GOLDEN KEY

GENDER AND SEVERE AND MULTIPLE DISADVANTAGE

Women's experiences of accessing services in Bristol

Contents

Cathryn Rogers, Partnership Board Senior Project Officer
Hazel Renouf, Project Manager
Michelle Desmier, Clinical Psychologist
Beth Fouracre, Research Officer
Joe Fisher, Development Manager

Foreword

One25 welcomes this important and ground-breaking report, because it evidences vital information for organisations working with women who experience severe and multiple disadvantage. We are one such organisation. The research behind this report was, in part, triggered by our own findings on recovery in women and its non-linear nature. One25 has 25 years' experience working with women who are hidden at the margins of society. We offer services for women who street sex work and in the last five years have extended this to all marginalised women. One25 is an active member of the Golden Key partnership and works with many organisations across Bristol, who are all committed to meeting the needs of women who face severe and multiple disadvantage.

What is contained within this report is innovative. It speaks the voice of the sector and gives credence to what we see in our work. That women's recovery is different, not better or worse. That the journey and recovery of women experiencing multiple disadvantage needs to be informed by their experiences, some of which are gender-based. Women's experience of sexual and domestic abuse, of having children removed from their care, of street sex work and the trauma that they experience as a consequence, needs a gendered approach. We know that women's recovery is not a straight journey and that without an appropriate response, women can re-experience trauma.

The Gender and Severe and Multiple Disadvantage report brings evidence to the sector that we need to continually learn from the stories of our service users if we are to provide a truly appropriate and effective response. We hope this report will help all who read it, to remove systemic barriers for women across the UK. We also hope it will influence and inform those who fund and develop services. Only then will women be able to get the help that they need to heal and thrive.

Anna Smith
CEO, One25

Executive summary

Why is gender important in understanding severe and multiple disadvantage?

There are gendered differences in how women experience severe and multiple disadvantage (SMD) in comparison to men. Services need to be gender-informed, paying attention to and implementing practices relating to specific gender needs and viewing an individual's difficulties within their social contexts. While it is recognised that people of all genders may face significant disadvantages, there are some commonalities in the experiences of women facing multiple disadvantage and how they are able to access support from services.

This report focuses on how services work with women experiencing multiple disadvantage, the specific issues that women face and their journeys to getting help. The report is practitioner-focused and explores the views and experiences of Bristol-based practitioners, from Golden Key and external organisations, alongside relevant literature. Our hope is that this report will be the start of a discussion, on a local level, about how outcomes for women can be improved and that it highlights the knowledge and best practice that already exists within the city. Given the size and scope of this report, the lived experience of women facing SMD is not directly included in this work. However, we recognise that women's voices are a vital contribution to this conversation moving forward. We are planning to publish a series of blog posts to coincide with the publication of this report, to provide a platform for the stories and voices of women to be heard.

Why this report?

Golden Key is a partnership between statutory services, commissioners, the voluntary sector and people with lived experience across Bristol, working together to make change for good and improve services for Bristol citizens with the most complex needs. Golden Key's Learning Team collect the learning from this work by tracking what works well and then share this learning with the wider system with the aim of creating widespread and long-lasting change. Golden Key's Service Coordinator Team act as the bridge between clients and the many services they engage with. The team provides a wide range of support to improve the lives of people facing multiple disadvantage.

Data collected by Golden Key as part of the programme's ongoing monitoring shows that outcomes for women facing SMD differ greatly from those of men, with women experiencing poorer outcomes (both in terms of NDT scores[1] and Outcome Star[2] results) after working with the programme for the same length of time. The Golden Key Partnership Board commissioned this report in 2019 to explore why experiences for women with SMD differ so greatly and to understand how services and the system in Bristol can better respond to the needs of women facing SMD.

Key findings and conclusions

The gendered nature of how SMD is defined into the categories of homelessness, substance misuse, contact with the criminal justice system and mental ill health, has significant implications for the extent to which the needs and experiences of women with SMD are acknowledged and understood in policy, commissioning and service design. Instead, if the above categories are considered in combination with secondary categories of disadvantage such as poverty, physical disability, involvement in sex work or being a migrant or from Gypsy, Roma, Traveller

[1] For further information on NDT scores, what they measure and how they are used please see: http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf

[2] For further information on the Homelessness Outcomes Star and how it is used please see: https://www.outcomesstar.org.uk/using-the-star/see-the-stars/homelessness-star/

background (among others), then women account for 70% of people facing SMD.

Our findings suggest that women experience SMD very differently from men, therefore what they need from services is also very different. Women with SMD are more likely to experience things like violent and/or coercive relationships, grief from loss of contact with children and complex trauma as a result of histories of long-term sexual and domestic abuse. These experiences can have a huge bearing on how women interact with services, meaning that services need to be flexible and trauma-informed in how they engage women, have capacity to prioritise building trusting relationships and space for building empowerment and self-esteem and provide access to safe, women-only spaces. So much still needs to be understood about how different characteristics such as age, (dis)ability, ethnicity and background, LGBTQIA+ identity (as well as many others) affect women facing SMD and how they can access and engage with support from services. As well as cisgender women, we also need to improve our understanding of how we can best meet the needs of and provide safe spaces for transgender women.

It is vital that the challenges women face are not considered in isolation, or denied altogether, but that women's needs are understood and addressed holistically. In order for services to meet the needs of women experiencing SMD a whole system approach is required and services need to be gender-informed, collaborative, and tailored to individuals' needs.

Our recommendations:

1.

Integrating a gender- and trauma-informed approach

We recommend a system-wide commitment to integrating gender- and trauma-informed approaches throughout services which include a focus on staff wellbeing and support.

2.

A gendered approach to commissioning

Broader definitions of SMD should be considered in order to ensure that the experiences of women are not overlooked. All parts of the system could contribute to encouraging a gender-informed approach to commissioning. We recommend that informed professionals who work with women experiencing SMD develop processes, coproduced with individuals with lived experience, to ensure that the unique and specific needs of women who access services are fully explored in service design.

3.

An open approach to coproduction

It is important to involve women in the design of services created to meet their needs and to include the voices of women with a range of identities and needs so that created services and interventions are relevant, meaningful and accessible to all women who need support.

4.

An intersectional understanding of the needs of women facing SMD

We recommend further targeted research into the needs and experiences of particular groups of women facing SMD in Bristol to support different parts of the system to understand and respond appropriately to the needs of all women. The knowledge and expertise of existing specialist services, that are often best placed to meet the needs of marginalised groups, should be acknowledged by commissioners through investment at a local level.

5.

Commitment to creating more women-only spaces across services

We recommend that all services working with women facing SMD consider current provision and explore ways in which we can all offer accessible women-only spaces and services.

6.

Understanding the needs and experiences of transgender, non-binary and gender non-conforming people facing SMD

There is a need for the system to hold a broader and more nuanced understanding of gender and SMD. We recommend drawing on specialist knowledge and best practice existing in this area to inform how the system in Bristol responds to the needs of transgender, non-binary and gender fluid people.

7.

Ensuring women's organisations are represented at all levels

To ensure that the needs of women facing SMD inform decision-making at every level, and to increase our opportunities of achieving better outcomes, every effort should be made to include women's services in strategic level discussions regarding SMD provision in the city.

1. Introduction

1.1 Background

There are gendered differences in how women experience severe and multiple disadvantage (SMD) in comparison to men. Practitioners and researchers have highlighted the need for services to be gender informed, paying attention to and implementing practices relating to specific gender needs and viewing individuals' difficulties within their social contexts. While it is recognised that people of all genders may face significant disadvantages, there are some commonalities in the experiences of women facing multiple disadvantage and how they are able to access support from services.

This report focuses on how services work with women experiencing multiple disadvantage, the specific issues that women face and their journeys to getting help. The report is practitioner-focused and explores the views and experiences of Bristol-based practitioners alongside relevant literature. Our hope is that this report will be the start of a discussion, on a local level, about how outcomes for women can be improved and that it highlights the knowledge and best practice that already exists within the city. Given the size and scope of this report, the lived experience of women facing SMD is not directly included in this work. However we recognise that women's voices are a vital contribution to this conversation moving forward. We are planning to publish a series of blog posts to coincide with the publication of this report, to provide a platform for the stories and voices of women to be heard.

We are very thankful to Kay, who has kindly given us permission to use her story, originally written for inclusion within the CCG's Bristol North Somerset and South Gloucestershire Mental Health Strategy, but that provides a powerful insight into the real-life journey of a woman facing SMD and her experiences of accessing services.

1.2 Rationale for this report

Golden Key is a partnership between statutory services, commissioners, the voluntary sector and people with lived experience across Bristol, working together to make change for good and improve services for Bristol citizens with the most complex needs. Golden Key's Learning and Development Team collect the learning from this work by tracking what works well and then share this learning with the wider system with the aim of creating widespread and long lasting change. Golden Key's Service Coordinator Team act as the bridge between clients and the many services they engage with. The team provides a wide range of support to improve the lives of people facing multiple disadvantage.

Data collected by Golden Key as part of the programme's ongoing monitoring shows that outcomes for women facing SMD differ greatly from those of men, with women experiencing poorer outcomes (both in terms of NDT scores and Outcome Star results) after working with the programme for the same length of time. The Golden Key Partnership Board commissioned this report to explore why experiences for women with SMD differ so greatly and to understand how the system in Bristol can better respond to the needs of women facing SMD.

Glossary

Severe and multiple disadvantage (SMD)
For the purposes of this report, when we talk about SMD we are referring to people who face combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health (MEAM 2018)

Women
This report defines women as anyone who self-identifies as a woman. The report sometimes distinguishes between trans women and cisgender women (women who were assigned as female at birth) to emphasise the ways in which trans women may experience forms of discrimination that cisgender women do not.

1.3 Setting the context

Ways to define SMD: ensuring women's experiences are visible

Estimates suggest that of the population of people experiencing SMD when defined by the three primary categories of homelessness, substance misuse and involvement in the criminal justice system, only 20% are women (Bramley & Fitzpatrick, 2015). However, Jennifer Holly's 2017 study, 'Mapping the Maze', demonstrated how when four primary areas of disadvantage are considered, (homelessness, substance misuse, poor mental health and experiences of interpersonal violence and abuse, together with secondary disadvantages (poverty, physical difficulty, poor quality accommodation, being a lone parent, having children removed into care, sex work, involvement in the criminal justice system, feeling isolated, being a migrant [especially with poor English] or from Gypsy, Romany and Traveller [GRT] backgrounds) numbers of women experiencing SMD increase dramatically to 70%. Different combinations of these disadvantages have also been identified as having differing levels of impact on women's wellbeing, with a combination of secondary disadvantages often having a more significant impact on women's lives (Bramley & Fitzpatrick, 2015). Furthermore, women report that it is the *cumulative* effects of disadvantages across time, rather than them happening at the same time, that had the most negative impact on them (Sosenko et al., 2020).

The gendered nature of how SMD is defined has significant implications for the extent to which the needs and experiences of women with SMD are understood and considered in policy, commissioning and service design.

Gender-informed service delivery and commissioning

There is increasing recognition of the need for gender-informed services and the importance of adopting a gender-informed approach when supporting women facing SMD. Examples of good practice in this area, include organisational guidance and specific models, such as 'Mapping the Maze' (Holly, 2017). Common themes identified from within these examples highlight the importance of safety, choice, empowerment, collaboration and strengths-based services, demonstrating a significant overlap between gender-informed services and trauma-informed approaches that also advocate for these factors, in addition to trustworthiness, transparency, staff training and support, peer support, cultural and gender sensitivity. There is a need for services to be relationally focused, recognising that women's self-esteem is developed through relationships with other people and that they are often motivated by connections with others (Prison Reform Trust 2013). Women want to, and should be, involved in the design of services that are both fully coproduced and specific to their gender needs. It is vital that women's lives are viewed within their social contexts, attention should be paid to power dynamics and the ways in which women experience oppression on multiple levels (Ava & Agenda 2017, Sharpen 2018 and Sosenko et al. 2020).

Despite the well-documented need for women-specific services, evidencing the effectiveness of such interventions in relation to outcomes can prove challenging, due to methodological limitations, varying definitions of SMD across multiple contexts, differing data collection methods and small sample sizes leading to difficulties in analysing and comparing outcomes (Sharpen 2018). However, there is some evidence that improving women's overall wellbeing not only benefits women themselves, but also their children - with some interventions such as trauma-informed services and strengths-based approaches linked to increased wellbeing and improved mental health outcomes (Changing Lives 2018, Holly 2017 and Sosenko et al. 2020).

Despite the good practice examples of services adopting gender-informed approaches, the nature of short-term commissioning cycles has meant that many services are only able to operate for short periods of time and women using the services end up losing a valuable provision (Lamb 2019 and Sharpen 2018). This is in stark contrast to recommendations that services need to offer ongoing and consistent support to women. Furthermore, guidance suggests that services should be jointly commissioned in order to provide more holistic support, both to reduce the likelihood of organisations working in silos (The Disabilities Trust 2020) and to reduce the possibility of women being re-traumatised by disjointed service delivery (Sharpen 2010).

Trauma and adopting a trauma-informed approach

For women in particular, *"trauma is frequently associated with experiences of violence and abuse"* (Bear et al. 2019 p5). While it is important to recognise trauma in the lives of men, the gender differences between how men and women respond to these experiences have been well-documented. Anxiety, depression, eating-disorders and self-harm are closely associated with women's experiences of trauma (Bear et al. 2019, Department of Health & Social Care 2018 and Wilton & Williams 2019) and women's use of substances is often characterised by 'self-medicating' to 'cope' with or mask painful memories of past experiences (Baldwin 2015, Covington & Bloom 1999 and Stevens et al 2007). There is commonality between the principles of gender- and trauma-informed approaches to service delivery, including the need for services to be holistic, empowering and inclusive and the need to provide safe environments for women (Department of Health & Social Care 2018).

For those supporting individuals with histories of trauma, delivering this support can impact negatively on practitioners, evoking stress and trauma responses in the practitioner themselves. This impact is sometimes referred to as burnout, compassion fatigue or vicarious trauma and is the potential cost of working with people who have experienced traumatic events – of witnessing and empathically engaging with those affected (Best Start Resource Centre 2012). The consequences of these experiences can be profound, with individuals experiencing a negative shift in how they view themselves, their relationships and the world, or experiencing symptoms similar to that of Post-Traumatic Stress Disorder (PTSD), such as: nightmares, intrusive thoughts or feeling unsafe or withdrawn (Best Start Resource Centre 2012). Trauma, vicarious trauma and the impact of trauma on the lives of women and the practitioners who support them need to be understood and responded to appropriately by commissioners and service providers. The psychological and physical safety of women and the staff that support them should also be a matter of priority (Bear et al. 2019).

Access to support

Men and women's experiences of SMD and their ability to access support are significantly different and notably gender-related, with women having poorer outcomes than men across a number of social contexts (Bramley & Fitzpatrick 2015, Holly 2017 and Lamb et al. 2019). Women are less likely to access substance misuse support or to have contact with the criminal justice system, yet are more likely to access mental health services (Sosenko et al. 2020). Women also have a higher rate of reported childhood sexual and physical abuse, are more likely to experience an eating disorder, to attempt suicide, to have an increased vulnerability to HIV infection and are more likely to be trafficked or involved in sex work (Allock & Smith 2018). In contrast to men, the point that women access services is generally later. Women may avoid accessing support due to a mistrust of services (particularly where services have previously failed to understand their needs) and women can struggle to acknowledge that they are experiencing difficulties within certain areas of their lives (for example: acknowledgement of current domestic abuse may be limited when a woman is accessing substance misuse services) (Holly 2017). Where women are labelled as having 'complex needs', being 'hard to reach' or 'difficult to engage', this *"can itself be retraumatising and stigmatising… women can internalize this label, leading them to think their thoughts and behaviours are to blame, rather than seeing what has happened to them – and the trauma they have experienced as a result - as the fundamental problem to be addressed"* (Centre for Mental Health 2019 p13).

Statistically, women represent just 14% of homeless people sleeping rough in the open (Bretherton & Pleace 2018). However, women are more likely to be in marginalised living arrangements, with families, friends or acquaintances, hidden from services and therefore at greater risk of harm (Bretherton & Pleace 2018 and Homeless Link 2017). *"Violence, trauma, substance misuse and domestic abuse are just some of the complex and interrelating problems that contribute to women's homelessness and presents barriers to recovery. Some homelessness services are not well equipped to address these issues which can often be traced back to a history of traumatic violence and abuse"* (Homeless Link 2017 p3). 33% of women identify domestic abuse as a contributing factor to their homelessness (Bretherton & Pleace 2018). Women also report being more likely to avoid homelessness services where men are present (Bretherton & Pleace 2018).

Women often occupy marginalised positions within society, their socio-economic dependence on men reinforced by patriarchal norms (Dominelli 2006 and Orme 2002). Women, and mothers in particular, who are struggling with addictions or involved in the criminal justice system, are judged more severely by society, experiencing heightened levels of stigma and shame due to their perceived failure to meet the expectations embedded within their gender (Baldwin 2015, Bateman & Hazel 2014, Carlen 1988 and Covington 2000). It is vital that this treatment of women isn't replicated through service design and delivery in order for women to feel safe, accepted and able to access support to meet their needs.

Cognitive functioning

There is a growing recognition around two particular areas relating to cognitive functioning and their impact on the lives of individuals with SMD, including women:

- **Traumatic brain injury (TBI):** Over the past decade, numerous studies have identified unmet needs regarding TBI, particularly in relation to men who have had contact with the criminal justice system. However, the need for further research into women's experiences of TBI is particularly important given that significant numbers of both cisgender and transgender women considered part of the SMD population have had experiences of and/or are currently experiencing domestic abuse, including physical assaults.

  In a recent study, 62% of women serving sentences in a UK prison who were identified as having a history of a brain injury described their brain injury as the result of domestic abuse (The Disabilities Trust 2020). It is highly likely that the consequences of such cognitive impairments could potentially lead to complications for women in understanding and accessing a variety of support services. This potentially means that there are significant numbers of people with undiagnosed TBIs across a broader gender group, which could have impactful and long-lasting negative consequences.

- **Autism:** Autism is an increasingly important area of research in relation to homelessness in particular, studies have suggested that this is an unrecognised area of need and that people with Autism are overrepresented in this population (Churchard et al 2019). It is clear that many women with SMD may also experience Autism-related difficulties and that needs in relation to this area are not always being identified and met.

Intersectionality

While it is essential to consider women's gender-specific needs, gender cannot be viewed in isolation. Instead, it must be considered alongside other significant areas in women's lives (Ava & Agenda 2017 and McNeish et al 2014) and in the context of intersectionality (Changing Lives Lives 2018).

- **Poverty, ethnicity and harm:** Poverty and ethnicity are thought to interact particularly strongly with gender and where this occurs there is an increased risk of negative outcomes, with women from particular ethnic groups more likely to experience negative outcomes compared to others (Ava & Agenda 2017). Women from certain ethnic backgrounds may also be at increased risk of poverty, suicide, self-harm and honour-based violence (Ava & Agenda 2017, Hailes et al. 2019 and Sosenko et al. 2020).

- **Lower levels of educational attainment** was identified as an influencing factor in access to substance misuse services (Allcock & Smith 2018).

- **Age** has also been noted as an important factor, with women most likely to access homelessness services are younger than the average age of women identified as experiencing SMD (Hailes et al. 2019).

Support for women regarding sexual orientation and women with learning or physical disabilities should be more widely available (Changing Lives 2018). There are examples of services providing support to women with specific cultural needs such as: outreach services for women for whom English was their second language, culturally focused counselling and therapeutic services and organisations who have 'subsectors' for women from Black African and Minority Ethnic (BME), refugee and migrant backgrounds (Changing Lives 2018). Limited service provision remains for

women from Gypsy, Roma, Traveller (GRT) groups (Changing Lives 2018), and despite women stressing the importance of culturally sensitive and culturally specific services, this area of provision requires further development and investment both from commissioners and organisations seeking to deliver support (Lamb et al. 2019 and Prison Reform Trust 2013).

1.4 Methodology

In order to establish a local picture of how SMD impacts women and to provide an overview of the current response from services, Golden Key sent a five-question survey in spring/summer 2020 to a range of practitioners working in women-only and mixed gender services across Bristol. The five questions consisted of two quantitative questions and three qualitative questions intended to encourage more reflective responses. The following analysis is based on responses from 21 participants working with women facing SMD. It should be noted that the survey was circulated at the beginning of the COVID-19 pandemic, at a time where services were particularly stretched and focus was rightly elsewhere. We would like to thank all professionals who took the time to respond to the survey at such a difficult time.

Responses were sent anonymously and survey recipients were encouraged to share the survey as widely as possible, therefore it is both difficult to know how many different services in the city were able to respond and to have a clear picture of the demographics and needs of the women who access these services. As a result, it is not possible to ascertain if services who support women from marginalized groups are included within the responses, limiting levels of diversity and applicability of the findings and recommendations of this work. Definitions of SMD and 'women' were not stipulated, therefore participants have interpreted these terms according to their own level of understanding or organisational explanations.

A focus group took place with two members of Golden Key's Service Coordinator Team who have particular experience of supporting women with SMD. A survey was also sent to a senior service coordinator. Both service coordinators and the senior, were asked about their experiences of how Golden Key responds to specific needs of women with SMD, what support practitioners need in order to be able to carry out this work and whether they can identify areas of good practice within services or areas for further development around responding to the needs of women with SMD within the city.

2. The Bristol context: practitioners' views

2.1 A city-wide understanding women's experiences of SMD

> 'In my experience working with women with multiple disadvantages, a woman may be understood by other professionals as presenting as "chaotic" or making particular lifestyle choices that don't fit neatly inside the expectations of services.'

Practitioners from both women-only and mixed services in Bristol stressed the importance of understanding how SMD presents for and impacts on women, and how this is different from men's experiences. Examples of this included understanding how factors such as being in a violent or coercive relationship, experiences of grief resulting from loss of contact with children and complex trauma as a result historic or long-term sexual and domestic abuse impact on a woman's capacity to manage the different kinds of engagement expected by services. It should be noted that the effects of coercive and abusive domestic relationships on women with SMD are likely to have become even more significant since lockdown.

Many respondents noted that the responsibility for advocating for women with SMD often falls to specialist women-only voluntary agencies. Respondents felt that a systemic, Bristol-wide understanding of women's experiences of SMD would be necessary to improve the accessibility and quality of services for women in the city.

Respondents also felt that this shared approach would greatly improve multi-agency working for women with SMD. According to participants, multi-agency working is particularly important for women with SMD, many of whom may be vulnerable or in positions of exploitation. Survey respondents stated that in the absence of a joined-up approach which is responsive to women's particular strengths and vulnerabilities, women may end up in dangerous or exploitative situations. For example, women might be forced to return to abusive relationships or street sex work if the right accommodation or drug and alcohol support is not available upon prison discharge, potentially leading to further trauma, drug and alcohol use, reoffending behaviour or deterioration in mental health.

According to survey respondents, women facing SMD in Bristol often experience significant barriers in accessing support as a result of the systemic lack of a gendered understanding of the types of disadvantage experienced by women and how this relates to behaviours and presentations: '**I feel that tight and stringent engagement rules (e.g. we will attempt to contact you x times) does women with complex needs a disservice**'. Practitioners noted that services in Bristol often characterise women with SMD as '**chaotic**' or as '**making particular lifestyle choices**' due to a lack of understanding of the causes behind behaviours that are related to their perceived 'non-engagement'.

> 'The [woman's] behaviour excludes [her] from accessing treatment for the causes of the behaviour.'

Practitioners observed that as a result of this, women are often punished for behaviour that results from their disadvantage. For example, if a woman in an abusive relationship is unable to answer her phone or respond to letters due to the coercive control of an abusive partner '**some services would conclude [that] those "behaviours" were evidence of non-engagement**'.

In addition, participants noted that the lack of accessible '**specially designed mental health support for individuals who have experienced repeated abuse as children**' means that many women are unable to address their trauma and the root cause of the behaviours which may lead to their exclusion from services. According to respondents, the support available to address trauma (i.e. long-term, intensive trauma therapy or community-based mental health support) is often not suitable for women with SMD, who are not

always able to engage with the expectations of therapy or community mental health services. Participants observed that the result of this is that many women with SMD who have experienced trauma are left without any kind of mental health support

An intersectional understanding of women's experiences of SMD

According to respondents, it is also important for services in Bristol to consider how different aspects of a woman's identity (such as age, ethnicity, dis/ability, education and sexuality) interact, as well as the impact of these interacting identities on how women access and engage with support. As Figure 1 shows, respondents identified a woman's age, appearance, education and ethnicity as particularly significant issues for women when accessing support in Bristol (multiple choice options were based on the social GGRRAAACCEEESSS model, Burnham 2012).

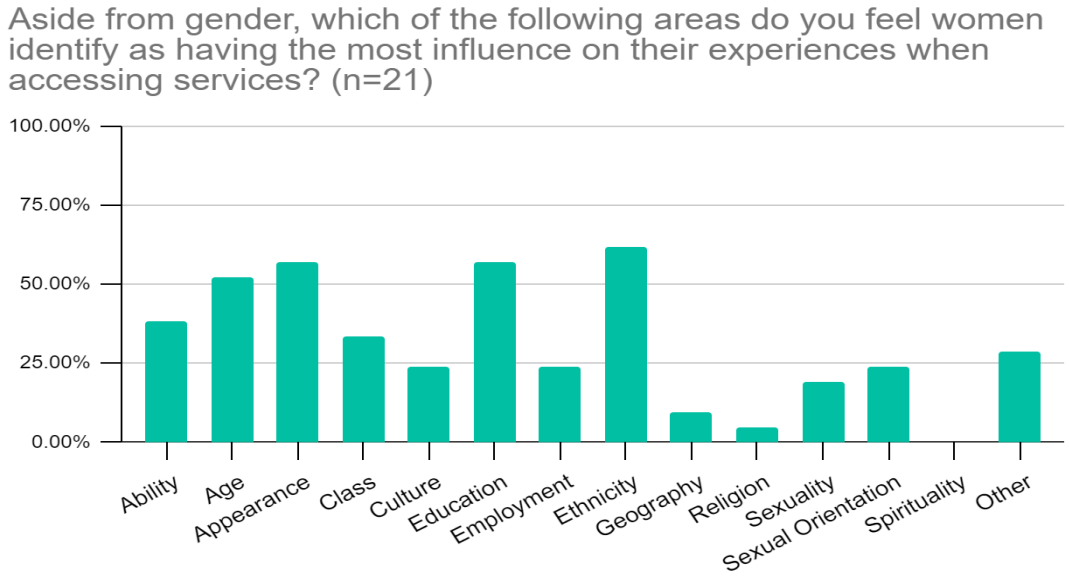

Figure 1: Other influences on women's experiences of services

Practitioners noted that women over the age 50 are often excluded from services in the city due to longer-term health needs or because they are in need of, or are already receiving, end of life care: '**We support women of all ages, but find multiple barriers for women who are older age range. [T]hey are marginalised from services [as they] don't fit into service criteria**'.

In addition, respondents noted that women from BAME backgrounds often avoid accessing the support that they are entitled to due to a mistrust of services. According to respondents, this mistrust results from both previous personal experiences of '**ingrained sexism**', '**patriarchal structures**' and racism from services and from community-wide mistrust of services: '**Women from different backgrounds… have been so put off by previous experiences with services (mistrust) that they don't engage fully, and [can therefore find it] difficult to build trusting relationships**'.

2.2 The importance of a city-wide approach that is gender- and trauma-informed

> 'Women do not fit into "boxes" … outcomes [targets] may not reflect women's "spiral" of recovery and do not allow an understanding of the need for longevity of services, as recovery is not a linear process.'

Respondents identified that, for Bristol services to be responsive to the needs of women facing multiple disadvantage, a gender- and trauma-informed approach which takes a holistic view of women's lives needs to be shared by all agencies in the city working with women with SMD. Respondents highlighted the following key characteristics of a gender informed approach to working with women facing multiple disadvantage: (1) the flexibility to respond to women in a way that is appropriate and meets women where they are when they present to services, including capacity to provide outreach support and work creatively and opportunistically with women; (2) for services to take a proactive role in building a woman's sense of empowerment and self-esteem; (3) capacity to build long-term relationships with women.

Flexibility and creativity

Respondents felt that in order to integrate an approach that takes into account a woman's whole life, including experiences of abuse and trauma, services need to have in-built capacity to be able to respond flexibly and proactively to women and meet them where they are in their journeys. As one respondent put it, '**[h]aving a broad "spec" in terms of working with women allows for meaningful person-centered work to happen.**' As discussed previously, participants noted that a lack of flexibility in regards to engagement rules excludes many women in Bristol from accessing services.

Participants observed that, although many Bristol agencies are aware that an assertive outreach approach is needed to support some women to access services, depending on their particular personal situation and needs, there is often not enough resource to facilitate this type of work: '**We have limited capacity to outreach actively, [for example to] ring women to get them to appointments, help with transport, pay for transport**'.

Building a sense of empowerment and self-esteem

Respondents stressed the importance of services' role in supporting women to develop their self-esteem and sense of empowerment. According to participants, services have a role in building women's self-esteem and sense of empowerment so that they can **'break free'** of these relationships and in modelling **'healthy relationships'.** Practitioners noted that services are often set up to "treat" a particular issue in a woman's life, rather than considering the full range of a woman's experiences as equally important. Participants felt that services often did not understand the significance of women's relationships and the effect of the sometimes coercive and destructive nature of these relationships and '**group cultures**' on a woman's capacity to engage with support.

Time to build trusting relationships

Respondents frequently stressed the importance of providing the space for long-term, trusting relationships to develop between staff and the women accessing services and noted that very few services in Bristol have the space and resource to facilitate the development of these relationships.

> 'I need a long time to build up trust with clients, which I don't always have due to funding problems.'

For many women facing multiple disadvantage, recovery is not a linear process and practitioners noted that services do not always have the space and autonomy to respond proactively to women's unique experiences and recovery journeys. Respondents attributed this both to a male-centric approach to service design in Bristol, leading to '**a generic (male) system that isn't designed with vulnerable women in mind**', and to mixed services' lack of resources for gender-informed work.

Data on progress made against Outcome Star criteria by Golden Key clients shows a significant difference in the outcomes for women and men with SMD in the first 9-12 months of their engagement with the programme (see Figures 2 and 3 below). This reinforces participants' observations: it can take a long time to start to see outcomes for women with SMD as it takes a long time for women to build trusting relationships with services and staff.

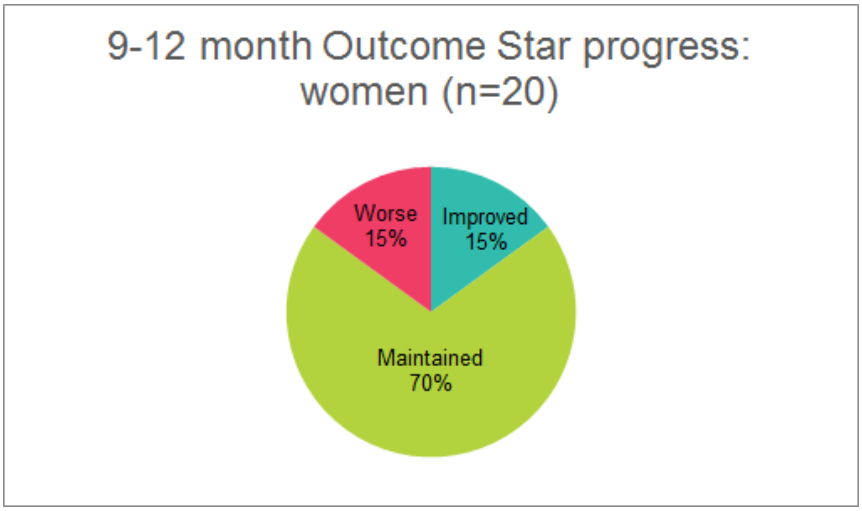

Figure 2: Outcome Star progress for GK clients (women)

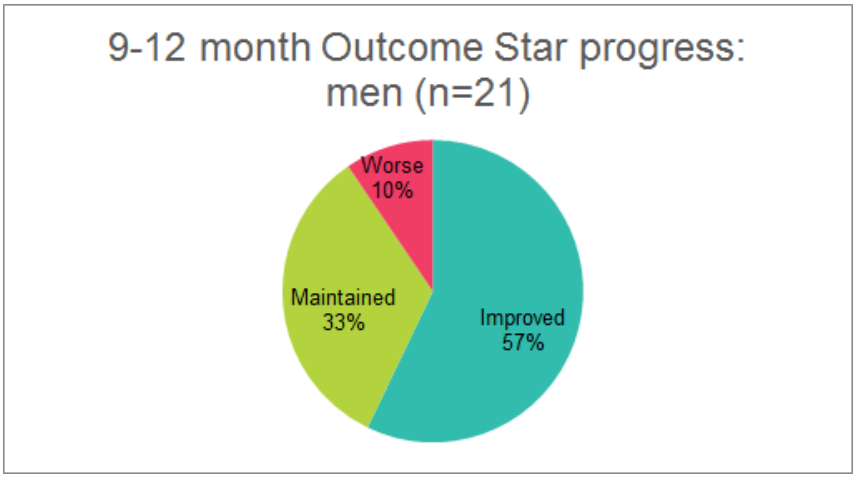

Figure 3: Outcome Star progress for GK clients (men)

2.3 Creating safe spaces for women in Bristol

> 'Women have to fit into a generic (male) system that isn't designed with vulnerable women in mind [and which] increases the risk of perpetrators finding women.'

Respondents stressed the importance of creating both psychologically and physically safe spaces for women across the system in Bristol. According to respondents, '**[w]omen only services are vital to help women to feel safe**' and to guarantee women's safety by preventing them from coming into contact with perpetrators or from being re-traumatised through contact with men. Respondents stressed the need for all services in Bristol to proactively create safe women-only spaces that fit with women's real lives, for example by holding women-only mental health and substance use support groups at times that work for women with caring responsibilities and by providing women-only hours in spaces such as GP practices.

In addition to women-only spaces, participants felt that other safety considerations should be taken into account to make sure that women feel able to access support. Practitioners noted that many women have reported feeling anxious about collecting methadone scripts in areas that feel unsafe or where they might come into contact with people that they cannot trust or who might harm them. Many women are also primary carers for children and relatives; respondents therefore felt that the appropriateness of services for children is a significant factor for many women considering accessing services.

According to respondents, if safe and accessible women-only spaces are not available, many women will self-exclude from services. The lack of women-only temporary and emergency accommodation (including safe houses) in Bristol was highlighted several times by respondents as a significant issue in the city. Participants also noted the specific discrimination that women face within the Bristol housing pathway: '**There are very few women-only hostels and if a woman turns down a bed at a mixed hostel due to her trauma and vulnerabilities she might not get another offer of accommodation or will be deemed to be making herself "intentionally homeless."**'

A lack of trans-inclusive safe spaces

> 'There is a woeful lack of explicitly transgender friendly spaces/service provision and policies to support transgender access in Bristol.'

In addition to a lack of safe, women-only spaces, several respondents highlighted the lack of safe trans-inclusive spaces in Bristol. Some respondents observed that the need to provide safe women-only spaces and trans-inclusive spaces can create a conflict for services aiming to work in a trauma-informed way. As respondents did not discuss this issue fully in their responses, this report will not cover this area in great detail. However, we recommend this as an issue for further research and exploration. Bristol must provide safe spaces for cisgender and transgender women alike. Where literature on best practice in creating trans-inclusive safe spaces for all women exists, this should be identified and shared widely within the city and learning should be implemented so that people of all genders can feel safe in engaging with services and having their needs met.

2.4 Golden Key's approach to working with women

In order to understand how Golden Key has responded to the systemic blocks facing women with SMD, the Golden Key Learning Team spoke to members of the Service Coordinator Team who work closely with women.

Service coordinators identified the following elements as key to Golden Key's approach to responding differently to the specific needs of women: (1) an assertive outreach approach (including seizing windows of opportunity); (2) awareness of attachment theory and being curious; (3) transparency and clear boundaries.

1. **An assertive engagement approach**

   Golden Key service coordinators take an assertive engagement approach when working with women. Service coordinators will continue to keep in contact with the women they work with, regardless of women's level of engagement with support, letting them know that whatever happens, whatever stage they are at, their service coordinator will be there to support them without judgement or repercussions for not engaging sooner. Several survey participants also expressed the view that an assertive outreach approach was necessary to working effectively with women with SMD, however they noted that the resources to do this are not always available within services.

   Service coordinators felt that assertive engagement was particularly important when working with women with SMD for several reasons. Firstly, women with SMD rarely experience a linear recovery journey, meaning that there are times when they are more or less able to engage with support depending on what is going on in their lives, including levels of substance use and periods of poor mental health. Secondly, women with SMD will often have multiple traumatic experiences of rejection, judgement and stigma in their pasts and services risk re-traumatising women by bringing further

experiences of these themes into women's lives.

Part of service coordinators' assertive engagement approach is to proactively engage with women when windows of opportunity present themselves, which Golden Key service coordinators are able to do thanks to the long-term, flexible nature of the service. One service coordinator gave the example of a woman they had worked with who had been evicted from complex needs accommodation. The service coordinator was able to respond proactively and use the situation as a leverage point to build trust with the woman by showing that her service coordinator could be there for her at a moment where she felt abandoned by other services. The woman and service coordinator met and spoke on the phone regularly during this time, were able to build a lasting trust and achieve a positive outcome.

2. **Awareness of attachment theory and being curious**
   Service coordinators also stressed the importance of keeping an awareness of attachment at the centre of their work with women. For example, if a woman is not engaging with the service, Service coordinators try to recognise that this might not be about the organisation or the practitioner and look to understand what might be going on for the woman and what the service represents to them. Key to this is trying to understand each woman as an individual and being genuinely curious to understand the feelings, experiences and past traumas of the women they support.

3. **Transparency and clear boundaries**
   In order to avoid re-traumatising the women they work with, service coordinators try to set clear boundaries and aim to be consistent and transparent about what they can and cannot offer in their role. This allows them to build effective relationships with the women they work with: showing the women that they will be honest at all times, even when delivering bad news and enabling women to build trust in the practitioner and the service. Service coordinators noted that women with SMD will be likely to have had many interactions with services before and that they have often developed an understanding of when practitioners are not being completely transparent.

Supporting practitioners working with women and SMD

Service coordinators also reflected on the support that they receive at Golden Key and how important the right support can be in enabling them to work effectively with women in a gender- and trauma-informed way, using some of the approaches mentioned above. Due to the increased instances of domestic and sexual violence that women facing SMD experience, Service coordinators described working with women as **'more emotionally intense'** [than men] and noted that the risk of vicarious traumatisation is higher as a result. They also reflected that professionals experiencing symptoms of vicarious trauma are unlikely to be able to work with women with SMD in the trauma-informed way that they need.

Service coordinators felt that two elements of management at Golden Key in particular had supported them to work with women in a gender- and trauma- informed way: (1) a flexible approach to staff support that focuses on staff wellbeing; (2) managers' awareness of and proactive responses to signs of vicarious trauma.

1. **A focus on staff wellbeing:** service coordinators appreciated what they saw as management acknowledging the importance of staff wellbeing and noted occasions where managers had stepped in and directed staff to take the afternoon off after a particularly emotionally challenging day. This kind of flexibility and proactive approach had supported service coordinators to protect their emotional wellbeing when working with women with SMD and helped to avoid vicarious traumatisation.

2. **Awareness of vicarious trauma:** According to service coordinators, managers with an awareness of vicarious trauma are often able to spot when the process of traumatisation is happening in staff before professionals themselves become aware of this. It is therefore important to consider management processes, structures and styles, as well as the types of training available to managers, when considering how to create services that respond to women in a gender- and trauma-informed way.

Supervisor's view

A senior service coordinator providing supervision to both service coordinator participants was contacted to give their view on the support provided to staff working with women experiencing SMD.

The senior service coordinator also reflected on the increased emotional intensity for practitioners when working with women facing SMD and noted the importance of providing the right support to staff in light of the resilience required to work with women facing high risks of violence and abuse and when taking an assertive engagement approach. They noted the challenges that arise for practitioners working with women in balancing the feeling of 'firefighting', i.e. responding to incidents and focussing on women's immediate physical safety, with supporting women to work towards broader aspirations for their futures.

In view of these challenges, the senior service coordinator highlighted the importance of an awareness of vicarious trauma, compassion fatigue and burnout in their practice. All service coordinators at Golden Key have smaller caseloads and have access to line management supervision, reflective practice and peer support as part of the mainstream support structure, however the senior service coordinator noted that this support is particularly important for staff working with women facing SMD.

In addition, the senior service coordinator noted the benefits of recruiting specialist practitioners to work specifically with women experiencing SMD and the importance of these practitioners being closely linked in with wider partnerships that share their expertise, such as the Bristol Sexual Violence Forum. This connection has supported specialist service coordinators to stay up-to-date with relevant new developments in the city, as well as wider learning relating to effective practice.

3. Conclusions and recommendations

It is important to acknowledge that there have been significant changes to the context of this report since the outbreak of COVID-19. Anecdotally, practitioners have highlighted the opportunities that the pandemic has created for change to happen in the ways we support people who experience SMD.

It is vital that the challenges women face are not considered in isolation, or denied altogether, but that women's needs are understood and addressed holistically. In order for services to meet the needs of women experiencing SMD services need to be gender-specific, collaborative, flexible and tailored to individuals' needs.

From this report, several distinct areas of focus have emerged both from an exploration of relevant literature into women's experiences of SMD and through a thematic analysis of focus groups and survey responses from practitioners across Bristol. These have been developed into the following recommendations for how different parts of the system can work together to improve outcomes for women facing SMD. A whole-system approach is needed, and we are aware that there are already many examples of effective practice, expertise and learning in Bristol: we have highlighted some of them here

Recommendations:

3.1 Integrating a gender- and trauma-informed approach

In order to achieve positive outcomes for women facing SMD, we recommend a system-wide commitment to integrating gender- and trauma-informed approaches throughout services (such as training, support and monitoring and accountability processes). Staff wellbeing should be a clear priority for organisations and practitioners should be offered appropriate support, including access to reflective spaces. An open, committed dialogue between services across all areas of the system could be a useful first step in ensuring that there is a shared purpose behind this work.

Learning from others and working systemically:
The Peony project at One25 was identified multiple times by survey participants as a service with a gender- and trauma-informed approach at its centre.

Along with spaces such as the women's morning at Bristol Drugs Project (BDP), Peony was identified as actively upholding trauma-informed values such as choice and empowerment and for focusing on how they engage with women, i.e. in a way that feels safe and that meets women where they are.

Both services offer spaces where women can engage with wellbeing activities and resources in a non-stigmatised way, for example arts and crafts or personal care activities, while also offering recovery-focused options for women to engage with then they feel ready.

3.2 A gendered approach to commissioning

Across Bristol, there is an emerging understanding that many services work differently for women than for men. Broader definitions of SMD should be considered in order to ensure that the experiences of women are not overlooked. All parts of the system could contribute to encouraging a gender-informed approach to commissioning. We recommend that informed professionals who work with women experiencing SMD develop processes, coproduced with individuals with lived experience, to ensure that the unique and specific needs of women who access services are fully explored in service design.

3.3 An open approach to coproduction

It is important to involve women in the design of services created to meet their needs. Survey responses have highlighted that it is not enough to co-produce services with women who are already using them: we recommend that, across the city, we include the voices of women with a range of identities and needs. This will enable us to make services and interventions relevant, meaningful and accessible to all women who need support.

3.4 An intersectional understanding of the needs of women facing SMD

We recommend further targeted research into the needs and experiences of particular groups of women facing SMD in Bristol (for example those from BAME, migrant and GRT backgrounds, LGBTQIA+ women and women with disabilities) to support different parts of the system to understand and respond appropriately to the needs of all women. The knowledge and expertise of existing specialist services, that are often best placed to meet the needs of marginalised groups, should be acknowledged by commissioners through investment at a local-level.

Learning from others and working systemically:
As above, there are many community-based, voluntary sector organisations in Bristol working with women from a diverse range of backgrounds, such as Refugee Women of Bristol, a multi-ethnic, multi-faith organisation which specifically targets the needs of refugee women in Bristol and is directly governed by women from the refugee and asylum seeking community.

3.5 Commitment to creating more women-only spaces across services

Our inquiry highlights the benefits of providing women-only spaces within wider, mixed gender environments. So, although the system faces many challenges, we recommend that all services working with women facing SMD consider current provision and explore ways in which we can all offer accessible women-only spaces and services.

Some women have benefitted from the new flexibility demonstrated by services during COVID-19 restrictions, with women reporting that they felt more able engage with services. Across the system, we have the

opportunity to consider why this is: to explore the new, flexible approaches that have developed since the outbreak of COVID-19, and to consider what could be maintained to support women in accessing services from which they previously felt excluded.

Learning from others and working systemically:
We know that there are many excellent examples of this happening in the city. Sharing learning on how this has been achieved could be a useful first step in helping different services understand how they can improve accessibility for everyone by thinking about the needs of women. One example of a women-only space within a mixed gender service is the women's mornings run by Bristol Drugs Project, an informal space that women can access with both professionals and peers, with a crèche to provide childcare.

3.6 Understanding the needs and experiences of transgender, non-binary and gender non-conforming people facing SMD

Survey responses highlighted a desire for the system to hold a broader and more nuanced understanding of gender and SMD. We recognise that specialist knowledge and best practice exist in this area and we therefore recommend drawing on this expertise – alongside other expert voices - to inform how the system in Bristol responds to the needs of transgender, non-binary and gender fluid people.

Learning from others and working systemically:
In addition to the many fantastic community organisations in Bristol that support transgender, non-binary, agender and gender fluid people, a wealth of learning on best practice in supporting the LGBTQIA+ community has been published on a national level by organisations such as Galop, which provides support to LGBTQIA+ survivors of hate crime, domestic and sexual abuse.

3.7 Ensuring women's organisations are represented at all levels

Across the system, we recommend that every effort is made to include women's services in strategic level discussions regarding SMD provision in the city. We believe that the unique expertise of these organisations will be invaluable in ensuring that the needs of women with SMD inform decision-making at every level, increasing our opportunities of achieving better outcomes.

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APPENDIX A: Kay's story

> 'Looking at everything I've been through and the lack of support, it's obvious why I've ended up the way I am, feeling and behaving the ways that I do.'

Kay grew up in a poor, abusive and violent home where she was the victim of and witness to physical and emotional abuse and experienced further bullying and humiliation at school. She was removed from her home when she was 14 and put into a chaotic foster care placement.

> 'Some of it is my fault, but mostly it was all triggered by an activating trauma that wasn't my fault in the first place.'

A serious sexual assault in her twenties added another layer of trauma for Kay and she has since experienced a traumatising struggle to find appropriate support. Kay has been through various inappropriate referrals and has been bounced between services because she didn't meet their criteria. Her problems really escalated during this time, with problematic drug and alcohol use, significant financial issues and periods of homelessness.

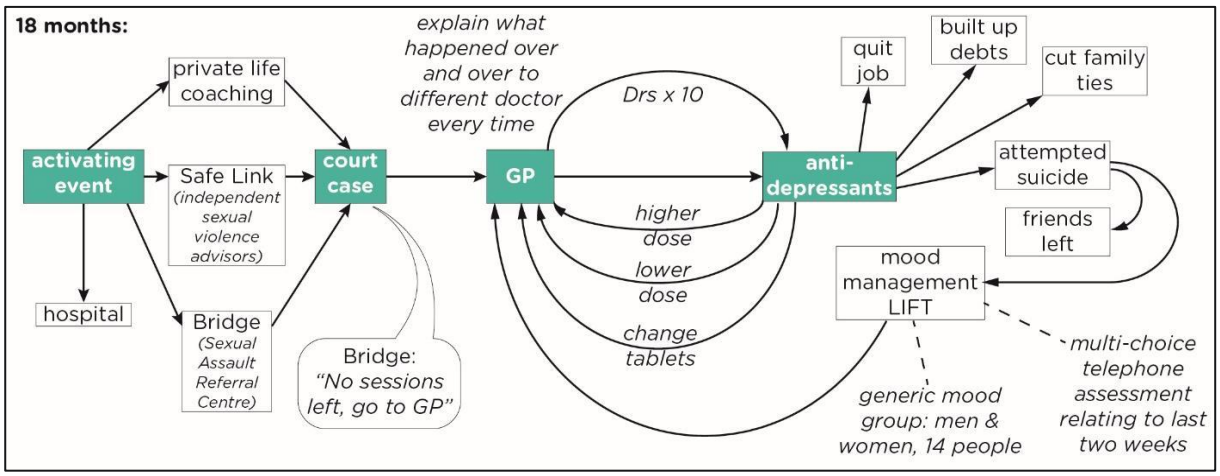
> 'And each one of those [life events], even the lack of support, like going to try and get support and not being able to get that support, that's a traumatic experience in itself. You know, not being able to help yourself, not being able to get help, not being able to find the right help and really wanting to have a nice life and to get better.'

Kay feels that services have only wanted to stick a plaster on her issues - rather than address the long term nature of her needs. Among other interventions, she was encouraged to attend mixed-gender mental health groups which were not trauma-informed. Kay feels she is finally getting the support she needs now, but had to hit 'rock bottom' bottom before anyone would help her – she doesn't think it should be like this.

> 'I'm the one that's suffered from it... but there's no recognition of that, nobody to say "I'm so sorry that you've been through all of this", "I'm so sorry that we didn't have the right support package in place for a victim of rape and here is your pathway to recovery in case you ever need it".'

Kay originally shared her story with NHS Commissioners to help shape local mental health services and is sharing her story with us now to shine a light on her experiences of trauma and the challenge of getting the right support.

The diagram below – drawn by Kay and her support worker - illustrates Kay's journey and the interventions of services:



Here Kay shares her story in her own words and artwork:

I know I deserve happiness.

I often feel overwhelmed by the trauma and the darkness but I am learning ways to succeed despite the turmoil. Now I am proud of my life, the work I do, my friends, my place in the world. Looking back, I realise it was too much for anyone to go through.

Abuse and ridicule

I grew up in a violent home where my sisters and me were hit, abused and ridiculed. I was told I was unwanted and that I was evil. I saw things no child should see, and I suffered as no child should suffer.

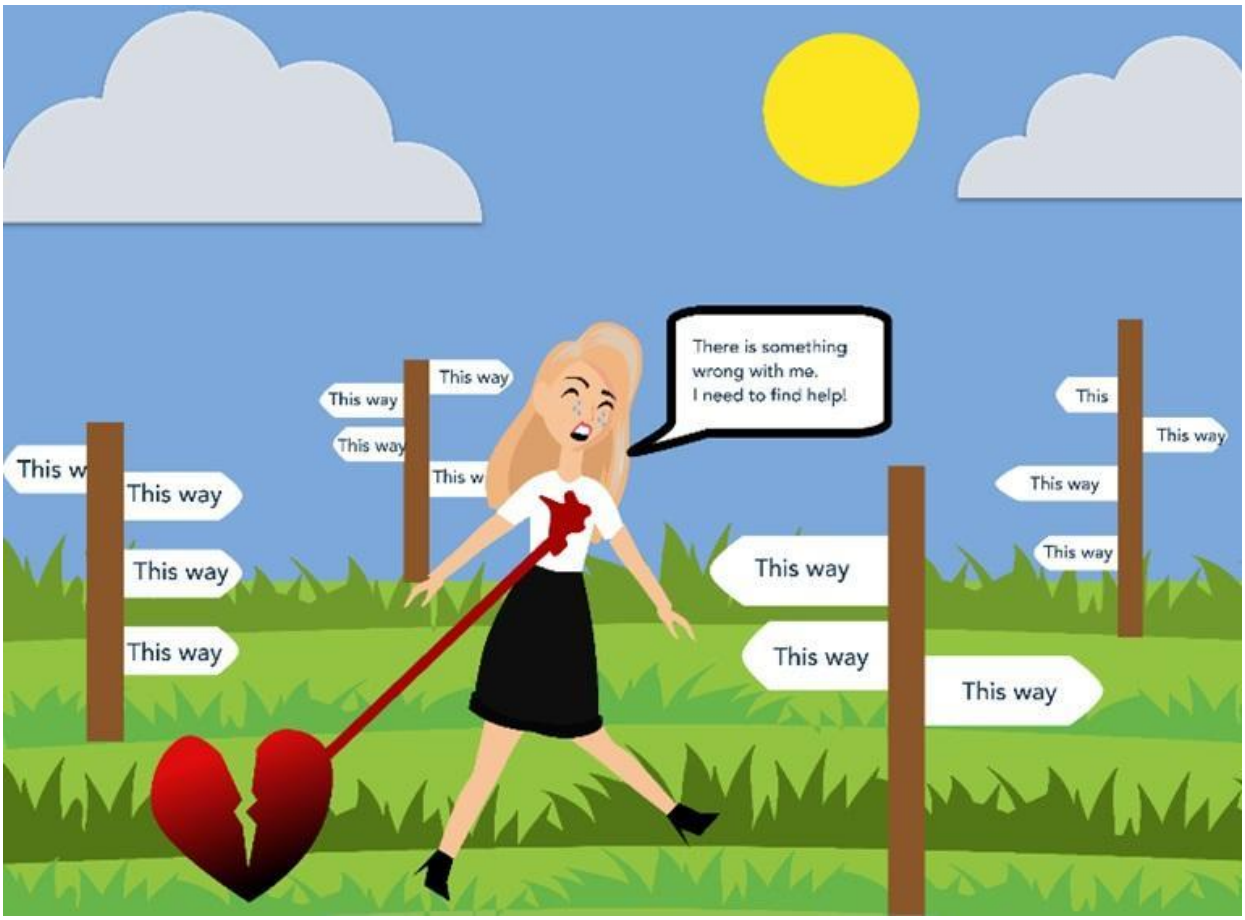
My time at school wasn't much better. I was bullied because I didn't wear the right clothes. My family was poor, and I ended up taking clothes from lost property or asking other school children for their second-hand clothes. Also, I had problems with my bladder and I had to endure the unbearable humiliation of wetting myself in public. This also meant other children didn't want to be around me. At 14 I was removed from my home and put into a foster home – which turned out to be chaotic, messy and violent - the opposite of the calm safety I was craving.

Trauma triggered trauma

My early life came flooding back when at 26 I endured a serious sexual assault. I found it hard to process the emotions and thoughts thrown up by this new trauma. I struggled during the court case that followed the assault and even when my attacker was found guilty, I still couldn't come to terms with the effects of the psychological trauma.

Looking back on my experiences, I can clearly see that I constantly asked for support, over and over again. For many years I wasn't able to get that support and I wasn't able to get anywhere. I needed proper trauma-informed support and it wasn't available. As a result, I struggled sexually and at times with cocaine and alcohol.

I also had times without a home and often felt my life was at an end due to feeling hopeless. It's was difficult to envision a stable future the way I was feeling and behaving.



Life can change.

Now I'm finally getting the support to help me with some of the things I am dealing with. It's important to be heard, but also to learn new ways of coping with my often-overwhelming thoughts and feelings. I have really developed and changed with the help of people who understand trauma and how to deal with it.

I'm proud of my numerous qualifications and work experience. I realise too that I am successful in both my work life and my personal life. At the moment I am dealing with a recent redundancy but hope to build up my confidence to get back into full-time employment. All this despite my flashbacks, my anxiety which can get really bad at times and my suicidal feelings. Life can and does get better!

I hope my story can help others to stay strong.