

Women's Homelessness support and approaches

- Homelessness Services
- Violence against Women and Girls Services
- Trauma-Informed Approaches
- Psychologically Informed Environments



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Homelessness Services

Considerations to better tailor homelessness services for women

Client involvement – what do they want

- Measuring women's outcomes
- Service design and safety – CCTV? women's clusters? women only space
- Policies and training:
 - Violence against women and girls
 - Domestic violence
 - Sexual assault and harassment
 - Sexual exploitation
 - Harmful practices – So called 'honour based' violence, FGM, Forced marriage
 - Pregnancy and child contact
 - Women and substance use
 - Women and mental health including self harm, eating disorder
- Partnerships with specialist agencies – Violence against Women and Girls services
- Increased opportunities for women- groups + training / employment
- Developing new services e.g. trauma groups/support, Children/family advice, small grants



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Violence against Women and Girls Services

- Holistic support
- Women only environments
- Peer support
- Supporting recovery from experiences of abuse and trauma
- Maintaining safety – safety planning, anonymous addresses

Need for cross-sector collaboration (e.g. London VAWG and housing group)

No Where To Turn (Women's Aid, 2017)

11% of domestic abuse survivors slept rough while searching for refuge

Case by Case, (Solace Women's Aid and AVA, 2014)

'Many refuges do operate a partial blanket policy relating to certain types of substance use and/or mental health problems, most commonly women using opiates (including methadone) and those who have been diagnosed with schizophrenia, autism spectrum disorder or dementia.'



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Trauma definitions

Post Traumatic Stress Disorder (PTSD) can be caused by:

“exposure to actual or threatened death, serious injury or sexual violation.”

The exposure must result from one or more of the following scenarios in which the individual:

- directly experiences the traumatic event;
- witnesses the traumatic event in person;

The disturbance, regardless of its trigger, causes significant distress or impairment in the individual’s social interactions, capacity to work, or other important areas of functioning.

(DSM5)

Trauma can be triggered by a single event, or can be **enduring, ongoing (complex or compound trauma)**

“An inescapably stressful event that overwhelms people’s coping mechanisms”

An event that evokes feelings of “intense fear, helplessness or horror”

“Life-threatening powerlessness”



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Complex or compound trauma

Distinguishable by the **sustained** experience of abuse with no agency or means to escape e.g. childhood abuse, intimate partner violence, prolonged involvement in street based prostitution.

The impact of prolonged and repeated experiences of trauma manifest in many areas e.g. physical health, mental health, memory loss, flashbacks, belief threat is ever present, inability to regulate emotions and to keep self safe.

Coping mechanisms become disorganised and disjointed, the body and brain go into hyper-vigilant '*fight or flight*' mode, releasing chemicals and hormones to help us survive. Women may self medicate with substance use to dull the affects of trauma.



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Trauma and gender informed approaches

e.g. Stephanie Covington, 2014

As children, boys and girls suffer similar rates of abuse

- Girls - sexually abused
- Boys - emotional neglect or physical abuse.

In adolescence, boys are at greater risk if they are gay, young BME men or gang members

- Young men - people who dislike or hate them.
- Young women – relationships; from the person to whom she is saying, “I love you.”

Adulthood

- Man - combat or being a victim of crime
- Woman – relationship; the person to whom she is saying “I love you.”



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Psychologically Informed Environments (PIE), trauma and gender informed approaches

e.g. Chrysalis project – was a 3 stage women’s PIE homelessness project based on:

Judith Herman’s Stages of Recovery from Trauma (1992):

1. Establishing safety
2. Reconstructing the traumatic story
3. Restoring the connection between the survivor and his/her community.



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Psychologically Informed Environments (PIE), trauma and gender informed approaches

Solace Women's Aid Refuge Access for All Pie project

- **Key element 1:** Development of a psychological framework The aim is to develop a service culture that is reflective, thoughtful and compassionate.
- **Key element 2:** The physical environment and social spaces Create a non-institutional, safe and welcoming service that facilitates interaction between staff and clients, with a culture of health and well-being.
- **Key element 3:** Staff training and support Staff competencies and confidence are developed in working with people with complex trauma.
- **Key element 4:** Managing relationships. Relationships are recognised as the key tool for change. The impact of positive peer relationships is harnessed and clients with complex needs are not excluded.
- **Key element 5:** Evaluation of outcomes Outcomes are collated and analysed in order to understand and verify what works and to support continuous learning and improvement.
- **Key element 6:** Reflective practice was incorporated into the Solace pilot model.



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