Supplementary Report: Literature Review on Gendered approaches to service provision

Fiona M. Smith (f.m.smith@dundee.acuk) and Marisol Lopez; University of Dundee, 2019.

Overview

The aim of this review is to provide an overview of research on service provision which is tailored to the needs of women, particularly in relation to the often inter-connected fields of gender-based violence, homelessness and substance use. It draws primarily on published academic research as well as key reports from policy and practice-based organisations in these (and related) fields.

While there are commonalities in significant factors which affect women's and men's experiences of issues such as homelessness, or substance use (poverty, ineffective welfare provision, trauma: Flanagan *et al.*, 2019; Mayock and Bretherton, 2016) there is also evidence that women's experiences of these issues, and the ways in which support services are provided, may differ significantly. In recent years, research and policy have increasingly recognised the complex needs of women who access services for support in relation to gender-based violence (GBV), substance use and/or homelessness. However, the extent to which such gendered approaches to service design and delivery have been adopted into practice varies substantially and there can be contradictions with other aspects of policy. For example, integrated service responses to domestic and family violence in Australia are valued by service users, providing sustained relationships with support workers which in turn enhance engagement between service users and support systems. However, Flanagan *et al.* (2019) identify how other welfare policies and policies which result in limited availability of "safe, secure and affordable" housing contradict such moves and may result in women who experience gender-based violence returning to a violent relationship because this is perceived as the 'safer option'. Thus while services can (and should) be developed to be more effective, there is also a need to consider the interconnected impacts of diverse aspects of policy and practice.

Studies repeatedly demonstrate that there can be multiple barriers to women accessing services, ranging from complex and fragmented service landscapes (Cameron *et al.*, 2016) to lack of training and capacity in service organisations, concerns among service users about stigma and the implications of approaching service organisations (Rose *et al.*, 2010). Service organisations report that women with particularly complex needs can repeatedly present at multiple services at various crisis points, resulting in responses that may be largely ineffective in promoting long-term change and stability and are inefficient in terms of managing resources (Ceannt *et al.*, 2016). Issues such as gender-based violence (GBV)/ violence against women

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(VAW)[1], substance use and homelessness may not be effectively addressed, resulting in situations where women's experiences are 'hidden' and their needs are not fully understood or met (Mayock and Bretherton, 2016). Increasing focus is therefore being given to developing appropriate models of service delivery for this client group (Allcock and Smith, 2018), although the caveat noted above about the possible contrary effects of wider government policy on issues such as welfare systems and housing policy should also be kept in mind.

Routes into and experiences of substance use and homelessness have distinctive gender-specific aspects. Both are also highly linked to women's experiences of gender-based violence. Research in relation to substance use and drug related deaths has highlighted significant increases in the numbers and proportion of women among deaths related to substance use in Scotland (Tweed *et al.*, 2018). Whilst fewer women make up official numbers of those who are homeless than men, research highlights that the route for women into and out of homelessness is significantly related to experiences of gender-based violence, experiences of abuse in childhood or other experiences of trauma (Moss and Singh, 2015) and that women's experiences of

homelessness may remain relatively 'invisible' (Mayock *et al.*, 2016).

Nevertheless, the available literatures does point to key issues about the intersections of women's complex needs and the characteristics of examples of positive interventions.

Why this research is important

Women's experiences of homelessness, substance use and domestic violence have a number of distinctive characteristics and are often inter-connected. In an international scoping review of published research Phipps *et al.* (2019) identify that women represent the fastest growing segment of the homeless population and that they had distinctive experiences and needs in relation to six key themes:

- pathways into homelessness (where gender-based violence is a significant factor – see also Reeve *et al.*, 2006; Browne, 1993);
- trauma, victimization and adverse childhood experiences (see also Holt *et al.*, 2007; Kushel *et al.*, 2003; Tucker *et al.*, 2005);
- mental and physical health issues, including the intersection between homelessness, substance use and trauma (Christensen *et al.*, 2005);

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[1] The terms gender-based violence (GBV) and violence against women (VAW) are not identical, but they are used largely inter-changeably in this report due to their common usage among service users and service provision organisations involved in the research.

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- barriers to accessing treatment and experiences with service providers where ineffective service provision, stigma or the contradictions between different modes of service provision can result in poor outcomes as issues remain 'unresolved' (Mayock *et al.*, 2015; see also Martins, 2008; Sznajder-Murray and Slesnick, 2011; Larkin and Park, 2012; Rose *et al.*, 2010);

- social support and life satisfaction (Letiecq et al., 1996), including the improved outcomes of approaches which utilise trauma-informed practice (Moore, 2016) and "housing first" interventions (Patterson *et al.*, 2013; Hopper, et al., 2010);

- and what Phipps *et al.* (2019) call the importance of considering a "strengths-based approach" to women's homelessness, which acknowledges the complexities of the lives of homeless women, taking into account their diverse experiences and needs, and supporting women in their autonomy by paying attention to women's own accounts of their experiences (Bukowski and Buetow, 2011; Fortin *et al.*, 2015; Lewinson, *et al.*, 2014).

Similar findings of the importance of addressing the inter-connectedness of gender-based violence, homelessness and substance use emerge from other studies, all of which provide evidence that social and economic inequalities, which affect women in particular, and their disproportionate experience of gender-based violence, as well as their responsibilities for children all contribute to distinctive experiences. Key issues include:

- Women are more likely to experience 'invisible homelessness', for example by staying with friends and family due to fears about the situations in which they may find themselves if they declare themselves homeless – for example the danger of violence on the street, or fear of social service interventions around their children (Mayock *et al*.). There is also a need to understand that homelessness is not always a consequence of GBV, but that women who are already homeless are at increased risk of GBV, for example in the context of homelessness accommodation, or being exposed to further victimisation or exploitation (Reeve *et al.*, 2006);

- Women's experiences are more likely to be affected by abuse or gender-based violence in childhood

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or adulthood as well as to issues such as parent or partner substance use (Moss and Singh, 2015; Stein et al., 2002; Engender, 2017; Salter and Breckenridge, 2014);

- Women are more likely to suffer a large loss of assets and income following a family breakdown (Warrener and Koivunen, 2014);
- Women are particularly at risk of becoming homeless after leaving an abusive partner (Scottish Government, 2018);
- At the same time many women may be unaware of the support available to them - 84% of women were not aware of their options after having experienced domestic violence and did not think staying at home would be an option to them (Scottish Women's Aid, 2015).

Furthermore, there is the need to address the diversity of women's experiences and not to assume that all women have the same needs, taking into account, for example differences around having children or not (Letiecq *et al*., 1996), around ethnicity, Kulesza et al., 2016; or in relation to sexuality, disability or older age, Gonyea and Melekis, 2017; Women's Aid, 2019).

As an indication of the range of issues that are significant for women in relation to homelessness, substance use and domestic violence, the following figures were reported by St Mungo's (a charity which supports individuals experiencing homelessness):

- almost half of female clients had experienced domestic violence, and 19% had experienced abuse as a child, compared with 5% and 8% of men respectively;
- a third of the women St Mungo's worked with said domestic violence had contributed to their homelessness, compared to 8% of men;
- almost half of the charity's female clients are mothers. 79% of these women have had their children taken into care or adopted;
- 70% of women who St Mungo's work with have mental health needs, compared to 57% of men ;
- more than a third of their female clients who have slept rough have been involved in prostitution;
- almost half of their female clients have an offending history and a third have been to prison. Over a third of women in prison have nowhere to live on release, women are more likely than men to lose accommodation while in custody.

These statistics, amongst others, demonstrate the imbalances in inequalities that women face and that the issues of

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homelessness, substance use and gender-based violence are also interconnected for women with other issues such as motherhood, sexual exploitation, and incarceration. They also indicate how these issues can severely compound the experiences women face and the complexity of the support requirements they have. In relation to rough sleeping and homelessness, for example, Bretherton and Pleace (2018) report that women sleeping rough tend to be younger and are significantly more likely to be aged 25 of under than men and that women avoided homelessness services (such as hostels) which were designed primarily with male service users in mind (due to violence and threats).

Wider research indicates the impact of social and economic inequalities on women's lives. Dundee City has some of the highest rates of inequality in Scotland, being the local authority with the fourth largest share of highly deprived data zones in the country (using the Scottish Index of Multiple Deprivation) and the Dundee Health and Social Care Partnership (2019) has been established to tackle these inequalities. Dundee City has the second highest rates of drug deaths in Scotland, with a disproportionately high rate of female drug deaths at 41%, whilst the Scottish average lies at 29%. During the implementation of the current research,

the recently created Dundee Drugs Commission (2019) released a report quoting a 212% increase in drug deaths amongst women (compared to a 75% increase for men) from the annual averages of 2004-2008 to 2014-2018. These figures highlight the increasing problem drug usage presents for the safety of women in Dundee and the need to appreciate the interconnectedness of women's needs.

Why women need specialised service provision

As outlined above, research has provided significant evidence that women have different needs to men. The report *Women and girls at risk* (McNeish and Scott, 2014) stated that women are particularly disadvantaged in the following areas:

- contact with the criminal justice system,
- homelessness,
- sexual exploitation,
- mental health problems,
- and drug and/or alcohol problems.

Addiction and substance use also include gender-specific aspects. Fang *et al*. (2014) found that women are likely to be the primary or sole caregiver of their children. The pressure to conform to the traditional gender role of being a mother was found to have adverse effects on substance usage. They found that the discourse in alcohol

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and drug services often includes a focus on building independence and that because of this, the dependency caused by motherhood was viewed as a barrier to recovery by service providers. Services were found often to prioritise abstinence over the wellbeing of mother and child. Punitive services, which targeted addiction through punishment measures, such as removing the children as part of the treatment plan, were often implemented but ineffective as they did not take into consideration the complexity of the inequalities faced by the women and histories of abuse which heavily influenced their psychological state of mind. Involving child protection services to take the children into foster care whilst the mother "recovered" left the mothers in a state of grief and significantly worsened their wellbeing. Promising innovative strategies identified by the authors included the reality of the female gender construct and took this into consideration on top of solely treating the addiction. However, these strategies were often based in grassroots projects and had no conclusive evidence to back them up as yet.

Comprehensive services which take into consideration individual counselling, housing, transport and childcare support options are often found to be more effective solutions (Salter and Breckenbridge, 2014). Following a family

breakdown or a divorce, women are more likely to suffer financially than men. This is associated with the difficulty of finding employment and managing a household simultaneously (Warrener and Koivunen, 2014).

Suggestions for best practice

Despite the issues identified by the previously mentioned research, both academic and organisational research have provided suggestions for future service development. Services for homeless women have previously been found to be very fragmented (Cameron *et al.*, 2016), which is likely to result in in a lack of coordination and can lead to the women receiving conflicting advice. Despite this, a good relationship to the support workers can negate the negative effects caused by this kind of fragmentation (also Rose, *et al.*, 2010; Flanagan *et al.*, 2019). When support workers are empathetic and provided continuous support, women are far more receptive to their support. Even when organisations might not coordinate well with each other, women service users have been found to value positive relationships with an empathetic support worker and to be willing to use that to navigate the complexities of the service landscape (Cameron *et al.*, 2017).

Warrener and Koivunen (2014) suggested that services should have a screening

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mechanism for domestic violence. They also advise assessing women for basic needs such as housing and food and to be considerate of women who are struggling emotionally. Interestingly they also suggested services implement tailored interventions for middle class women who may struggle with the loss in income after a divorce or split from a partner (and may not qualify for means-tested services, such as social housing).

Research suggests the need to take various issues in to consideration when developing strategies tailored towards women. Bloom (2015) developed six guiding principles to consider when developing a service strategy for women:

Gender: acknowledge that gender makes a difference,

Environment: create an environment based on safety, respect and dignity,

Relationships: develop policies and practices that are relational promote healthy connections to children, family, significant others and the community,

Services: address substance abuse, trauma, mental health issues in a comprehensive, culturally relevant way,

Socio-economic status: provide opportunities to improve socioeconomic conditions,

Community: establish comprehensive and collaborative community services.

Once services have reviewed their service strategy, recommendations for frontline practitioners can be useful. The Prison Reform Trust (2013) suggested that gender-responsive practice can be divided into five parts:

Relational - recognising that women develop self-worth through their relationships with others and are motivated by their connections with other people,

Strengths-based - using each woman's individual strengths to develop empowered decisions,

Trauma-informed - recognising the ways in which histories of trauma and abuse impact upon a woman's involvement in the criminal justice system,

Holistic - providing a comprehensive model that addresses the multiple and complex needs of women offenders,

Culturally-informed - services recognise and respond to the diverse cultural backgrounds of women offenders.

In relation to women's experiences of substance use services, Tweed *et al*. (2018) stated that women's experiences "may interact with other risk factors such as abusive or coercive relationships, commercial sex work, experiences of

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trauma, mental health issues, and changes in drug treatment services". Tweed *et al.* (2018) make the following set of recommendations:

• "Adopt gender mainstreaming approaches - this refers to a systematic and meaningful consideration of the implications for both women and men when developing, implementing, and evaluating changes in policy and practice, with a view to promoting gender equality.

• Prioritise the development of trauma and violence-informed, and psychologically informed, approaches and services which recognise and respond to previous experiences of adversity and their ongoing influence on people's circumstances and engagement with treatment.

• Provide enhanced support at specific times of vulnerability, such as bereavements and loss of child custody.

• Provide additional assistance for individuals with benefits, housing, and legal issues, to help mitigate challenging financial and social circumstances - particularly those associated with welfare reform. These might usefully be delivered through integration or co-location with drug treatment services and in other healthcare settings.

• Explore the feasibility, evidence base, and preferences for gender-concordant workers and female-specific support and recovery groups."

These recommendations target some of the issues identified by the research outlined in previous pages. Trauma-informed practice is a theme which runs throughout policies related to issues around both drug use and gender-based violence. The following segment will entail the meaning and relevance of trauma-informed services.

Trauma-informed services

Trauma-informed service provision is becoming increasingly recognised as a crucial component to providing support for individuals with a history of traumatic experiences (NHS Education for Scotland, 2017; see also Hopper *et al.*, 2010). As women from chaotic backgrounds are highly likely to have experienced abuse in childhood or in adulthood, it is vital for services to take consideration of the emotional and psychological impact this has on the women who have experiences it. In response to this, NHS Education for Scotland (2017) have implemented a set of recommendations towards support services to adopt trauma-informed practice at all levels. Trauma can refer to a singular event, such as a car crash, or a series of events, such as domestic or sexual abuse, torture, or warfare. The framework was separated into four levels of knowledge:

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- **Trauma-informed practice** (for <u>all workers</u> in Scotland): includes recognising the different types of trauma, how widespread it is and avoiding "re-traumatisation" through repetitive recollection of traumatic events,
- **Trauma-skilled practice** (for workers with <u>direct and frequent contact to people affected by trauma</u>): this includes recommendations to that child and family workers understand the impact of trauma and can recognise and work with indicators of trauma, and the need to work with principles of safely and psychological first aid,
- **Trauma-enhanced practice** (for workers who <u>regularly give advice to individuals affected by trauma</u>): this requires more specific training that understands the impacts of trauma on aspects such as risky behaviour (e.g. in relation to self-harm, sexual behaviour, or substance use)
- **Trauma-specialised practice** (for workers who provide <u>evidence-based treatment</u> for those affected by trauma with <u>complex needs</u>).

Services which work "by the book" and aim to change individual behaviour, i.e. in addiction services, can be insensitive towards women who are experiencing abuse. Services which take into consideration the complex factors and individual history which affect life circumstances were viewed in a much more positive light by service users (Salter and Breckenbridge, 2014).

The importance of "women-only" spaces

Whilst female-only spaces have the potential to be beneficial for a range of issues, they are of particular benefit when recovering from abusive relationships. Women's refuges and other women-only services have the ability to provide a place of safety, and indeed a "more-than-safe space". Whilst a secluded location itself plays a role in the process, the relationships built with workers and other service users may create spaces for recovery and acceptance (Bowstead, 2019). In all areas, women-only spaces can provide a place of acceptance and safety, of being able to fully express emotions without fear of repercussions, and even engage in meaningful and constructive "conflict" or disagreement. These elements all contribute towards providing a place where women can engage in their own recovery from trauma and learn to process their experiences in novel and transformative ways (Lewis *et al.*, 2015). Likewise, in relation to housing need, understanding the importance of avoiding repeated experiences of vulnerability by creating

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appropriate, supported forms of housing (such as housing first approaches) forms an important basis for safety (Patterson et al., 2013; Women's Aid, 2019).

Conclusion

This review has demonstrated the need for services to take significant account of the specific needs of women in order to improve engagement with those services and the outcomes for the women, and their families. There is a particular need for services to adopt trauma-informed practices and to practice gender-sensitive approaches. It also highlights the importance of taking account of the complex intersections of diverse aspects of the lives of women who use services and of listening to their voices.

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