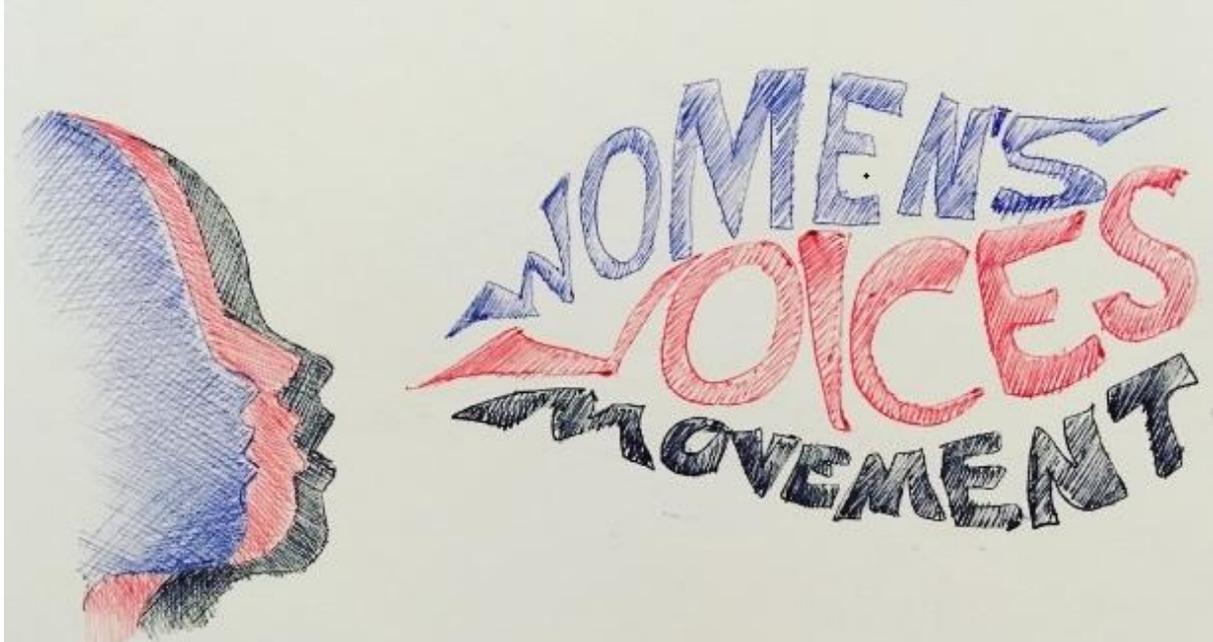


A Guide to Working Well With Women



This guide is for both those working directly with women and those making decisions about services that will affect women's lives

This guide illustrates some guidance written by women who have lived it, both from a service user perspective and worker perspective around how-to better support women

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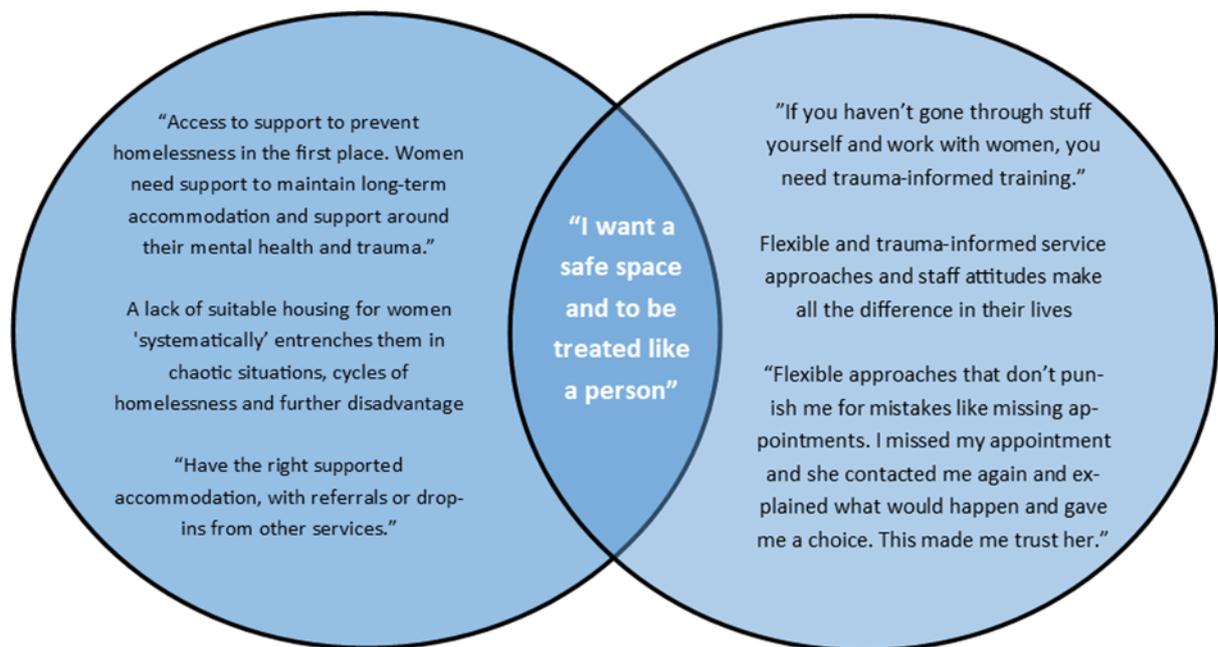
changing lives through learning



Before we begin...

Women have openly shared some highly personal and often profoundly distressing experiences in order to help you support them, and others, differently and to understand what their lives are like as women

Any quotes you see in this document which have not been attributed to anyone, have come directly from women in the Women's Voices Group



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Why is it important to focus on women in the way that we work?

Women's life experiences

Women are more likely to live in poverty, more likely to suffer educational disadvantage and less likely to hold positions of power (UNICEF, 2018)

Women are more likely to experience violence and abuse across their lives than men (Scott & McManus, 2016)

For women, the abuse is likely to occur within a close relationship, with someone who knows them well and where they are in a position of relative powerlessness (Wilton & Williams, 2019)

Gender differences in response to trauma

Women are more likely to suffer mental health difficulties following a trauma (Wilton & Williams, 2019)

Amongst women with experiences of severe physical and sexual abuse, 36% have attempted to end their life, 22% have harmed themselves and 21% have experienced homelessness (Bear, Durcan, & Southgate, 2019)

Women's contact with services

Due to their experiences, women are often reluctant to go to services that are dominated by men (Young & Horvath, 2018)

Services need to be able to work in a way that takes into consideration women's life experiences and that does not contribute to their trauma and distress.

Trauma

"Being a trauma survivor means that I have remarkable coping skills, intuition, and resilience. Contrary to what many (including other survivors) may think, trauma survivors can be, and often are, highly functioning individuals. Even though we sometimes have an inability to care for ourselves and make safe choices, this does not mean we are strangers to ourselves and do not know our needs."

When women's strengths and choices are supported through relational, strength-based approaches this can lead to better engagement and recovery

*"Recovery cannot occur in isolation. It can take place only within the context of **relationships**"*
(Herman, 1992)

Common Impacts of Trauma

- Reliving the trauma (flashbacks)
- Coping mechanisms (E.g. self-harm, substance-misuse)
- Depression and tearfulness
- Tension, irritability, alertness (hypervigilance)
- Dissociation
- Exhaustion and sleep problems
- Withdrawal and loss of motivation

These responses can develop at any time after a traumatic event

Trauma, especially repeated trauma and intersecting identities, can lead to:

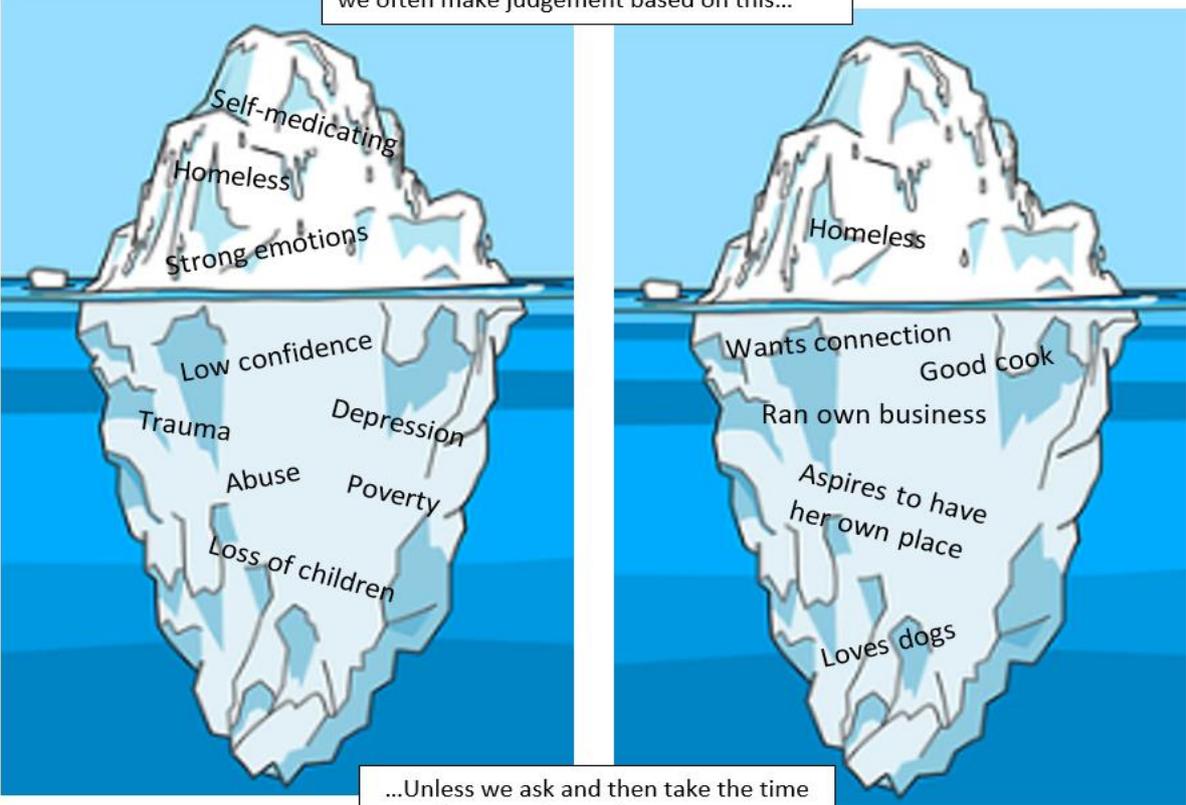
- Increasing and more complex needs
- Stigma, judgment and discrimination
- Disconnection and isolation
- Barriers to support and services
- Harmful coping mechanisms such as self-harm and substance misuse
- Abuse, exploitation and victimisation

Which in turn often leads to unmet needs, internalised stigma and mistrust of others, including services

What this might look like for us. Difficulties with:

- Looking after ourselves and our best interests
- Trusting others
- Maintaining friendships or relationships
- Remembering things and making decisions
- Coping with change
- Simply living our lives fully

We only see what is above the water line and we often make judgement based on this...



[Created by Safia Griffin]

A word about language

Allow women to use their own language and define their own reality – don't correct or jump in with positive affirmations to 'correct' what you might see as negative thinking. Validate how women are feeling and listen

"'You are so strong'... I don't feel strong. Sometimes blanket statements like that make me feel unheard and unsupported"

"Sometimes I need to hear that I am not a bad person. Bad choices do not make a bad person..."

Such statements can lead to further internalised blame and judgement of the person for things that have happened to them.

Below, on the left of the table, are frequently used statements and on the right are our suggestions of what to say instead:

"This person is sick."	"This person is a survivor of trauma."
"They are weak."	"They are stronger for having gone through the trauma."
"They should be over it already."	"Recovery from trauma is a process and takes time."
"They are making it up."	"This is hard to hear, and harder to talk about."
"They want attention."	"They are crying out for help."
"Don't ask them about it or they will get upset."	"Talking about the trauma gives people permission to heal."
"They have poor coping methods."	"They have survival skills that have got them to where they are now."
"They'll never get over it."	"People can recover from trauma."

Wearing Masks – Quotes from Women

In this section are reflections from women about different aspects of their experiences in services

Barriers and access

“I don’t think you should have a set amount of time for any service. Sometimes you have a support worker that says I can work with you for 10 weeks but then what? They should do it on the results, not decide before they know [in advance] if you will recover or not. Mental health is the worst for it.”

“I didn’t have someone explain to me what happens next and how it would help me. [I was] just left with not knowing what is going to happen or who to contact. Left dangling which makes everything ten times worse.”

“I lost trust [and] disconnected from the service. Even if I need the support, if I feel like they won’t help me and I don’t trust them, I won’t go to them.”

“I felt judged in the first phone call. From the way I came across and speak, they already had an opinion.”

“[There is] too much pressure on mental health services, the waiting time can be a year or longer. I was told that I needed to be stable enough to accept it. Surely if in a crisis the therapy would be ideal, rather than medication. Having medication will not take away the trauma that has happened to me.”

“[We need] more of an inclusive service, that also includes activities and exercise and social contact. More about the person, as what will help one person might not help another. “

“Sometimes you have injuries and impairments that make it more difficult to do the things they ask you to.”

“Often [services] go off what professional says, more than [the] woman. [They] don’t trust us to be experts in own needs. [There is an] imbalance of power and [we] feel powerless. They know better’ even if you say what you need, they say no.”

“Discharging from a service, based on their general criteria not yours... and this doesn’t help. It’s still unresolved for you but written down it says resolved.”

“It is always the follow up. They were supposed to call me the next day and I am still waiting. Now I’m sitting here thinking, ‘what am I supposed to do?’”

When women need help and have children

“[Services] always focus on negativity, that the kids are in danger. Not how well you are doing under the circumstances. The reason you asked for help gets forgotten. The whole purpose why you contacted the services goes out the window. They focus on an entirely different issue. This creates a problem that wasn’t there, a problem on top of a problem.”

“I asked for help from everyone. Family, services, friends but they ignored me or downplayed what I was going through until the worst happened.”

“[They] judge our appearance – how you look, dress, act. There’s a lot of stigma from appearance. Judging to decide if you are ‘good’ and worthy of support just from that.”

“Myths of perfect parent – they measure women against this. It adds pressure and always mean that women will fail. As a woman it feels like you are always catching up to what’s accepted as a family. It’s created a system where you are looking at risks and problems, rather than the other side of what makes a full picture of a parent – it’s tunnel vision, looking at what is wrong with you. [They] should look at who are you, what are you good at and what do you need help with.”

“[There is a] lack of support for mums. [We need] support for the aftermath, if kids taken and put into foster care. Parents are left with the aftermath, left with no support, nothing.”

“No matter what you do, you will never be good enough, but nobody is perfect. I was a kid, having a kid. If I had been supported, my life wouldn’t have turned into a car crash.”

“[There is] lots of pressure to try to keep up appearances. Based on this they had a preconception that don’t need help – I don’t meet the need. I won’t always look how I feel.”

“So many women don’t come forward or ask for support, for fear of losing kids – even when ask for help, [services] will focus on the children. In order to help the kids, you help the parent – whole family unit should be worked with.”

Our values

- **Dignity**

See the person not a problem and offer support that is centred around the person, their needs and what they want to do, to encourage self-agency and self-esteem.

“Our values are as important as what needs to be ‘fixed’.”

“[You should be] listening and validating feelings. Taking the time to get to know a woman, checking in with regular communication.”

“Find out what the woman’s values are and work with that. Our values come from our culture and upbringing. You can get really offended if people go against your values – some of these will be faith based.”

“[You] may not agree with someone else’s values but [you] should respect that.”

“Everyone should be treated individually. Everybody is different.”

“We learn to hide ourselves and wear ‘masks’, people who want to help us need to look beyond the masks”

- **Care**

Show care for someone’s feelings, offer practical support and take the time to get to know and understand them by asking and properly listening.

“Please. Approach things more compassionately.”

“[Find out] what is important to the woman and this might be different to what the service thinks is important”

“Avoid judgement. It can make us feel like we are guilty and need to defend ourselves, and trust cannot develop. All we want is help.”

“[There is a] difference between people working in the services that care and want to make a difference, and those just there for the pay-check. You can always tell the difference.”

- **Choice**

Explain things properly and whenever possible offer choices to empower and support a woman to have more control in her life. Respect a woman’s rights and choices, while being honest about what those choices might lead to and the professional boundaries of your role.

“Services should be designed to support women from different backgrounds.”

“If you don’t fit into their box, you don’t get the help”

Top tips from staff

- Have access to peers to advocate for each person in that service, whether that's a dedicated staff member or volunteers
- Allow staff to have the time to build supportive relational bonds with women
- Have a woman only space / room available / time slots
- Allow women to take control back by giving choices at every step – choices, choices, choices in everything
- Allow women to make progress in their own time. It will take time and probably more than one attempt
- Do things that affirm a woman's sense of humanity and connection. For example, ask how she is, remember how she likes her coffee and chat to her about her interests
- Provide opportunities and a way to give back afterwards by supporting others
- Have childcare options available whilst accessing the service
- Have an understanding of different identities and how they can overlap to create further barriers and marginalisation for women from different races, religions and sexual orientations

Trauma informed practice

It is important to be trauma-aware, use strength-based approaches like trauma-informed practices and see women’s presentation through a ‘trauma-informed lens’. ‘Challenging behaviours’ is very often an attempt to feel safe, stay in control and/or manage difficult feelings.

“At the end of our sessions, he always asks – ‘where would you like to be by the next session?’ and finds out where I can access other support and services. Wow, I thought, someone always there to help and listened enough to care.”

“If you haven’t gone through stuff yourself and work with women, you need trauma-informed training.”



[Table taken from [What is Trauma-Informed Care? - University at Buffalo School of Social Work - University at Buffalo](#)]

Tips for trauma informed working

- Create an environment that is safe and secure
- Recognition of the commonness, signs and impacts of trauma
- Minimise barriers to accessing services – e.g., rigid exclusion criteria
- Promote trust and transparency – be clear and consistent
- Recognise power differentials – promote collaboration, empowerment and choice
- Support attachment informed working (relationships) – develop supportive, consistent and reliable relationships
- Be aware of impact of work on staff and put support in place
- Review service approaches with a trauma-informed lens and have the right policies in place to support this type of working and women's trauma

“Focusing on our strengths engages us in our own process of change by instilling hope about the possibility of changing and creating a better life for ourselves.”

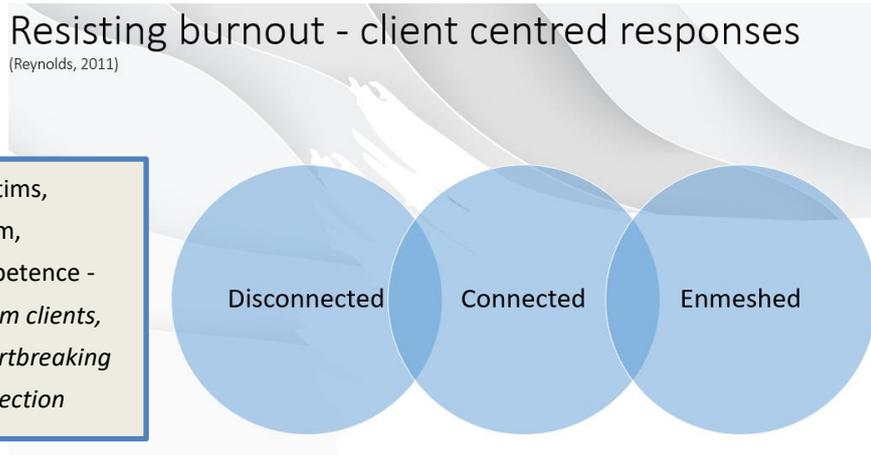
Modelling healthy boundaries

- When you say no, always explain why
- Try not to make promises. If you do, always do it or explain if you can't. Women will watch 'what you say' and 'what you do' and if something doesn't happen any trust built up can easily be broken
- Always give a choice when possible and talk women through what you will do and what they need to do to support independence, choice and control
- Keep setting and reaffirming boundaries
- Encourage women to recognise and set their boundaries – and always respect these!

Self-care for staff

Self-care helps us to remain connected, hold clients at the center of our work and care, stay connected, resist disconnection and enmeshment. This way we are more able to resist burnout and create sustainability in our work and relationships

Staying connected



Disconnected, victims, negativity, cynicism, avoidance, incompetence - *moving too far from clients, responding to heartbreaking work with disconnection*

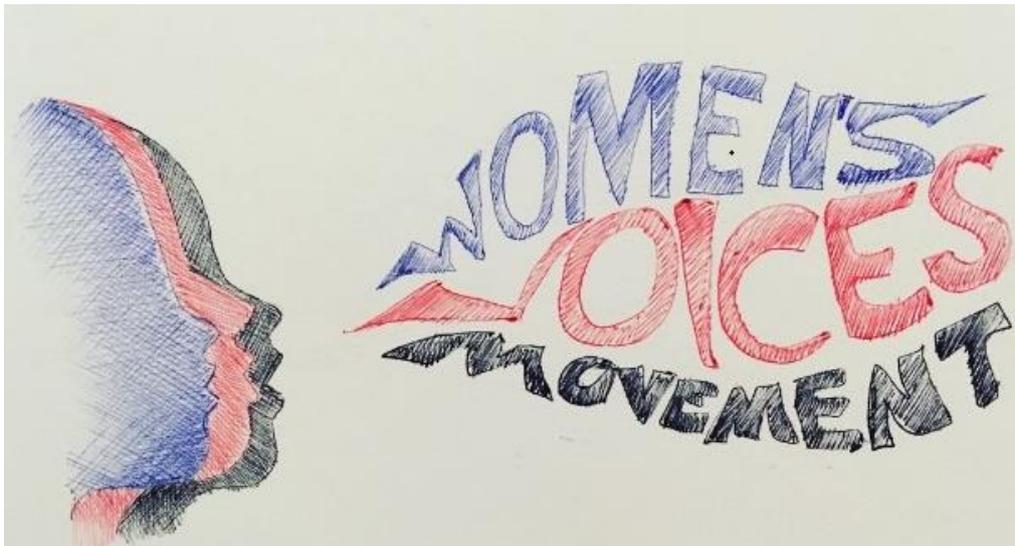
Enmeshed, too close, rescuer, intrusion - *transgressing the boundaries of clients through transgressions of intimacy and enmeshment*

Risk of burnout

Connected to our values, what's at the heart of our work? Why do we do this work? - *trust and respect for boundaries, informed service approaches with staff training, clear policies, support structures, and better care, approaches and outcomes for clients*

Final thought...

“That one person did make a difference to me. They took the time to listen and get to know me and they did it with others too. They stuck by me. If I had not had them, I would not have had the support to change things in my life.”



Thank you!

We would like to thank all of the women who have been involved with the Women's Voices Movement, past and present, for their insights, hard work, contributions and passion which went into making this guide. Each of you are true inspirations and will continue to inspire in whatever you decide to do next. We would not be who we are without you.

About Women's Voices Movement

- Originally founded in Manchester in 2015 as part of the Inspiring Change Manchester (ICM) National Lottery Community Funded Fulfilling Lives programme. Made up of Women from different walks of life who are passionate about women getting involved and having their say.
- The Women's Voices Movement brings together women who are proactive in creating positive system change for women facing multiple disadvantage and supports them to raise their voices and influence system change across Manchester and Greater Manchester, and nationally whenever possible.
- The group is both Women-led and co-created with women with lived experience. It supports women to get involved through a relational approach and importantly, they provide regular 1-2-1 catchups for all the women involved to foster a sense of connection and deepen relationships over time.
- Women's Voices Movement has been involved in national, local, and regional consultations on recommissioning of women's services, strategic policy, and plans. Training is provided along with peer support to help women build their confidence and skill set when speaking to other women and decision-makers for research, consultations, and other involvement work. They have also conducted peer research into women's lives with specific areas of disadvantage, such as homelessness and domestic abuse. As well as this, they have organised key events bringing decision-makers, services and women together.

Further reading on this topic-

[Stuck in Limbo: Experiences of Women in Greater Manchester on Surviving Domestic, Homelessness, and a Housing System Not Working for them](#)

[AVA: Tackling Multiple Disadvantage in Greater Manchester](#)

[Greater Manchester Homeless Prevention Strategy 2021-2026](#)

[Breaking Down the Barriers: The Findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantages](#)

