How consistent and compassionate is the response to domestic abuse in a local authority housing team?

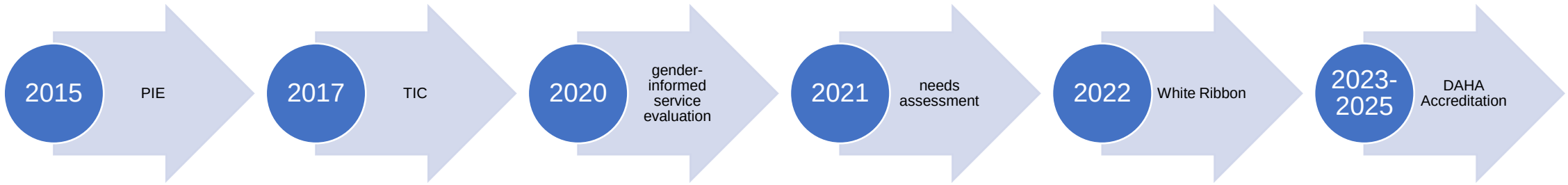
Dr Deborah Fulcher Cornah

Corporate Domestic Abuse Lead

Basingstoke and Deane Borough Council

Basingstoke and Deane

Housing and DA BDBC timeline



Some things we've done

- DAHA – 8 areas of excellence
- Staff and resident DA policies
- Domestic Abuse Champions Network
- Lived Experience Advisory Panel (LEAP)
- Training
  - Awareness raising
  - Coercive and controlling behaviour
  - DASH risk assessments
  - Supporting people who use harmful behaviours
  - Case management
  - and many more
- Co-location of IDVA Team – focus of today's talk

Why do we have an IDVA team?

Shenice’s experiences

Lauren’s experiences

What might be the barriers to accessing refuge for Lauren?

What might be the barriers to accessing refuge for Lauren?

- Financial
- Psychological
- Practical
- Social
- Geographical
- Relational
- Emotional
- Professional

- Losing your home.
- Losing friends.
- Losing ‘status’.
- Losing immigration rights and status.
- Losing privacy.
- Losing dignity and feeling ashamed.
- Facing the truth that the relationship is not what it was or could have been.
- Loss of financial stability.
- Fear of losing child(ren).
- Losing a sense of control.
- Loss of employment.

- Loss of support networks.
- Loss of pets.
- Fear of ‘repercussions’ and further violence from perpetrator.
- Loss of relationship / loss of their child(ren)’s relationship with their other parent.
- Guilt and fear “about getting [the perpetrator] into trouble.”
- Fear of loneliness and social isolation.
- Fear of not being believed / actually not being believed.

What might be the losses and fears Lauren is facing?

- Losing your home.
- Losing friends.
- Losing ‘status’.
- Losing immigration rights and status.
- Losing privacy.
- Losing dignity and feeling ashamed.
- Facing the truth that the relationship is not what it was or could have been.
- Loss of financial stability.
- Fear of perpetrator finding out.
- Fear of going back.
- Feeling "stupid".
- Having to move.
- Feeling like it's all unfair.
- Fear of losing child(ren).
- Losing a sense of control.
- Loss of employment.
- Fear of not being believed / actually not being believed.
- Fear of perpetrator finding out.
- Fear of going back.
- Feeling "stupid".
- Having to move.
- Feeling like it's all unfair.

What does the IDVA team do?

- Meets the person quickly after presentation
- Advice*
- Legal signposting*
- Support with finances*
- Attending court
- Target hardening (making the house safe)*
- Accessing refuge*
- Delivers training
- Risk assessments*
- Referral to MARAC*
- Listens*
- Chases police for updates
- Liaises with housing officers
- Refers for counselling
- Supports staff experiencing DA
- Supports housing officers with many of the above (*)

Who have they supported so far?

- 63 women, 7 men
- Most people aged 25-64
- 16 people married
- 43 single/separated
- 61 perpetrators were current or former partner
- included so-called HBV
- 41 had 1 or more children
- 17 had 3+ children

- 82 referrals from housing team (not all are referred)
- 57 experienced physical violence
- 10 high risk
- 36 medium risk
- About 50% had experienced DA for 2 or more years.
- About 35% had experienced DA for more than 5 years.

What difference has it made?

- 450+ refuge referrals made
- 10 referred to MARAC
- 29 referred to MH services
- 22 referred for legal support
- 22 receiving counselling or therapy
- 11 referred for CYP support
- 28 received financial support

… so those are the numbers, but what difference has it *really* made?

What do survivors say?

I didn't have to keep repeating myself

When I needed to leave, I needed help straight away

She made me feel like I wasn't crazy

I wish my Mum had had this support when I was young

I wish I'd told them sooner

If it was refuge or stay [with him] I'd have had to stay

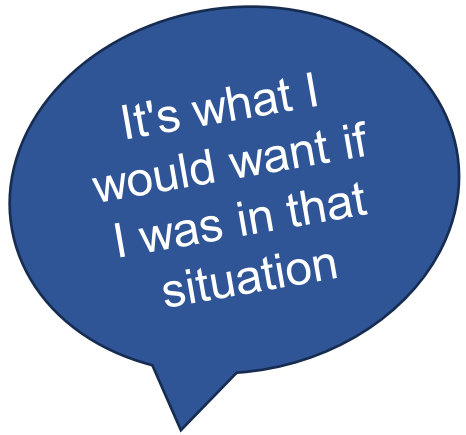
I was just glad someone took me seriously

I didn't realise there was help for someone like me

What do colleagues say?

















What have we learned?

- “Progress” is slow – there are still barriers for (almost) everyone
- What is good enough?
- Mistakes happen
- People need the right response first time, every time
- People, not numbers
- There is no one experience
- Challenge assumptions
- Curiosity is key

What's next?

- Develop the LEAP
- Examine the data we collect
- Embed evidence-based practice
- Generate evidence and knowledge
- Monitor, embed, sustain what is working
- Identify the challenges

Basingstoke and Deane

Questions?



The Homeless Period

Dr Stephanie Barker, Gabriella Orsini, Frances Greenway, & Jennifer Tarabay

Notes:

Participants names have been changed to pseudonyms

The "x" in "womxn" is used to create space for people who are not cisgender women

Why is this Important?

- Gender-based health inequalities have serious implications
- Women experiencing homelessness are more likely to suffer worse consequences
  - Average age of death for men is 46, and just 42 for women
- Period poverty - many women experiencing homelessness make do with cloth, rags, or toilet paper
- Those who menstruate while homeless are forced to navigate an additional layer of complexity that increases their vulnerability.

What is already known?

Systematic review, only 9 Studies globally, 1 in UK

- Gap in understanding, including non-binary, trans-masculine and gender non-conforming people who menstruate while homeless
- Barriers include limited privacy, bathroom facilities, and access to appropriate hygiene products
- These led to people abandoning other basic needs in favour of managing menstruation
- Services often rely on donations of hygiene products

The homeless period: a qualitative evidence synthesis

Gabriella D. Orsini BSc[a], Jennifer Tarabay MSc[a], Polly L. Hardy-Johnson PhD, MSc[b], Stephanie L. Barker PhD, MA[a], and Frances T. Greenway MSc[a]

[a]Department of Psychology, University of Southampton, Southampton, UK; [b]Faculty of Medicine, University of Southampton, Southampton, UK

ABSTRACT

Women experiencing homelessness are marginalized not only through their housing status but also through their access and ability to manage their menstrual health. Currently, there are no existing published reviews exploring this topic. This study aimed to begin closing that gap, by systematically reviewing the literature examining women's experiences of menstruation whilst being homeless. In June 2020 (and updated in December 2022), we conducted comprehensive and systematic searches of four electronic databases: Medline, Web of Science, CINAHL, and PsychINFO, from which nine studies were found. The findings were thematically analyzed, using the enhancing transparency in reporting the synthesis of qualitative research tools (ENTREQ) guidelines. Three themes related to menstrual experiences were found: (1) challenges in the logistics of managing menstruation while homeless, (2) feelings of embarrassment, shame, and dignity linked to maintaining menstrual health, and (3) making do: how people experiencing homelessness manage challenges related to menstruation. We discuss barriers women face in getting necessary products and in accessing private, safe, and clean facilities to manage menstrual health. The study found that women living with homelessness often abandon other basic needs in favor of managing menstruation (i.e. using unsuitable materials, stealing, etc.), which furthers their risk. The findings highlight the need for future research to investigate the experiences of women who are menstruating while being homeless and what support they would find helpful. Results show that it is high time for commissioners and policy-makers to address the provision of menstrual resources as a basic human right.

ARTICLE HISTORY
Received 4 July 2023
Revised 21 December 2023
Accepted 17 January 2024

KEYWORDS
Homelessness; inclusion health; menstruation; reproductive health; women and health

The Research

- Used Photovoice Guidance
- Disposable cameras with capacity of 39 pictures each
- Aimed to recruit:
  - 10 participants with lived experience
  - 5 stakeholders

- The project used three methods:
  1. Photovoice & interviews
  2. Interviews with stakeholders
  3. Reflexive thematic analysis explored recurrent themes

Learning / Challenges

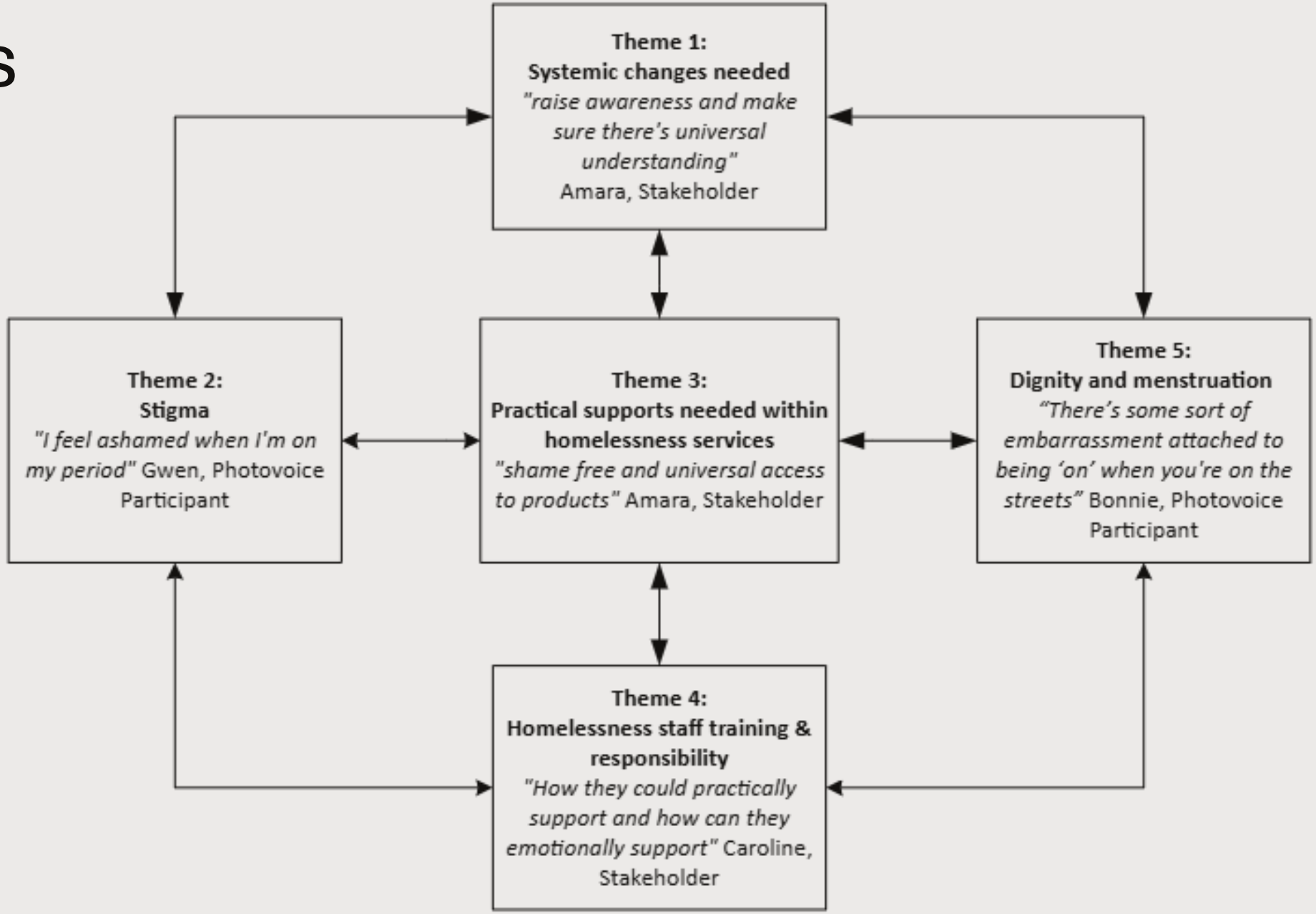
- Ethical approval process
- ‘Ladies night’ / women only events - increased vulnerability and inconsistent attendance made collecting the cameras difficult.
- Some participants had their keyworker help them with the photos, as it was triggering for some, what about those who had no one?
- Time to develop the photos & reliability of the post! :(



Outcomes

- Although we aimed to recruit 15 participants, we were only able to recruit 12, (6 lived experience/6 stakeholder)
- 54 images captured
- 6 stakeholder interviews
- 4 lived experience participants interviewed
  - 2 cameras lost
  - 1 interview had to be stopped

Findings


Theme 1:
Systemic changes needed
"raise awareness and make sure there's universal understanding"
Amara, Stakeholder
Theme 2:
Stigma
"I feel ashamed when I'm on my period" Gwen, Photovoice Participant
Theme 3:
Practical supports needed within homelessness services
"shame free and universal access to products" Amara, Stakeholder
Theme 5:
Dignity and menstruation
"There's some sort of embarrassment attached to being 'on' when you're on the streets" Bonnie, Photovoice Participant
Theme 4:
Homelessness staff training & responsibility
"How they could practically support and how can they emotionally support" Caroline, Stakeholder









“I think women can still feel shamed for having periods, and that it's somehow dirty that we bleed every month” - Gia, Stakeholder





"Not having enough pads. I think I was like 50p short, buying a packet of pads.. I was kind of like, oh, God, I will literally bleed through" - Gwen, Participant

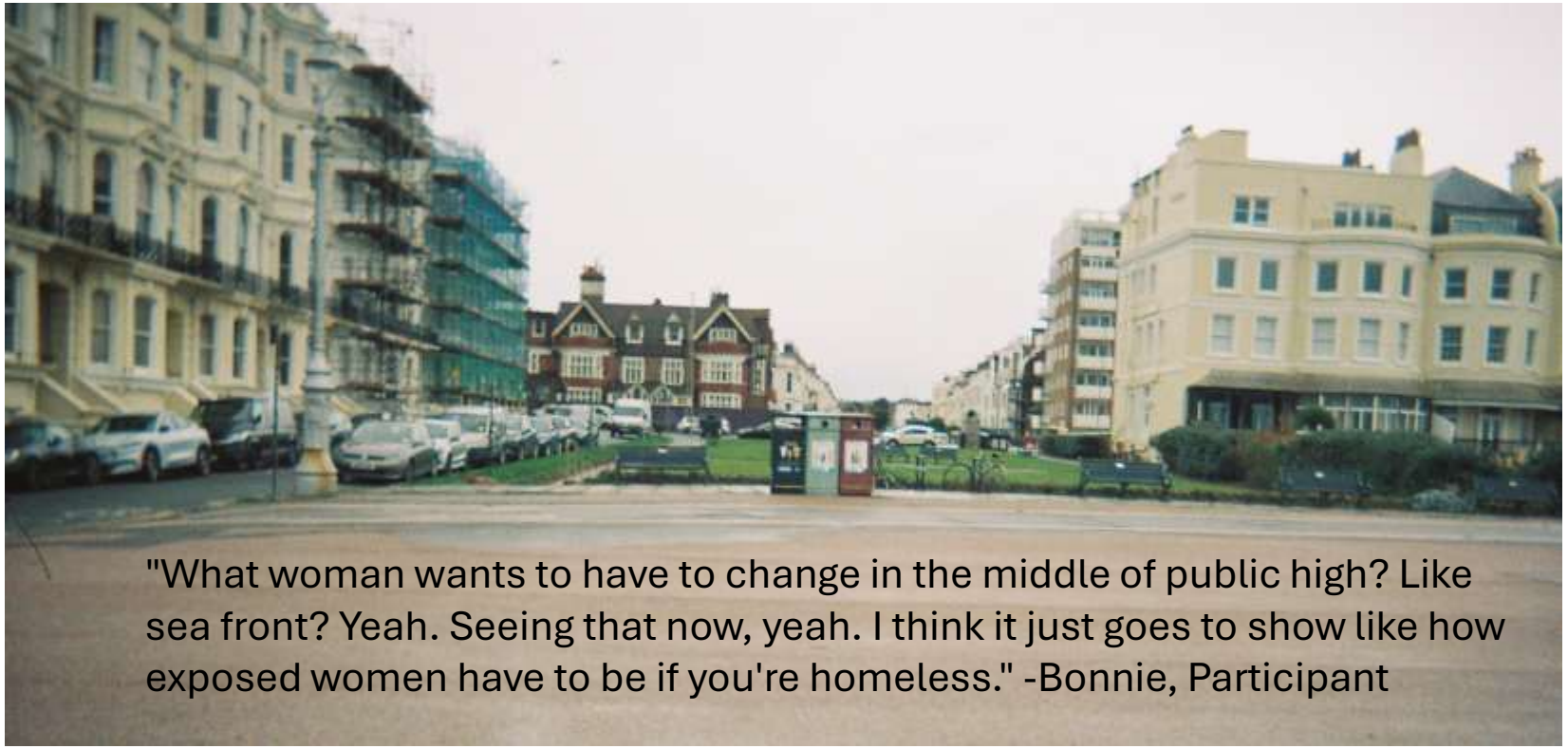


"You're fucked if you don't have enough pads" - Gwen



"We should not feel embarrassed to bleed" - Gwen, Participant





"What woman wants to have to change in the middle of public high? Like sea front? Yeah. Seeing that now, yeah. I think it just goes to show like how exposed women have to be if you're homeless." -Bonnie, Participant











What does this mean for you?

Policy Recommendations – Frontline Staff

- Should be encouraged to speak about periods to reduce stigma e.g., ask questions like **“how are your periods?”** and **“How can we support you with your menstrual cycle?”**
- Should **assess menstrual health needs of all clients** regardless of presenting gender

Policy Recommendations – Service Managers

- You should ensure that all staff should receive **training on menstrual health** issues including different conditions, using **inclusive language**, holding **conversations about periods**, **signposting** to healthcare services
- **Co-develop policy** around menstrual health (consulting those who menstruate!), including nonjudgmental exploration of views/beliefs on periods, accurate information on menstrual health, **strategies for staff to support clients** who menstruate, **supporting staff who menstruate**, and **distributing products** to make every contact count

Policy Recommendations – Commissioners

- Period products should be **freely available** in services – with **variety, choice, and culturally appropriate** products (tampons, pads, reusable products).
- Commission **womxn only spaces**, configured in consultation with those who menstruate, where people can feel safe while showering, supported by **therapeutically trained staff**
- **Public toilets** – ensure they are **free, open, clean, and accessible** (without reliance on technology or purchase) with appropriate menstrual product disposal
- Budgets for day centres, hostels and temporary accommodation must include **dedicated funding for period products** to ensure equitable access to basic healthcare. Services should not solely rely on donation/charity-based provision as this creates inconsistent and inadequate support for marginalised populations.

Please share your reflections with us..

You are invited to share your reactions, potential actions and reflections from the Homeless Period project

https://southampton.qualtrics.com/jfe/form/SV_cNGfU3aiKpgTAOy

Approved by the Faculty Ethics Committee (FREC) at the University of Southampton (ERGO Number 102409)

Future Plans & Collaboration opportunities

- Writing up and publishing the photovoice research
- Upcoming conferences
- Applying for funding in October
- We are looking for collaborative partners; lived experience, womxn's service leads, womxn's health experts, LGBTQIA+ organisations & passionate people!

Contact us if you are interested in being part of our next project! Meeting online on July 17th to discuss!

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