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ORIGINAL ARTICLE

Service Duration and Determinants of Case Closure and Case Completion for Victim-Survivors Accessing Specialist Domestic Abuse Support Services

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Abstract

Purpose Demand for specialist domestic abuse (DA) support services is high, in the United Kingdom (UK) and worldwide, and resource is scarce. The length of time victim-survivors spend in service depends on multiple factors, but what determines whether they successfully complete support, or their case is closed for another reason, is less well understood. The purpose of the current study was to improve understanding of the relationship between length in service, case completion and possible needs and vulnerabilities of specialist service users.

Methods We analysed Women's Aid Federation of England's (WAFE) case management and outcomes management system, On Track, the largest national dataset on domestic abuse. To understand the relationship between time in service and its determinants we used time-to-effect models, estimating likelihood of case closure using Kaplan-Meier plots and Cox-regressions. To further examine the influence of reason for case closure, which we explored as determinants of case completion, a series of multinomial logistic regressions were conducted, controlling for potentially confounding variables. Stakeholders from Women's Aid and five other third sector organisations input into the study design and interpretation of results.

Results Most survivors accessing DA services needed community-based services ($n=210{,}599$) and spent an average of just under three months in service. Those who needed more intensive support (e.g. accommodation, refuge) stayed in service for longer on average- 130 days and 115 days, respectively. The survival analysis revealed that cases were less likely to close for people with additional vulnerabilities. Results from the multinomial logistic regressions demonstrated that, for those whose case had been closed, additional vulnerabilities meant they were more likely to have disengaged, had a service-related closure or an unknown reason for case closure.

Conclusions The limited supply of services impacts on the level of unmet needs for victim-survivors of domestic abuse. If services continue having to do more and more with less, they will be forced into a position of having to trade-off between spending time supporting people to cater to multiple needs and vulnerabilities, and getting people in and out of the door to ensure the slot is available for the next victim-survivor who needs it. It is critical that DA services are resourced adequately to support those with multiple needs and additional vulnerabilities to complete a period of time in service. This is something that should be considered by commissioners of DA services.

Keywords Domestic abuse · Domestic violence · Specialist services · Service duration · Case closure

Introduction

In the UK, domestic abuse is defined as abusive behaviour from one person towards another person who they are "personally connected" to (Domestic Abuse Commissioner, 2021a, 2021b), therefore including violence perpetrated by intimate/romantic partners (often referred to as 'intimate partner violence'; IPV), but not exclusively so. Specialist

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women's services to address domestic abuse (DA)[1] came to existence in the UK and internationally in the 1970 s as part of the women's liberation movement and have evolved to meet the various and often multiple needs of victim-survivors (Bunce, Smith, et al., 2024; Hague, 2021). They are often provided by the Voluntary and Community Sector (VCS), although may also be located in the public or private sectors. The specific aims of these services vary, as do the specific type(s) of support offered, but they commonly focus on the provision of victim-survivor centred support and safety, through specialist expertise in violence and abuse (European Institute for Gender Equality, 2012). In the UK, the range of services offered includes refuges (accommodation and a planned programme of therapeutic and practical support) outreach (based in the community, outreach workers provide women with a range of practical and emotional support), counselling, legal advice, floating support (supporting women and children to maintain their accommodation), Independent Domestic Violence Advisor (IDVA; provision of advice, information and support to survivors living in the community based on an assessment of risk and its management) and Independent Sexual Violence Advisor (ISVA) support, children's services, helplines, and others[2] (Council of Europe, 2011; NICE, 2014; Hagemann-White, 2019; Floriani and Dudouet, 2021). In the UK and other countries, the provision of specialist DA services is patchy, and the lack of sustainable funding for services poses a constant challenge for meeting demand (Sanders-McDonagh et al., 2016).

Given the multiple and complex needs of victim-survivors, providing them with the support and resources to rebuild their lives can be a challenging and lengthy process. The length of time victim-survivors are engaged with DA agencies has been found to vary depending on their needs and the service's policies (Ferrari et al., 2018; Sullivan & Virden, 2017). A longitudinal study of women who had exited DA services provided by Solace Women's Aid found that the length of time women had been in contact with Solace ranged from 1 month to 8 years and women had spent an average of 1.2 years using services, an indication of the length of time it takes to resolve the challenges of ending violence and dealing with its legacies (Kelly et al., 2014). In another study using data for a project to improve DA service provision in one UK city, the shortest duration of any outreach support was 43 days, with the average 129 days of support from referral to settled accommodation, which exceeded the 12 weeks outreach that would ordinarily have been commissioned in this area prior to the project (Harris & Hodges, 2019).

The majority of research into supply and demand of DA services comes from the US and Australia (e.g. Ablaza et al., 2023; Iyengar & Sabik, 2009; Mengo et al., 2020), but notable work has been done recently in Europe and the UK. Research in this area is limited partly because measuring the demand for services is challenging, as data collected only captures those who have successfully accessed support services. Many victim-survivors of DA are unable to access specialist support, for various reasons, or are considerably delayed in doing so. Therefore, when assessing whether provision meets need, it is vital to consider whether services that are available can meet a diversity of needs- i.e. they are both available and accessible. Findings from the EUROSTAT GBV survey, which measures gender-based violence against women and other forms of interpersonal violence in the European countries, revealed that 48% of support services did not believe that they systematically account for the needs of victims of violence against women (VAWG) and DVA (Barbovschi, 2024). Many victim-survivors of DA do not engage with services at all in their lifetime, but researchers have historically struggled to recruit these victim-survivors to better understand why (Mengo et al., 2023).

A recent study by the Domestic Abuse Commissioner (DAC) which mapped the provision of specialist support across England and Wales reported that there were over 2.4 million people subjected to DA in the past year who needed access to support and help and services were unable to meet this demand (Domestic Abuse Commissioner, 2021a). Overall, most victim-survivors were not able to access the support they wanted, and service providers echoed that, overall, only one-third of referrals they received ended up receiving repeated support. Black and minoritised victim-survivors, LGBT+ victim-survivors, disabled victim-survivors and men found it particularly difficult to access the support they wanted. Funding was identified as a major cause of services' struggle to meet demand, with providers describing how they were constantly applying for new sources of funding to stay afloat.

In this study, we aim to better understand the relationship between service duration, successful completion of support provided by specialist DA services, and the needs and vulnerabilities of victim-survivors in the UK accessing these services. We build on the understanding that currently, and for the past decade, the demand for services exceeds the

[1] The current article focuses on domestic abuse (DA) as this is the remit of Women's Aid's services. Domestic abuse is a broad term that includes domestic and/or sexual violence and abuse (sometimes referred to as domestic and sexual violence and abuse; DSVA) by an (ex-)intimate partner (sometimes referred to as intimate partner violence; IPV) or relative. Our analysis includes specialist services that offer support to male victim-survivors. However, it is acknowledged that DA falls within the wider remit of violence against women and girls (VAWG) and gender-based violence (GBV), and disproportionately affects women and girls (Williamson et al., 2020).

[2] See Women's Aid (2025, pp.10–11) for full definitions of service types offered.

supply, putting pressure on services to try and serve their population in the shortest possible timeframe. We explore not only length of stay in services, but also likelihood of case closure. Finally, we explore successful completion of support vis-à-vis negative reasons for case closure. We selected these outcome variables based both on previous research and also expert input from specialist support services. For instance, previous literature found an association between length of stay in services and improved safety and reduction of abuse over time (Wathen et al., 2016). Furthermore, specialist support services have long claimed that increased needs and structural access issues decrease the rate of successful completion of support, thus reinforcing the need to understand what influences successful completion and case closure (SafeLives, 2023).

Theoretical Foundation

Demand for Domestic Abuse Services Is Higher than its Supply

In the United Kingdom, DA advocacy or support is provided by a network of specialist services, several affiliated to the Women's Aid Federation (http://www.womensaid.org.uk/). Advocacy encompasses the provision of legal, housing and financial advice, facilitating access to and use of community resources such as refuges or shelters, emergency housing, provision of safety planning advice, and ongoing support (Ferrari et al., 2018). The duration and intensity of advocacy varies within and between agencies. Women's Aid's most recent report on the provision and uptake of DA services in England shows that they received an estimated total of 27,754 referrals to refuge services, and 244,458 referrals to community-based services in 2022–23 (Women's Aid, 2024a). Given we know that not everybody who needs support is able to access services, this is an underestimation of actual demand. Women's Aid's No Woman Turned Away (NWTA) Project provides dedicated support to victim-survivors of DA who face structural inequalities and barriers to accessing a refuge space. In 2022, NWTA caseworkers received 394 referrals, of which 271 went on to receive support from the service and 123 did not (Women's Aid, 2023). The most common reason for women not receiving support from the NWTA project was that the specialist practitioners had been unable to contact them. Even for those who did end up receiving support, on average there were no bed spaces available that could support the specific needs of a victim-survivor in the NWTA project 2.9 times per woman. The true demand for specialist DA services is unknown because data only captures those who have been able to access services. However, The Crime Survey for England and Wales (CSEW) estimated that 4.4% of people aged 16 years and over (2.1 million) experienced DA in the year ending March 2023 (Office for National Statistics, 2023), and we know that prevalence is underestimated because many victim-survivors do not disclose their experience. We also know that demand for victim support services has increased since the COVID-19 pandemic (Office for National Statistics, 2020), and the impacts of DA on victims are profound and wide-ranging (Carlisle et al., 2024). Therefore, demand for support services will undoubtedly be outweighing the supply.

Supply of Domestic Abuse Services Is Limited

Research finds that there is not enough resource to meet the demand for DA services. High levels of demand for specialist DA support can overwhelm the system and prevent services from assisting all those who require support. In the UK, as in other countries (e.g. Australia, Ablaza et al., 2023), persistently high rates of DA combined with consistent underfunding by government and statutory agencies mean the specialist DA sector is stretched and working with scarce resources. This is especially the case when victim-survivors come with additional needs and vulnerabilities, such as children and young people, disabled people and those with mental health needs (Bunce, Blom, & Capelas Barbosa, 2024; Evans et al., 2018; Halliwell et al., 2021). A study of the UK-based 'Response to Complexity' (R2C) project, which aimed to increase support for victim-survivors of DA with 'complex needs' (defined by services as: substance and/or alcohol misuse and/or mental health and/or English as a foreign language) found that all practitioners highlighted the lack of suitable mental health support for women survivors with complex needs, with minimal provision of psychological therapies in general and even less available to DA survivors (Harris & Hodges, 2019). Service providers in a US study noted that their ability to prioritise the needs of women with mental health disability and address them holistically was limited by a lack of resources (especially mental health and substance use treatment) within their agencies and their local community (Mengo et al., 2020). Unmet demand for services is often due to resource constraints, which can be particularly challenging in rural, economically disadvantaged, and minority communities (Iyengar & Sabik, 2009). Research with frontline staff consistently identifies inadequate organisational resource as a challenge to providing high-quality care (Halliwell et al., 2021; Kulkarni et al., 2012). Even where victim-survivors manage to access services, they do not always receive adequate support to meet longer-term needs. For example, in the US, funding structures and length of stay requirements for shelters often prevent them from being able to effectively meet the needs of victim-survivors (Fisher & Stylianou, 2019). Another US

study found that many victim-survivors were interested in individual counselling, however DA agencies rarely offered this, or had lengthy waiting lists or restrictive time limits for such services (S. Kulkarni et al., 2010). The aforementioned UK mapping study found that therapeutic interventions that involved a fixed number of sessions were not sufficient for the victim-survivor to explore what they had been through (Domestic Abuse Commissioner, 2021b).

Meeting Survivors Support Needs with Scarce Resources

Domestic abuse services can only supply support using the resource they are able to secure, meaning length of stay in service is a direct function of the resource available, with some survivors waiting (relatively) long to begin receiving support. A recent study of the determinants of engagement in a specialist sexual violence service found that victim-survivors with a range of vulnerabilities were more likely to have disengaged with services and/or to have been waitlisted for services than to be engaged in services. For example, those with a substance use need were more likely to be not engaged than to be engaged, those with a suicide-related need were more likely to be waitlisted than either engaged or not engaged, and those with a disability were also most likely to be waitlisted (Bunce, Blom, & Capelas Barbosa, 2024). Whilst this suggests an association between complex and high levels of need and the likelihood of receiving support, the cross-sectional nature of this study limited its findings to a snapshot in time. Longitudinal studies exploring these associations are rare. One such study, a randomised controlled trial of women receiving a specialist psychological advocacy intervention compared to usual advocacy, found that women in the latter group had unmet mental health needs due to lack of specialist mental health provision, and some were on long waiting lists at follow-up (Evans et al., 2018).

Thus, while specialist services work hard to support victim-survivors, it is not uncommon for their service users to drop out or for cases to be closed before all needs of victim-survivors are met. The reason behind a survivors' case being closed is an important contextual factor to consider when analysing the length of time victim-survivors spend in service and what this can tell us about supply and demand. A victim-survivor having their case closed is only a positive outcome insofar as it has been closed because they have successfully completed a period of support and do not require any further support. We know that many victim-survivors make contact with services and exit without receiving the support they needed (Hine et al., 2022). On the other hand, victim-survivors remaining in services for lengthy periods of time is not necessarily a positive thing, given the scarce resource available to services. Recurrent underfunding of the DA sector risks a trade-off between someone staying longer and the service being available for another victim-survivor, resulting in unmet demand. The most recent annual report published by Women's Aid on the provision and uptake of DA services in England estimated that in 2022–23 61.0% of referrals received by refuge services were rejected, and just over half of referrals into community-based services were rejected (Women's Aid, 2024a). Further analysis into unsuccessful referrals into refuge revealed that 40.6% of referrals were rejected due to lack of capacity to support the client/survivor, and almost half of these (17.5%) were due to the service being unable to meet the specific support need(s) of the client, including around disability, substance use, no recourse to public funds, and having multiple dependants (Women's Aid, 2024b). Mental health was one of the most cited support need services could not accommodate (4.7% of all rejected referrals). Of the rejected referrals into community-based services, 26.8% were rejected due to the survivor not wanting support, 23.7% were rejected due to the service being unable to contact the survivor and 21.9% were rejected due to the survivor already being active in service (Women's Aid, 2024a).

Likely in part due to the challenges of working with service data (Bunce, Smith, et al., 2024), there are few quantitative studies exploring service duration and the factors associated with it. Little is known about the association of time (service duration) and victim-survivor characteristics and outcomes, and most studies are from the US. To unpack this, the current study explored which factors determine how long victim-survivors spend in service, including support needs, type of abuse experienced and type of service accessed and controlling for sociodemographic factors. For context, we also explored the effect of the reason for case closure. To the authors knowledge, no studies have quantitatively assessed how long victim-survivors stay in DA services (refuge and community-based) in the UK, and which factors determine case closure and case completion.

Aims and Research Questions

In this study, our main objective is understanding the relationship between length in service, case completion and possible needs and vulnerabilities of specialist service users. To achieve this aim, we explored three research questions:

1. How long do victim-survivors spend in domestic abuse services?
2. Which factors determine case closure, regardless of the reason for closure?

3. Which factors determine successful case completion, compared to those that determine case closures for other (negative) reasons?

Methods

Data Description

Data for the current study was provided by Women's Aid, a national charity who work to end domestic abuse against women and children. Women's Aid is a federation of over 170 DA services, which provide around 300 local services to women and children across England (Women's Aid, 2024a). Their work includes providing frontline support services to victim-survivors, conducting research and campaigning for change in policy and practice. Support available to victim-survivors of DA range from children's services to financial advice, mental health support, employment advice and support with finding safe housing or accommodation. Women's Aid support services include a Live Chat Helpline, the Survivors' Forum, the No Woman Turned Away Project, a dedicated website for young people in their first relationship (Love Respect), and advocacy projects (among others) (Women's Aid, 2024a).

Women's Aid hold the largest national dataset on DA, a case management and outcomes management system called On Track, which was launched in April 2016 (Women's Aid, n.d.). Information is input into On Track by staff in DA support services across England as part of their day-to-day work. A set of forms have been designed to collect data that can be inputted into On Track. Most of these forms are competed by frontline workers and some can be completed by victim-survivors directly. Data is collected in different ways across the system, including tickboxes and drop-down fields. Some of the fields in On Track have data validation attached to increase data quality. The huge range of data that can be collected by On Track means that not all fields have this, as many are not relevant to all of the different types of services using On Track. The data collected by On Track includes sociodemographic profiles, needs and experiences of victim-survivors accessing DA support services. Specifically, there are data on: experiences of abuse; perpetrator gender and relationship to survivor; experiences of external services (e.g. housing, legal services, local authority safeguarding, NHS, police); referral and waiting list; demographics, accessibility requirements, vulnerabilities; support needs, risk,, support provided; outcomes; case length and reason for case closure, and feedback/satisfaction (Women's Aid, 2024a). Every region in England is represented within On Track, with over 100 local DA services now using the system (not all of them Women's Aid member services). Data for the current study was that recorded in On Track, between 1 st April 2016 and 31 st March 2023.

The data files were transferred to researchers once all personal identifiers had been removed in several Excel files, which were exported into Stata 17 and merged into one dataset containing only the variables needed for analysis. The final merged dataset contained 581,066 observations for 376,369 victim-survivors. There was substantial missing information on all variables, particularly primary perpetrator (49.7%), ethnicity (43.9%) and perpetrator gender (47.8%). Missing data was dealt with using listwise deletion, meaning only cases with complete data on all the variables of interest were included in analyses. This meant that 98,218 observations were included in the survival analysis, and 98,167 were included in the multinomial logistic regression model (see Table 1 for full descriptive statistics for both samples). Cases relating to children (under 16) made up 0.2% ($n=1063$) of all the cases recorded on OnTrack and were included in the analysis. Most of the children (80%) did not have a service record relating to their case and therefore would not have been included in the final models. Of the observations included in the models, 25 (0.03%) in both samples relate to children. It is likely that the children without a service record were linked to an adult who was also receiving services, but there was no way to test this in the data.

Measurement

All coding of the categorical variables for analysis was done by two researchers and reviewed by a third. Decisions related to the coding/categorisation of variables were also discussed with stakeholders from Women's Aid, to ensure the researchers were interpreting the data correctly.

Service Duration and Case Closure

The initial focus of the current study was the duration of service received by victim-survivors. The dependent variable, the length of service in days, was provided in the adult service record dataset. This variable was used to measure the duration of time that each case was in service (cases could reappear in the data at different times within the data collection period, with the lengths of each stay in service recorded). For the survival analysis, whether the case was closed (i.e. the service user had left the service) was used as the 'failure' variable (that is, case closure being the time-to-event of interest), with case closure initially considered a positive outcome because this meant a space in service was made available to the next victim-survivor who needed support. The case closure failure variable was derived as a binary variable, coded as 1 (yes) when cases had a date of

Table 1 Descriptive statistics of cases with complete data for survival and multinomial logit analyses, recorded in Women's Aid's On Track system from 1 st April 2016- 31 st March 2023

Variable	Categories	Survival analysis sample [n=98,218]	Multinomial logits sample [=98,167]
Gender	Female	94,532 (96.25)	94,481 (96.25)
	Male	3569 (3.63)	3569 (3.63)
	Queer, intersex, nonbinary, other	117 (0.12)	117 (0.12)
Disability	Yes	33,100 (33.70)	33,082 (33.70)
	No	65,118 (66.30)	65,085 (66.30)
Ethnicity	White	75,774 (77.15)	75,736 (77.15)
	Asian, Asian British, Asian Welsh	9880 (10.06)	9876 (10.06)
	Black, Black British, Black Welsh, Caribbean	6769 (6.89)	6765 (6.89)
	Mixed or Multiple ethnic groups	3452 (3.51)	3450 (3.51)
	Other ethnic groups	2343 (2.38)	2340 (2.38)
Primary perpetrator	Current intimate partner/spouse	29,842 (30.38)	29,824 (30.38)
	Ex-intimate partner/spouse	58,276 (59.33)	58,246 (59.33)
	Other female relative	2383 (2.43)	2382 (2.43)
	Other male relative	5786 (5.89)	5784 (5.89)
	Partner's current/ex-intimate partner	499 (0.51)	499 (0.51)
	Acquaintance	532 (0.54)	532 (0.54)
	Stranger	152 (0.15)	152 (0.15)
	Carer	16 (0.02)	16 (0.02)
	Other	732 (0.75)	732 (0.75)
Age	Mean	40.16	40.16
Support needs	Mental health	62,198 (63.33)	62,159 (63.32)
	Physical health	24,336 (24.78)	24,324 (24.78)
	Substance use	10,475 (10.67)	10,471 (10.67)
	Other	87,677 (89.27)	87,646 (89.28)
Abuse	Emotional	86,477 (88.02)	86,405 (88.02)
	Physical	88,513 (90.12)	88,467 (90.12)
	Sexual	21,077 (21.46)	21,065 (21.46)
	Financial	34,620 (35.25)	34,606 (35.25)
	Surveillance/harassment/stalking	39,032 (39.74)	39,016 (39.74)
Service type	Accommodation (excl. Refuge; such as move-on housing, safe homes, or community shelters: temporary accommodation with limited or no structured support programme)	1020 (1.04)	1020 (1.04)
	Advice and information (one off; (guidance on rights, entitlements, and access to services (e.g. legal, financial, housing, or immigration advice))	1463 (1.49)	1462 (1.49)
	Children's and Young People's work (specialised counselling, play therapy, and educational support for children and youth affected by domestic or sexual violence)	1201 (1.22)	1201 (1.22)
	Community-based support (outreach, advocacy, and floating support: mobile or community-delivered assistance helping survivors maintain safety and independence in the community)	73,114 (74.44)	73,080 (74.44)
	Open access (helplines, drop-in centres, and online chat services: first points of contact offering immediate information, emotional support, and referrals)	5035 (5.13)	5029 (5.13)
	Recovery (counselling, group programmes, and peer support groups: psychosocial or therapeutic interventions supporting recovery and empowerment).	6972 (7.10)	6969 (7.10)
	Refuge (safe housing with a structured support programme: equivalent to shelters or transitional housing with onsite staff and wraparound services)	9413 (9.58)	9406 (9.58)
Reason for case closure	Never engaged/disengaged	–	29,671 (30.23)
	Completed service	–	59,759 (60.87)
	Unable to receive service	–	5702 (5.81)
	Service-related closure	–	1742 (1.77)
	Unknown	–	978 (1.00)
	Not closed	–	315 (0.32)
Total		98,218 (100)	98,167 (100)

exit from service recorded, and 0 (no) when there was no data recorded under service exit date and thus the case was still ongoing. It is important to note that a case being closed does not necessarily mean that the victim-survivor successfully completed a programme of support, but whether the case was closed or not was the most appropriate way of calculating the time spent in service. See Table S1 in supplementary materials for a full breakdown of closures.

Determinants of Case Closure

Three key determinants of case closure were investigated in this study: support needs, abuse type and service type. See Table S2 in supplementary materials for how these variables were categorised in the models. Specialist DA services are survivor-centred and needs-led, meaning they only record information freely provided by victim-survivors. The support needs data had high levels of missingness, for example, whether the victim-survivor had a mental health support need was 57% missing. Due to the limited recording of support needs, these were categorised into four broad categories; mental health, physical health, substance use and 'other support need' (which included any non-health related need).

Specialist DA services provide support to victim-survivors who are currently experiencing abuse and those who have historic experiences of abuse. 77% of victim-survivors were seeking support around current experiences of abuse, 14% were seeking support around historic experiences of abuse and 9% were seeking support around both current and historic experiences of abuse. The range of abuse recorded in the data included over 20 forms of abuse. These were categorised into broadly the same types of abuse categories as in Women's Aid's annual audits (see Women's Aid, 2024a) of physical, sexual, emotional or financial violence or surveillance, harassment and stalking (see Table S2). The five abuse type variables were binary (0,1), and multiple abuse types could be coded as 1 (yes) for each case, as many victim-survivors experience more than one type of abuse.

The seven service types offered by services using On Track (also see Table S2) fall into two over-arching groups: accommodation and community-based services. Accommodation services include refuges, which provide accommodation and support for women (and often their children) experiencing DA where their home is not safe. Residents in refuges receive practical and therapeutic support from staff including: access to information and advocacy, emotional support and access to specialist support workers. Other accommodation support includes accommodation offered to women experiencing DA where they do not meet the criteria for a refuge, such as a shelter where there is no planned programme of support. Recovery work services do not include accommodation but can be offered to refuge residents, such as counselling, group work programmes and support groups, usually held at a specific location. Community-based support includes floating support, outreach and DA advocacy project (including Independent Domestic Violence Advocates; IDVAs). Open-access services can be accessed anonymously and without a planned programme of support, for example, helpline, drop-in service, advice and information service and online chat. Children and Young People's (CYPs) work is support delivered by specialist children's or youth workers. On Track also collects data relating to 'other prevention work' services, however cases receiving these services were not included in the current study as this is work carried out in community groups such as schools aimed at prevention/awareness raising, and thus service duration is not relevant.

Determinants of Case Completion

Lastly, we explored the factors that contributed to the reason for case closure by comparing cases that were closed because the victim-survivor had successfully completed a programme of support to various other outcomes. We derived a series of reason for case closure variables (completed service, never engaged/disengaged, unable to receive service, service-related closure, unknown reassure for closure) and the 'Completed service' variable was used as the reference category. This included cases that were closed because the victim-survivor completed their programme of support, had a planned exit from refuge, or made an internal move to a different service (see Table S1 for full variable descriptions).

Statistical Methods

Data management, descriptive analyses and regression analyses were conducted in Stata 17. To understand the relationship between time in service and its determinants, we used time-to-effect models, estimating likelihood of closure using Kaplan-Meier plots and Cox-regressions. To further examine the influence of reason for case closure, which we explored as determinants of case completion, a series of multinomial logistic regressions were conducted, controlling for potentially confounding variables. All models controlled for all sociodemographic variables of age, gender, ethnicity, disability and primary perpetrator. Cox-regressions results are displayed as hazard ratios (HR). Multinomial logistic regression results are displayed in relative risk ratios (RRR). Too few observations of unknown reason for case closure were present for those whose gender was recorded as queer, intersex, non-binary or other, and too few observations for all reasons for case closure other than having never engaged/

disengaged were present in cases where the primary perpetrator was a carer, therefore for the multinomial logistic analyses, the coefficients for these sociodemographics are not presented to avoid misinterpretation (see Table 4).

We conducted a complete case analysis, excluding observations with missing data on any of the primary variables included in our models. Approximately 30% of the initial dataset was excluded for this reason. While this approach reduced our sample size, we opted against using multiple imputation or other data replacement techniques because the data were not missing at random. Exploratory analyses indicated that those with missing data were more likely to have disengaged early from services, suggesting systematic differences from the analytic sample. As such, imputing values would have introduced unjustified assumptions about the similarity between those with and without missing data, potentially biasing results.

Results

Descriptives

Table 1 presents the descriptive statistics for the two samples included in our survival analysis and our multinomial logits. The vast majority of observations were women (96%, both samples), with 3.6% of observations male victim-survivors (both samples) and 0.1% 'gender queer, non-binary, intersex and other' (both samples). Over three quarters of observations (77.2%, both samples) related to White victim-survivors, with just over 10% of observations in both samples relating to Asian and 6.9% to Black victim-survivors. The majority of perpetrators were current or ex-intimate partners (89.7%, both samples), followed by familial (8.3%, both samples). Of the 98,218 victim-survivors included in the survival analysis and the 98,167 included in the multinomial logits, 89.3% had non-health related support needs ('other' need which included social, housing and criminal justice needs among others) and 63.3% had mental health support needs. Almost a quarter (25.8%, both samples) had physical health needs and 10.7% of both samples had substance use related needs. The majority of cases in the data included experience of physical (90.1%, both samples) and/or emotional (88%, both samples) abuse. A significant minority experience sexual (21.5%, both samples) and/or financial (35.3%, both samples) abuse and surveillance/harassment/stalking (39.7%, both samples). The majority of cases were involved in services related to community-based support (74.4%, both samples), 9.6% (both samples) were receiving refuge services, 7.1% recovery work (both samples) and 5.1% open access services (both samples). Other service types were much less common, with accommodation services (other than refuge), advice and information services and CYP work all received in less than 2% of cases in both samples. Of the 98,167 observations included in the multinomial logits exploring reason for case closure, the majority of cases had completed service (60.9%) or never engaged/disengaged (30.3%).

Service Duration by Service Type

Table 2 presents the unadjusted duration of service in days, by service type for all cases included in On Track (N=581,066). It shows that most victim-survivors accessing DA services needed community-based services (n=210,599) and spent an average of 88 days, or just under three months, in service. Those who needed more intensive support (e.g. accommodation, refuge) stayed in service for longer on average- for accommodation services 130 days and refuge 115 days. Table S3 presents the descriptive statistics for the sample with complete data included in the cox-regressions (see supplementary materials S3).

Figure 1 shows the Kaplan-Meier plot by type of service. The time to event analysed is the length of time in service, recorded in days. The plot shows that all types of service close at least 80% of its cases in the first 6 months. The graph also shows that for people who receive one-off advice, if still engaged after 6 months, cases close more slowly when compared to other services; by 24 months (or two years) the likelihood of closure of refuge cases is very close to zero and that recovery, open access and CYP work are services with much longer tails (although for a very low proportion of cases).

Determinants of Case Closure: Cox-Regression Results

Table 3 presents the results from the survival analysis cox-regressions used to test the determinants of case closure. Hazard ratios and p values are presented. The final model included 98,218 observations, with 95,295 of these being 'failures' (that is, cases that have closed, for whatever reason). Variables included in the models as potential determinants of case closure were support needs, abuse type and type of service received. The model controlled for sociodemographic variables of age, gender, ethnicity, disability and primary perpetrator. Perpetrator gender was excluded from the final model due to low variation in the data and insignificance (although this was tested before exclusion).

Results from the final model showed that all support needs were significant determinants of case closure. Those with support needs related to mental health (HR=.920, P=<.001), physical health (HR=.974, P=.002) or 'other' (non-health related needs) (HR=.778, P=<.001) were less

Table 2 Duration of service in days, by service type

	Service type	Obs	Mean	Std. dev.	Max
Length of time spent in service (days)	Community-based support (outreach, advocacy, and floating support: mobile or community-delivered assistance helping survivors maintain safety and independence in the community).	210,599	88.42	113.10	2037
	Recovery (counselling, group programmes, and peer support groups: psychosocial or therapeutic interventions supporting recovery and empowerment).	40,443	119.46	152.48	2200
	Refuge (safe housing with a structured support programme: equivalent to shelters or transitional housing with onsite staff and wraparound services).	21,149	115.60	137.17	1460
	Open access (helplines, drop-in centres, and online chat services: first points of contact offering immediate information, emotional support, and referrals)	13,815	91.13	161.56	2466
	Advice and information (one-off; guidance on rights, entitlements, and access to services (e.g. legal, financial, housing, or immigration advice)).	7528	115.91	208.69	1832
	Children's and Young People's Work (specialised counselling, play therapy, and educational support for children and youth affected by domestic or sexual violence)	4716	108.23	112.30	1267
	Accommodation (excl. Refuge; such as move-on housing, safe homes, or community shelters: temporary accommodation with limited or no structured support programme).	2948	130.24	161.17	2357
	Missing	276,868	8.05	46.80	1683

likely to have had their case closed than victim-survivors who did not present these support needs. However, those victim-survivors who had substance use or alcohol support needs were more likely to have had their case closed than those who did not have substance or alcohol use support needs (HR = 1.053, P = <.001). Those who experienced financial abuse (HR = .908, P = <.001), sexual abuse (HR = .940, P = <.001) and/or surveillance/harassment/stalking (HR = .963, P = <.001) were also less likely to have had their case closed than those who did not experience these types of abuse. Victim-survivors with experience of physical abuse (HR = 1.101, P = <.001) were more likely to have had a case closure than those without experience of physical abuse.

All types of service were significant determinants of the probability of case closure, with community-based service as the reference category. Those who received an accommodation service (HR = .907, P = .002), advice and information (HR = .917, P = .002), CYP work (HR = .837, P = <.001), open access (HR = .879, P = <.001), recovery (HR = .843, P = <.001) and refuge (HR = .861, P = <.001) were all associated with a decreased likelihood of service closure than those who received community-based services.

In terms of sociodemographic factors, male victim-survivors were more likely to have had their case closed than female victim-survivors (HR = 1.099, P = <.001), along with those who were from an Asian ethnic background or a Mixed ethnic background, compared to those who were White (HR = 1.072, P = <.001 and HR = 1.039, P = .031, respectively). Finally, cases were less likely to have closed when the perpetrator was an acquaintance (HR = .854, P = <.001) compared to a current intimate partner, but cases with a perpetrator who was an 'other female relative' (HR = 1.086, P = <.001) or 'other male relative' (HR = 1.032, P = <.001) were more likely to have closed.

Determinants of Case Completion: Multinomial Logistic Regression Results

The survival analysis presented above relies on the assumption that a victim-survivors' case being closed is a positive outcome, but this is not necessarily always true. To explore the effect of the reason for case closure on the likelihood of case completion, multinomial logistic regression analyses were performed, with the same independent variables as the survival analysis and reason for case closure the dependent variable. The reference category was those whose case had been closed because they had successfully completed a programme of support. Results are presented in Table 4. Results do not include cases that were still open, as these are not relevant to the role of reason for case closure.

Overall results showed that the reason for case closure was an important factor in explaining the determinants of service completion. When comparing victim-survivors who had never engaged/disengaged, those accessing

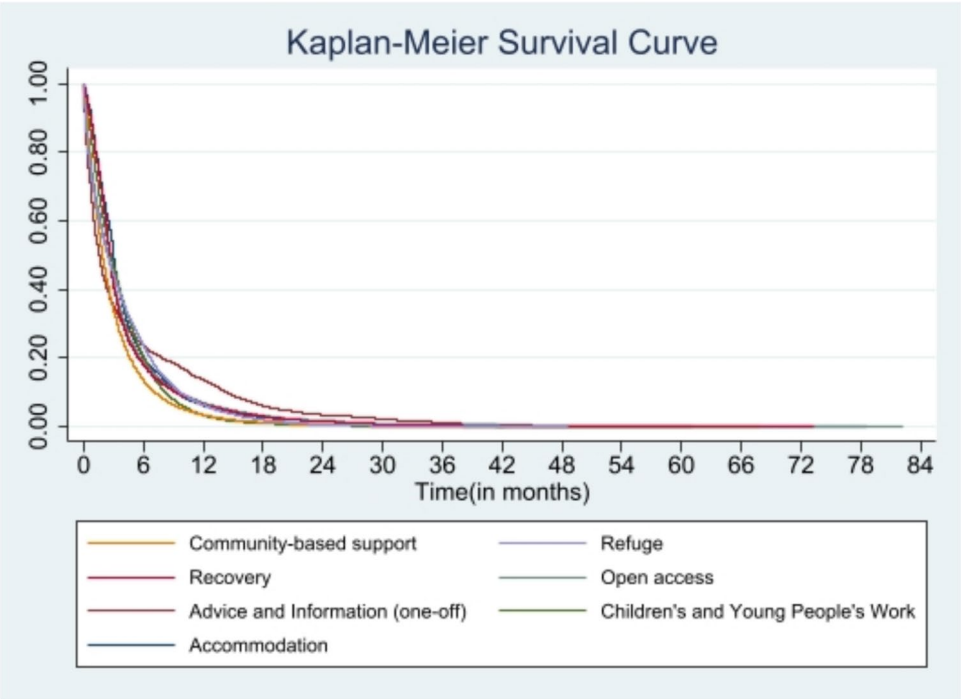

Fig. 1 Time to event (case closure) by type of service

accommodation and refuge services were less likely to have disengaged compared to those accessing community-based services who had completed service (RRR = 0.451, p,0.001 and RRR = 0.772, $p < 0.001$, respectively). Those with a mental health or substance use need more likely to have disengaged (RRR = 1.085, $p < 0.001$ and RRR = 1.639, $p < 0.001$, respectively) than completed service compared to those without these needs. Those with a physical health or 'other' (non-health-related) support need were less likely to have disengaged (RRR = 0.938, $p = 0.001$ and RRR = 0.654, $p < 0.001$, respectively). Those who reported experience of financial, emotional or sexual abuse were less likely to have disengaged than completed service (RRR = 0.909, $p < 0.001$; RRR = 0.889, $p < 0.001$, and RRR = 0.928, $p = <0.001$, respectively), compared to those who did not report experience of these types of abuse and had completed service. Those with a disability were more likely to have disengaged than completed service (RRR = 1.086, $p < 0.001$), compared to those without a disability who had completed service. All ethnic minority groups were less likely to have disengaged than completed, compared to White people who had completed service. Those whose primary perpetrator was an ex-intimate partner/spouse or other female or male relative were less likely to have disengaged than completed service compared to those whose perpetrator was a current intimate partner/spouse and had completed service (RRR = 0.869, $p < 0.001$; RRR = 0.876, $p = 0.007$ and RRR = 0.911, $p = 0.004$, respectively). As age increased, it was less likely for victim-survivors to have disengaged than to have completed service (RRR = 0.990, $p = <0.001$).

When comparing victim-survivors who were unable to receive service, those accessing refuge services were more than twice as likely to have been unable to receive services compared to those accessing community-based services who had completed service (RRR = 2.558, $p < 0.001$). Those accessing CYP worker, open access and recovery services were all less likely to have been unable to receive service. Those with a mental health, physical health or substance use need were all more likely to have been unable to receive services than to have completed service compared to those without these needs who had completed service (RRR = 1.311, $p < 0.001$; RRR = 1.195, $p = 0.003$ and RRR = 1.715, $p < 0.001$, respectively). Those with an 'other' (non-health-related) support need were less likely to have been unable to receive services (RRR = 0.680, $p < 0.001$). Those who reported experience of financial or sexual abuse were more likely to have been unable to receive services than to have completed service, compared to those who did not report experience of these types of abuse and had completed service (RRR = 1.153, $p < 0.001$ and RRR = 1.187, $p < 0.001$, respectively). Those who reported experience of physical abuse were less likely to have been unable to receive service (RRR = 0.824, $p = 0.00$). Those from Black or Other ethnic minority groups were more likely to have been unable to receive service than to have completed service, compared to White people who had completed service (RRR = 1.336, $p < 0.001$ and RRR = 1.288, $p = 0.002$, respectively). Men were less likely to have been unable to receive service than to have completed service, compared to women who had completed service (RRR = 0.785,

Table 3 Results for survival analysis cox-regressions model on service closure based on support needs, abuse type and service type

	Hazard ratio (HR)	SE.	P value	[95%	CI]
Support needs					
Mental health need	0.920	0.007	<.001	0.907	0.933
Physical health need	0.974	0.008	0.002	0.958	0.991
Substance use need	1.053	0.011	<.001	1.031	1.076
Other support need	0.778	0.009	<.001	0.762	0.795
Abuse Type					
Physical abuse	1.101	0.016	<.001	1.071	1.132
Financial abuse	0.908	0.007	<.001	0.896	0.922
Emotional abuse	1.005	0.013	0.685	0.980	1.032
Sexual abuse	0.940	0.008	<.001	0.925	0.955
Surveillance/harassment/stalking	0.963	0.007	<.001	0.949	0.976
Service type					
Community-based service (Ref.)					
Accommodation	0.907	0.029	0.002	0.851	0.966
Advice and Information (one-off)	0.917	0.026	0.002	0.868	0.968
Children's and Young People's Work	0.837	0.025	<.001	0.790	0.887
Open access	0.879	0.014	<.001	0.852	0.907
Recovery	0.843	0.011	<.001	0.822	0.865
Refuge	0.861	0.010	<.001	0.841	0.882
Disability					
No disability (Ref.)					
Yes	1.014	0.008	0.063	0.999	1.029
Ethnicity					
White (Ref.)					
Asian, Asian British or Asian Welsh	1.072	0.012	<.001	1.048	1.096
British, Black Welsh, Caribbean or African	0.983	0.013	0.195	0.958	1.009
Mixed or Multiple ethnic groups	1.039	0.018	0.031	1.003	1.076
Other ethnic group	1.011	0.022	0.616	0.969	1.054
Gender					
Woman (Ref.)					
Male	1.099	0.019	<.001	1.062	1.138
Queer, intersex, non-binary or other	1.145	0.108	0.149	0.953	1.377
Primary perpetrator					
Current intimate partner/spouse (Ref.)					
Ex-intimate partner/spouse	0.964	0.007	<.001	0.950	0.979
Other female relative	1.086	0.024	<.001	1.041	1.133
Other male relative	1.032	0.015	0.031	1.003	1.063
Parent's current/ex-intimate partner	0.994	0.046	0.892	0.908	1.087
Acquaintance	0.854	0.038	<.001	0.783	0.932
Stranger	0.856	0.072	0.064	0.727	1.009
Carer	1.181	0.305	0.520	0.712	1.960
Other	0.916	0.035	0.022	0.850	0.987
Age	0.996	0.000	<.001	0.995	0.996

$p=0.008$). Compared to those whose perpetrator was a current intimate partner/spouse and had completed service, those whose perpetrator was an ex-intimate partner/spouse, other male relative or stranger were less likely to have been unable to receive service than to have completed service. As age increased, people were less likely to have been unable to receive service than to have completed service (RRR = 0.979, $p<0.001$).

With regard to victim-survivors whose cases had been closed for a service-related reason, those accessing accommodation, advice and information, recovery and refuge services were all less likely to have had a service-related closure compared to those accessing community-based services who had completed service. Those with a mental or physical health or substance use need were more likely to have had a service-related closure (RRR = 1.311, $p<0.001$; RRR = 1.195, $p=0.003$, and RRR = 1.715, $p=<0.001$, respectively) than to have completed service compared to those without these needs who had completed service. Those with an 'other' (non-health-related) support need were less likely to have had a service-related closure (RRR = 0.654, $p<0.001$). Those who reported experience of financial or sexual abuse were more likely to have had a service-related closure, compared to those who did not report experience of these types of abuse and had completed service (RRR = 1.126, $p=0.03$ and RRR = 1.141, $p=0.028$, respectively). Those who reported experience of physical abuse were less likely to have had a service-related closure (RRR = 0.662, $p<0.001$). Those with a disability were more likely to have had a service-related closure than completed service, compared to those without a disability who had completed service (RRR = 1.189, $p=0.002$). Those from black and 'other' ethnic minority groups were more likely to have had a service-related closure, compared to White people who had completed service (RRR = 1.456, $p<0.001$ and RRR = 1.500, $p=0.004$, respectively). As age increased, people were more likely to have had a service-related case closure (RRR = 1.005, $p=0.015$).

For those whose reason for case closure was unknown, the type of service was not a meaningful explanatory factor. Those with a substance use need were more likely to have had their case closed for an unknown reason (RRR = 1.671, $p<0.001$), whilst those with an 'other' support need were less likely to have had an unknown reason for case closure (RRR = 0.317, $p<0.001$), compared to those without these support needs who had completed service. Those who reported experience of physical abuse were less likely to have had their case closed for an unknown reason (RRR = 0.609, $p<0.001$), whilst those who had reported experience of harassment/stalking were more likely to have an unknown reason for case closure (RRR = 1.249, $p=0.001$). Those with a disability were less likely to have

Table 4 Reason for case closure cased on support needs, type of abuse and service type. Results from multinomial logistic regression analyses, relative risk ratios (RRR) and p-values presented

	Never engaged/ disengaged		Unable to receive service		Service-related closure		Uknown reason for closure	
	RRR	p	RRR	p	RRR	p	RRR	p
Support needs								
Mental health need	1.085	<.001	1.127	<.001	1.311	<.001	1.017	0.817
Physical health need	0.938	0.001	1.309	<.001	1.195	0.003	1.076	0.377
Substance use need	1.639	<.001	1.930	<.001	1.715	<.001	1.671	<.001
Other support need	0.654	<.001	0.854	0.001	0.680	<.001	0.317	<.001
Type of abuse								
Physical abuse	1.009	0.767	0.824	0.001	0.662	<.001	0.609	<.001
Financial abuse	0.909	<.001	1.153	<.001	1.126	0.03	1.033	0.662
Emotional abuse	0.889	<.001	0.968	0.568	0.864	0.112	0.969	0.800
Sexual abuse	0.928	<.001	1.187	<.001	1.141	0.028	1.008	0.922
Surveillance/harassment/stalking	0.978	0.149	0.956	0.136	1.016	0.762	1.249	0.001
Service type								
Community-based service (Ref.)								
Accommodation	0.451	<.001	0.986	0.907	0.217	<.001	0.955	0.877
Advice and Information (one-off)	0.816	0.001	0.878	0.293	0.507	0.008	1.371	0.152
Children's and Young People's Work	0.821	0.003	0.497	<.001	1.228	0.28	0.795	0.477
Open access	0.819	<.001	0.746	<.001	1.203	0.063	0.868	0.373
Recovery	0.970	0.274	0.649	<.001	0.613	<.001	1.034	0.783
Refuge	0.772	<.001	2.558	<.001	0.455	<.001	1.029	0.806
Disability								
No disability (Ref.)								
Disability	1.086	<.001	1.031	0.339	1.189	0.002	0.765	<.001
Ethnicity								
White (Ref.)								
Asian, Asian British or Asian Welsh	0.680	<.001	1.067	0.159	1.082	0.354	1.001	0.996
Black, Black British, Black Welsh, Caribbean or African	0.765	<.001	1.336	<.001	1.456	<.001	1.213	0.114
Mixed or Multiple ethnic groups	0.878	0.001	1.085	0.256	1.113	0.419	1.191	0.301
Other ethnic group	0.778	<.001	1.288	0.002	1.500	0.004	1.970	<.001
Gender (ref. Woman)								
Man	0.978	0.557	0.785	0.008	1.106	0.4	0.719	0.102
Queer, intersex, non-binary or other	0.926	0.71	1.207	0.586	0.837	0.805	0.000	0.994
Primary perpetrator								
Current intimate partner/spouse (Ref.)								
Ex-intimate partner/spouse	0.869	<.001	0.828	<.001	0.980	0.725	0.968	0.671
Other female relative	0.876	0.007	0.911	0.287	0.903	0.533	0.519	0.021
Other male relative	0.911	0.004	0.812	0.002	0.858	0.165	0.831	0.223
Parent's current/ex-intimate partner	0.832	0.07	0.710	0.096	0.765	0.488	0.359	0.151
Acquaintance	0.849	0.097	0.783	0.191	1.226	0.443	0.144	0.054
Stranger	1.019	0.915	0.181	0.017	1.074	0.891	1.379	0.591
Carer	1.470	0.449	0.000	0.995	0.000	0.997	0.000	0.998
Other	0.823	0.025	0.949	0.735	1.479	0.076	1.165	0.642
Age	0.990	<.001	0.979	<.001	1.005	0.015	1.006	0.049
Constant	1.384	<.001	0.220	<.001	0.372	<.001	0.050	<.001

had their case closed for an unknown reason (RRR = 0.765, $p < 0.001$) than those without a disability who had completed service, and those from an other ethnic group were almost twice as likely to have had their case closed for an unknown reason (RRR = 1.970, $p < 0.001$) than those who were White and had completed service. Those whose perpetrator was an other female relative were less likely to have had their case closed for an unknown reason than those whose perpetrator was a current partner and had completed service (RRR = 0.519, $p = 0.021$). As age increased, people were more likely to have an unknown reason for case closure (RRR = 1.006, $p = 0.049$).

Discussion

In this paper, we have explored the relationship between the supply and demand for DA specialist support services, by looking at duration of such services, likelihood of service closure and reasons for case completion. The most notable finding from the Kaplan-Maier plot is that the proportion of cases that close in less than 30 months is lower for people receiving advice and information. This may mean that the service keeps an open door in case the service user needs any further support. Our survival analysis demonstrated that the most common type of service received was community-based services, and that those accessing more intensive accommodation-based services spent longer in services than those accessing community-based services, which is in line with existing knowledge on demand for services. Some studies have found that the longer victim-survivors spend in service, the more positive outcomes are achieved, suggesting they have received effective long-term support. For example, Wood et al. (2022), found that longer service duration and increased connection with an advocate were significantly associated with a greater number of victim-survivor needs being met in their regression analysis. On the other hand, another US study found that women had similarly positive outcomes if they had stayed in shelter for 21 days or less, or for more than 21 days (McFarlane et al., 2014), suggesting positive outcomes can be achieved in shorter timeframes, if services are properly equipped. Longer service duration can also be an indication of long wait times/delays for services, whereby victim-survivors stay in services for a long time and still leave without receiving the support they were looking for- especially those with complex needs who require highly specialist support (Harris & Hodges, 2019). This substantiates some of our findings, particularly as those with increased vulnerability, such as people with mental health needs and disabilities, are more likely to disengage or have a service-related closure. A recent study of sexual violence support services in the UK highlighted how service providers have to work especially hard to keep victim-survivors engaged until the services they need are available (Bunce, Blom, & Capelas Barbosa, 2024). On the one hand this finding is promising, as it suggests that victim-survivors receiving support in the community are more quickly able to move on, so that other victim-survivors awaiting these services can access them. On the other hand, whilst the finding that victim-survivors spend longer in accommodation-based services is unsurprising, this also poses a challenge because we know that there is a shortage of bed spaces in England, which means other victim-survivors who are not safe in their own homes struggle to access refuge services due to them being at full capacity.

Our survival analysis demonstrated that support needs, type of abuse and service type are all important factors influencing whether cases are closed or remain open, and gender, ethnicity and perpetrator type also play a role in this. People with additional vulnerabilities of mental or physical health needs were less likely to have had their case closed, whilst those with substance use or alcohol use support needs were more likely to have had their case closed, which is in line with existing findings on the longer-term support needs of victim-survivors with mental health issues and often long waiting lists for treatment (Evans et al., 2018; S. Kulkarni et al., 2010), and high levels of disengagement from services amongst those with substance use issues (Bunce, Blom, & Capelas Barbosa, 2024; Fox, 2020).

That males and those from an Asian or Mixed ethnic background were more likely to have had their case closed than females and White victim-survivors, respectively, is in line with existing research that has found victim-survivors from these groups can find support services to be unresponsive/insensitive to their specific needs (Hulley et al., 2023; Wallace et al., 2019). On the other hand, it is possible that these cases were more likely to have closed because victim-survivors had been effectively signposted to specialist male and by-and-for services (of which Women's Aid offer some, but not all are affiliated with Women's Aid Federation). Finally, that cases were less likely to be closed for those whose perpetrator was an acquaintance compared to a current intimate partner, whilst they were more likely to have closed if the perpetrator was another male or female relative could be due to the fact that services included in the current analysis are primarily DA services, so may have been able to provide more timely support to those with domestic perpetrators than acquaintances. There is limited research into the influence of perpetrator type on victim-survivors' service outcomes, which is an avenue for future research.

Our multinomial regression models demonstrated that for victim-survivors whose cases have closed, additional vulnerabilities (mental health, substance use, disability and older age) mean they are more likely to have disengaged, been unable to receive services or had their case closed for a service-related reason than to have completed a programme of support. This supports existing findings on the challenges encountered by services in securing adequate support for women with complex needs. For example, the second most common barrier encountered by the women supported by the NWTA project was a lack of specialist mental health support (Women's Aid, 2023). The reality of an underfunded refuge system and existing structural inequalities meant that in many cases the NWTA team was forced to find less adequate (or inadequate) solutions for women. Women's Aid's most recent annual audit also found that the most common area of work

running without dedicated funding was therapeutic support services (43%), and 16% were running specialist DA services for women with complex needs without dedicated funding. Our findings that both increasing age and having experienced financial abuse increased the likelihood of having had a service-related case closure could reflect the link between older age and financial abuse and relative lack of specialist support for these victim-survivors (Hourglass, 2024). It is important to reiterate that support needs were broadly categorised in the currently study because of high missingness and small group numbers, which may have influenced our findings. There are important resourcing implications of this - support needs are arguably the most vital thing for support services to measure, so need to be recorded better. Service providers are understandably struggling with the lack of time and resource for consistent, accurate and thorough data recording due to their chronic underfunding and staff turnover in the sector (Bunce et al., 2023; Bunce, Smith, et al., 2024).

Victim-survivors who had experienced financial, emotional or sexual abuse were less likely to have disengaged than to have completed service, those who had experienced physical abuse were less likely to have been unable to receive service, whilst those who had experienced financial or sexual abuse were more likely to have been unable to receive service and to have had a service-related closure- the latter possibly due to having been signposted to a specialist sexual violence service. Together these findings suggest that victim-survivors who experience sexual or financial abuse are least likely to successfully complete a period of support, and that experience of emotional abuse is the least important determinant of outcomes. Existing literature suggests victim-survivors of non-physical abuse may present at DA and sexual violence services with a unique and complex range of long-term needs and could be more inclined to distrust professionals or 'disengage' from services – potentially believing that the abuse they have experienced is not severe enough to warrant support (Halliwell et al., 2021). However, our finding that those who reported experience of financial or emotional abuse were *less* likely to have disengaged than to have completed service (compared to those without these needs who had completed service), suggests this may not be the case. It is possible that recent awareness raising around the severity of non-physical forms of abuse may mean victim-survivors are recognising their experiences as serious abuse and seeking the appropriate support. If this is the case, there could be a further increased demand for services, with the sector trying to do even more with (even) less.

Our finding that those receiving refuge services are less likely to complete their period of support could be due to barriers/delays moving on from temporary safe accommodation (Office for National Statistics, 2024). Finding move-on accommodation has been increasingly challenging for the DA sector over recent years. Poor mental health of victim-survivors can be exacerbated by longer stays in refuge, leading to poorer mental health outcomes overall as victim-survivors cannot access the services and move-on accommodation that they need (Women's Aid, 2024a). To reduce the time needed in refuge, not only does there need to be higher availability of specialist long-term support that meets victim-survivors needs, but there also need to be safe places for women to move onto as the next step in their journey to recover from abuse (Little, 2023).

Overall, people who complete their service tend to be women, seen in the community, mostly white and experiencing violence and abuse perpetrated by an intimate partner. They are very likely to complete their support particularly if they experience physical violence - likely as this is easier to recognise as abusive behaviour.

Our study has a number of strengths. First, we have worked with a very large administrative dataset (581,066 cases for 376,369 survivors), for which access is regulated by a data sharing agreement and as such not available to the research community more widely. Even considering large levels of data missingness, our survival cox-regression and multinomial logits included close to a hundred thousand cases. Nonetheless, future research could explore using imputation techniques (Jafrasteh et al., 2023; Li et al., 2015; Lin et al., 2022; StataCorp, 2023) to create an even larger dataset, instead of relying on case-wise deletion. An additional strength of this study is its novelty. To our knowledge, this is the first study to systematically test the determinants of case closure and completion in the context of DA specialist support services in the UK, controlling for potential confounders. Finally, throughout the study we have worked closely with stakeholders from Women's Aid and five other third sector organisations, meaning service provider perspectives shaped the design and interpretation of our findings.

Strengths and limitations

As always, there are a number of limitations to our study. First and foremost, the data used pertains to a population that had access to DA services, and may not be representative of all victim-survivors of DA, particularly as previous studies have already demonstrated the relationship between having additional vulnerabilities and accessing support (Green & Morton, 2021; Imkaan, Positively UK, et al., 2016; Thiara & Roy, 2022). In terms of design, we were restricted by information as recorded on On Track, and sometimes, due to high levels of missingness we had to reduce the categories of support needs and service outcomes, which may have masked some more nuanced understandings. A further limitation is that we did not consider how services varied between regions and remits (e.g. specific populations or types of victimisations

served), but differences in provision may affect service duration and case closure and completion. While this was beyond the scope of this paper it is something we are interested in exploring in future. Another key limitation of this study is the exclusion of approximately 30% of cases due to missing data across key variables. We acknowledge that this reduces generalisability and may have excluded individuals with more complex or unstable service engagement. However, the missing data were not missing at random, and individuals with incomplete records were more likely to disengage from services or be lost to follow-up. Given this, we chose not to use any form of imputation, as doing so would have required us to assume that those lost to follow-up had similar profiles and outcomes to those retained. This decision prioritised internal validity and interpretability, while recognising the trade-off in representativeness. Finally, and perhaps more importantly, we did not have input from people with lived experience in this study, which would have been particularly insightful for the analysis of case completion.

Implications

Our findings have clear implications for the ability of services to effectively respond to victim-survivors with complex needs, especially related to mental health, substance use and disability status. These are implications in terms of both adequately and sustainably funding and resourcing services, and also services working together to provide wraparound support for survivors experiencing multiple disadvantage as a result of DA. Our findings are in line with other studies both in the UK and also globally that have already highlighted the relationship between having additional vulnerabilities, requiring longer service provision and having additional barriers to successfully complete services (Bach et al., 2022; Evans et al., 2018; Harris & Hodges, 2019; Mengo et al., 2020). Importantly, the accessibility of DA services depends on spatial location as well as victim-survivor and service characteristics (Freer, 2022).

Finally, our findings evidence that multiple support needs can determine the outcome of support. If recurrent underfunding of the DA sector continues and services have to do more and more with less, they will be forced into a position of having to trade-off between spending time supporting people to cater to multiple needs and vulnerabilities and getting people in and out of the door to ensure the slot is available for the next victim-survivor who needs it. More focus on and funding of effective prevention efforts would ease pressure by creating fewer victim-survivors and less demand upon services.

Future research should involve those with lived experience of DA. Whilst our study filled an important gap in the literature by exploring influences on case closure and completion quantitatively, mixed methods research including interviews with service providers and victim-survivors could help contextualise quantitative findings qualitatively. Future research could also seek to quantify costs to services to better understand the (under) funding landscape.

Conclusion

With commissioners increasingly focused on short-term risk reduction and time-limited interventions fewer resources are invested in interventions that address the longer-term needs of many victim-survivors. This impacts the supply of services as provided by specialists, impacting the level of unmet demand existing for those services. A holistic approach should ensure services are available for as long as victim-survivors need them, supporting those with additional vulnerabilities, whilst ensuring that their needs are met as efficiently as possible such that they can make positive exits from services and spaces become available to the next victim-survivors who need them.

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Data Availability The data used in this paper are sensitive and subject to a legal data sharing agreement between Women's Aid Federation of England (WAFE) and City St. George's University. Data may be available from WAFE upon reasonable request and subject to further data sharing arrangements.

Declarations

Ethical Standards and Informed Consent The secondary data analyses were approved by the committee at City, University of London that considers medium-risk applications (ETH21220–299). The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of1975, as revised in 2008. The data used in this paper is subject to a legal data sharing agreement between Women's Aid Federation of England (WAFE) and City St. George's University. Data may be available from WAFE subject to further data sharing arrangements.

Competing Interests We declare no competing interests.

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