic abuse services. When the victim/survivor has a disability, is from an ethnic minority, or over-50, the average length of abuse is increased. This increased length of abuse is compounded by intersectional identities, where disabled victim/survivors who are both older and from an ethnic minority experience abuse for the longest.

Insights analysis shows that some identities experience domestic abuse for shorter periods of time before receiving support such as younger individuals and men. The rapid review showed that people from marginalised communities may be less visible within society due to the devaluing and othering of their identity (Wydall et al, 2023). This extends the time taken for institutions to recognise the signs of domestic abuse impacting these individuals.

Disabled victim/survivors experienced abuse for one year longer than those without a disability.



6

Marginalised identities might be invisible

In both the literature and our interviews, it was apparent that different identities will have different visibility to services. For instance, transitional identities (identities that can change over time) such as pregnancy have greater visibility (Barnes et al, 2024). However, other population level identities, such as ethnicity or sexual orientation, will likely be invisibilised by services (Wydall et al, 2023). Literature and our interviews highlight that individuals may, for self-protection, withhold aspects of their identity from services, perpetrators, friends, or family, particularly when disclosure could have negative consequences related to sexuality, gender identity, or immigration status (Femi-Ajao, 2018).

Existing literature highlighted that some individuals may not fully recognise aspects of their own marginalised identities, for example in relation to neurodiversity, disability, sexuality, or gender (Bradbury-Jones et al, 2015). We saw this in our interviews where identities were only recognised at a later date. When identities are unrecognised or overlooked by services, the result can be support that is not appropriately tailored to individual needs or that remains inaccessible to those requiring it most.



I didn't know what I know now – that I'm neurodivergent”

Victim/survivor

7

Experiences of abuse, needs and risk are different

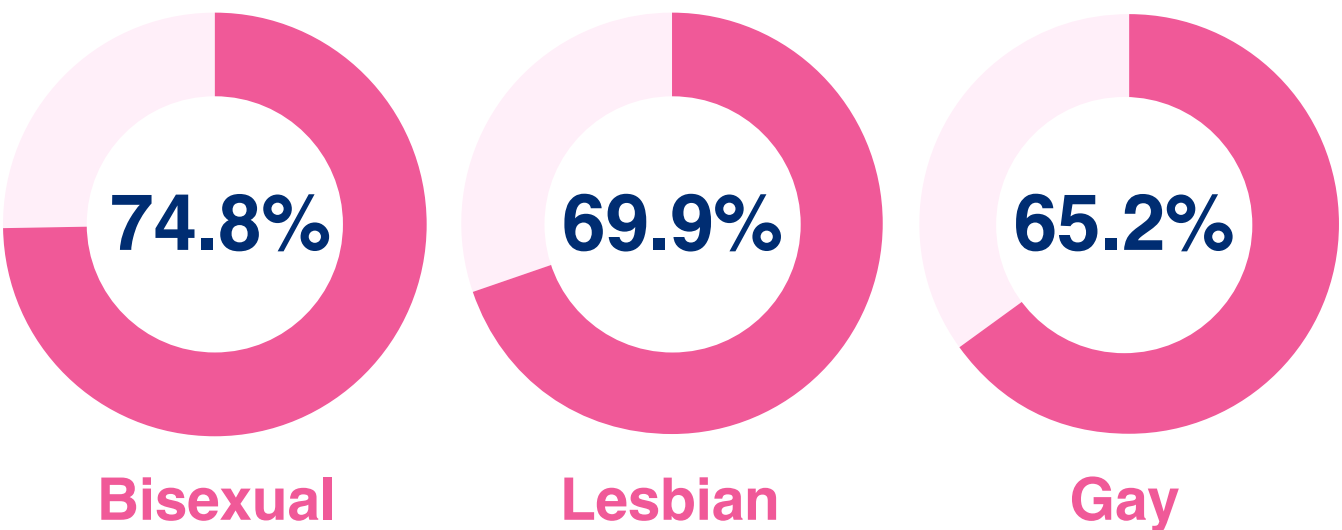
There are differences in needs observed across different identities. Insights data analysis found:

- Black and racially minoritised Victim/survivors reported higher needs in employment, education and training; finance, benefits and debt; and housing.
- Individuals identifying as bisexual, lesbian or gay had higher mental health needs.
- Disabled individuals had higher physical health needs.
- Younger individuals had higher needs in employment, education and training.

At intake, the number of ticks on the DASH varies, appearing to decrease with age, with fewer ticks recorded for some identities, including Black, Asian and racially minoritised victim/survivors.

Higher DASH scores were seen for victim/survivors who were LGBT+, disabled, identifying as female or in another way. These differences may reflect variations in help-seeking, types of abuse experiences and how individuals interpret or respond to the questions.

Mental health needs were highest among those identifying as:



8

Identity forms part of the abuse

Our interviewees described how perpetrators often use marginalised identities as part of the abuse. This might be blatant, by withholding essentials such as medication, or it might be used as a tool of coercive control and manipulation. Literature also found that perpetrators have used marginalised identities to intimidate victim/survivors, for example, threatening to reveal their gender or sexual identity to others or threatening them with deportation when they are on specific visas (Rogers, 2017).

“
I think being controlled; having every aspect of my life under constant control; being told that because I’m blind, and a woman, I couldn’t have high aspirations or be independent.”

Victim/survivor

Coles et al (2022) describe perpetrators using victim/survivors’ visual impairments as a mechanism for abuse, such as withholding vital equipment, gaslighting and additional intimidation and fear associated with the visual impairment.

Our interviewees also described how this marginalisation can be reinforced by services if the victim/survivor is not seen as presenting in a ‘typical’ or expected way. Examples were given around neurodiverse communication, injuries and disability, and victim/survivors being dismissed or discredited for their emotional response to abuse.

9

The system is not joined up and relies on exceptional individuals

Interviews highlighted that support for victim/survivors is often not joined up and outcomes are heavily influenced by the individual professional or organisation that is supporting them. When victim/survivors are connected with proactive professionals who take a trauma informed approach and take time to understand their unique circumstances and experiences of abuse, they described this support as being effective and tailored. However, when professionals lack this understanding, or do not prioritise meaningful engagement, support often breaks down. This can lead to cases being closed prematurely, or to victim/survivors disengaging altogether because the support offered is inaccessible or inappropriate.

As a result, victim/survivors may remain in abusive situations for longer, simply because they did not encounter the right professional or service at the right time.

Professionals and victim/survivors identified that the siloed nature of services mean many victim/survivors must project manage their own support. This can be administratively demanding as well as retraumatising as they have to repeatedly explain their abuse to different professionals.

“
Everyone just focusses on their own thing, and not necessarily looking at the whole picture.”

Professional

10

Training could be streamlined to address the overlap between needs

Professionals highlight how support services often train their professionals comprehensively about their specific focus, such as housing, disability, or domestic abuse. However, the scope of these services is narrow, and training is also compartmentalised, leaving gaps in knowledge around differing needs shaped by intersectional identities. Because professionals within these services have gaps in knowledge, organisations struggle to provide support to victim/survivors who fall out of their specific remit or who have multiple, overlapping needs.

Victim/survivors often act as the go-between, filling in the gaps left by siloed services and educating services on their specific needs.

“
I’ve had quite a bit of training on relevant things ... but I’ve not actually seen anything that’s specifically around intersectionality.”

Professional

11

Value of ‘by and for’ services

As many services provide generic, sometimes inaccessible support, ‘by and for’ services provide essential support for individuals in marginalised communities experiencing domestic abuse. Interviews with professionals and victim/survivors identified that professionals within these ‘by and for’ services often have lived experience, both of domestic abuse and of the systemic challenges associated with their identity. This lived experience provides a mutual understanding between victim/survivors and professionals which helps individuals overcome their distrust of institutions to seek support.

Interviews identified that ‘by and for’ services provide tailored methods for support which bypass or overcome the barriers faced by certain communities when help-seeking through traditional routes to safety. Literature and our interviews outlined the positive impact these specialist services have on victim/survivors in providing crucial support (Barnes et al 2024). However, ‘by and for’ services often have more limited funding and powers and may not be available or accessible for all marginalised identities as they may specialise in supporting one marginalised identity and be unaware or lack the knowledge to support other identities (Domestic Abuse Commissioner, 2024).

12

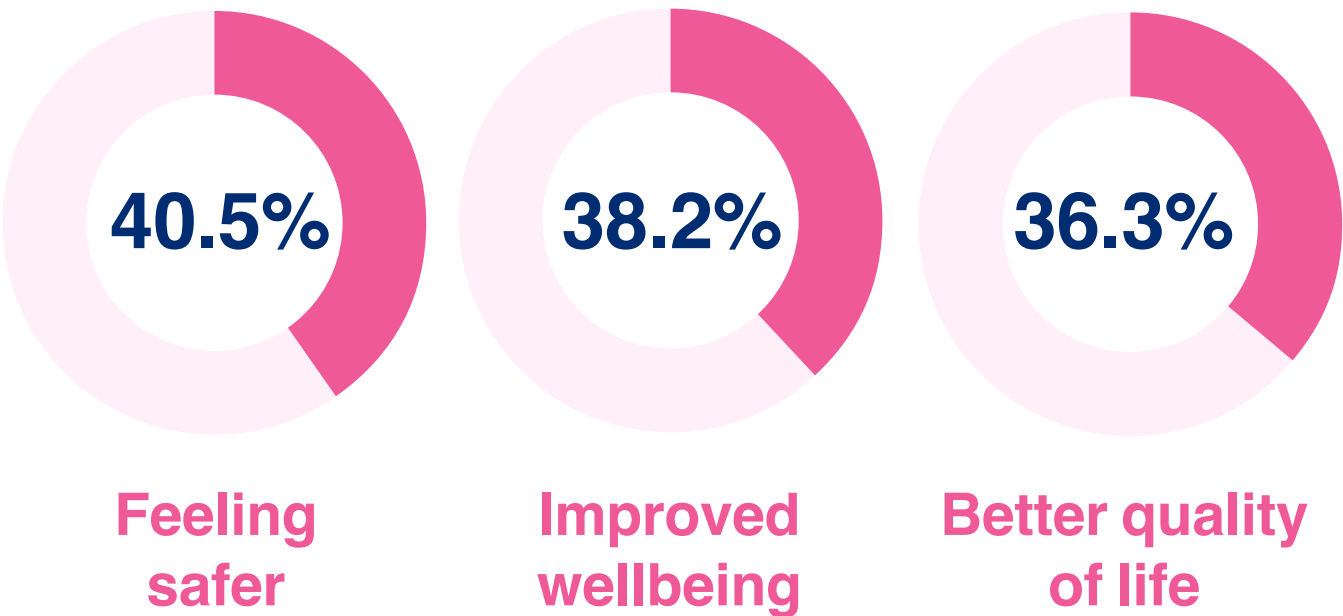
There are long term impacts of domestic abuse for marginalised individuals

Interviews with professionals and victim/survivors identified a range of long-term issues amplified by domestic abuse. These include mental health difficulties and physical illnesses. As well as this, domestic abuse can lead to additional challenges for victim/survivors including homelessness, unemployment, and mental health conditions. Although each victim/survivor interview described a unique situation, all interviewees mentioned how abuse exacerbates isolation, a theme identified within the academic literature. Many victim/survivors within marginalised communities experience a base level isolation either due to practical needs associated with their health or disability, or due to a cultural disconnection with society because of their gender, sexuality, race, or immigration status.

This isolation can be exacerbated by domestic abuse as victim/survivors withdraw from friends and family; perpetrators purposefully isolate victim/survivors further; or friends, family, and professionals provide unhelpful responses to disclosures.

Our quantitative analysis and interviews show how experiences of abuse are shaped by multiple marginalised identities and the interviewees went on to describe the long-term issues victim/survivors face.

After receiving support from domestic abuse professionals, many reported:

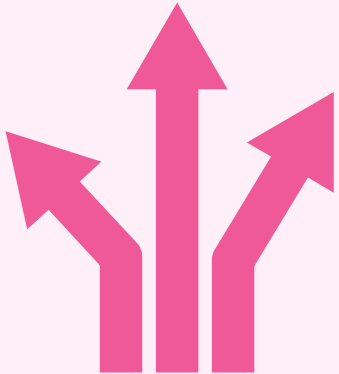


“ You know that if you’re not being misunderstood about one aspect of your identity and how that relates to abuse, you’re being misunderstood on another.

Victim/survivor

Recommendations

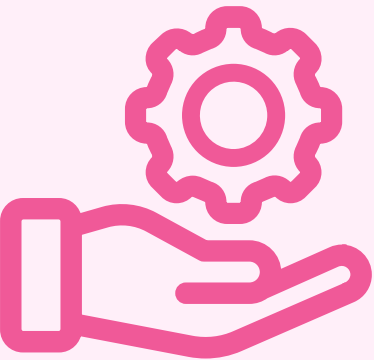
Improve referral pathways



Improve the response of services and reduce the missed opportunities



Support ‘by and for’ services



Sustainability of services and joined up training



Support the whole person



Embed lived experience into services



Improve awareness of domestic abuse in marginalised communities

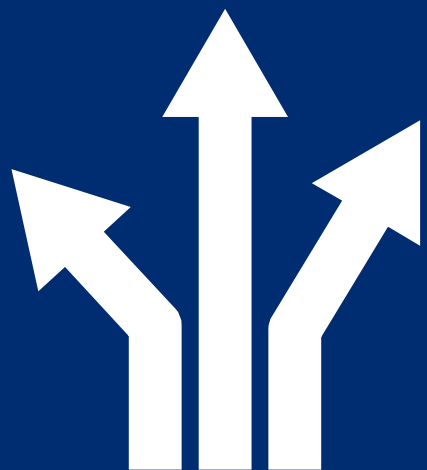


Summary of recommendations



Recommendations are shown against their key findings >>

Improve referral pathways



Experiences of domestic abuse, victim/survivor needs and risk levels differ by victim/survivors' identities

▶ Provide training for **statutory and non-statutory organisations** designed to meet the non-domestic abuse related needs of marginalised individuals outlined in this research; including mental health, drug and alcohol services, housing, providing support on debt and finance and education and training.

Disclosures and referral pathways are different for victim/survivors with marginalised identities

- ▶ Develop referral pathways based on the help seeking being adopted by marginalised individuals. Train **organisations** based on current help-seeking of marginalised individuals, including **helplines, online spaces and forums**.
- ▶ Widen the appeal of **national helplines** for marginalised communities and providing helplines for specific communities.
- ▶ **National domestic abuse organisations** to develop support and information for self-referrals and tools for identifying and recognising the signs of domestic abuse.

There are differences in the ways help is sought and the burdens placed on victim/survivors with marginalised identities

▶ This research identified examples of receiving referrals in different ways. **Frontline organisations** to build on this learning to utilise the spaces where individuals are such as Facebook groups and other social media platforms, online forms and text services or community focused initiatives and champions.

“ I had a lot of trauma in my history, and I think that led me to blame myself for things when they started to happen.

Victim/survivor

Improve the response of services and reduce the missed opportunities

Missed opportunities for help seeking is exacerbated for victim/survivors with multiple marginalised identities

► **Public facing organisations** to be proactive in enquiry, referral and support. Professionals should identify and recognise domestic abuse, be responsive to disclosures of domestic abuse, and respond in a trauma informed way.

The system is not joined up and relies on exceptional individuals

- Develop whole picture pathways within **local areas** to move away from siloed services meaning less responsibility is placed on the victim/survivor to be a go-between.
- Build capacity to support the multiple needs of victim/survivors and embed tailored services within **statutory organisations**. E.g. Access to domestic abuse support, housing support, and immigration support within healthcare services and police stations.
- **Statutory and non-statutory organisations** to improve consistency in professionals supporting victim/survivors through their route to safety.

There are differences in the ways help is sought and the burdens placed on victim/survivors with marginalised identities

- **Policy makers, Statutory and non-statutory organisations** to reduce the administrative and logistical burdens on victim/survivors with multiple marginalised identities to reduce disengagement.
- **Marginalised identities might be invisible**
- **Local areas** to implement clear processes for responding to, referring and data sharing for victim/survivors.
- **Front line services and local commissioners** to embed lived experience to review processes ensuring steps and guidance in policies are accessible, appropriate and culturally sensitive for all victim/survivors, regardless of identity.



Trauma informed responses

Responding to victim/survivors with sensitivity and respect, avoiding retraumatisation and acknowledging that exposure to trauma can impact can individual’s sense of safety and capacity to establish trusting relationships. The environment should be culturally sensitive, safe, collaborative, promote empowerment, and be transparent to build trust.



Sustainability of services and joined up training



The system is not joined up and relies on exceptional individuals

- ▶ Learn from what is working in support and adopt these approaches across **statutory and non-statutory organisations** and develop mechanisms to make this sustainable.
- ▶ **Local areas** to focus on inter-organisational, face-to-face training sessions to build relationships, improve communication between organisations and organisational awareness of scope and capabilities.
- ▶ **National domestic abuse training providers and local areas** to co-design and co-produce training with lived experience of victim/survivors and multiple marginalised identities consistently across frontline agencies.

Training could be streamlined to address the overlap between needs

- ▶ **National domestic abuse training providers** to develop a train the trainer package to enable cascading of information across their organisation and consistency across sectors for services interacting with victim/survivors. Training to cover:
 - Intersectionality**
Improve understanding of how identity impacts experiences of domestic abuse, routes to safety and barriers.
 - Disclosure-Response**
Improve consistency in responding to disclosures of domestic abuse in a helpful and compassionate way first time.

Hidden Bias

Raise awareness of unconscious prejudices and assumptions that may affect perceptions and responses to individuals

Risk

Improve understanding and response to risk from domestic abuse and other risks associated with identity. Improve knowledge of the risk-care pathway and how to consider the individual’s unique circumstances, needs and identities.

- ▶ **National domestic abuse Training providers** to develop online training modules to share the core principles and ways of working



So this entire time, I have had to constantly educate services that I’m relying on about my disabilities and about how really basic stuff in my world works.”

Victim/survivor

Embed lived experience into services



Identity forms part of the abuse

► **Statutory and non-statutory organisations** to improve the representation of different identities amongst frontline staff, policy makers, and senior leaders. Increase ability of services to meet needs for the whole person.

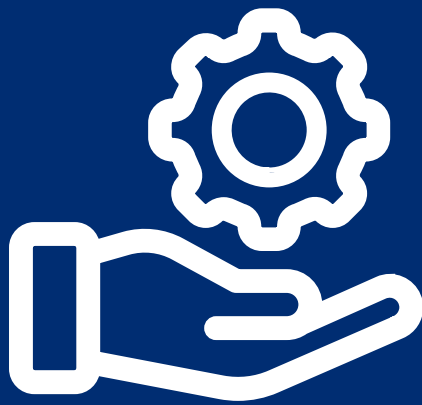
There is a link between identity and experiences of domestic abuse

► **Local areas** commit to embed cultural knowledge and understanding currently found in ad-hoc community groups into institutions and public support systems to improve accessibility and appropriateness of support.

Disclosures and referral pathways are different for victim/survivors with marginalised identities

► **Local areas** commit to embed lived experience into service delivery and development of policies and practice. Reduce barriers to disclosing domestic abuse, removing fear of being disbelieved or misunderstood, reducing disengagement from support.

Support ‘by and for’ services



Value of ‘by and for’ services

► **Commissioners and policy makers** should support the work of ‘by and for’ organisations. ‘by and for’ services require greater funding, powers, and authority to provide support for victim/survivors and to advocate for the needs of marginalised communities.

► **Statutory services** (e.g. police, healthcare services, and social services) should work closely with ‘by and for’ services. Improve awareness and promote the specialised support that can be provided to victim/survivors from marginalised communities.

► **Local areas** commit to improve referral routes in both directions between statutory services and ‘by and for’ services.

Support the whole person



Experiences of abuse, needs and risk are different

► **Local areas** ensure that interventions and action plans should be centred around the voice of the victim/survivor, ensuring the plans are accessible and appropriate for the individual. Support should be focused on the needs of victim/survivors, moving away from focusing on specific incidents and be personalised to reflect unique circumstances, identities, and preferences



When you're socially isolated, and have got a very, very small friendship network, or not a lot of family around, you don't have that opportunity to process, because you're not getting chance to talk to people."

Professional

Improve awareness of domestic abuse in marginalised communities



Disclosures and referral pathways are different for victim/survivors with marginalised identities

► **National and local policy makers** to run awareness campaigns on both a local and national level to improve the knowledge of domestic abuse and the support options available.



I think it just really has to be tailored; you have to really know the ins and outs, and the nuances, and the practicalities for each victim ... it's really simple things, that can make such a big difference"

Professional

A tailored approach considering the following:

? Who provides support

Victim/survivors should feel safe with those offering support. Professionals should be appropriately trained, culturally competent, and, where possible, have relevant lived experience or be able to relate to the victim/survivor’s background, identity, and needs.

? How support is coordinated

Support should be joined up and involve inter-agency collaboration and communication. Professionals should be proactive and coordinate referrals, reduce administrative demands, and check support is sustained and effective to reduce the administrative challenges on victim/survivors.

? Where support is delivered

Support should be offered where the victim/survivor feel comfortable and safe, such as in their home, a neutral setting, or through online channels. Consideration must be given to their specific accessibility needs.

? What support is needed

Support plans should address risk alongside emotional and practical needs. Including risk and safety planning, housing, financial assistance, mental health support, and advocacy. Services must be flexible and responsive, consider all aspects of a victim/survivor’s situation, and engage the right agencies and professionals.

Conclusion

An intersectional approach was used to explore how an individual’s identity shapes their experiences of domestic abuse.



The findings highlight that people with multiple marginalised identities can face compounded impacts, including longer periods of abuse, higher risk levels, and more severe long-term outcomes.

The current system does not meet the needs of all survivors. People with marginalised identities frequently encounter systemic failures, such as missed opportunities for intervention, inaccessible or inappropriate services, excessive administrative burdens, and fragmented support due to siloed working. These barriers, combined with wider structural inequalities, can mean that survivors access specialist domestic abuse support only at points of crisis or disengage prematurely.

Transforming systems to be victim/survivor-centred, rather than expecting people to adapt to existing limitations, is essential.

Differences in needs and help-seeking behaviours for people with marginalised identities should inform how services are designed and delivered. Referral routes should be improved, making use of online spaces and existing relationships with organisations that survivors already engage with, even outside of domestic abuse services, to help individuals access support sooner. Despite barriers to recognising experiences as domestic abuse, higher proportions of self-referrals and helpline use among marginalised groups show the importance of awareness-raising to expand these help-seeking behaviours.



It’s not us fitting into your box, it’s making sure that box fits everybody”
Professional

The victim/survivors we interviewed consistently emphasised the value of specialist services, which are often tailored to their needs and informed by professionals with lived experience. Yet, these ‘by and for’ services are frequently underfunded and face unstable funding. Embedding authentic survivor voices within systems and processes is critical to driving meaningful change. Policies and procedures must be accessible, appropriate, and culturally sensitive for all survivors, regardless of identity.

At SafeLives, the mission is clear: end domestic abuse by finding what works and helping it happen.

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