



Your voice counts

The experiences of women
living in Sheffield's domestic
abuse refuges

healthwatch
Sheffield

**February
2025**

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Introduction

Background

Sheffield Women's Aid provide emergency accommodation for women and children who have experienced and survived domestic and sexual abuse and violence. They support 37 women at any given time and at least as many children in their refuges and up to 10 families in their newly established dispersed houses. Sheffield Women's Aid approached Healthwatch Sheffield to undertake visits to their service users as they felt there were limited opportunities for survivors to share their experiences in relation to health and wellbeing, and their experiences are not necessarily reflected in health strategies and plans.

Between December 2023 and March 2024, Healthwatch Sheffield made four visits to their accommodation in Sheffield to speak to some of the women living there. Our conversations covered formal health and social care services, as well as other factors that are important to people's quality of life.

This briefing contains feedback from the women we spoke to, as well as insights from Sheffield Women's Aid. They have laid out several actions they've committed to take in response to what women told us, and together we have set out recommendations for external organisations where further improvements could be made.

Who did we speak to?

Across the four visits, we spoke to 22 women living in the refuges. We also spoke to 6 support workers, volunteers, and medical students who were working there.

The women were aged between 20 and 50 years old; most were in their 20s and 30s. At least 10 of the women had young children living with them.

The women were mostly from British Pakistani and White British backgrounds, though we also spoke to White European, Black British, and British Indian women.

Findings

Health challenges faced by women living in refuges

When we asked women living in the refuges about their physical and mental health, most of the women shared several concerns.

They described symptoms such as fatigue, physical aches and pains, breathing issues, and headaches. Menopause, menstrual pains, difficult pregnancy symptoms, and iron deficiencies were also mentioned.

Many women described specific mental health challenges they faced, including PTSD (Post-Traumatic Stress Disorder), OCD (Obsessive Compulsive Disorder), anxiety, depression, panic attacks, and body dysmorphia. Some told us these were a direct result of the domestic violence they had experienced.

People also told us they were lonely – especially those who had no friends or family in Sheffield because they had moved from other cities or countries: “I’m missing Pakistan [...] I was looking forward to getting married and coming to the UK but my husband was no good”, “I’m lonely because I can’t have visitors”.

Some women also described the physical impact of the abuse they escaped: “bowel problems caused by sexual abuse cause incontinence”, “breast cysts caused by the sexual abuse”.

Others spoke about impacts like self-harming “I have depression sometimes. I cut myself”, or insomnia and disrupted sleep: “not sleeping because of nightmares and then being tired all day”, “I’m not sleeping, my mind is not sleeping, crying all night”. Some women had been prescribed sleeping tablets, but some who were parents felt this wasn’t right for them: “I can’t take sleeping tablets because the kids still wake up”.

Many women were accessing or needed to access a range of health and social care services for the issues above and their wider health and wellbeing, and also for their young children, several of whom had been diagnosed as autistic. Staff reported that many of the children and young people supported by Sheffield Women’s Aid have additional or special educational needs and experience varying levels of success in securing formal assessments to support these diagnoses.



The impact of physical or sexual violence on women's health

The World Health Organisation (WHO) detailed in a 2012 report that health consequences as a result of domestic abuse continue long after the survivor has escaped the relationship¹. They are significantly more likely than other women to report overall poor health, chronic pain, memory loss, and problems walking and carrying out daily activities.

Studies have also found that women with a history of abuse are more likely to report a range of chronic health problems such as headaches, chronic pelvic pain, back pain, abdominal pain, irritable bowel syndrome, and gastrointestinal disorders. This has a significant impact on women's health, and increases the likelihood of needing to access both primary and emergency care.

Experiences of NHS care since moving into a refuge

We heard some positive experiences of NHS services – one woman told us that talking therapies had improved her mental health. Another said her GP is fighting for her to be able to access more mental health support. Someone else told us that her child's autism diagnosis and the support from Ryegate Children's Centre and other children's services had helped improve their wellbeing.

We also heard about less positive interactions, especially within primary care. A key factor was women not feeling believed or respected when they raised health concerns, or felt that their concerns were not investigated thoroughly:

"I went to my GP 5 months after an incident where I was strangled as I wanted to get checked to make sure there was no damage and get a scan. My GP said you will be fine as the Police GP when the incident was reported would have checked to make sure everything was ok. I felt like I was being fobbed off"

"Getting a diagnosis of my iron deficiency [...] it took lots of appointments with the GP, he didn't believe there was something wrong, he said I was tired because I'm a woman"

"My GP has diagnosed me with PTSD. There was no assessment done she just said that it was most likely [...] No one has done a psychoanalysis"

"My health visitor doesn't understand – she doesn't understand the trauma I have been through [...] she told me I wasn't depressed and that I was alright"

¹ <https://www.who.int/publications/i/item/WHO-RHR-12.36>

Several women said they couldn't access an NHS dentist since moving into the refuge. One woman was in recovery from substance misuse, and was struggling to get the dental care she needed:

"I'm on methadone. I've been clean for 1 year now but my teeth need work. I want them pulled out. I don't have a dentist, I have to go to Charles Clifford"



Insights from Sheffield Women's Aid

Brain Kind's report 'Too many to count' looked at brain injury in the context of domestic abuse, which found correlations between strangulation and concussion, low mood, and PTSD-like symptoms². Through the Domestic Abuse Coordination Team and the NHS, a referral pathway for professionals to use has been developed when strangulation is a factor, and invested in training to assist identification of these cases. This feedback revealing a lack of awareness in general practice is concerning to us.

We will:

- Always advocate to ensure survivors are not placed at further risk due to delays in having their injuries assessed.
- Continue to ensure women moving into the refuges are registered with a GP – our data shows we do achieve this currently. However, we recognise that many women who may have more complicated health and dentistry needs may not get these met within NHS practices. It is not uncommon for residents to be required to attend specialist centres such as Charles Clifford Dental Practice or a local hospital for a health need.
- Continue to promote the strangulation pathway and, as part of the Domestic Abuse Strategic Board, escalate instances where this pathway is appearing to not be followed or understood to ensure the best service is being provided to survivors.

We would like to see:

- Primary care professionals knowledgeable about this cohort visiting the refuge to see women directly, as can sometimes be seen in homelessness services. This would assist in navigating complicated pathways into more complex treatment and encourage women to access healthcare support, as it would be on-site. In turn this could support residents who need to attend specialist appointments to feel less anxious, having had initial appointments in a place where they feel safer.

² <https://brainkind.org/news/too-many-to-count-report/>

We also heard about some gaps in services – particularly mental health services. Women who had used IAPT (Improving Access to Psychological Therapies) generally thought it was good, but they felt they were missing a service that could support them with the more complex mental health issues many were facing:

“IAPT treat stress and anxiety but if you have something more complicated no one can help you and you get referred back to your GP”

“SPA (Single Point of Access) said I’ve already had treatment and I can’t have any more because I’ll be using it to soothe myself”



Insights from Sheffield Women’s Aid

Sheffield City Council commission one to one counselling support for women living in the refuges and a service for children and young people. There is always a waiting list for this service, and waiting lists externally in places like VIDA and Saffron, meaning women cannot always access this vital therapeutic support at the point of need.

We also see that women are not always ready for the journey of therapeutic support whilst in the refuge, as this is a point of immediate crisis management where women need space before accessing support and making plans to move forward. Liz Kelley’s ‘Finding the cost of freedom’ report discusses the need for “space for action” and the impact of survivors having to navigate a multitude of agencies for different aspects of their recovery³.

We would like to see:

- Therapy to be offered at a later point in women’s recovery journey – for example as women move on into their own tenancies, where they are beginning to feel more settled, and may be ready to access therapy to help them better process their experiences.
- Increased provision in the refuges for this therapeutic support, which would reduce waiting lists for women to start their therapeutic journey.

³ https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/Costs_of_Freedom_Report_-_SWA.pdf

Experiences of support from voluntary sector organisations

Several women told us about the support they've had from Sheffield Women's Aid. We heard about positive experiences of support: "They are saving lives because they give you a bed and privacy", "The hostel registers us straight away with a GP".

Others felt they'd had less positive experiences. Some talked about being unhappy with the support received whilst at the refuge or from other charities and organisations. One person said they couldn't remember their support plan. Others felt the support workers in various organisations weren't consistent or easy to contact:

"I have had different support workers since I have been here. One came and left"

"Likewise Centre – it's not good at all. I've been trying to get hold of my support worker for 18 months [...] I keep getting jumped to different workers"

Some people felt there wasn't enough support more generally. For instance, we know many people in Sheffield and across England are having difficulties finding an NHS dentist and registering with a GP. One woman told us she didn't feel she'd had enough support with this problem. Another said:

"There is a lack of practical and emotional support, I don't trust the people here, I can't speak and open up"

Some people found they weren't eligible for support from voluntary sector organisations because they were living in the refuge, or found it hard to understand which services they could access:

"I went to IDAS (Independent Domestic Abuse Services) for help, they were good but they say they can't help me because I am here and these people are supposed to be helping me"



Insights from Sheffield Women's Aid

We are commissioned to deliver two refuges in the city, and work towards a target duration stay of six months. This can be a challenging timescale when considering the time needed to cope and recover from domestic abuse as well as considering the time needed to develop trusting relationships with survivors, but recognise this is a timescale needed as we know there is always demand for the

refuge spaces at housing, and it relies on the refuge having throughput. We write support plans with the women and review them monthly, alongside taking a constant review of risks and associated mitigations.

As services are stretched and commissioners understandably want to ensure services are maximised to meet need, it can result in services not being able to overlap – for example we wouldn't work with survivors when IDAS (Independent Domestic Abuse Services) are and vice versa unless there is specific IDVA (Independent Domestic Violence Advisor) support. This can leave women feeling like they can't move between support in an organic way, nor always understand why both services cannot be accessed at the same time.

Other services have changed their ways of working – staff from Likewise (a drug and alcohol support service) used to come into the refuge regularly, which led to women naturally going to them as they were on site. After a commissioning process, they now only attend on request, which leads to those relationships not being built and the support not being accessed in an organic way as it does when a worker is in the building spending time there.

What makes it difficult for women living in the refuges to access care and support?

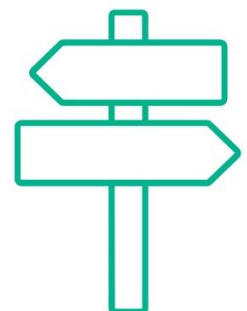
We heard about lots of factors that make it more difficult for women living in refuges to access care and support, as well as move forward with their lives and bring some stability for themselves and their children.

Most women fled domestic abuse with no or very little money or other resources, and some have travelled a long way from their home and social networks. Most women are facing multiple obstacles, which have a cumulative impact on people's wellbeing and ability to advocate for themselves.

Understanding what support is available

There was a general perception that more could be done to help vulnerable women in refuges understand what support might be available for them, including both statutory sector services and support offered by voluntary organisations:

"There has been no support here to help us access services we have to do it ourselves, no one has said 'there is this service for you, or this service might help



you'. They say we need to be independent all the time but we have experienced major trauma sometimes we don't have the energy or are not mentally well to do anything for ourselves"

"I don't know anything about social prescribers – they will be beneficial, we should be told about things like that"

Many women had ideas about how this could be improved:

"If there was an app that could tell you what services in your area that can help"

"A coffee morning once a month [would help] with talks from people of what to expect when you move out. Someone with lived experience that can give you a little bit of faith"



Insights from Sheffield Women's Aid

We display information sheets in communal areas about what support other services might offer to women, and we hold weekly resident meetings and other groups. We are not able to support women to every external meeting or appointment but do try to offer this to women who we identify as really needing this more intensive support. We want to support women to reach a level of independence, but recognise that this takes time to achieve and will be different for each woman.

We will:

- Continue to ensure women are informed of other relevant local groups, and invite external agencies into the resident meetings to talk to women
- Be clear about what support levels are provided in the refuges, to improve transparency about how often we are able to support women out to external appointments they may have.

Waiting lists

Some women were on waiting lists for mental health treatment or counselling. The waiting lists are often long, and people worry that they'll move to the bottom if their circumstances change, for example if they move out of the refuge or change GP practice. Others find issues with the referrals that led to wasted time:



“I’m on a waiting list for mental health services, I have body dysmorphia and it’s never been treated”

“There is a 6 month waiting list for SRASAC (Sheffield Rape and Sexual Abuse Centre) and sometimes you don’t fit the criteria after you’ve waited 6 months. But it can be quicker if you are referred by the police because you are prioritised if it’s a criminal case or a conviction”

“I’d like to move to a new GP but I’m worried I’ll be put to the bottom of the waiting list again if I move GP”

Some women also have children on waiting list for autism assessment and support, or CAMHS (Children and Adolescent Mental Health Services):

“4 year waiting list for referrals to CAMHS for special needs kids”



Insights from Sheffield Women’s Aid

Receiving a diagnosis for a mental health condition or a Special Educational Need can be really difficult and have woefully long waits. We routinely find ourselves leading in the co-ordinating of multi-disciplinary meetings to ensure the correct professionals are available to discuss how survivors and their children can access assessments and services following assessments. As professionals ourselves we find this incredibly complex to navigate and thresholds high to meet. This often results in no assessment being undertaken for some time, if at all, and the survivor still experiencing symptoms.

Limited out of hours support from mental health services leaves Sheffield Women’s Aid to manage situations without specialist support. This can mean ambulances or police being called out of hours, which isn’t always the appropriate response for the person experiencing distress, and the presence of these emergency services can cause further distress to other survivors in the refuge as it triggers traumatic memories from the situations they have left.

We would like to see:

- A clear pathway for women and children who need to access NHS mental health support, and improved out of hours support at the point of need and where any assessments required are arranged promptly
- Improved partnership working both at the point of crisis and before - identifying more holistic approaches to meet need and reduce repeated incidents.

Caring responsibilities

Most mothers living in the refuge now have to be the sole provider for their children, and manage childcare by themselves as they may have moved a long way away from their friends and family networks. This makes it more difficult to access care and support services, as well as social activities and other things that people need to help them move forward in their lives:



“I’m a carer [2 children under 5], I can’t get to the GP or hospital because I don’t have time to myself”

“I broke my foot, I have 2 autistic children. I don’t have time to go to the hospital. I left it. It’s been 3 months now and it still hurts. Friends say it’s probably healed now but might have something wrong with it”

“How would I juggle childcare when I need support, I have no one who can look after my children”

“I can’t attend anything because I have my kids and there is no one to look after them. I don’t know of any activities that involve childcare”

“Carers and single mums should be able to have their meds delivered because we don’t get the time to collect”

Some women were also afraid about losing custody of their children if anyone thought they weren’t looking after them perfectly:

“The fathers of our children want to take them from us and fight us for them. Anything could be used as ammunition against us – if we are not looking after our children, if we have to leave them in the room for 2 minutes whilst we get the laundry or go to the bin. It is only the same as if we were living in a house and they were upstairs and we were downstairs”



Insights from Sheffield Women’s Aid

Sheffield Women’s Aid are not able to provide a childcare service.

We do have a children and young people’s worker who provides daily activities for children and young people, including when mums are attending the groupwork provided at the refuge, and where possible coordinates support so that mums can have the chance to speak in private during their support sessions.

Children in Need previously funded this role, but this funding has now ended. In 2022 Sheffield City Council recognised the need for this type of support, meaning we could recruit a further worker to this role. However, one worker is not sufficient to meet people's needs across two refuge sites.

Children and young people need more support than is currently provided, and we are actively searching for and applying for further funds to cover this. Additional funding for posts such as these is increasingly harder to secure, though, as there is more and more demand for such funding.

We have to be realistic about the levels of support one worker can provide until further funding can be sourced to increase the time available.

We will:

- Ensure during induction that women are made fully aware of what we can provide, to make clear what support sessions there are for children, and what capacity there is to assist women needing to attend appointments to not raise expectations.
- Review the feasibility of having medication delivered to the refuges.

Finance

1 in 5 women have experiences economic abuse by a current or former partner in the last 12 months⁴. This type of abuse creates economic instability and makes one partner economically dependent, limiting their freedom. Without access to money, it is more difficult to leave the abuser.



The impact of economic abuse makes rebuilding lives challenging. Many women leave with nothing – having no money even for essentials – and have to start again from scratch, often with large amounts of debt and poor credit ratings. Women who were previously working often have to leave their jobs, which is both a financial loss and a loss of their independence. The situation can be even more challenging for women with no recourse to public funds because of their immigration status, and for women with young children. The financial situation of domestic abuse survivors must also be viewed within the wider context of a cost of living crisis, which exacerbates these issues and makes this cohort of women extremely vulnerable.

⁴ <https://survivingeconomicabuse.org/news/5-5-million-uk-women-experiencing-economic-abuse/>

Being on a low income or having no income impacts people's abilities to get to appointments or buy medicine:

"I can't afford to get out, I can't go to the doctor's as I need a taxi with my autistic kids"

"Debts, and costs to get to hospital"

"They tell you to buy medicine over the counter. I can't afford it, why can't they write me a prescription?"

There is a counselling service on-site at the refuges, and other support like art therapy. However when there is a waiting list, or when people feel they need a different type of support, they cannot afford to seek private alternatives:

"There is no counselling or therapy sessions available for us. I have been here a year and I haven't had any support to access anything like that, how do we pay for this ourselves, we have no money, we can't afford to pay"

The practicalities around moving into a women's refuge can also create additional financial barriers:

"It takes a while to set up benefits after fleeing and this means it ends up costing more for your medication whilst you are waiting for benefits"

The wider impact of financial difficulties – on travel, food, exercise, childcare etc – also has a negative effect on people's wellbeing. Being unable to do the things they used to do can also impact on people's social lives, and self-esteem:

"Exercise helps my pain – it would be good to offer exercise – there is nothing at the moment. A gym pass would be really useful, this would help me with the healing process"

"[We need] affordable or free fruit and veg"

"Gym service being too expensive"

"Getting your autistic kid into school or nursery – it's exhausting fighting for travel costs"

"I need free childcare or child minders or nursery, I'm paying for private nursery at the moment. It's a £10 for every 15 minutes you are late. This makes going to toddler groups difficult"

"I can't afford to have the things I used to have before. My children are my priority and their clothing. I used to get them really good clothing but I can't afford to any

more. I have to go to places like Asda and Primark – there is nothing wrong with going there but I wouldn't have bought their clothes from them places before"



Insights from Sheffield Women's Aid

Sheffield City Council commission Citizens Advice Sheffield to come to the refuges and support women with debts and managing their incomes, ensuring they are claiming all the benefits they are entitled to, and this is always well attended. Sheffield Women's Aid provide welcome packs as women arrive, and support with essential items such as ID when women do not have the income to do so.

We have good relationships with local foodbanks who make weekly deliveries to the refuges to ensure women on low or no incomes have food. We have also bought food out of our own budgets when we are aware that women have nothing available to them.

We will:

- Continue to ensure that all women moving into the refuges have 'managing my budget' support plans as when women move on to independence, managing a budget will be a much-needed skill

We would like to see:

- National policies and systems around topics like benefits and child maintenance recognising the particularly difficult situation of women who have experienced domestic abuse, and meeting their needs

Travel

Being able to travel to different parts of the city is important to access formal care and support services, as well as informal support networks. While some of the travel barriers are financial as discussed above, there are issues with public transport infrastructure that impact people too:



"Social groups at weekends. I am lonely. When I try to visit my friends there's only 1 bus an hour"

"My GP is at Richmond, there are no buses there, to get a bus you have to go all the way to town to go all the way out to Richmond"



Insights from Sheffield Women's Aid

Travel to school and hospital appointments can cause particular frustration in terms of cost – some women do get travel costs to school covered but not all, which also causes confusion.

We will:

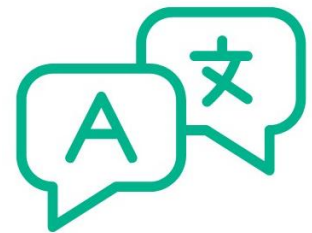
- Continue to work with women to make sure that when they are ready to move on, it is near to their child's school, advocating with Sheffield City Council where required to reduce further economic barriers for families.

We would like to see:

- Additional financial support for families in refuge, who may be some way from where they previously lived, to enable them to get their children to school and attend appointments.

Interpreters

We know that people often rely on family members or friends when NHS or other services are struggling to book an appropriate interpreter. However for women who have had to leave their homes and social support networks, this is much harder and they're likely to be even more reliant on professional interpreters. Staff also told us of occasions where services have expected or relied upon children to interpret in appointments, which is not appropriate.



Most of the women we spoke to could speak English, but for those who couldn't, access to interpreters was a big barrier. One person told us she needed "interpreters for Urdu". Someone else told us about the experiences of some of the women who couldn't speak English – "[she] needs a translator to talk with staff, she can't ever join in with anything here. She needs a translator but she has to use her mobile phone to translate".

Housing

One of the buildings that women are housed in by Sheffield Women's Aid is owned by Sanctuary Housing Association. Women have their own private flats, but there is also communal space to allow for activities and group sessions for both women and children living there. Sanctuary have certain legal obligations – such as members of their staff coming to complete monthly health and safety checks, and other policies that govern how the flats are used, for instance around flat moves and service charges. Sheffield Women's Aid also have policies in place to protect residents' safety, such as not disclosing the address to non-residents – which means visitors are not allowed.



Several women told us about housing issues, and the impact it has on their general wellbeing. Some have problems with the Sanctuary-owned refuge accommodation they're living in:

"There are rodents in this place. I reported it back in September but nothing was done about it until just now months later [...] People have said they have lost food and clothing due to rats making holes in the clothes – they can't afford to keep buying food and clothing"

"My flat's on the first floor. It would be easier if I was on the ground floor for the pram"

Some are facing long delays in moving out of the refuge and into alternative housing. People said they were told they'd be in the refuge for around three months, but delays have meant many have been living there for much longer and have been unable to get settled into a more permanent home. This was upsetting for everyone who told us about it, but parents of young children were particularly concerned:

"I thought I was on the list for emergency housing – but found out the paperwork wasn't done right so I wasn't even on the list. I have been in here a year now – it's too long to be in here waiting"

"I have been in here too long, I have moved here from a different city so had to get used to everything here. We are not classed as being homeless so we are pushed aside and have to wait far too long to be rehoused. We need to be rehoused as soon as possible not made to wait months and months to get somewhere"

"I've come from across town, I'm lonely because I can't have visitors. It's boring I've been here 9 months"

"I'm missing Pakistan. Being in the hostel is desperate. I'm only in a one bedroom. I've applied for housing, it's 8 weeks for priority. It was complicated because I'm waiting for a visa"

"I need a home for September because my children starts school soon and I don't want to move him in term"

Others spoke about the importance of the wider neighbourhood – things that would help them to feel happy in their home life:

"Getting outside helps", "Exercise and getting outside makes me feel better. Fresh air and outings", "A big garden"

"A small shop close by so I don't have to go to [the supermarket]"

"There's only a sandpit here. The playground in the park is nice but I can't use it at the weekend because it's too busy. I can't keep an eye on both of them. It's a big park and there's no smaller parks"



Insights from Sheffield Women's Aid

Housing and the speed of being allocated priority poses many challenges, especially for domestic abuse survivors who may have brief windows of opportunity to make calls or seek help. Waiting times to speak to the housing team either on the phone or in person can be several hours. The housing pathway into refuges in Sheffield can be seen as overly complicated and not responsive to survivor needs or safety.

We support women to apply for housing and priority status once they are living in our refuges, though this was meant to be an automatic process for them. Securing housing can be a lengthy process for women, with the need to apply for and secure priority status, then the overall lack of social housing nationally which causes delays for everyone. This is even more challenging for women with no recourse to public funds, who also need to wait until they have secured leave to remain.

Sheffield City Council will routinely agree to fund women with no recourse to public funds to support them into refuges which is a very positive way of working, as this is not the case in other local authority areas nationally. The Council being

proactive in this sense does help us to get women registered with other health and care support services without too much delay.

We have already taken action on some of these issues:

- We raise the barriers that the housing pathway can cause - and how this can be resolved - at strategic meetings.
- We raised these barriers at a “Can you hear us” event, which was convened to bring together the city’s key strategic professionals and providers in the violence against women and girls sector.
- We hold quarterly meetings with Sanctuary Housing to discuss issues that survivors raise with us, and have explored Sanctuary undertaking their own feedback surveys with survivors.

Stigma

Some women told us they face stigma, both within services and in wider society, because of their personal circumstances. They worry they will be treated differently or with a lack of respect:

“They are discriminating against me they are picking up everything about my child”

“The (Sanctuary) housing officers just come in and inspect our houses, there is no privacy. They check our cleaning, how we are living [...] If we were living in normal houses no one would come and check [...] They are then telling other staff they have found the flats disgusting, in front of other residents”

“I don’t want people to get offended when I go into fight or flight mode, because I do this a lot because I’m used to being this way”

“Socially and culturally no one understands you if your child has additional needs, judgement”



What would make care and support better for women living in refuges?

We asked women what would make care and support better for them – both in the refuges and when they interact with other health and care services in the city. Many suggested ideas for how support could be better, along with how their health and wellbeing could improve more generally. Some of these relate to topics covered in more detail in this briefing, while others were stand-alone ideas. They include:

- More help to understand and access support services
- Cross-service support, and services working better together
- Trauma-informed staff in the services they interact with, who treat them with compassion and understanding
- Training for staff across different services to break down stigma
- Access to tailored mental health support for complex conditions
- Consistent support workers and being involved in support plans
- Additional support with childcare and travel
- More support with finances, to ensure women understand what benefits or other support they might be entitled to and are able to access this
- Language support across different support services
- Making the process of applying for onward housing easier to understand and more responsive, to ensure women do not need to remain in refuges for longer than they need to
- Further support for women once they move out of the refuge
- Help with gym memberships and access to safe outdoor spaces

“If decision-makers come here – they need to realise we are not getting heard, so many of us are suffering, we have been traumatised, we need more support about how to keep safe”

How will this information be used?

We will share this briefing with key decision makers, boards and committees in the city (e.g Health Scrutiny Committee, Sheffield Health and Wellbeing Board), as well as providers of Health and Care services (e.g Sheffield Teaching Hospitals, Primary Care Sheffield, Sheffield Health and Social Care). We will publish it on our website and add it to the South Yorkshire Insights Bank, so that people across South Yorkshire can be informed by what we've heard.

More specifically, we will share it with South Yorkshire Integrated Care Board to inform the way they are working to establish Women's Health Hubs, and their approach to implementing the Women's Health Strategy in our area. We will also share this with the council, so that they can consider the findings as they implement local strategies and plans that impact women who have experienced domestic abuse - for example their [Housing Strategy](#) and [From Surviving to Safety](#) - Sheffield's strategy to end Domestic and Sexual abuse and Violence Against Women and Girls.

Finally, we will share it with Healthwatch England, so that they can use the insights to inform policy discussions at a national level.

We continue to actively seek out opportunities to hear from and amplify the voices of those who are not always heard by services, and those who face poorer health outcomes than others, including women who have experienced domestic abuse, living in Sheffield.