Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol ar Atal trais ar sail rhywedd drwy ddulliau iechyd y cyhoedd

This response was submitted to the Equality and Social Justice Committee consultation on The public health approach to preventing gender-based violence

PGBV 11

Ymateb gan: Dr Edith England, Prifysgol Metropolitan Caerdydd a Dr Josie Henley, Prifysgol Caerdydd | Response from: Dr Edith England, Cardiff Metropolitan University and Dr Josie Henley, Cardiff University

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Welsh Parliament Consultation: The public health approach to preventing gender-based violence

About the contributors

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About the evidence

This response draws upon a number of studies conducted by the contributors, jointly and individually, over the past five years. These include:

Workforce survey of domestic abuse workers (2021-2023, Dr Edith England and Dr Josie Henley. Funders: Cardiff Metropolitan University Global Academies)

Detailed survey of 110 frontline workers in the domestic abuse sector, including psychometric tests of burnout, empowerment and autonomy; interviews with a further 56 workers.

Implementation of the Housing (Wales) Act 2014 (2017-2020, Dr Edith England. Funders: UK Centre for Collaborative Housing Evidence)

Interviews with 52 frontline workers and 44 applicants in the Welsh homelessness system.

Homelessness among trans people in Wales (2017-2019, Dr Edith England. Shelter Cymru/ End Youth Homelessness Wales. Funders: LGBTQ+ Aware)

Interviews with 28 trans people with experience of homelessness, and 12 frontline workers

Response to terms of reference

Below we detail our responses to the terms of reference.

Response to Question 1: What works in preventing gender-based violence before it occurs (primary prevention) and intervening earlier to stop violence from escalating (secondary prevention).

Recommendation 1: Homelessness workers need training and support, including time and space to spend with applicants, to identify gender-based violence among those presenting to homelessness services.

Gender-based violence is one of the main reasons why women and those of minoritized genders present to homelessness services. This places homelessness services in a strong position to intervene, especially to prevent escalation.

However, in *Implementation of the Housing (Wales) Act 2014*, we found that workers often did not realise when applicants were experiencing gender-based violence. This was

sometimes because they did not ask the right questions. A strict focus upon whether an individual met the criteria for *homelessness* meant that opportunities to identify and intervene in situations where domestic abuse was occurring were often missed. We believe that this arose from a combination of a severe lack of time among frontline workers to speak with clients (meaning that they often did not move beyond the 'presenting problem' of homelessness) and a broader lack of awareness of 'red flags' for domestic abuse in a homelessness context.

We illustrate this with one representative example. A young mother we spoke to made a homelessness application after being issued with eviction proceedings by her private landlord. She moved out to stay with her mother, leaving her partner in the flat. Her caseworker, focusing on the *homelessness* aspect of her presentation, decided that she was not eligible for help (on the ground that court proceedings had not occurred) and she was sent away. However, the reason *why* she and her child had moved out of the flat was that the stress of eviction had exacerbated violence (primarily psychological and coercive, with an element of physical) from her partner. This is a situation where both more time available to spend on cases – to build trust and ask questions – and better training for workers – to enable them to spot scenarios which warranted more detailed questioning – would have translated into earlier intervention to help this family.

Response to Question 2: How effective is a public health approach to preventing gender-based violence and what more needs to be done to address the needs of different groups of women, including LGBT+, ethnic minorities, young and older people at risk of violence at home and in public spaces.

Recommendation 2: Workers in the homelessness system need specific training and support to enable them to identify, tackle and support LGBTQ+ victims and survivors of domestic abuse, with specific reference to trans individuals.

LGBTQ+ people as a group, and especially trans people, are at risk of domestic abuse *and* homelessness. This means that it is especially important that homelessness services are able to recognise, intervene and support LGBTQ+ people who are experiencing domestic abuse. However, drawing on the experiences of applicants and workers in the *Homelessness Among Trans People in Wales* study, and participants in the *Implementation of the Housing (Wales) Act 2014* study who were LGBTQ+ (around a quarter of applicants).

- LGBTQ+ specific/ prevalent forms of homelessness were poorly understood and often unrecognised. For instance:
    - Misgendering was not recognised as an indicator of an abusive home environment. These young people were often required to attend mediation as a route to reconciliation with their parents, and in some cases discuss their gender identity in considerable detail, which was highly distressing and embarrassing.

- LGBTQ+ applicants reported that their experiences of abuse were not recognised and that they were denied opportunities as a result of their sexuality. One woman reported that she had been told by staff that she did not need to take part in the *Freedom* program because this was only relevant to women facing abuse from men. Another described being excluded from a refuge for fighting; however this was a reaction to homophobic abuse. Several reported being sidelined and tacitly excluded from help – not invited to support sessions, not offered 'welcome packs', moved at short notice, etc.
- Among trans women in both studies, prevalence of domestic abuse was high, (reflecting known trends). These participants reported that they were misgendered; their experiences were dismissed and seen as (in the words of one participant) a case of 'boys will be boys'.

Recommendation 3: Intervention is needed to address high rates of burnout, low pay and precarity in the sector. Without investment in the workforce, and especially worker wellbeing, provision of a high quality service for all those who need it is likely to be compromised through poor retention and performance issues.

Domestic abuse work constitutes difficult emotional labour. Our participants in the *Workforce Survey* told us that they saw their roles as a vocation, with 95% feeling proud or very proud to do the work that they did. Interviews confirmed this: the workforce is dedicated, committed and skilled. However, there were also high levels of burnout among participants. Using the Copenhagen Burnout Inventory scale, a widely used tool to assess how drained, emotionally exhausted and overwhelmed by their job someone feels, we found that nearly two thirds (64%) of domestic abuse workers surveyed indicated burnout. For a fifth (17%) these levels were severe.

Conditions described in the workforce seemed likely to produce or exacerbate burnout. Rates of unpaid overtime were high – three quarters described themselves as routinely working extra hours unpaid, with a quarter (24%) reporting this as a daily occurrence.

Workers were also under financial stress, reflecting low pay in the sector nationally. A quarter were currently behind with payments for at least one bill. 1 in 10 had used a foodbank in the last year. A fifth of those in rented accommodation were or had recently been behind with rental payments, placing them at risk of homelessness, while 4% had actually experienced recent homelessness.

There is considerable expertise in the sector. Most workers (54%) had been in the sector for over 5 years, with nearly a third (30%) having 10 or more years of experience. Yet dissatisfaction was high. 52% were considering leaving the domestic abuse sector entirely, with 67% considering leaving their current role. In interviews, workers told us that the emotional labour and demands of the job, coupled with low pay, meant that the role was inevitably temporary. A number of interviewees described having a 'shelf life' of two to four years, beyond which they anticipated becoming too emotionally burnt out to continue.

A high number of workers in the sector are women. A high number of women have experienced gender-based violence, either directly or as close family witnesses. To view the

workforce as somehow separate from individuals seeking help would be erroneous. The emotional impact of the work and potential for secondary trauma and retraumatisation should not be underestimated.

Response to Question 3: What is the role of the public sector and specialist services (including the police, schools, the NHS, the third sector and other organisations that women and girls turn to for support) in identifying, tackling and preventing violence against women, and their role in supporting victims and survivors.

Recommendation 4: The homelessness sector needs to be recognised as a key specialist service which women and girls turn to for support when they become homeless. This focus should mean that workers in the homelessness system receive more training and support to enable them to identify, tackle and prevent domestic abuse, and support victims and survivors of domestic abuse.

Domestic abuse is one of the main reasons women become homeless. This means that a high proportion of women presenting as homeless are likely to have experienced abuse. However, in the *Implementation of the Housing Act (Wales) 2014* study, workers explained that they felt that if domestic abuse was identified, they *had* to refer a woman to domestic abuse services (potentially undermining her preferences and needs). We propose that there needs to be pathways to enable women experiencing domestic abuse to feel that they have a full range of choices in terms of homelessness resolution.

'Objective' measures of domestic abuse, e.g. domestic abuse screening scales, were also reported as being widely used to ascertain whether domestic abuse passed a 'threshold' severity and deter mendacious claims. We suggest that this practice is inappropriate – these scales are designed to identify how best to help women experiencing abuse, rather than as a gatekeeping test, and are further designed to be used by trained professionals in a domestic abuse support context.

This was coupled with a widespread understanding of domestic abuse as primarily involving physical violence, with relatively little awareness of emotional and psychological abuse, coercive control, financial control, etc. We are concerned that the use of domestic abuse screening scales in a homelessness context does oversimplify the complexity of abuse. Again, we feel that the solution to this is time to spend with applicants, and training for workers.

It should be noted that a number of frontline homelessness workers interviewed had received training in different forms of abuse, and largely reported positively upon this, linking this to increased ability to identify and address domestic abuse. This indicates that training could be a very effective and useful intervention. Homeless applicants commented positively upon some staff members who they identified as especially skilled and knowledgeable, and these interactions often produced substantial change (e.g. identifying abuse which had not previously been disclosed) which suggests that there is scope within

the homelessness system to make a considerable difference, with appropriate resourcing for time and training.

Similar to findings above regarding sense of exclusion based on sexuality, most female applicants with experience of same-gender domestic abuse reported that their experiences were not taken as seriously, especially where there was a lack of physical abuse. This mirrors trends across the four nations and internationally (see for instance the work of Catherine Donovan) and we recognise that there have already been attempts to specifically address this (e.g. through the Guidance to the Housing (Wales) Act 2014). We did note that overt 'signalling' of LGBTQ+ inclusion, and staff training, were both seen positively by applicant interviewees and identified as likely to improve willingness to disclose abuse.

Given findings above regarding the implications of dealing with domestic abuse for those in specialist roles in terms of burnout and desire to leave the workforce/role, we do want to stress that we feel that any move to increase the amount of work done by the homelessness workforce to support those experiencing domestic abuse must be accompanied by appropriate and ongoing training and support.

END OF RESPONSE