

# Domestic Abuse, Homelessness and Insecure Housing: *A peer research report for the Haringey Women's Voices project*



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## Overview

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This short paper explores the experiences of women who have faced domestic abuse and homelessness or insecure housing in Haringey.

The research for this paper was undertaken by two trained peer researchers, both of whom have experienced domestic abuse and homelessness. The research took the form of interviews with women in Haringey, held over the course of three months via video and telephone calls. The researchers explored the following themes:

- Experiences of domestic and/or sexual violence
- Experiences of housing instability and/or homelessness
- Help seeking and service access
- Barriers to support
- Best practice in service provision, outreach and support
- Peer support

This paper presents the experiences of those who have lived through both domestic abuse and homelessness (or risk of homelessness) first hand. Direct quotations are used in boxes throughout so that this story is told directly through the voices of women with these experiences where possible. This paper also contains a brief background to domestic abuse and homelessness (see: Background).

This research forms part of a broader project, Haringey Women's Voices, aimed at improving trauma and gender informed service responses to women's homelessness. This was a partnership between AVA, Solace Women's Aid, IMECE and Haringey Council, funded by Homeless Link. This project built the capacity of the statutory and voluntary sectors in Haringey to provide enhanced, specialist support to women who are homeless or at risk of homelessness with experience of domestic or sexual abuse through peer research, peer support and training.

The overall programme aim is to both increase the number of services offering gender and trauma-informed support to women experiencing homelessness in Haringey and improve the lives of women in Haringey with experience of gender-based violence who are homeless or at risk of homelessness through direct support delivered by new peer support groups.

## Background: Domestic abuse and homelessness

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### Women's homelessness

Of the 4,266 individuals deemed to be sleeping rough in England in 2019, a total of 3,534 were male, 614 were female: that's 14% female.<sup>1</sup> Homeless Link statistics suggest this is slightly higher: 28% of service users in accommodation projects are women, while in day centres it is slightly lower at 24%.<sup>2</sup> Rough sleeping women tend to be younger, and are significantly more likely than men to be under 25.<sup>3</sup> 57% of statutorily homeless households in England are women with dependent children or lone women<sup>4</sup>. The St Mungo's Rebuilding Shattered Lives report found that over half their female clients are mothers, and 79% of these women have had their children taken into care.<sup>5</sup>

Until recently, women's homelessness was rarely considered in its own right and remains under-researched. Early studies (primarily social scientific) tended to ignore women<sup>6</sup>. Meanwhile, men are more likely to be 'visibly homeless' i.e. make up more of the rough sleeping population and/or visible on the streets meaning more focus in policy and literature, and women are more likely to seek support through informal networks of family and friends, only using services as a last resort<sup>7</sup>.

Research shows that single women who experience homelessness are not prioritized for housing support and services; they are often referred to shelters but, for different reasons, are likely to seek out alternative living arrangements such as living with friends or relatives.<sup>8</sup> Women are more likely to be protected from homelessness when they have their children with them because welfare, social services, health and social housing systems are designed to protect children<sup>9</sup> - but this is not always the case.

Women in otherwise marginalised positions in the UK are also considerably more likely to face homelessness of different forms. Black and minoritised women are considerably more likely to face homelessness, both statutory homelessness and rough sleeping.<sup>10</sup> 20 percent of LGBT women have experienced homelessness, and one in four non-binary people have faced homelessness<sup>11</sup>.

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<sup>1</sup>Homeless link (2020). *2019 Rough Sleeping Snapshot Statistics*. London: Homeless Link

<sup>2</sup>ibid.

<sup>3</sup>Bretherton, J. and Pleace, N. (2018). *Women and Rough Sleeping: A Critical Review of Current Research and Methodology*. York: University of York Centre for Housing Policy.

<sup>4</sup>ibid

<sup>5</sup> St Mungo's. (2014). *Rebuilding Shattered Lives*. London: St Mungo's.

<sup>6</sup> Those that were written also tended towards portraying homeless women in a particularly stigmatizing fashion; a cultural stereotype of the 'eccentric' and sexually deviant quintessential 'fallen woman' (O'Sullivan E. (2016) Women's Homelessness: A Historical Perspective. In: Mayock P., Bretherton J. (eds) *Women's Homelessness in Europe*. Palgrave Macmillan, London.)

<sup>7</sup> Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jimenez, L., Duchon, L., et al. (1998). Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health*, 88(11), 651–1657.

<sup>8</sup>Löfstrand C.H., Quilgars D. (2016) Cultural Images and Definitions of Homeless Women: Implications for Policy and Practice at the European Level. In: Mayock P., Bretherton J. (eds) *Women's Homelessness in Europe*. Palgrave Macmillan, London.

<sup>9</sup>Bretherton, J. and Pleace, N. (2018). *Women and Rough Sleeping: A Critical Review of Current Research and Methodology*. York: University of York Centre for Housing Policy.

<sup>10</sup>ibid

<sup>11</sup> Stonewall. (2018). *LGBT in Britain: Home and Communities*. London: Stonewall.

There are significant structural barriers that limit some groups of women from seeking help, but also disadvantage them in the housing market, for example: inequality in the labour market. This leaves women in otherwise marginalised positions considerably more likely to face homelessness<sup>12</sup>.

### **Links between domestic abuse/sexual abuse and homelessness**

Where women's homelessness has been given due attention, the link between experiences of violence and disadvantage and homelessness are stark; particularly in relation to both sexual/domestic abuse in childhood and/or adulthood. Research has found that 61% of homeless females and 16% of homeless males have experienced violence and/or abuse from a partner<sup>13</sup>. Other comparative research found 100% of Spanish, 93% of Swedish, 70% of UK rough sleeping women reporting that they had been abused by an intimate partner<sup>14</sup>. Research by St Mungo's, found that 54% of their female clients that slept rough have experienced abuse from a partner or family member - 33% of whom say domestic abuse contributed to their homelessness<sup>15</sup>.

Pleace (2016) explores the reasons behind the lack of knowledge and awareness related to women's homelessness (both in statistics and research). He found that the links between domestic abuse and women's homelessness mean women are often missed from statistical counts because they move straight into domestic abuse services or other forms of crisis accommodation.<sup>16</sup> This means women fleeing abuse and entering temporary accommodation options such as refuges, hostels or safe houses are missed off homelessness counts in such a way as to skew homeless statistics.

Women fleeing domestic abuse frequently face homelessness by virtue of leaving their home in search of safety. Where women cannot afford private rented accommodation, they may experience homelessness of various forms. Women's Aid have found that 45% of people fleeing domestic abuse end up sofa surfing, and almost 12% sleep rough while waiting for a space to become free<sup>17</sup>. On average, 64% of all referrals to refuges are declined<sup>18</sup>, meaning 64% of women fleeing domestic abuse must find temporary and insecure housing options or end up homeless. Meanwhile 87% of women leave refuges for continued temporary accommodation<sup>19</sup>.

Domestic abuse is not just a precipitating factor in many women's experiences of homelessness, but something many women, especially those rough sleeping, face *during* experiences of homelessness or insecure housing. More than 1 in 20 (men and women) of those sleeping rough have been the victim of a sexual assault while

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<sup>12</sup> Bramley, G. and Fitzpatrick, S. (2018). Homelessness in the UK: who is most at risk?. *Housing Studies*, 33(1), pp.96-116.

<sup>13</sup> Mackie, P. & Thomas, I. (2014) *Nations apart? Experiences of single homeless people across Great Britain*. London: Crisis.

<sup>14</sup> Moss, K., & Singh, P. (2015). *Women rough sleepers in Europe: Homelessness and victims of domestic abuse*. Bristol: Policy Press.

<sup>15</sup> Bretherton, J. and Pleace, N. (2018). *Women and Rough Sleeping: A Critical Review of Current Research and Methodology*. York: University of York Centre for Housing Policy.

<sup>16</sup> Pleace N. (2016) Exclusion by Definition: The Under-representation of Women in European Homelessness Statistics. In: Mayock P., Bretherton J. (eds) *Women's Homelessness in Europe*. Palgrave Macmillan, London.

<sup>17</sup> Women's Aid. (2018). *Nowhere to Turn*. London: Women's Aid.

<sup>18</sup> Women's Aid. (2020). *The Annual Audit*. London: Women's Aid.

<sup>19</sup> Solace Women's Aid (2016). *The Price of Safety: How the housing system is failing women and children fleeing domestic abuse*. London: Solace Women's Aid.

homeless.<sup>20</sup> Women are vulnerable to verbal and physical attacks whilst sleeping rough, and most relationships on the street have been found to contain elements of abuse, sex work and/or exploitation<sup>21</sup>. There is also evidence that women may face sexual assault or exploitation in exchange for housing, with over 250,000 women across England reporting they have been asked for sexual favours in place of paying rent by their landlord over the past five years<sup>22</sup>.

Maycock et al. (2016) provide a useful summary of the links between domestic abuse and homelessness<sup>23</sup>. These are listed briefly below:

- Domestic abuse is often theorised as the destruction of a home-like space, a removal of safety and independence. Homelessness compounds this removal of safety.
- There are debates over the causal link between domestic abuse and homelessness, and whether this causal role de-emphasizes structural causes. Homelessness most often involves a complex interplay between structural and individual factors resulting in women's loss of accommodation. Violence and abuse are closely linked to women's social and economic circumstances as well as to broader processes of inequality, exclusion and marginalization.
- There is a two way causation at play; domestic abuse often leaves women homeless, but women experiencing homelessness are also at higher risk of domestic and intimate partner violence.
- Research shows that although most women report domestic abuse, many have different perceptions on the impact of abuse on their lives and its role in precipitating their homelessness.
- Women's continued structural discrimination and disadvantage within housing markets and their limited opportunities to achieve their housing rights is a big factor in this interplay between homelessness and domestic abuse. Women who experience domestic abuse may face challenges such as: a lack of affordable housing, poor rental history due to numerous moves (associated with their efforts to escape abuse), housing market discrimination and the exclusion of large numbers of women, particularly marginalized women, from the labour market.
- We need to look at this through an intersectional lens - LGBTQ+ women, Black and minoritised women, migrant women and women living with disability/ies face additional barriers to support and access to housing.
- Domestic abuse is often prolonged due to the prospect of homelessness for women experiencing abuse. This is often linked to economic abuse, and abuse tactics involving cutting individuals off from potential

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<sup>20</sup> Crisis (2016). *It's no life at all*. London: Crisis.

<sup>21</sup> Clement, S. & Green, W. (2018). *Couples First? Understanding the needs of rough sleeping couples*. Brighton: Brighton Women's Centre.

<sup>22</sup> Shelter UK. (2017). *Tenant survey: sex for rent question*. Unpublished.

<sup>23</sup> Mayock P., Bretherton J., Baptista I. (2016) Women's Homelessness and domestic abuse: (In)visible Interactions. In: Mayock P., Bretherton J. (eds) *Women's Homelessness in Europe*. Palgrave Macmillan, London.

support networks. Being without a secure home and/or the economic resources to access and maintain housing, or negative experiences in supported accommodation may subsequently lead women to stay with or return to their abusive partners.

In this way, the link between domestic abuse and homelessness must be considered in light of the different experiences women face during and after both domestic abuse.

### **Multiple disadvantage and women's homelessness**

The term multiple disadvantage refers to those people who face multiple and intersecting inequalities including gender based violence and abuse, substance use, mental ill health, homelessness, being involved in the criminal justice system and the removal of children. Women experiencing homelessness are more likely to suffer from mental-ill health than men in the same position. Women experiencing homelessness and mental ill health area also more likely to experience long term or repeated homelessness.<sup>24</sup> Recent research from Homeless Link found that 73% of people experiencing homelessness suffered from a physical health problem, and 80% from a mental health problem<sup>25</sup>. Six in 10 people sleeping rough in London in 2018-19 had a recorded drug or alcohol problem, drug and alcohol needs among women are rising at a particularly shocking rate (65% rise in women sleeping rough in London with drug and alcohol problems since 2014-15)<sup>26</sup>.

Many women who experience abuse are likely to develop mental ill health and use substances problematically. Not only this, but trauma responses can manifest in ways that are interpreted as 'difficult behaviour' which leads to many women being excluded as a very fact of the disadvantage they have faced. They are therefore more likely to have to sleep rough or use non-specialist hostels where there is less support and a greater risk of continued violence.

The experience of abuse and violence, can leave women severely traumatised, and homelessness often compounds this trauma. Research has found that survivors of domestic abuse have a seven-fold risk of post-traumatic stress disorder<sup>27</sup>. The national rough sleeping strategy acknowledges that "women who sleep rough are more likely to have specific support needs and to have experienced traumas"<sup>28</sup>. Research has found that women's responses to abuse and trauma are not well understood and this can exacerbate their trauma or do little to address it<sup>29</sup>.

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<sup>24</sup> Bretherton, J. and Pleace, N. (2018). *Women and Rough Sleeping: A Critical Review of Current Research and Methodology*. York: University of York Centre for Housing Policy.

<sup>25</sup> Homeless Link (2014). *The Unhealthy State of Homelessness*. [online] London: Homeless Link.

<sup>26</sup> St Mungo's. (2020). *Knocked back: Failing to support people sleeping rough with drug and alcohol problems is costing lives*. London: St Mungo's.

<sup>27</sup> SafeLives (2019). *Mental Health and Domestic Abuse*. Spotlight. London: SafeLives.

<sup>28</sup> MHCLG (2018). *Rough Sleeping Strategy*. London: Ministry of Housing, Communities and Local Gov't.

<sup>29</sup> AVA & Agenda, 2019. *Breaking Down the Barriers: Report from the National Commission on Domestic and Sexual Violence and Multiple Disadvantage*. London: AVA, Agenda.

## Service access

Only 11% of accommodation projects are able to offer women-only provision within their service.<sup>30</sup> Women may therefore be at risk of further violence and abuse in male-dominated service environments. The type and level of support offered in generic homelessness services is generally not adequate for those women who have been made homeless due to domestic abuse. Homelessness caseworkers in the UK have been described as conducting 'upsetting' and 'intrusive' interviews with women who present as homeless, which in some cases can lead to women seeking help elsewhere.<sup>31</sup>

For those facing multiple disadvantage, options are even more limited. Previous AVA research has also found that of 173 local areas in England and Wales, only nineteen had access to support for women facing multiple disadvantage which could address all of the following issues: substance use, criminal justice contact, mental-ill health and homelessness<sup>32</sup>.

A prolonged period of austerity, a deepening housing crisis and funding cuts to specialist services has created a bleak landscape for women fleeing abuse. Solace has found that 30% of women seeking shelter are turned away six or more times in London<sup>33</sup>. Meanwhile, research finds that refuge providers face significant challenges in resettling women (and children) ready to leave their service due to a lack available social housing, unaffordable other forms of housing and the impact of welfare benefit changes<sup>34</sup>. This leaves survivors more likely to move onto further temporary accommodation, and leaves refuge spaces limited for those needing access when fleeing abuse.

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<sup>30</sup>Homeless Link. (2020). *2019 Rough Sleeping Snapshot Statistics*. London: Homeless Link.

<sup>31</sup> Pascall, G., Lee, S., Morley, R., & Parker, S. (2001). Changing housing policy: Women escaping domestic abuse. *Journal of Social Welfare and Family Law*, 23(3), 293–309.

<sup>32</sup> Holly, J. (2017). *Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales*. London: Agenda & AVA

<sup>33</sup> Solace. (2019). *Safe as Houses Report: How the system is failing women and children fleeing abuse in London*. London: Solace.

<sup>34</sup> DAHA and Women's Aid. (2020). *Improving the move-on pathway for survivors in refuge services: A recommendations report*. London: DAHA and Womens Aid.



## Methodology

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This paper is a product of research undertaken by two experts-by-experience with whom AVA has worked extensively. 8 interviews were held with women who were identified by services as having experiences of both domestic abuse and homelessness/insecure housing in Haringey. It is important to note that two women interviewed did not identify themselves as having experienced domestic abuse.

All interviewees were provided with ethics guidelines as well as giving their informed consent to take part. Each interview was anonymous and confidential. The interviews took place between July-October 2020, and took place via video calling and phone calls. Two of these interviews were conducted via translators. All participants were reimbursed for their time with a £20 Love2Shop voucher.

Each peer researcher was provided with an interview guidance pack including information sheets, consent forms and equalities monitoring forms. The wellbeing of the interviewee was paramount, and they had the right to withdraw at any time.

### Limitations:

- It is often those facing the most severe disadvantage who are not linked into services and/or at an appropriate stage of recovery to be interviewed. This must be considered in relation to potential gaps in the research.
- Two of the interviews were lost in the process of recording. This means that the quotes below represent 6 out of 8 participants. Notes taken during these interviews still allowed for these womens' stories to be represented here.
- Covid-19 restrictions prevented the researchers from meeting face-to-face with any interview participants. Although 8 women were interviewed, it is likely that there are a number of other women who may have been interviewed had face-to-face interviews been an option.

## Demographics and Needs/Characteristics

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Interviewees were asked to provide demographic information including: age, ethnic group, disability and sexuality. This was asked for but not required, and therefore not everyone chose to share this information.

All peer researchers and interviewees identified as women. The women interviewed were between the ages of 25-34 and 45-54.

We interviewed women from a range of ethnic and racial backgrounds. A breakdown of the ethnic background of participants is provided below:

- Black African x 1
- Black British x 1
- Black Caribbean x 2
- Turkish x 2
- White British x 2

The women also had different legal statuses in the UK. A number of women were in the midst of seeking asylum, and three of the women had entered the UK on spousal visas and had therefore faced no recourse to public funds (NRPF) conditions at various points of their journey. For the women navigating the asylum system as well as the housing system, their status and/or language barriers were a defining factor in their experience of abuse and/or help seeking.

A number of women interviewed were living with disabilities of various forms. The majority of the women interviewed were struggling with mental ill health, primarily depression, anxiety and/or PTSD. For some, these disabilities were a direct result of abuse faced.

Of the women interviewed, 6 defined themselves as heterosexual, and 2 as bisexual. Where domestic abuse was described, all women had faced abuse from male partners.

3 out of 8 participants were mothers. For those interviewed with children, their experiences were primarily explored through the theme of protecting their children from harm and the additional support necessary where children were also facing homelessness.

## Types and Experiences of Abuse

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All of the women interviewed were identified as having experienced domestic abuse by services, however, only 6 out of 8 of the interviewees disclosed to the interviewers that they were survivors. A number of the women interviewed had experienced abuse in childhood, often as a result of domestic abuse in the home. For some, the abuse was faced in one relationship, whilst others had experienced a number of abusive relationships.

Several women discussed the experience of recognising abuse and how it can take a long time to identify behaviours as abusive. This was especially the case for those who had experienced abuse as a child where they shared feeling less able to identify abusive behaviour as out of the norm. Other women explained that even though they were living with abuse, they were either afraid, or unaware that they could leave.

Two women, both mothers, described their fear of leaving abuse in direct relation to their fear of homelessness and housing instability. One survivor described how she had heard this from a number of women she had met facing abusive relationships:

*They are actually experiencing domestic abuse but they can't change their place. And the options that are offered to them are like one-bed houses, one-bed flats. And they have like 3 kids and they have schools and everything. They'd rather accept their life and accept the situation. Because they can't/don't want to have to leave their child, they don't want to leave their children with their abuser, their husband or the partner. And go to a one bedroom flat and change the standard of life of their children.*

The abuse faced differed substantially. Types of abuse described are explored briefly below. The majority of women who spoke about domestic abuse detailed at least two of the following forms of abuse.

### Coercive control and emotional abuse

All of the women who discussed the abuse they faced gave examples of emotional abuse and coercive control. For many, this started in childhood, with abuse from parents or elders. The nature of this abuse differed, however, for most this involved being put down, undermined, threatened, and/or shamed. For example, two women described being threatened with accusations of extra-marital relationships and shaming if they left.

*Then he (her husband) started to threaten her saying 'you can't do that because if you do, I will tell everyone that you have someone else in your life. That's why you want to get a divorce.'*

For one woman, who had migrated to join her husband in the UK, the nature of the emotional abuse focused around threats of deportation.

*Part of me thought this is really not love. When I didn't do what he wanted me to do he'd say i'm going to call immigration and get them to send you back.*

For others, threats revolved around their children and/or families.

### **Physical violence**

A number of women had faced physical violence from partners and/or family members. One participant explained that her partner had refused to let her out of the house and to bring her food, leading her to starvation. Another described being partially deafened as a result of being hit by their partner.

*He ate outside the house and then i would say i'm hungry and he would say there is no money for food.*

### **Stalking**

Three participants described instances of stalking. For all of these survivors, these instances began post-abuse, and were key factors in their housing instability and/or homelessness.

*He used to come to my sister's house unannounced knowing that it would stress me out and make me paranoid, he would call and say the baby needs to go.*

One participant had faced stalking for a number of years. She had faced home intrusion at numerous points, and friends/family members also being stalked and threatened. Despite this, she was still in the same accommodation and had received no legal support.

*He's been stalking me for years now. He came around to this flat about three years ago, and he's always trying to make contact with me over facebook and making fake accounts. The police are really limited. He was able to terrorise me for so long.*

### **Child abuse**

As explored briefly above, a number of the participants had faced abuse in their own childhoods. This was often linked to domestic abuse in the home. Two participants also linked this to parental substance misuse.

*There were social workers and doctors who then worked out that mum was struggling - we were on the child protection list. She beat my elder sister up so badly that she was removed that day and taken into care. They*

*took her away, but we were still on the protection list and they didn't work out something was wrong - why would it just be happening to one child?*

None of the participants had faced removal from their parents, however, two women had left home at a young age as a result of abuse, and linked their later experiences of domestic abuse from partners and homelessness to this fact.

### **Honour based violence**

Two women had faced forced marriage. For one woman, her partner had coerced her into marriage through threats to his own life. Another had been forced into marriage with a significantly older man when her parents signed her marital form without her consent. In this instance she also faced abuse from her husband's family.

*He was saying that 'If you don't marry me, I will commit suicide.'*

### **Financial abuse**

Two women discussed the reality of financial abuse. One woman described how her partner refused to let her work or set up a bank account - controlling her through her inability to earn or possess money. Another discussed her lack of access to finances as a result of cultural norms around marital roles. This left her penniless when escaping his abuse.

*I said I wanted a bank account and he said there is paper work I'll need and because i've just arrived I need to wait. I said, you are my husband, take my name and add it to the bill. He said I will give you my account number, you can work and put your money into my account.*

*Even if they have financial help, since they don't have any bank account. The money goes to their husband's account so it's not even financial aid for them. They don't know what money comes to them. Someone should help them to have a bank account.*

### **Rape and sexual abuse**

A number of women mentioned rape and/or sexual abuse. For one participant, this resulted in forced pregnancy.

## Housing and Homelessness

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All of the women interviewed had experienced housing instability or homelessness of some form, most often, but not always, directly related to their experiences of domestic abuse. Most women had faced different forms of housing instability and homelessness at different points of their lives or during their experience of leaving an abusive partner. A number of women, primarily those who had faced multiple abusive relationships, had faced intermittent periods of homelessness over a number of years.

At the time of interview, all women were housed, but all interviewees were either in temporary or potentially unsafe accommodation:

- Homeless hostel (x2)
- Women's refuge (x1)
- Temporary shared accommodation (x1)
- Private rented (x1)
- Temporary council housing (x1)
- Secured tenancy council housing (x2)

Women discussed different forms of homelessness, and the types of homelessness faced by the women is crudely<sup>35</sup> quantified below:

- Rough Sleeping: x2
- Squatting: x1
- Hostel Accommodation: x2
- Sofa Surfing: x5
- Shared Temporary Accommodation: x4

For those that disclosed domestic abuse, it was often the process of fleeing an abusive relationship that left them homeless. For others, fleeing multiple abusive relationships, or facing multiple disadvantage, had led to fluctuating housing instability over longer periods of time.

For many women, the category of 'homelessness' was not something they had considered or used to self-identify. The majority of women had not faced rough sleeping, and often compared their experience against this fact.

*I wouldn't say that I was so much homeless - I've always had a problem with my housing.*

*I was just going from hostel to hostel to hostel. I was never homeless to the point I was on the streets but I still felt as though I was on the streets even though I had somewhere to put my head.*

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<sup>35</sup> We say crudely here as not all women shared the entirety of their experience, conversations tended to take natural diversions and interviewees were not asked probing questions.

*I went to a refuge, it wasn't so much homeless, I just couldn't really stay where I was staying*

This is important to consider in light of hierarchies of experience and how different women understand their experiences through different labels and categories. For a number of women, identifying as homeless may be an uncomfortable experience, denoting a victimhood they are not ready to accept. Others may not be aware of the definition of statutory homelessness and therefore not consider themselves as such.

### **'Sofa surfing'**

The majority of women interviewed had experienced sofa surfing at some point. This was often the first step after leaving an abusive relationship. One client had spent time sleeping on a shop floor with her children, whilst the majority had stayed with friends or family intermittently whilst waiting for temporary accommodation.

*Her children and herself stayed in a bookstore, they didn't have a proper home, so her children weren't able to go to school - they were helping her out. She was working night shifts so they were in this cycle of being lost.*

### **Unsafe housing**

Those interviewed at risk of homelessness were in need of new accommodation as a product of being at risk of violence. Two women faced stalking and/or harassment from perpetrators who knew where they lived. Another was living with a family member who she suggested was abusive and was in need of new accommodation due to their fighting.

*I don't know where he lives, but he knows where I live. I don't feel ok with the fact that he knows. If he wanted to, he can just knock. It's the fact he knows he can do that.*

For one woman, her migration status limited her ability to be moved. Her perpetrator was aware of her location, but she was unable to find new accommodation while she waited for her asylum application to be processed.

*She currently has an asylum seeker status here, it has to go through a certain clearance, so until the home office approves that she can't go into temporary accommodation.*

For another woman, her housing application had been lost, leaving her at risk.

*The housing organisation is not helping me at all as they lost my homelessness application. I've had to do another one, and they've now told me I haven't been at my current address for more than 5 years so I can't proceed...It's rubbish. There isn't like an actual person you can go to where they follow through on your application.*

For those looking to move into more appropriate or safer housing, the process of applying for new housing was found to be a struggle and causing additional stress. This was often discussed in relation to long waiting lists for

applications and endless bureaucracy.

*I've got all the information, but I don't even know what department to go to at this point. Whenever I have someone on the phone they always tell us to go to the next person. Sometimes when you call you might have spoken to that person before, but with us it's always a new person.*

A number of survivors described how their desire for better housing was heightened by fear for their children and a need for their children to return to a sense of normality after abuse.

*She needs a bigger house because of the condition of her house. She has an autistic child and a teenage child and they are both sleeping in the same bedroom.*

### **Shared accommodation**

Four women were in shared accommodation at the time of interview. This accommodation varied, two were in single rooms in homeless hostels, one was in a flat in shared accommodation with her children and one was in a refuge. For each survivor, there were different challenges associated with sharing.

One survivor detailed her struggles with problematic substance use, and how being placed in shared accommodation with others using alcohol (in particular) was a barrier to recovery.

*Haringey council just put me there, well they put me into YMCA which is a wrong move as YMCA made me drink more. Its one of those places, all you do is either smoke weed, drink, take drugs and have sex. I was just drinking all day every day.*

*You have me in a building with people on drugs and drinking yeah, if I go to the reception to ask something and everywhere someone has a drink*

For another woman living in shared accommodation with her children, pork produce being cooked in her shared kitchen led to discomfort for her and her family.

*She says another part of the difficulties of being in shared accommodation is that she is muslim and she therefore does not eat pork, but because pork is being consumed and cooked in the kitchen, she struggles.*

Two women explored the difficulty of staying in shared accommodation when living with the aftermath of abuse. Providing a room without adequate mental health support left women to deal with their trauma alone. One



woman disclosed that she knew many women who returned to perpetrators because they felt helpless stuck in temporary accommodation without support.

*I think when they do get help and go into the refuges, they should help you not just in the refuges, most women were just waiting in these rooms - a lot of us were suffering with bad mental health. These were proper tough women who'd been through a lot, beaten up and stuff, they were proper tough women you could see it in their faces and you could see they weren't getting the right help.*

*I'm so bored, I don't want to be here. The more I'm there, the more I don't want to be there, the more depressed I feel.*

### **'Home' - less**

Home is not just a roof over a head, it is also somewhere safe and comfortable. For all of the women, their housing was either temporary, or they were living somewhere they did not feel entirely safe or secure. All of the women discussed wanting somewhere to 'call their own' and how this was crucial to a swift recovery from abuse.

*I want to be in my home, but I just find it hard. I can never call there home. It's somewhere that my stuff is, it will never be home to me.*

### **Poverty**

A key factor behind housing instability for all of the women interviewed was poverty and/or financial insecurity. Women discussed struggling with money and the unaffordable cost of private rented accommodation. A number of women had been victims of financial abuse, whilst for others the mental and physical health impact of abuse or lack of English proficiency were barriers to finding work.

## The impact of abuse and homelessness/housing insecurity

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The majority of women explored the impact of living with abuse on their mental and physical health. The impact of abuse factored heavily in their housing situation, which in turn impacted their mental and physical health too.

### Mental health

The majority of survivors explored the adverse impact of abuse on their wellbeing, and how the trauma of living through abuse made everyday life a struggle.

*(the abuse) It affects me going to the shop, how I dress, how I talk to other people. I feel very different to a lot of people. Because I've seen the world differently because my life has been quite vivid, I feel kind of scared and when I talk to other people I don't think they'd understand or get it.*

A number of women discussed formal diagnoses of depression and anxiety, whilst others described 'feeling low'. Other participants spoke of flashbacks, and how speaking about abuse was often re-traumatizing.

*I do have personality disorder - and I think the two have very similar symptoms like post traumatic stress and BPD, i'm still in the process of getting a full diagnosis. I don't think it's BPD purely, i've had a very traumatic life, i'm scared most of the time now.*

*In terms of the flashbacks she says even though I know I've survived every time i have to talk about it it feels like i'm reliving it.*

For a number of women, the experience of lockdown during Covid-19 had led to an escalation in their mental ill health.

*She is suffering from depression for years, as I have mentioned before. And she was on medication. But because of this period things got worse.*

For the majority of survivors interviewed, the anxiety caused through lack of a safe place was causing additional stress. This was especially the case for those survivors with children.

*I am really grateful for being here, having a roof over my head. But sometimes not knowing the outcome, I am a bit worried. I don't want to go home as I have nothing to go home to. I gave up everything.*

## Substance use

Three women interviewed described substance addiction, often directly tied to the domestic abuse they faced. One participant described being coerced into trying Class A drugs by an older partner at a young age. Two participants described how using substances provided a means of numbing experiences of abuse and/or hardship.

*I was smoking cannabis before I met this guy and when he introduced me to these harder drugs it was quite something.*

*I think I was using the drugs to help me with my mental health problem.*

All of the women were in recovery at the time of interview. All three women discussed difficulties during Covid-19 when their alternative ways of coping had been limited. For one participant, a relapse occurred during Covid-19.

## Physical health

A number of participants discussed the impact of abuse on their physical health and wellbeing. This was discussed in relation to injuries sustained directly from abuse - for example, one participant who faced partial deafness as a result of being hit by a partner.

Two women discussed the impact of stress on their eating which in turn affected their physical health.

## The impact of Covid-19 on support and recovery

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The interviewees were directly asked about their experiences during Covid-19. For the majority of participants, the pandemic restrictions had an adverse effect on their sense of safety and wellbeing, while also limiting the support available to them - both in relation to housing and domestic abuse.

*She says - I'm living with the fear of the illness and I know that it's increasing again. Just as I felt ready to take a breath and be able to live with my children in peace, this has happened.*

### Delays

Three women mentioned Covid-19 in relation to their housing applications. For one, delays from the Home Office in relation to her asylum application limited her ability to be moved into temporary accommodation. Her abusive ex-partner was aware of her current location and she was unsafe as a result.

Another woman's homelessness application had been lost. She cited her inability to turn up in person as creating delays. Similarly, her ex partner was aware of her location, meaning these delays left her at risk of harm.

### Shared accommodation

The stresses of sharing accommodation were also exacerbated during Covid-19. Women shared the difficulties of living with others when the risk of infection was a constant fear.

*The usage of bathrooms, washrooms and loos has been very difficult and because the people she lives with don't speak Turkish its been very difficult to communicate. Tensions have bubbled up during lockdown.*

For another survivor the inability for her children to go to school while stuck in shared accommodation created even further stress.

*They are in a shared accommodation with a total of five people. She and her two children are in the same room where they need to do their homework, studying, all of that.*

### Limited access to support

For some women, a key concern was how Covid-19 had limited their access to support. This was discussed in relation to accessing suitable housing, hearing back from asylum applications and accessing mental health support.

Women explored how they were unable to access previous support networks such as substance abuse support groups and unable to take part in their regular coping mechanisms such as exercise and leisure activities. With limited access to support, a number of women had experienced set-backs in their recovery and declines in their mental health.

*I started doing yoga before corona, so that got stopped. A lot of things, even though I'm a person that's ok to be at home, it's been difficult as I never had the option of doing things or going places.*

For the majority of survivors interviewed, Covid-19 had acted as a 'pressure cooker', adding additional stress and anxiety. This was made worse by a general sense of stasis in applications and processes that would enable women to move on and begin recovery.

*With covid, even back home, it was like a pressure cooker. I spent all my time in my room. It was a big issue for me here. We had to wear our facemasks and not everyone is doing that.*

### **A positive experience**

One woman who had been rough sleeping saw Covid-19 and her ability to get housed in a temporary shelter as a turning point. As she described:

*A god send - it meant I was housed into a travelodge. It was the best thing because I got housed.*

Covid-19 and the provision of housing for rough sleepers meant these unprecedented circumstances had a very different meaning and effect for her.

## Help-seeking and information gathering - barriers and enablers

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Each woman was asked about the times she had tried to seek help, what she found helpful, and if she faced any barriers in doing so. Women's help seeking patterns differed significantly, and were often related to the availability of information or support in their local area.

For the majority of women interviewed, help was initially sought around domestic abuse, and then housing. This was often intertwined with attempts to get support for substance addiction and/or mental health support. Women described accessing a number of different services at different stages of their journeys, including, but was not limited to:

- The police
- Community centres
- Food banks
- Domestic abuse services (both phone lines and specific organisations)
- Housing options teams
- Substance addiction services
- Health services
- Social services
- Counselling services and/or therapeutic support including IAPT.
- Narcotics Anonymous
- Local church

### Information gathering

Women were asked about their information gathering practices and where they went/searched for support around both housing and domestic abuse. Women's information gathering patterns fell into three key categories.

1. *Accessing mainstream services (such as GP or IAPT) and being provided with signposts to specialist domestic abuse or housing services.*
  - This was uncommon, and women explained that they had encountered a number of barriers in mainstream services - as explored below.
2. *Information gathering from community networks and friends.*
  - This was the case for the two Turkish-speaking women interviewed, both of whom found out about the specialist support available to them through pre-established community networks.
3. *Using the internet to seek out information and support.*

- This was a common experience and the majority of interviewees explained they would use their phone and/or search engines to find appropriate support and information.

### **Barriers to accessing support and information**

The majority of help seeking discussions focused on barriers to support and access, rather than the help available. These barriers were discussed in light of the stress of homelessness and housing instability, and the enduring trauma of abuse. The key barriers to accessing support were identified as follows:

- Lack of intervention in childhood
- Long waiting lists
- Lack of available information
- Language barriers
- Immigration status
- Lack of questions asked in mainstream services
- Fear (of repercussions from perpetrator, of the unknown)
- Judgment and shame
- Unhelpful service encounters leading to disengagement (untrained or unknowledgeable professionals)

Where women felt unable to seek help, fear was a common barrier.

*She came out of such a traumatic household, she also was scared of asking other people for help because she didn't know who would hurt her.*

*When I was homeless I was scared because I was at the mercy of other people, even when I tried to ask for help because I didn't speak english it was so difficult to find people to help me.*

For the majority of women interviewed, the key issue was one of navigation. Women were not aware of available support and/or their rights. This was especially the case for women who had migrated from abroad, and those without access to language support.

*She says especially if you are a new immigrant it's really difficult. It needs to be more accessible and it needs to be more widely advertised. She says it was difficult for her to reach it as she was newly arrived in the country.*

*Women who have this, don't know what to do and where to go, it's a navigation problem. Since they don't know the language, they cannot do this for themselves. And they have children, they cannot leave them to do these things even if they know. They need some kind of support, someone to do these things for them.*

A number of women mentioned waiting lists, especially in relation to support around mental health. This was discussed as being a key step towards recovery, maintaining housing and moving forward after abuse.

*There is too much of a waiting list to referrals, domestic at home and it makes you turn manic, and then you get sent to hospital, they give you tablets which mess up your head and make you feel like something is wrong with you, and then you wait for your referral to the doctor, by the time you get to the doctor, time has passed and you think maybe i'm better now - but it needs to happen right there and then.*

*When I was on drugs and that there was very little help for me to get off crack and heroin, there was a really long waiting list to get to DASH*

Where women did find appropriate services and reached out for support, they described a number of negative or unhelpful interactions with professionals. For some women, they felt let down by services where they had not been asked questions about abuse and mental ill health. They felt opportunities had been missed where they could have been linked into specialist services.

*When I've gone to the doctors and said there have been dysfunctions they should have helped me.*

For others, they described being made to feel 'difficult' in services whereby their behaviors were misinterpreted and they were belittled and undermined.

*People say that I need to stick up for myself more - but then when I do, I get told I'm a problem and i'm mad.*

*They called me emotionally unstable.*

For a number of women who had experienced violence from a young age, the lack of intervention in their childhoods was identified as a key barrier to support and healing.

*When I was a child it should have been sorted out, they should have helped me. When i was with the first boyfriend and i was on drugs and stuff they should have realised something wasn't right with me.*

The lack of suitable accommodation was also considered a barrier to both seeking support, and beginning recovery. This was especially the case for women who had children.

*She says that if there was suitable accommodation that was offered for the women that are having domestic abuse, then things would have been different.*



## Positive experiences and enablers

Despite the above, some of the interviewees discussed positive experiences of service intervention and support.

One survivor had been given advice and support from the domestic abuse helpline. She explained that their quick response and signposting to relevant services had been a key factor in her ability to find adequate support.

When everything started I called the women's helpline and they called me back that same night. With that they gave me every other women's helpline I could go to - that was great, I would really recommend that. If you have any doubts or worries, they will direct you.

For this same survivor, she had then been linked with a family support worker and counsellor, both of whom she had found helpful and supportive.

Two Turkish-speaking women discussed the value of specialist support they had been offered. For both women, the provision of support in their own language was crucial in their recovery and ability to navigate the complexities of the housing system.

For one survivor, a supportive response from the police had been crucial to leaving an abusive situation, for another, a support worker at IAPT who had listened and made her feel understood was a factor in her recovery and ability to link into services.

## Recommendations: what does good support look like?

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At the end of each interview, every woman was asked for her recommendations and suggestions for the type of support she would like to receive. This was discussed both in relation to pre-existing services, and options she would like available in the future.

### Accessible information

Women frequently mentioned the need for more accessible information about available support and services. This was mentioned in relation to language barriers, and a general sense that information was not readily available or advertised.

Women discussed the need for services to be advertised, both online and in other statutory services such as GPs surgeries. A number of women mentioned that effective signposting could only happen if professionals were asking the right questions around abuse and mental health.

*Just for someone to understand me in my own language. Information about domestic abuse in her own language in gps office*

For the majority of women interviewed, seeking support had been a complicated process. For those with more positive experiences, finding supportive and attentive individuals or services who helped them navigate through complicated systems was a crucial factor in their recovery.

### Accessible support

A number of women mentioned the need for 24 hour support services. One survivor noted that she knew women who had been left homeless in the middle of the night and needed support.

*There should be some places that women can go when they need help in the middle of the night. She knows certain cases where the women were simply thrown out of the door at night time by their husbands and they were in the middle of the road. They called her and asked whether they could come to her.*

*In the middle of the night if you need help, there is nothing accessible.*

*I would have a 24 hour number that has people answering it all the time, or even the police to be able to do something*

Although the emergency services are available at that time, women felt less comfortable calling the police, either for fear of repercussions or due to negative past experiences.

Where women had found support, a number mentioned facing long waiting lists. This was especially true for housing and mental health support. Women mentioned not feeling like a priority, and one woman discussed that the process of waiting for support allowed existing problems to escalate. Positive service experiences were discussed in relation to rapid wrap around responses.

One survivor who was living at risk of harm from her perpetrator discussed how her homelessness application had been lost. When calling up the housing office, she spoke to different professionals each time causing additional stress and a need to re-tell her story numerous times. She suggested the need for a single point of contact and for consistency in professionals supporting each woman.

### **Types of support available**

Women described wanting to be treated with respect and valued as a person. This was discussed in relation to needing tailored support where women are met at their own pace.

*Evaluate the person's needs, what the person's journey looks like, and work alongside them. I think they kind of failed me because they knew I was dealing with an alcohol addiction and still early stages of recovery and they flung me to the dogs.*

Where support was available, women wanted different services linked together. For the majority of women, their issues were not singular, and required a wrap around holistic approach. Women wanted to be signposted to other organisations and access different services at once to move towards recovery more effectively.

For women not from the UK and/or who don't have English as a first language, the need for tailored support in their first language was crucial. This was discussed in relation to the benefits of tailored support some of these women had already accessed. There were also discussions around the need for translated resources in health services and other local organisations.

A number of women mentioned the benefits of therapeutic intervention and the need for more mental health support. For one survivor, the provision of therapy in her own language (Turkish) was life changing.

*I have mentalisation based therapy teaching me about my emotions, there should be more things like that teaching women about narcissism and gaslighting and stuff, all stuff like that. They should be done at refuges.*

## The benefits of peer support and peer research

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Interviewees were asked about peer support, whether they ever sought support from other women with lived experience, and the process of being interviewed by another survivor. The majority of women interviewed discussed how this was a positive experience.

*This has been really nice talking to you, I was skeptical at first but yeah it's been really good. I need to be around women like you, I need strong women.*

*If you know what you are preaching, you give the other person a sense of hope, if this person has done it, I can do it too. It's having someone who's gone through what you've gone through and telling you it's going to be ok. You obviously had a turn around so it gives me faith.*

A number of interviewees mentioned that they had found support from other women with lived experience in an informal capacity, or had accessed support groups based on the principles of shared experience such as narcotics and alcohol anonymous (NA).

*She met a friend who was in exactly the same situation as her - she made friends with her now.*

*Since I've been here (refuge) there have been two ladies. One lady has gone but two ladies who were really really nice girls.*

*We are supporting each other but it's just friendship. The women are Kurdish and some are from the same tribe/cast as herself.*

A number of women discussed how being around other survivors was empowering and something they would like to see embedded in support offers.

*It's better when you speak to someone as they know automatically how you feel as they went through it and got through it. There is a light at the other end, and that's what I like - faith. If someone else tells me they are ok now, then I know i'm going to be ok.*

*I would have a session two days a week where you could speak with other girls, not necessarily about our situation, but just to get our minds off things. Something to do and go out and have fun so we can still smile.*

## Conclusion and messages of hope

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Women in Haringey who have faced domestic abuse and homelessness or insecure housing have varied journeys - no one survivor has experienced the same things, nor have they experienced service intervention in the same way. What is clear, however, is that women with these experiences are lacking access to the necessary information and support which would enable them to move forward and begin the journey towards recovery.

Taken together, the interviewees recommendations suggest the need for more accessible information in different formats so that women in borough are aware of their rights and THE support available to them. This is something that needs to be advertised in accessible formats, but also shared with professionals across mainstream organisations so that women can be adequately signposted and referred. Where women are able to access services, professionals must consider the impact both abuse and homelessness can have on the mental and physical health of survivors, and tailor intervention and support accordingly.

Taking the above together, the resilience and strength of women with these experiences is clear. This strength is also reflected in the willingness to share their experiences with researchers in the hopes that they can create a better future for themselves and other women.

**Below are messages of hope shared by two women in the interviews. As this paper illustrates, women are often best supported by their peers.**

*You're not the only person going through things. We are fighters. Even though it may seem like it is not going to end, there is something at the end of the rainbow for everyone. We need to live for us and pick up the phone and make that call. We need to go ahead and do it.*

*The advice I would give women is ask for help. Some women say, I have this under control. You need to ask rather than attempting to do it by yourself. Getting the help you need you will feel better.*

## CASE STUDY 1: KAREN

Karen grew up surrounded by violence. Karen's mother was abusive to her father and to the children. Karen's father struggled with addiction and Karen and her siblings spent time between their parent's houses. Karen's sister was removed from their mother's care after a particularly violent incident, but Karen was left with her mother who physically hit her and refused to take her to school.

After moving in with her father, Karen was groomed by an older man with whom she began a relationship at 17. He was abusive and encouraged her to try substances. After a short time she became addicted to heroin. A year later, Karen's partner was placed in custody after being arrested carrying drugs. Karen sofa surfed between friends and family, and after meeting a friend who encouraged her to get clean, Karen began to turn her life around.

Soon Karen's ex was released from prison and began stalking her, smashing the windows of her friend's home where she was staying and threatening his family. Karen was moved into a refuge and later into more permanent accommodation away from her family and abusive ex partner. Karen allowed a new boyfriend and her brother to stay with her in this new housing, but later lost it after struggling to pay the rent with no support from family or friends and burning herself out at work with no access to mental health support.

Karen struggles with depression and PTSD as a result of the trauma she has experienced. Karen is now living temporarily with her brother, who is emotionally abusive and volatile. The police have been called numerous times but she has not received offers of support. She sought help through the local Covid-19 crisis support and is now awaiting further news on her housing. She is still struggling and feels isolated. She hopes to move into her own flat and begin healing once she is able to access therapy and return to work.

## CASE STUDY 2: ANGELIA

Angelia was born and grew up in Jamaica. She met her husband there and worked in the hotel industry whilst living with her sister. In 2019, after a period of separation, Angelia's husband invited her to come and live with him in London. Despite her protests, he insisted that he would pay for her visa, and promised her work opportunities and a nice life in England.

Upon moving to London, Angelia's husband refused to let her out of the house or to allow her to work or go to college. Angelia begged her husband for a key to the house so that she could go and explore her neighbourhood, but he refused, often leaving her without food for days at a time. He was emotionally abusive and would accuse her of sleeping with others, putting her down and refusing to let her speak to or see anyone other than him. Angelia had no one to turn to for help and had no idea what support was available to her.

After a number of months, Angelia's husband allowed her to go to college, but only if he picked her up and dropped her off. A classmate noticed that she looked cold and checked in on her, Angelia's husband had refused to buy her new clothes despite the change in climate. One evening Angelia's husband threatened her life, and she decided to flee. She had no idea where to turn and googled the emergency services number. When the police arrived, they asked if she had anyone she could call and she reached out to her friend from college. After a week of sofa surfing and calling numbers provided to her by the police, a refuge place was found.

Considering a spousal visa limited her access to funds, Angelia was moved across London to a refuge that could accept her with no recourse to public funds. This was a new area where she knew no one. Her support worker applied for a DDVC allowing her to afford the rent and she was given financial assistance through local organisations and provided with food parcels. Angelia is anxious about the future, with uncertainty around her immigration status and covid-19 causing additional stress. She is struggling to eat and is dealing with physical health issues as a result of the stress. She hopes to find work, a place to call home and to rebuild her future on her own terms.

### CASE STUDY 3: LAILA

Laila was born in Turkey. At 17, she was forced into a marriage with an older man. Her husband was abusive but Laila felt she had no choice but to stay. In 2011, her husband moved to the UK and in 2018, she was asked to follow him on a spousal visa with their two children. Laila's husband hit her, emotionally manipulated her and gave her no access to money. She was isolated from others around her, unable to learn English and unsure of what to do next.

After some time, Laila began hearing from others in her community that this abuse was unacceptable, and that there was support available to her. One day Laila fled from her home with her children, and was taken in by a local shopkeeper who allowed her and her children to sleep on his shop floor in exchange for support in the shop. Laila's children were helping out and unable to go to school. The shop keeper had heard about a specialist centre for Turkish and Kurdish women and helped Laila to contact them. With the support of a case worker who spoke her language, Laila was placed in temporary accommodation with her children.

Laila's mental health is poor and she is suffering from depression and flashbacks. She is caring for her children, whilst hiding for fear of repercussions from her abuser or his family. She applied for asylum seeker status and is still awaiting news on her application from the home office. During this time, she is still in shared accommodation, and has struggled during Covid-19 with other tenants breaking lockdown rules, putting herself and her children at potential risk. Laila cites social service support with her children and the specialist support offered to her as the factors enabling her recovery.

Through the specialist by and for service she is receiving counselling in her own language for the years of trauma she has faced, as well as being guided through complicated systems and administration through those with whom she can effectively communicate.