



Centre for  
Homelessness Impact

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# Women, homelessness and violence: what works?

by Emma Bimpson, Hannah Green and Kesia Reeve

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## About the Centre for Homelessness Impact

The Centre for Homelessness Impact champions the creation and use of better evidence for a world without homelessness. Our mission is to improve the lives of those experiencing homelessness by ensuring that policy, practice and funding decisions are underpinned by reliable evidence.

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Produced in partnership with Sheffield Hallam University



## About the Authors

Dr Kesia Reeve has been a dedicated housing researcher for over 20 years. During this time she has delivered 50+ research projects funded by: government departments; national charities; local authorities; public sector health bodies; and housing associations. Kesia's research focuses on aspects of housing disadvantage, and marginalised populations who are susceptible to housing deprivation. She has a particular interest in exploring and exposing the gendered nature of housing disadvantage.

Dr Emma Bimpson is a Research Associate at the Centre for Regional Economic and Social Research and a member of the centre's housing team. She has expertise and research interests in shifting housing welfare provision within the social and private rented sectors, homelessness, and local housing and support provider networks. Emma also has experience working within supported housing services for people experiencing mental ill health and substance addiction. She has led evaluations of housing interventions for young people (OVO Foundation) and sex working women (Basis Yorkshire, Housing First), and has co-authored evidence reviews of housing and mental health (Mind Cymru) and housing exclusion more broadly (The UK Collaborative Centre for Housing Evidence- CaCHE).

Hannah Green is the Communications and Lived Experiences Specialist at the Centre for Homelessness Impact. She is the author of 'My Journey Home', a book recounting her personal experience of overcoming homelessness and post traumatic stress disorder. Hannah also works as a freelance writer and journalist for publications such as The Guardian, The Independent and Novara Media, where she writes about her own experiences whilst also capturing the experiences of others.

Hannah is passionate about using real life stories to create change. Her own lived experience of homelessness drives this passion to change things for other young people.

## Summary

**A significant proportion of women experience violence, and statistics consistently show that violence is perpetrated against women at much higher rates than against men. Violence against women in the home has also increased significantly during the Covid pandemic. There is a strong link between violence and homelessness amongst women, making the Covid-related increase in violence even more concerning. For example, national data show that 1 in 5 women who have experienced violence become homeless, compared with just 1 per cent of women who have not experienced violence. Being a victim of violence is a traumatic experience and so women can develop a range of support needs in addition to their homelessness.**

Women's experiences of homelessness are, therefore, distinct from men's and often shaped by gender-based violence. This means it is crucial that homelessness services are tailored to the distinct needs of women and recognise the pervasive role that violence plays in women's housing outcomes and homelessness experiences.

At present, the policy and practice response to women experiencing homelessness and violence falls short in comprehensively meeting this challenge. In particular, current approaches are often neglecting women with historic experience of violence, and are overly focused on crisis responses. Policymakers, commissioners, and service providers all have a distinct role to play in this urgent endeavour to better meet the needs of women experiencing homelessness and violence.

The current evidence base on effective interventions for women experiencing homelessness and violence is limited and there is an urgent need to address this gap in knowledge. However, insights about 'what works' from studies in our Evidence and Gap Maps (which include the most robust international evidence) and from innovative interventions in the UK and internationally, provide lessons to inform development and testing of interventions that could

make a real difference to women experiencing homelessness and violence. In summary, the core recommendations are:

- There is a need to develop a more inclusive, housing-led response to women experiencing homelessness and violence. This would provide all women experiencing, or at risk of, homelessness who have experienced violence (currently or historically) with immediate, unconditional access to secure accommodation though rapid rehousing, or help them to remain in their current home. This would be accompanied by appropriate support. For some women this might be intensive support (as offered through rapid rehousing programmes like Housing First) while others may require minimal additional support. This model offers a more inclusive alternative to temporary accommodation.
- New solutions should be developed and tested that support women experiencing violence to remain in their homes while the perpetrator is moved away. It is wrong that a woman experiencing violence is the one who leaves her home, rather than the perpetrator, and becomes homeless in the process. There are a small number of innovative interventions that could be

explored further, developed, and tested, including flexible financial support (currently a component of a small number of Housing First programmes), Sanctuary Schemes that providing additional security, and 'Making Safe', a multi-agency initiative in England that keeps women in their home and rehouses perpetrators for up to two years, providing tailored support to all parties. If found to be effective, such a sea-change in how the needs of women at risk of violence are met could radically improve many women's lives and futures, whilst contributing to broader efforts to prevent homelessness in the UK.

- It is imperative that responses to women experiencing homelessness and violence, whether through generic or specialist services, are 'gender informed', i.e. informed by an understanding of the distinct experiences and barriers faced by women, including understanding of trauma. Building on the work of organisations like Ava and Agenda, SAMHSA and the Women's Mental Health Taskforce, a clear set of industry guidelines should be developed for gender informed care (akin to the NICE principles of care), that are readily translatable into practice and to which commissioned homelessness services must adhere.
- There is a need for increased provision of women-only temporary accommodation.
- There needs to be a shift of policy focus to preventative, rather than crisis-response, approaches, including training and 'screening' programmes (such as Ask and Act in Wales) where these are not already in place, for early identification of women experiencing or at risk of homelessness and violence, and culture change across public services.

## About this paper

**Women are disproportionately affected by violence,<sup>1</sup> a fact reflected in UK government's successive strategies to end violence against women and girls.<sup>2</sup> Evidence shows that violence is a common cause of homelessness amongst women and that a high proportion of women who are homeless have experienced violence.<sup>3</sup> Being a victim of violence is a traumatic experience and so women can develop a range of support needs in addition to their homelessness. Women's experiences of homelessness are, therefore, distinct from men's and often shaped by gender-based violence. This highlights the need to develop homelessness services that are tailored to the distinct needs of women.**

The recent English government consultation on violence against women and girls, to inform a refresh of the 2021-24 strategy, and the new Domestic Abuse Act 2021 and Domestic Abuse (Protection) (Scotland) Act 2021 provide opportunities for renewed focus on women who have experienced violence and homelessness. Due to the Covid-19 pandemic, UK government efforts to address homelessness have increased at the same time as the issues of homelessness and domestic abuse having demanded more public attention. Against this backdrop, it could not be more timely to introduce interventions and policy approaches most likely to meet the specific needs of women experiencing violence and homelessness.

Drawing on the Centre for Homelessness Impact's (CHI) Evidence and Gap Maps (EGMs), this paper explores what we already know about the effectiveness of such interventions in order to encourage development of services likely to be most effective. The current evidence base is limited, raising challenges for developing evidence-led solutions to tackling homelessness amongst women experiencing homelessness and violence. This points to an urgent need to address this gap in knowledge. In the meantime, we must build on what we do know and draw insights from the 'what works' evidence base to explore approaches to meeting women's needs that offer promise. In doing so this paper aims to foster service development, trial and experimentation that, through subsequent evaluation, can build more robust evidence on which to base effective policy and practice.

1. In this report we use the term 'violence' throughout, to denote all forms of physical, sexual, emotional and economic violence, unless quoting sources that use an alternative term. 'Domestic abuse' is the term most commonly used in current policy, and some sources refer to domestic violence, and to violence against women and girls.
2. Home Office (2010) Call to End Violence against Women and Girls. London, HMSO; Home Office (2016) Ending Violence Against Women and Girls Strategy: 2016-2020. London, HMSO; Welsh Government (2016) National Strategy on Violence against Women, Domestic Abuse and Sexual Violence – 2016 – 2021; Scottish Government (2018) Equally Safe, Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls
3. Femicide Census 2020. Retrieved from <https://femicidescensus.org/wp-content/uploads/2020/02/Femicide-Census-Report-on-2018-Femicides-.pdf>; Bretherton, J. (2020). Women's Experiences of Homelessness: A Longitudinal Study. Social Policy and Society, 1-16. Adkins, B, Barnett, K, Jerome, K, Heffernan, M & Minnery, J (2003) Women, housing and transitions out of homelessness: a report for the Commonwealth Office of the Status of Women, AHURI, Queensland (I-4) Home Office (2010) Call to

This paper also presents personal accounts and draws on the experiences of one of the authors, along with those of 13 other women with whom she spoke. These accounts highlight some of the problems women who have experienced homelessness and violence face in accessing support that meets their needs. We include these important accounts because if effective, preventative housing and support services are to be developed for women who have experienced violence, we must listen to and learn from the stories of those affected.



## The relationship between gender-based violence and homelessness

**Women are disproportionately affected by violence compared with men.<sup>4</sup> Official statistics show that twice as many women aged 16-74 in England and Wales experienced domestic abuse in 2018/19 compared to men.<sup>5</sup> One study found that 84 per cent of domestic abuse victims are female,<sup>6</sup> while the Femicide Census reports that between 20-36 per cent of all girls in the UK are sexually abused during their childhood and 20 per cent of women are sexually assaulted or raped after the age of 16. It also reports that sexual violence is perpetrated against girls at three times the rate of boys during childhood.<sup>7</sup> Results from a recent survey of over 22,000 women in the UK suggest that the true scale of violence and abuse committed against women and girls is close to 100 per cent.<sup>8</sup>**

These statistics are important because violence can be both a powerful predictor, and a direct cause of homelessness, placing women and girls at particular risk of homelessness and demanding that efforts to prevent homelessness recognise it as a gender-based experience. Violence can cause homelessness directly, for example when women and girls have to leave homes where they are at risk of violence (see personal accounts below) but also indirectly.<sup>9</sup> For example, the trauma associated with violence in childhood or adulthood can affect women's mental health, resulting in trauma-coping

behaviours such as drug and alcohol use (see personal accounts from Hannah and Rumi) which can make it difficult for women to sustain their homes.

Statistics provide strong evidence of the link between violence and homelessness amongst women. According to national survey data, just 1 per cent of women who have no experience of violence end up homeless, compared with 20 per cent who have experienced violence.<sup>10</sup> Studies have found that a significant proportion of women who are homeless have experienced intimate

4. End Violence against Women and Girls. London: HMSO.

5. Office for National Statistics (2019). Domestic abuse in England and Wales

6. CPS Violence Against Women and Girls Crime Report, 2014. Retrieved from [https://www.cps.gov.uk/sites/default/files/documents/publications/cps\\_vawg\\_report\\_2014.pdf](https://www.cps.gov.uk/sites/default/files/documents/publications/cps_vawg_report_2014.pdf)

7. Femicide Census 2020. Retrieved from <https://femicidescensus.org/wp-content/uploads/2020/02/Femicide-Census-Report-on-2018-Femicides-.pdf>

8. Taylor, J. and Shrive, J. (2021) 'I thought it was just a part of life': understanding the scale of violence committed against women in the UK since birth, Victim Focus

9. Alma Economics (2018). A Rapid Evidence Assessment on the Causes of Homelessness. MHCLG; Reeve, K., Casey, R. and Goudie, R. (2006) Homeless Women: Still being Failed, Bimpson, E. and Reeve, K. (2020) Homeless Mothers: Key research findings. CaCHE; Bretherton, J. (2020). Women's Experiences of Homelessness: A Longitudinal Study. Social Policy and Society, 1-16.

10. DMSS research for Agenda, Hidden hurt report. Retrieved from <https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>



partner violence (61 per cent compared to 16 per cent of men who are homeless, in one study<sup>11</sup> and 54 per cent compared with 16 per cent of men who were homeless in another<sup>12</sup>) and violence or abuse from family members and friends of family (43 per cent of women who were homeless compared with 22 per cent of men<sup>13</sup>). The homelessness charity St Mungo's reported that almost half of the women they support have experienced domestic violence.<sup>14</sup> They also found that women are twice as likely as men to experience this type of abuse.

### Hannah

"In 2018, I ended up homeless due to my own experiences of sexual violence. I was sexually abused during my childhood, and then sexually assaulted whilst I was at University. This led to me experiencing flashbacks, nightmares and other trauma reactions. The abuse when I was a child happened mainly in the village where we lived, and after finishing University and spending a few months working abroad, I returned home. Things got really bad and I couldn't stay in the environment where so much of the trauma happened – it was making things unbearable, and I had to leave. Without any savings and with no job, I was left with very few options."<sup>15</sup>



11. Mackie, P. and Thomas, I. (2014) Nations Apart: Experiences of Single Homeless People across Great Britain, Crisis

12. Batty, E. and Reeve, K. (2011) The Hidden truth about Homelessness: experiences of single homelessness in England. London: Crisis

13. Batty, E. and Reeve, K. (2011) The Hidden truth about Homelessness: experiences of single homelessness in England. London: Crisis

14. St Mungo's (2018) Women and Rough Sleeping: a critical review of the evidence

15. Green, H (2021) My Journey Home, Overcoming Homelessness and Post-Traumatic Stress Disorder

### Maddie<sup>16</sup>

**Maddie became homeless after a range of problems within her family, including being sexually assaulted by her Mum's boyfriend when she was a child.**

"My mother wasn't a very good mother to me. My father left when I was a couple of months old, so my Mum had her own issues because of him, but she took them out on me.

She would constantly scream at me over such little things, I could never do anything right. She would slap me and throw things at me and didn't pay any attention to me or help me with things.

"Around the age of 7, we were at a family party, and my Mum's boyfriend sexually assaulted me. I couldn't tell anyone, but especially not my mother as I wasn't comfortable telling her. The older I got the more

problems this caused for me. I was having physical fights with family members, it really affected me mentally in so many ways. It changed how I felt and how I think about things and other people, including myself even now. So many other things too, but I hid it all so well. My mental health slowly got worse as I got older, I acted out a lot, got in trouble at school, and didn't care about my education or future. I felt like I was just floating my way through life. I sofa surfed for a while and then stayed in a hostel for seven months. There's only so much you can do when your mental health is deteriorating and council house waiting lists are so long."

16. All names have been changed to protect anonymity, apart from Hannah's who is one of the authors of this paper.

## Tracy

**Tracy was forced back into an abusive relationship several times after stays in emergency accommodation came to an end and she was offered no help to prevent her from having to sleep on the streets.**

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“I have been homeless on and off for 19 years. The first time was when I was 16. I stayed in a bed and breakfast for six weeks but there wasn’t much security and it didn’t feel safe because I was so young. After that, I ended up living in a tent with some friends until I got pregnant and then I was given a council house. Since then I’ve been homeless again five times – all because of domestic violence. I’ve sofa surfed and stuff and had short stays in emergency accommodation, but they never gave me anything more permanent until this year when I finally got my own place. I was never offered any help for my mental health or anything which I think would have really helped. Each time I was without anywhere to live they put me in a bed and breakfast for a few weeks, but then after that, they did nothing to help, so I either ended up sofa surfing or going back to my ex, who was trouble. That only changed when he got sent down last year.”

Experiencing any form of violence or abuse is extremely traumatic and can mean women might require support with a range of issues, rather than just homelessness. The women whose accounts accompany this paper repeatedly described patterns of experiencing male violence, becoming homeless, and using substances to cope, along with sometimes having to become involved in activity that can add an additional threat of violence, such as sex work.

## Hannah continued

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“I started using drugs and alcohol to cope with the flashbacks and nightmares I was experiencing. They helped me sleep, reduced the anxiety and enabled me to forget about the trauma I had experienced for a while. Once I was staying in a hostel the drug use escalated. They provided me with an escape from the chaotic environment I was staying in but also helped me to numb my feelings. At the time it felt like the only way of surviving because no one could take away the things that were going on in my head.”



A rapid evidence review about models of support for people facing multiple disadvantage concurs that women who have experienced violence face high rates of mental ill-health, addiction and poverty as well as homelessness.<sup>17</sup> One study cited found that a high proportion of women who experience physical and sexual violence develop diagnosable mental health conditions (54 per cent), alcohol problems (31 per cent) or drug dependency (8 per cent) as well as homelessness (21 per cent).<sup>18</sup> Other studies suggest that domestic abuse is the most common cause of depression and other mental health problems amongst women.<sup>19</sup> One review cites evidence that women develop strategies for responding to mental health problems that are different to those of men: they are more likely to experience psychological harm from trauma, and to develop internalising disorders following trauma exposure, whereas men are found to be at greater risk of behavioural difficulties, cognitive misinterpretations of risk, and increased aggression.<sup>20</sup> It is noteworthy that the psychological trauma of violence runs through the accounts of most of the women whose words accompany this report. Hannah Green, one of the authors of this paper, explains that she started having flashbacks and nightmares while other women she spoke to talked of rapidly and significantly deteriorating mental health and wellbeing.

Women's experiences of homelessness are, therefore, distinct from men's and often shaped by gender-based violence. This highlights the need to develop responses that recognise this fact and are then tailored to the distinct needs and experiences of women experiencing homelessness. In particular, solutions which are capable of supporting women who have experienced trauma are required.

17. McCarthy, L., Parr, S., Green, S. and Reeve, K. (2020) Understanding Models of Support for People Facing Multiple Disadvantage: a literature review, Fulfilling Lives Lambeth Southwark Lewisham
18. McManus, S., Scott, S. and Sosenko, F. (2016) Joining the Dots: the combined burden of violence, abuse, poverty in the lives of women. London: Agenda
19. Humphries, C. and Thiara, R. (2002) Routes to Safety: Protection issues facing abused women and children and the role of outreach services, Women's Aid Federation of England.
20. Department of Health and Social Care and Agenda (2018) The Women's Mental Health Taskforce report; Wilton, J. and Williams, A. (2019) Engaging with Complexity: Providing effective trauma-informed care for women. Centre for Mental Health; Mental Health Foundation (2017) While Your Back was Turned: How mental health policymakers stopped paying attention to the specific needs of women and girls. Mental Health Foundation

## Rumi

### Rumi became homeless in January 2016 after leaving a violent relationship

"I sofa surfed for two months and then they offered me a temporary bed and breakfast, but I turned it down. It wasn't safe. I needed to feel safe because I'd just left a violent relationship and still felt at risk from him. It was in an area I didn't know and there was no support in place. It would have been really scary. My mental health was very unstable. If I had gone there it would have been a disaster. Then in February, I was placed in a project in Camden for

homeless women with mental health needs and substance use issues. I lived in this project for six months during which time I got sectioned a few times and had a bit of a deterioration in my mental health but then as this got a bit better I moved into a low support hostel for three months."





## Meeting the needs of women who experience homelessness and violence

**The key government policy response to resolving homelessness for women experiencing homelessness and violence is through immediate access to temporary accommodation, such as refuges, and provision of longer-term housing for women escaping violence.**

Homelessness legislation is a key means through which the housing needs of women experiencing violence are met. Local authorities in England and Wales have a statutory duty to provide accommodation to people experiencing homelessness who fall within a 'priority need' category (priority need distinctions were removed in Scotland in 2012 so that all households experiencing homelessness are entitled to accommodation), subject to other criteria being met. In 2001 (Wales) and 2002 (England) priority need was extended to people whose homelessness was a result of having to escape violence in the home, but the English legislation included a requirement that people escaping violence (and who do not have priority need for other reasons) must be assessed as vulnerable. A new legal framework introduced through the Domestic Abuse Act 2021 has just abolished this requirement and so anyone escaping their home due to violence will have automatic priority need, bringing English law in line with Wales.

Homelessness prevention approaches in England (Homelessness Reduction Act 2017) and Wales (Housing Wales Act 2014) also place duties on LAs to intervene to prevent homelessness in all circumstances, not just for those in priority need. The Homelessness Reduction Act specifies that '[t]he service must be designed to meet the needs of persons in the authority's district including, in particular, the needs of...' several groups, including 'victims of domestic abuse'. The extent to which housing services do meet the needs of women who experience violence has not yet been scrutinised, but this is a positive policy development.

The main short-term housing solution for women escaping violence in the UK is provided in the form of refuges. Homeless Link's 2019 Annual Review found that only 10 per cent of homeless services can offer single-sex accommodation to women<sup>21</sup> and so refuges are the main form of single-sex accommodation for women escaping violence. Similarly, an exercise mapping services for women with multiple disadvantage in 2017 found that only 57 local authorities in England and two unitary authorities in Wales had temporary accommodation specifically for women which were not refuges.<sup>22</sup> However, a recent Women's Aid audit of domestic abuse services found that there was a 30 per cent shortfall in refuge spaces in England.<sup>23</sup> Many refuges for women escaping domestic violence are at capacity and have to turn away a quarter of referrals on any given day.<sup>24</sup>



21. Homeless Link, Annual Review 2019: Support for single homeless people in England

22. Holly, J. (2017). Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales. London: Agenda & AVA

23. <https://www.womensaid.org.uk/research-and-publications/the-domestic-abuse-report/>

24. Women's Aid (2017). Women's Aid Annual Survey 2016. Bristol: Women's Aid. Retrieved from <https://www.womensaid.org.uk/research-andpublications/annual-survey-2016/>. See also and Shared Health Foundation, 2020 for impacts of the Covid pandemic.

## Clara

**Clara ended up sleeping on the streets, as it felt safer than the bed and breakfast the council put her in. This reinforces the need for single-sex accommodation for women who have experienced violence.**

“I had a series of violent relationships which meant I lost my flat and everything got on top of me, so I ended up homeless. At first, they put me in a bed and breakfast, but it was really unsafe and I was the only female. There were always lots of men who were drunk and really loud; it was really scary. So, I started living rough on and off, staying with friends when I could. I was in a bad way, getting involved with the wrong people, my anxiety was up and down, and I couldn’t talk to anyone. I didn’t feel like I could do anything about it. There needs to be more support out there for anyone who is homeless, but also for other people to understand it. No one seems to be doing a great deal. Most nights for nearly a year I slept on the streets. In winter especially, it was unbearable. Half of the time I didn’t know where I was. I felt like I was in a bubble and I had no one I could turn to because I had been let down so many times before. I just wanted to give up. I eventually got into supported accommodation which really helped me and I’m doing really well now, but it shouldn’t have taken me so long to get it.”

**These policy responses to meeting the needs of women experiencing homelessness and violence, while providing crucial access to temporary and longer-term housing, are limited in two key ways:**

- First, they are targeted at women currently at risk of violence. There is a need to develop more inclusive policy responses that acknowledge and support women who live with the trauma of historic violence, sometimes manifesting in trauma-responses such as poor mental health or alcohol and drug use, whose unmet support needs, stemming from their experience of violence, also undermine housing stability. Not doing so risks repeat homelessness and ongoing trauma.
- Second, they address an immediate or impending housing problem but may do little to support women to recover from the trauma which led to them becoming homeless (although such support will sometimes be available within refuges). A more integrated housing and support response is needed.

There have been a range of recent government strategies, initiatives, and legislative changes designed to improve the response to women experiencing violence and to integrate domestic abuse and housing policy, which suggests a positive direction of travel.

For example, a 2019 MHCLG review of the local funding and commissioning of domestic violence services across England set out to improve access to housing and support services to women and families experiencing domestic abuse, and new duties were placed on local authorities to provide sustainable housing solutions for the survivors of domestic abuse. The Domestic Abuse Act 2021 places a statutory duty on tier one local authorities in England to provide support to people experiencing domestic abuse in refuges and temporary

accommodation and funding has been committed to implement this duty.<sup>25</sup>

In Wales, a National Strategy on Violence against Women, Domestic Abuse and Sexual Violence was published in November 2016 and highlights the need for longer-term, sustainable and affordable housing solutions beyond refuge provision. The Renting Homes (Wales) Act 2016 goes further by evicting perpetrators, making it easier for victims and survivors to remain in a tenancy.<sup>26</sup> Similarly, the Domestic Abuse (Protection) (Scotland) Act 2021 allows social landlords to end the tenancy of perpetrators of domestic abuse, to prevent homelessness for the person experiencing the abuse. A range of other preventative measures were also in train in Scotland at the time of writing. The recommendations of two expert groups – a Scottish Government working group to improve housing outcomes for women and children experiencing domestic abuse; and the Scotland Prevention Review Group – are being taken forward. This includes a commitment in the ‘Ending Homelessness Together’ updated action plan to apply a gendered analysis to their actions to ensure the homelessness system meets the needs of diverse groups of women.

The Home Office 2016-20 Ending Violence Against Women and Girls strategy was a response to a deficit in preventative working and mentions housing provision and housing officers. A consultation and refresh of the strategy for 2021-24 was underway at the time of writing.

25. <https://www.gov.uk/government/news/government-unveils-new-support-for-survivors-of-domestic-abuse>

26. Irving-Clarke, Y. and Henderson, K. (2020) Housing and Domestic Abuse: Policy into Practice. London: Routledge

There have also been initiatives to develop a public service workforce more aware of violence against women and girls. To support the Welsh National Strategy, for example, a training programme (Ask and Act) is being delivered to equip professionals likely to come into contact with women experiencing violence with necessary skills and knowledge to fulfil their duty of ‘asking and acting’. The evaluation of this programme is currently underway. In 2018, the Ministry for Housing Communities and Local Government (MHCLG) funded a ‘Whole Housing Approach’ pilot, conceived by the Domestic Abuse Housing Alliance, which has included training housing professionals to improve their response to people experiencing violence. It has also developed a set of standards for how housing providers should respond to domestic abuse in England and Wales, alongside an associated accreditation programme, which is now live.



## ‘What works’ to prevent or address homelessness for women who experience violence?

Understanding the gaps in support currently available to women experiencing homelessness and violence offers a stepping-off point for thinking about and developing more effective interventions. The personal accounts of homelessness that sit alongside this paper highlight a series of barriers faced by women in preventing or resolving homelessness and meeting related support needs. These issues are also raised in research evidence and by charitable organisations working with women who have experienced homelessness and violence.

- **Limited understanding within services of the impact of violence on women’s mental health and well-being.** As a result, women can be deterred from engaging with services, treated insensitively, and have their coping strategies such as drug or alcohol use misinterpreted.<sup>27</sup> One of the authors of this paper, drawing on her own experience and those of other women, suggests that trauma is commonly misdiagnosed, leaving women labelled with mental health conditions – particularly personality disorders – when trauma responses are a reaction to difficult circumstances. One study found that it is seven times more likely for a woman to be diagnosed with a personality disorder than a man showing the same symptoms.<sup>28</sup>
- **Issues with the implementation of the homelessness legislation** can leave women experiencing violence without access to housing. Issues have been raised about women experiencing violence in England not being awarded ‘priority need’, and being classed as ‘intentionally homeless’, and so not entitled to statutory rehousing.<sup>29</sup> These issues come to the fore in the personal accounts that form part of this paper (see Tracy, Kelly and Hannah). An All Party Parliamentary Group report for Ending Homelessness cited examples of women seeking support in critical circumstances being sent away with limited assistance and being told to return to unsafe housing situations.<sup>30</sup> Recent changes to the law through the Homelessness Reduction Act in England and the Domestic Abuse Act 2021 should mitigate or resolve these problems. However, the impacts of these new laws on women who have experienced homelessness and violence are yet to be evaluated.

27. Connolly, T. (2013) An evaluation of homeless women’s experiences of mental health services in Cork - a feminist perspective. Cork: Community-Academic Research Links, University College Cork (1-257)

28. Taylor, J. 2020. Why Women Are Blamed For Everything: Exploring Victim Blaming Of Women Subjected to Violence and Trauma.

29. Bimpson, E. and Reeve, K. (2020) Homeless Mothers: Key research findings. CaCHE

30. Miller, L. (2019) ‘A Safe Home’ Breaking the link between homelessness and domestic abuse. All Party Parliamentary Group for Ending Homelessness. Crisis



## Kelly

At the beginning of 2020, I met Kelly in Newcastle whilst she was sleeping on the streets. She had been there for over a year after leaving her abusive partner. She had to leave because she feared for her life if she stayed, but due to her leaving the flat that they shared, the council took the view that she was making herself 'intentionally homeless'. This meant she was not entitled to any support, and she was left on the streets. She had no access to a mobile phone or the internet and relied on people buying her food and hot drinks.

Kelly explained that she had a short stay in a hostel the year before, but it was mixed-sex and she was the only female. The CCTV in the building did not work and many of the other tenants struggled with addiction and anti-social behaviour. A few times she felt threatened and constantly felt unsafe. This was especially difficult for her after being abused by a man; so she felt safer on the streets

"I left the hostel because I was the only woman, none of the cameras worked and it wasn't safe. The streets are cold but at least it's a busy town centre, there's always people about and the police are never far away."

- **Women escaping violence are often housed away from their local area**, leaving them isolated from support networks and distanced from children's schools, colleges, workplaces and childcare. Established policy and protocols for responding to women experiencing violence are generally premised on women moving to a place of safety (typically a refuge or other temporary accommodation, becoming homeless in the process), rather than keeping her safe in situ and effectively tackling the perpetrator.



## Sarah

Sarah experienced homelessness for two years after she fled domestic abuse. She was told she could apply for a place in a refuge, but it was nearly 100 miles away and would have meant giving up her job, her degree studies, and leaving all her friends and family behind. After living in her car for a week she ended up sofa surfing for two years; there was no emergency accommodation available as she lived in a small town.

- **Women who have experienced violence can feel profoundly unsafe in mixed-sex temporary accommodation**, a point highlighted powerfully in the accounts of the women whose experiences are recounted in this report. Staying in mixed-sex accommodation can also be retraumatising. As such, women sometimes sleep rough or in other unsafe situations if they cannot access single-sex housing (see Kelly). We noted earlier that only 10 per cent of homelessness providers offer single-sex housing. Research with women experiencing multiple disadvantage has found that living in a mixed hostel increases their risk of further abuse and substance use.<sup>31</sup> In contrast, women-only spaces have been found to promote emotional and physical safety.<sup>32</sup>



31. National Commission on Domestic and Sexual Violence and Multiple Disadvantage (2019) Breaking Down the Barriers

32. Department of Health and Social Care and Agenda (2019) The Women's Mental Health Task Force: Final Report; Holly, J. (2017). Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales. London: Agenda & AVA



### Hannah continued

“During the time I experienced homelessness I had a supported lodgings placement. It meant a longer-term roof over my head, regular meals, and someone to talk to if I needed it. At first, it was great; the support workers at the charity and the host were really understanding and they knew about my history of trauma.

“A few months down the line and things changed drastically. The host also took in exchange students over the spring and summer, who were usually young males. My trauma triggers are very male-specific, so this was a huge issue. One particular week there were six males and me in the house. There was no way I could deal with that. I left, but was told I was making myself ‘intentionally homeless’; that it was something I just had to ‘get over’ and ‘not all men are bad’. Any professional with training in trauma would know that it’s not that simple and that healing from complex trauma takes a long time.



“For many women who are traumatised, like myself, sharing accommodation with males is just not an option. It leads to feeling chronically unsafe which can have harmful repercussions. Many homelessness services don’t seem to understand these consequences and problems with mixed-sex accommodation.”

### Ash

Like me, Ash was never offered single-sex accommodation.

“Being in mixed-sex accommodation, sharing bathrooms with men, and having mainly male staff really affects me in a bad way; it triggers me often. There are eight males and only two females and only one female member of staff.” – Ash

People who have experienced trauma need to feel in control, and without this the feelings and emotions associated with the initial trauma can resurface. This is especially harmful when they are trying to recover. Women need control over their environment, who they surround themselves with, and most importantly, any exposure to potential triggers which is not possible in mixed-sex accommodation.

- **Distinct issues arise for women with children who are experiencing homelessness and violence.** For example, research has found that women experiencing homelessness and violence risk being separated from their children either through formal child removal, or through informal kinship placement.<sup>33</sup> This is reflected in Amira’s account of becoming homeless.

33. Bimpson, E., & Reeve, K. (2020) Forgotten Mothers: the case for a policy focus on the experiences of motherhood and homelessness, Collaborative Centre for Housing Evidence

## Amira

Amira became homeless with her two sons for a year in 2016. They stayed in bed and breakfasts and sofa surfed for a while before moving into a refuge.

“I became homeless because of domestic violence. Due to the perpetrator not sticking to the restraining order, I was given the choice of either moving into the refuge or losing my children which was completely unfair. I lost my house, all my possessions and my business. Social services were almost blaming me for my boys being in danger. I did nothing wrong but ultimately I was punished as I was the one who ended up homeless to ensure the boys were safe. It would have been fairer if the perpetrator was forced to move.



“Luckily it was single-sex accommodation other than the children because it was a refuge. If it had been mixed-sex, I would not have been comfortable and would not have felt safe.”

Amira was forced to leave her home, both for her safety and the safety of her children. As she says, it should have been the perpetrator experiencing the consequences of his actions, not her.

## Interventions to meet the needs of women experiencing homelessness and violence

The Centre for Homelessness Impact has brought together the most reliable UK and international evidence on homelessness interventions in their ‘evidence and gap maps’ (EGMs). This provides a resource for identifying the most effective interventions for particular populations or outcomes, and also highlighting areas where our knowledge is weakest.

It is revealing that a search of the EGMs for robust evidence about what works to prevent or resolve homelessness for women who have experienced violence yielded very little research in this space. Few robust studies focus on women who have experienced violence in the context of housing or homelessness. Three sources evaluate interventions for women who have experienced homelessness and violence. Each of these evaluates the impact of the intervention on psychosocial rather than housing outcomes.

**Critical Time Intervention (CTI):** CTI is a time-limited, strengths-based, psychosocial intervention designed to support vulnerable people during transitions in their lives. The model was developed in the 1980s in America to support the resettlement of people experiencing homelessness and mental health issues, particularly those making the transition from ‘shelters’ (hostels) and from institutions such as prisons and psychiatric hospitals. An early RCT found CTI effective at reducing homelessness, and indicated sustained outcomes (more than a 60 per cent reduction in homelessness, nine months after the intervention had ended).<sup>34</sup> A recent randomised control trial evaluated the effectiveness of CTI for women who have experienced violence and homelessness leaving shelters in the Netherlands<sup>35</sup> and found that women receiving CTI had fewer symptoms of post-traumatic stress, and a greater

reduction in unmet support needs than the control group. However, there were no differences in other outcomes, including quality of life, ‘re-abuse’, depressive symptoms and psychological distress.

**Trauma-informed interventions delivered to women in ‘domestic violence shelters’:** A recent study in the US has found that the growing use of trauma-informed support in ‘shelters’ for women who have escaped domestic violence brings about positive outcomes for women who have experienced homelessness and violence. While acknowledging that there is no consensus definition of trauma-informed practice, the study authors suggest it is based on ‘two core ideas: that any person seeking support might be a trauma survivor; and that systems of care need to recognize, understand, and counter the sequelae of trauma to facilitate recovery’.<sup>36</sup> This is a modest study, involving 57 women in four ‘domestic violence shelters’ in Ohio, US, and the precise nature of the trauma-informed care delivered in these four shelters is not detailed. Nevertheless, the study found improvements in women’s self-efficacy and safety-related empowerment, although not in depressive symptoms. We discuss the importance of developing trauma-informed support for women experiencing homelessness and violence further, below.

34. <https://evidencebasedprograms.org/document/critical-time-intervention-evidence-summary/>

35. n=136, with 70 women receiving the intervention.

36. Sullivan C M; Goodman L A; Virden T ; Strom J ; R Ramirez (2018) Evaluation of the effects of receiving trauma-informed practices on domestic violence shelter residents, American Journal of Orthopsychiatry 2018, Vol. 88, No. 5, 563–570, p564 (E355)



**Psychological and psychosocial interventions delivered to women in refuges.**

According to a meta-analysis, the supportive interventions provided to women in ‘domestic violence shelters’ who have experienced intimate partner violence have positive effects on mental health, incidences of violence, and social outcomes such as social support and accessing resources. The interventions included in the analysis were very wide-ranging (music therapy, group counselling, cognitive behaviour therapy, parenting skills, advocacy and others) and so it is difficult to identify the precise forms of support that work best for women experiencing homelessness and violence. However, as in the two other studies described above, it does point to the benefits of the tailored support provided to women in specialist housing provision such as refuges.

Other evaluations were identified in the EGM of interventions delivered to women experiencing homelessness (but not also experiencing violence) from which lessons could be drawn but, like those detailed above, they are psychosocial/health-focused and tend to report mixed results. Interventions that support women with mental health and wellbeing are important: women who have experienced homelessness and violence may need support with issues beyond homelessness. However, there are questions about the appropriateness of these interventions for women experiencing homelessness and violence. Many studies test interventions (sometimes clinical) that do not appear rooted in an understanding of the underlying causes of the issue being addressed (whether mental ill health, substance use, offending) such as gender-based violence, disadvantage, and trauma. This is a crucial consideration when seeking to identify potential models of support for women experiencing violence and homelessness given the issues highlighted above about inappropriate responses and ‘diagnosis’ of trauma evident within current service delivery. The National 2017/18 Commission on Domestic and Sexual Violence and Multiple Disadvantage, for example, heard evidence that mental health services accessed by women that were not trauma-informed undermined their therapeutic value.

This points to a clear need to develop interventions which are rooted in an understanding of the distinct needs of women who experience homelessness and violence; and specifically, the associated trauma of violence. To some extent, the three interventions outlined above

are a step in the right direction. They are targeted specifically at women who have experienced homelessness and violence, thereby implicitly recognising the distinct needs of these women; and they employ approaches that acknowledge the need for psychological as well as practical support.

However, it is also notable that these interventions are delivered only to women escaping intimate partner violence, and who are resident in refuges, mirroring the relatively narrow focus of current efforts to meet the needs of women experiencing violence and homelessness. Refuges provide a crucial space of safety for women at risk of violence, and the refuge movement has been built on principles of gender-informed practice. As such, refuges are an essential part of crisis response to women experiencing violence and their resulting homelessness. However, they are a short-term solution to an emergency and so cannot be the predominant response to women experiencing violence. Nor are they a preventative measure, or an intervention designed to meet the needs of women with historic experience of violence who, as we

have seen above, are likely to comprise a significant proportion of women experiencing homelessness.

It is therefore important to develop a more inclusive response to women experiencing homelessness and violence, ideally one that offers preventative intervention and brings about housing as well as health outcomes.

There are approaches and interventions that offer promise in delivering effective, appropriate and inclusive service models to women experiencing homelessness and violence. They offer innovative, sometimes preventative models that, in their design at least, rise to this challenge. These approaches have not been robustly tested and evidenced to work, but do provide a starting point for thinking about how to better prevent and address homelessness amongst women who have experienced violence. They fall into two broad areas:

- Housing-led approaches
- Gender-informed and, relatedly, trauma-informed models of housing and support.



## **‘Housing-led’ approaches: providing a wider range of housing options to women experiencing homelessness and violence**

CHI’s systematic review of accommodation-based programmes for people experiencing homelessness draws a clear conclusion that interventions which offer unconditional housing alongside high levels of support are most effective at improving housing stability. This principle is likely to stand for women although, knowing that their experiences and causes of homelessness are different to men’s, adaptations might be required to tailor interventions to women’s needs. This might include, for instance, providing single-sex accommodation (as highlighted by the accounts of Kelly, Hannah and Ash), and different types and levels of support.

Housing-led approaches that provide women who have experienced violence (recently or historically) with immediate access to secure accommodation (through rapid rehousing or support to retain current housing) would offer an effective and more inclusive alternative to temporary accommodation.

### **Housing First programmes for women**

Most evidence about housing-led approaches is found in evaluations of Housing First programmes: a model of rapid rehousing with intensive support that has shown promising results in America, Europe and now the UK in resolving homelessness. Housing First would be appropriate for some, but not all women who have experienced homelessness and violence, as it is targeted at people who require high levels of support, often with long histories of experiencing homelessness and sleeping rough. However, the essential components of Housing First are rapid and unconditional provision of housing, and appropriate support, so lessons can be learnt from the evidence about Housing First programmes for women. Rapid rehousing models (whether with or without the intensive support provided by Housing First projects) also have the benefit of being inclusive of all women who have experienced violence, not just those at immediate risk.

There are a small number of evaluations of Housing First programmes for women, although they do not meet the quality threshold for inclusion in CHI’s effectiveness EGM:

- An evaluation of relatively large Domestic Violence Housing First Programme in Washington State<sup>37</sup> (98 per cent of the 681 recipients of the programme were women) found high housing retention rates (96 per cent) and reported positive outcomes in relation to ‘rebuilding lives’, increased feelings of safety, and improved health and well-being, particularly in relation to recovery from trauma. Flexible financial assistance was part of the model. This allowed delivery organisations to help women retain current accommodation should they wish. This project, then, in contrast to most Housing First programmes, had a preventative element, with nearly half of referrals from women in permanent housing. Also in contrast to other Housing First programmes, the flexible financial component meant the project could support women in all tenures, including owner occupation.
- Evaluations of two smaller pilot Housing First projects in the UK run by Threshold (serving 33 women and targeted at women with histories of offending)<sup>38</sup> and Basis (serving eight women and targeted at women currently in sex work)<sup>39</sup> also reported high retention rates. Qualitative evidence from these studies indicated positive impacts on women’s mental health and well-being, independence, and on substance use, although these are not quantified.

Other UK Housing First projects for women are Fulfilling Lives and Islington Council (FLIC) and a partnership between Standing Together and Westminster Council (for women who have experienced violence). No robust evaluations have yet been conducted for these projects although all have supported women into sustainable and settled living. The Basis and FLIC Housing First projects were highlighted as good practice by the National Commission on Domestic and Sexual Violence and Multiple Disadvantage.

### **Rapid rehousing: the importance of long-term housing provision**

Further lessons can be learnt about delivery of housing-led interventions for women from the Family Options Study, a 12-site randomised trial that compared three rapid re-housing interventions aimed at resolving homelessness amongst families in the US (the majority of the 2,282 families participating had a female head of the family). The results suggest that it may be vital for housing-led programmes to provide long-term accommodation: the study found that long-term rent subsidies reduced homelessness and improved other aspects of adult and child well-being compared to usual care, while the other two, shorter-term interventions that were tested – short-term rent subsidies, and transitional housing with intensive psychosocial services – had little effect.<sup>40</sup>

37. Sullivan C M; Goodman L A; Virden T ; Strom J ; R Ramirez (2018) Evaluation of the effects of receiving trauma-informed practices on domestic violence shelter residents, *American Journal of Orthopsychiatry* 2018, Vol. 88, No. 5, 563–570, p564 (E355)

38. Deborah Q ; Nicholas P (2016) Evaluation of the Threshold Housing First Project for Women Offenders: interim report, University of York (I-80)

39. Bimpson, E. (2018) An Evaluation of Basis Yorkshire’s Housing First Pilot, Basis

40. Gubits D ; Shinn M ; Wood M ; Bell S ; Dastrup S ; Solari C ; Brown S ; McInnis D ; McCall T ; Kattel U (2018) What housing and service interventions work best to reduce homelessness for families in the United States? *Journal of Policy Analysis and Management*, Vol. 37, No. 4, 835–866 (2018)



### **Programmes that support women at risk of violence to remain in their homes**

Like the Washington State Housing First Programme mentioned above, there are other interventions that support women experiencing violence across tenures to remain in their own homes. As such these are also preventative, housing-led interventions.

- **The Whole Housing Approach (WHA)** in the UK was developed by the Domestic Abuse Housing Alliance (DAHA) and the National Housing and Domestic Abuse Policy and Practice Group. A Government funded pilot was launched in 2018 to demonstrate how multi-agency projects can deliver domestic abuse support across all tenures. WHA includes a wide range of initiatives and interventions but, inspired by the Washington State Housing First programme, it includes flexible financial support, giving women in all tenures choice about whether to remain in their homes or be relocated, with adequate enforcement to move the perpetrator away.<sup>41</sup> A key recommendation from the year 1 evaluation report is that flexible funding was a ‘core component of WHA and must be included in any local response to address the economic and housing needs of survivors.’ (p51). Ensuring that flexible financial assistance is included in housing-led interventions would, therefore, add the preventative element currently missing from many rapid (re) housing initiatives, as well as responding to concerns in the UK that approaches to relieving homelessness amongst women who have experienced violence tend to focus on the social rented sector.<sup>42</sup>
- **‘Making safe’**, an award winning initiative in the UK, is a preventative, multi-agency model that keeps women in their home and rehouses perpetrators for up to two years, providing tailored support to all parties. It involves twelve statutory and voluntary sector agencies, including the police, the probation service, housing and domestic abuse services. It delivers advocacy workers for adult victims, support for children and young people, and accommodation and key worker support for perpetrators whilst they attend an Integrated Domestic Abuse Programme. No evaluation to establish the effectiveness of this intervention has been carried out, but an exploratory study found that nearly all of the families participating in the study remained in their homes, thereby preventing homelessness.<sup>43</sup>



- **Sanctuary schemes** in the UK enable women at risk of violence to remain in their homes, in any tenure, by providing enhanced security and support. Security measures range from additional locks to the perimeter of property, to fitting a ‘sanctuary room’ within the property. An evaluation conducted in 2010 found sanctuary schemes to be successful in meeting the aim of providing a safe alternative to leaving the home, but this was based mainly on qualitative evidence.<sup>44</sup> The evaluation also found that although the sanctuary provided by increased security is intended to be one element of a package of measures, in practice, women were not always referred to support services.

These various housing-led models send a message to policymakers that there are viable alternatives to a crisis response focused mainly on women currently experiencing violence. Combining key elements of each could provide inclusive, preventative or rapid response housing and appropriate support to women in all tenures.

41. Domestic Abuse Housing Alliance (2020) A Whole Housing Approach to Domestic Abuse: pathways to safe and stable housing
42. Hastings, A. Mackenzie, M. and Earley, A. (2021) Domestic Abuse and Housing: connections and disconnections in the pre-Covid-19 policy world, interim report. CaChe
43. Clarke A ; Wydall S (2013) ‘Making Safe’: a coordinated community response to empowering victims and tackling perpetrators of domestic violence, Social Policy and Society 12:3, 393–406 (I-62)
44. Jones A ; Bretherton J ; Bowles R ; Croucher K (2010), The effectiveness of schemes to enable households at risk of domestic violence to stay in their own homes, CLG

## Gender-informed and trauma-informed services: the 'Mapping the Maze' model and interventions that embed Mapping the Maze Principles

Some of the housing-led interventions cited above were established to meet an evidence-based need for specially tailored services for women, recognising their distinct experiences and the multiple barriers they face accessing safe accommodation and appropriate support. The evaluation report for the Basis Housing First project states that a critical driver for the project was an identified need for services that better understand gender-based issues such as violence. Similarly, the impetus for a shift in focus of the FLIC Housing First project from all people experiencing homelessness with complex needs, to women who have experienced homelessness and violence is explained as follows:

...it became clear that the needs of these women were different to that of men's, and required a specialist, gender-informed understanding and response. Most significantly, FLIC learned that 90% of the women we were supporting were currently, or had previously, experienced gender-based violence and abuse; worryingly, 0% of them were accessing specialist support in this area.<sup>45</sup>

As such, these services can be seen to adopt a 'gender-informed' approach to housing and support. This is important because, as the National Commission on Domestic and Sexual Violence and Multiple Disadvantage found, services often lack understanding of the ways that violence impacts on women's lives, and the skills to respond effectively. The Commission gives the example of health services excluding women using substances as they fail to recognise that substance use can be a coping mechanism in response to trauma.

Ava and Agenda propose a gender-sensitive model of service delivery (the 'Mapping the Maze model') that provides a useful framework for thinking about how to provide appropriate services for women experiencing homelessness and violence.<sup>46</sup> The model was developed to inform services for women experiencing multiple disadvantage, but it translates well as a set of guiding principles for meeting the needs of women experiencing homelessness and violence. It has four broad components: organisational ethos; a safe and enabling environment; approach to working; and organisational practice and structures; with suggestions for how each can translate into gender-sensitive service

45. <https://www.shp.org.uk/news/housing-first-a-gender-based-cross-sector-approach> Accessed 24/02/2021

46. Holly, J. (2017). Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales. London: Agenda & AVA

delivery and practices. Some of the practices they recommend are found to be contributory factors in the success of services reviewed in the wider qualitative evidence base.

1. **Organisational Ethos.** According to Ava and Agenda, a gender-informed ethos includes: having specialist knowledge of women's lives and experiences; recognising the impact of trauma, particularly in terms of violence and victimisation; and viewing behaviour as adaptation and resilience, rather than symptoms and pathology.

Picking up on the last of these points, Harris and Falot articulate this as a shift from asking 'what is wrong with you?' to 'what happened to you?',<sup>47</sup> a shift that places trauma-informed care at the heart of gender-sensitive service provision. Based on their enquiry, the National Commission on Domestic and Sexual Violence and Multiple Disadvantage concluded that trauma-informed practice is the most effective model of support for women who have experienced violence (and multiple disadvantage).

Useful attempts have been made to develop principles for trauma-informed practice by different bodies, including the Substance Abuse and Mental Health and Service Administration (SAMHSA) in the US and the Women's Mental Health Taskforce in the UK.<sup>48</sup> These have been developed within the field of health rather than housing, but are easily translatable. Drawing these together, Wilton and Williams<sup>49</sup> propose the key components of trauma-informed services, as follows:

- trauma-informed services put people before protocols
- the service does not try to make women's needs fit into pre-specified boxes
- the service creates a culture of thoughtfulness and communication and continually learns about and adapts to the individual using their service
- the service is willing and able to engage with complexity
- trauma-informedness is a process and not a set of procedures.

Only one robust evaluation of trauma-informed services for women experiencing homelessness and violence was found in the EGMs (for people in 'domestic violence shelters' in North America – outlined at the start of this section).<sup>50</sup> However, an evaluation of a project to better respond to women's recovery from trauma through the creation of a Psychologically Informed Environment across refuges run by Solace in England found that when the organisation changed their model of working it led to: a significant reduction in the number of women being turned away because of substance use or mental ill health; improved staff wellbeing and staff confidence in supporting women facing multiple disadvantage; and the women in the refuge felt better supported, with more agency over themselves and their environment.<sup>51</sup>

47. Harris, M., & Falot, R. D. (Eds.). (2001). New directions for mental health services. Using trauma theory to design service systems. Jossey-Bass/Wiley

48. These are each summarised in a report by Bear et al (2019) exploring how trauma-informed approaches for women are being implemented in a range of public services. Bear, L., Durcan, G. and Southgate, J. (2019) A Sense of Safety, The Centre for Mental Health and Agenda

49. Wilton, J. and Williams, A. (2019) Engaging with complexity: Providing effective trauma informed care for women. London: Centre for Mental Health [Online]

50. Sullivan C M; Goodman L A; Virden T ; Strom J ; R Ramirez (2018) Evaluation of the effects of receiving trauma-informed practices on domestic violence shelter residents, American Journal of Orthopsychiatry 2018, Vol. 88, No. 5, 563–570

51. Ava and Solace women aid (2017) Peace of Mind: An evaluation for the 'refuge access for all' project, Creating a Psychologically Informed Environment in Solace Women's Aid services across five London Boroughs



There is also evidence amassing within health research of the benefits of trauma-informed practice for women who have experienced violence, albeit not in the context of homelessness. This includes evidence of the positive impact of trauma-informed approaches on engagement with services, particularly when women have a say in their care.<sup>52</sup> There is also evidence that when trusting and supportive therapeutic relationships are built, this produces a sense of psychological safety.<sup>53</sup> A systematic review of evidence about adverse childhood experiences (ACEs) also concludes that the impact of ACEs can be mitigated by agencies working in a trauma-informed way,<sup>54</sup> which would be relevant to women experiencing homelessness who experienced violence in childhood. A robust review of health and social interventions for vulnerable people has also found a range of benefits for vulnerable women of therapeutic communities, which address trauma as part of recovery and use gender-specific and whole-person approaches, lending support to the potential effectiveness of trauma-informed care. These were found to reduce offending, drug use, a return to violent intimate partners and to improve psychological well-being.<sup>55</sup>

2. **Approach to working,** According to Ava and Agenda, gender-informed approaches to working involve recognising that how interventions are delivered is as critical as what support is facilitated. This includes; collaboration – building a plan with someone using services not for them, and working with other agencies; making trust a key priority, built through consistent relationships; recognising that safety, respect and acceptance are paramount.

52. Stubbs et al, 2017

53. Hopper, E, Bassuk, E., and Olive, J. (2010) Shelter from the Storm: trauma-informed care in homelessness settings, *The Open Health Services and Policy Journal*, 2010, 3, 80-100; Clark et al, 2007

54. Hughes, K., Bellis, M., Hardcastle, K., Sethi, D., Butchart, A., Mikton, C., Jones, L., and Dunne, M. (2017) The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis, *Lancet Public Health* 2: e356–66

55. Luchenski S ; Maguire N ; Aldridge RVW ; Hayward A ; Story A ; Perri P ; Withers J ; Clint S ; Fitzpatrick S ; Hewett N (2018) What works in inclusion health: overview of effective interventions for marginalised and excluded populations *Lancet* 391: 266–8 e198



Chiming with the principle that the way support is delivered is critically important, the nature of the support provided in the Basis and the Threshold Housing First projects mentioned above – flexible, intensive, and client centred – was identified in the evaluation reports as contributing to positive outcomes. Washington and Moxley describe an assessment framework that embeds similar principles, developed and tested through action research by the Detroit-based Leaving Homelessness Intervention Research Project (LHIRP) to support older African American women to exit homelessness.<sup>56</sup> The tool explicitly rejects psychopathological appraisals of women's needs. Instead it begins with women's perspectives on the issues that need addressing to build a 'holistic presentation of circumstances, issues, and needs' that informs a collaboratively-shaped advocacy agenda to help them exit homelessness. The framework has not been robustly evaluated but clearly embeds some of the principles and practices proposed in the Mapping the Maze model, particularly in terms of building plans with and not for women.

56. I-268, Olivia G. M. Washington & David P. Moxley (2009) Development of a Multimodal Assessment Framework for Helping Older African American Women Transition Out of Homelessness, *Smith College Studies In Social Work*, 79:2, 103-124

3. **Organisational practice to ensure structures are in place to enable gender-responsive interventions.** According to Ava and Agenda this includes: providing sufficient staff support; continued staff development; engaging with partners to develop integrated multi-agency responses to challenging and working to eliminate causes of women's multiple disadvantage.<sup>57</sup>

There is very limited evidence demonstrating the effectiveness of gender-informed organisational structures but a review of the 'Standing Together' Housing First project mentioned above emphasises the quality of domestic abuse support providers and other multi-agency services in the effectiveness of the service, as well as having supportive housing providers who understand the impact of violence against women and girls, and the contribution of trauma-informed approaches.

4. **A safe and enabling environment.** According to Ava and Agenda, appropriate environments include: women-only space; prioritising emotional safety that minimises the risk of re-traumatisation; environments that promote dignity, self-respect and wellbeing.

According to a qualitative evaluation of a women-only session at a homelessness drop-in centre in San-Francisco ('Ladies Night'), these principles and practices, along with others in the Mapping the Maze model, were aspects of the service most valued by the women attending. This included that it 'offers safety, social support, and empowerment. By meeting "women where they are" and allowing them to direct change in their lives, the programme decreases women's feelings of stigma and establishes trusting and respectful relationships between participants and providers.'<sup>58</sup>

All the interventions mentioned in this section provide women-only housing or spaces. This is identified as crucial across all the literature about the needs of women experiencing homelessness, and particularly those who have also experienced violence, but remains relatively rare in service provision.

57. [https://www.dahalliance.org.uk/media/10658/12\\_-wha-housing-first-for-women.pdf](https://www.dahalliance.org.uk/media/10658/12_-wha-housing-first-for-women.pdf)

58. Magee C ; Hurliaux E (2008) Ladies' night: Evaluating a drop-in programme for homeless and marginally housed women in San Francisco's mission district, International Journal of Drug Policy 19 (2008) 113–121 (1-178)

## Conclusions and Recommendations

We know that a significant proportion of women experience violence, and statistics consistently show that violence is perpetrated against women at much higher rates than against men. A recent survey of 22,000 women in the UK found that the true scale of violence and abuse committed against women and girls may be close to 100 per cent, with another study concluding that 84 per cent of domestic abuse victims are female. We also know that violence against women in the home has increased during the Covid pandemic. Available evidence shows an increase in police-recorded domestic abuse crimes, increased severity of abuse, and domestic abuse charities have reported unprecedented demand for their services and helplines.<sup>59</sup>

Importantly for the purposes of this paper, there is also clear evidence of a strong link between violence and homelessness amongst women, making the Covid-related increase in violence even more concerning. For example, national data show that 1 in 5 women who have experienced violence become homeless, compared with just 1 per cent of women who have not experienced violence. The homelessness charity, St Mungo's, reports that nearly half the women they work with have experienced domestic violence, demonstrating just how prevalent the experience of violence is amongst women who are homeless.

These statistics alone tell us how crucial it is that homelessness services are tailored to the distinct needs of women, and that they recognise the pervasive role that violence plays in women's housing outcomes and homelessness experiences. We suggest that, at present, the policy and practice response to women experiencing homelessness falls short in meeting this challenge

comprehensively. Few generic homelessness services are truly 'gender-informed' and thereby equipped to provide sensitive and appropriate housing and support to women. And there are, simply, not enough women's housing and support services. We would argue that current approaches that do respond specifically to the needs of women experiencing homelessness and violence, are too narrow. An immediate risk of violence is recognised as a cause of homelessness, and related protection is enshrined within homelessness legislation in each UK nation, but this does not help the many women with historic experience of violence who become homeless, nor acknowledge the role of historic violence and associated trauma in the causes and experiences of women's homelessness. There is also too much emphasis on emergency housing such as refuges as a key response to women who experience violence and homelessness.

There are significant gaps in the evidence about effective interventions for women experiencing violence and homelessness but lessons can be learnt from evaluation studies, and from some innovative interventions that have been developed in the UK and internationally. The lessons learnt provide opportunities to develop and test interventions to make a real difference to women experiencing homelessness and violence.

For example, Housing First programmes and evaluations offer up some possibilities. While we would not advocate a wholesale application of Housing First as a panacea for meeting the needs of all women experiencing homelessness and violence, the basic principles of Housing First, combined with design features of some programmes, provide potential solutions. The principle of providing rapid,

59. Magee C ; Hurliaux E (2008) Ladies' night: Evaluating a drop-in programme for homeless and marginally housed women in San Francisco's mission district, International Journal of Drug Policy 19 (2008) 113–121 (1-178)



unconditional housing with appropriate support (whether intensive or not, and some women may require no additional support) is certainly one to endorse. Drawing in other features would enhance the potential of rapid rehousing programmes to meet the needs of, and prevent homelessness amongst, women experiencing violence. This includes: women-only services, as these provide safe spaces and are more likely to be rooted in an understanding of the distinct needs of women; and provision of flexible financial assistance such as that offered in the Washington State Housing First programme in the US and the Whole Housing Approach in the UK, which allows services to provide for women in all tenures, and help them retain current housing if appropriate. It would be important for any rapid housing intervention to be available to all women experiencing homelessness who have experienced violence.

There are also some innovative projects and approaches that help women at risk of violence remain in their homes. We welcome changes in the law in Wales and Scotland that support the ending of tenancies for perpetrators of violence, but this is a key area where further development is needed, to test and evaluate new solutions. It is simply wrong that a woman experiencing violence is the one who leaves her home, rather than the perpetrator, and becomes homeless in the process. Often, this also entails a move away from the neighbourhood, with the untold disruption, distress, and dislocation from support networks that brings at a time of acute vulnerability.

Women's safety is paramount, and so there will always be women needing to move rapidly away from a site of the violence. But there must be alternatives and it is imperative that these are developed and tested. As noted above, flexible financial support as part of Housing First programmes can help in this regard, but we suggest it could be built into wider provision for women at risk of violence, as standard. The 'Making Safe' initiative in England is also promising, as one of the very few examples of its kind where women are supported to remain in the home and the perpetrator is moved away. As such, this has the distinct benefit of being a preventative initiative. There would be real value in exploring this model in more detail, learning from the existing initiative to develop and test other similar interventions. If found to be effective, such a sea-change in how the needs of women at risk of violence are met could radically improve many women's lives and

futures, whilst contributing to broader efforts to prevent homelessness in the UK.

It is absolutely imperative that responses to women experiencing homelessness and violence, whether through generic or specialist services, are 'gender-informed', i.e. informed by an understanding of the distinct experiences and barriers faced by women, including understanding of trauma. Gender-informed and trauma-informed care is gaining traction amongst commissioners of homelessness services and service providers but, as all the evidence notes, we have yet to arrive at clear definitions, or a consensus on what gender or trauma-informed care entails in practice. It is essential that these foundations of gender-informed practice are solid so we can build on this momentum to develop truly effective gender-informed services.

Policymakers, commissioners, and service providers all have a distinct role to play in this urgent endeavour to better meet the needs of women experiencing homelessness and violence.

### **Recommendations for service delivery/service providers:**

- Develop a more inclusive, housing-led response that rapidly provides all women experiencing (or at risk of) homelessness who have experienced violence with long-term, unconditional accommodation and appropriate support, whether through moving or retaining their current housing
- Increased provision of women-only temporary accommodation
- Develop and test models that re-house perpetrators of violence and provide support to all parties.
- Commit to developing gender-informed practice in all service delivery, through training and adherence to agreed principles

## Recommendations for policymakers

- Review and, where they do not exist, develop robust mechanisms for collecting national data about women experiencing homelessness and violence (including the number of women approaching local authorities as homeless who are experiencing or have experienced violence) and make those data publicly available
- Ongoing monitoring of the impact of relevant recent legislation (e.g. the Domestic Abuse Act 2021, the Homelessness Reduction Act 2017, the Housing (Wales) Act 2014) on women experiencing violence and homelessness to ensure it is implemented as intended with expected outcomes
- A shift of focus to preventative, rather than crisis-response approaches, including training and 'screening' programmes (such as Ask and Act in Wales) where these are not in place, for early identification of women experiencing, or at risk of, homelessness and violence, and culture change across public services
- A more inclusive understanding of the experience of violence amongst women who are homeless, to incorporate women with historic experience of violence into future policy development

## Recommendations for commissioners

- Build on the work of organisations like Ava and Agenda, SAMHSA and the Women's Mental Health Taskforce to develop a clear set of industry guidelines – akin to the NICE principles of care – for gender informed care, that are readily translatable into practice and to which commissioned homelessness services are required to adhere.
- Actively identify promising interventions, such as those highlighted in this paper, for testing and robust evaluation

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