

# Keeping us safer

An approach for supporting homeless women experiencing multiple disadvantage

**St Mungo's**  
Ending homelessness  
Rebuilding lives

**STANDING TOGETHER**  
against domestic abuse

Supported by



homeless link

“

It makes you very vulnerable, it can get you anxious... you get depressed. If you drink, you... drink more to try and get through it, or if you take drugs, you'll probably try and get drugs... but you'd end [up] doing maybe thieving, shoplifting, maybe selling yourself, stuff like that just to get money, which puts you in more of a vulnerable position. **So it's like, you feel like you've got no hope.**

”

Service user

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# Introduction

This guidance has been created from conversations with women living in and accessing St Mungo's services, where they told us about their experiences of homelessness, violence and abuse and services, and what they need to feel safe. The women spoke about a wide range of things that made them feel unsafe; these often included experiences of gendered violence, of substance or alcohol misuse, poor mental health and trauma. You can read more about these experiences here; [Safety by experience: Women's experiences](#). From these conversations it became clear that a relationship based approach to support that looked holistically at women's linked needs and experiences, rather than an exclusive focus on practical tips around single issues e.g. domestic abuse or substance use, was what was needed. This approach therefore urges professionals to think about women's experiences and how they support, as well as taking action. Ultimately, we hope this approach will contribute to changing attitudes and improving support for women in all their diversity, whether they are rough sleeping, hidden homeless, or living in homelessness support services.

## Who is this guidance for

It is hoped that this guidance will contain useful elements for any professional supporting homeless women impacted by multiple disadvantage. It is primarily aimed at those in frontline roles, but will be of use to managers keen to support staff teams to embed a new approach to supporting women. The below groups may find it of particular use:

- Professionals working in homelessness support settings; supported accommodation, outreach teams, Housing First, assessment centres, floating support.
- Professionals working across a range of specialist women's services.

## How to use this guidance

This approach aims to build a strong foundation from which professionals can better support women, and is therefore best used from the point of referral, to guide work as it progresses. However, the approach also contains lots of useful information that professionals can 'dip in and out of' as well. Whichever way professionals use the guidance, we encourage you to:

**THINK** - We have posed lots of questions throughout this guidance to get you thinking about women's experiences, needs and how you can build and maintain a supportive relationship. This is all about laying the groundwork!

**DO** - There are plenty of practical tips throughout the guidance and we have linked to resources and tools on specific issues throughout.

**INTEGRATE** - We hope that you can integrate some of the tools and advice outlined in this approach into your day to day practice, and into the wider practice of your teams. We have included examples of how other professionals have done this in their teams.



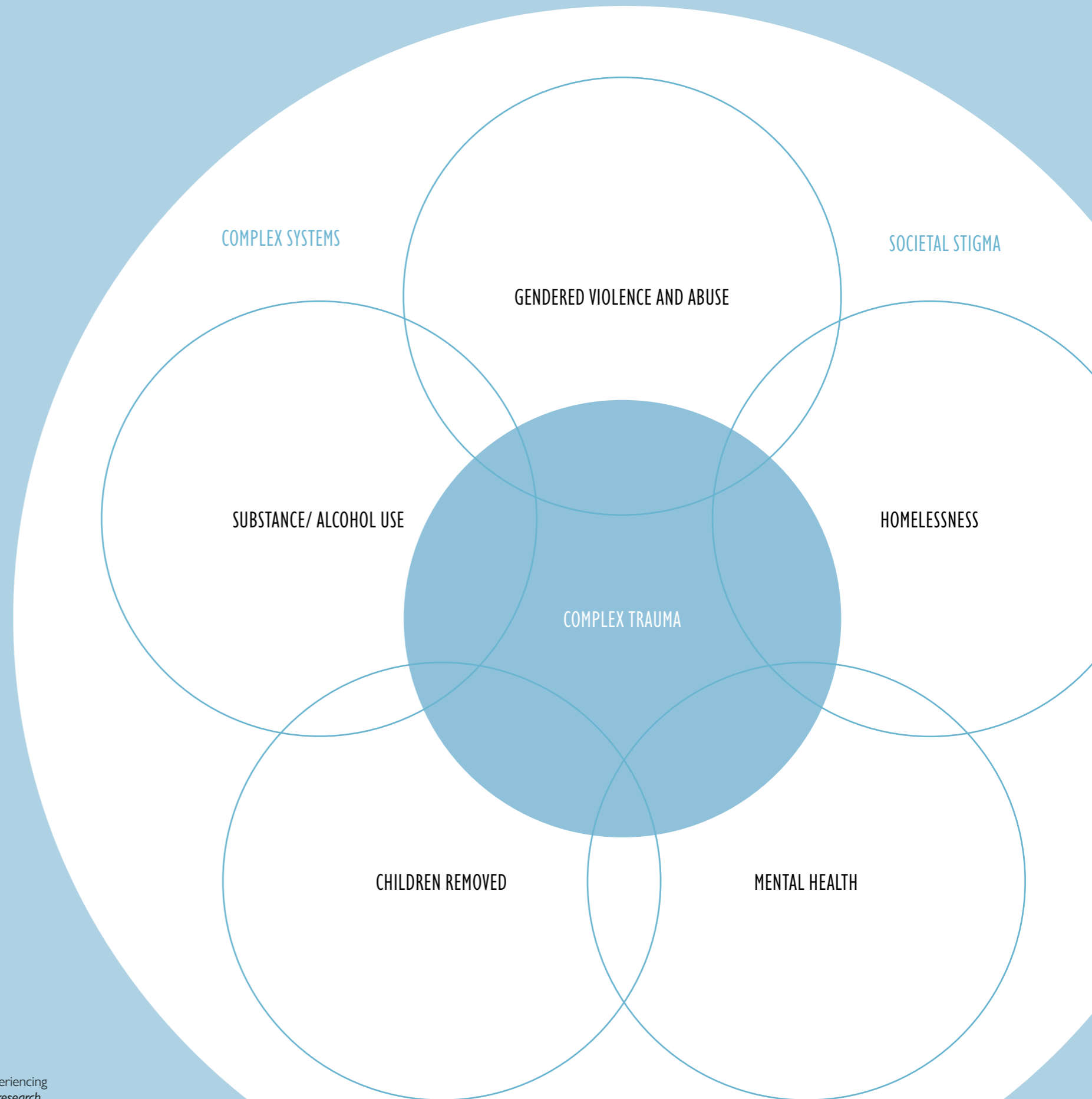
# Mapping multiple disadvantage

Homeless women often face a combination of issues which impact on their lives and wellbeing. The most common experiences are shown here in the diagram.

This is called experiencing multiple disadvantage.

It's important to note that women's experiences of multiple disadvantage and homelessness are different from men's — they are at much higher risk of being subjected to gendered violence and abuse<sup>1</sup>, such as domestic abuse and sexual violence, and are more likely to have poorer mental health<sup>2</sup>. Furthermore, research has shown that services that appear to be gender-neutral are often not set up to support women effectively<sup>3</sup>.

Women often need to manage their own safety whilst homeless and navigate a complex system to try to get support, encountering a large gap between what services offer them and what they need.



<sup>1</sup> Young, L., & Hovarth, T. (2018) Promising practice from the frontline, exploring gendered approaches to supporting women experiencing homelessness and multiple disadvantage. Retrieved from [www.homeless.org.uk/sites/default/files/siteattachments/Women%27s%20research\\_March%2019\\_1.pdf](http://www.homeless.org.uk/sites/default/files/siteattachments/Women%27s%20research_March%2019_1.pdf)

<sup>2</sup> St Mungo's (2014) Rebuilding Shattered Lives report. Retrieved from [www.mungos.org/publication/rebuilding-shattered-lives-final-report/](http://www.mungos.org/publication/rebuilding-shattered-lives-final-report/)

<sup>3</sup> Scott, S., & McManus, S. (2016) Hidden Hurt: Violence, abuse and disadvantage in the lives of women. DMSS Research for Agenda. Retrieved from [www.weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf](http://www.weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf)

# What's in the gap?

When you begin supporting a homeless woman, it's important to think about what is going on in her world that makes it hard for her to work with you. As stated in the previous page, there is a large gap between the support homeless women with multiple disadvantage need and what services offer. She may also be experiencing barriers to accessing support due to the behaviour of one or multiple perpetrators of abuse.

What are some of the reasons why it might be hard for her to work with you or your service?

Here are some examples below.

## Mental health:

- Perpetrator is using her mental health to control and sabotage her (e.g. taking her medication)
- The ongoing abuse and lack of safety is causing her mental health to deteriorate
- Fear of being sectioned/institutionalised
- She has had negative experiences with mental health services in the past
- Histories of being misdiagnosed

## Children removed:

- Mistrust in services
- Ongoing grief and trauma over the loss
- Loss of identity of being a mother
- Abusive partner using children to continue to control her
- Shame and stigma



## Substance/alcohol use:

- Drug and alcohol services are male dominated and feel unsafe
- Real or perceived stigma/judgement from services
- Coerced drug use
- Detox/recovery is being sabotaged by perpetrator
- Ongoing abuse and lack of safety triggering an increase in use
- Being high/drunk almost all the time

## Domestic abuse:

- Services trying to separate her from her abusive partner when she feels loyalty, love and has shared experiences of homelessness with them
- Services being unable to keep her safe on the streets whilst an abusive partner does
- Abusive partner is controlling her
- She fears repercussions from the perpetrator if she is seen to be asking for support
- She has had negative experiences disclosing domestic abuse in the past

## Homelessness:

- Not knowing who to trust
- Previous accommodation provided was not suitable or safe
- Many homelessness organisations are male dominated and feel unsafe
- Needing to be in a relationship with an abusive partner for protection on the streets or for a place to stay, resulting in the perp preventing her from accessing support
- Risk of sexual violence, sexual harassment and exploitation in male dominated services and on the streets

How can you start to understand her experiences more and begin bridging that gap?

# Complex trauma

## What is it?

Trauma is defined as experiencing or witnessing a very stressful event that significantly impacts on the individual's sense of safety and security. It might involve a threat to life or injury but it can be any situation that someone finds extremely overwhelming and feeling like they are unable to cope.

People who are exposed to repeated traumatic events can develop what's known as complex trauma. The adverse impact of repeated trauma is further exacerbated if what's causing the trauma is abuse from a person or persons who the individual is supposed to trust. Examples include domestic abuse, sexual abuse and childhood neglect.

## Complex trauma and women

Research has shown that as well as domestic abuse, homeless women affected by multiple disadvantage experience a continuum of gendered violence and abuse<sup>4</sup>, of which she faces a higher risk from people with whom she has an interpersonal relationship<sup>5</sup>.

Women are also more likely than men to experience abuse from childhood and then repeatedly throughout their life.<sup>6</sup>

Therefore, complex trauma accumulates as risk increases.

Women in your service could be currently being traumatised (e.g. by an abusive partner), re-traumatised (e.g. by not being believed by services) and triggered on a regular basis.

## Signs and symptoms<sup>7</sup>

- Hyper-vigilance — unable to “let their guard down” and always on alert for danger
- Hypo-vigilance — shutting down, numbing, dissociation
- Avoidance — includes avoiding people, places, activities or their own feelings/thoughts through alcohol, drugs or self-harm
- Intrusive symptoms — includes flashbacks, nightmares, intrusive memories
- Panic attacks
- Memory lapses
- Difficulties focusing
- Negative self-perception — views of self as unworthy, unlovable, etc.
- Difficulties with relationships with others
- Experiences of pain in the body which isn't related to a medical issue
- Changes in thinking — loss of existing belief systems or value of life

“Something pretty ghastly, traumatic, must have happened to them for them to end up on the streets, so there must be something, you know, mental trauma must have happened in their life to have taken, well, not the decision, but I don't know, just for them to be in that position must've been something awful. There's just so much trauma and abandonment mentally, physically by so called friends, family on top of whatever traumatic event that clearly happened to them for them to end up in that situation.

”

Service user

## Triggers

A trigger is something that “triggers” a traumatic response such as a flashback, dissociation or panic attack.

Triggers are the body's automatic response to perceived and actual danger, based on the survivor's previous experiences of trauma. They can be unpredictable and are terrifying for the survivor.

What can you do to reduce the likelihood of a client being triggered while you are supporting her?



<sup>4</sup> Young, L. & Hovarth, T. (2018) Promising practice from the frontline, exploring gendered approaches to supporting women experiencing homelessness and multiple disadvantage. Retrieved from [www.homeless.org.uk/sites/default/files/siteattachments/Women%27s%20research\\_March%2019\\_1.pdf](http://www.homeless.org.uk/sites/default/files/siteattachments/Women%27s%20research_March%2019_1.pdf)

<sup>5</sup> Covington, S. (2007) Working with Substance Abusing Mothers: A Trauma-Informed, Gender-Responsive Approach, Journal of Psychoactive Drugs

<sup>6</sup> St Mungo's, (2014) Rebuilding Shattered Lives report. Retrieved from [www.mungos.org/publication/rebuilding-shattered-lives-final-report/](http://www.mungos.org/publication/rebuilding-shattered-lives-final-report/)

<sup>7</sup> Sanderson, C. (2013) Counselling Skills for Working with Trauma, Jessica Kingsley Publishers

# Intersectionality

## What is it

Intersectionality, a term first coined by Kimberle Crenshaw, an American lawyer and leader of critical race theory, describes how systems relating to social identities such as race, sexuality or gender overlap with one another and acknowledges that some individuals experience multiple and intersecting systems of oppression at the same time as a result.

For example, a black and minoritised woman must navigate a racist and sexist society at the same time, and will have very different experiences from a white woman or a black and minoritised man. Or a disabled trans woman must navigate a transphobic and ableist society at the same time.

It is important to note that people do not face oppression inherently due to these identities, but because we live in a society where the systems that have been created are designed for some groups of people and thus marginalise others.

Homeless women are no different and often need to navigate this same world whilst also facing the additional challenges we looked at in the previous page.

How have society and other agencies treated her?

How can you make sure you don't treat her the same way?

## The gap expands...

Here are some common experiences women with identities that are marginalised face that might make it even harder for her to work with you:

- Fear of and/or actual experiences of discrimination from services
- Previously denied services in the past due to a particular identity
- Inappropriate support offered
- Fear of and/or actual experiences of not being believed
- Risks of hate crime
- Microaggressions
- Not being "seen" as the type of person the organisation supports
- Not knowing what options are available
- Perpetrators using particular identities to control her (e.g. threatening to out her if she is LGB and/or T)
- Disinterest/apathy from services
- Being stereotyped



“

There was one incident where I moved to, I can't remember the area now, but they were very racist, and I feared for my life there, and my house was broken into [...] I rang the police like, over hundreds of times about people trying to get into my place and following me, and all this kind of stuff. And that was a horrible experience, I got out of that but then I was on the streets because I didn't have nowhere else to go.

”

Service user

As exemplified in the quote, these systems of oppression may have even contributed to the multiple disadvantage that the women you are supporting now face. Often, the very system that is supposed to support her is the same system that has repeatedly failed her, significantly impacting on her sense of safety within it and trust for it.

# Mapping multiple disadvantage: putting it into practice

Using the information from pages 6 — 13 as well as the questions on this page as a guide, try to “map out” what is going on in the worlds of the women you’re supporting and ways you can effectively approach her. This can be done individually or as a team; you can write it down or talk it out; choose a way that works for you but ideally you should do this as a planning step before you meet with the woman.

## 1

**What’s going on in her life?  
How has she been treated?**

Think about her experiences of multiple disadvantage, the impacts of complex trauma and her relationships with people, society and other agencies. Do they usually help her?

## 2

**How does this impact on her  
ability to work with you?  
Why should she trust you?**

Think about how her experiences have shaped how she perceives other people’s intentions. What can you do to build trust, bearing in mind she’s likely to have had negative experiences with services in the past? Think about other barriers she might be facing in being able to open up to you and access support.

## 3

**What opportunities are there  
for you to talk to her?  
Be creative and flexible!**

Think about any routines she might have, any small space of time you might be able to catch her, adjusting your expectations of time (see “Pre-Engagement” step in Section 3: Safety Planning for more ideas).

## 4

**How can you make those  
opportunities a reality and  
put them into action?**

Think about the steps you need to take to begin approaching her on her terms, instead of expecting her to come to you for support. Are there any other professionals you need to link in with to make this happen? Do you need to create time in your day to day to accommodate her?

**Integrate: good practice example**

One service created a standing agenda item in team meetings to think and map out what the women in their service were going through and brainstorm as a team how they could bridge the gap.



# Identifying risk: common risks homeless women face

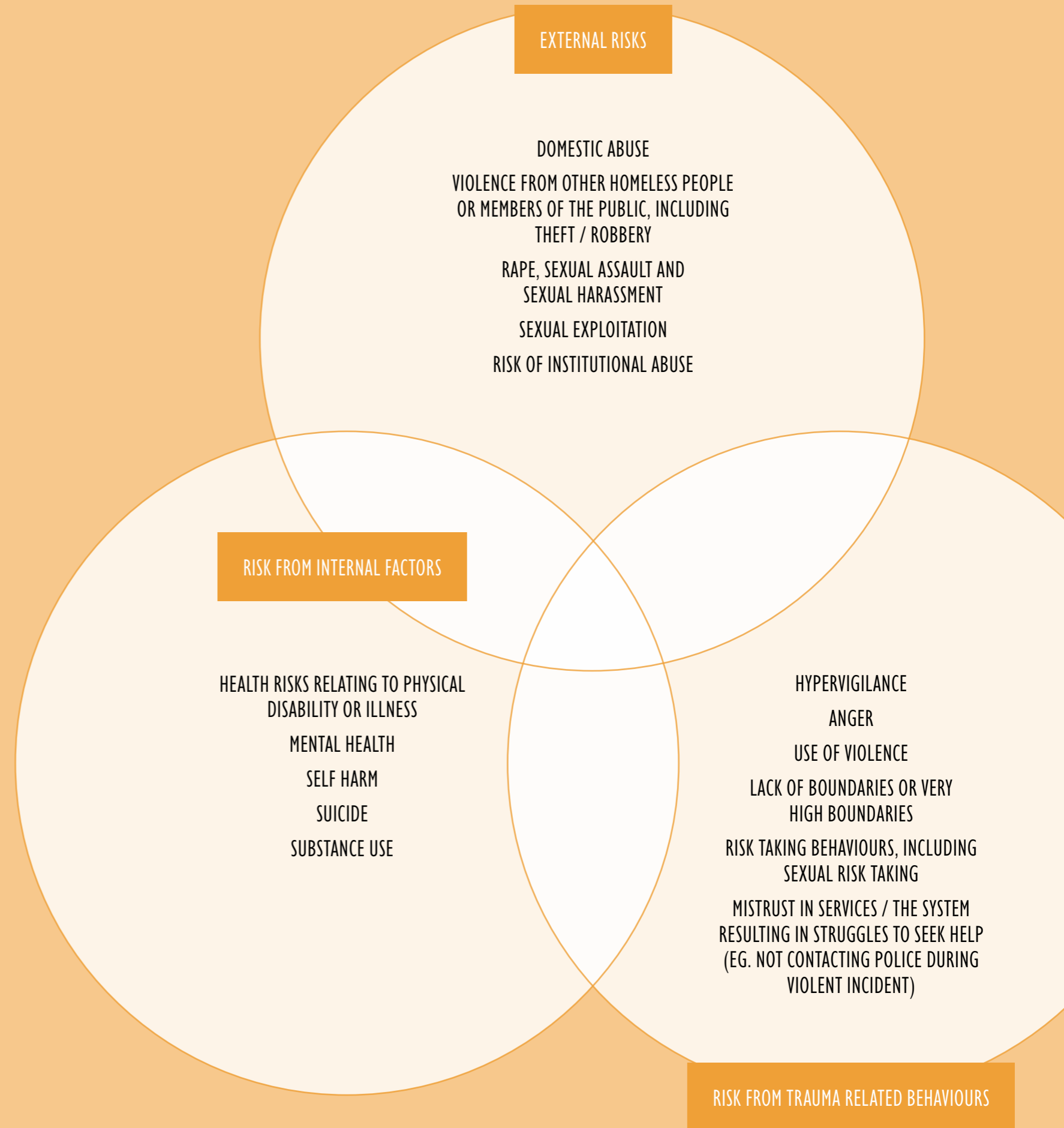
Homeless women often face numerous risks simultaneously which impact on her life, health and wellbeing (common ones shown in diagram). There are particular risks that impact homeless women disproportionately, such as domestic and sexual violence, poor mental health and trauma-related behaviours. Risks can also impact on each other, potentially increasing risk. For example, a woman facing domestic abuse risk can lead to an increase in drug use, therefore increasing the risk of harm to her health and livelihood.

“Almost half of St Mungo’s female clients have experienced domestic violence, and 19% had experienced abuse as a child, compared with 5% and 8% of men.”<sup>8</sup>

“Women rough sleepers were recorded as having higher rates of mental health problems than was the case for men.”<sup>9</sup>

“Being subject to domestic abuse and involvement in prostitution presents risks to physical and sexual health.”<sup>10</sup>

“75% of domestic violence incidences result in physical or mental health consequences for women. Women involved with prostitution are also at risk of injury due to violence.”<sup>11</sup>



<sup>8</sup> St Mungo's (2014) Rebuilding Shattered Lives report. Retrieved from [www.mungos.org/publication/rebuilding-shattered-lives-final-report/](http://www.mungos.org/publication/rebuilding-shattered-lives-final-report/)

<sup>9</sup> Bretherton, J. & Pleace, N (2018) Women and Rough Sleeping. University of York, Centre for Housing Policy.

<sup>10</sup> St Mungo's (2014) Rebuilding Shattered Lives report. Retrieved from [www.mungos.org/publication/rebuilding-shattered-lives-final-report/](http://www.mungos.org/publication/rebuilding-shattered-lives-final-report/)

<sup>11</sup> St Mungo's (2014) Rebuilding Shattered Lives report. Retrieved from [www.mungos.org/publication/rebuilding-shattered-lives-final-report/](http://www.mungos.org/publication/rebuilding-shattered-lives-final-report/)

# Risk identification

**Risk assessment is a key component of supporting women effectively. Risk should always be assessed at the start of support, but remember that risk is dynamic and can change quickly so will need regular review. Identifying and assessing risk as it changes is crucial in supporting women's safety.**

It's also important to bear in mind that some women will find it easier to sit through a structured risk assessment than others. Ultimately you should always be led by the woman; if she isn't able to engage in a face to face assessment you can always go away and complete a risk assessment tool based on information you have gathered from more informal conversations with her/ other sources. When completing a risk assessment or safety and wellbeing plan with or for a woman (if she is not able to be involved in the process) keep the following points in mind:

**What gendered risks is she facing?**

**External factors: What risks is she facing from others?**

**Internal factors/trauma behaviours: How are her coping strategies risky/what risk does she pose to herself?**

**What is the relationship between the risks? How are they linked?**

Before undertaking any risk assessment it is important to recognise that risk is gendered. A woman experiencing violence and abuse may have poor mental health and be using drugs/alcohol and other 'risky' coping strategies to get by. It is important to identify who poses a risk to her, but also how a woman's trauma responses create risk, and how these risks are linked.

**What key risk indicators can you identify?**

**What is your 'gut feeling' (professional judgement) telling you about the level of risk?**

**What is the woman's perception of her experience?**

**What are the potential consequences?**

**How likely are they to occur?**

**What is the risk level?**

Be on the look out for risk indicators. Make yourself familiar with some of the key risk indicators around issues such as domestic abuse, sexual exploitation etc. Ensure to explore these with the women you support, whether formally as a structured risk assessment using an evidence based risk assessment tool, or informally, embedding questions about risk in your day to day work. Bear in mind that a woman might minimise risk as a way of coping—this is where your knowledge of the woman and her experiences, and your professional judgement of risk level is key.

**What actions can you take to reduce the risk?**

**Which other agencies can you involve to share responsibility?**

**Are you regularly re-assessing risk as things change for her?**

Remember that it's not realistic to eliminate all risk. Ensure high risk issues are referred to the relevant safeguarding structures. Discuss referrals to specialist services that can help the woman you are supporting. Keep reviewing support options periodically if she is not ready. Remember that change takes time.



## Risk assessment tools and guidance can help you identify specific risk indicators

### Evidence based tools:

Domestic and Sexual violence: [www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face](http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face)

### Other useful guidance:

Please refer to resources in the resource section of this guidance on page 42 for tools and guidance around:

- Domestic abuse — you can use the Gateway risk assessment tool in [Appendix A](#) to help guide your professional judgement of risk level.
- Stalking
- Modern slavery/sexual exploitation
- Harmful practices

## Embed questions about risk in your day to day conversations with women

### Opening the conversation:

**What does day to day life look like for you?**

**Can you tell me about some of the people and things that are good in your life? What about the things/people that are not so good?**

## Asking more targeted questions about risk from issues such as domestic abuse or sexual exploitation etc:

**Are you in a relationship at the moment? How long have you been together? Does your partner ever do things that make you feel afraid or anxious?**

**“How do you support yourself financially?” “Have you felt that you have to do things you do not want to?”**

See AVA's [Complicated Matters toolkit Appendix B](#) for further questions you could ask women around domestic abuse, substance use and mental health.

## Risk focus: Women using violence in relationships

It is not unusual for women who are in a relationship with a perpetrator of domestic abuse (someone using coercive, controlling and violent behaviour) to use physical violence against them and this can sometimes lead to them being mis-identified as a perpetrator. A woman might be using violent behaviour towards their perpetrator in self defence or frustration; remember that just because she is using physical violence it doesn't automatically make her a perpetrator of domestic abuse. Ask the following questions to get more information on the context the violence is being used in.

**Is this the first time something like this has happened?**

**Is this the worst incident that has happened? If not can you tell me about the worst incident?**

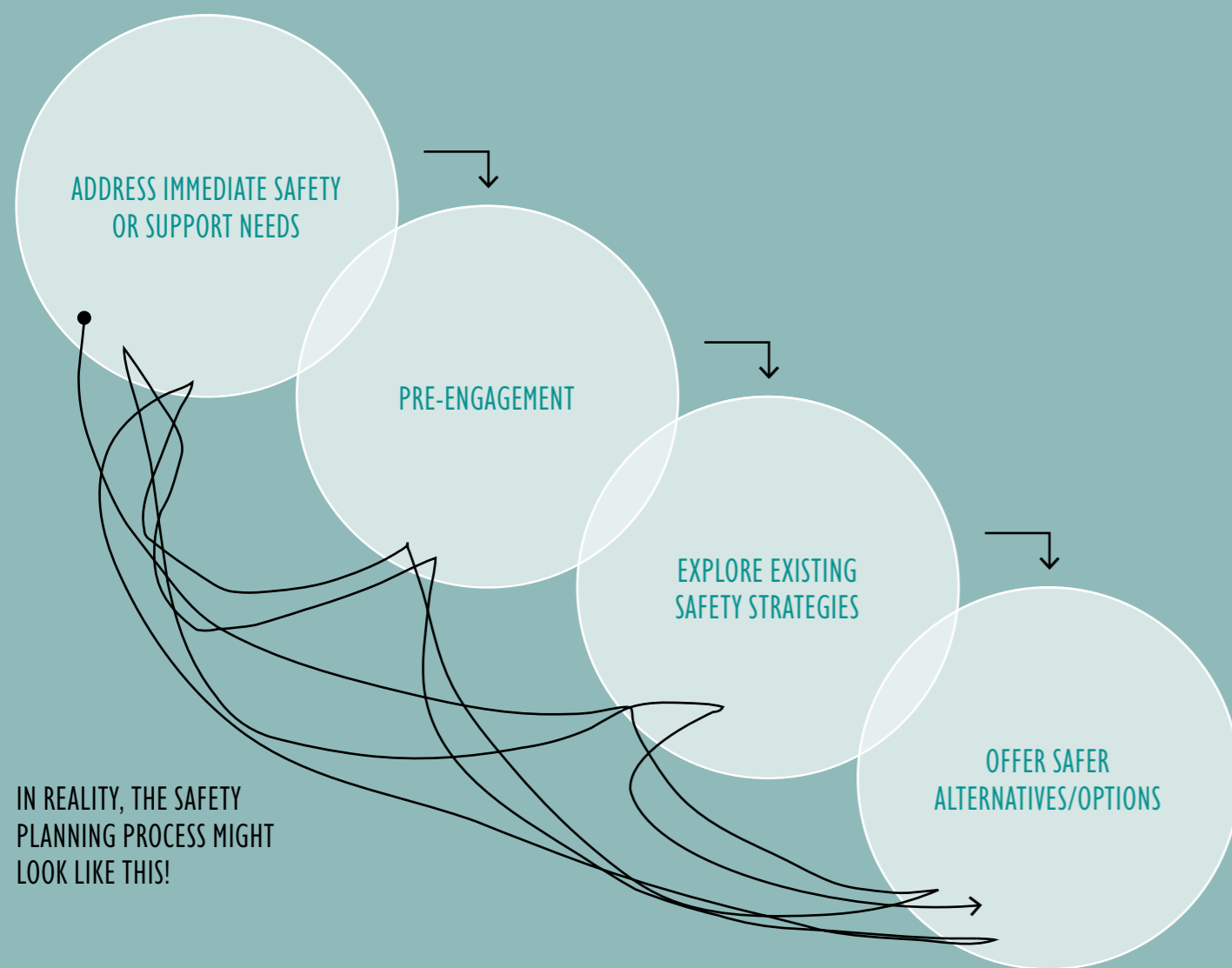
**Can you tell me about the last time something violent or frightening happened?**

**Who ends the incident?**

The perpetrator will have the power and control to end the incident—it can be helpful to look at which person ends the abuse, who is in fear and who has more control. See the [Respect Working With Male Victims Toolkit](#) for further information.

## BEGINNING OF SUPPORT

CONTINUALLY RISK ASSESS AND ADDRESS IMMEDIATE SAFETY CONCERNS AS THEY ARISE



IN REALITY, THE SAFETY PLANNING PROCESS MIGHT LOOK LIKE THIS!

# Safety planning: a process

Homeless women face many risks on the streets, as well as in mixed-gender support settings, and have developed their own safety strategies to manage these risks. Their expertise over their own lives needs to be valued.

Unfortunately it is rare that all risk can be eliminated immediately.

Instead, try viewing safety planning as a **process**, rather than a one-off task. Safety planning will involve working with her and supporting her to add to her strategies by offering safer options.

This ultimately increases her sense of choice and control over her own life.

## Before you start, a note on language...

Remember that the language you use matters, both when talking with the woman and in how you record interactions in your case notes and safety and support plans.



**Judgemental language and assumptions** e.g. Why haven't you used your bedspace? Why didn't you call the police/tell staff when it happened? Why did you miss that appointment?

Avoid terms such as '**disengaged... refused...**' - give the reasons why the woman couldn't engage.

Avoid statements such as '**client alleges/client claims**'

**Don't make assumptions about how she is feeling** (or why) - ask yourself 'has she said/indicated this or is this coming from me?'



**Be open, and supportive** e.g. How are you? How can I support you? Can we talk about what happened — when/where would be good for you?

**Write verbatim** — 'Client states that...' Try and use the words the woman uses.

**Describe client's presentation** - 'client was shaking/ crying/shouting'

# 1

## Address immediate safety or support needs

Where needed, offer practical support to meet immediate needs. If she is in imminent danger, call 999.

### Physical safety:

- Do you need to call 999?
- Is she at imminent risk from someone?
- Can you support her to get to a safe place e.g. a No Second Night Out assessment centre?
- Does she know where to go/who to go to or call if an incident happens?
- Can you offer anything practical to increase her safety e.g. mobile phone, phone credit, personal alarm?

### If a sexual assault has just occurred:

- Is she at imminent risk from the perpetrator(s)?
- Do you need to support her to a safe place?
- Does she need medical attention?
- Does she want to report to the police?
- If she isn't sure, can you support her to a [Sexual Assault Referral Centre](#)?
- With sensitivity, give advice about preserving forensic evidence.
- For more information, visit the [Rape Crisis](#) website.

### Housing/shelter:

- Does she have somewhere safe to stay tonight?
- If you are taking her to stay somewhere tonight, how safe is it for women?
- Even if she has accommodation, is she safe there?
- Is there anything or anyone in the building that is making her feel unsafe or uncomfortable?
- Is there anything you can do to ensure she feels safe (even if they sound like minor nuisances to you — includes locks, repairs, privacy or cleanliness of shared spaces)?

### Medical needs:

- Does she need an ambulance?
- Does she need urgent medical attention?
- Do you need to administer first aid (if you are trained to do so)?

### Mental health:

- Do you need to call 999?
- Do you need to accompany her to A&E?
- Do you need to call the Mental Health Crisis Line?

### Additional tips:

- What appropriate referrals do you need to make?
- If you are concerned, don't hesitate to escalate your concerns to a manager. You do not need to hold the risk all by yourself!

“

(Night shelters are) ...better than the street but some of them, most of the men, they go there, so there's more men than women. I could feel the look of the men on me, the pressure, and I could feel even the sexual pressure and I was like, 'Okay, I have to make a decent decision. I'll stay here for two hours and then go.

”

Service user

# 2 Pre-engagement

Begin building a safe, trauma-informed relationship with her to develop trust. How long this will take will vary depending on the individual.

Women should be given the option of having a female worker.

## 5 Values of Trauma-informed Care:

1. Emotional and physical safety
2. Trustworthiness and boundaries
3. Choice
4. Collaboration
5. Empowerment

S. Covington, 2016, [Becoming Trauma Informed Toolkit](#)

## REMEMBER:

Continually risk assess and address immediate safety concerns as they arise

### Tips for frontline workers:

#### Working 1:1:

- From section 1, what opportunities for engagement are there?
- Begin getting to know her with no agenda (but DO continue checking in about risk).
- Think about the physical spaces where you meet - e.g. go for a walk, have a chat over tea/coffee — these feel very different to having a meeting in the office.
- Homeless women with multiple disadvantage have been routinely disempowered by partners, services and the wider system. It is important to give her as much choice and control as possible, including choosing when and where to meet.
- You could also help with supporting her with a practical and tangible task (e.g. helping her with a benefit form). Be mindful of not doing things for her and try to ensure you are empowering her, however this can be an opportunity to visibly show her you're there to support her.
- Set boundaries that are clear, consistent and kind.

#### Working with couples:

- If her partner is abusive, ideas for how to get her on her own are in the [St Mungo's Homeless Couples toolkit](#) and the [COVID-19 Domestic Abuse and Sexual Violence Guidance for Homelessness Settings](#).
- The St Mungo's Homeless Couples toolkit also highlights key considerations for working with LGBTQ+ couples.
- Be transparent about what you do with her information — reassure her that what she says to you will not be disclosed to her partner, even though you are liaising with the partner's key worker.
- It is expected that a male partner may appear more "together" and easier to work with, whilst the woman may need more intensive work to gain her trust.
- Consider her experiences of services and the wider system, which are often not designed to meet the needs of women. For example, if supporting both members of a heterosexual couple to access drug and alcohol support, her experience of the support will likely be different from his.

“

I think you need to spend time with the individual. Spend more time with me. Make open conversations where I feel that I can open up to someone about what's going on rather than me trying to hide it or don't feel like they understand.

”

Service user

“

Without even getting warm it was warm, do you know, the feeling was warm... And in that situation that's what makes you want to listen to what they've got to say because you know that they're making that effort to welcome you, to make you feel at ease.

”

Service user

### Tips for teams:

#### Services with physical spaces:

- Create welcoming and inviting spaces that avoids triggering trauma memories.
- Try to encourage your female residents/service users to co-create these spaces with you.
- Arrange activities — both for all residents and for women only. E.g. breakfast mornings.
- Ensure key information is displayed or accessible for female clients (e.g. information about domestic abuse, etc). However, be mindful of triggering material and consider where the information is located. You will need to find the balance between making a space feel "homely" and ensuring your clients know where to access information they may need. One suggestion is to have information displayed or accessibly stored in key-working or reception areas, not in common lounge areas or kitchens.

### Integrate: good practice example

One service created welcome packs and ensured they included items homeless women may need e.g. sanitary pads

#### Services without physical spaces (e.g. outreach teams):

- Separate the offer of practical help (e.g. offer of sleeping bag, warm clothes) and the offer of support from your service. This is particularly important for women as they are likely to have had experiences of being exploited and/or needed to engage in transactional sex to meet their basic needs.
- However, even if she doesn't want support from your service, keep trying. Women are less likely to trust and are often harder to engage due to their experiences of abuse. They may also present as more chaotic than homeless men. Be persistent, consistent and patient. Try telling her when you'll be back (perhaps write it down on a card) and make sure you're back when you say you will.
- Ensure rough sleeping couples have separate key workers. Refer to the [St Mungo's Homeless Couples Toolkit](#) and the [COVID-19 Couples and Relationships Guidance for Homelessness Settings](#) for more tips about working with rough sleeping couples.
- Where there is domestic abuse, how can the team make the most of any separation (e.g. hospitalisations, arrests, appointments the perpetrator has) as these are windows of opportunity to speak to her on her own (go back to step 1 of safety planning here and address her immediate support or safety needs if needed).

“

They need to be consistent because usually you find your own squat or your own place when you're out there and you're usually there and **if there was someone coming there consistently just to see how you are, how your day's been and, 'You alright? Do you need any help for anything, with anything? There might be a chance for you to do this. There might be a chance for you to go there.'**

”

Service user



“

I am grateful also to St Mungo's. The thing also that make me happy is they never give up. I mean, they are always coming to see me in the place I was all the time, if I'm okay and so that was keeping me in contact with my reality, otherwise I would be lost.

”

Service user

# 3

## Explore existing safety strategies

Explore what safety strategies she already uses - there are likely to be plenty and start building on those. Whilst some of her strategies may contain a lot of risk, some of them may be good — validate her strengths and resilience!

### Tips:

- If the client hasn't started opening up about her experiences, you could try opening up the conversation by generalising and normalising common experiences:

E.g. “We know that being on the streets can be incredibly frightening for women so we check in with all our female clients about how they manage their safety day to day”

Followed by asking some direct questions in a professionally curious and caring manner:

E.g. **Is there anywhere you go to feel safer?**  
**Is there anywhere you avoid?**  
**Is there anyone you contact when you're feeling unsafe?**  
**Is there anyone you avoid?**  
**Is there anyone you're feeling frightened of?**

### REMEMBER:

Continually risk assess and address immediate safety concerns as they arise

“What I did, if I don't feel safe, for example at night time on the streets, I always have some money to buy something like a coffee or any drink. I managed to keep my dinner very, very late time in McDonald's, for example 11pm, 12am and you stay inside and warm and you're okay.”

”

Service user

- Look for “ways in” to discuss safety strategies. For example, if she starts talking about having no money, this could be an opportunity to check in (once again, in a professionally curious and caring manner):

E.g. **How do you get money when you need it?**  
**Is there anyone you turn to for money when you need it? Does the person frighten you/expect anything extra from you when you borrow money from them?** (this question is broad but you could be more specific if you suspect transactional sex, exploitation or any other specific concern)  
**What is life like around payday?**  
**How do you keep your money/belongings safe?**  
**Is someone taking your money?**

- You may need to ask these questions multiple times and in multiple different ways!
- Some women might not want to explore existing safety strategies or want to talk about their safety at all. Go back to steps 1 and 2, keep focusing on building the relationship whilst risk assessing, documenting disclosures and engaging multiagency networks as needed. The greatest safety strategy is building trust between you and her so she knows where to go when she's ready.

### Integrate: good practice example

One service changed how they supported women who would be moving in. This included offering a pre-move in visit so she could familiarise herself with the space and to get to know the staff better. They also introduced questions about relationships, support networks and people who pose a risk to her in their assessment and key working processes.

“I felt safer with a group of people rather than on my own and at that point it doesn't really matter what kind of people. I didn't go with bad people as such, but they wouldn't be the type on my list now to go to.”

”

Service user

# 4

## Introduce alternatives

**Start introducing alternatives to improve both physical and emotional safety using a harm minimisation approach. This is the practical safety planning that we are most familiar with where we suggest safety strategies for the client.**

This includes:

- strategies she can utilise - e.g. how she can store emergency contact numbers in a safe place,
- offering options and advice to help her navigate the system - e.g. referrals to a local specialist service or discussing options for shelter/housing,
- practical help - e.g. the provision of condoms, mobile phones or going with her to appointments with other services.

However, “alternatives” doesn’t mean only these types of safety strategies. People who have experienced significant trauma are likely to repeat patterns of the trauma. It is important to support the client to find experiences that are rewarding and present “alternatives” that begin to increase her sense of belonging, to build her sense of self-worth and to foster a sense of hope for her future. Introduce the “alternate” possibility that she could and deserves to live a life that is physically, emotionally and sexually safe. This will be a slow process but one that will, over time, increase her sense of control to make choices which are right for her.

A client’s identity and experiences will affect who she feels safe around and where she feels safe. Consider her intersecting identities and how important particular identities are to her when suggesting appropriate alternatives.

### REMEMBER:

Continually risk assess and address immediate safety concerns as they arise

“

If you’re emotionally in a mess, and your brain is not present in the room, along with your body, for whatever reason, how can you be sent off to the Housing Office? It’s not going to end well. I’ve seen it.

”

Service user





## Tips for safety planning relating to physical harm:

- Explore if she has a “buddy” for her safety when she’s on the streets (note: this might be her intimate partner who is abusive).
- Help her to identify a space she can go if she feels unsafe:
  - If she’s out on the street, this could include A&E, police stations, McDonald’s or her local pharmacy.
  - If she’s in the hostel, it could be the reception, a communal area or her room.
- Establish a safe way to maintain contact with her. This might include, with her permission, utilising other agencies she is working with to pass messages to her.
- Support her to identify ways she can make noise if she is in danger e.g. give her a whistle, personal alarm, encourage her to be amongst the public.
- If she’s experiencing domestic abuse, make sure she knows about “Safe Spaces” locations.
- If there is domestic abuse, refer to the [St Mungo’s Domestic Abuse Chart](#) and also see [Standing Together’s Responding Effectively to Domestic Abuse: Guidance for Homelessness Providers](#) in Appendix B.
- If she is selling sex, see [UKNSWP’s Keeping Safe – Safety Advice for Sex Workers in the UK](#) booklet.
- For safety strategies relating to self harm, refer to [Mind’s Self-Harm](#) publication.
- For suicidal thoughts safety planning, see the [Samaritans Supporting Someone with Suicidal Thoughts](#) site.
- You may need to introduce a single alternative or safety strategy multiple times and support her to establish a new habit.

Please ensure you refer to the relevant policies within your organisation such as your:

**Domestic abuse policy**

**Safeguarding Adults policy**

**Safeguarding Children policy**

## Emotional and trauma informed safety planning

Do not underestimate the importance of this step as this is what will, over time, support her to make safer choices. Although emotional safety cannot be achieved without physical safety, and we know homeless women are often at risk, you can build in emotionally safe moments for her. This step can sometimes feel impossible, especially if you are constantly dealing with crises across your caseload. Consider what you can do. You are not expected to do anything therapeutic, this step is about being trauma-informed in a creative way within your roles.

“

We can all relate to each other, we all speak to each other, and we all, like, encourage each other not to go back to our past relationship. There’s a lot of girls that are here for domestic violence.

”

Service user

### Integrate: good practice example

One service began a weekly breakfast club. Staff would invite the residents to do the shopping or cooking together with them as a joint activity. Both male and female residents got involved and, in particular, this was hugely beneficial for the women who were isolated, helping to foster a sense of community in the hostel.

Here are some common impacts of trauma on women and what you can do to begin introducing alternatives to those impacts.

### ISOLATION

Increase connection and build a sense of belonging

### TERRIFIED ALL THE TIME

Offer calming, safe spaces that give her a sense of control

### LOW SELF-WORTH

Celebrate her strengths and achievements, no matter how small they seem to be

### SHAME

Empathy and human connection

### DIFFICULTIES RELATING TO OTHERS

Role model a safe and healthy relationship

### POWERLESS

Offer her choice and control

### GROUNDING ACTIVITIES (FOR WHEN SHE IS HEIGHTENED):

E.g. Create and use senses box (something to see, smell, taste, hear and touch), count backwards slowly from 10, describe an object in detail, focus on breathing

### SOOTHING ACTIVITIES:

E.g. Blow bubbles, adult colouring books, walks, listen to music

### ACTIVITIES THAT BUILD ON HER STRENGTHS:

E.g. if she enjoys writing, does she want to be part of writing a bulletin for the hostel

SHOW  
INTEREST IN HER AS  
A PERSON  
SPEND TIME WITH HER  
PRAISE HER  
ASK HER WHAT SHE  
WANTS!

### GROUP ACTIVITIES:

E.g. Breakfast mornings, art afternoons, women’s support groups

# Challenges professionals face when supporting women

## Working with external agencies

Professionals told us about some of the challenges they faced in supporting women experiencing homelessness and multiple disadvantage. These challenges can arise from internal issues relating to processes and policies within services and teams, but can also come up when working in partnership with other agencies. It is often difficult to broker support and advocate for homeless women with a wide range of agencies, who at best might not have much awareness around the challenges that this group face, and at worst can stigmatise and judge women. Here we have outlined some key issues and suggested some ways of moving past them.

Agency/issue	THINK – suggestions to move past the issue
<p><b>Women’s specialist services - Independent Domestic Violence Advisor (IDVA) / refuge support</b></p> <p>Professionals told us that it is sometimes difficult to access specialist domestic abuse support for homeless women with multiple disadvantage. IDVAs have high caseloads - they often are not able to keep cases open that they can’t engage. You may find they try and contact the woman three times and then close the case. It can also be difficult to find emergency accommodation for women experiencing multiple disadvantage. Women’s refuges are not 24 hour staffed or resourced to support women with high needs around mental health and substance use.</p>	<p><b>Who is your local specialist women’s provider? How can you make better links with them?</b></p> <p>Can you invite them to a team meeting so you can learn more about their service and they can find out more about the women you support? They may have outreach workers that are able to engage women more flexibly, or you may be able to support a woman to link up with an IDVA.</p> <p><b>If an emergency move is needed can you escalate to your manager/local commissioners?</b></p> <p>There is a real lack of emergency accommodation options for this group of women, but escalating issues such as these to your manager who may be able to escalate with local commissioners can often make a difference.</p>
<p><b>Multi Agency Risk Assessment Conference (MARAC)</b></p> <p>MARACs hear the cases of high-risk victims of domestic abuse in a local area. Find out more here. Staff who have referred into MARAC and attended meetings have told us of cases of women with multiple disadvantage being knocked back at referral stage, and that for those cases that are heard there is sometimes a lack of information and appropriate actions. MARACs are not a statutory process, therefore they differ in many aspects, which can impact on quality and effectiveness.</p>	<p><b>Are you in touch with your MARAC coordinator?</b></p> <p>If not find their details here and get in touch. An email introducing your service and the needs of the women you support can make all the difference.</p> <p><b>Are you able to attend MARAC meetings?</b></p> <p>If you make a referral to MARAC ask the coordinator if you are able to attend the meetings (the majority of which are now virtual) to present the case.</p> <p><b>Have you asked if there is MARAC training in your area?</b></p> <p>Many local areas also provide MARAC training, which can be a good opportunity to find out more about the process and how to get the best out of it for the women you support.</p>

<p><b>The police</b></p> <p>The woman, or a staff member on her behalf, might have reported multiple incidents to the police in the past where no action has been taken. This can be very frustrating for the woman and staff supporting her. It can also be difficult to contact the police for information on a case, and often they might turn up at the project/client’s address or sleep site without warning or well after an incident has been reported. Additionally, if a woman has a previous criminal conviction, and this is particularly the case for loitering and prostitution related offences, the police are often less likely to see her as a ‘credible’ victim of violence and abuse.</p>	<p><b>Have you encouraged the woman to report incidents, or offered to make a third party report on her behalf?</b></p> <p>When making a third party report to 101 you can ask that police get in touch with you/your team for further information before they contact the woman. Always try and get a name, badge number or relevant CRIS or CAD number.</p> <p><b>Do you know your local community support officers?</b></p> <p>Get in touch, tell them about the service, and make sure they have your contact details.</p>
<p><b>Drug and alcohol services</b></p> <p>Drug and alcohol services can be very process driven and women may have to sit through lengthy assessments, which can be re-traumatising. Staff may have limited awareness around the intersections between homelessness, trauma and experiences of violence and abuse, and the challenges women experiencing these issues face. They may be unaware that women might find it difficult to access their service due to the presence of other men, or a perpetrator, for example.</p>	<p><b>Does your local service have a women’s lead?</b></p> <p>Many drug and alcohol services have a women’s lead or caseworker who should have enhanced knowledge around issues such as domestic abuse. See what support they or other staff can offer, explain the barriers and challenges the woman you are supporting faces and see whether the service is able to take a more flexible approach.</p>
<p><b>Adult social care</b></p> <p>Local area thresholds for care and support are high. Staff in homelessness services told us that they comply with local requirements to make adult safeguarding referrals for women, but that these very rarely reach the threshold for support. Also, women may be particularly unlikely to engage with social services if they have had children removed in the past.</p>	<p><b>Have you attended local adult safeguarding training?</b></p> <p>Look for local training opportunities on safeguarding so that you better understand how best to write a referral e.g. what keywords to use, how to structure it etc.</p> <p><b>Can you support the woman to liaise with her social worker?</b></p> <p>Act as an advocate for the woman and support her to liaise with social services e.g. you/your service could be the key contact if the woman struggles to engage.</p> <p><b>Do you need to refer to MARAC as well as safeguarding?</b></p> <p>If a woman is at high risk of domestic abuse make a MARAC referral as well as a safeguarding referral.</p>
<p><b>Mental Health services</b></p> <p>Staff told us that mental health services can be particularly difficult to access. Women with substance misuse or alcohol issues are often deemed as ‘dual diagnosis’, and referrals are knocked back. This can be incredibly frustrating for staff who feel they are doing their best to support women around entrenched mental health issues, but are feeling helpless, without the skills and professional qualifications to do so. Additionally, many women may have had negative experiences with mental health services in the past (e.g. been in a secure unit) which may make it difficult for them to engage.</p>	<p><b>Have you escalated the issues with your manager?</b></p> <p>It can be easy to give up when a referral has been knocked back a few times and no-one replies to your emails and calls. But don’t give up! Escalate issues with your manager, who can escalate further if needed.</p> <p><b>How can you gently explore the topic of mental health with women?</b></p> <p>If you are supporting a woman who is finding it difficult to engage with services explore the issue with her; can you support her to attend appointments, would she prefer to see a female mental health professional if possible?</p>

## Barriers within your service

Challenge	THINK – suggestions to move past the issue
<p><b>No private space to speak to a woman</b></p> <p>This can be particularly difficult for outreach teams if a woman is always with a perpetrator. We also realise this can also be an issue in hostel settings which can be busy and chaotic, with lots of competing demands and things happening at the same time.</p>	<p><b>When is the best time to catch that woman?</b></p> <p>Put some thought into when the optimum time is to speak with that woman e.g. when you know the perpetrator has an appointment, when the woman is most likely to be sober etc.</p> <p><b>Can you use your organisational policies and procedures to see her without the perpetrator?</b></p> <p>We know that many teams have come up with creative ideas around creating space to see women on their own, but you can <a href="#">find some more ideas here</a>. If you can use 'official' sounding reasons to speak to women on their own, i.e. blame organisational policies and procedures, this is something that often works well.</p>
<p><b>Staff burnout/ vicarious trauma</b></p> <p>Clients experiencing ongoing abuse, and the dynamic nature of risk, means you are working with rapidly changing situations and can feel like any progress your client is making is regularly disrupted. You may feel like you're just "putting out fires" all the time. Additionally, complex trauma, particularly from childhood, has an unconscious "compulsion to repeat itself"<sup>12</sup> therefore it can often feel like you're going around in circles with your client. Recovery will take a very long time. This can lead to feelings of frustration and helplessness, especially if you are not seeing much change.</p>	<p><b>Have you discussed it with your manager, or can you escalate it further if needed?</b></p> <p>If you feel your voice isn't being heard escalate it further. Organisations have a duty to safeguard the welfare of their staff. Please see section 5 for further information of addressing burnout and vicarious trauma.</p> <p><b>Can you create a space to discuss complex cases in your team meetings?</b></p> <p>Reflecting on complex cases with the whole team, and ensuring that everyone in the team is up to date on what is going on for a woman, can 'share the load' and help staff find ways forward.</p>
<p><b>Limited resources</b></p> <p>Services vary greatly as to the resources they have to engage clients etc. Some services have the budget to buy food, hot drinks, phones etc, and others don't. Staff highlighted lack of resources and budget as a challenge in engaging and maintaining engagement with women in their services.</p>	<p><b>Have you been open and clear with women about what the service can and can't provide from the start?</b></p> <p>Explain how your service works and how it may be different from others the woman has accessed, right from the start.</p> <p><b>Have you researched local funds and grants that can fund 'personal engagement' items for clients?</b></p> <p>Don't automatically assume that just because this is not something your service can do at the moment, that there can't be flexibility around this. There are small grants out there that can support with this. <a href="#">You can search for grants here</a>.</p>
<p><b>Service policy and procedure</b></p> <p>All services have policies and procedures in place that are necessary for the smooth running of the service e.g. monthly keyworks, staff not being able to leave the site etc. Staff told us that it can sometimes be hard to build trauma informed relationships with women when you still have to ask them for things like service charge etc, and that some policies and procedures they had to follow restricted how flexibly they can work with women.</p>	<p><b>Have you thought about how your service processes, policies and procedures might create barriers for women?</b></p> <p>Is this something that can be started in a team meeting to get ideas, and escalated through your area manager to commissioners?</p> <p><b>How can you make your processes, policies and procedures more trauma and gender aware?</b></p> <p>Flexibility is key to getting support for women right — if a policy or process isn't working, how can it be adapted?</p>

### Integrate: good practice example

One service reviewed when they were issuing written warnings to residents and changed some situations to verbal warnings. This was a small, trauma-informed change that would have a large impact on the women they support.



12 Van der Kolk, B.A. (1989). The Compulsion to Repeat the Trauma: Re-Enactment, Revictimisation, and Masochism. *Psychiatric Clinics of North America*, 12:2, 389-411

# Looking after yourself

“

Feeling free to have fun and joy is not frivolity in this field but a necessity without which one cannot fulfil one's professional obligations.

”

Danieli, Y. (1994)

Countertransference in the Treatment of PTSD

**Working with women who have multiple disadvantage can be extremely challenging and exhausting. It is important that you balance working with trauma with personally meaningful life activities that support the prevention of vicarious trauma.**

## Tips:

- Familiarise yourself with the symptoms of vicarious trauma so you know what to look out for.
- Manage expectations on yourself of what you will be able to achieve — just being there for her is enough.
- Take regular time off and use it wisely — see examples of the different types of self care in the circles opposite and try to ensure you have a combination of these in your life.
- Ensure you have access to a good support network. Sources of support can include emotional (people who offer care, love, empathy and understanding), informational (access to knowledge, information and skills), instrumental (support that helps you get things done) or companion (support that is gained from feeling connected to others such as through a sport or hobby).<sup>13</sup>
- Don't be afraid to ask for help.
- If you're a survivor yourself, working with traumatised women can be extremely triggering. Ensure you regularly “check in” with yourself to see how you're being impacted by this work.
- For further resources, see AVA's page on [Supporting Yourself During COVID-19](#) (includes information and resources not just specific to COVID-19).

13 Sanderson, C., (2013) *Counselling Skills for Working with Trauma*. Jessica Kingsley Publishers

## TYPES OF SELF CARE:



Adapted from Sanderson, C., (2013) *Counselling Skills for Working with Trauma*



# Tips for managers

Enhance local partnerships with a variety of services for women—even if many of the clients do not wish to engage/are unable to engage with them, try to set up partnerships that allow for an exchange of knowledge and communication for your team.

Vicarious trauma should be viewed as a health and safety risk, not a reflection of someone's skills or abilities. Anyone who is regularly exposed to trauma is at risk of experiencing vicarious trauma. We recommend approaching it like your other health and safety policies, including clear communication about your commitment to mitigating the risks and procedures on how it will be managed. Like direct trauma, workers can feel ashamed for experiencing vicarious trauma; it is important that they know it is an occupational hazard and not their fault.

Familiarise yourself with the symptoms of vicarious trauma so you know what to look out for in your staff.

Manage staff caseloads—try to ensure a variety/mix within caseloads.

Working with trauma is exhausting; support staff to take regular breaks, including annual leave, TOIL and lunch breaks. This should be more than words of encouragement, try to build in time from an organisational perspective (e.g. team lunches that encourage the team to bond).

Create a professionally curious and supportive team environment where critical reflection doesn't just happen in reflective practice or supervision.

# Resources

## Domestic abuse:

National Domestic Abuse Helpline, run by Refuge:  
0808 2000 247  
<https://www.nationaldahelpline.org.uk/>

24 hours, 365 days; survivors or professionals can access for advice and options, including access to refuges.

Domestic Abuse, Stalking & Harassment Risk Identification Checklist (DASH RIC):  
[https://safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL\\_0.pdf](https://safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL_0.pdf)

DASH RIC in other languages:  
<https://safelives.org.uk/practice-support/resources-identifying-risk-victims-face>

### Multi Agency Risk Assessment Conferences (MARAC):

What is MARAC & other Frequently Asked Questions:  
<https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf>

Resources for people referring into MARAC:  
<https://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring>

What is an Independent Domestic Violence Advisor (IDVA)?  
<https://safelives.org.uk/sites/default/files/resources/National%20definition%20of%20IDVA%20work%20FINAL.pdf>

### How to respond and support a client who discloses domestic abuse:

St Mungo's Quick Guide to Domestic Abuse  
(Flow chart for how to respond when a client discloses):  
<https://www.mungos.org/app/uploads/2020/02/Responding-to-Domestic-Abuse-Chart.pdf>

AVA's Complicated Matters: A toolkit addressing domestic and sexual violence, substance use and mental ill-health:  
<https://avaproject.org.uk/wp-content/uploads/2013/05/AVA-Toolkit-2018reprint.pdf>

Appendix B contains a set of suggested assessment questions to have conversations with women about risk — includes risk relating to domestic abuse, sexual violence, substance use, mental health and children.

Safety planning with survivors with multiple disadvantage:  
Appendix B

Quick Guidance: COVID-19 Domestic Abuse and Sexual Violence Guidance for Homelessness Settings:  
[https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5efdfb28cbffa3052c26b041/1593703209911/COVID\\_DA\\_Briefing\\_Homelessness+settings+%281%29.pdf](https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5efdfb28cbffa3052c26b041/1593703209911/COVID_DA_Briefing_Homelessness+settings+%281%29.pdf)

### “Safe Spaces”:

UK SAYS NO MORE is working with Boots UK, Morrisons, Superdrug and Well pharmacies, TSB banks and independent pharmacies across the UK to provide Safe Spaces in their consultation rooms for people experiencing domestic abuse. Find your nearest location here: <https://uksaysnomore.org/safespaces/>

## Harmful practices:

‘Honour’-based abuse and forced marriage UK Helpline, run by Karma Nirvana:  
0800 5999 247  
<https://karmanirvana.org.uk/help/>  
9am — 5pm, Monday to Friday

SafeLives report on ‘Honour’-based violence, forced marriage and domestic abuse:  
<https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf>

## LGBT+

National Lesbian, Gay, Bisexual and Trans+ Domestic Abuse Helpline:  
0800 999 5428  
10am — 5pm, Monday to Friday  
10am — 8pm, Wednesday to Thursday

LGBT+ Hate Crime Helpline:  
0207 704 2040  
10am — 4pm, Monday to Friday

Both helplines run by Galop.

Domestic violence and abuse and the lesbian, gay, bisexual, and transgender (LGBT) communities:  
<http://www.galop.org.uk/wp-content/uploads/Domestic-Violence-and-Abuse-and-the-LGBT-communities.pdf>

Domestic Violence: A resource for lesbian & bisexual women:  
<https://avaproject.org.uk/wp-content/uploads/2016/03/Domestic-Violence-A-resource-for-lesbian-and-bisexual-women.pdf>

Barriers Faced by LGBT people in Accessing Non-LGBT Domestic Violence Support Services:  
<http://www.galop.org.uk/wp-content/uploads/For-Service-Providers-Barriers.pdf>

Emergency Accommodation and Housing Support for Lesbian, Gay, Bisexual, and Transgender+ (LGBT+) Survivors of Domestic Abuse:  
<http://www.galop.org.uk/wp-content/uploads/Emergency-Accom.pdf>

## Working with perpetrators of domestic abuse:

Respect Phoneline:  
0808 802 4040  
<https://respectphoneline.org.uk/frontline-workers/>  
9am — 8pm, Monday to Friday

Advice for professionals working with perpetrators, provided by Drive in partnership with Respect:  
<http://driveproject.org.uk/about/advice-professionals-working-with-perpetrators/>

Guidance: Working Effectively with Perpetrators and Survivors of Domestic Abuse in Homelessness Settings:  
<https://www.shp.org.uk/Handlers/Download.ashx?IDMF=8c5c9961-8e2d-41f1-8564-88e23f1b048c>

## Working with male victims of domestic abuse:

Toolkit for Work with Male Victims of Domestic Abuse:  
<https://hubble-live-assets.s3.amazonaws.com/respect/attachment/file/16/Respect-Toolkit-for-Work-with-Male-Victims-of-Domestic-Abuse-2019.pdf>

## Sexual violence:

National Rape Crisis Helpline, run by Rape Crisis South London:  
0808 802 9999  
<https://rapecrisis.org.uk/get-help/want-to-talk/>

Open between 12am — 2.30pm and 7pm — 9.30pm every day of the year.

London Survivors Gateway:  
0808 801 0860  
<https://survivorsgateway.london/>

Offers victims and survivors of rape and sexual abuse help to access specialist services in London.  
Open 10am — 4pm, Monday to Friday

What to do if a sexual assault has happened recently:  
<https://rapecrisis.org.uk/get-help/not-sure-where-to-start/it-happened-recently/>

Sexual Assault Referral Centres (SARCs):  
<https://rapecrisis.org.uk/get-help/looking-for-information/sexual-assault-referral-centres-sarcs/>

If someone has been sexually assaulted and is not sure if they want to report to the police, they can have a forensic examination at their nearest SARC, where they can store the evidence for the future. SARCs also offer medical help and advice.

Women & Girls Network's Self Help Resource Guide:  
<https://survivorsgateway.london/wp-content/uploads/2020/03/Self-care-guide.pdf>

A guide offering useful information, tools and exercises for survivors of sexual violence to support themselves and understand their feelings and responses.

## Women selling sex & sexual exploitation:

**Keeping Safe: Safety Advice for Sex Workers:**

<https://www.nswp.org/sites/nswp.org/files/Keeping%20Safe%20-%20Safety%20advice%20for%20sex%20workers%20in%20the%20UK.pdf>

**National Ugly Mugs:**

<https://uglymugs.org/um/>

A national organisation providing greater access to justice and protection for sex workers who are often targeted by dangerous individuals but are frequently reluctant to report these incidents to the police. They take reports of incidents from sex workers and produce anonymised warnings which are sent directly to sex workers and frontline support projects throughout the UK.

**Modern Slavery Handbook, by The Passage:**

[https://passage.org.uk/wp-content/uploads/2020/12/The-Passage-Modern-Slavery-Handbook\\_-Dec-2020.pdf](https://passage.org.uk/wp-content/uploads/2020/12/The-Passage-Modern-Slavery-Handbook_-Dec-2020.pdf)

This handbook explains what slavery looks like in the homeless community, what to watch out for and what you can do about it. Includes information about sexual exploitation, forced labour, domestic servitude and forced marriage and more.

**“The Type of Girl Who Would Do That”: Peer led research into sex work in Durham and Darlington:**

<https://www.changing-lives.org.uk/wp-content/uploads/2018/01/INTERACTIVE-durham-darlington-peer-research.pdf>

**Nowhere to Turn: Sexual Violence among Women Selling Sex and Experiencing Sexual Exploitation during COVID-19:**

<https://www.changing-lives.org.uk/wp-content/uploads/2020/10/Nowhere-To-Turn-FINAL-REPORT.pdf>

**Young People and Sexual Exploitation, briefing by Homeless Link:**

<https://www.homeless.org.uk/sites/default/files/site-attachments/Child%20Sexual%20Exploitation%20and%20Homelessness%20Jan20.pdf>

## Stalking:

**National Stalking Helpline, run by Suzy Lamplugh Trust:**  
0808 802 0300

The website includes a tool to assess whether someone is being stalked:

<https://www.suzylamplugh.org/am-i-being-stalked-tool>

## Working with homeless couples:

**St Mungo's Homeless Couples toolkit:**

[https://www.mungos.org/app/uploads/2020/03/StMungos\\_Homeless\\_Couples\\_Toolkit.pdf](https://www.mungos.org/app/uploads/2020/03/StMungos_Homeless_Couples_Toolkit.pdf)

**Quick Guidance: COVID-19 Couples and Relationship Guidance for Homelessness Settings:**

[https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5efdfb929def0e51298a9907/1593703316732/COVID\\_Couples+Guidance+-+Final.pdf](https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5efdfb929def0e51298a9907/1593703316732/COVID_Couples+Guidance+-+Final.pdf)

## Mental health

**Samaritans Helpline:**

116 123

<https://www.samaritans.org/how-we-can-help/contact-samaritan-talk-us-phone/>

24hrs, 365 days; offers a safe place for people to talk to about whatever is going on for them.

**Mind Infoline:**

0300 123 3393

<https://www.mind.org.uk/information-support/helplines/>

9am — 6pm, Monday to Friday; information & sign-posting service

**Supporting someone with Suicidal thoughts:**

<https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/supporting-someone-suicidal-thoughts/creating-safety-plan/>

**Information and safety strategies relating to self harm:**

<https://www.mind.org.uk/media-a/5783/self-harm-2020.pdf>

**Mind website contains information about many common mental health issues:**

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/>

## Legal / Criminal justice:

Rights of Women are an organisation that provides women with free, confidential legal advice and information. Their website includes numerous guides and handbooks. Here are some examples:

**Reporting an Offence to the Police: a guide to criminal/ police investigations:**

<https://rightsofwomen.org.uk/wp-content/uploads/2014/10/Reporting-an-offence-to-the-police-A-guide-to-criminal-investigations.pdf>

**From Charge to Trial: a guide to criminal proceedings:**

<https://rightsofwomen.org.uk/wp-content/uploads/2014/10/From-charge-to-trial-a-guide-to-criminal-proceedings.pdf>

**Coercive Control and the Law:**

<https://rightsofwomen.org.uk/wp-content/uploads/2016/03/ROW-%C2%AD-Legal-Guide-Coercive-control-final.pdf>

**More legal information here:**

<https://rightsofwomen.org.uk/get-information/>

## Looking after yourself

**AVA's Supporting Yourself During COVID-19** webpage

contains information about burnout, secondary trauma and additional stresses. Also contains a list of resources for self-care.  
<https://avaproject.org.uk/covid-19-resources/supporting-yourself-during-through-covid-19/#Looking-after-yourself>

**Our Frontline: support for key and essential workers toolkit:**

<https://www.mentalhealthatwork.org.uk/toolkit/ourfrontline-keywork/>



# Appendix A

## Domestic abuse and multiple disadvantage 'gateway' risk checklist

Professionals supporting homeless women experiencing multiple disadvantage told us about some of the barriers they faced in completing the evidence based DASH RIC assessment tool with women who are often impacted by complex trauma, and who may find it difficult to engage in a structured assessment process of this kind.

In response to this, we identified some of the key risk indicators for homeless women experiencing multiple disadvantage and domestic abuse and created this shorter risk checklist. This has been designed as a quicker way for professionals to identify common high risk indicators homeless women experiencing multiple disadvantage and domestic abuse face.

This does not have to be completed with the woman. Note that questions are addressed to the professional rather than the woman herself, as this is designed to form the basis of a conversation with the woman.

**This 'gateway' risk checklist should not be used as a replacement for the DASH RIC**, but can instead be used alongside it. For example, a professional could use the gateway risk checklist to help them identify risk factors and inform their professional judgement around risk level. They could then complete a DASH RIC assessment with the woman (if appropriate and this is something she wants to do) or complete the DASH RIC based on knowledge gathered from the gateway risk checklist.

Professionals should always refer to their organisational policies and procedures around domestic abuse and use the gateway risk checklist accordingly, within these parameters.

1. Is the perpetrator almost always there/is it hard to see the woman alone?
2. Has she tried to leave? Does she want to leave?
3. Is she pregnant or are there dependent children involved?
4. How frightened is she?
5. Has the perpetrator: Made threats to kill? Used objects or a weapon to hurt them? Ever attempted to strangle them?
6. Are the incidents getting worse/and or more frequent?
7. Is she isolated/is the perpetrator isolating her from sources of support?
8. Any issues with: sexual exploitation (e.g. coerced prostitution), forced begging, coerced offending or other forms of coercive control?
9. What other factors are there that increase her vulnerability to the perpetrator? (e.g. drugs/alcohol, finances, mental health, immigration, language)
10. Is the perpetrator using sexual violence or harassment?

“We have to listen to ourselves, and if I listened to my little voice inside me, my intuition, I will even go and talk to somebody in the beginning but I was also very scared of my ex-partner. He was manipulative emotionally so made sure I don't talk to nobody.

”

Service user

# Appendix B

## Supporting survivors to stay safe

Always ask the client if they would like to be referred on for specialist support around domestic abuse, but if this isn't something the client wants, or they aren't managing to engage with this support, you could play a key role in supporting them to think about situations where they are more at risk, and how they can keep themselves safe. Think about how this can be adapted for your setting; if the client is on the street, or in supported accommodation, or if they attend a day centre etc.

<b>What have you been doing to stay safe until now?</b>	Don't forget that the survivor has survived until now! Validate and explore the strategies they have used to keep themselves safe, and those that may have been putting them/or will put them at further risk. Explore how they could adapt these.
<b>Is there anyone you have told/can tell about the abuse? Someone you trust, so it won't get back to your partner?</b>	Help client identify a friend they can trust and that they can confide in. Explain the risks of this getting back to the perpetrator.  Can a friend/worker act as a buddy and call the police if they have not heard from the client in an agreed amount of time?
<b>Do you ever know in advance when your partner is going to be violent?  Is it more likely to happen if they have been drinking/using/on their pay day?</b>	Discuss with the client about recognising triggers/signs that their partner will use violence, so that they can go somewhere safe/escape if they need to. Be careful here though as the client might start to think that they can 'manage' the perpetrator's behaviour, which is likely to be unpredictable. Perpetrators are likely to constantly change the goal posts.
<b>If you feel your partner is about to get violent/or they start to be violent, is there anywhere you can go to be safe?</b>	Help the client to identify a space she can go to be safe - if she's out on the street - certain cafes? Pharmacy? Off License?  If she's in the hostel - reception? A communal area?
<b>Can you ask your worker to look after any important documents/things you want kept safe?</b>	Perpetrators will often take their partners keys/bank cards/important documents/medicines as a form of control. Can it be arranged so the client can leave these at the front desk/in the safe?



## Other things to think about...

### Keeping in touch/emergency phone numbers

Does the survivor have a phone? If so you could programme emergency numbers in on speed dial and make sure they know how to use it (999, the national domestic abuse helpline, your project etc). If the survivor is sleeping rough, it is important to maintain communication; a cheap phone costs around £10. If not, could you write important numbers on a card that they could keep on them somewhere?

### Safety Code words

Can you agree on a safety code word you can use? The survivor can use this over the phone or in person to alert staff or another trusted person, to the fact that they need help/ want you to call the police. Agree with the survivor what the response to the code word should be.

### Economic abuse

It's common for perpetrators to hold survivor's bank cards or turn up on pay day. How can you support the client to access their money? Any official reason you can give (so the blame is on your service, not the survivor) can be helpful, and a letter on headed paper can go a long way! Bear in mind though that this must be done with caution - you do not want to do or suggest anything that will put the survivor at more risk.

### What about the perpetrator?

If the survivor wants to be with the perpetrator (even if this is due to the perpetrator's coercion and control) they will find a way of being together. You will need to speak to the survivor to find out what they want and think carefully when considering what action to take against the perpetrator (evicting or banning from project etc). If a ban is put in place, it is important to make sure all night/day staff are aware of what the perpetrator looks like or have a picture of the perpetrator behind reception.

### We support both the perpetrator and the survivor

This is not uncommon in homelessness settings. It is important that the survivor and the perpetrator have a different worker and are key-worked separately, make this a condition of their access to the project if necessary. This makes space for the survivor, giving them respite and a chance to talk. Both workers should check in regularly to share information around risk.

## Safety planning around the links between domestic abuse, substance use and mental health issues

### Specific questions around domestic abuse and substance use

<b>Do you use/drink with your partner?</b>	It is a very common and powerful form of control when one person supports, encourages and enables another's person's destructive habits. If you feel confident enough, explore this with the client.
<b>Where do you usually use/drink together?</b>	Is this increasing the client's risk of experiencing violence / abuse?
<b>What things do you think would make you safer when you/your partner is using/drinking/you are using/ drinking together?</b>	This is a good thing to get a client thinking about. Be led by them on this.
<b>Is your partner going through detox/withdrawal/ relapse?</b>	Explain to the client how this can increase risk. Encourage client to let you know if this is the case so you can safety plan around this.

### Specific questions around domestic abuse and mental health

<b>Can you recognise the signs of when you are starting to feel unwell? Do you think you become more vulnerable to abuse when you're unwell? In what ways?</b>	This will help the client to have an increased awareness of their triggers and when they might relapse. It will also get them thinking about how the perpetrator's behaviour plays into this, and what they can do to stay safe when they are starting to feel unwell.
<b>Does your partner control your medications/try and control when or whether you attend your mental health service?</b>	This is really common, might be a good idea to liaise with clients mental health service (if she has one) - can they come to the client? Can you rearrange appointments to a time when the perpetrator isn't around? Is there an alternative to taking daily medication?
<b>Do you think your partner's behaviour affects your mental health? In what ways have you noticed?</b>	Good to explore with the client, to get them thinking about how their partner's behaviour impacts on their mental health/how it makes them feel.

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## Authorship

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June 2021

The client photos in this guidance do not represent the clients whose stories and testimonies feature in the guidance.

**St Mungo's**  
Ending homelessness  
Rebuilding lives

**STANDING  
TOGETHER**  
against domestic abuse

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