



Gendered Services Group

Briefing Paper

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Dundee
Violence Against
Women Partnership

Gendered Services Group Origins

In 2018 Dundee Violence Against Women Partnership began to review pathways for women affected by violence and multiple disadvantage in the city from a 'whole systems perspective.' The Pathways review process was tasked to consider VAW pathways (including pathways for vulnerable women) and service provision within Dundee using a whole systems approach. Some of the key issues we identified were a lack of resources to provide consultation for wider non-specialist services, difficulty meeting the needs of women with multiple and complex needs, lack of structured VAW training and workforce development opportunities and all of these leading to increased pressure on specialist services and strain on their resources. As a result, the focus of the work became to develop consultancy and capacity building in mainstream, statutory services to bring about the lasting and impactful change as well as reducing the pressure on specialist services.

At the same time a number of transformation activities were ongoing in Dundee (including substance use and homeless services) and a separate working group was set up to look at the needs of vulnerable women.

These two groups merged at the end of 2019.

Dundee Drugs Commission

In addition to this, the Dundee Drug Commission was published and recommendations gave clear message about gendered approaches.

Recommendation 15: Ensure that the needs of women who experience problems with drugs are assessed and addressed via adoption of gender-mainstreaming and gender-sensitive approaches to service planning.

Gendered Services Research

At this time, research was also commissioned to look at the needs of women in Dundee. It was funded by the Scottish Government Challenge Fund, with the funding secured by Dundee Women's Aid. An oversight group was set up, which included representatives from Dundee Women's Aid, Dundee Voluntary Action, Dundee Health and Social Care Partnership (Integrated Substance Misuse Services), and Dundee City Council Housing Services.

The formation of the gendered services group was supported by the above recommendations and research. The Gendered Services group is focused on those who identify as female and how to ensure support meets their needs, however, it is recognised that a gendered analysis is important for other groups such as men and non-binary individuals and this work is being developed.

Aims of the Gendered Services Group

1. Lead the strategic and operational planning for gender sensitive and trauma informed services in Dundee (e.g. for women experiencing VAW, substance use, homelessness and a range of other complex issues)
 2. Consider current pathways and provision and identify gaps and risks
 3. Develop and implement tests of change to improve pathways
 4. Develop a reference group of women with lived experience
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How Will We Achieve This

- Ensure information about existing women's services is widely available
- Lead the co-ordination of the response to recommendations from research carried out by DWA/University of Dundee
- Through the training consortium lead on L&WD to develop and cascade training around gendered responses for mainstream services
- Support and contribute to development of trauma informed training across Dundee.
- Continue to support the implementation of Safe and Together in Dundee
- Lead on the Dundee Drugs Commission Action Plan for Change; Recommendation 15 – 'Ensure gendered approaches are considered in all activities and accommodated in design and delivery of services'
- Coordinate the development of services for vulnerable women with complex needs
- Identify and implement (through tests of change) ways to streamline and integrate, to make better use of the resources we have and seek to attract additional resources to develop collaborative responses

What does gender have to do with It

Gender is the range of characteristics pertaining to, and differentiating between, masculine and feminine characteristics and traits. Depending on the context, these characteristics may include biological sex, sex-based social structures, or gender identity. Most cultures use a gender binary, having two genders; those who exist outside these groups fall under the umbrella term non-binary. Some societies have specific genders besides “man” and “woman”, such as the Hijras of South Asia; these are often referred to as third genders. To express this;

- some people may change their physical body to match who they really are
- some people express their gender differently for example by the way they dress
- some people identify as neither a man or a women or as both
- for some people their gender is fluid and can change

Examples of how society defines this binary in expected behaviours include;

- Girls wear pink, are emotional, caring and submissive
- Boys wear blue, are strong, courageous, and leaders

Despite the progress made around our expanding understanding of gender, stereotypes still exist around traditional gender roles and continue to impact and shape how we function in society. Gender based approaches are not only important for men and women but therefore important in the LGBTQ context as people express their gender in ways that differ from the normalised and dominant behaviours within society.

The main point we hope to illustrate is that men and women and non-binary individuals experience the world differently. They will face different issues, have different prevalence rates, the reasons for the challenges they face will differ and they will be more or less likely to experience certain issues just because of their gender. Whilst the Gendered Services Group is focused on women, other areas of work are important to consider the specific issues faced by men and other gender groups. However, it is arguable, that currently services are more accessible to men for a variety of reason part of why a need for a specific focus on women’s issues was identified.

For example, two thirds of people accessing substance use services are male. This begs the question, is this because more men have substance use issues or is it because the services are set up to suit them and their needs and/or are there more barriers to accessing services for women?

The Gender Matter Reports (2019) points to a significant number of women who face combinations of severe disadvantage at least as serious as those faced by men and on an equivalent scale. Part of the reason this hasn’t been so visible before is that we have relied on administrative data from services, and so the experiences of people who aren’t on their caseloads have remained hidden.

Examples of the Gendered Experience

- 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' and undocumented (Mayock et al., 2016).
- Women are more likely to suffer a large loss of assets and income following a family breakdown (Warrener and Koivunen, 2014).
- Dependency caused by motherhood was viewed as a barrier to recovery by service providers (Marisol Lopez and Dr Fiona Smith, 2019).
- Women often experience increased vulnerability and exploitation when faced with mixed-sex temporary accommodation (Marisol Lopez and Dr Fiona Smith, 2019).
- Although reported prevalence of mental health is higher in women (Gender Matters 2019) Men in the UK are 3x more likely to complete suicide than women. Previous research by Samaritans has shown that there are unique factors affecting middle-aged men (Samaritans, 2018).
- Between 30-45% of transgender people report having attempted suicide. Most do so because of the stress of anti-gay stigma, discrimination and harassment (healthyplace.com/gender).
- About 25% of LGBTQ+ people experience violent or threatening relationships with (ex-) partners which is a similar rates to the heterosexual community (reducingtherisk.org.uk).

Gender and Violence Against Women

The Scottish Government has adopted a gendered analysis because research shows that women and men use and experience violence differently.

Men are statistically more likely to use violence (especially severe violence) against other men and against women. Extensive research has shown that males are;

- More likely to repeatedly perpetrate (in line with the long-term dynamic of intimate terrorism)
- More likely to use tactics of fear and control than women (consistent with domestic abuse)
- More likely to inflict serious injury
- More likely to call the police, and not drop charges, and are
- More likely to categorise behaviour towards themselves as 'abuse'

Women and girls are disproportionately affected by domestic abuse, sexual violence and other forms of violence committed mainly by men. This overwhelmingly affects one section of the population and we need to be asking why and doing something about it.

National Reports that demonstrate the need for gendered approaches

Health and Homelessness in Scotland 2018

The report showed a marked difference in the experiences of males and females and according to public health experts it is fair to conclude that females have more significant health impacts linked to homelessness and also they suffer for longer (Dr. Andrew Waugh, Auren Clarke, Dr. Josie Knowles, Dr. David Rowley).

The Impact of Violence on Homelessness in Scotland (2017)

This report was published by the violence reduction unit and demonstrated that women, as well as being more likely to live in poverty, are at higher risk of homelessness as a direct result of violence. Homelessness as a result of domestic abuse is highly gendered, and the vast majority of homeless applications which come as a result of domestic abuse are from women, many of whom have children. Domestic abuse is also closely linked with repeat homelessness’.

Change, Justice and Fairness

This study was carried out by Fife Domestic and Sexual Abuse Partnership, Scottish Women’s Aid and a group of community researchers. They found that in Scotland in 2015–16, of the 34,662 homeless applications, a “dispute within household: violent or abusive” was the reason given for a homeless application by 4,135 applicants

72% of applications were made by women and 36% were made up of women with children. These figures are likely to significantly underestimate the scale of the problem, as women may not disclose that they are experiencing domestic abuse when making a homeless application.

They also found that women have unequal access to safety and resources. Women are;

- Main carers of children and others which affects their housing needs and their lifetime earnings, they are also more likely to be in low paid and part time work
- Twice as dependent on social security than men and more likely to be dependent on housing benefit
- More likely to be single parents (92% of all lone parents are women)
- Over represented in social housing and are in the minority of owner occupiers

Rebuilding Shattered Lives (St. Mungo's) report

Almost half of their female clients have experienced domestic violence, and 19% had experienced abuse as a child, compared with 5% and 8% of men. Women who are homeless are among the most marginalised people in society. Women's homelessness often occurs after prolonged experiences of trauma, including physical, sexual and emotional abuse, frequently within the home. Women who are homeless have a number of severe, interrelated and exceptionally complex problems which contribute to their homelessness and make recovery challenging.

- A third of the women they work with said domestic violence had contributed to their homelessness, compared to 8% of men
- Almost half of our female clients are mothers. 79% of these women have had their children taken into care or adopted. Many are traumatised by the loss of their children and struggle to cope with limited contact
- 70% of women at St Mungo's have mental health needs, compared to 57% of men
- 27% of female clients have a combination of mental health, physical health and substance use needs (26% of men)
- More than a third of female clients who have slept rough have been involved in prostitution
- Almost half of female clients had an offending history and a third had been to prison. Over a third of women in prison have nowhere to live on release and women are more likely than men to lose accommodation while in custody

Gender Matters Report

There are strong commonalities and important differences in the patterns of disadvantage experienced by women and men. Men and women share many of the things described here – adverse childhood experiences, living in places characterised by neighbourhood deprivation, often (but not always) poverty, high rates of social isolation and disability, and insecure accommodation

At the same time, experiences diverge and disadvantages coalesce in different ways. Poor mental health and violence and abuse are particularly significant in the lives of women, and poor mental health and substance misuse in men's lives. Responsibility for child care, and the loss of children, also mark women's experiences out as different. And there are important insights into severe disadvantages faced by BAME women and by women who do not live in poverty (Filip Sosenko, Glen Bramley & Sarah Johnsen, 2019).

Key elements of a Gendered Service

Although these recommendations pertain to those who identify as female, it is worth noting that when providing services to transgender/ non-binary individuals principles about how you sensitively and competently interact with them are important (Transgender rates of violence, forge 2012), therefore these principles are relevant to more than those who identify as female.

- The **values and approaches** underpinning the delivery of the different service components are as important as the service delivery itself. It is the explicit value system, underpinned by understanding the reality of women's needs and lives, which drives a gender responsive service model. It is crucial that it is acknowledged that gender makes a difference.
- The **quality of relationships** between women working in and using services is often what women value most. Relationships should be based on respect and time should be taken to build rapport. Keeping women informed about information sharing, sharing control, respecting boundaries, treating them as human beings and genuinely listening to them are the keys to building meaningful and trusting relationships.
- Having an **understanding of women's lives and the complexity of the challenges they face**, and in particular, how experiences of trauma and abuse are commonplace. Services should be trauma informed and recognise the impact of abuse in order to focus on recovery from this trauma as the primary goal. Behaviours which replicate those of an abuser should be avoided e.g. and the possibility of re-traumatisation should be considered and minimised. Services should understand the non-linear process of healing from trauma and abuse.
- Working from a **strengths-based empowerment model** and a woman's strengths and resilience should be emphasised over issues and problematic behaviour.
- Providing a **physically and emotionally safe space**, which can only be achieved in a women-only environment. Services should understand the importance of being flexible in appointments, understand the dynamics of power and control in therapeutic relationships and how women are attuned to being criticised and judged following experiences of abuse.
- **Holistic provision** that reflects women's individual needs and how they are often interlinked. Where a service is operating predominantly with a single issue focus this may require conducting assessments with specialists from other services in order to develop a support package from multiple sources. Women should be involved in this process and have choice and control over their support.
- Services should be **culturally competent** and support should be person centred and understand each women in the context of her own life experiences and background. Specialist support may be required for some groups such as Black and Minority Ethnic (BME) women or those who face multiple forms of oppression and prejudice.

Local Research Recommendations

Key Recommendations

- Staff across all sectors should receive training on how to deal with Gender-Based Violence
 - A specialist in gendered services could act as a consultant mainly to statutory services, with the option of consulting Third Sector organisations
 - Consider how services can be accessed by a range of women (alternative venues).
 - Provide out-of-hours support options
 - Improve childcare facilities and options to take children to appointments
 - Women report positive experiences of peer-support
 - Women are excluded from mainstream psychiatric services (e.g. because of substance use or an ongoing GBV court case). Therefore offer alternative services, such as workshops in existing support groups or courses on specific issues (e.g. managing anxiety). These approaches were valued by women.
 - Extend trauma-informed practices across the sector and ensure correct advice is provided
 - Reduce vulnerability for homeless women by adopting different approaches to temporary housing need
 - Promote partnerships and multi-agency collaborations to identify the best possible support for the women
 - Adopt person-centred/ “lead professional” approaches to take the specific needs of women and their wishes into consideration
 - Provide support from first contact
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Other Considerations

- It is vital that services do not re-enact scenarios of control and allow women the freedom to make their own choices
- Staff need to feel supported (e.g. reflective practice)
- Continuity of care to build trust is key
- Women with a history of experiencing GBV are often not comfortable leaving children with strangers
- Women may well need formal mental health treatment, which suggests a need to reconsider current barriers to formal (NHS) mental health provision
- Increased vulnerability include experience of violence, sexual or drug-related exploitation.
- Staff report tensions between organisations who were competing for funding. Service providers need to take joint ownership of risk
- Staff also voice concerns about the guidelines on the mitigation of risk, which may hinder services being carried out on a person-centred basis. Services need to find a balance that does not prevent person-centred approaches

Group Key Achievements

- Development of Women's Services Booklet – this includes all specialist services for women and also those which are not VAW specialist but have an element of women only service and who represent the gendered approach we hope to achieve
- Development of VAW Overview Training by a multi- agency consortium
- Successful funding bid to secure a 2 year post to develop a gendered approach across mainstream services in Dundee

Current membership of the group includes:

- Dundee Women's Aid
- Barnardos
- Action for Children
- We are With You
- Hillcrest Futures
- ISMS/H&SCP
- Dundee City Council Children and Families Social Work
- Dundee City Council Housing
- Police Scotland
- NHS Psychology
- Tayside Council on Alcohol
- Shakti Women's Aid
- Protecting People Team
- Dundee City Council Criminal Justice
- WRASAC

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