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Welsh Women's Aid Briefing

Leaving no woman behind – addressing violence against women and multiple disadvantage

What do we mean by multiple disadvantage?

Multiple disadvantage, sometimes referred to by professionals as 'mental health and substance misuse coexisting' or a 'dual diagnosis', refers to homelessness, mental health problems, involvement with the criminal justice system and substance misuse.¹ In the past, discussions around people with multiple disadvantages have concentrated on men's experiences because these can appear more visible. However, recent research into women's experiences of multiple disadvantages has supported the understanding that women experience not only **substance misuse, mental health concerns, homelessness and contact with the criminal justice system, but also are more likely to have experiences of abuse**, through violence experienced as children, sexual abuse, involvement in prostitution, domestic abuse as adults and young people.² All forms of violence against women and girls can be a significant intersecting factor for women experiencing substance misuse, mental health concerns, homelessness and contact with the criminal justice system.

*"It's hard enough trying to get your voice heard at the best of times. When you've used drugs or when you've worked on the streets, it's impossible. Once you're labelled, that's it." - Maggie**

Research from the AVA Project highlights that the majority of survivors of domestic abuse and sexual violence have multiple needs that vary between individuals and will change with time and circumstances.³ Women taking part in research around severe multiple disadvantage frequently used words and phrases such as **low self-esteem, lack of confidence, depression, anxiety, fear, exhaustion, no motivation, loss of pride and dignity**, in addition to reoccurring words to describe the responses of others as **being judged, feeling blamed, getting labelled, being let down and loss of trust**.⁴ It is therefore essential to adequately meet the needs of violence against women, domestic abuse and sexual violence (VAWDASV) survivors in Wales by addressing the ways in which violence against women and multiple disadvantages intersect at a national, regional and local level. Furthermore, these connections need to be understood fully by commissioners so that specialist services best suited to meet survivors' needs are commissioned.

* Survivor quotes. All names have been changed.

¹ It is also sometimes referred to as 'complex needs', 'multiple needs' and 'deep, chronic or extreme social exclusion'.

² D. McNeish et al., 'Women and Girls facing severe and multiple disadvantage: an interim report', *Lankelly Chase*, 2016.

³ AVA Project, 'Complicated Matters: A toolkit for addressing domestic and sexual violence, substance use and mental ill-health', AVA, 2013.

⁴ Ibid.

Adverse Childhood Experiences & Multiple Disadvantages

Public Health Wales' Adverse Childhood Experiences (ACEs) research has indicated that 47% of adults in Wales suffered at least one ACE and 14% suffered four or more.⁵ ACEs include directly experiencing abuse as a child, whether that's physical, verbal, sexual abuse or neglect and also experiencing other secondary adverse experiences in the home, based on the direct experience of adults or others in the home (for example parental separation, substance misuse problems, mental health issues, domestic abuse and incarceration). Public Health Wales concludes that the number of ACEs an individual has may be an indicator of long term health consequences they are likely to have as an adult, possibly as a direct result of these adverse experiences.

Similar types of adversities in childhood are experienced differently for each individual, which means that it is not just the number of ACEs experienced in childhood, but the severity of that experience and the resilience of the survivor. All survivors of domestic abuse experience the behaviour of the perpetrator differently – even people within the same household will experience the actions of the abuser differently. In extreme cases, every aspect of a survivor and her children's lives can be impacted by ongoing, long term abuse and many survivors never access specialist services or receive any interventions. On the other hand, a child may witness domestic abuse but escape the abusive situation early, receive therapeutic and holistic interventions from specialist services and build strong life-long resilience. Therefore, these two scenarios are unlikely to offer the same outcomes for the health and wellbeing of that individual for life. However, the elimination of violence against women, including domestic violence, would prevent these adversities from ever happening, which is why prevention is so essential when tackling adversities.

In addition, the number of ACEs that an individual experiences does not necessarily lead to a high level of adversity. Some singular experiences, amounting to just one ACE, can be far more devastating than several ACEs experienced by another. For example, someone may have experienced domestic abuse where the perpetrator used severe coercive and controlling behaviour for many years. Another person may have two ACEs from parental separation and a sibling who has smoked cannabis on at least one occasion. While this individual has a higher ACE count, years of domestic abuse that amounts to one ACE is like to have had a far more devastating and lifelong impact on the child with just one ACE.

The ACEs Hub in Wales has also highlighted that ACEs do not happen in isolation – for those who have one ACE, there is an 87% chance that they have two or more.⁶ This research found that for children who experience those ACEs, they are more likely to develop health-harming and anti-social behaviours, more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society.⁷ This highlights the connection between adverse experiences whether experienced in the family or structurally in relation to inequality or poverty. ACEs research therefore highlights not only multiple disadvantages of adults, whose experience impact on their children but also predictions that children who experience adversities are more likely to become adults who experience multiple disadvantages.

⁵ Public Health Wales, 'Welsh Adverse Childhood Experiences (ACE) Study: Adverse Childhood Experience and their impact on health-harming behaviours in the Welsh adult population', *Public Health Wales NHS Trust*, 2015.

⁶ C. Waite, 'ACEs as social movement for change', *Public Health Wales conference*, 27 October 2017.

⁷ Public Health Wales, 'Welsh Adverse Childhood Experiences (ACE) Study: Adverse Childhood Experience and their impact on health-harming behaviours in the Welsh adult population', *Public Health Wales NHS Trust*, 2015.

Wider considerations and societal context

For all people, but particularly for women, in addressing severe multiple disadvantage it is also important to look at structural issues. The disadvantages are compounded by poverty and inextricably linked to social inequalities associated with sexism or gender-based violence. It is also important to examine how these experiences intersect with ethnicity, class, sexuality, gender norms and disability, in addition to their identities and life experiences in relation to whether, for example, they access benefit/welfare systems, public or specialist services or the criminal justice systems.

Women who have used specialist services speak about the importance of feeling that they were being **treated like a human being** with their own needs and wanting public and specialist services to show **respect, understanding, belief** and offer them **hope**, rather than being siloed by a range of different services.⁸ Survivors' experiences can be exacerbated because they are frequently labelled by agencies, such as being branded as an 'offender', 'benefit claimant' or 'mental health client'.

*"It is not the traumatic events in our lives that determine resilience so much as how we make sense of those events that determine our ability to experience resiliency."⁹ - Myfanwy**

Women-specific research highlighted that particularly for women, there was a link between poor mental health and the experienced abuse, as well as with other aspects of their lives. The trauma that they experience can be exacerbated, especially when it exists in combination or if women are abused through their lives by multiple perpetrators, whether that be parents, partners, ex-partners or strangers.¹⁰ One clear difference that the research found was the consequences of having multiple disadvantages, such as having their children (sometimes repeatedly) taken into care. Women were also more likely than men to be visible clients of mental health, children or VAWDASV services rather than seen as part of the street homeless population or the criminal justice system.¹¹ As women make up the minority of generic service users, services that respond to the needs of those accessing either the criminal justice system or street homelessness are built for the male majority, which can result in the needs of women being missed or disregarded. Women and their children may also find that they are part of the 'hidden homeless', i.e. not street homeless but without a fixed address due to living in B&Bs, hostels, refuges or 'sofa surfing'.

When designing services for survivors, we need to think about maximising space for action¹², and to really consider what it means to offer a needs-led, strengths based response, which is a commitment laid out by Welsh Government in the 'National Strategy on Violence against Women, Domestic Abuse and Sexual Violence 2016-2021'¹³

⁸ Ibid.

⁹ Royal College of Physicians, 2010.

¹⁰ AVA Project, 'Complicated Matters: A toolkit for addressing domestic and sexual violence, substance use and mental ill-health', AVA, 2013.

¹¹ Ibid.

¹² L. Kelly, N. Sharp & R. Klein, 'Finding the Costs of Freedom', Solace Women's Aid, 2014.

¹³ Welsh Government, 'National Strategy on Violence against Women, Domestic Abuse and Sexual Violence – 2016-2021', Welsh Government, 2016.

Women-only services vs generic services

*“Having a women only space in the drugs service means we’re more likely to get the help we need, and more likely to open up and share what we’ve been through.”¹⁴ - Julie**

Research into services for women experiencing multiple disadvantage identified five local authorities in Wales who report substance misuse support specifically for women. It also found that in Wales, the most common form of support specifically for women is a substance misuse midwife.¹⁵ Survivors with substance misuse issues have told us that they want women-only provision for general substance misuse services, not just those linked with pregnancy.

*“Women’s drop-in sessions are simple but invaluable, if the building and environment feels safe, you can take another woman along with you for a coffee, and you don’t always have to see a support worker, it’s just having that space to get out, see others who understand, and it helps you grow in confidence. Women’s drop-ins and women’s centres are really helpful”¹⁶ - Gwyneth**

There are also concerns that commissioning practices may not match the standards for VAWDASV specialist support set out in the Istanbul Convention, which strongly advocates for specialist services over generic provision to ensure appropriate support that responds to the needs of individuals and builds on their existing strengths and resilience.¹⁷ In some areas of Wales, there has been a move to more generic commissioning of services, which can come at the expense of local specialist services, risking the loss of decades of experience to one generic provider delivering all services (for example a non-specialist housing provider delivering a VAWDASV refuge).¹⁸ Survivors have told us how important specialist services that are accessible and resourced to meet their specific needs are to their ability to recover and build resilience.¹⁹ It is vital that specialist services are available in every area of Wales.

Women-only specialist services offer survivors of VAWDASV safe spaces for themselves and for their children to begin to mitigate the effects of their experiences of violence and abuse and to begin their recoveries, and these need to be protected and prioritised by commissioners. Specialist services are unique in offering support that is underpinned by a gendered understanding that addresses the impact of VAWDASV on a survivor in a holistic manner, which empowers women to build on both internal and external resources to achieve long term freedom from abuse and violence.

¹⁴ Y. Rehman, ‘Are you listening and am I being heard? Survivor Consultation: A report of the recommendations made by survivors of violence against women, domestic abuse and sexual violence, to inform the National Strategy in Wales’, http://www.welshwomensaid.org.uk/wp-content/uploads/2016/03/Are_you_listening_and_am_I_being_heard_FINAL_July_2016.pdf, *Welsh Women’s Aid*, 2016, (accessed 19 Oct 2017);

¹⁵ Against Violence & Abuse (AVA) & Agenda, ‘Mapping the Maze: Services for women experiencing multiple disadvantages in England and Wales’, AVA & Agenda, 2017.

¹⁶ Y. Rehman, ‘Are you listening and am I being heard? Survivor Consultation: A report of the recommendations made by survivors of violence against women, domestic abuse and sexual violence, to inform the National Strategy in Wales’, http://www.welshwomensaid.org.uk/wp-content/uploads/2016/03/Are_you_listening_and_am_I_being_heard_FINAL_July_2016.pdf, *Welsh Women’s Aid*, 2016, (accessed 19 Oct 2017);

¹⁷ ‘Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence’, *Council for Europe Publishing*, 2012.

¹⁸ Against Violence & Abuse (AVA) & Agenda, ‘Mapping the Maze: Services for women experiencing multiple disadvantages in England and Wales’, AVA & Agenda, 2017.

¹⁹ Y. Rehman, ‘Are you listening and am I being heard? Survivor Consultation: A report of the recommendations made by survivors of violence against women, domestic abuse and sexual violence, to inform the National Strategy in Wales’, http://www.welshwomensaid.org.uk/wp-content/uploads/2016/03/Are_you_listening_and_am_I_being_heard_FINAL_July_2016.pdf, *Welsh Women’s Aid*, 2016, (accessed 19 Oct 2017);

Trauma-informed approaches

Lasting effects of trauma can be diagnoses of one or several of the following (though this list is not exhaustive): **substance dependency and misuse; personality disorders; depression; anxiety** (including post-traumatic stress disorder); **dissociative disorders**; and **eating disorders**.²⁰ It may also be hard for sufferers of trauma to: **self-soothe**; see the world as a **safe place**; **trust** others; organise their thinking for **decision-making** and **avoid exploitation**.²¹ Trauma may leave a survivor feeling emotionally, cognitively and psychologically overwhelmed.²² A trauma-informed approach recognises that this can impact on a survivor's ability to engage and remain engaged in support and takes action to facilitate engagement through the recognition of their experience of trauma and its impact on their emotional, cognitive and psychological well-being.

Trauma differs depending on a survivor's identity, in relation to their ethnicity, sexuality, (dis)ability, which means that a one-size-fits all approach to similar types of abuse is not an appropriate response and it is a survivor's subjective experience that determines whether or not an event is traumatic.²³ Women's experiences of trauma are different due to the intersection with experiences of sexism and power imbalance. This impacts both on the trauma they experience, the impact of the trauma and their experiences of support for the effects of trauma. It is important to place women's post-trauma reactions within the larger social context and the resources that are both internally and externally available to them.²⁴

By using gendered understanding of the impact of trauma and its societal context, VAWDASV specialist services are able to ensure that survivors and their children are given the opportunity to recover in an environment where they are unlikely to be re-traumatised, where staff ask "what's happened" not "what's wrong" with them. Experience has shown that this approach increases survivors' safety, control, understanding, and empathy, enabling their recovery to begin and decreasing the risk of secondary trauma or the likelihood of re-traumatisation.²⁵ Trauma informed responses that are aware of the social context in which women experience violence and abuse should focus on giving power and control of the internal and external environment back to the survivor.²⁶ Trauma informed responses provided by VAWDASV specialist services enable survivors to gain independence and freedom from violence and abuse that is long lasting.

It is worth noting that there are **trauma specific services** – i.e. services which specifically address trauma through therapeutic interventions (as some specialist VAWDASV services do) and **trauma informed services** – i.e. those that understand the connections between trauma and abuse or violence and take the impacts of trauma into account when delivering services so not only support workers but the whole organisation is informed, in order to minimise the chances of re-traumatisation of survivors.

²⁰ Ibid.

²¹ E. Giller, 'What is Psychological Trauma?', *Sidran Institute: Traumatic Stress Education and Advocacy*, <https://www.sidran.org/resources/for-survivors-and-loved-ones/what-is-psychological-trauma/>, (accessed 22 Dec 2017)..

²² Ibid.

²³ Ibid.

²⁴ Denise C. Webster & Erin C. Dunn, *Feminist Perspectives on Trauma*, The Haworth Press: 2005

²⁵ J. Prestidge, 'A basic Introduction to Trauma Informed Care', *Homeless Link*, [webinar video], <http://www.homeless.org.uk/our-work/resources/webinar-catchup/basic-intro-TIC>, (accessed 19 Oct 2017).

²⁶ Denise C. Webster & Erin C. Dunn *Feminist Perspectives on Trauma*, The Haworth Press: 2005

A trauma informed approach and service also recognises the wider structural and socio-political influences in women's lives, for example in relation to if they're experiencing discrimination and disadvantage for various reasons to do with their class, ethnicity or sexuality, then those things also have to be addressed to some extent when thinking about recovering from trauma and abuse. Five core values of trauma informed support are based on knowledge of what's known about common responses to physical, sexual and emotional abuse (including secondary traumatisation), as well as what survivors need for recovery. These core values are:

1. **Safety:** ensuring that survivors and children seeking services feel physically and emotionally safe;
2. **Trustworthiness:** survivors know that services/practitioners will ensure expectations are clear and consistent and that appropriate boundaries are maintained;
3. **Choice:** needs and preferences of survivors will be prioritised;
4. **Collaboration:** input and involvement from women in services is central (service is collaborative, not punitive or 'doing to' someone but rather standing alongside survivors in delivering at, and not creating more damage or not actually meeting needs);
5. **Empowerment:** strengths-based, maximise women's empowerment and build skills to achieve independence, safety, equal, violence free lives, building on survivors' strengths and own resilience.²⁷

*"The public sector lets us down and the charity sector like here is left to pick up the pieces with no funding. It's like you go to a GP or whoever and they can't deal with the trauma, you are traumatised but you are treated with medication, it doesn't get to the root of the problem. Services here don't deal with it as a medical issue – they support all of me."*²⁸ - Olivia*

A trauma informed response is an integral part of the [Change that Lasts/Newid sy'n Parhau](#) model.²⁹ The model aims to change systems, transform lives and ultimately reduce the number of women and children living with abuse and the long-term costs associated with this, which are usually borne by survivors, services and society. The model is underpinned by a strengths-based, needs-led, trauma informed approach for supporting survivors and their children to build resilience and foster independence and freedom from abuse. For more information please visit our website [here](#).

Anyone affected by domestic abuse or any other form of violence against women can contact the Live Fear Free Helpline - a 24 hour helpline for women, children and men experiencing domestic abuse, sexual violence or other forms of violence against women - on 0808 80 10 800, via its webchat or via email info@livefearfreehelpline.wales.

²⁷ Welsh Women's Aid and Women's Aid (England), 'Change that Lasts: Transforming responses to domestic violence', http://www.welshwomensaid.org.uk/wp-content/uploads/2016/12/Women_s_Aid_Change_that_Lasts_Summary-July_2015.pdf, [accessed 13 November 2017], 2015.

²⁸ Y. Rehman, 'Are you listening and am I being heard? Survivor Consultation: A report of the recommendations made by survivors of violence against women, domestic abuse and sexual violence, to inform the National Strategy in Wales', http://www.welshwomensaid.org.uk/wp-content/uploads/2016/03/Are_you_listening_and_am_I_being_heard_FINAL_July_2016.pdf, *Welsh Women's Aid*, 2016, (accessed 19 Oct 2017).

²⁹ Welsh Women's Aid and Women's Aid (England), 'Change that Lasts: Transforming responses to domestic violence', http://www.welshwomensaid.org.uk/wp-content/uploads/2016/12/Women_s_Aid_Change_that_Lasts_Summary-July_2015.pdf, [accessed 13 November 2017], 2015.

Welsh Women's Aid will continue to work to improve the safety of children who have experienced domestic abuse by working with survivors and their children to get their voices heard. If you have any comments or questions about this briefing, please don't hesitate to get in touch with:

Gwendolyn Sterk

Public Affairs Manager

GwendolynSterk@welshwomensaid.org.uk

02920541551