

How CSA impacts on health & housing



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*“To Be Born a women....
is to be born at risk”*

World health organisation



Many homeless women's lives are marked by violence and abuse often starts from childhood

92% had experienced some form of violence throughout their life

72% of the women involved in the research had experienced some form of violence or abuse as a child.

55% had experienced violence as children and during adulthood

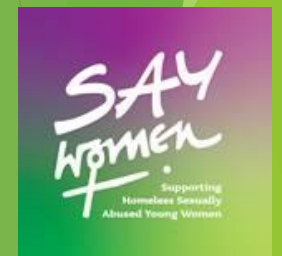
67% had experienced intimate partner violence

20% of whom by more than one partner

46% had experienced sexual abuse during childhood

“Women also report sleeping rough, or remaining in volatile or abusive situations in order to avoid entering the hostel ‘scene’.” Mayock, Parker & Sheridan, (2015)

Research by the Simon Communities of Ireland



Liz Kelly - Continuum of Violence Against Women and Children

Sexual abuse images Multiple experiences Stalking Childhood Sexual Abuse Coercive Control Sexual Harrassment

Abduction Grooming Rings Forced Marriage Sexualised Language Ritual Abuse

FGM Institutional Domestic violence / abuse Rape Trafficking

Murder Mail Order Brides Domestic violence / abuse Lapdancing / Pole dancing Internet Abuse Drugs / Forced Medication

Child Sexual Exploitation Prostitution Forced pregnancy / abortion

Anxiety Poverty Boundary issues Guilt **Powerless** Misunderstood / Misdiagnosis

Sadness Infertility **Majority of Abusers are men** Fear Self Blame Anger Criminal Activity

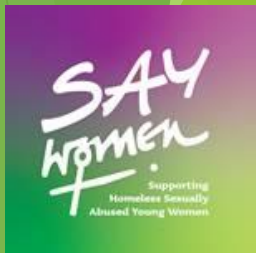
Alcohol Suicidal Self Harm **Lack of Control**

Higher risk of homelessness Lack of Support Network Isolation Commercial Sexual Exploitation **Equality Issue** Lack of Confidence

Lack of Safety Sexually Transmitted Disease **Targeted** Mental Health Issues

Physical Injury

WOMEN CSA & HOUSING/SHARED
DAY 1 JAN 16



Lifecycle of abuse

Resilience

Escape from abuse
Peers with similar experiences
Acceptance

Outcomes

- Further Powerlessness
- Rough Sleeping
- Sofa Surfing
- Poverty
- Targeted

Impact of CSA

- Powerlessness
- High levels of reoccurring abuse
- Higher risk of addiction
- Mental Health difficulties

Triggers

Further Violence

Resilience

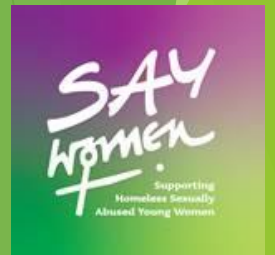
Women accessing support

It is rarely a single incident or experience that results in women rough sleeping; more often it is a series of circumstances and events that lead to women losing their home, or being unable to return to their home due to the threat and fear of abuse.

Women will:

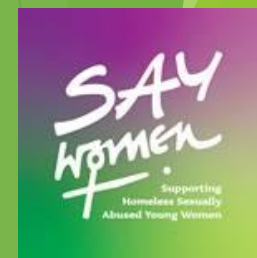
- Use and exhaust staying family and friends before entering mainstream homelessness (which often impacts on relationships).
- Sleep rough out of sight to increase safety (so are not recognised in statistics as easily).
- Sleep during the day to decrease risk at night.
- Link to a male for protection (increased risk of exploitation) - paid or transactional protection
- Avoid Homelessness hostels and shelters.
- Women will avoid contact and services that identify them as homeless.
- Self refer to specialised single sex services that have an understanding of abuse and women's issues when they can find them.

Women and men have very different routes into and out of homelessness.



Additional challenges for women in homelessness

- Increased risk of further abuse, abduction, exploitation and/or prostitution
- Increased risk of sexual abuse while sleeping - from pub goers.
- Increased risk of (interpersonal) victimisation at the hands of strangers, acquaintances, pimps, sex traffickers.
- Reproductive health issues and period poverty.
- Increased physical exposure required to maintain personal hygiene and urinate if in public place.
- Limited access to single sex spaces and specialist accommodation for women. Women will avoid mainstream Hostels as they were created by men predominately for men.
- Women face increased social stigma, societal stigma, gender bias and expectations of women are different - Home maker, Mother, Carer responsible for children, Emotional strong resilient, clean, well presented.
- Increased ongoing struggle with issues of guilt, shame, embarrassment, self esteem, confidence that re-enforce staying away from services and supports that face reality.
- Remain in a hyper-vigilant state until somewhere safe to stay - impacting on sleep, physical health, emotional health.



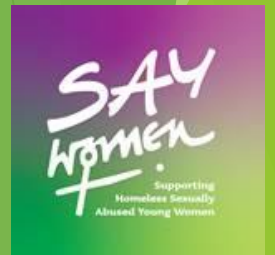
Additional support needs for women in homelessness

Figure 1
Some of the characteristics of women who experience long term homelessness¹²



“The problem is not the
problem
the problem is the solution”

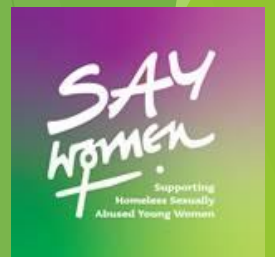
Unknown - Happy to Claim it!



Push Pull factors in Homelessness

Pull factors in homeless culture	Push factors in housed culture
Friendship	Isolation and loneliness
Acceptance	Rejection, failure and exclusion
24 hour a day support / counselling	3 – 6 month waiting lists, (bi) weekly sessions
Acceptable drink / drug habit	Unacceptable drink / drug habit
Being somebody	Being a nobody

The Culture of Homelessness, by Megan Ravenhill



Tenancy Sustainment issues

Isolation
Relationships
Door management
Risk of further exploitation, abuse
Getting out/going out
Repairs and home maintenance
Transition periods/Change
Vulnerability
Increased fear and anxiety -
Increased flashbacks, nightmares
Sleep routines -
Night-time support access
Creating a home
Pressure and responsibility
ILS - Financial management
Dealing with conflict
Significant dates (trigger times) -
Coping strategies
Unrecognised physical difficulties
Too BIG a space, not big enough!!!
Poor self care

Disengagement from services - non engaging
Inability to say no to friends, recognising abusers, grooming - ASBO
Limited understanding of healthy relationships - Police/ASBO!
stalking and harassment from ex partners, Abusive house guests
Scared, worried will get seen/identified/recognised - Demotivated.
Predominately a man that attends often on his own. AVOIDANT
Fear of the unknown - on your own, Vulnerable, A
Triggering emotion
Likely to avoid going out, making appointments, going!
Feel like its happening all over again, jeprodises safe space
Music & coping strategies that Impacts on neighbours - ASBO
Most survivors struggle between 9pm into the early hours.
Fear of it being taken away, no experience of.
Avoidance - don't want to fail at anything elase
No taught skills - avoid as above.
Avoid or heavily engage in - risk of criminalisation
Increase use of old coping startegies - SH, Suicide, Alchol, music
Limited knowledge of the impact of abuse and alternatives
Hearing issues, incontinence, Hygeince,
Living in one room.
Poor care of home.

Repeat homelessness and Lifecycle of abuse and its impact on Health

Physical health difficulties - The body keeps the score Book by Bessel van der Kolk

Bone, joint, nerve damage & injuries

Reproductive difficulties, Bladder and urinary problems

Gastric and Digestion issues

Seizures

Malnutrition and Obesity

ACE studies highlighted higher rates of a number of physical conditions in people with traumatic experiences -from greater risks of heart disease and some cancers to gynaecological, respiratory and gastro intestinal problems, and chronic pain

Emotional Health (Mental health)

Fear and disability

Anxiety and Panic

Mood instability.

Flashbacks, nightmares

Dissociation from self, others and the world around.

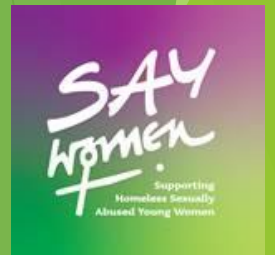
Overcompensation (over engagement sometime poorly referred to as RISK TAKING BEHAVIOUR)

Confused and distorted reality - Impact on Beliefs, feelings and actions

Self-harm/injury - Suicide attempts - long term damage to the body.

Voluntary sector support agencies
in Scotland report up to 85% of
their clients experience significant
physical health problems.

(Nelson 2018)





**When a flower
doesn't bloom
you fix the
environment
in which it
grows, not
the flower.**

Alexander Den Heijer



**SAY
Women**
Supporting
Homeless Sexually
Abused Young Women

What can we do as workers

- Understand and recognise the impact of abuseor get training
- Identify all issues young people may experienced (ACE'S) - NOT JUST DOMESTIC VIOLENCE
- Ask, be curious, interested and be human.
- MAKE TIME!
- Be able to hear it.... hold it.... and pass it on.

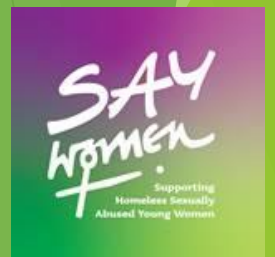
Shift our focus and change our language that avoid Victim Blaming

- Ask and be interested in” What has happened to you” NOT whats wrong with you?
- Negative connotations - attention seeking vs time or support seeking.
- Don't be afraid to name what it is....Rape, Sexual abuse, grooming don't hide behind “Trauma”

Offer support options of all kinds that relate to women's homelessness even create housing/homelessness packs with women's homelessness supports.

Be critically Reflective in our practice - bearing in mind our own privilege and experiences that can influencing judgement and action.

RECOGNISE and ADVOCATE THAT....THERE ARE DIFFERENCES IN WOMENS HOMELESSNESS!!!



What can we do as workers

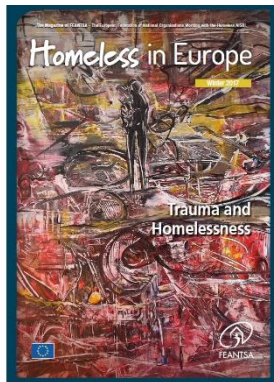
NHS Education for Scotland - Developing your trauma skilled practice. National Trauma Training Framework

Provide Trauma Informed Care (TIC) and create Psychologically Informed Environments (PIE) Both aim to improve the psychological and emotional well-being of people accessing, or working in, their services.



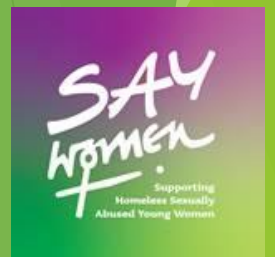
<http://www.safehandsthinkingminds.co.uk/>

Homeless Link <https://www.homeless.org.uk/>



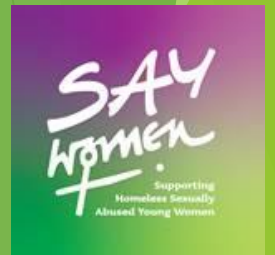
The costs of ignoring trauma is high. It can take a huge toll on people's lives and result in people cycling in and out of prisons, hospitals, street and homelessness services. Developing trauma-sensitive services does not require enormous resources, but requires change in the way organisations work.

<https://www.feantsa.org/en/newsletter/2017/12/20/winter-2017?bcParent=27>



"Sexual and gender-based violence destroys people, it destroys local communities and it is extremely difficult to mend the damage. That's why we have to do more to prevent it." —

▶ *Norwegian Foreign Minister Ine Eriksen Soreide*





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Useful resources/reading

- ▶ Nelson, S. (2018) *Surviving Well-useful information for health professionals working with people who have been sexually abused*
- ▶ Dr Sarah Nelson [Tackling Child Sexual Abuse: Radical Approaches'](#)).