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Perspectives on Women's Homelessness



FEANTSA

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Perspectives on Women's Homelessness

By Dalma Fabian, *FEANTSA Policy Officer*

Women who are homeless are among the most marginalised groups in our society and their numbers, especially among young women, are increasing. Women made up 26 per cent of people who accessed homelessness services in 2013 in the UK. It is believed that many more women are "hidden" homeless.

Women are ignored in homelessness services because homelessness is regarded as a phenomenon only affecting men. Women who are homeless are also often sidelined by the feminist movement which does not give them a voice. The European Parliament has repeatedly called for "research into female homelessness and its causes and drivers"¹, yet women's homelessness remains a major issue that is neglected in both research and in policy. This issue of the Homeless in Europe Magazine aims to raise awareness of the problem and contribute to better understanding what is specific about the experience of homelessness among women and how best to respond to the needs of women who are homeless. It also shares innovative practices that can be replicated elsewhere.

Services throughout Europe are often developed in a way that they respond to the needs of the stereotype of the male homeless person and are clearly inadequate for women. As a result, women are excluded from support services and remain invisible in homelessness statistics. Data collection

focuses on individuals residing in emergency service settings or rough sleeping, where women are not present and are therefore not reflected in statistics. As a consequence, women's homelessness is not acknowledged by policy-makers either. This was highlighted by both researchers that contributed to this issue, Paula Mayock and Magdalena Mostowska from the Women's Homeless in Europe Network (WHEN), which was set up specifically to address gender-specific dimensions of homelessness.

In the interview with Monique Maitte, a survivor of domestic violence who experienced homelessness and now trains social workers on women's homelessness, she stresses how important it is to get the right kind of support at the right time. Many of the complex support needs of women who are homeless: mental health issues, drug use and trauma, for example, stem from their experience of violence. Homelessness services may provide women who are homeless with supportive services, but often do not have the tools or resources to deal directly with recent or past trauma. In fact, some shelter conditions may unwittingly create environments that can in themselves be traumatic experiences, for instance by replicating power and control women experienced in the violent relationship. It is therefore very important for homelessness services to recognize that they may serve trauma survivors and be equipped to address their specific needs. In

¹ See FEANTSA Press Release, dated 31 May 2016

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her article, Silvia Samsa describes how her organisation implements a trauma-informed service delivery approach and what philosophical and cultural shift the development of such a service requires within the organisation.

Understanding domestic violence in a wider context is important. Jolanda Kobes-Van Iperen and Mary Hazenberg-Boots share how their organisation applies a systematic approach to recovery, addressing the problem not only at the individual level, but also in its environment with the underlying relationship dynamics and enabling conditions. They work with the community and recognize everyone's responsibility in the eradication of violence against women. Involving the community is indeed crucial to prevent violence happening in the first place. By identifying perpetrators and also those who are at risk of being a victim of violence, housing providers have an important role to play. Gudrun Burnet in her article shares how the Domestic Abuse Housing Alliance aims to improve the housing sector's response to domestic violence.

Housing is a key resource to enable women to break free from the cycle of violence and homelessness. Housing First Programs help survivors of violence

to quickly access and maintain safe and stable housing. They provide an individualised approach giving survivors of violence the freedom to choose how to rebuild their lives. There are, however, other housing options that may respond better to the immediate needs of survivors of violence, so programming should respect all survivors and allow them to choose their own directions. In her article, Ashley Slye advocates for diverse housing options that meet the needs of each survivor and provide trauma-informed, survivor-driven and voluntary services.

Homeless people are usually stigmatised and blamed for their situation, but women who are homeless carry multiple stigmas and labels ('bad mother', 'prostitute' etc.), which make it difficult to ask for help and can be a very significant barrier for recovery from homelessness. Apart from the lack of resources and insufficient number of shelters for women in Romania, as described in the article by Ian Tilling, very often the fear of being judged and not living up to the expectations society places on women is a reason why women do not want to seek help and remain hidden.

Innovative approaches that can be replicated elsewhere. Hopefully inspiring reading

“Services throughout Europe are often developed in a way that they respond to the needs of the stereotype of the male homeless person and are clearly inadequate for women.”

LETTERS TO THE EDITOR

We would like to give you the chance to comment on any of the articles which have appeared in this issue. If you would like to share your ideas, thoughts and feedback, please send an email to the editor, emma.nolan@feantsa.org



Women and long-term homelessness

By **Paula Mayock**¹, *Assistant Professor, School of Social Work and Social Policy, Trinity College Dublin* and **Sarah Sheridan**², *Research Officer, Focus Ireland*

Throughout Europe, there is a paucity of research on women's experience of homelessness in general and of long-term homelessness, in particular. The notion of gendered homelessness is, in fact, only beginning to garner the attention of policy makers and, in many European countries, recognition of women's distinct experiences of homelessness is only gradually making its way on to policy and research agendas. This discussion focuses specifically on trajectories of homelessness referred to as 'long-term', 'recurrent' or 'chronic' in the research literature, with a specific focus on women.

Like 'homelessness' generally, there is no consistent or agreed definition of the terms used to describe prolonged patterns or experiences of homelessness. However, in many countries, 'long-term' homelessness is understood to result in individuals accessing homelessness services for extended periods of time, sometimes over a period of many years. Particularly in the US but also in several European countries, including Denmark, Finland, France, Germany, Ireland and the UK (Aubry et al. 2012; Busch-Geertsema, 2010; Culhane et al., 2007; Jones & Pleace, 2010; McAllister et al., 2010; O'Sullivan, 2012; Tainio & Fredriksson, 2009), long-term homelessness has been demonstrated to affect a far smaller proportion of individuals relative to those who transition to stable housing. Nonetheless, long-term homelessness is a particular concern for policy makers because the financial costs associated with ongoing homeless states are extremely high. This is because the long-term homeless tend to cycle through expensive emergency-driven public systems, including emergency shelters, hospital emergency departments, and psychiatric and criminal justice facilities (Caton et al., 2005; Metraux & Culhane, 2006).

The dominant image of individuals at the extremes of homelessness is that of high and complex needs males (with entrenched substance use and/or mental health problems) who access emergency shelter accommodation and/or sleep rough for lengthy periods. This is, however, not to say that women do not experience long-term homelessness; rather, there are several overlapping reasons why women are less likely to be counted as homeless or as experiencing long-term homelessness. First, women are far more likely than their male counterparts to engage in strategies that serve to conceal their homelessness, which means that their homelessness frequently remains hidden (May et al., 2007; Wardhaugh, 1999). Second, women often rely on informal support networks, including family members and friends, both at the point of becoming homeless and,

subsequently, during periods of prolonged homelessness (Baptista, 2010; Edgar & Doherty, 2001). Third, women's 'single' status may produce a trajectory of particular invisibility through homelessness since without accompanying children, their needs are seen as less pressing (Radley et al., 2006). Finally and importantly, the dominant techniques of enumerating the homeless – which also inform our understanding of long-term homelessness – are constrained by an enduring focus on individuals residing in emergency service settings and/or sleeping rough, contexts where women are less likely to be present and are therefore not counted (Pleace et al., 2016).

While long-term homelessness appears to be male dominated in many countries throughout Europe (Pleace et al., 2016), there is mounting evidence that women can and do experience patterns of repeat and prolonged homelessness (Kaakinen, 2012; Mayock & Sheridan, 2012; Reeve et al., 2006). The remainder of this article draws on selected findings from a biographical study of homeless women in Ireland in order to more fully explore the paths that women may take along a trajectory of long-term homelessness as well as the forces that serve to sustain patterns of repeat and ongoing homelessness.

Briefly, the study – which aimed to trace women's paths into and through homelessness – involved the conduct of biographical interviews with 60 homeless women recruited from homelessness and domestic violence services in Dublin, Cork and Galway. Ethnographic observation was also conducted in four homeless service settings in Dublin city (see Mayock & Sheridan, 2012 and Mayock et al., 2015 for a more detailed account of the study's methodological approach). Of the 60 women interviewed, 34 (56%) had experienced homelessness for a period exceeding two years, with 21 of these women reporting homeless histories of more than 6 years and a further 13 stating that they had first experienced homelessness more than 10 years prior to interview. Thus, over half of the study's sample reported long-term and recurrent homelessness.

Almost all of these women had been homeless on multiple occasions and had moved in and out of homelessness services – amid periods spent sleeping rough and/or staying temporarily with family members or friends – over a period of many years. A majority had exited homeless services settings, often in an attempt to escape the pressure and stress of living in homeless hostels, sometimes securing housing for a brief or more sustained period of time; all, however, ultimately returned (again and again) to homeless

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systems and services. A detailed analysis of these women's homeless and housing biographies (Mayock et al., 2015) uncovered a typology of exit destinations from homelessness services, which included: (1) exits to institutional settings; (2) exits alone; (3) exits with a partner; and (4) exits to the home of a family member or friend. Significantly, practically all of these exit destinations were essentially sites of hidden or concealed homelessness. Furthermore, women were frequently acting alone or without service support at the point of leaving homelessness services. In this sense, they "disappeared from sites of 'official' homelessness, often in an attempt to manage their situations independently, only to re-enter the system at a later stage" (Mayock et al., 2015: 885).

The following excerpts are examples of the narrative accounts of women who had sought a way out of homelessness but who ultimately returned to homelessness emergency services. As the narratives demonstrate, these women had no sense of security and constantly worried about what was going to happen next. Most were pessimistic about their prospects of securing stable housing and many expressed feelings of abandonment by the homeless service system.

"Worrying about getting out of here (hostel) now and just finding my own place, it's not that easy to, you know, find your own place" (Brid, age 40)

"You are just constantly scared and worried, you just want somewhere to settle and just stay and just ... not knowing where you are going to sleep is just horrible ..." (Grace, age 31)

"Everything's getting worse like instead of getting better" (Roisin, 37)

"I feel like just giving up ... because we're not getting anywhere ... it feels like nobody is helping us ..." (Katie, 28)

A large number of the women with lengthy homeless histories reported substance use and/or mental health problems. Significantly, many were mothers who were separated from their children (who had been placed in either state or relative care). Separation from their children was a significant source of distress for these women, who invariably expressed a desire for housing that would allow them to see their children more frequently and under better circumstances. The stigma of 'spoilt' motherhood was strongly apparent in these women's narratives.

As stated earlier, women who experience long-term homelessness do not feature to any great extent in the academic literature. As a consequence, long-term homelessness is seen as mainly affecting men, which means that women's experience of ongoing or unresolved homelessness is generally not acknowledged by policy makers. Not only is there growing evidence of long-term homelessness among women but the

available evidence suggests that women's experience of recurrent and long-term homelessness has distinctive features. Most significantly, perhaps, women appear to navigate the homeless service system in ways that, on the one hand, demonstrate their efforts to resolve their homelessness independently and, on the other, serve to conceal their ongoing homelessness because they frequently rely on or resort to situations of hidden homelessness, often in an effort to escape the conditions of emergency homeless shelters. The capacity of emergency hostels to interrupt and resolve ongoing homelessness is, of course, limited (Busch-Geertsema & Sahlin, 2007) and the findings presented here raise serious questions about the role of emergency systems of service provision in perpetuating cycles of ongoing homelessness.

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Women and Homelessness: A Health Overview

By Peggy Maguire and Kristin Semancik, *European Institute of Women's Health*

Women and their children are the fastest growing group within the homeless community. Yet, there is a lack of information on and understanding of homeless women and families, particularly with regard to their health status and healthcare needs. Homeless women face many health inequities and challenges that must be addressed through targeted policy and programming.

Homeless women have higher levels of ill health and injury than housed women. Even among the homeless population, women have worse health than do men. When faced with homelessness, women often neglect their health; finding housing, food and clothing for themselves and, in many cases, for their children become the priorities. Common health problems, such as colds and chronic diseases, that are treated or managed in the housed population are often worse among homeless people. The average age of death for homeless women is only forty-three years old.^{1,2,3,4}

Chronic diseases are disproportionately common and more severe among the homeless population, especially those in non-sheltered environments. Respiratory diseases, including tuberculosis, are common among homeless people, compounded by late diagnosis, lack of treatment adherence and drug-resistant strain development. Chronic conditions, like diabetes, can be undiagnosed and untreated for prolonged periods of time. Sexually transmitted infection (STI) rates are high among homeless women with estimates of six in ten homeless women infected with an STI. Homeless women are at particularly increased risk to contracting HIV/AIDS.^{5,6,7}

In addition, homeless women have higher levels of stress, smoking, sleep deprivation, exhaustion and poor nutrition compared to women with housing, thereby increasing their vulnerability to and their

risk of disease and ill health. Homeless women and their children have less access to good nutrition and consume higher amounts of unhealthy food than those who are housed. Poor nutrition increases the risk of health conditions, including chronic disease and poor oral health, and affects children's development. A top cause of homelessness for women and families is domestic and sexual violence, a topic explored in greater detail in other articles in this edition of the newsletter, has large implications for both physical and mental health.^{8,9,10,11}

A complex interconnection exists between homelessness, abuse, mental health and general health. Many women who were abused as children subsequently suffer from low-self esteem and mental health problems, which often leading to abusive relationships during adulthood and elevated risks of homelessness. Consequently, one in five women who suffered from pervasive abuse are homeless, twenty times more likely than those who have not been extensively abused. This intersectionality of abuse, vulnerability and homelessness has large adverse implications for both mental and physical health and requires careful policy and programming that provides not only recovery, but also much-needed stability and security.¹²

Homeless women, like men, have higher rates of mental health issues compared to the general population. About three-quarters of homeless women suffer from a mental illness and about two-thirds have attempted suicide. Many homeless women have post-traumatic stress disorders after experiencing sexual, physical and other forms of abuse. Substance abuse is higher among homeless women than housed women, though the estimated rates of substance abuse among homeless women largely vary in studies.^{13,14}

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Homeless individuals disproportionately lack regular healthcare services compared to the general population. Thus, access to healthcare services can be a major issue, including access to routine screening and treatment programmes like prenatal care, mammograms and Pap testing. Homeless women often do not seek medical attention at an early stage of ill health and wait until the condition worsens. Therefore, homeless women are less likely to obtain needed healthcare services than women with housing. Consequently, women who are homeless find themselves in the emergency department of hospitals more often than do housed women.^{15,16}

Homelessness is particularly problematic during pregnancy. Homeless women who are pregnant have elevated risks of complications—including preterm delivery and underweight newborns—due to poor diets, lack of prenatal care, stress and in many cases, exposure to violence. Homeless women may find themselves with issues surrounding the timing and control of their pregnancy. Rates of unintended

pregnancies are especially high among the homeless population. Specifically, homeless women, including migrant women, may find themselves pregnant due to lack of access to contraception, uncertainty regarding their fertility status, economic survival, sexual victimisation, and/or the longing for intimacy. As a result, although homeless women are particularly in need of family planning and pregnancy resources, services are rarely targeted to this vulnerable group.^{17,18,19,20,21}

There is a lack of information on homeless women, including data specifically exploring the health of homeless women and their families. A limited number have explored the health issues homeless women specifically face. Some overarching and concerning trends are evident, though much must be extrapolated from American studies. However, more comprehensive and up-to-date research and data on the topic is urgently needed in order to develop effective policy and programming to combat the alarming trend of increased homelessness among women and children across the European Union.

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Forced to be homeless due to domestic violence

By **Jolanda Kobes-Van Iperen** (Fundraiser) and **Mary Hazenberg-Boots** (Communication officer), *employed by Kadera aanpak huiselijk geweld*

“There I was. Standing in front of the door of the women’s shelter of Kadera aanpak huiselijk geweld (Kadera tackling domestic violence). I would soon go inside and leave everything behind: my three stepchildren, my friends, my home and my work. Scared, sad and also angry I stood there, waiting with my toilet bag for someone to open the door and open up an uncertain future for me. How I cried when that big yellow door of my own room fell shut behind me. A small room with a bed, little washbasin and wardrobe. From my window I could see and hear a courtyard with a playground and many women and children. I wanted to go back. What am I doing here, I thought. What did I actually do wrong?”

But I faced the battle. Especially my inner battle because I completely lost track of what I personally wanted and how I should live. I did not even know what was normal and what was not. I faced the battle and gradually moved forward, bit by bit. I gained insight into what happened to me and what I let myself get into, what I enabled. Now I had to go on living my life. Yes, exactly: MY life. And that is what I did.

Almost a year later the local authority gave me my own small ‘one-woman house’ and I was ready to start a new chapter. Every day when I get up in the morning, I am still grateful for being free to think and do as I want and I realise that that is what counts in my life: to be who I am and to enjoy it.”

Anita

Even though this topic is not much discussed, many people like Anita are not safe at home. Every year, more than 200,000 people in the Netherlands become victims of serious and frequent domestic violence. In addition, some 1 million people fall victim to less serious types of domestic violence every year. (Van der Veen & Bogaerts, 2010). It is often a matter of a ‘spiral’ of violence in which the violence lasts many years before one of the people involved raises the alarm. Many people only associate domestic violence with the classic image of a man kicking or hitting his wife. But domestic violence is also mental and sexual violence, neglect and financial exploitation. Examples include hindering someone’s freedom or development by locking them up, not allowing them to have contact with their family, not letting them go to school, humiliating them and swearing at them. It is not just violence between husbands and wives, but also between parents and children, between a teenage girl and a lover or between people in a gay relationship. There is always a power imbalance, a relation of dependency.

The European Commission has recently acknowledged the fact that domestic violence can lead to factual or residential homelessness. Research has shown that families that experience domestic violence are four times more likely to lose their home due to arrears (Jackson, 2013). It also points out that if victims of domestic violence end up on the street, they will run a bigger risk of becoming a victim of sexual violence

because of their vulnerable position (Moss, 2015). Just like Anita, every year thousands of men and women in the Netherlands are sooner or later forced to leave hearth and home to find safety in a shelter. This is a huge step to take but it is the only solution for them. The domestic violence has often lasted several years and is so severe that they have no other way out but to leave. This means they have to leave behind their belongings, their pets and sometimes even their children. They are forced to choose an uncertain future.

Kadera believes that each and every person has the right to grow up and live in safety. That is why apart from shelter, Kadera also offers counselling, the personal alarm AWARE, aftercare and ambulatory care. In order to solve the clients’ problems, Kadera will not just focus on the person but also on their direct environment. This means that together with the people involved we will determine the origins of the violence they suffer. We examine how conversations and fights can escalate so much that a line is crossed. And we discover how the parties involved act and react in those cases. Research revealed that this system-oriented approach is essential to solving domestic violence permanently. Furthermore, Kadera also dedicates itself to prevention and offers education and training for professionals. We also develop tools to support both professionals and volunteers.

Kadera has almost 40 years of experience and has acknowledged more and more over time that domestic violence is a problem that concerns the whole community. That is why we need the entire community to beat this issue. Together we will make sure that everyone is safe at home! For this reason we have developed a new strategy in which we want to involve the entire community in the battle against domestic violence. Obviously, this will take time but every action against domestic violence can lead to another safe household. Those actions can vary significantly: a removal firm moving victims to a safe house, a kickboxer giving workshops to women, a housing corporation training its staff to recognize signs of domestic violence. By using personal expertise and opportunities anyone can help victims and perpetrators to build a new life without violence.

Kadera challenges organisations, companies and individuals to think about the impact of domestic violence and how they can contribute to the cause of beating domestic violence in their environment using their own expertise, work area or resources. That is how we take the responsibility to create a society that is free of domestic violence. A society in which people like Anita do not have to leave hearth and home.

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“Domestic violence is a problem that concerns the whole community.”



How the production of statistics makes homeless women (in)visible

By Magdalena Mostowska, *University of Warsaw*

Gender is one of the most important individual characteristics in all social studies. In many European countries the number of homeless women is increasing, which is drawing attention, and creating discussions about “the new homeless”. Women are perceived as “belonging” to a reproductive sphere of home and family. Their homelessness is thus often viewed as more of a failure of the welfare state.

Across virtually all available statistics, men form a majority of the homeless population. We also know that women report different pathways into homelessness, often directly linked to the gendered power structures of society; and different experiences of homelessness in terms of coping strategies, access to support and services, or self-image (Baptista 2010). It is hard to quantify, however, to what extent data collection methods and persistent images of genders and homelessness influence this data.

Numbers and statistics are not objective accounts. Data are socio-political constructions, where different actors, each with their own interests, are involved in the process of producing numbers. Production of statistics is intertwined with discourses and policies. Data legitimize actions and policies, justify the distinction of certain groups and justify targeted policies towards these groups (Rose 1991). In the field of homelessness, numbers (especially the totals) are also crucial to attract public attention, to show the gravity of the problem, such as the discussion about “one million homeless” people in the United States in the 1980s.

The gender breakdown of homelessness statistics shows huge gender differences in the number of homeless people. Men amount to anywhere from 55% to 95% of the single homeless population. Obviously these numbers depend on defining the population (including or excluding certain groups, situations or services), availability and access to services and entitlement to support. Numbers showing predomi-

nance of men in homelessness are often used to either support an argument about females’ better coping strategies and social safety nets or to show the “hidden nature of women’s homelessness” (Baptista 2010).

Almost universally, images of homelessness are associated with men. Data confirm the image, but probably for the most part because of the narrow definition of homelessness that is used, including public space and shelters, which are more accessible to men, and in which men are more visible. It is clear that policy and numbers can be trapped in a vicious circle. Collecting data from service providers means registering only the use of current services, not capturing groups that are already excluded from support. The way numbers are presented is also crucial for the further (re)production of the image of homelessness.

In Poland the problem of homelessness has gained some attention after the fall of communism, and has seen the emergence of the voluntary sector, which delivers most – usually low-threshold – services for the homeless. Poland has not yet introduced any systematic collection of reliable data on homelessness on the national level, however. Crude estimates by experts put the total of rough sleepers and night shelter users anywhere between 30 000 – 80 000 people on any given night.

The prevailing image of a homeless person in Poland is that of a middle-aged or older man with alcohol problems sleeping in a public space in a large city. Statistics seem to reinforce the picture. In various national compilations women comprise 13% – 20% of homeless persons counted (MPiPS 2012, 2013, 2015, NSP 2011). Homeless women have also been found to be slightly younger than men, better educated, more often in employment and to experience shorter episodes of homelessness (Dębski 2008).



Though the ETHOS typology is referred to more often in Polish studies than before, it has still not become standard to treat the housing situation as the principal defining characteristic of homelessness (Wygnańska 2013, KMPS 2013). Homelessness is attributed to people, with the prevailing approach being to seek universal socio-psychological explanations for the situation of the homeless individual (Pindral 2011).

In recent public statistics (GUS 2015) homelessness is treated as a “social problem” akin to addiction, but separate from unemployment, family or health problems. This focus on studying “psychology” or “causes” of homelessness reinforces the prevailing stereotypes: homelessness as lack of acceptance of the social norm. Questionnaires might not leave interviewees much choice but to seek individual blame for one’s own situation. Respondents probably also quickly learn to embrace that predominant discourse of individual responsibility for their homelessness (either their own, or their family members) (ROPSB 2012, ROPSR 2014). Some statistics also treat homeless people as single by definition, separating “households” (also one-person households) from homeless persons, hence on paper not allowing for a phenomenon of family homelessness (GUS 2015).

This dominant approach leads many authors to construct “typologies”, often dichotomous divisions such as “homelessness by choice” vs. “forced homelessness” or “shelter” vs. “non-shelter” homeless (Pindral 2011), which are of little use, since all this data are based on point-in-time counts and thus do not acknowledge measures of flow or prevalence and the fact that most people in such situations frequently change their living place. Typically these typologies take precedence in reporting and presenting the data, while gender, apart from the overall proportion of homeless women, is usually not further explored.

Ireland, on the other hand, has made a great effort in the last few years to build a system of monitoring homelessness, and thus also optimising the use of resources. The Pathway Accommodation and Support System (PASS), in Dublin since 2011, has been introduced nation-wide in 2014. The system made it possible to see the surge of homeless families in the last few years. It also enables us to distinguish a small group of users suitable for the Housing First

approach. It’s a good example of how statistics, when they are made reliable for stakeholders, are able to feed policy directly and change it, according to available resources.

Nevertheless, in Ireland and many other countries there are continuing negotiations on how to delineate different groups, and whether their housing situation should be the defining status. This concerns groups such as substance abusers, people with mental health problems, and migrants, but also women. In Ireland women’s shelters were recently withdrawn from the jurisdiction of the Dublin Region Homeless Executive and from the PASS system. Female-specific situations again were perceived more as a family violence problem rather than that of homelessness. Removing this category from the system that is directing allocation of accommodation is not addressing one of the most pressing problems that they have: lacking a home.

Prevailing images of homelessness are not gender-neutral, neither are policies or data that feed them. A broad consensus must first be achieved on how to collect reliable data so that different actors can take them as a starting point for their interventions and policies. For years in Poland, attempts to build a wide system of data collection have failed (KMPS 2013). Images, policies, services and unreliable numbers reinforce each other. Not only the total number or the prevalence of homelessness among the general population is needed, but also the gender and other socio-demographic characteristics of the group.

In the Polish data compilations on homelessness women are less visible than in other European countries. The gender aspect of homelessness should be explored in light of the effects of the latest anti-democratic developments in Poland (Muiżnieks 2016) although the Polish housing, social and family policies are yet unknown. Those changes include introducing (almost) universal child benefit, raising school leaving age, probably lowering retirement age, and severely reducing women’s reproductive health rights and access to medical care (Kongres Kobiet 2016). The new government promoting “catholic family values” is very suspicious towards voluntary organizations, civil society and citizens as such. It has already reduced financing for women’s crisis centres. Certainly,



“women’s experiences of homelessness, while sharing many features with experiences of homeless men, reflect in addition their subordinate and disadvantaged position in society” (Doherty 2001). Change in the position of women in Polish society may have a profound effect on women’s lives, especially those in precarious work, family and housing conditions. It is doubtful that homelessness as such will be a priority for the new central government. In response to the Commissioner for Human Rights’ letter to appoint a governmental Coordinator for Homelessness issues (RPO 2015) the cabinet refused, arguing that “homeless people are not the only group socially excluded,

that needs special care and support from public agencies” (KPRM 2016). This may hinder efforts to build and introduce reliable nation-wide data collection and make women even more invisible in homelessness statistics.

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Behind closed doors – the vital role housing plays in tackling domestic abuse

By **Gudrun Burnet**, *Co-founder of Domestic Abuse Housing Alliance (DAHA) and Senior Business Partner (Domestic Abuse) at Peabody @GudrunBurnet* and **Kelly Henderson**, *Business Manager – Domestic Abuse at Gentoo*.¹

1 in 4 women and 1 in 6 men will experience domestic abuse in their lifetime and an estimated 1.4 million women and 700,000 men have suffered domestic abuse in the last year, according to figures from the UK's Office for National Statistics (ONS).

Access to safe housing is a key priority for survivors of domestic abuse and factors strongly into their decision making around whether to stay in or leave an abusive relationship. Research has consistently shown that housing is a key resource enabling women to end violence from partners and ex-partners, and that a major reason why women stay in or return to violent relationships is lack of access to safe, long-term, independent, affordable accommodation, (Pahl, 1985; Mooney, 1994; Morley, 2000; Malos and Hague, 1993; Charles, 1994).

The Finding the Costs of Freedom Report (Solace Women's Aid; 2014) highlights that for many women who experience domestic abuse, home ceases to be a place of safety. The report also points out that women's rights are being eroded in terms of rights to re-housing (Malos and Haig, 2005) which serves to complicate the whole process of recovery and re-building lives.

Housing professionals, including caretakers, neighbourhood managers, housing officers and repairs staff are ideally placed to identify those perpetrating domestic abuse and also those at risk including children, in order to intervene early.

For frontline staff, this means that when anti-social behaviour (ASB) incidents are reported, staff have additional skills available to them. For example, a complaint about loud noises accompanying sexual activity from a neighbour could be evidence of domestic abuse including rape or assault. The community-based approach of the Domestic Abuse Housing Alliance (DAHA) is therefore not only preventative - in that it communicates that domestic abuse is unacceptable - but has also a value in the resolution process. We also use the data we collect in addressing domestic abuse to better evidence and communicate 'what works'.

Research by Safelives (Insights data set, 2015) highlighted that housing providers can have a positive impact on early intervention to domestic abuse. Victims of domestic abuse accessing support from housing provider Gentoo on average had experienced abuse for three years prior to engaging with the service, compared with four years on average in the national data set. Peabody's approach to tackling domestic abuse has seen an increase in reporting domestic abuse of 1425% in the last 8 years. From our own experience and from talking to other housing providers there seems like no reason why this sort of success in recognising and tackling domestic abuse can't be replicated across the sector and in other countries.

The Domestic Abuse Housing Alliance's (DAHA) mission is to improve the housing sector's response to domestic abuse through the introduction and adoption of an established set of standards and an accreditation process. DAHA is a partnership between three agencies who are leaders in innovation to address domestic abuse within housing; Standing Together Against Domestic Violence (STADV), Peabody and Gentoo.

Launched in September 2014, DAHA embeds the best practice learned and implemented by its three founding partners and has established the first accreditation for housing providers. Ten housing providers have or are currently seeking DAHA accreditation which impacts over 250,000 properties in England. In addition, over 100 housing providers have registered their interest in seeking the accreditation.

The accreditation process is based on the following principles:

- Safety
- Being person-centred
- Taking a believing/non-judgmental approach
- Confidentiality
- Inclusivity

The 8 key elements of service delivery are divided into the following priority areas with a number of requirements within each one:

1. @DAHAlliance

Email: gudrun.burnet@peabody.org.uk, Kelly.henderson@gentooliving.com



“Access to safe housing is a key priority for survivors of domestic abuse.”

1. Policy and Procedures
2. Case Management, Monitoring and Evaluation
3. Risk Management
4. Inclusivity and accessibility
5. Holding perpetrators accountable: Support, Enforcement and Prevention
6. Partnership working
7. Training
8. Publicity and Awareness.

The accreditation process will on average take between 3-12 months at the end of which the Housing Provider receives the DAHA Accreditation signalling that it has a robust and nationally accredited response to domestic abuse. Any organisation awarded accreditation must undergo a review every three years to ensure they continue to meet the standards. The following outcomes are measurable:

- The ultimate aim for DAHA is to improve the housing sector response to domestic abuse with a consistent, pro-active and safe response to domestic abuse. Measurement = Increase in the number of housing providers who achieve DAHA accreditation.
- Provision of a consistent response to people who have experienced domestic abuse and holding perpetrators accountable reflecting the wider goals of safer communities, community cohesion, improving lives of people in their communities and people living without fear of crime. Measurement = Increase in domestic abuse cases reported
- Residents of participating organisations are aware of the response to domestic abuse that housing organisations can provide and are made safer by their implementation. Individuals experiencing domestic abuse receive a high and consistent level of service at a local level; better support available for individuals and their families. Measurement = Increase in satisfaction of service and feelings of safety
- Frontline housing professionals are better equipped and more confident to identify and address domestic abuse. Measurement = Increased confidence of staff to deal with domestic abuse
- Housing providers are more actively engaged with the multi-agency responses which reduce the risk of serious harm or death in the counties and/or boroughs they cover. In particular they are active and increase referrals to Multi Agency Risk Assessment Conferences (MARAC). Measurement = Increase in appropriate referrals to MARAC

By offering an accreditation service to housing providers this offers the organisation support to improve their working practices in their approach to domestic abuse encompassing all eight areas of accreditation; thereby benefitting their local communities in terms of their approach to residents.

Peabody and Gentoo are one of the first housing providers in the country to be awarded DAHA accreditation highlighting our best practice and the impact that this approach can have on residents. Our approach to tackling domestic abuse has enabled us to raise awareness both with frontline staff as well as residents. We provide support to victims, engaging them through newly created networks across our estates.

This work has been recognised globally, and DAHA delivered a keynote speech at the 3rd World Conference of Women's Shelters at The Hague in November 2015 and ran a workshop at FEANTSA's annual conference in June 2016 in Brussels.

DAHA has also established good research links with Durham University where one of the co-founders is undertaking a PhD to research the role of housing in a coordinated community response to domestic abuse (to be published 2017) and involves investigating good practice across the sector. Another co-founder has been awarded a Winston Churchill Travelling Fellowship to international practices in housing and domestic abuse in Canada, Australia and USA. The learning from both pieces of research will be used to further inform DAHA good practice and seek to influence the housing sector.

There are in the region of 1,700 Housing Providers in the UK with varying responses to domestic abuse. We are pleased therefore that DAHA has been cited as good practice by the UK's Home Office, is a member of the Home Office Violence Against Women and Girls Steering Group and contributed to the UK's Department for Communities and Local Government (DCLG) guidance on homelessness and domestic abuse.



One Size Does NOT Fit All: Diverse Housing Options for Survivors in the United States

By **Ashley Slye**¹, *Transitional Housing Specialist*
National Network to End Domestic Violence

A growing number of people in the United States are homeless or are on the verge of homelessness for a variety of reasons. For survivors of violence against women (VAW), most of these reasons are out of their control. For survivors that leave an abusive partner, it is very likely that she and her children will face homelessness.

Many survivors have nowhere to go, as they have been isolated from their support system by their partner. They face an uphill battle of dealing with destroyed credit or a disjointed employment history due to the abuse they have endured, and sometimes continue to endure². And this is just the beginning. Expectations around children and family have been placed on women, complicating their decision to leave an abusive partner and address their housing needs. If the woman has a teenage boy, this compounds the situation even further. Sadly, some domestic violence shelters will not admit the survivor because her child looks like an adult man; this denial of shelter can force a survivor to return home to the abuser.

In the United States, women are homeless largely as a result of VAW. Between 22 and 57% of homeless women report that domestic violence was the immediate cause for their homelessness³. Domestic violence shelters are often full and homeless shelters may not meet the complex needs of these survivors, further traumatizing them. Our social services and public assistance systems have truly let them down.

Day in and day out, VAW advocates see the mountains these survivors are challenged with climbing. Society expects a survivor to “just leave.” Unfortunately, this is not always realistic. Leaving an abusive relationship is often the most dangerous time for a survivor⁴. The economic abuse by abusive partners places them in poverty, and the lack of a support system and safe places to go if they are able to leave leads them down the path to homelessness.

The United States has a public/social housing system that provides housing based on availability rather than eligibility. Many people qualify for subsidized housing, but are never granted the benefit because of the sheer lack of resources. Waiting lists are often three,

four, or even five years long. Public/social housing is being torn down, never to be replaced. It is in this environment that our housing spectrum has developed. Due to the continued affordable and subsidized housing crisis in the United States, NGOs have begun implementing the Housing First philosophy, providing individuals with a home first, regardless of the barriers they face, and then addressing the issues around their homelessness. Individuals should be offered supportive services that meet their personal needs.⁵ This philosophy sees housing as a human right, not a reward for completing a program or maintaining sobriety.

Domestic violence NGOs are long-term supporters of Housing First. Many of the initial Housing First programs were started by VAW NGOs, like Home Free in Portland, OR. The Washington State Coalition Against Domestic Violence has also been vocal in Housing First for many years and is often called upon as an expert. Before Housing First became a “hot topic,” domestic violence advocates were figuring out the best ways to get survivors into safe housing, as well as address the barriers keeping them from obtaining and maintaining their own housing, by implementing a wide range of housing models, from emergency shelter to permanent housing and everything in between.

Housing First in the United States is most often discussed in connection with rapid re-housing (RRH) and permanent supportive housing (PSH), as these models directly link individuals to permanent housing. RRH is a housing model that moves individuals from homelessness to housing in the community, providing rental assistance for a period of time, typically 3-6 months but sometimes more, after which the resident begins paying their own rent. PSH, on the other hand, is a housing model in which individuals are housed for an extended period of time, with no expiration date, in an apartment that is managed by an organization. PSH is typically reserved for those who are chronically homeless, but may be beneficial for those with other long-term needs, such as people with disabilities or chronic health issues. Both housing models also provide individuals with supportive services to address the issue(s) that lead to their homelessness.

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2 Violence Against Women Act and Department of Justice Reauthorization Act of 2005, Pub. L. No. 109-162, § 41401, 119 Stat. 2960 (2005).

3 http://nnedv.org/downloads/Policy/NNEDV_DVHousing_factsheet.pdf

4 <http://www.thehotline.org/2013/06/50-obstacles-to-leaving-1-10/>

5 <https://www.usich.gov/tools-for-action/housing-first-checklist>



“Domestic violence NGOs are long-term supporters of Housing First.”

Because of the unique safety needs of survivors, many domestic violence NGOs across the United States have also implemented transitional housing under three distinct models. A scattered model secures housing in the community that is rented by the organization or the individual, much like RRH, and the NGO pays the rent to the landlord. A clustered model houses multiple survivors in one building, with each survivor/family in their own private apartment/flat, typically owned by the NGO. Lastly, a communal model houses survivors in one building; each individual has their own private bedroom (and sometimes bathroom) but living spaces, such as a kitchen and living room, are shared. Each of these models provide supportive housing, financially and programmatically, for up to 24-months.

For almost two decades now, survivors have benefited from transitional housing. Survivor success stories range from maintaining sobriety to going back to school to obtain a university degree. Through the federal Violence Against Women Act (VAWA), as well as the U.S. Department of Housing & Urban Development, NGOs have been able to apply for grants to support transitional housing. The U.S. National Network to End Domestic Violence’s (NNEDV) Transitional Housing Program supports VAWA-funded programs to strengthen their service delivery, identify gaps in services, and detect emerging challenges. For six years I have been involved with this work at NNEDV and have seen tremendous change in programs - the growth of staff, improvement of services, and the expansion of partnerships that have contributed to the success and safety of so many survivors.

So, does transitional housing fit into the Housing First philosophy? Scattered site transitional housing programs offer individuals the opportunity to remain in their apartment/flat after the program ends. Communal and clustered transitional housing programs do not provide permanent housing. However, they do provide housing, safety, and support for survivors so they can obtain permanent housing when they are prepared, and in this model, safe housing comes first. Domestic violence transitional housing accepts survivors regardless of the barriers they face, and employs a trauma-informed, survivor-driven, voluntary approach to services.

For some survivors, the added safety of living in a building owned by a VAW organization has been critical to their success. One goal of the VAW field is to increase the safety of survivors, and a main objective of that is to locate safe, affordable housing. Each of the above-mentioned housing programs offer survivors different options and paths to reaching this goal. However, moving survivors that may still be in a state of trauma or have safety concerns to housing across their community too quickly may end up compromising their safety. For some survivors, this is an option, but for others longer term support may be needed. For those that are not ready to move into an apartment in the community, shelter should not be used as a holding space for survivors; transitional housing can provide both housing and support for these survivors.

Because the needs and experiences of each survivor are unique, we must listen to them. Listen to their instincts and their concerns. NGOs must develop programming that respects all survivors and allows them to choose their own direction. Mandating that survivors participate in services re-creates the dynamics of power and control, leaving survivors feeling disrespected, like they have moved from one controlling situation to another⁶. Constant review of agency rules and services is essential in the implementation of trauma-informed, survivor-driven housing programs. Each survivor has their own story, barriers, and successes that will impact their housing needs. As advocates, it is our duty to stand with them in support as they decide what is best for them, not to lead them on the road we see fit or dictate to them.

I won’t advocate for one housing model over another. However, I will advocate for diverse housing options that meet the individual needs of each survivor, as well as providing trauma-informed, survivor-driven, voluntary services. There will be survivors who will need Permanent Supportive Housing, those who need six months of rental assistance, those who just need a short-term stay in an emergency shelter, and others that fall in between all of these. Unfortunately, in the United States, the National Intimate Partner and Sexual Violence survey, conducted by the Centers for Disease Control and Prevention, found that 51.5% of survivors who identified a need for housing services did not receive them⁷. NGOs must expand their housing options and evaluate if they are actually meeting the housing and service needs of survivors. We need to ask them. We need to listen.

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7 Intimate Partner Violence in the United States – 2010. The National Intimate Partner and Sexual Violence Survey. http://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_ipv_report_2013_v17_single_a.pdf



Taking a trauma-informed approach to female survivors of violence

By **Silvia Samsa**, *Women's Habitat (Canada)*

Women's Habitat operates a 25 bed shelter for women and children who are survivors of violence. We offer safe shelter, advocacy and supportive counselling using a trauma-informed approach, but what does 'trauma-informed' mean and how do we take a term that is often used in our sector and put it into practice in every aspect of our service delivery? Since our shelter opened in 1978 we have served thousands of women who say they are harmed or re-traumatized by uninformed, inadequate social systems, including women's shelters.

So how do we change? First we must acknowledge and apologize for our wrongs. We must acknowledge that when women are at their most vulnerable they have been punished for their choices. We must accept that today we continue to make the mistake of determining what is best for them and their children in a misguided effort to support them. It is from this place that we changed our ways of working, not only by revising policies and procedures, but by creating a space where women can feel safe and empowered to challenge us.

Our first step on the journey to create trauma informed relationships with our clients was to redesign our physical space. We provided in-room safes that allowed control and autonomy over medications/valuables. We recognized abuse includes control over food access, where food is limited, or food intake being monitored and we responded by providing an open, accessible well-stocked kitchen.

Next we eliminated rules that controlled the women (i.e. curfew). Creating rules and policies provided us with control and comfort. Removing rules made us uncomfortable and forced us to follow our client's instructions, not the instructions of a policy manual. When we enforce rigid rules and guidelines we are mirroring the power and control many women have experienced in violent relationships, re-traumatizing them and breaking their trust in us. The pivot point in eliminating rules was when reading one of the evaluations that women fill out when they are about to leave the shelter for permanent housing " " I do not do my chores and I get a warning, which can lead to me and my family being discharged. How are you any different to my husband who hits me when the supper is not good enough?" To be trauma-informed meant that if we wanted to listen to the women we work with, we had to listen to the criticism and ensure that changes were made.

We applied an intersectional approach. We recognize that we have been a part of the Western feminist movement that has ignored and silenced the voices of marginalized women. Our clients are forced to confront multiple layers of traumatic experiences and when we ignore their unique experience we are denying them the support and service they deserve. Many of the women we work with deal with their trauma in ways that staff find challenging. We recog-

nize that the "nice, abused woman" is the client of preference. The impact of trauma on the women we work with affects their coping skills and relationships with others. The staff's job is to support and model behaviors that are positive.

We collaborated. We understand that in order to provide holistic care we must create meaningful partnerships with organizations that share our commitment to trauma-informed practices and are skilled service providers. By doing so we can ensure we are making thoughtful referrals and strengthening our own service delivery.

We committed to continuous learning. We invest the time and resources to train staff, volunteers and board members. We provide current, relevant trauma training and workshops on harm reduction. We ensure this training is given by or informed by women with lived experience. Our staff team is diverse and we build their skills based on their individual needs.

We committed to public policy advocacy. Traditionally our clients have a limited voice in the policy process. We use our platform to provide opportunities for survivors to be involved in matters that are important to them by hosting community forums, providing opportunities for them to deputize at City Hall and providing them with the support and resources to do so. We consult them when we are creating media campaigns, educating the public, advocating, researching and reporting on issues that affect them.

We expect the women we work with to change and yet we find change a challenge for ourselves. We support staff in their struggle to work in a new way, individually in supervision and in staff meetings. We recognize vicarious trauma experienced by our staff if left unaddressed can limit their effectiveness and cause mental and emotional harm. All staff have had trauma-informed training.

Being trauma-informed is constantly evolving and changing our ways of working. Just as we must continuously check our power and privilege, we must challenge our practices and each other. We cannot constrict ourselves with rigid policies and procedures and we need to push back at funders and stakeholders who require us to do so.

In the anti-violence against women sector we often call ourselves the experts of this work. We do this because violence against women is often reported on in the media in insensitive and harmful ways without our consultation. However, we are only the experts because our clients supply us with the knowledge. Being trauma-informed is continuously seeking that knowledge. It is not their job to teach us, but it is our job to learn, and it is a job we are privileged to have. They are the experts of their trauma and they must always guide our work.



Interview with Monique Maitte,

Member of *Le Collectif des SDF Alsace (Alsace Homeless People's Collective)*.

Questions by **Céline Figuière**.

WHAT CIRCUMSTANCES LED TO YOU LIVING ON THE STREET?

Monique Maitte: Relationships usually end badly, and mine ended in tragedy. On the surface everything was going well, we were married and lived in a big house, I had a well-paid job in financial engineering and we would spend weekends at our house in the country. But it was a harmful relationship that I had become “addicted” to. One day, he hit me harder than usual. I was in pieces and I had to spend a year in hospital. This had been going on for a long time but I had always covered it up. No one wanted to accept that this was the truth and I was abandoned by my friends and family. I was alone, in hospital, with no money because my husband had got everything back.

When I was discharged from hospital, I was given a list of organisations to contact. I chose one called Paroles de femmes (Women’s words), because I liked the name... But when I got there, I didn’t feel comfortable amongst all those women and their children. I just needed some peace and quiet so I could rest. I left, I turned down all the offers of accommodation and I moved into a squat next door to the organisation. I was the only woman among eight men, and lots of dogs and cats.

Living in that squat for a while helped me get my strength back. In the space of six months, I took over running the squat and laid down some house rules. We each had to put money in the kitty every day so we could go shopping to buy food and we were not allowed to drink before 10 o’clock in the morning or on an empty stomach. It was a bit strict – actually they called me “The General”! We recreated a sort of family, and once those rules had been set down, we also hosted women because they could be safe there.

WHAT IS YOUR OPINION OF SOCIAL WORK SUPPORT?

M. M. : When I met social workers after coming out of hospital, they went on at me about timing, being positive, reporting him, legal obligations. But all I wanted was somewhere to rest.

When something like that happens to you, you plunge into such a catastrophe - everyone abandons you and you have to find your own means of resistance. I felt like they were confining me in the role of a victim, which wasn’t going to help me move on. I used to say to the people at the Job Centre and at the services: you know, I had a life before this; I am much more qualified than you are!

You can be critical about service provider organisations but you still have a kind of affection for the social workers. Even if I still like to remind them that no matter what they get taught at school, supporting somebody is the best part of their job. Social workers give support and encouragement. It’s an ounce of stability in an unstable life and in the midst of madness. I found that in a social worker, and I understood it when I was working as a support worker myself later

on. I was actually employed for seven years at Strasbourg prison, giving the inmates guidance on which skills training to choose. There, I experienced a return to a stable life, without the meds, without seeing a shrink. I didn’t need support anymore because, as I had a job, I was cured – that’s what they said. But that wasn’t true, my life on the street was still a part of me, my experiences were still a part of me. Being a support worker made people listen to me again, I was more credible as a campaigner, I understood the social workers better and my anger went away.

After seven years on a temporary employment contract, I still couldn’t get a permanent job and I couldn’t get the paperwork together for the Job Centre, so I went back to living on the street. All the old fragility came back, exactly as it had been.

WHAT ARE YOUR MAIN PRIORITIES IN CAMPAIGNING?

M. M. : The Collectif des SDF (Homeless People’s Collective) was set up when the Don Quichotte movement was going on. We had about sixty tents in Strasbourg and I organised everything. They forced us out of there, then they created those little houses for homeless people.

As a campaigner, I criticise things that don’t work, but I think I was going after the wrong target for a long time. Today, I fight against public policy and the big NGOs that seek out every market so they can make money and kill off the small, creative NGOs. We need to show human kindness and sensitivity to people and that’s what’s disappearing at the moment.

I want to show that you cannot treat homeless women in the same way as you treat men, that they experience other kinds of violence, that they forget their femininity to protect themselves on the street. We need specific places for women, where they can have a space for themselves, where they feel safe, or we can keep the mixed services but make a space for women so they are not always being looked at by the men. I think there is also something missing in social workers’ discourse, and this is support in the more intimate aspects of a woman’s life. Intimacy is only taken into consideration in medicine, which has got a stranglehold on that area and I can’t understand why. I think there should also be women-only day centres, so they can rest there. Now, they go to public spaces during the day, libraries for example. But when those close they ring the accommodation hotline, which doesn’t have anywhere to offer them. So they get out of sight, they hide away so they can protect themselves. Or they learn to defend themselves, by finding their own weapons – for me it was ‘key handling’...

I speak at a lot of conferences, about homeless women, and I train social workers. We need to get away from this catch-all word, ‘homeless’. There are more and more of us on the street, we are prey to danger, and we have been highlighting this problem for years!



Domestic violence and the link to homelessness in Romania

By Ian Tilling, founder and president The Casa Ioana Association - www.casaioana.org

Casa Ioana is a Romanian NGO, established in 1995 and opened the country's first emergency night shelter in Bucharest in 1997. Since 2005, Casa Ioana has focused on providing temporary accommodation and professional psychosocial support and has grown to be the largest NGO providing these types of services to women and children experiencing domestic abuse and family homelessness in Bucharest.

According to the Mediterranean Journal of Social Sciences, homelessness has become chronic over the last two decades in the context of marginalisation by policy makers, lack of research data and solid analysis¹. In addition to the more traditional pathways into homelessness, new and very specific issues have emerged, including young people leaving the child protection system, the restitution of nationalised houses, homelessness through real estate fraud, where an owner is tricked into signing a sales agreement instead of a rental agreement. Family breakdown and domestic abuse are other important issues with the latter affecting women and children in particular. Various estimates show that the vast majority of people experiencing homelessness, i.e. more than 80%, are men, which is consistent with findings in other countries. The level of education is low: almost half have completed at most lower secondary schools and vocational schools. A large proportion of the homeless population have medical health issues but face major problems in accessing health services.

In Romania, there is a serious lack of statistically robust quantitative studies at the national level making the extent of homelessness difficult to estimate and quantify, including data on female and family homelessness. Consequently, public policies are based mainly on the results of studies and researches conducted by NGOs working with people experiencing homelessness, such as Samusocial Romania, Casa Ioana or by academia such as the Research Institute for Quality of Life in partnership with the National Institute of Statistics. Although there have been several attempts to offer estimates on the size of homelessness in Romania using figures generally based on local authority reports, there has been no robust supervision of the researchers on the methodology used by each of the municipalities (Dan, 2007).

Since 2011, the national census has included homelessness. The results show that from the total population, 165,000 people were classified as living in collective housing spaces or sleeping rough².

Between 1 January and 31 December 2011, 113,495 'marginalised persons' were registered with the local authorities of which:

- 41,085 did not own or rent a place to live
- 161,806 lived in inadequate conditions
- 10,604 were older people without legal guardians or care givers

According to Eurostat, in 2011, 17.1 % of the EU-28 population lived in overcrowded dwellings with the highest overcrowding rates registered in Romania (54.2 %)³.

The Erasmus+ Strategic Partnership Project "Ways out of homelessness", led by the Budapest Methodological Centre of Social Policy and Its Institutions (BMSZKI, HU) in partnership with organisations from Hungary, Poland, Romania (the Casa Ioana Association), the Czech Republic and FEANTSA, is aiming to encourage the use of evidence-based practice to support pathways out of homelessness in specific local policy contexts.

There is no national integration strategy for people experiencing homelessness in Romania, who have always been included as a general priority in anti-poverty policies, as they are considered a vulnerable group. Following Government Decision (197/2006), a National Interest Programme (NIP) was launched with the aim of combating social exclusion through creating emergency social centres. Importantly, the Government provided a definition of 'homelessness' for the first time through Law 292/2011 on the National System of Social Assistance.

Although declining, in 2014 the rate of people at risk of poverty or social exclusion in Romania (40%) was the highest in the EU⁴. Despite the declining trend, more people are facing monetary poverty against the background of increasing inequalities and a limited impact of social transfers on reducing poverty. Severe material deprivation continues to be a challenge for 26 % of the population (three times the EU average) Almost a third of Romanian children were living in severe material deprivation and one in two children was at risk of poverty or social exclusion and in-work poverty remains the highest in the EU.

In Romania, the term social housing is officially defined as 'public dwellings with subsidised lease, allocated to individuals or families whose financial position would not otherwise allow them access to tenements leased on the market'. However, according to Housing Europe, Romania's social housing stock represents just 2.3% of the national housing stock⁵.

Solutions to prevent homelessness have not been developed and both local authorities and NGOs have a reduced capacity to intervene on the issue, with most focused on providing emergency aid or information services.

1. <http://www.mcser.org>

2. Romania's answers to the Questionnaire addressed by the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context

3. http://ec.europa.eu/eurostat/statistics-explained/index.php/Housing_statistics

4. http://ec.europa.eu/europe2020/pdf/csr2016/cr2016_romania_en.pdf

5. <http://www.housingeurope.eu/resource-120/social-housing-in-europe>



“many victims choose not to speak out against the aggressor due to a lack of resources to turn to and fear of stigma or shame by the community”

The fastest growing segments of people losing their homes are women and families with children⁶. Unfortunately, thousands of children experience homelessness alongside their parents every year, sleeping in cars, shelters, and abandoned buildings. They move around continually, resulting in school disruption and even school dropout. Families are the fastest growing segment of the homeless population. Many families, including children, have experienced trauma prior to losing their homes. Their homeless experience compounds the suffering, resulting in a cycle that is tragic, damaging and costly to both individuals and communities. Research indicates that the typical family who has lost their home is headed by a single mother, usually in her late twenties. She has with her two or three young children. More than 90% of sheltered and low-income mothers have experienced physical and sexual assault over their lifespan.

Romania has a strong Orthodox cultural and social tradition. The patriarchal mentality and behaviour is the natural and consequential result of this tradition. The perception that women should be the ones who must always be obedient and respectful towards their husband and the male dominated society is a general perception in Romania.

Domestic violence in Romania was brought to national attention by the results of a 1999 survey that found the incidence of physical abuse reported by women was higher than in other Eastern European countries. Domestic violence is one of the most serious problems facing contemporary society; it is also one of the few social issues that affects countries irrespective of a country's economic standing. For example, according to the Council of Europe, in EU member state countries, one in four European woman experiences domestic violence at some point in her life and between 6% and 10% of women suffer domestic violence in a given year⁷. It is also a leading cause of family homelessness.

Domestic violence is a serious problem at all levels of Romanian society although a serious lack of statistically robust quantitative studies exists at present. Moreover, much of the data collected on domestic abuse by the authorities does not include gender specific information, making the extent of domestic abuse in Romania difficult to estimate and quantify. Romanian courts have tried relatively few cases of

domestic abuse, as many cases either are resolved before or during trial because of the victim reconciling with the abuser and/or the victim's insistence not to press charges. Romania's criminal law imposes stronger sanctions for offenses of violence against family members than for similar offenses against non-family members.

In Romania, domestic violence is not often discussed in political or media circles, and ranks among the lower tier of European Union member states in overall awareness⁸. While awareness is low among the Romanian population, tolerance of domestic abuse is abnormally high. According to research provided by the National Institute of Legal Medicine, “Mina Minovici” and the Centre for Urban and Regional Sociology, 60% of Romanians are tolerant towards violent behaviour within the family, believing that such acts are justified and in certain cases acceptable. Moreover, many victims choose not to speak out against the aggressor due to a lack of resources to turn to and fear of stigma or shame by the community⁹.

According to Occupy for Animals and The Making the Link Study Group¹⁰, at the end of 2012, there were 59 government and privately run shelters providing free accommodation, food, assistance and counselling services, as well as 23 other facilities that provided support and counselling services. However, as was picked up by the 2012 Country Report on Human Rights Practices in Romania¹¹, these service centres were insufficient in number and too unevenly distributed to address adequately the widespread nature of domestic violence throughout the country.

As highlighted by legislationonline.org, the uncertainty caused by a difficult transition process and the related economic crisis put women's issues in a shadow. Due to the lack of contribution of the main opinion leaders (political parties, media etc.), there is a serious deficit in defining and approaching the situation of women and, in identifying the causes and formulating the strategies and policies for the improvement of this situation¹². Consequently, at public opinion /community level, gender issues are unclearly perceived and marginalised, deterioration of the situation of women and the infringement of basic women's rights in some segments of society being received with no reactive attitude.

6. <http://casaioana.org/en/about-family-homelessness/#effects-of-family-homelessness>

7. <https://wcd.coe.int/ViewDoc.jsp?id=280915>

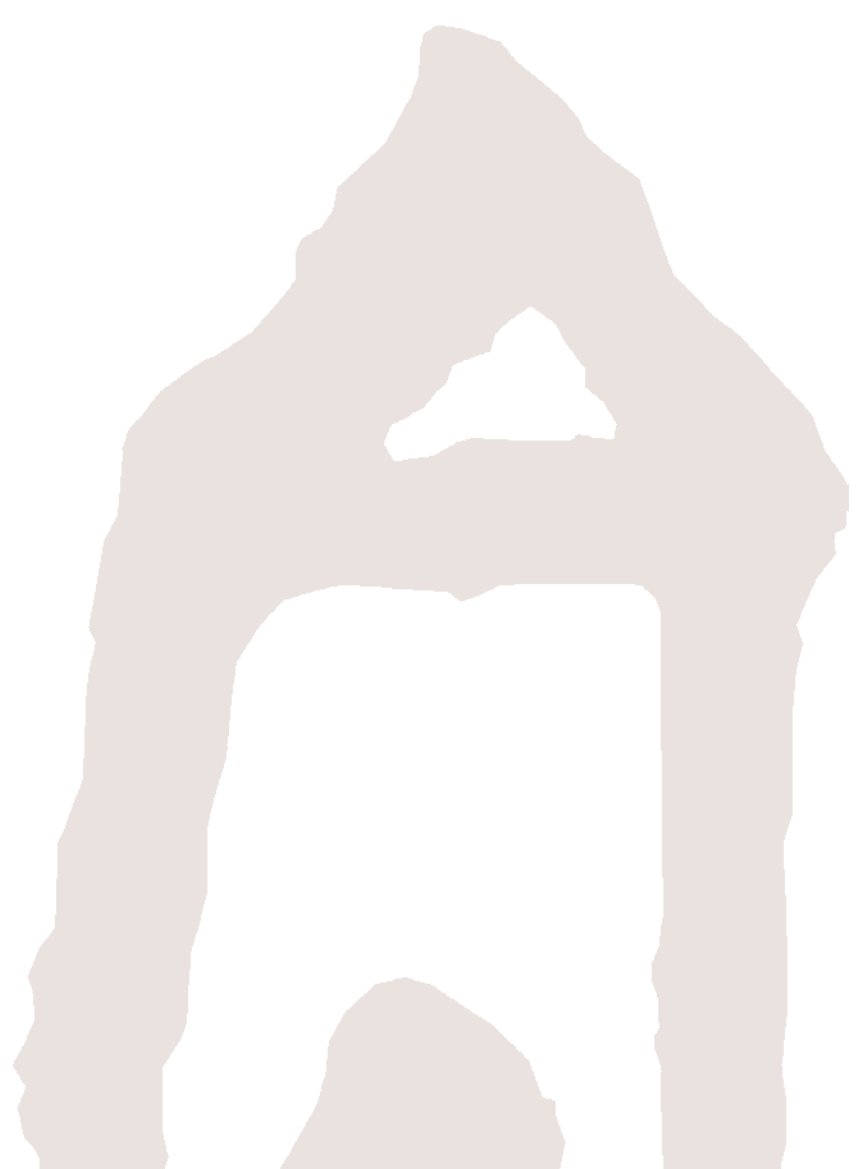
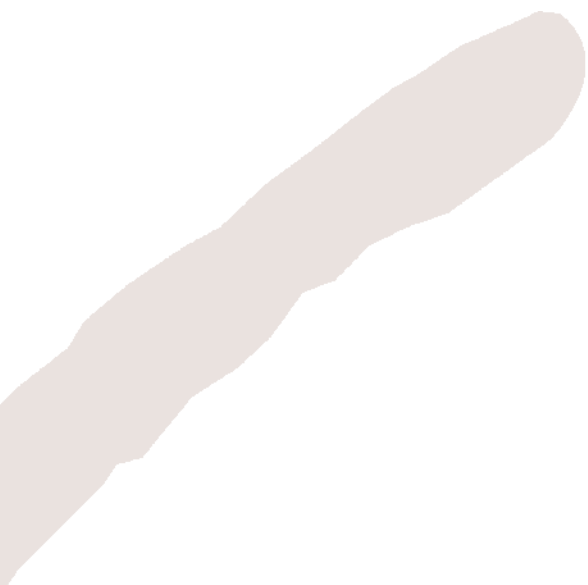
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10. <http://sufferinginromania.weebly.com/the-women.html>

11. <http://www.state.gov/documents/organization/204540.pdf>

12. <http://www.legislationline.org/documents/id/770>



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Cover image ‘Bird Queen’ by Chris Wilson

After many years of living in the streets and prisons of the USA, British-born Chris was extradited back to the UK. Since becoming drug and crime free, he has gained a First with Distinction from the Chelsea College of Art & Design. He exhibits his work privately, and through Cafe Art (www.cafeart.org.uk) in London.

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