

# A GUIDE TO IMPROVING TRAUMA AND GENDER INFORMED RESPONSES TO WOMEN EXPERIENCING HOMELESSNESS AND GENDER BASED VIOLENCE

Product of the PIE4shelters Project



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# 1

## Introduction

The PIE4shelters Guide aims at providing practical guidance and materials to improve service provision for women who have experienced or are experiencing homelessness and gender-based violence (GBV). The guide is targeted at homeless services, specialist GBV services and other services that support women who have experienced homelessness and GBV. The four language versions (English, French, Hungarian and Italian) are fully available on the **PIE4shelters project website.**



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## The Guide

- ▶ Chapter 1 contains a short introduction, which includes a brief discussion of two existing **trauma-informed approaches**: *Psychologically Informed Environments* (PIE) and *Trauma-Informed Practice* (TIP), see subchapter a. PIE and TIP – Commonalities and Differences. These two approaches were analysed and tested for the piloting of training in different settings with a specific focus on the needs of women who have experienced trauma as a result of abuse by a partner or ex-partner. The findings from the piloting form the basis of the content of this beginners' guide to trauma-informed environments. This chapter also introduces the **terminologies** used in the guide. A short introduction into the relationship between GBV and women's homelessness and GBV as one of the main causes of women's homelessness is provided in subchapter c. **Gender-Based Violence and Homelessness of Women**.
- ▶ Chapter 2 provides **very important considerations in improving service responses to women who have experienced GBV and homelessness**. It is strongly recommended to carefully read this part before beginning your organisation's journey to being trauma- and gender-informed.
- ▶ Chapter 3 provides **practical recommendations for services to improve responses to women experiencing homelessness and GBV**. Recommendations are based on the experiences of the project partners during the implementation of trauma-informed approaches as well as on interviews with local experts. Services might also find it useful to read about the challenges encountered during implementation. **Assessment tools** for impact measurement of training on trauma are provided at the end of the chapter.
- ▶ Chapter 4 provides a range of useful **resources and materials** for supporting organisations to become trauma-informed environments, including training materials and a presentation that can be used for staff training, toolkits, as well as research and policy documents (see subchapter a).

The PIE4shelters **European Training Framework** is provided in Chapter 5.

## a. PIE and TIP – Commonalities and Differences

The following figure depicts commonalities and differences of Psychologically Informed Environments (PIE) and Trauma-Informed Practice (TIP) as two similar approaches. The figure clearly shows that PIE and TIP share the awareness that some behaviours are adaptations to adverse situations, the need to screen for trauma, sensitivity to the impacts of stigma and blame on survivors of violence and abuse, the crucial importance of high-quality supportive relationships, focus on physical and psychological safety needs, focus on empowerment and self-management of service users, the need for professional supervision for staff and practices of self-care, the need to involve management and the whole organisation, awareness of operations of power and the social and cultural aspects of individual problems.

While both approaches share the same core content, the focuses are different: PIE focuses on the thinking, emotions, personalities and past experiences of service users. PIE aims at creating a psychological understanding of service user behaviours and how past experiences influence interactions with staff (and other service users) and service take-up. Staff responses are sought to be informed by service user behaviour. TIP focuses on identifying difficult life experiences, in particular traumatic experiences of service users. TIP draws on the fields of neuroscience and social care practice to promote the well-being of both service users and providers. This Guide, and the PIE4shelters project in which the Guide was developed, focuses on trauma related to GBV, domestic violence, and intimate partner violence. Both PIE and TIP follow a whole organisational approach and aim at providing an appropriate, psychologically and trauma-informed response to service users. The PIE4shelters project added a gender-sensitive focus as a key aspect to trauma-informed service provision, to capacitate homeless services to better respond to women as a currently under-served group of service users.



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## Common features of PIE and TIP

### TIP

Illuminates further the anticipated needs of service users identifying as affected by abuse and the competence required of staff to respond.

### BOTH

- Address the impacts of difficult life experiences
- Specific focus on service users exposed to traumatic experiences, often prolonged exposure
- Respond to complex cases with co-occurring challenges
- View service user behaviour as adaptations to adverse situations
- Sensitive to impacts of stigma and blame on service users
- Quality of relationship is a key intervention
- Use a strengths-based approach
- Work towards recovery of service users
- Recognise influence of environmental factors on health and well-being
- Focus on physical and psychological safety needs
- Recognise potential difficulty for service users in building trusting relationships
- Increase service user awareness and understanding of the psychological and trauma impacts of their experiences
- Aim to develop emotional regulation skills
- Focus on the empowerment/self-management of the service user
- Professional development and support of staff is crucial
- Open to new thinking and evidence informed
- Require whole organisation and wider system commitment to create a physical, social, relational and compassionate governance environment
- Hold awareness of the operations of power
- Apply social and cultural lens to individual problems
- Working WITH service user approach

### PIE

Psychological understanding of service user behaviours and interactions are sought to inform staff responses.



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## b. Terminologies Used in this Guide

This document mainly uses the term *gender-based violence* (GBV) to refer to violence perpetrated against women and girls because of their gender. *GBV* refers to any act of violence and abuse in different life areas and includes violence against women in private and public spaces, at the workplace, institutions and in services. Particularly relevant for the context of this guide is violence perpetrated against women who live on the street and violence perpetrated in social services such as homeless services and other support services. Women are not protected against violence in these settings which are mainly used by men and lack resources to ensure the safety of women.

In some sections of the guide, the term *domestic violence* (DV) will be used out of preference. *Domestic violence* is defined as “all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim” (Article 3, Chapter 1, Istanbul Convention). DV, as it is used in this document, also includes any form of *domestic abuse*. The partnership decided to use DV rather than *domestic abuse* as it names more clearly that it is violence we talk about (knowing that in some countries, especially in Ireland and the UK, the term *domestic abuse* is more commonly used).

A specific form of GBV is ‘intimate partner violence’ which is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner. Whereas *domestic violence* refers to all acts of violence that occur within the family or domestic unit or between former or current spouses or partners (who might be living together or not), *intimate partner violence* refers to violent and abusive behaviours of an intimate partner.<sup>1</sup>

1 Definition of WHO: [https://apps.who.int/iris/bitstream/handle/10665/77432/WHO\\_RHR\\_12.36\\_eng.pdf;jsessionid=DD7AB41B59B964CD72D63ACC89B2CCD0?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf;jsessionid=DD7AB41B59B964CD72D63ACC89B2CCD0?sequence=1)

2 Women’s Journey to Homelessness (Mayock and Sheridan, 2012); Quartos, pensões e hospedarias: a realidade do alojamento apoiado em Lisboa e no Porto. Instituto de Segurança Social Estudo dos Sem-Abrigo. Lisbon: ISS. (Baptista et al., 2005).

3 <https://www.feantsa.org/download/ethos2484215748748239888.pdf>

Women who have experienced or are experiencing DV are referred to as *survivors*. This term emphasises women’s strengths and capacity to overcome GBV and lead a self-determined life (unlike the term *victim*, which conveys a passive, enduring perspective on women who experience(d) GBV).

## c. Gender-Based Violence and Homelessness of Women

Violence from an intimate male partner in the domestic context is frequently cited as one of the strongest contributors to women’s homelessness. Research findings in a number of countries indicate that the proportion of homeless women who have experienced domestic violence ranges from 40% in the UK and Ireland to 50% in Portugal and Hungary with extremely high rates of partner abuse of 100% and 93% in Spain and Sweden.<sup>2</sup> While clearly DV plays a very important and contributing role in women’s homelessness, it is important to note that homelessness and housing exclusion is a process and the result of a complex interplay between structural, systemic and individual factors. In the case of women’s homelessness, gender-based violence intersects with broader processes of inequalities, social exclusion and marginalisation.

Once women leave their home to escape DV, they are homeless according to FEANTSA’s ETHOS Typology on Homelessness and Housing Exclusion<sup>3</sup>. They might be staying for a short period at a women’s refuge or shelter, in homeless shelters or in insecure accommodation, perhaps temporarily staying with friends or family or sleeping rough. It is well documented that there are not enough women’s refuge spaces nor sufficient mixed gender shelters. Mixed shelters are often unable to respond to the specific support needs of women who have experienced. The invisibility of homeless women, especially of those temporarily sleeping with friends or family, which is also



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referred to as *hidden homelessness*, results in women's lack of access to housing and related support and is a barrier to breaking out of the cycle of violence. Women who sleep rough are extremely vulnerable to experiencing further violence, on the street. In general, all women in situations of homelessness are vulnerable to experiencing violence when accessing different support services, including day centres and night shelters.

The lack of service provision, and even more so of women-specific services, results in a situation where women who experience homelessness and violence are left without support. While the needs of homeless women and women fleeing violence are often interlinked, the sectors supporting them often don't work together and women are falling in between services without support.

Homelessness services may provide women who are homeless with supportive services, but often do not have the tools or resources to respond to the needs related to recent or past traumatic stress. Domestic and intimate partner violence, due to their recurrent nature, often lead to trauma. The PIE4shelters project aims at contributing to the improvement of support provision for women who have experienced GBV and homelessness.



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# Important Considerations in Improving Service Responses to Women who Have Experienced GBV and Homelessness

## 2



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The following provides key information for services who want to establish trauma-informed environments. This contains very important information on how to provide proper support for staff who are exposed to trauma on an ongoing basis. The table *Core Competencies of Trauma-Informed Environments* specifies different skill levels required to support staff working with homeless services seeking to become trauma-informed environments.

### *The Importance of Staff Support Systems*

*Secondary traumatic stress, vicarious stress and compassion fatigue* can be considered types of occupational hazards in settings where there are high numbers of traumatised clients. As a result, organisations providing services to trauma survivors may have a practical and ethical responsibility to address this risk<sup>4</sup>. There is also some research which suggests working with distressed client groups can lead to vicarious post traumatic growth<sup>5</sup>. Trauma-sensitive supervision should include time for talking about the effects of the work and related personal feelings; directly address vicarious traumatisation; and use of a collaborative, strengths-based approach<sup>6</sup>. Reflective practice (which might be part of or separate to supervision) supports staff to be less reactive to client issues and behaviours as well as understanding themselves in their practice and learning what does and does not work in clinical practice situations<sup>7</sup>.

### *Assessment of Needs: Beginning Transformation towards Trauma-Informed Environments*

To become a trauma-informed environment, organisations must be prepared to examine and reflect upon elements of the system such as the physical environment,

staff inter-relationships, communications, morale, staff support systems and clinical interventions. Assessment of service users' needs and experiences of services was a significant element in initiating this project in all partner countries. This was done with service users using a validated instrument<sup>8</sup>. There were initial consultations with staff and external agencies in relation to GBV and DV with the aim of identifying training needs. Interviews or surveys were also completed by women and with women who have experienced DV to identify gaps in trauma informed responses. This information formed the basis for the development of training materials.

### *The Key Principles for Responding to Survivors of Domestic Violence/ Coercive Control*

The following areas represent important principles relating to the development and maintenance of a trauma-informed environment.

- ▶ *Environment of Agency and Mutual Respect:* Mitigating the effects of domestic violence on a woman's confidence and self-esteem requires a social environment of mutual respect. To support her capacity to meet her own and her children's needs requires **non-judgemental support towards reclaiming her own agency in directing her own care process and decision-making.**
- ▶ *Access to Psychoeducation:* **Information is the first step in empowering survivors** and provides material for making alternative sense of experiences from the blaming pattern imposed by the abusive parties. Information opens up options for thinking, understanding, relating, and acting. Trauma-informed environments also include psychoeducation about trauma.



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- 4 Slattery, M. & Goodman, L. (2009). Secondary traumatic stress among domestic violence advocates: Workplace risk and protective factors. *Violence Against Women*, 15(11), 1358-1379.
- 5 Arnold, D., Calhoun, L., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology*, 45(2), 239-263; Herman, J. L. (1997). *Trauma and recovery*. New York: BasicBooks.
- 6 Sommer, C., & Cox, J. (2005). Elements of supervision in sexual violence counselors' narratives: A qualitative analysis. *Counselor Education & Supervision*, 45, 119– 134. doi:10.1002/j.1556-6978.2005.tb00135.x
- 7 Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- 8 Sullivan, C.M., & Goodman, L. (2015). A guide for using the Trauma Informed Practices (TIP) Scales. Available at: [dvevidenceproject.org/evaluation-tools](http://dvevidenceproject.org/evaluation-tools).

- ▶ *Opportunities for Connection:* Safe relating in this context involves minimising distress and maximising trust. This supports the recovery of those affected by trauma by providing them with a **different experiences of relationships**, in which they are offered safety rather than threat, choice rather than control, collaboration rather than coercion, and trust rather than betrayal. Such a connection is an opportunity to reverse the association between trauma and relationships and is an important part of recovery.
- ▶ *Emphasis on Strengths:* **Working with survivors from a strengths-based approach** aligns with an **environment of agency and mutual respect**. Crises are often accompanied by a sense of losing control and survivors should be supported to regain control. Clients have many strengths to build upon; it will have taken much courage and resourcefulness to have survived this far.
- ▶ *Cultural Responsiveness and Inclusivity:* **All women must be able to access the support systems necessary for their safety.** Women and families from certain backgrounds may face additional barriers when accessing services such as racism, poverty, refugee status, disability, age, sexual orientation, employment status, mental health, substance misuse or other social identity factors<sup>9</sup>. These women and their children can be more vulnerable to further abuse. They may need special support and assistance to enhance the likelihood of their receiving an equitable level of service in relation to their needs.
- ▶ *Support for Parenting:* Never blame, in cases of domestic violence, the survivor for failing to protect her children. It is the abuser's violence that puts the children at risk. A survivor's parenting skills and relationship with their child(ren) may have been undermined throughout the abuse. **Any non-violent parent should be supported to improve their skills and confidence in looking after their children.**

- ▶ *Importance of Key Principles for Recovery from Coercive Control:* Increasingly, there is recognition of the persistent and central role of coercive control in trapping women in DV situations. Coercive control is defined as persistent and deliberate pattern of abusive and violent behaviour over a prolonged period, aims at achieving obedience and creating a state of constant fear and threat. The above key principles, in particular psychoeducation, experiencing environments of respect which allow one to reclaim control over one's life and experiencing positive professional relationships, are fundamental to supporting survivors towards recovery. Coercive control, as a persistent and deliberate pattern of abusive and violent behaviour over a prolonged period, aims at achieving obedience and creating a state of constant fear and threat. People who experience(d) coercive control will develop a negative self-image, a strong sense of doubt about their capacities, self-blaming and experience tremendous restriction of agency. Coercive control forces survivors to stop seeing friends and family (or to reduce social contacts outside the relationship to a minimum). Coercive control can also imply financial abuse such as restricting the woman's access to money. Women survivors of DV and coercive control live under the constant threat of violence, feel like they have to *walk on eggshells* and are exposed to constant elevated stress levels. DV and coercive control limits women's possibilities to shape and live their lives through persistent psychological, physical and/or sexual violence, coercion, control, intimidation, isolation and degradation.

Psychoeducation enables women to establish an alternative sense of abusive experiences and develop an alternative understanding, different from the blaming pattern imposed by the abusive partner or persons. It allows women to regain power over their life and regain trust in their capacity to live a self-determined, autonomous life.



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<sup>9</sup> Sanderson, Christiane (2008). *Counselling Survivors of Domestic Abuse*. Kingsley, London. 'A History of abuse increases vulnerability to domestic abuse and should not be understood as indicative of personality disturbance'.

## Core Competencies of Trauma-Informed Environments

The core competencies below outline different expertise and skill levels required to support the homelessness workforce to become trauma informed. This is in line with the belief that each encounter with personnel in a homeless service is “an opportunity to remove the association between trauma and relationships”<sup>10</sup>, which is particularly relevant in domestic violence. As the chapter *PIE and TIP – Commonalities and Differences* describes in detail, trauma informed practice focuses on identifying difficult life experiences, in particular traumatic experiences of service users, drawing on the fields of neuroscience and social care practice to promote the well-being of both service users and providers. The term ‘Trauma informed environments’, as used in this guide, refers to services and organisations that work in a trauma informed way, applying trauma informed knowledge and practice. This guide, and the PIE4shelters project in which the guide was developed, focuses on trauma related to GBV, domestic violence, and intimate partner violence.

The training levels reflect the role and degrees of responsibility of staff to respond to the impact of trauma. The Baseline Informed level outlines the level of knowledge and skills for all homelessness workers. The Informed Practice Skills level describes the knowledge and skills level required of staff who are likely to have direct contact with those affected by trauma. The Enhanced Practice Skills level relates to staff working directly with those affected by traumatic events and providing specific interventions to address the impacts of trauma. Finally, the Trauma-Informed Organisational Environment level is to guide organisations to develop structures and support to become trauma-informed.



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TRAINING LEVEL	KNOWLEDGE AND SKILLS	STAFF / SERVICE	OUTCOMES
<b>TIE Baseline Informed</b>	<ul style="list-style-type: none"> <li>▶ General knowledge of trauma, prevalence, signs and range of symptoms</li> <li>▶ Knowledge of GBV/DV and the impacts on women service users' behaviour and mental and emotional well-being</li> <li>▶ Relational skills appropriate to contact level to support help-seeking of this vulnerable group</li> <li>▶ Reflective practice skills to identify impact of gender attitudes and discrimination on women service users' access to services</li> <li>▶ Knowledge about stress factors in work and protective and preventive support</li> <li>▶ Knowledge of principles and features of a trauma-informed environment</li> </ul>	<p>Generic homeless service/ ancillary staff with casual or administrative contact with service users</p> <p>Universal support workers</p>	<p>Informed capacity to adapt their practice to reduce risk of re-traumatisation and repeat victimisation</p>
<b>TIE Informed Practice Skills</b>	<ul style="list-style-type: none"> <li>▶ Understanding of the impacts of DV on women's help-seeking</li> <li>▶ Ability to make emotionally safe, trustworthy relationships with service users</li> <li>▶ Knowledge and skills to respond to service users, identify triggers and avoid or de-escalate re-traumatisation</li> <li>▶ Strengths approach skillset</li> <li>▶ Identify and advocate to overcome barriers to women achieving safety and protection</li> </ul>	<p>Homeless services staff with support roles regularly encountering women affected by GBV</p>	<p>Informed and skilled capacity to engage and support women affected by GBV/DV to increase their immediate safety and protection and support referrals as appropriate to the identified needs and wishes of the client</p>
<b>TIE: Enhanced Practice Skills</b>	<ul style="list-style-type: none"> <li>▶ Understand the range of factors which impact the type and intensity of trauma responses, including history of abuse, type and frequency of trauma, support system availability and cultural background</li> <li>▶ Have a range of intervention tools to support recovery from DV trauma</li> <li>▶ Parenting principles and support skills in the context of DV.</li> <li>▶ Capacity to provide psychoeducational tools and skills to educate and empower women service users affected by GBV.</li> <li>▶ Skills to support the involvement of and consultation with women service users about service delivery</li> <li>▶ Trauma-informed group work principles and skills</li> <li>▶ Capacity to engage with support systems such as supervision and prioritise and uphold an individual self-care plan</li> </ul>	<p>Staff working in specialist GBV gender-based violence services such as refuges and rape crisis centres</p>	<p>Informed and skilled capacity to intervene to address the safety, stabilisation and recovery needs of women affected by GBV/DV trauma</p>



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TRAINING LEVEL	KNOWLEDGE AND SKILLS	STAFF / SERVICE	OUTCOMES
<b>Trauma Informed Organisational Environment</b>	<p>Ability to update policies and procedures in line with trauma-informed principles</p> <p>Ability to apply principles to management practice, including decision-making, to support working relationships across the organisation that are based on trauma principles</p> <p>Develop and oversee consistent and respectful relationships which set conditions for service user trust and disclosure</p> <p>Understand and deliver support systems to staff to mitigate harmful impacts from exposure to trauma experiences</p> <p>Capacity to implement planning, evaluation and feedback mechanisms to inform and ensure the achievement of a trauma-informed organisational environment</p>	Senior staff and boards of management/directors	Appropriately informed and skilled capacity to develop and maintain systems and structures in line with trauma-informed principles, to mitigate harmful impacts on both service users and staff from exposure to trauma experiences



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## Challenges

In partnering universal homeless services and specialist domestic violence services within this project there have been a number of challenges, including the following:

- ▶ How to introduce a differentiated response to universal homeless service providers
- ▶ What would be the baseline for GBV and Domestic Violence training for universal homeless service providers
- ▶ How to enhance knowledge and skills of staff working with GBV specialist services
- ▶ How to improve support for staff who support women with experience of trauma
- ▶ How to ensure a connection between the principles of practice needed to work with survivors of GBV and DV and those applied to working with homeless people generally
- ▶ How to bring a gender understanding to agencies which work with both men and women
- ▶ Ensuring the project improves the support and protection of homeless women against GBV and DV, based on the strong evidence base of advocacy, social justice and social change as pivotal to ending violence against women<sup>11</sup>

The challenge of integrating elements of trauma-informed service provision was central to the project's aspirations. A framework for psychologically-informed services was developed by UK state and mental health agencies<sup>12</sup> as part of a concerned awareness that people experiencing homelessness presented with various psychological and emotional needs and that services were often ill equipped to respond to these<sup>13</sup>.

The trauma-informed approach views psychological and emotional symptoms and behaviours of service users as responses to actual socially derived traumatic events and experiences. This focus on *what actually happened to you* is particularly relevant in services working with domestic abuse in order to:

- ▶ support client-led identification of needs
- ▶ assess protection needs by attending to the risk of on-going repeated abuse and violence
- ▶ recognise the propensity for survivors to restrict help-seeking through fear of the abuser and the enduring social shame and stigma attached to domestic abuse
- ▶ connect the psychological and behavioural adaptations of complex trauma to the lived experience of abuse and violence by a related party, generally over an extended period of time

The last point shifts focus from diagnostic labelling of service users towards trauma-informed sensitivity. Importantly, it reminds us that trauma symptoms are not the origin of client sufferings but the consequence of it.

11 Cris M. Sullivan & Linda Olsen (2017): Common ground, complementary approaches: adapting the Housing First model for domestic violence survivors, Housing and Society, DOI: 10.1080/08882746.2017.1323305

12 The UK Department for Communities and Local Government (DCLG), and the National Mental Health Development Unit (NMHDU) (now disbanded); Haigh, R., Harrison, T., Johnson, R., Paget, S. & Williams, S. (2012) "Psychologically informed environments and the "Enabling Environments" initiative", Housing, Care and Support, 15 (1), 3442.

13 Breedvelt, J.F. (2016). Psychologically Informed Environments: A Literature Review. Mental Health Foundation: London.



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### *Finding the Framework*

One of the strengths of the PIE framework is that it has been intentionally made to be very broad and universal in its principles. However, a differentiated response needs to be specific to the experience and needs of a distinct population and existing body of knowledge and good practice. A key learning point of the project consortium has been to involve experts from the GBV sector and cooperate with agencies from this field to design training together and benefit from their supervision. As identified through the assessment phase of the project and in the local partners working to integrate elements of PIE with the GBV trauma-informed model, the trauma model became the focus of the professional work. The value of the trauma framework is that it is a universally human response to overwhelming circumstances such as repeated abuse and violence.<sup>14</sup> It can be tailored and usefully applied to a range of settings to cater for service-level requirements in responding safely and respectfully to those affected by GBV and DV in universal and specialist homeless settings<sup>15</sup>. It encompasses concern for the well-being of service users and staff, which was reported as energising for staff in local partners.

about gender can underlie strongly-held views. Individual perspectives can vary on a continuum of seeing domestic violence as a private issue between the couple and seeing it as derived from socially-constructed ideas in relation to equality between men and women. Many women experiencing domestic violence do not disclose to *helpers* for fear of being judged or blamed for the abuse or for staying in the relationship. Secrecy, shame and blame isolate women leaving them further vulnerable to abuse. You should consider contacting your local or national/regional specialist domestic violence service for training and awareness raising to ensure common understanding of domestic violence and guidance towards a consistent response to those affected.

### *Importance of a Whole Organisation Approach*

Organisations need to drive a trauma-informed approach if changes in policy and practice are to be resourced, supported and embedded and made accountable to service user experiences of trauma. Trauma-informed organisations can have structures and processes at service and administrative levels to steer the initiative<sup>16</sup>.

### *A Common Understanding of Gender-Based Violence and Domestic Violence*

How staff and others within an organisation understand an issue can determine the type, quality and consistency of the response to service users. Domestic violence in most countries has some level of social stigma attached to it. Attitudes and beliefs

### *Training for Core Competencies for Trauma-Informed Environments*

Trauma-informed systems and organisations provide for everyone within that system or organisation by having a basic understanding of the psychological, neurological, biological, social and spiritual impact that trauma and violence can have on individuals seeking (service users) and providing (staff) support.



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- 14 'A TI approach is not a narrowly defined treatment; rather, it is an overarching framework that guides the behavior of every actor in the system, from the receptionist to the direct service provider to the board member—a "universal design" for serving trauma survivors, provide to all by all'. DeCandia, C. J., Guarino, K., & Clervil, R. (2014). Trauma-informed care and trauma specific services: A comprehensive approach to trauma intervention. Waltham, MA: The National Center on Family Homelessness.
- 15 NHS Education for Scotland 2017. Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce.
- 16 E.G. advisory groups, an appointed competent person with administrative skills and organisational credibility to support implementation strategies, champions within the team who communicate the importance of trauma to others in their work groups, training for all roles, allocated resources for modifications, pilot projects and staff support systems, identified objectives and evaluation for systems change, consumer consultation structures.

Most of the training delivered in this project (outlined in the appendix) was introductory. However, a range of training types can feasibly be developed using the *Trauma-Informed Environments framework* and materials (including an awareness programme of sensitisation to domestic violence, gender and GBV, trauma-related dynamics and the avoidance of re-traumatisation, education in a trauma-informed understanding of unusual or difficult behaviours, training in trauma-specific techniques for those staff working more directly and consistently with trauma survivors, training about and in trauma-specific staff support contexts e.g. supervision to include the topics of vicarious traumatisation and staff self-care).



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# 3

## Practical Recommendations for Services to Improve Responses to Women Experiencing Homelessness and Gender-Based Violence



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## a. Input from Expert Interviews

FEANTSA conducted a series of short semi-structured interviews to assess the immediate effects of the training and the experiences with implementing trauma-informed work. Interview outcomes will provide useful information for services which would like to establish a more trauma- and gender-informed service provision.

Interviews were conducted with homeless, GBV and women-specific support services in all partner countries (Hungary, Ireland, UK, Belgium, Italy). In Hungary, the interview was conducted with the project coordinator mainly responsible for implementing PIE in the lead organisation BMSZKI. In Ireland, interviews were conducted with the assistant director and women's services coordinator of ADAPT Domestic Abuse Services, the biggest women's refuge provider in the country which also provides social and psychological support, including court accompaniment, and runs a 24-hour helpline for women and children who have experienced gender-based or domestic violence. For the UK, the senior manager of supported accommodation and the designated adult safeguarding lead of Solace Women's Aid was interviewed. Solace runs women's refuges, accommodation services and wrap-around support services, including therapeutic support. Another interview was done with a London-based psychotherapist and PIE expert who facilitates reflective practice groups in homeless services and assists services in becoming trauma-informed. In Belgium, the managing director of the Belgian project partner CVFE was interviewed. For Italy, a joint interview was conducted with the coordinator of Association Casa Betania and with the coordinator of the association's women's refuge. The association supports people who have experienced homelessness and other forms of social hardship as well as people with mental health support needs.

The following presents key aspects that are needed to improve service responses for women who have experienced GBV and homelessness by introducing trauma-informed and gender-sensitive approaches. The aspects were identified during the assessment phase of the PIE4shelters project, after training and organisational transformation meetings were implemented.

## How to Make it Work: Experiences from Transforming Services towards Trauma-Informed Environments

Services which decided to improve service responses for women who experienced GBV and homelessness, emphasised that the following elements must be in place to successfully transform towards a trauma-informed environment:

- ▶ **Involve the whole organisation** in the implementation of a trauma-informed approach, or, in very big organisations, all staff from a specific service. Ensure *all* teams get involved.
  - ▷ Ensure **regular reflection** on how the whole organisation/service reacts to trauma, and ensure continuous improvement of awareness of triggers
  - ▷ Services identified the need to exchange continuously on the **state of play** in terms of trauma-informed service provision (what works well and what needs improvement), involving all staff and levels of service delivery. **Complementary external support**, including reflective practice, is extremely helpful to identify points of improvement, identify where a service already works in a trauma-informed way and helps to make the transition smoother for the organisation.
  - ▷ Provide external reflective practice to ensure staff experiences **feed into management decisions**. Also, management has to have a proper understanding of the consequences certain procedures or policies have for staff. Managers should engage in continuous reflective practice too (line managers as well as senior management).
  - ▷ Create a **shared understanding** of the consequences of gender-based and domestic violence and related trauma in the whole organisation and ensure a gender-informed response to women is in place. Responses need to take into account the fundamentally distressing nature of violent experiences.
  - ▷ Ensure the transition to into a trauma-informed environment **stays on the agenda**. This could be supported, for instance, by a dedicated team which involves staff from different levels and functions. Services should be regularly assessed by users and feedback should feed into the transition process.



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- ▶ Ensure all staff can access **training** on trauma-informed practice and gender-sensitive practice on a **regular level** to deepen understanding and practice, including line and senior managers.
  - ▷ Ensure training enables staff to identify signs and symptoms of violence and trauma.
  - ▷ Services planned to offer staff **refresher training**. Trauma-informed environments are very much about *how* to provide support. Regular training incentivises staff to cultivate awareness on how to deliver support, asking *what is happening to the person* instead of telling women what to do next. Services who have started implementing trauma-informed approaches emphasise how important it is that staff continuously create an understanding of the relationship between the women's personal history and their current situation. This understanding will also enable staff to support women to *unblock* capabilities which are hampered by trauma and the experience of violence and have a more satisfying life.
- ▶ Ensure staff are provided with regular and sufficient **reflective practice**, including reflective case reviews, and clinical supervision.
  - ▷ Reflective practice enables staff **to make meaning of their work experiences** and support the cultivation of an understanding attitude (instead of being judgemental). An expert, who accompanies services towards becoming trauma-informed environments, emphasises the importance of framing and understanding individual personal histories in a **developmental way**. *Developmental* means to look beyond individual decisions and psychological dynamics and acknowledge structural and socioeconomic determinants which led to specific experiences and reactions of the person.<sup>17</sup>
  - ▷ Ensure staff receive support to deal with **vicarious trauma**. Vicarious trauma needs to be perceived as a normal reaction to repetitive exposure to trauma and not as a sign of *not doing your job right*. Services need to ensure proper supervision and reflect on how supervisors and colleagues can support those experiencing vicarious trauma. It is key for managers to have a thorough understanding of vicarious trauma to appropriately support staff members.
    - ▷ Additional to supervision and training, management should contribute to a **culture of mutual support** among staff members and aim at building an organisational culture which **embraces learning** and accepts mistakes as a part of learning processes.
- ▶ Ensure teams **communicate well** and work in a **well-coordinated** way. Good communication helps to avoid conflicts between teams.
  - ▷ Make sure individual workers are not left alone in an *organisational vacuum* to make decisions. **Ensure clear staff roles**, expectations and limits. For instance, ensure staff know they are not expected to become trauma experts or to provide psychotherapy but to provide an adequate, trauma-informed response.
- ▶ We experience ourselves in **relationships** with others. The relationships between women and staff is key as it is here where change towards trauma-informed responses comes about.
  - ▷ Trauma-informed environments allow women to experience themselves in a different way, not only in the relationship with support workers but also through day to day casual interactions with other women. Relationships inside a refuge can contribute to healing and allow women to experience mutual support and feel less isolated. Living together often contributes to women's solidarity with other women and their sense of empowerment.
  - ▷ Women should have access to the consultation hours of individual staff members as they might have preferences for who to talk to.



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<sup>17</sup> A developmental perspective also implies a shift from asking 'what is wrong with the person' to 'what has happened to a person'.

- ▶ Ensure staff are aware of how the **physical and social environment** can have emotional and psychological triggers for service users affected by trauma. Trauma-informed training covers this aspect.
  - ▷ Services need to make sure they are **safe enough spaces** for women. Only if women feel safe, can recovery from GBV and related trauma begin.
  - ▷ Improvement of **physical spaces**. This can be relatively small such as getting a cosy sofa, repainting walls in a friendly colour or putting up some nice posters (certain improvements of physical spaces can be done with little budget). Instruction signs should be reduced to the necessary to avoid invoking a sense of control (as abusive relationships do) and the messaging should be about what the service 'is doing for' rather than what the woman has to do. Trauma-informed services emphasise that beauty of the spaces is important to support recovery.
- ▶ Ensure staff provide support in a **gender-informed way**. Staff should support women in what women want for themselves and keep asking them how they want to be supported. To experience violence means to lose control over one's own life. The support process must ensure that **women regain control** over their lives. Support services should therefore ensure that women have **control** over the support process at any point in time.
  - ▷ In terms of ensuring a gender-sensitive approach, best practice training from Belgium, the *Process of Partner Domination*<sup>18</sup>, should be mentioned. It provides new staff with a systemic and gender-based introduction to GBV.
- ▶ Trauma-informed service provision implies a conscious use of **language**: language needs to convey to the woman that she is safe within services, that the services are there to support her and that she can trust in staff. Language should be as accessible as possible, e.g. avoid jargon, and needs to consider language levels and literacy levels. Language is key in making sure issues are addressed in the right way. For instance, someone's behaviour should be addressed in a supportive way rather than a punitive way.
  - ▶ Services need to create an understanding of homelessness as a traumatising experience. It is therefore fundamental to go look beyond rehousing and ensure women and children have access to **psychological support**. Psychological support is also extremely helpful when alcohol or substance abuse issues are involved. It can be useful to identify local professionals who explicitly work with people who have experience(d) gender-based or domestic violence and related trauma.
  - ▶ For universal homeless services in order to enable more women to access the service, establish a **minimum women-only service provision** in a separate space, at least for a few hours a week.
  - ▶ Capacitate staff to improve response to **women who access and/or stay in services under the influence of drugs**. Special attention should be given to managing fear reactions and extending staff's window of tolerance.
  - ▶ The establishment of an **internal evaluation system** is very helpful especially during the early implementation of trauma-informed approaches as it allows the creation of evidence for the effectiveness of the approach (which can be very useful for talks with management and contracting entities).
  - ▶ **Homeless shelters** need to reflect on the fact that abusers could specifically seek out shelters to find vulnerable women. Some men might also be service users themselves. One way to set up a safe environment for women is to create rules against violent or abusive behaviour and be alert to signs of partner-based violence among clients. If abusive behaviour occurs, staff should focus on the female client and provide support needed to escape the violent situation.<sup>19</sup>

18 In French 'Processus de Domination Conjugale' (PDC).

19 The 'Away from Violence' Guide published by WAVE (Women Against Violence in Europe) provides step-by-step guidance for the set-up and management of a women's refuge. Accessible here: [http://files.wave-network.org/trainingmanuals/Away\\_from\\_Violence\\_2004\\_English.pdf](http://files.wave-network.org/trainingmanuals/Away_from_Violence_2004_English.pdf)



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In the long term, some services plan to bring trauma-informed work into other local institutions and organisations such as police, juridical services, social welfare services, child protection and family's agencies. This will further contribute to improve the overall response from local services for women and children who experienced violence. Professionals need to understand the dynamics of violent relationships, e.g. why victims go back to perpetrators, get a better understanding of the perspective of the woman and learn what language to use when talking to victims. Information should be shared in a way that avoid, wherever possible, the need to testify several times which can cause re-traumatisation and re-victimisation.

Services need to provide specific support for **women who have children**: Many women who use homeless services have children in state custody or in the custody of the abuser. Some women might have custody over their child(ren) and the abusive (ex-)partner might have visitation rights. Specific arrangements and support need to be provided as abusers often use visitations to continue abuse. This can be re-traumatising for both mother and children. Services should work closely with child protective services or, if that is not possible, ensure the safety of women before and after visits and to provide trauma-informed help after visits.

## Challenges

Services which participated in the local training and started to implement PIE/TIP encountered relatively few challenges.

In general, staff might show different levels of availability for adopting new approaches such as PIE and TIP. This can be related to different levels of motivation, knowledge on PIE/TIP and concerns regarding new, challenging work situations. It is therefore fundamental to provide training and reflective practice on a regular basis. Reflective practice and team meetings can contribute substantially to creating openness for change and give space for voicing experiences and concerns.

One service saw some of their staff, especially frontline staff, being afraid of manifestations of trauma as they felt worried about how to react to or deal with it. Training, regular reflective practice and support from line managers and the senior management as well as colleagues is key to responding to such concerns. Also, as mentioned before, managers should be very clear about job profiles and expectations: staff are not expected to provide psychotherapy or become trauma experts (but instead to provide appropriate, trauma-informed response and support).

In general, services experienced only a little resistance to introducing a trauma-informed approach. As with any change, the transition to a trauma-informed approach can lead to resistance. Where services experienced resistance, they were either related to concerns about additional protocols (*do one more thing on top of everything else*) or to a felt loss of privilege, for instance, replacing separate toilets for staff and service users universal facilities. The concerns could be eliminated during training and supervision as staff experienced that trauma-informed approaches provide very helpful support for their daily work. Additional training and supervision are strong arguments in favour of trauma-informed approaches.

In the UK, local psychotherapeutic services currently have insufficient capacity, due to budget cuts and austerity, which makes referrals difficult. Some services show a certain reluctance to work with women who live in women's refuges or homeless services. The rising number of women with multiple needs further aggravates the lack of service capacity. The Italian partner, a women's refuge, also experienced difficulties with identifying substance use and mental health services who are able to work with women service users. Part of the problem is that services only address one of the often several support needs which makes support much less effective. An efficient coordination of services as well as an improved understanding of gender-based and domestic violence and trauma and how they interfere with substance use and mental health issues is necessary.



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The PIE4shelters partnership identified the following core lessons during the process of change towards becoming trauma-informed environments:

It is strongly recommended to get in touch with a trauma expert service if you plan to transform your service into a trauma-informed environment. Services should also link with GBV specialist services and ensure a common understanding of GBV and a consistent response to those affected.

Being supported by expert services will allow you to establish a thorough understanding of trauma-informed support provision for women who have experience(d) GBV and homelessness

Getting management to support change is a key challenge

Ensure proper support for staff who are exposed to trauma and therefore at risk of developing vicarious stress

Establish women-only service provision and women-specific services and support

Ensure awareness of faith, culture, sexual orientation-based support needs

Ensure equitable access to service for people who are socially excluded

Establish awareness amongst staff of complex needs and the need to refer to specialist services

## Core Lessons Learnt for Service Providers



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## b. Assessment Tools for Impact Measurement of Training on Trauma

This subchapter provides two useful tools to evaluate the impact of training on trauma-informed environments, one for services and one for service users. The questionnaire used to assess the impact of the training provided within the PIE4shelters project and the *Trauma Informed Practices (TIP) Scales* which was developed by Dr Cris Sullivan, Michigan State University.

### Organisational Self-Assessment

The questionnaire covers topics such as the impact of the training on collaboration amongst staff members, impact on the supportive relationships with service users (women), assessment of knowledge on trauma and the capacity to identify trauma and vicarious trauma as well as management response and the organisation's response to the training. The questionnaire mainly contains open questions. Answer categories of the closed questions are indicated in brackets.



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1. What kind of changes – in terms of awareness, understanding, practice, management support – have you experienced in your work with regards to the topics of the training?
2. Which of these changes has the biggest impact on you in your work?
3. What consequences may the training have on the circumstances of women using your services?
4. What changes have occurred in connection with the training that effect the way you connect to women who use your services?
5. What changes have occurred in connection with the training that effect the way you and your colleagues work together as a team?
6. What change has occurred in your workplace that effects how the members of your team handle difficult situations?
7. What other changes do you consider necessary for more positive effects (on women, on your work, on your service)?
8. How can your management further support a trauma-informed environment?
9. What topics do you think are important that were not covered in the training?
10. What is your understanding of Complex Trauma?
11. How would you rate your ability to identify signs of trauma in women who you work with now?  
(poor, fair, good, very good, excellent)
12. Can you give an example of the sign of the Vicarious Trauma, and what would you do to respond to it?
13. What changes or resources would help you to prevent Vicarious Trauma?
14. How useful do you think this training was on a scale from 1 till 10?  
(1 not useful at all, 10 very useful)

## The Trauma-Informed Practices (TIP) Scales for Service Users

The TIP Scales, developed by Cris Sullivan, PhD, Michigan State University and Lisa Goodman, PhD, Boston College, allow service users to assess the service response. The document is available here: <https://www.dvevidenceproject.org/wp-content/uploads/Trauma-Informed-Practice-English-version1.pdf>.

The first section of the TIP Scales includes questions on interactions between service users and staff (Section A) covering aspects like to what extent service provision is user-led or strengths-based and provides women with learning opportunities about abuse and its affects. Section B assesses the service awareness of gender/sexual orientation, cultural and religious backgrounds of women and possible related experiences of discrimination as well as experiences of violence/abuse related to specific backgrounds of women. Section C provides specific questions on the experience of women who have children. This includes questions about whether women feel supported in exploring how children can be affected by witnessing or experiencing violence, to what extent services support women in learning more about their own experience of violence and how it can influence the relationships with their children.

The TIP Scales also provide very useful information for a thorough interpretation of evaluation results.



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# 4

## Resources

### a. Resources and Useful Materials

In the following, a very useful collection of training materials, tools, and articles on PIE and TIP is provided. All materials aim at supporting services – homeless and gender-based violence specific services as well as other social support services – towards becoming trauma informed as well as gender sensitive. Materials are organised into different categories to facilitate access: tools for services (such as toolkits), training materials and presentations (English and other languages), research, policy documents and videos.

Most resources and documents are accessible by clicking on the *access* link (see column source/access), for others, an online link is provided.

**Disclaimer: The following resources have been supplied by project partners. They do not necessarily reflect the views of all partners.**



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TITLE (AUTHOR)	CONTENT DESCRIPTION	YEAR	SOURCE/ACCESS
<b>Tools for Services</b>			
A Framework for Domestic Violence Service Provision to Women and Children in Ireland (Safe Ireland)	The report examines the work of domestic violence services within a social and emotional well-being framework. It first elucidates how domestic violence negatively impacts women's and their children's well-being, and which factors have been shown to restore this well-being over time. It then describes the <i>Theory of Change</i> that is at the foundation of domestic violence services' work.	2015	<a href="#">access</a>
Rebuilding Shattered Lives (St Mungo's)	How to improve service provision for homeless women with experience of violence against women - holistic, gender sensitive support provision.	2014	<a href="#">access</a>
Introduction Manual MBT (Mentalization-based treatment)	Mentalisation-based treatment (MBT) is an integrative form of psychotherapy, bringing together aspects of psychodynamic, cognitive-behavioral, systemic and ecological approaches which was designed for individuals with borderline personality disorder (BPD). The object of treatment is that patients with BPD increase their mentalisation capacity, which should improve affect regulation, thereby reducing suicidality and self-harm, as well as strengthening interpersonal relationships.		<a href="#">access</a>
Introduction into Mentalization. A Training Workshop. (Peter Fonagy & Anthony W. Bateman)	Very detailed introduction to the theoretical background of MBT mentalisation including the significance of early childhood abuse/neglect for psychological problems, anomalies in mentalization process development and their relationship to possible mental health issues and the role of violent/abusive experiences during childhood, introduction to mentalising and the MBT as therapeutic approach. Individual parts also include exercises to reflect on the learning content.		<a href="#">access</a>
Creating a Psychologically Informed Environment. (No One Left Out: Solutions)	Explains in detail the PIE approach and the 5 key principles.	2015	<a href="#">access</a>
Developmental Trauma Scheme (Van Der Kolk)	Scheme of the effects of trauma on the different brain areas and thereof resulting trauma (e.g. somatic/sensory trauma, attachment issues, self-esteem, cognitive problems).		<a href="#">access</a>
Becoming Trauma Informed. Toolkit for Women's Community Service Providers. (Stephanie S. Covington, Ph.D.)	Hands-on guide for service providers on how to establish trauma and gender- informed service provision. Includes a description of key roles (coordinator, trauma champion, trainers etc.), guidance for assessing current practice, how to draft and implement an action plan and appendix for further reading.	2016	<a href="#">access</a>



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TITLE (AUTHOR)	CONTENT DESCRIPTION	YEAR	SOURCE/ACCESS
SafeLives Dash risk checklist	Check list for frontline workers to assess all forms of abuse and violence (physical, emotional, sexual, economic), including coercion, threats and intimidation, through a list of specific questions. Provides guidance on how the assessment should take place.	2014	<a href="#">access</a>
Developmental Trauma Close Up (Beacon House et al)	Describes developmental trauma, also in relationship with attachment development and attachment theory and consequences of traumatic experiences (behavioural development, sensorial regulation). Provides guidance for carers and parents on how to support traumatised children, including the wider social network (school, friends etc.)	2017	<a href="#">access</a>
Psychologically informed services for homeless people. Good Practice Guide.	The paper aims at helping providers and commissioners develop or remodel services in order to address identified emotional and psychological issues amongst rough sleepers and young homeless people. It discusses the practical implications for service design for all 5 key themes of the PIE approach, the final chapter describes several good practices.	2012	<a href="#">access</a>
Power and Control Wheel	The Power & Control Wheel helps to understand the overall pattern of abusive and violent behaviours in intimate relationships, which are used by a batterer to establish and maintain control over the partner. The Wheel also describes the less visible forms of GBV / intimate partner violence (economic abuse, coercion and threats, minimalising, denying the partner or using children).		<a href="#">access</a>
Trauma-Informed Organizational Toolkit. (Guarino, K. et al)	The first part provides a very useful and detailed checklist for services to assess to what extent they provide trauma-informed services. It covers a broad range of aspects such as staff training and supervision, establishing safe and supportive spaces, intake assessment and service user involvement. The second part provides guidance on how to become a trauma-informed service.	2009	<a href="#">access</a>
Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.	The check list was initially created for use in services supporting women and children. It is applicable in mixed gender settings but may require adaptation.  We also provide the corresponding 'Guide for Trauma-Informed Organizational Toolkit' which provides further help for the self-assessment.		
Trauma-Informed Care in Youth Serving Settings: Organizational Self-Assessment. (Traumatic Stress Institute of Klingberg Family Centers, USA)	The questionnaire provides a comprehensive list of criteria to assess the process of implementing trauma-informed care. Please be aware that implementing trauma-informed care can take a longer period of time, up to several years. While implementation of these elements is the goal, the list represents an ideal to strive for. The list covers all key categories of trauma-informed care.		<a href="#">access</a>



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TITLE (AUTHOR)	CONTENT DESCRIPTION	YEAR	SOURCE/ACCESS
Guide to Completing the Agency Self-Assessment (National Center on Family Homelessness, The Trauma informed Care Project, USA)	<p>This tool helps to assess an organisation’s readiness to implement a trauma-informed approach. Staff are asked to assess the provision of training on trauma, including supervision/self-care, establishing safe and supportive environments, service planning and delivery, service user involvement and adapting policies.</p> <p>Staff responses are very useful to the service by helping to identify opportunities for programme and environmental change and to assist in professional development planning and can be used to inform organisational policy change.</p>		<a href="#">access</a>
Trauma-Informed Organizational Assessments (Greater Richmond Trauma Informed Community Network, USA)	<p>The document provides several assessment tools for organisations/services which aim at becoming trauma-informed environments: a tool to assess your organisation’s readiness to implement a trauma-informed approach, a tool to assess attitudes which are favourable/unfavourable for trauma informed work, tools for monitoring the implementation process and assessing networks of care structures.</p> <p><i>Please note that many of the assessments listed require permission from the author and some may have an associated cost. Please be sure to check with the contact person/place before use (see contact person/place column in document).</i></p>	2017	<a href="#">access</a>
Window of Tolerance (The National Institute for the Clinical Application of Behavioral Medicine) & Working with-in the Window of Tolerance (Safe Ireland)	<p>This very useful training tool explains the Window of Tolerance, i.e. the level of optimal arousal, as well as hyperarousal and hypoarousal and their relationship with trauma in a simple and clear way.</p> <p>The document Working with-in the Window of Tolerance provides staff with practical guidance for client work on the Window of Tolerance handout, including specific questions that can be asked to survivors and adequate responses.</p>	2017 / 2019	<a href="#">access</a>
The Triune Brain (handout, Safe Ireland)	<p>Safe Ireland developed this handout which provides a concise explanation of the effects of domestic violence/abuse on a person’s behaviour. Domestic violence, as a form of repeated violence which his perpetrated by a related person, leaves many women (and their children) in a constant state of stress. The handout explains how reactions to DV are formed in the different parts of the brain to establish a better understanding of the behaviour caused by trauma.</p>	2019	<a href="#">access</a>



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TITLE (AUTHOR)	CONTENT DESCRIPTION	YEAR	SOURCE/ACCESS
The Recovery from Trauma Framework (Safe Ireland)	Detailed explanation of the phases of recovery from trauma as according to Janet and Herman: safety and stabilisation, remembering and mourning, reconnection and integration. The presentation also explains how this should be reflected in service provision, the type of support and activities offered to contribute to positive changes for survivors in terms of well-being (intrapersonal and interpersonal well-being).	2019	<a href="#">access</a>
Simple Breathing Exercise (Safe Ireland)	This simple breathing exercise, based on having longer counts on exhaling than on inhaling, helps to calm mind and body.	2019	<a href="#">access</a>
Training Evaluation Questionnaire PIE focus	The questionnaire allows staff to evaluate the usefulness of PIE training through a series of open and structured questions.	2019	<a href="#">access</a>
Training Evaluation Questionnaire (Safe Ireland)	The questionnaire is a very useful tool to evaluate the impact of staff training. It also allows the assessment of the levels of knowledge before and after the training.	2019	<a href="#">access</a>
The Vicarious Trauma Toolkit (Office for Victims of Crime, USA)	The Toolkit was developed on the premise that vicarious trauma is an inevitable occupational challenge for professionals working with victims of trauma. It provides a detailed introduction into vicarious trauma, specific tools for victim services, guidance on staff support, a glossary of terms and a collection of useful podcasts and videos services can use to inform/train staff around vicarious trauma.		<a href="https://vtt.ovc.ojp.gov/">https://vtt.ovc.ojp.gov/</a>
Tip sheets: practical guidance for the establishment of trauma informed service provision (National Center on Domestic Violence, Trauma & Mental Health, USA)	The website of the National Center on Domestic Violence, Trauma & Mental Health provides a series of tip sheets which provide practical advice on creating trauma-informed services at domestic violence programmes and working with survivors who are experiencing trauma symptoms and/or mental health conditions. Tip sheets cover topics such as 'creating a welcoming environment' for persons affected by DV trauma, tips for enhancing emotional safety of service users, tips for increasing access to services etc.		<a href="http://www.nationalcenterdvtraumamh.org/trainingta/resources-for-advocates-trauma-informed-dv-advocacy/">http://www.nationalcenterdvtraumamh.org/trainingta/resources-for-advocates-trauma-informed-dv-advocacy/</a>
Trauma Related Self-Assessment tools for Staff working with Support Services (University of Buffalo, School of Social Work, USA)	The website provides a series of self-assessment tools for staff working with services which support people with traumatic experiences. Tools allow staff to assess stress levels, burnout and vicarious trauma, compassion satisfaction, access to self-care support etc.		<a href="http://socialwork.buffalo.edu/resources/self-care-starter-kit/self-care-assessments-exercises/checklists-and-measures.html">http://socialwork.buffalo.edu/resources/self-care-starter-kit/self-care-assessments-exercises/checklists-and-measures.html</a>



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TITLE (AUTHOR)	CONTENT DESCRIPTION	YEAR	SOURCE/ACCESS
<b>Training Materials and Presentations</b>			
Trauma Informed Care & services hands-on intro (Dr Sharon Lambert / Safe Ireland)	The presentation introduces trauma-informed care as an effective response to trauma. It provides data for trauma and ACE prevalence among homeless service users specifically for Ireland. The second part describes trauma symptoms and physiological, neurochemical and biochemical responses to trauma and provides a rather detailed description of how trauma-informed services practically work.	2019	<a href="#">access</a>
Trauma Informed Services - Staff Resourcing and Support (Safe Ireland)	The presentation explains possible implications of work with survivors of trauma for staff well-being. Vicarious and secondary trauma are explained and how they are different from other types of stress experiences and burn out. Specific recommendations are provided on how to avoid traumatisation as much as possible at individual staff level but also in terms of organisational self-care and the provision of supervision.	2019	<a href="#">access</a>
The Principles of PIE (Dr Cockerell, Peter)	Brief, hands-on introduction to PIE by one of the main experts on PIE in the UK - Dr Peter Cockerell. The presentation explains the socio-psychological underpinnings of the PIE approach, trauma and compound trauma, how to work with trauma and the 6 PIE Principles. Very useful as an introduction to PIE training. The second section provides useful notes.	2018	<a href="#">access</a>
Women's homelessness prevention & support (Sample, Esther)	This presentation by Esther Sample summarises the key outcomes of research in 5 countries on the question of how to best prevent women's homelessness and support women into safe housing.	2019	<a href="#">access</a>
Gender Based Violence Statistics	Compilation of different statistics on GBV, and violence against women at global, European and UK levels, including statistics on the relationship between GBV and health issues. Very useful data compilation for training to show the prevalence of GBV and harmful effects on health.	2018	<a href="#">access</a>



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TITLE (AUTHOR)	CONTENT DESCRIPTION	YEAR	SOURCE/ACCESS
TRAINING MATERIALS IN LANGUAGES OTHER THAN ENGLISH			
Segítő munka traumatizált ügyféllel (Supporting clients who have experienced trauma) (Kriszta Hoffmann, BMSZKI, Hungarian)	Based on the book <i>Trauma and Recovery</i> by Judith Herman, the presentation provides a description of PTSD and symptoms, risks and protection factors, signs of trauma in terms of thoughts, behaviour, communication ability and relationships with others. It also explains the principles of support provision for persons with trauma experience and explains the <i>7 Criteria for the Resolution of Trauma</i> according to Mary Harvey such as regaining authority over memories, restoring damaged self-esteem, constructing a coherent system of meaning and belief that encompasses the story of the trauma.	2019	<a href="#">access</a>
<b>Research</b>			
DOMESTIC VIOLENCE AND RELATED TRAUMA, WOMEN'S HOMELESSNESS			
Hidden Hurt. Violence, abuse and disadvantage in the lives of women. (Scott, Denise / McManus, Sally)	The report provides evidence that women who experience the most extensive abuse and violence are more likely to face other adverse circumstances in their lives such as poor mental and physical health, disability, and substance misuse, poverty, debt, poor housing and homelessness. It presents a picture of the scale of violence and abuse these women face, the nature of their experiences, and how their life chances differ from the rest of the population.	2016	<a href="#">access</a>
Safe at Home: Homelessness and Domestic Abuse (Safe Lives)	This report discusses domestic abuse and its link to homelessness, with a particular focus on survivors of domestic abuse who are chronically homeless. The report focuses on <i>hidden</i> groups of domestic abuse survivors, including women, and proposes recommendations for both practitioners and policy makers.	2018	<a href="#">access</a>
Healing from Domestic Violence and Trauma (Saint Arnault, Denise)	The research starts from the observation that women survivors of gender-based and domestic violence, although actively engaged in help-seeking and service use, continued to experience high emotional and physical burden, feelings of being <i>stuck</i> and social isolation even years after having experienced violence. The preliminary results from this research show that biodynamic treatment has shown positive outcomes for survivors of gender-based and domestic violence: it promotes health, reduces symptoms related to the experience of violence and related trauma and improves quality of life. Further research is recommended due to the small sample size.	2014	<a href="#">access</a>



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Women's Homelessness in Europe (Mayock, Paula / Bretherton J., Ed.), London, UK: Palgrave Macmillan	This book is a critical contribution in assessing and extending the evidence base on the causes and consequences of women's homelessness. Drawing together work from Europe's leading homelessness scholars, it presents a multidisciplinary and comparative analysis of this acute social problem, including its relationship with domestic violence, lone parenthood, motherhood, health and well-being and women's experience of sustained and recurrent homelessness.	2017	Book
Social Exclusion, Compound Trauma and Recovery (edited by Cockersell, Peter)	Responding to the growing number of psychologically informed services for people experiencing social exclusion and, in particular, homelessness, this book gives professionals the information and understanding they need to be fully informed in their practice with this client group.	2018	Book
Resilience in the Face of Trauma: Implications for Service Delivery (Dermody, Aoife et al.) Irish Probation Journal Volume 15, October 2018	Social services and city councils in Ireland noticed that women who accessed homeless, probation and drug treatment services were engaging with different services simultaneously, sometimes for years, without any discernible positive outcomes for the women. This paper presents research conducted among women service user's that supports services to improve outcomes for women, in particular by implementing trauma- and gender-informed approaches. The paper also makes recommendations for future service design and delivery.	2018	<a href="https://www.pbni.org.uk/wp-content/uploads/2018/11/Dermody_Aoife_et_al_IPJ.pdf">https://www.pbni.org.uk/wp-content/uploads/2018/11/Dermody_Aoife_et_al_IPJ.pdf</a>
Trauma and Recovery, Aftermath of Violence: From Domestic Abuse to Political Terror. (Herman, Judith)	Trauma and Recovery forces the reader to come to terms with the underlying traumas that permeate society and the ways in which a culture of oppression furthers the protection of the perpetrators.  The author delineates the ways in which the societal context can affirm and protect women by giving voice to the disempowered but can also deny women through silencing and rejection. Indeed, Herman states that denial is often the default state of society, in which the active process of "bearing witness" instead "gives way to the active process of forgetting."	1997	<a href="https://notevenpast.org/trauma-and-recovery-by-judith-herman-1992/">https://notevenpast.org/trauma-and-recovery-by-judith-herman-1992/</a>



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TITLE (AUTHOR)	CONTENT DESCRIPTION	YEAR	SOURCE/ACCESS
Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. (Felitti et al.)	One of the first studies on the relationship between household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults, based on a survey of 9508 adults. Results show the strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.	1998	<a href="#">access</a>
The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. (Van der Kolk, Bessel)	The book offers a new understanding of the causes and consequences of trauma. "Trauma has emerged as one of the great public health challenges of our time, not only because of its well-documented effects on combat veterans and on victims of accidents and crimes, but because of the hidden toll of sexual and family violence and of communities and schools devastated by abuse, neglect, and addiction. Drawing on more than thirty years at the forefront of research and clinical practice, Bessel van der Kolk shows that the terror and isolation at the core of trauma literally reshape both brain and body."	2014	<a href="#">Google books (incomplete version)</a>
Shelter from the Storm: Trauma-Informed Care in Homeless Services Settings (Hopper, Elizabeth et al.)	The paper analyses the added value of trauma-informed care (TIC) for providing support for people who have experience(d) homelessness, describes the core characteristics of TIC and trauma-related organisational self-assessment scales, and provides a detailed literature analysis of improvements through the adaptation of trauma-informed service provision.	2009	<a href="#">access</a>
A Framework for Domestic Violence Service Provision to Women and Children in Ireland (Safe Ireland)	The report examines the work of domestic violence services within a social and emotional well-being framework. It first elucidates how domestic violence negatively impacts women's and their children's well-being, and which factors have been shown to restore this well-being over time. It then describes the <i>Theory of Change</i> that is at the foundation of domestic violence services' work, and details how domestic violence services creatively engage with women and their children to influence the factors known to promote their well-being. It concludes with a review of the empirical evidence examining the extent to which domestic violence services have been effective in achieving their desired outcomes.  This framework has been produced based on significant research and analysis by Prof Cris Sullivan, Michigan State University.	2015	<a href="https://www.safeireland.ie/wp-content/uploads/A-Framework-Domestic-Violence-Service-Provision-Women-Children-IRL.pdf">https://www.safeireland.ie/wp-content/uploads/A-Framework-Domestic-Violence-Service-Provision-Women-Children-IRL.pdf</a>



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TITLE (AUTHOR)	CONTENT DESCRIPTION	YEAR	SOURCE/ACCESS
Women and Girls at Risk: Evidence across the Life Course (McNeish, Di / Scott, Sara)	The review explains the relationship between gender, abusive and/or violent experiences during childhood and adolescence, how they influence the probability of later abusive/ violent experiences, and social inequality. It also explains the gender-based difference in service response to women and men (social services, homeless services etc.).  The ultimate objective of the review is to inform a new cross-sectoral strategic alliance focused on women and girls with complex needs.	2014	<a href="#">access</a>
Vicarious Trauma Assessment Toolkit for the Violence Against Women Sector (Sarah van Veen)	The paper discusses vicarious trauma as a <i>normal</i> human response to the repeated exposure to trauma, especially amongst support workers of GBV-specific services. The paper discusses specific support such as supervision, self-assessment and the use of trauma-specific assessment scales in terms of their ability to help staff to deal with vicarious trauma.	2012	<a href="#">access</a>
Mental Ill Health in the Adult Single Homeless Population (Sian Rees/ Crisis)	The review summarises outcomes of research conducted in the UK and USA on the mental health conditions of adult single persons in situations of homelessness. It emphasises the relationship between homelessness and mental ill health and how homelessness exacerbates mental health issues.	2009	<a href="#">access</a>
ATTACHMENT THEORY			
A Secure Base: Parent-Child Attachment and Healthy Human Development (Bowlby John)	“Bowlby points out in his introduction to this seminal childcare book, to be a successful parent means a lot of very hard work. His work showed that the early interactions between infant and caregiver have a profound impact on an infant’s social, emotional, and intellectual growth. This classic collection of Bowlby’s lectures offers important guidelines for child rearing based on the crucial role of early relationships.”(Google Books, adapted)	1988	<a href="https://pdfs.semanticscholar.org/545b/983942722792c0e0c48b699aced98323d13e.pdf">https://pdfs.semanticscholar.org/545b/983942722792c0e0c48b699aced98323d13e.pdf</a>
To Be Met as a Person: The Dynamics of Attachment in Professional Encounters (McCluskey, Una)	“This book is a thought-provoking read that sets out a framework for thinking about the way we interact with one another. It helps us make sense of the feelings we have when we are successful and not successful in providing help for other people. The author looks at the early research in psychotherapy on this subject and also at attachment theory and how this relates to adults. A series of experiments also explores the role of empathic attunement in effective caregiving.”	2005	Book



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<b>GENDER-BASED VIOLENCE AND THE LEGAL SYSTEM</b>			
The lawlessness of the home: Women's experiences of seeking legal remedies to domestic violence and abuse in the Irish legal system (Safe Ireland)	The report analyses domestic violence cases and the response of the legal system in Ireland. It gives voice to the experiences of 8 women, tackling different aspects such as the right to be heard, the consequences of the court not hearing relevant alarming evidence, application of the law, barriers to help-seeking and establishing safety for survivors.  The report also provides specific recommendations to improve the current response of the legal system.	2014	<a href="#">access</a>
"Justice Sought, Justice Lost": An assessment of the effectiveness of DVA protection orders and specific needs (Safe Ireland)	This report describes the impact of specific needs of survivors of DV on legal protection outcomes. It highlights that judges only have a brief window to gather facts and decide the case and that many judges lack specific training on DV which negatively impacts on the ability to adequately assess cases and the complex needs of survivors. Furthermore, judges, police and other relevant agencies need to be trained to recognise that special needs of survivors may be created or taken advantage of by the perpetrator within a coercive control dynamic.	2016	<a href="#">access</a>
<b>OTHER RELATED TOPICS</b>			
Mentalizing and borderline personality disorder (Fonagy, Peter / Bateman, Anthony)	The article presents evidence that mentalisation-based treatment (MBT) is a generic psychotherapeutic treatment which is unique in focusing on enhancing the patient's capacity to think about and regulate mental states. It provides a description of the basic principles of MBT as well as the rationale for use of these techniques. It summarises the results of a randomised controlled trial (RCT) and a description of an ongoing RCT for the outpatient treatment of borderline personality disorder.	2007	<a href="#">access</a>
Development and Validation of the Trauma-Informed Practice Scales (Goodman et al)	This study assesses the extent to which DV programmes are engaging in trauma-informed practice, drawing on a survey of 370 survivors from 15 programmes. Evidence indicates that the TIP Scales are in fact theoretically grounded and ecologically valid tools that assess core aspects of survivors' experience in domestic violence programmes. Scales are valid in terms of their factor structure, reliability and validity.	2016	<a href="#">access</a>
Sensual Home: Liberate Your Senses and Change Your Life (Crawford, Ilse)	A useful guide on how to create visually pleasing, airy and spacious, warm and comforting spaces.	2006	Book



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Breaking down the barriers. How women exit prostitution. (Bindel et al.)	The report is the result of 2-year research project to assess the effectiveness of different interventions designed to support women who want to leave prostitution. It evidences that most women who wanted to exit were able to leave prostitution relatively quickly when receiving appropriate support. Research suggests that childhood violence, barriers to accessing housing as well as problematic alcohol and drug use are key barriers to exiting prostitution for indoor sex workers.	2012	<a href="#">access</a>
<b>Policy Documents</b>			
Creating a Truly Transformative Domestic Abuse Bill (All-Party Parliamentary Group on Domestic Violence and Abuse, UK)	The recommendations from the All-Party Parliamentary Group on Domestic Violence and Abuse, 2017-18, provides detailed guidance for the development of policies which ensure efficient support for survivors. The 6 key asks of the Bill include the provision of sustainable, long-term funding for specialist services and the establishment of the function of a violence against women and girls (VAWG) commissioner.	2018	<a href="#">access</a>
<b>Videos</b>			
ENGLISH			
Sleeping Rough   Girls Living On The Streets Of Brighton (BBC 3)	Short documentary on women rough sleepers in Brighton, UK.	19'	<a href="https://www.youtube.com/watch?v=B-zoXDO5opU&amp;feature=youtu.be">https://www.youtube.com/watch?v=B-zoXDO5opU&amp;feature=youtu.be</a>
All That Stands In The Way (BBC)	A BBC documentary following the lives of four teenage girls in Jordan, Lesotho, Iceland & UK, describing gender equality from the women's point of view and aiming at identifying the roots of gender inequality.	44'	<a href="https://www.youtube.com/watch?v=ayj9EVc2ZLI&amp;t=194s">https://www.youtube.com/watch?v=ayj9EVc2ZLI&amp;t=194s</a>
The Trap - the deadly sex-trafficking cycle in American prisons (The Guardian)	Documentary on how prisons and jails across the United States have become recruiting grounds for human traffickers who are targeting incarcerated women and trafficking them out of correctional facilities and into pimp-controlled prostitution.	33'	<a href="https://www.youtube.com/watch?v=mnGjQKdJrPU&amp;t=8s">https://www.youtube.com/watch?v=mnGjQKdJrPU&amp;t=8s</a>



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TITLE (AUTHOR)	CONTENT DESCRIPTION	RUN TIME	SOURCE/ACCESS
Love You To Death: A Year of Domestic Violence (Vanessa Engle)	Documentary on the 86 women killed by male partners or ex-partners in the UK in 2013. An article on the documentary was published in 2015 entitled <i>Meet the Filmmaker Documenting Every British Woman who Died of Domestic Violence in a Year</i> .	108'	<a href="http://crimedocumentary.com/love-death-year-domestic-violence-2015/">http://crimedocumentary.com/love-death-year-domestic-violence-2015/</a> article: <a href="https://www.vice.com/en_us/article/zngkzy/a-qa-with-vanessa-engle-director-of-love-you-to-death-750">https://www.vice.com/en_us/article/zngkzy/a-qa-with-vanessa-engle-director-of-love-you-to-death-750</a>
Murdered by My Boyfriend (BBC)	Drama telling the true story of what happens to a teenage girl when she falls in love with a violent man.	59'	<a href="https://www.youtube.com/watch?v=4-xgNuWxQOc">https://www.youtube.com/watch?v=4-xgNuWxQOc</a>
The Window of Tolerance Animation (Beacon House)	Animated video explaining the <i>Window of Tolerance</i> for children and what adults can do to help when children feel they are being pushed out of their window of tolerance.	7'	<a href="https://www.youtube.com/watch?v=Wcm-1FBrDvU">https://www.youtube.com/watch?v=Wcm-1FBrDvU</a>
How childhood trauma affects health across a lifetime (Nadine Burke)	Health consequences of repeated and severe trauma from a paediatric point of view. Dr Burke talks about the impact of trauma for brain development and several other physical conditions and pleads for paediatric medicine to confront the prevention and treatment of trauma.	16'	<a href="https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime#t-280320">https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime#t-280320</a>
A Second Overview of Housing Exclusion in Europe - Behind the Statistics: Mme S (FEANTSA)	The short video describes the experience of Mme S, living in Liège, Belgium, who experienced domestic violence which eventually led to her becoming homeless, together with her son, as well as their way out of homelessness.	4'	<a href="https://www.youtube.com/watch?v=v0IG97L60Tg">https://www.youtube.com/watch?v=v0IG97L60Tg</a>
Empathy (Brené Brown)	Provides a greatly illustrated definition of empathy and how it is different from sympathy, explains the elements to build an empathic relationship.	3'	<a href="https://www.youtube.com/watch?v=1Evwgu369Jw">https://www.youtube.com/watch?v=1Evwgu369Jw</a>



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FRENCH			
SDF, les femmes invisibles : Reportage France 2 (French, Claire Lajeunie)	The documentary follows four women who sleep rough in Paris through their daily lives, displaying the difficulties they experience.	75'	Documentary: <a href="https://www.youtube.com/watch?v=hNsEfVPPm_w&amp;feature=youtu.be">https://www.youtube.com/watch?v=hNsEfVPPm_w&amp;feature=youtu.be</a>
Le monde en face : Femmes invisibles Survivre dans la rue. (Documentaire de France 5)	Based on the documentary, France 5 produced a discussion programme involving Barbara, one of the women with lived experience of homelessness portrayed, the filmmaker Claire Lajeunie, L'Association Femmes SDF which runs a women-specific day centre in Grenoble and a gynaecologist who provides medical support to women in situations of homelessness.	44'	Discussion programme: <a href="https://youtu.be/QBcm_j56M7k">https://youtu.be/QBcm_j56M7k</a>
Elles sont des dizaines de milliers sans-abris (France 2, Mireille Darc)	Very touching documentary which describes the life of eight women of diverse backgrounds and the very different life circumstances which led to their current situations of homelessness (living in adequate housing, rough sleeping, being at risk of expulsion etc.).	55'	<a href="https://www.youtube.com/watch?v=Gk3CdiYmW54">https://www.youtube.com/watch?v=Gk3CdiYmW54</a>
Regard sur le mal-logements en Europe 2017 - Au-delà des statistiques 3: Mme S (FEANTSA)	The short video describes the experience of Mme S, living in Liège, Belgium, who experienced domestic violence which eventually led to her becoming homeless, together with her son, as well as their way out of homelessness.	4'	<a href="https://www.youtube.com/watch?v=LiMq6v9EuZ8">https://www.youtube.com/watch?v=LiMq6v9EuZ8</a>
Et tout le monde s'en fout #SPÉCIAL SAMU SOCIAL - Les femmes sans-abri	Humorous short video about women's homelessness, current prevalence in France, causes and solutions (partly very sarcastic).	4'	<a href="https://youtu.be/zDaUwkfoH_g">https://youtu.be/zDaUwkfoH_g</a>
Stress post traumatique (PsykoCouac #14)	The video illustrates post-traumatic stress, different theories that try to explain the origin and cause of post-traumatic stress and what helps to overcome/integrate traumatic experiences (psychotherapy etc.).	14'	<a href="https://www.youtube.com/watch?v=RAaUlcKWJec">https://www.youtube.com/watch?v=RAaUlcKWJec</a>
Attachement (PsykoCouac)	A short, playful and humorous explanation of attachment.	12'	<a href="https://www.youtube.com/watch?v=bEyj4ATWZyg&amp;feature=youtu.be">https://www.youtube.com/watch?v=bEyj4ATWZyg&amp;feature=youtu.be</a>



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TITLE (AUTHOR)	CONTENT DESCRIPTION	RUN TIME	SOURCE/ACCESS
Le cerveau et le trauma (Laetitia de Schoutheete)	Brief description of the brain's reactions to trauma, in particular how the different brain parts react to traumatising experiences (prefrontal cortex, amygdala etc.).	5'	<a href="https://www.youtube.com/watch?v=aEcXXMAhDnU">https://www.youtube.com/watch?v=aEcXXMAhDnU</a>
ITALIAN			
Sistema dell'Attaccamento	Brief presentation of attachment explained in an Aristocats cartoon.	2'	<a href="https://www.youtube.com/watch?v=EbZhd6MPZA&amp;feature=youtu.be">https://www.youtube.com/watch?v=EbZhd6MPZA&amp;feature=youtu.be</a>
HUNGARIAN			
A traumatizált gyermekek támogatásának alapjai	The video talks about trauma, neurobiological effects of trauma and how trauma affects the brain of the child as well as the relationship between trauma and adverse childhood experiences.	31'	<a href="https://www.youtube.com/watch?v=4gLuRECHNlg&amp;amp=&amp;feature=youtu.be">https://www.youtube.com/watch?v=4gLuRECHNlg&amp;amp=&amp;feature=youtu.be</a>



## b. Gender-Based Violence-Specific Support Services in Europe

Contact details of GBV-specific support services across Europe are accessible on the website of WAVE – Women Against Violence in Europe – Network: <https://www.wave-network.org/>. The search function allows you to search for services in specific countries and regions.



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# Annexe: European Training Framework

# 5

The PIE4shelters European Training Framework provides a series of presentations which allow services to improve responses to women who experience(d) gender-based violence and homelessness. The presentations were developed by the project partners and used during local training delivery (staff and management training). Based on the experiences from the training, as well as feedback from participants (service staff), partners developed the final version of the Training Framework. These presentations are sample presentations and any use of them as training materials will require the trainer to research to subject area and present the information as appropriate for the training objectives. This training framework sets out the suggested topic areas for increasing capacity and skills in your organisation. The materials can be adapted for different settings and different audiences. It is not intended that these presentations are 'ready to go' materials for training delivery.



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Before the Training Framework is described in greater detail, the partnership emphasises the necessity for services to establish a proper organisational framework for services which are considering becoming a trauma-informed environment. Staff support is of particular importance, given staff's continuous exposure to trauma, to avoid or at least reduce experience of vicarious trauma to a minimum. **We strongly recommend all services to carefully read the *Important Considerations in Improving Service Responses to Women who have Experienced Gender-Based Violence and Homelessness* (Chapter 2). The recommendations provide key information and guidance for services.**

The Considerations cover all relevant aspects: ensuring staff receive support for experiences of secondary or vicarious trauma and compassion fatigue. This is particularly important as women who have experienced DV have mainly been demeaned, coerced and threatened to minimise and deny their own needs and interests. Services have to ensure women can access psychoeducation to create an alternative sense of experiences from the blaming pattern imposed by the abusive parties. Services should provide women with a different experience of relationships, in which they are offered safety rather than threat and experience a social environment of mutual respect in which they can reclaim their own agency in directing their own care process and decision-making. The table *Core Competencies of Trauma-Informed Environments* specifies different skills levels required to support staff working with services seeking to become trauma-informed environments.

The series of presentations covers the following topics:

► **Trauma-Informed Principles in the Context of Domestic Violence**

The 6 Core Principles of Trauma-Informed Care – Safety, Client Empowerment, Centrality of Caring Relationships, Staff Resourcing and Support, Common Understanding of DV Trauma, Cultural Competence – are discussed in the context of DV. The presentation includes specific recommendations for service providers.

► **Principles of Working with Trauma – PIE inspired**

The implication of the 6 Core Principles of Trauma-Informed Care for service provision, as above, are discussed in detail: what attitude is needed to effectively support service users (importance of caring relationships, respect, encouragement, strengths-based and user-led work), how to develop an environment (service) that supports recovery from trauma, how to engender trust and include the social network of the survivor in the recovery process etc.

► **Impacts of Domestic Violence Trauma**

Provides a description of gender-based and domestic violence-related trauma, trauma symptoms, emotional impacts of gender-based and domestic violence trauma on cognitive functions, behaviour, body and interpersonal impact; discusses specific coping strategies as adaptations to traumatic experiences.

► **Introduction to Trauma and Children**

Definition of trauma and the fear system's response to trauma (fight, flight, freeze, friend, flop), how to work with survivors of trauma, the importance of the window of tolerance, adverse childhood experiences and their influence on health.

► **Staff Support: Supervision and Self-care**

Development of vicarious trauma amongst staff as normal reaction to exposure to trauma of service users, symptoms of vicarious trauma, protective factors, self-care and organisational self-care such as reflective practice, supervision, balanced workloads, trauma-informed supervision and the possibility for staff experiences to feed back into organisational and management decisions.



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► **Psychologically Informed Environments**

Provides a detailed description of the PIE as an approach which takes into account the psychological makeup - the thinking, emotions, personalities and past experience of people – in the way that it operates. PIE provides a framework for staff and service users to make sense of their experiences and emotions. The presentation also describes the benefits for both staff and service users as well as the 6 Key Areas of PIE: providing a psychological framework, the importance of the physical environment and social spaces, staff training and support, client involvement and client relationships, evaluation of outcomes and access to psychotherapy.

► **Gender-Based Violence and Women’s Homelessness**

GBV is one of the leading causes of women’s homelessness, it is therefore crucial for services to create a common understanding of the relationship between gender-based violence and women’s homelessness. The presentation describes the social determinants of GBV and women’s homelessness and the social context, gender-based social inequalities and gender expectations which increase the risk of women and girls experiencing social marginalisation and GBV. Implications for service provision are discussed too.



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## Want to get in touch with the PIE4shelters Project?

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**PIE4shelters Website**  
**PIE4shelters Website en français**



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