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Violence against women and homelessness

Lynne McMordie, Suzanne Fitzpatrick and Sarah Johnsen

March 2025



I-SPHERE
Institute for Social Policy, Housing and Equalities Research

The *ele*
Community
Foundation
Northern Ireland



THE UNIVERSITY of EDINBURGH
Centre for Homelessness and
Inclusion Health

About the authors

Dr Lynne McMordie is a Research Fellow, and Professor Suzanne Fitzpatrick is Director, in the Institute for Social Policy, Housing and Equalities Research (I-SPHERE) at Heriot-Watt University. Professor Sarah Johnsen is Chair in Homelessness and Inclusion Health (CHIH) within the School of Health in Social Science at the University of Edinburgh.

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Content note

This report contains content that may be distressing to some readers, including detailed accounts of physical and sexual violence (including rape), self-harm, miscarriage, and suicidal thoughts or attempts.

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Executive Summary

Key findings

- Women faced violence and abuse from a range of perpetrators – including intimate partners, family members, strangers, and paramilitary groups – and often endured multiple forms of abuse across different life stages.
- Intimate partner violence was particularly widespread, involving psychological abuse, coercive control, intimidation and threat, financial abuse, physical assault, and/or sexual violence. This created a complex web of entrapment that made it extremely difficult for women to seek help or escape.
- Abusers engaged in pervasive surveillance and controlling behaviours to severely limit women's independence, isolating them from support networks and resources. Feelings of isolation were particularly acute for women living in rural areas.
- The systematic loss of financial assets and housing to abusers severely undermined women's ability to regain control or leave abusive situations. Diminished economic independence compounded women's vulnerability.
- Women experienced significant health consequences caused by violence, including chronic pain, severe injuries, acute anxiety, depression, trauma, and/or suicidal thoughts, with mental health struggles having a profound impact on their daily lives.
- Many were forced to leave their homes due to abuse, resulting in homelessness and the loss of personal belongings, even when they held legal tenancy or ownership rights. Post-separation harassment often necessitated that women flee again, leading to repeat episodes of homelessness.
- Despite seeking protection, women were often failed by inconsistent police responses and difficulties in securing and enforcing protection orders. This left them exposed to ongoing abuse and feeling that abusers could act with impunity.
- Perpetrators used the legal system to maintain control, exploiting the limitations of legal orders, and dragging women through prolonged court battles that drained their financial resources and forced them to relive trauma repeatedly. Child contact arrangements were also exploited, placing additional burden on mothers.
- Temporary accommodation such as B&Bs and hostels often failed to provide safety and support, thereby exposing women to further violence, harassment, and substance misuse, especially in mixed-gender facilities. These environments frequently re-traumatised women, leaving them vulnerable to the same dangers they had sought to escape.
- Women with substance use issues were especially underserved, excluded from mainstream services and forced into precarious situations like using night shelters, sleeping rough, and/or exchanging sex for shelter. This exposed women to further violence, creating a vicious cycle of violence-related trauma, trauma-related substance use, and substance-use related homelessness.

- Some women experienced the devastating loss of their children due to instability caused by abuse or homelessness. This separation profoundly impacted their mental health, increasing anxiety, depression, and/or substance use, while the lack of post-removal support left them isolated, retraumatised, and further entangled in cycles of harm.

Background

Northern Ireland has lagged behind Great Britain in developing a dedicated strategy to address violence against women and girls. However, in 2021, The Executive Office recognised the urgent need for a strategic approach and initiated a programme of research. Following a public consultation process, a draft Strategic Framework and Action Plan was developed, culminating in the launch of an inaugural strategy and initial two-year delivery plan in 2024. These strategic initiatives have brought to light the critical intersection between violence against women and other forms of social exclusion, including homelessness.

The relationship between violence and homelessness is especially pronounced for women, where one often serves as both cause and consequence of the other. Despite increasing recognition of this connection, there is limited evidence on the specific nature and impact of these intersecting issues in Northern Ireland, especially when factors such as geographic location and social disadvantage are taken into account. This research sought to address gaps in existing knowledge regarding the precise nature and impacts of these intersecting experiences, with an emphasis on understanding women's experiences, identifying best practice, and informing policy.

Methods

The research was guided by the following questions:

- What are the causes and impacts of violence and homelessness among women?
- What are women's experiences of support services?
- How can responses to women facing violence and homelessness be developed to improve outcomes for those affected?

A qualitative approach was chosen to allow for in-depth exploration. Fieldwork was conducted in three main phases: first, one-to-one interviews and focus groups with 34 women with lived experience of violence and homelessness across five geographic areas in Northern Ireland were conducted. These areas included urban and rural locations, with participants drawn from various subpopulations, and including those with more complex needs. Women participated in timeline-based interviews, facilitated by prompt cards, which provided structure while allowing them to discuss their experiences at a depth and pace of their choosing.

In the second phase, five focus groups were conducted with 23 frontline workers from support services, again across Northern Ireland, including women's refuges, homeless hostels, substance use and housing advice services. These discussions used vignettes - hypothetical yet realistic scenarios - as a tool to explore sensitive topics, gaps in service provision, and ideas for improving responses.

The third and final phase involved semi-structured interviews with 10 key stakeholders, including policymakers and senior managers, to gather strategic insights on effective support

for women and identify barriers to service improvement. Interviews were recorded, transcribed, and analysed using thematic coding to identify patterns and differences in experiences across participant groups.

Experiences of Violence

The women in this study experienced various forms of violence, with intimate partner abuse dominating, affecting 31 of 34 participants. Many endured multiple forms of violence from various perpetrators. Nearly half (15 of 34) experienced parental abuse, with some also facing violence from children, peers, strangers and/or paramilitary groups. Psychological abuse was universal, while coercive control (30), physical violence (27), and financial abuse (26) were also widespread. Almost two-thirds of participants reported rape or sexual assault (21), and some experienced sexual exploitation (9), paramilitary threat (3), and/or human trafficking (2).

For many, intimate partner-perpetrated physical and sexual abuse typically emerged months or years in, once strong emotional bonds and practical ties (e.g. shared homes or children) had formed. Prior to physical abuse, subtle coercive tactics such as isolation and monitoring emerged and increased very gradually in a way that ‘normalised’ the abuse. This slow and incremental onset of abuse made it harder for women to seek help or leave.

All participants reported psychological abuse from partners, involving persistent and often vicious verbal degradation and humiliation that deeply impacted their mental health. The subtle, insidious nature of psychological abuse, often framed as the woman’s fault, made it hard for women to recognise and act. Most women experienced intense monitoring by partners, who controlled their movements, interactions, and choices. This surveillance, often framed as protective, isolated women from support and eroded their autonomy. Financial abuse was a further pervasive form of control. Abusers restricted access to money, enforced dependence, and withheld earnings. Abusers also incurred debts in women’s names or stole from them, leaving many struggling financially.

Many women described living in constant fear, controlled by menacing behaviour and threats, including death threats. For many, this fear was heightened by inadequate legal protections and, for some, the terror of abusers with paramilitary ties. Physical violence was common, typically escalating in severity over time, and was for some life-threatening. Women reported beatings, strangulation, stabbings and/or confinement against their will, leaving them with lasting injuries and deep psychological trauma. Some also experienced violence from extended family or, less commonly, strangers. For several, exposure to violence started in childhood.

Some women described being raped after refusing intimate partner sex, being subject to humiliating sexual assaults, and/or coerced into sex for contact with children. Childhood abuse by male relatives was also reported, with severe and lasting impacts on self-worth. Stranger assaults, though less common, were devastating and often met with disbelief or blame from other people. A few women also endured sexual exploitation and trafficking, with profoundly traumatising affects.

Housing challenges associated with violence

The violence women in this study endured had severe impacts on their housing security. Only one was able to keep her home. Some women left home suddenly after severe violence and never returned. Others were coerced out over time, left due to an assumed lack of tenancy

rights, and/or felt powerless to make the abuser leave. Even those with clear tenancy rights faced lengthy and costly legal battles, with the resultant financial strain making it difficult to retain their homes. Job loss, often due to the abuser's interference or the effects of trauma, worsened this housing insecurity.

Although a few women rapidly accessed social housing or secured a private rented tenancy after having left their home, most women struggled to secure stable housing due to long social housing waitlists and/or financial barriers to private renting. Post-separation abuse meant many women remained unsafe and vulnerable to homelessness for prolonged periods. Some were subjected to ongoing harassment, stalking, and/or surveillance perpetrated by a former partner that forced them to relocate, often multiple times, including between B&Bs, hostels, refuges and/or friend and family's homes. For mothers, these issues were compounded as abusers exploited child contact to perpetrate post-separation abuse. Women reported severe anxiety, disruption and fear because of this form of abuse, making it extremely difficult for them to rebuild their lives, retain jobs, and/or establish stable housing.

Beyond intimate partner violence, several women reported fleeing abuse from parents or carers, leading to homelessness in their teenage years and establishing a pattern of housing instability into adulthood. Others faced homelessness due to threats from paramilitary groups or local communities, with women who use substances particularly affected. Although less common, these threats led to sudden and terrifying forced displacement, uprooting women from their homes and communities in acutely traumatic ways. A perceived lack of protection from the police served to increase feelings of acute vulnerability in these cases.

Two additional factors significantly impacted housing stability. First, the removal of children from women's custody not only had severe emotional consequences on those affected, but also directly impacted housing, as they were forced to leave larger social homes or faced unaffordable rent due to reduced benefit entitlements. Second, imprisonment also contributed to housing loss due to policies requiring homes to be returned to landlords for sentences over six months, while others exited prison to find their homes vandalised or repossessed.

Other impacts of violence

The women in this study experienced severe physical health impacts from violence, such as chronic pain, neurological disorders, and serious injuries, which often had long-term effects. For some, pre-existing health issues and disability meant they were dependent on abusers, who were sometimes also their caregivers, heightening their sense of isolation and vulnerability.

The mental health impacts were profound and enduring. Survivors frequently reported feelings of worthlessness and inadequacy, often describing themselves as "broken" and stripped of self-worth. Trauma led to severe anxiety, depression, and Post Traumatic Stress Disorder, with most linking their diagnoses to the abuse they endured. Flashbacks and sleep disturbances were common, with post-separation abuse worsening these issues. Many felt responsible for the violence perpetrated against them and struggled with self-blame. For some, the cumulative effects on mental health led to suicidal thoughts.

Substance use emerged as a core coping mechanism for some in dealing with the symptoms of trauma, although this often led to dependence and/or further deteriorations in mental health. Substance use also contributed to housing instability, resulting in job loss, family breakdown, and for some, threats from paramilitary groups and drug dealers. Exposure to drugs in homeless

settings made avoiding substance use nearly impossible, often leading to an escalation in consumption. These settings also exposed women to further violence, creating a vicious cycle of violence-related trauma, trauma-related substance use, and substance-use related homelessness.

Violence also severely impacted women's ability to care for their children, as trauma and financial abuse left many struggling emotionally and financially. Some women voluntarily placed their children in kinship care, while for others, child removal was involuntary. The loss of children compounded women's existing trauma, with many feeling that they had "failed as mothers" by staying too long in abusive relationships and/or using substances to cope. This drove them deeper into despair and self-loathing, and in many cases further increased substance use.

Experiences of homelessness

On average, women reported six different homelessness experiences. Amongst these, sofa surfing was common, with women relying on informal networks of family or friends for shelter. While women used this option both during abusive relationships (as a form of respite) and immediately after leaving, they did not always recognise it as homelessness. Sofa surfing came with significant challenges, such as experiencing shame, strained relationships, overcrowding, and feeling highly indebted and/or vulnerable to hosts.

Short-term B&B stays were common, with 22 of 34 women reporting such experiences. B&Bs typically offered single rooms with very minimal cooking facilities or support services. Conditions were often unsafe, with reports of violence, harassment, and drug use commonplace. Stays in homeless hostels were also common, with 21 of 34 women having used them. While some appreciated supportive staff, others found hostel rules overly strict and/or infantilising; this was especially true for those seeking independence after coercive relationships. Drug exposure was frequent, and mixed-gender hostels led to further exposure to gender-based violence and abuse. Some women felt so unsafe in B&B and hostel settings that they preferred sleeping rough.

Of the 34 women with lived experience, 20 had used refuge services, often following police or hospital intervention. Refuges offered crucial support, helping women rebuild self-esteem and better understand intimate partner abuse. However, the communal environment, shared facilities, and high resident turnover were challenging, especially for those with children. Privacy was limited, and stigma around refuge living left many feeling isolated.

Half the women reported stays in self-contained temporary housing, typically following periods of sofa surfing and/or stays in congregate settings, with all preferring it for the privacy it offered. However, poor conditions or remote locations sometimes created difficulties, especially for those with children.

Nearly half (15 of 34) had stayed in night shelters which operated on a daily self-referral basis with no guaranteed beds for consecutive nights. This uncertainty, combined with exposure to chaotic and sometimes unsafe daytime drop-in centres, led to anxiety, fear, and exhaustion. Strict rules required women to take their belongings with them throughout the day, with one woman losing employment due to the instability of night shelter living.

Rough sleeping was common, with women sleeping outdoors, in transport stations, cafés, or disused buildings. Of the 34 women, 20 reported at least one such form of rough sleeping.

Some chose this option to avoid unsafe congregate accommodation. However, rough sleeping also came with persistent fear, leaving women physically and emotionally drained, and also exposed them to further violence and harm. To escape the streets, some women exchanged sex for shelter, often under extreme duress. These exchanges left severe psychological impacts, with some leading to prolonged exposure to violence, exploitation and/or trafficking.

Many women experienced a continuous cycle of homelessness, moving through B&Bs, hostels, night shelters, and sofa surfing, driven by post-separation abuse and/or repeat victimisation due to a lack of safe housing options. Some had faced this cycle of homelessness since childhood.

Accessing justice

Women faced very significant barriers when seeking protection from violence. Many struggled to contact services safely, often using covert methods to avoid detection by their abusers. Trauma and fear hindered full disclosure when they did seek help, often requiring multiple interactions with services to build trust. Engaging with services invariably increased the risk of escalating violence from their abuser. The period during and following separation was noted as particularly dangerous for women, with current responses often inadequate to manage this heightened risk.

Fear of retaliation hindered many women from involving the police. Several reported positive experiences where police officers took proactive steps to ensure their safety, with this more likely following physical assault and where the perpetrator was already known to police. However, many women encountered dismissive or unsympathetic officers and reported that their circumstances were downplayed or that police sympathies lay with their abusers. Frontline workers expressed similar concerns, including police insensitivity to trauma, and in some cases victim-blaming attitudes - particularly towards women with more complex needs, such as substance use, or criminal convictions - eroding trust, fuelling feelings of helplessness, and shutting down routes to justice.

Women faced significant challenges when engaged with the criminal justice system, particularly those who were homeless or affected by substance use. Many reported feeling discouraged from pursuing cases against their abusers, and the small number who did faced protracted court delays, procedural complexities, and acute emotional distress, often leading them to regret seeking legal recourse. Women felt that the justice system failed to fully consider trauma-related behaviours, homelessness, or contexts of self-defence, which were taken to undermine their credibility as witnesses or, in some cases, led to their criminalisation. Key stakeholders stressed that the justice system's current structure deepens the marginalisation of homeless women, and women who use substances, whose specific needs are frequently overlooked.

Women also turned to civil courts to seek protection, but this process was typically fraught with challenge. Occupation orders were difficult to obtain due to high evidential requirements, meaning that most women were unable to establish safe residence in their own homes. Non-molestation orders, though crucial to homelessness prevention, were also difficult to obtain. Where they were, gaps in enforcement and understanding of orders left women subject to ongoing abuse. Perpetrators exploited legal limitations, continuing harassment just outside the bounds of restrictions, and inadequate enforcement - such as slow police responses or lack of action on breaches - exacerbated risk, leading to repeated victimisation, and with that homelessness. This lack of consistent enforcement emboldened abusers, undermining the protective intent of these legal measures.

Women with children reported challenges navigating family courts, particularly with regards to child contact arrangements. Several women's situations were turned around by fair and understanding judges, but such positive outcomes were rarely reported. Most women described prolonged legal battles that took a deep financial toll and left them feeling unheard and that their concerns for their children's safety had been dismissed. Some reported perplexing and troubling contradictions in the system, whereby they were urged by social services to leave abusive relationships to protect their children but were later required by courts to facilitate child contact with the abuser. Frontline workers criticised the system for allowing perpetrators to manipulate court processes as a form of post-separation abuse. This was worsened by a lack of awareness about legal-aid waivers for domestic abuse victims, which could alleviate some of the financial burden of ongoing legal proceedings.

Solicitors played a crucial role in supporting women facing abuse, sometimes securing protection through non-molestation orders and child contact arrangements that could help restore their sense of safety and empowerment. However, many women struggled to find effective representation and women expressed concern that some solicitors prioritise financial gain over justice, with lengthy cases adding to their emotional and financial strain.

Accessing help and support

Women experiencing violence most often relied on family and friends as their initial support network, finding crucial emotional and financial help that could be instrumental in escaping abuse. However, barriers such as isolation, abuser control, shame, and/or cultural norms hindered some women from seeking such help. They also reported that friends and family often felt uncertain about how best to support them, fearing that they may inadvertently worsen the situation.

Social services played a critical role by alerting some women to risks from violent partners yet fear of child removal and prior negative interactions with social workers often deterred engagement. Women reported that abusers often increased control when social services intervened, thereby exacerbating their situations.

Access to mental health and substance use support was considered vital, yet many women faced long wait times and a lack of trauma-informed care. The absence of dual diagnosis services catering for women experiencing both mental health and substance use issues left a particularly critical gap. Healthcare workers, particularly in emergency and hospital settings, sometimes played a pivotal role in identifying and supporting disclosure of abuse and connecting women with necessary services, but consistency was lacking.

Navigating the complex landscape of housing, social services, and health services often required women to repeatedly disclose their trauma, yet access to necessary support often remained elusive, leaving many feeling disillusioned and unsupported. Women who successfully accessed consistent, empathetic support – especially with attending appointments, helping navigate systems, and providing a non-judgmental space to talk - reported more positive outcomes.

Conclusion

The women in this study experienced abuse from multiple perpetrators throughout their lives, with intimate partners, family members, strangers, and groups contributing to a cycle of

violence that was often continuous and overlapping. Intimate partner violence was particularly pervasive, encompassing psychological manipulation, financial control, physical assaults, and/or sexual violence. These forms of abuse were isolating and destabilising, creating a complex web of control that limited women's ability to seek help or escape. Abusers employed surveillance and control tactics that severed women from support networks and depleted their financial and housing resources, leaving them economically dependent and trapped in abusive situations.

Women who managed to leave abusive partners often encountered significant barriers in the criminal and civil justice systems, where inconsistent responses and lax enforcement of protection orders left them vulnerable to further abuse. Legal processes were frequently manipulated by perpetrators to maintain control, with child contact arrangements in particular used to perpetuate post-separation abuse. This lack of robust legal support not only exposed women to ongoing violence but also destabilised their housing, often leading to homelessness. Women's efforts to secure safe accommodation were hindered by insufficient access to affordable housing and the inadequate nature of much temporary accommodation, which were often unsafe, mixed-gender, and traumatising environments. Women with substance use issues were particularly underserved, frequently placed in precarious situations that exacerbated their trauma, health and housing challenges. These systemic failures compounded the impacts of violence, entrenching women in cycles of housing insecurity and homelessness.

Recommendations

The Department of Justice should: Strengthen protections for women facing violence by ensuring rapid police responses, accessible protection orders that allow women to remain safely in their homes, safeguards against abuse of the legal system by perpetrators, increased access to legal representation, and streamlined legal processes to reduce retraumatisation and fully recognise the complexity of abuse.

The Department for Communities should: Make housing security a priority in preventing violence by revising existing strategic frameworks to highlight the link between violence and homelessness, consider legislative developments that would allow for a shared public duty in preventing homelessness, and enhance housing associations' role in helping survivors maintain safe, suitable housing.

The Northern Ireland Housing Executive should: Develop strategies to prevent homelessness among women affected by violence by expanding access to preventative measures like the Sanctuary Scheme, increasing safe and self-contained temporary accommodation, and providing housing models like Housing First to support women with complex needs.

Social Services should: Provide ongoing support to women whose children have been taken into care, assisting them throughout and after the process to reduce further trauma.

All services should: Embed trauma-informed, gender-informed, and housing-informed practices by mandating training, offering culturally sensitive support that respects minoritised ethnic communities, addressing the unique challenges of rural women, and ensuring responses that facilitate disclosure, avoid retraumatisation, and prevent homelessness.

1. Introduction

1.1 Background to study

Northern Ireland has lagged behind Great Britain in developing a dedicated strategy to address violence against women and girls (VAWG). However, in 2021, The Executive Office recognised the urgent need for a strategic approach and initiated a programme of research. Following a public consultation process, a draft Strategic Framework and Action Plan was developed, culminating in the launch of an inaugural strategy in 2024. Simultaneously, the Police Service of Northern Ireland (PSNI) introduced its first action plan to address VAWG. These strategic initiatives have brought to light the critical intersection between violence against women and other forms of social exclusion, particularly homelessness.

The relationship between violence and homelessness is especially pronounced for women, where one often serves as both cause and consequence of the other. Despite increasing recognition of this connection, there is limited evidence on the specific nature and impact of these intersecting issues in Northern Ireland, especially when factors such as geographic location and social disadvantage are taken into account. This study seeks to fill these gaps by examining the causes and consequences of violence and homelessness affecting women, their experiences with support services, and how responses might be enhanced to improve outcomes for those facing these dual challenges.

1.2 Research questions

The research sought to address gaps in existing knowledge regarding the precise nature and impacts of the intersecting experiences of violence against women and homelessness, with an emphasis on understanding women's experiences, identifying best practice, informing policy, fostering cross sectoral collaboration, and supporting investment in future services.

RQ1: What are the causes and impacts of violence and homelessness among women?

- Do the causes and impacts vary in urban and rural settings or among specific groups. If so, why?
- What perpetuates cycles of violence and homelessness for women?

RQ2: What are women's experiences of support services?

- When and why do women with experiences of violence and homelessness initially access support services?
- What opportunities for early intervention are 'missed', if any?
- How do women perceive and experience services? Does the intersection of violence, homelessness, and other forms of disadvantage shape these experiences?
- Are there variations in service experience within urban and rural settings or among specific groups of women?
- What services do women find most and least helpful, and are there gaps in provision?

RQ3: How can responses to women facing violence and homelessness be developed to improve outcomes for those affected?

- What could be done sooner or differently to prevent, ameliorate, or resolve women's experiences of homelessness and violence?
- What are the barriers and enablers to escaping violence and homelessness?
- How can services and frontline personnel best support affected women?

1.3 Report outline

This report begins by detailing the research approach and specific methods used in the study. Chapter 2 describes the data collection methods employed, provides an overview of analytical approach, and concludes with a discussion on research governance and ethics.

Chapter 3 outlines the prevalence of violence against women, providing an international, UK-wide, and Northern Ireland-specific perspective. It then transitions to a detailed review of the evidence on violence against women, exploring both its nature and impacts. The concluding section draws together existing evidence on the links between women's experiences of violence and homelessness, including its compound influence on trauma.

Chapter 4 sets the scene by examining the policy and practice background for the study. It opens with an overview of the current legislative framework, starting with homelessness legislation and then shifting focus to laws addressing violence against women. The chapter then explores the policy context, analysing key strategic responses across various sectors, including housing, health, and criminal justice. Interdisciplinary strategic approaches are also considered within this context.

Chapter 5 explores women's experiences of violence and abuse, beginning with the onset of intimate partner violence and its escalation over time. It then explores the various forms of abuse encountered, including psychological abuse, coercive control, intimidation and threats, physical violence, financial abuse, rape and sexual assault, also looking at women's experiences of defending themselves from abuse. The chapter also examines the factors that enable or hinder women from leaving violent relationships, concluding with an examination of post-separation abuse.

Chapter 6 investigates the links between violence against women, housing insecurity, and homelessness. It begins by exploring the housing-related challenges that women face when ending abusive relationships, before moving on to examine how ongoing harassment and post-separation abuse deepen experiences of housing insecurity and occasions recurrent homelessness, especially for women with children. Finally, it considers the broader impacts of violence-related trauma and external threats - such as paramilitary intimidation - and their role in contributing to housing instability and homelessness.

Chapter 7 reviews the wider impacts of violence on women beyond housing status. It covers physical health issues, mental health effects, and use of substances as a coping mechanism. It concludes with an exploration of the role of violence, homelessness, and substance use in the loss of child custody.

Chapter 8 examines the various forms of homelessness experienced by women, including sofa surfing, B&B hotels, hostels, refuges, night shelters, and rough sleeping. It highlights the risks

and challenges women face in each of these, before concluding with a discussion of the cyclical nature of homelessness and compounding effect it has on women's trauma.

Chapter 9 explores women's experiences in accessing justice after facing violence, and the impact of the justice system on housing insecurity and homelessness. It begins by examining the barriers to seeking help, such as fear, trauma, and the risk of retaliation, before discussing the role of the police in responding to violence. The chapter then reviews women's experiences in the criminal court system, followed by an overview of civil court processes, particularly protective orders. It also addresses the family court's approach to child contact arrangements and concludes with a discussion on the crucial role legal representation plays in supporting women through these legal processes.

Chapter 10 examines women's experiences of accessing help and support as they navigate the impacts of violence and homelessness. It begins by exploring the role of family and friends, highlighting the strengths and limitations of informal support networks. From there, it moves on to consider women's engagement with social services, before commenting on housing services, including efforts targeted on the prevention, mitigation, and resolution of homelessness. It then looks at the role of healthcare, focusing on mental health, substance use, and other health-related services. Finally, the chapter considers the role of individual support workers in helping women access and navigate these services.

Chapter 11 brings the report to a close, providing an overall conclusion and series of recommendations.

2. Methods

This chapter details the methods used in the study, beginning with an overview of the research approach. It then outlines the study methods, conducted across three main phases of fieldwork. A summary of the data analysis approach follows, and the chapter concludes with a discussion on research governance and ethics.

2.1 Approach

The study utilised a qualitative approach to allow for in-depth exploration of women's experiences of violence and the insights of staff who support them, and to identify what works for whom, and in what circumstances. The fieldwork involved three phases: one-to-one interviews and focus groups with women with relevant direct experience; focus groups with frontline workers; and one-to-one interviews with senior key stakeholders.

2.2 Literature review

The research began with a comprehensive literature review to establish existing knowledge on women experiencing violence and homelessness and to situate the study within relevant legislative, policy, and practice contexts. The review initially focused on academic and grey literature related to violence and homelessness, focusing particularly on women's experiences. While emphasis was placed on research from Northern Ireland, relevant literature from the United Kingdom was also included. High-quality international studies with contextual similarities were considered where appropriate. The review primarily covered material published since 2014, with earlier work included if of significant relevance and high quality. Additionally, the review examined legislative, strategic, policy, and service planning documents related to women's experiences of violence and homelessness in Northern Ireland and, where relevant, other UK jurisdictions.

2.3 Phase one: lived experience

A total of 34 women with current or recent experience of violence and homelessness participated in the research. Five geographic areas were selected to gather direct experience data, ensuring broad geographic representation across Northern Ireland. These included two larger urban areas, Belfast and Derry, one smaller urban area, in County Down, and two rural areas, in County Antrim and County Fermanagh. This selection covered the urban centres in the east and west and rural regions in the north and south to allow for a focus on capturing the experiences of women outside major urban areas.

In each of the five areas, services supporting women affected by violence, homelessness, or mental health were invited to assist with recruitment. A broad range of service types were selected to ensure diverse representation of women from various subpopulations. Six service providers, encompassing 12 individual services, agreed to participate in the recruitment process. These services spanned provision targeted on homelessness, substance use, domestic violence, and mental health support. They were delivered through a wide range of service types including accommodation, outreach, drop-in and floating support-based provision.

Table 2.1: Service characteristics

<i>Provider</i>	<i>Service</i>	<i>Focus</i>	<i>Form</i>	<i>No. of Participants</i>
1	A	Homelessness	Hostel	6
1	B	People using substances	Needle exchange	4
2	C	Homelessness	Hostel	1
2	D	Homelessness	Hostel	1
2	E	Homelessness	Hostel	3
3	F	Domestic violence	Refuge	4
3	G	Domestic violence	Refuge	5
3	H	Domestic violence	Floating support	2
4	I	People using substances	Tenancy support	2
4	J	Homelessness	Outreach	1
5	K	Mental health	Floating support	2
6	L	Mental health	Floating support	3
Total Participants				34

Women with lived experience who were eligible and willing to participate were invited to take part in an in-depth interview. Women were given the option of a traditional semi-structured interview or creating a timeline, with all opting for the timeline approach. To facilitate this, the interview made use of two sets of prompt-cards, the first listing various forms of temporary accommodation (such as night shelter, hostel, refuge) and other forms of homelessness (such as rough sleeping and sofa surfing), and the second listing experiences of violence (such as coercive control or financial abuse). Women selected cards that they felt were relevant to their experiences and set them out in the order of their first occurrence. Timelines were then used as a prompt to discuss and explore women's experiences in more depth.

A total of twenty-five women participated in one-to-one interviews. All interviews were conducted in an informal and semi-structured way, allowing for relaxed conversations about their experiences of violence and homelessness, and the services they used. Most took place face-to-face, although two interviews took place online/by telephone call, to accommodate the preference of the given interviewee.

Women with lived experience who were already involved in forums related to violence and homelessness among women, and who were at ease with group discussion on the topic, were invited to participate in a focus group. A total of nine women participated in two focus groups. One took place in Co. Antrim and the other in Co. Down.

Table 2.2: Participation type

<i>Participation Type</i>	<i>No of Participants</i>
<i>One-to-one interviews</i>	25

<i>Focus group one</i>	4
<i>Focus group two</i>	5
Total participants	34

The study also purposively sampled to include participants from specific subpopulations, such as BAME women, LGBTQIA individuals, young women, women with disabilities, and women with children; so too women with specific experiences, including women facing addiction, mental health problems, and women in contact with criminal justice. Women ranged in age from 18 to 66, with an average age of 38. Their overall profile in terms of demographic characteristics and experiences are summarised in Table 4.4.

Table 2.3: Sample characteristics

<i>Subgroup</i>	<i>No. of women</i>
<i>Women from urban areas</i>	19
<i>Women from rural areas</i>	15
<i>BAME women</i>	6
<i>LGBTQIA people</i>	7
<i>Women with a disability</i>	19
<i>Women with an addiction</i>	18
<i>Women with children</i>	29
<i>in care of the interviewee</i>	14
<i>not in care of the interviewee</i>	15
<i>Women experiencing mental health issues</i>	28
<i>Women with an offending history</i>	12
<i>Younger women (i.e., <25)</i>	6
Total participants¹	34

Women who participated in any of these activities received a £30 high street shopping voucher as a token of appreciation for their time and contribution.

2.4 Phase two: frontline staff

In phase two, five focus groups were conducted with a total of 23 frontline staff participants, covering the same broad geographic areas as women with lived experience. Participants were recruited from services with a Northern Ireland wide reach, and These participants were drawn from voluntary sector services, including women's refuges, homeless hostels, prison support

¹ Note that multiple categories applied to individual participants

services, street outreach, substance use services, housing advice, tenancy support, as well as statutory services such as housing advisors, area managers, and social workers. Four focus groups were held face-to-face, while one was conducted online.

Table 2.4: Focus group participants

	<i>No of participants</i>
<i>Focus group 1</i>	4
<i>Focus group 2</i>	7
<i>Focus group 3</i>	3
<i>Focus group 4</i>	3
<i>Focus group 5</i>	6
Total participants	23

The focus groups used vignettes, which are hypothetical yet realistic scenarios, as a tool to guide these discussions. They are recognised as an effective means of exploring sensitive topics, particularly when participants may feel hesitant to discuss real-life cases. Based on an initial analysis of data from phase one, three vignettes were developed to reflect the varied circumstances and needs of women facing violence and homelessness. These vignettes, along with prompts, were then used to explore the effectiveness of current responses to violence against women and homelessness, any gaps in provision, and to gather participants' reflections on how responses might be improved.

2.5 Phase three: key stakeholder interviews

In phase three, in-depth, semi-structured interviews were conducted with 10 key stakeholders. These interviews captured insights from stakeholders working at strategic levels in policy and practice, including policymakers, researchers, practitioners, and senior managers from both the statutory and voluntary sectors. Their expertise spanned areas including criminal justice, homelessness, health, substance use, and violence against women.

After initial analysis of data from phases one and two, key findings from women and frontline worker interviews were shared with the key stakeholders. They were then asked to reflect on these findings and to consider effective responses to the needs of women with lived experience and the staff supporting them.

2.6 Data analysis and reporting

All qualitative interviews and focus groups were recorded, with informed consent, and transcribed verbatim by a professional transcription company. The transcriptions then underwent thematic coding to discern key themes, points of consensus or disagreement within and between the subgroups of research participants (key stakeholders, frontline workers, and those with direct experience), and variance in experience and perception between subgroups of direct experience (e.g. BAME women, LGBTQIA, young women, rural women, women with disabilities, and other distinct groups). Thematic coding was aligned with the research questions and also allowed for inductive identification of emerging themes from the data.

2.7 Governance and ethics

Community Foundation Northern Ireland established a strategic advisory group which met three times during the study. Its members provided input into and oversight on the research design and proposed methods, selection of study areas, emerging themes during the early phases of data analysis, and provided comment on the draft full report.

This study adhered to the ethical principles and guidelines of the Social Research Association and was approved by the Heriot-Watt University Ethics Committee. Potential participants were provided with clear and accessible information sheets and consent form, shared in advance, and interested individuals had an opportunity to speak to gatekeeping agencies or the research team before committing. Before interviews and focus groups, researchers explained the research aims, what the interview involved, and the voluntary nature of participation. It was emphasised that participation did not affect eligibility for services.

Pseudonyms have been used for quotations to protect participant identity.

2.8 Conclusion

This chapter has detailed the research methods used in the study, providing an overview of the qualitative approach and detailing the three key phases of data collection. The qualitative method allowed for an in-depth exploration of the experiences of women affected by violence and homelessness. By selecting five diverse geographic areas across Northern Ireland, and involving a total of 67 participants, the study captured a broad range of experiences, including those from both urban and rural settings. Vignettes used in frontline staff focus groups proved valuable for discussing sensitive topics, identifying gaps in current responses, and understanding what interventions work, for whom, and in what contexts. Interviews with key stakeholders offered insights from key strategic actors on improving support and outcomes for women facing these challenges, as well as barriers and enablers to implementing changes. Finally, thematic analysis provided a rigorous, systematic approach to analysing the data.

3. Existing evidence on violence against women and homelessness

The chapter begins by outlining the prevalence of violence against women, providing an international, UK-wide, and Northern Ireland-specific perspective. It then transitions to a detailed review of the evidence on violence against women, exploring both its nature and impacts. The concluding section draws together existing evidence on the links between women's experiences of violence and homelessness, including its compound influence on trauma.

3.1 Prevalence

Violence against women is an international concern. Worldwide, one in three women - around 736 million - have experienced physical or sexual violence, with most incidents perpetrated by intimate partners.² This “one-in-three” statistic holds true across the European Union.³ In 2022, over 48,800 women and girls were killed by family members or intimate partners, accounting for 55% of all female homicides globally.⁴

The PSNI's Action Plan on Violence Against Women and Girls acknowledges that women in Northern Ireland, like elsewhere, are “*disproportionately affected*” by violence, abuse and intimidation, with most crimes against them committed by men.⁵ The Northern Ireland Life and Times Study also highlights significant gender differences in experiences of violence, with women facing higher rates of physical, sexual, psychological and online violence compared to men over the past five years.⁶ Notably, more than 1 in 10 women had experienced sexual violence, and 1 in 5 had encountered psychological abuse.⁷

A general population survey by Northern Ireland Women's Policy Group, involving 1065 women and girls, found that over 80% had experienced violence perpetrated by men, with most encountering violence before the age twenty.⁸ Even higher rates of violence and abuse were reported in a Violence Against Women and Girls survey in Northern Ireland, where nearly all

² World Health Organisation (2020) Violence against women prevalence estimates, 2018. Online: WHO. <https://iris.who.int/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1>

³ See: https://www.eumonitor.eu/9353000/1/j9vvik7m1c3gyxp/vlmlkf5db5tu?ctx=vhshnf7snxu9&start_tab1=35

⁴ United Nations Office on Drugs and Crime (2023) Gender-related killings of women and girls (femicide/feminicide): global estimates of female intimate partner/family-related homicides in 2022. Online: UN Women. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures#83926>

⁵ Police Service of Northern Ireland (2022) Tackling violence against women and girls: action plan – one year on. Online: PSNI. https://www.psnipolice.uk/sites/default/files/2023-09/Tackling%20Violence%20Against%20Women%20and%20Girls_Action%20Plan%20-%20One%20Year%20On.pdf

⁶ NISRA & The Executive Office (2022) Ending Violence Against Women and Girls: Experiences and attitudes of adults in Northern Ireland in 2022. Online: Executive Office. <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/experiences-attitudes-northern-ireland.pdf>

⁷ NISRA & The Executive Office (2022) Ending Violence Against Women and Girls: Experiences and attitudes of adults in Northern Ireland in 2022. Online: Executive Office. <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/experiences-attitudes-northern-ireland.pdf>

⁸ NI Women's Policy Group (2022) Violence Against Women and Girls in Northern Ireland: NI Women's Policy Group Research Findings. Online: WRDA <https://wrda.net/wp-content/uploads/2022/04/WPG-VAWG-Research-Report.pdf>

(98%) of the 542 participants had experience some form of violence or abuse in their lifetime, and almost 70% had encountered it in the last year.⁹

In 2023/24, police in Northern Ireland responded to over 32,500 domestic abuse incidents – equivalent to one every 16 minutes. Nearly 20,000 domestic abuse-related crimes were recorded, including violent crimes, stalking, harassment, criminal damage, theft, sexual offences, and breaches of non-molestation orders.¹⁰ Most victims of domestic abuse crimes were women (69%), while most perpetrators were male (83%). Some 62% of cases involved a current or former partner. Between 2019 and 2024, 30 women and girls in Northern Ireland were killed by men.¹¹ In the same year, over 4,000 sexual offences were recorded, averaging one every two hours.¹² Women were disproportionately affected by sexual crime in Northern Ireland, making up 75% of victims.¹³ Nearly 10,000 harassment and stalking offences were recorded, now including the crime of coercive control, with women comprising 64% of all victims.¹⁴

Northern Ireland faces unique challenges related to violence, with over 150 households presenting as homeless due to sectarian or paramilitary intimidation in 2023.¹⁵ While the gender of individuals affected is not recorded, research shows that girls and young women in Northern Ireland continue to experience the effects of paramilitary groups, sectarianism and targeted violence, even in the post-conflict period.¹⁶

The nature and prevalence of gender-based violence in Northern Ireland vary across different demographics, with women from diverse backgrounds experiencing violence and abuse in unique ways due to social, cultural, and systemic factors. Domestic violence affects all social groups, but evidence shows a clear and consistent link between poverty and increased vulnerability to domestic violence and abuse. ONS data suggests that *“nearly four times as many women in the lowest income bracket had experienced domestic abuse... compared with*

⁹ Lagdon, S., Owczarek, M., McCartan, C., Anyadike-Danes, N., Shevlin, M., Jordan, J. (2023) Every Voice Matters! Violence Against Women in Northern Ireland. Online: Executive Office https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/violence_report_singles.pdf

¹⁰ Police Service of Northern Ireland & Northern Ireland Statistics and Research Agency (2024) Domestic abuse incidents and crimes recorded by the Police in Northern Ireland: update to 31st March 2024. Online: PSNI & NISRA. <https://www.psni.police.uk/system/files/2024-05/2061786624/Domestic%20Abuse%20Bulletin%20Period%20Ending%2031st%20March%202024.pdf>

¹¹ Police Service of Northern Ireland (2024) Tackling violence against women and girls: action plan – years 3-7. Online: PSNI. <https://www.psni.police.uk/safety-and-support/keeping-safe/tackling-violence-against-women-and-girls#:~:text=Violence%20against%20women%20and%20girls%2C%20or%20VAVG%20as,within%20their%20own%20homes%20and%20the%20wider%20community>

¹² Police Service of Northern Ireland & Northern Ireland Statistics and Research Agency (2024) Police recorded crime in Northern Ireland: update to 31st March 2024. Online: PSNI & NISRA. <https://www.psni.police.uk/system/files/2024-05/1139086101/Police%20Recorded%20Crime%20Bulletin%20Period%20Ending%2031st%20March%202024.pdf>

¹³ Department of Health & Department of Justice (2024) Domestic and sexual abuse strategy: 2024-2031. Online: DoH. <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-dom-sex-abuse-strategy-24-31.pdf>

¹⁴ Police Service of Northern Ireland (2024) Tackling violence against women and girls: action plan – years 3-7. Online: PSNI. <https://www.psni.police.uk/safety-and-support/keeping-safe/tackling-violence-against-women-and-girls#:~:text=Violence%20against%20women%20and%20girls%2C%20or%20VAVG%20as,within%20their%20own%20homes%20and%20the%20wider%20community>

¹⁵ See: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.communities-ni.gov.uk%2Fsystem%2Ffiles%2Fpublications%2Fcommunities%2Fni-homelessness-bulletin-oct-mar-2024-tables.ods&wdOrigin=BROWSELINK>

¹⁶ McAlister, S., Neill, G., Schubotz, D., & Templeton, M. (2023) ‘It’s just what happens’ Girls’ and young women’s views and experiences of violence in Northern Ireland. Online: Executive Office. <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/its-just-what-happens.pdf>

those in the highest household income bracket (4.3%)". This connection is well-documented in both UK¹⁷ and international contexts.¹⁸

The PSNI has noted that women and girls from LGBTQIA+ and other marginalised communities face specific and heightened risks of violence, along with significant barriers to accessing help and support.¹⁹ Research conducted in 2022 by The Executive Office and NISRA found that younger people reported higher rates of gender-based violence than older individuals,²⁰ though older people may struggle to seek help due to generational views around shame and loyalty, especially if the abuser is a caregiver.²¹ Women from minoritised ethnic groups report higher levels of extended family abuse and "honour-based" violence.²² Underreporting is common amongst minoritised communities, often due to language barriers, concerns about immigration status, financial dependence, and a lack of understanding and support within available services.²³ People with disabilities also experience significantly higher rates of violence compared to those without disabilities.²⁴ A recent UK-wide report found that domestic violence in rural areas tends to persist longer and is linked to higher levels of isolation, partly due to the limited availability of services.²⁵

In recent years the number of households seeking homelessness assistance due to domestic violence has risen in Northern Ireland, increasing from 865 households in 2016/2017 to 1194 in 2023, and entering the top three reasons for homelessness acceptances for the first time in the pandemic year 2021.²⁶ Other forms of violence contribute to homelessness and while the

¹⁷ Fahmy, E., & Williamson, E. (2018). Poverty and domestic violence and abuse (DVA) in the UK. *Journal of Gender-Based Violence*, 2(3), 481-501. <https://doi.org/10.1332/239868018X15263881184558>; Towers, J. (2015) Making the links between economic inequality and intimate partner violence. *Safe - The Domestic Abuse Quarterly*, 53, 22-25.

¹⁸ Office for National Statistics (2017) Domestic abuse in England and Wales: year ending March 2017. London: ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2017>

¹⁹ Police Service of Northern Ireland (2022) Tackling violence against women and girls: action plan. Online: PSNI. <https://www.psnipolice.uk/sites/default/files/2022-09/Tackling%20Violence%20Against%20Women%20and%20Girls%20Action%20Plan.pdf>

²⁰ NISRA & The Executive Office (2022) Ending Violence Against Women and Girls: Experiences and attitudes of adults in Northern Ireland in 2022. Online: Executive Office. <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/experiences-attitudes-northern-ireland.pdf>

²¹ Department of Health & Department of Justice (2024) Domestic and sexual abuse strategy: 2024-2031. Online: DoH. <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-dom-sex-abuse-strategy-24-31.pdf>

²² Scottish Government (2024) Minoritised ethnic women's experiences of domestic abuse and barriers to help-seeking: a summary of the evidence. Online: Scottish government. <https://www.gov.scot/publications/minoritised-ethnic-womens-experiences-domestic-abuse-barriers-help-seeking-summary-evidence/pages/3/>

²³ Scottish Government (2024) Minoritised ethnic women's experiences of domestic abuse and barriers to help-seeking: a summary of the evidence. Online: Scottish government. <https://www.gov.scot/publications/minoritised-ethnic-womens-experiences-domestic-abuse-barriers-help-seeking-summary-evidence/pages/3/>; Department of Health & Department of Justice (2024) Domestic and sexual abuse strategy: 2024-2031. Online: DoH. <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-dom-sex-abuse-strategy-24-31.pdf>

²⁴ NISRA & The Executive Office (2022) Ending Violence Against Women and Girls: Experiences and attitudes of adults in Northern Ireland in 2022. Online: Executive Office. <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/experiences-attitudes-northern-ireland.pdf>

²⁵ National Rural Crime Network (2019) Captive and controlled domestic abuse in rural areas. Online: NRCN <https://www.northyorkshire-pfcc.gov.uk/wp-content/uploads/2019/07/Domestic-Abuse-in-Rural-Areas-National-Rural-Crime-Network.pdf>

²⁶ Northern Ireland Housing Executive (2022) Ending homelessness together: homelessness strategy 2022-27. Online: NIHE. <https://www.nihe.gov.uk/getattachment/73313718-aa0e-4aae-b122-6573dcab88c7/Ending-Homelessness-Together-Homelessness-Strategy-2022-27.pdf>

gendered distribution of these cases is not clearly discernible in the Northern Ireland statistics, it is apparent that women are affected, given their persistent exposure to violence.²⁷

The 1194 households who presented as homeless due to domestic violence in 2023, made up 7% of all homeless applications. This rate is notably lower than in other parts of the UK, where it typically ranges from 13-14%.²⁸ This difference is likely due to varying administrative approaches; in Northern Ireland, older individuals who can no longer live in their homes due to mobility or care needs are classified as statutorily homeless, while this is not the case elsewhere.²⁹

3.2 Nature of violence against women

The UN defines violence against women as any act of gender-based violence that causes or is likely to cause physical, sexual, or psychological harm or suffering to women, including threats, coercion, and arbitrary deprivation of liberty, whether in public or private settings. This definition encompasses a wide range of acts, including physical, sexual, and psychological violence within the family, as well as violence perpetrated by members of the wider public, including rape, sexual harassment, and trafficking.³⁰

Domestic violence occurs when one person engages in a pattern of abusive behaviour toward someone they are personally connected to, intending or recklessly disregarding that this may cause physical or psychological harm, including fear, distress, or alarm.³¹ It can take many forms, such as economic and financial abuse, where one partner controls access to resources, or fosters dependency; psychological or emotional abuse, like gaslighting, verbal insults, or public humiliation; physical abuse, including violent acts such as hitting or choking; and sexual abuse, where a person is coerced or forced into unwanted sexual activity.³² Coercive control, now recognised in UK law, involves a pattern of intentional behaviour in which the abuser exerts dominance by isolating the victim from their support systems, controlling or monitoring their daily activities, restricting their freedom, and making them feel dependent, frightened, or humiliated.³³ Domestic abuse is most commonly committed by current or former intimate partners, occurs in both heterosexual and same-sex relationships, regardless of whether they

²⁷ Lagdon, S., Owczarek, M., McCartan, C., Anyadike-Danes, N., Shevlin, M., Jordan, J. (2023) Every Voice Matters! Violence Against Women in Northern Ireland. Online: Executive Office https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/violence_report_singles.pdf; McAlister, S., Neill, G., Schubotz, D., & Templeton, M. (2023) 'It's just what happens' Girls' and young women's views and experiences of violence in Northern Ireland. Online: Executive Office. <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/its-just-what-happens.pdf>

²⁸ Dore, E. (2019) Domestic Abuse and Homelessness: Introductory Briefing. Online: Crisis <https://www.crisis.org.uk/media/241680/domestic-abuse-briefing-final.pdf#:~:text=Domestic%20abuse%20is%20a%20major%20cause%20of>

²⁹ Fitzpatrick, S., Pawson, H., Bramely, G., Wilcox, S. & Watts, B. (2013) The Homelessness Monitor: Northern Ireland 2013. Online: Crisis. [the_homelessness_monitor_northern_ireland_2013.pdf \(crisis.org.uk\)](https://www.crisis.org.uk/sites/default/files/publications/homelessness_monitor_northern_ireland_2013.pdf)

³⁰ United Nations (1993) Declaration on the Elimination of Violence against Women. By General Assembly resolution 48/104 Online: UN <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women#:~:text=Affirming%20that%20violence%20against%20women>

³¹ Domestic Abuse and Civil Proceedings Act (Northern Ireland) 2021 <https://www.legislation.gov.uk/nia/2021/2>

³² See: <https://www.womensaidni.org/what-is-domestic-abuse/>

³³ Domestic Abuse and Civil Proceedings Act (Northern Ireland) 2021 <https://www.legislation.gov.uk/nia/2021/2>; Department of Health & Department of Justice (2024) Domestic and sexual abuse strategy: 2024 – 2031. Online: DoH: <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-dom-sex-abuse-strategy-24-31.pdf>; Lagdon, S., Jordan, J.A., Devine, P., Tully, M.A., Armour, C. & Shannon, C. (2023) Public Understanding of Coercive Control in Northern Ireland. *Journal of Family Violence* 38, 39–50. <https://doi.org/10.1007/s10896-021-00355-5>

live together. It can also be perpetrated by family members, including children, parents, or siblings.³⁴

Sexual violence encompasses physical and non-physical behaviours of a sexual nature that are unwanted and occur without consent or understanding, or that are coercive, exploitative or harmful.³⁵ Sexual abuse manifests in multiple forms, encompassing direct physical contact such as rape, unwanted touching, and coercion into non-consensual sexual activities, as well as non-contact abuse, which may involve coercion to produce or view sexual content, or images taken without the victims' awareness.³⁶ Sexual abuse can occur within various relationships, including intimate partner (current or former), familial relationships, including parents or children, as well as among colleagues and friends, and may also be perpetrated by strangers.³⁷

Modern slavery includes human trafficking, slavery, servitude and forced labour, all marked by coercion through violence, intimidation or manipulation.³⁸ Human trafficking specifically refers to the movement of people for exploitative purposes, such as labour and sexual exploitation. Northern Ireland's history of conflict, rural isolation, and limited awareness among the public and professional, increases vulnerability to trafficking, and NI-specific data indicates that women are particularly at risk of sexual exploitation.³⁹ Most victims are non-UK nationals, however a growing trend involves local children and young women, both in and out of the care system, being criminally and sexually exploited by local adults.⁴⁰

Post-conflict societies often face ongoing violence, and this is evident in Northern Ireland, especially in communities most affected by the Troubles.⁴¹ Paramilitary activity is increasingly seen as a form of community-level coercive control, exerted through tactics such as intimidation, "punishment" attacks, protection rackets, and the threat of exile.⁴² While men's experiences with paramilitaries have been widely studied, research is now shedding light on

³⁴ Department of Health & Department of Justice (2024) Domestic and sexual abuse strategy: 2024-2031. Online: DoH. <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-dom-sex-abuse-strategy-24-31.pdf>

³⁵ The Sexual Offences (Northern Ireland) Order 2008 <https://www.legislation.gov.uk/nisi/2008/1769/contents>

³⁶ See: <https://thesurvivorstrust.org/about-sexual-violence-abuse/>

³⁷ Department of Health & Department of Justice (2024) Domestic and sexual abuse strategy: 2024-2031. Online: DoH. <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-dom-sex-abuse-strategy-24-31.pdf>

³⁸ Department of Justice (2022) Northern Ireland draft modern slavery and human trafficking strategy. Online: DoJ <https://www.justice-ni.gov.uk/sites/default/files/consultations/justice/new%20draft%20modern%20slavery%20and%20human%20trafficking%20strategy%2014%20october%202022.pdf>

³⁹ Home Office (2024) National Referral Mechanism statistics: statistics on referrals to the National Referral Mechanism, for potential victims of modern slavery. Online: Home Office.

<https://www.gov.uk/government/collections/national-referral-mechanism-statistics>; Department of Justice (2022) Northern Ireland draft modern slavery and human trafficking strategy. Online: DoJ <https://www.justice-ni.gov.uk/sites/default/files/consultations/justice/new%20draft%20modern%20slavery%20and%20human%20trafficking%20strategy%2014%20october%202022.pdf>

⁴⁰ Department of Justice (2024) Northern Ireland modern slavery and human trafficking strategy: 2024-2027. Online: DoJ <https://www.justice-ni.gov.uk/sites/default/files/publications/justice/modern-slavery-strategy-24-27.pdf>

⁴¹ Swaine, A. (2018) Understanding and addressing conflict-related violence against women. Online: https://peacerep.org/wp-content/uploads/2018/05/2018_BP_Swaine_Understanding-and-Addressing-Conflict-Related-Violence-Against-Women.pdf#:~:text=The%20full%20study%20is%20published%20as%20A.

⁴² Hughes, M. (2022) Far From Post-Conflict: A Gendered Analysis of Paramilitary Coercive Control. Online: Cooperation Ireland. <https://cooperationireland.org/projects/strategic-support/far-from-post-conflict-a-gendered-analysis-of-paramilitary-coercive-control-in-northern-ireland-madeleine-hughes/>; Swaine, A. (2024) 'When you know what they are capable of': paramilitary-related gendered coercive control: research report 2024. Online: Foyle Women's Aid. https://foylewomensaid.org/wp-content/uploads/2024/09/Full-Report_Para-Coer-Control_Swaine-FWA.pdf

how women are uniquely affected.⁴³ Debt bondage to paramilitary “loan sharks” disproportionality impacts women living in low-income communities, and is a key form of coercive control against them.⁴⁴ Research by Walsh found a statistically significant relationship between domestic violence and community violence, with a notable association between women’s exposure to domestic abuse and both attacks and threats by paramilitaries.⁴⁵ Swaine and Brown found that women in relationships with men who have, or claim to have, connections to paramilitary groups experience heightened harms, enduring both intimate partner violence and coercive control through paramilitary surveillance, intimidation, and threat. This environment of fear, often combined with mistrust of the police, and driven by a widespread “culture of silence”,⁴⁶ deters women from reporting abuse due to fears about retaliation and wider community repercussions.⁴⁷

3.3 Impacts of violence against women

Violence against women has profound and long-lasting impacts. This includes injury because of physical and sexual violence, and death through homicide. Survivors report developing disabilities, long-term illnesses, or health conditions after the abuse that were not present beforehand.⁴⁸ Violence also has notable effects on women’s reproductive health, included unintended pregnancies, gynaecological issues, and sexually transmitted infections. Furthermore, intimate partner violence during pregnancy is linked to an increased risk of miscarriage, stillbirth, and pre-term delivery.⁴⁹

⁴³ Walsh, C. (2023). Human rights and the management of threats to life: an evidence informed review of a multi-agency response in Northern Ireland and directions for the future of safeguarding victims of community violence and serious harm. Online: QUB.

https://pureadmin.qub.ac.uk/ws/portalfiles/portal/527115081/Human_rights_fin.pdf; Gilmartin, N. (2019). Gendering the ‘post-conflict’ narrative in Northern Ireland’s peace process. *Capital & Class*, 43(1), 89-104. <https://doi.org/10.1177/0309816818818089>; McAlister, S., Neill, G., Carr, N., & Dwyer, C. (2021). Gender, violence and cultures of silence: young women and paramilitary violence. *Journal of Youth Studies*, 25(8), 1148–1163. <https://doi.org/10.1080/13676261.2021.1942807>

⁴⁴ Hughes, M. (2022) Far From Post-Conflict: A Gendered Analysis of Paramilitary Coercive Control. Online: Cooperation Ireland. <https://cooperationireland.org/projects/strategic-support/far-from-post-conflict-a-gendered-analysis-of-paramilitary-coercive-control-in-northern-ireland-madeleine-hughes/>; Harding, S. (2020) Making Ends Meet: Women’s Perspectives on Access to Lending. Online: Consortium for the Regional Support for Women in Disadvantaged and Rural Areas. <https://womensregionalconsortiumni.org.uk/wp-content/uploads/2021/04/Making-Ends-Meet-Womens-Perspectives-on-Access-to-Lending.pdf>; Hughes, M. (2022) Far From Post-Conflict: A Gendered Analysis of Paramilitary Coercive Control. Online: Cooperation Ireland. <https://cooperationireland.org/projects/strategic-support/far-from-post-conflict-a-gendered-analysis-of-paramilitary-coercive-control-in-northern-ireland-madeleine-hughes/>

⁴⁵ Walsh, C. (2023). Human rights and the management of threats to life: an evidence informed review of a multi-agency response in Northern Ireland and directions for the future of safeguarding victims of community violence and serious harm. Online: QUB.

https://pureadmin.qub.ac.uk/ws/portalfiles/portal/527115081/Human_rights_fin.pdf

⁴⁶ McAlister, S., Neill, G., Carr, N., & Dwyer, C. (2021). Gender, violence and cultures of silence: young women and paramilitary violence. *Journal of Youth Studies*, 25(8), 1148–1163. <https://doi.org/10.1080/13676261.2021.1942807>

⁴⁷ Swaine, A. (2024) ‘When you know what they are capable of’: paramilitary-related gendered coercive control: research report 2024. Online: Foyle Women’s Aid. <https://foylewomensaid.org/wp-content/uploads/2024/09/Full-Report-Para-Coer-Control-Swaine-FWA.pdf>

⁴⁸ Safe Lives (2021) Psychological Violence. Online: Safe Lives.

<https://www.safelivesresearch.org.uk/Comms/Psychological%20Violence%20-%20Full%20Report.pdf>; World Health Organisation (2024) Violence against women. Online: WHO <https://www.who.int/news-room/fact-sheets/detail/violence-against-women#:~:text=Gender%20inequality%20and%20norms%20on%20the>

⁴⁹ World Health Organisation (2024) Violence against women. Online: WHO <https://www.who.int/news-room/fact-sheets/detail/violence-against-women#:~:text=Gender%20inequality%20and%20norms%20on%20the>

Among the women who took part in the Northern Ireland Violence Against Women and Girls survey and reported experiencing violence or abuse, 24% reported high levels of traumatic stress, and 32% experienced high levels of psychological distress.⁵⁰ Women who have experienced rape or sexual assault by penetration (or attempt thereof) typically report severe emotional and psychological impacts. ONS survey data reveals that most developed mental or emotional problems as a direct result of the assault, while one in ten attempted to take their own lives.⁵¹ Research has linked domestic violence to depression, post-traumatic stress and other anxiety disorders, with certain populations exhibiting higher risks, including people living in temporary accommodation and those experiencing multiple forms of victimisation.⁵² Of women participating in the Northern Ireland violence against women and girls survey, who reported any form of violence or abuse, 24% reported high levels of traumatic stress and 32% high levels of psychological distress.

A recent meta-analysis of 285 studies, found a significant link between substance use and victimisation through intimate partner violence.⁵³ Qualitative research has long established that some women use substances as a coping mechanism for the trauma inflicted upon them.⁵⁴ Research conducted by the WHO revealed that women who have experienced intimate partner violence are nearly twice as likely to engage in problematic drinking.⁵⁵ Additionally, studies examining the relationship between PTSD and domestic violence report higher levels of substance use, with women who have experienced abuse showing significantly greater lifetime drug and alcohol dependence compared to those who have not.⁵⁶

Women often report practical impacts on their daily functioning: those subject to domestic violence can experience unemployment, loss of income, reduced engagement in daily activities, and limited capacity to care for themselves and their children.⁵⁷ ONS data indicates

⁵⁰ Lagdon, S., Owczarek, M., McCartan, C., Anyadike-Danes, N., Shevlin, M., Jordan, J. (2023) Every Voice Matters! Violence Against Women in Northern Ireland. Online: Executive Office https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/violence_report_singles.pdf

⁵¹ Office for National Statistics (2021) Dataset Nature of sexual assault by rape or penetration, England and Wales. Online: ONS <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/natureofsexualassaultbyrapeorpenetrationenglandandwales>

⁵² Jones, L., Hughes, M., & Unterstaller, U. (2001) Post-traumatic stress disorder (PTSD) in victims of domestic violence: a review of the research. *Trauma, Violence & Abuse*. 2(2), 99-119. <https://www.jstor.org/stable/26636312>

⁵³ Cafferky, B. M., Mendez, M., Anderson, J. R., & Stith, S. M. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence*, 8(1), 110–131. <https://doi.org/10.1037/vio0000074>

⁵⁴ Office for National Statistics (2021) The lasting impact of violence against women and girls. Online: ONS. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/thelastingimpactofviolenceagainstawomenandgirls/2021-11-24#:~:text=Violence%20against%20women%20and%20girls%20can>

⁵⁵ World Health Organisation (2020) Violence against women prevalence estimates, 2018. Online: WHO. <https://iris.who.int/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1>

⁵⁶ Jones, L., Hughes, M., & Unterstaller, U. (2001) Post-traumatic stress disorder (PTSD) in victims of domestic violence: a review of the research. *Trauma, Violence & Abuse*. 2(2), 99-119. <https://www.jstor.org/stable/26636312>

⁵⁷ World Health Organisation (2024) Violence against women. Online: WHO <https://www.who.int/news-room/fact-sheets/detail/violence-against-women#:~:text=Gender%20inequality%20and%20norms%20on%20the>; Safe Lives (2021) Psychological Violence. Online: Safe Lives. <https://www.safelivesresearch.org.uk/Comms/Psychological%20Violence%20-%20Full%20Report.pdf>; Davidge, S. & Magnusson, L. (2019) The domestic abuse report 2019: the economics of abuse. Online: Women's Aid. <https://www.womensaid.org.uk/wp-content/uploads/2019/03/Economics-of-Abuse-Report-Summary-2019.pdf#:~:text=f%20Explore%20the%20relationship%20between>

that many victims of rape and sexual assault take time off work to recover, with some losing their jobs or feeling compelled to leave employment altogether.⁵⁸

3.4 Links between women's experiences of violence and homelessness

Research at international,⁵⁹ UK-wide,⁶⁰ and Northern Ireland-specific⁶¹ levels consistently demonstrate a link between violence against women and homelessness, with women who have experienced violence having a higher incidence of homelessness than those who have not. Clear connections have been established between traumatic life events, such as sexual and domestic violence, and subsequent homelessness among women in the UK, with this causal relationship being both direct and indirect.⁶²

Directly, women leave their homes due to fear for their own safety, with domestic abuse recognised as a leading trigger of homelessness.⁶³ Reeve's survey of single homeless women in England found that over 20% had left their last stable home to escape violence, rising to 40% for women aged 41-50. Similarly, Bimpson, Green and Reeve, drawing on national survey data,

⁵⁸ Office for National Statistics (2021) The lasting impact of violence against women and girls. Online: ONS. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/thelastingimpactofviolenceagainstwomenandgirls/2021-11-24#:~:text=Violence%20against%20women%20and%20girls%20can>

⁵⁹ Schwan, K., Versteegh, A., Perri, M., Caplan, R., Baig, K., Dej, E., Jenkinson, J., Brais, H., Eiboff, F., & Pahlevan Chaleshtari, T. (2020). The State of Women's Housing Need & Homelessness in Canada: A Literature Review. Hache, A., Nelson, A., Kratochvil, E., & Malenfant, J. (Eds). Toronto, ON: Canadian Observatory on Homelessness Press. <https://womenshomelessness.ca/wp-content/uploads/State-of-Womens-Homelessness-Literature-Review.pdf>; Berkum, A.V. & Oudshoorn, A. (2015) Best practice guidelines for ending women's and girl's homelessness. Online: All Our Sisters. <https://londonhomeless.ca/wp-content/uploads/2012/12/Best-Practice-Guideline-for-Ending-Womens-and-Girls-Homelessness.pdf>; Mayock, P. and Sheridan, S. (2012) Women's 'Journeys' to Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland. Women and Homelessness in Ireland, Research Paper 1. Online: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin. https://www.drugsandalcohol.ie/17047/1/research_paper_one_women_and_homelessness_in_ireland.pdf

⁶⁰ Bimpson, E., Green, H., & Reeve, K. (2021) Women, homelessness, and violence: what works? Online: Centre for Homelessness Impact. <https://www.shu.ac.uk/centre-regional-economic-social-research/publications/women-homelessness-and-violence-what-works>; Reeve, K., Casey, R., and Goudie, R. (2006) Homeless women: still being failed but striving to survive. London: Crisis. <https://shura.shu.ac.uk/27408/2/homeless-women-striving-survive.pdf>; Hutchinson, S., Page, A., & Sample, E. (2015) Rebuilding shattered lives: the final report. Online: St Mungo's. <https://homelesshub.ca/resource/rebuilding-shattered-lives-final-report-getting-right-help-right-time-women-who-are-homeless-or-risk/>

⁶¹ Boyle, F. (2021) The impact of chronic homelessness for women Online: NIHE. <https://www.nihe.gov.uk/getattachment/66e7e3a3-2240-495f-9e5e-c72eeefaa65d/Impacts-of-Chronic-Homelessness-for-Women.pdf>

⁶² Bimpson, E., Green, H., & Reeve, K. (2021) Women, homelessness, and violence: what works? Online: Centre for Homelessness Impact. <https://www.shu.ac.uk/centre-regional-economic-social-research/publications/women-homelessness-and-violence-what-works>; Reeve, K., Casey, R., and Goudie, R. (2006) Homeless women: still being failed but striving to survive. London: Crisis. <https://shura.shu.ac.uk/27408/2/homeless-women-striving-survive.pdf>; Hutchinson, S., Page, A., & Sample, E. (2015) Rebuilding Shattered Lives: The Final Report. . Online: St Mungo's. <https://homelesshub.ca/resource/rebuilding-shattered-lives-final-report-getting-right-help-right-time-women-who-are-homeless-or-risk/>

⁶³ Yakubovich, A. R., Bartsch, A., Metheny, N., Gesink, D., & O'Campo, P. (2022) Housing interventions for women experiencing intimate partner violence: a systematic review, *Lancet Public Health*, 7, 23–35. [https://doi.org/10.1016/S2468-2667\(21\)00234-6](https://doi.org/10.1016/S2468-2667(21)00234-6); Baker, C.K., Billhardt, K.A., Warren, J., Rollins, C., Glass, N.E. (2010) Domestic violence, housing instability, and homelessness: a review of housing policies and program practices for meeting the needs of survivors, *Aggression and Violent Behavior*, 15(6): 430-439. <https://doi.org/10.1016/j.avb.2010.07.005>.

found that 20% of women in England and Wales who experienced violence became homeless, compared to just 1% of the woman who have not.⁶⁴

Indirectly, financial dependency, economic abuse and the costs associated with legal matters can deplete resources, affecting women's ability to afford housing,⁶⁵ and trauma from violence can impede women's ability to maintain stable housing.⁶⁶ A recent MHCLG evidence assessment of homelessness causes reinforced that, while domestic violence may not always *directly* trigger homelessness, it is a common experience among women who are homeless, and a near universal one for women sleeping rough.⁶⁷ These less direct cases are not clearly captured in statutory homelessness data, with the lagged impact creating a time gap between the experience of violence and the immediate cause of homelessness. 'Hidden' forms of homelessness, especially 'sofa surfing', are very widely reported by women with experience of homelessness.⁶⁸ Sofa surfing has numerous negative impacts, placing strain on interpersonal relationships, limiting privacy, and sometimes necessitating frequent relocations.⁶⁹ It also increases risk of harm and exploitation, particularly for women, with some reporting feeling unsafe around hosts, being too frightened to sleep, or feeling uncomfortably obliged to the host for a place to stay.⁷⁰ Women are less likely to appear in rough sleeping statistics because they go to great lengths to avoid rough sleeping in order to reduce the risk of violence and exploitation. Those who do sleep rough tend to choose hidden or secluded locations to stay out of sight and protect themselves from harm.⁷¹

⁶⁴ Bimpson, E., Green, H., & Reeve, K. (2021) Women, homelessness, and violence: what works? Online: Centre for Homelessness Impact. <https://www.shu.ac.uk/centre-regional-economic-social-research/publications/women-homelessness-and-violence-what-works>

⁶⁵ Fahmy, E., Williamson, E. & Pantazis, C. (2015) Evidence and policy review: domestic violence and poverty. Online: University of Bristol. https://research-information.bris.ac.uk/ws/portalfiles/portal/128551400/JRF_DV_POVERTY_REPORT_FINAL_COPY_.pdf

⁶⁶ Bimpson, E., Green, H., & Reeve, K. (2021) Women, homelessness, and violence: what works? Online: Centre for Homelessness Impact. <https://www.shu.ac.uk/centre-regional-economic-social-research/publications/women-homelessness-and-violence-what-works>; Reeve, K., Casey, R., and Goudie, R. (2006) *Homeless Women: Still Being Failed but Striving to Survive*. London: Crisis. <https://shura.shu.ac.uk/27408/2/homeless-women-striving-survive.pdf>

⁶⁷ Ministry of Housing, Communities & Local Government (2020) Understanding the Multiple Vulnerabilities, Support Needs and Experiences of People who Sleep Rough in England: Initial findings from the Rough Sleeping Questionnaire. Online: MHCLG. https://assets.publishing.service.gov.uk/media/5fd8e3a18fa8f54d60878af7/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

⁶⁸ Bimpson, E., Green, H., & Reeve, K. (2021) Women, homelessness, and violence: what works? Online: Centre for Homelessness Impact <https://www.shu.ac.uk/centre-regional-economic-social-research/publications/women-homelessness-and-violence-what-works>; Johnsen, S. & Blenkinsopp, J. (2024) Hard edges: the reality for women affected by severe and multiple disadvantage. Online: Heriot-Watt. https://pure.hw.ac.uk/ws/portalfiles/portal/107153525/HardEdges-RealityForWomen_FullReport_logo_.pdf

⁶⁹ Sanders, B., Boobis, S. & Albanese, F. (2019) 'It was like a nightmare': the reality of sofa surfing in Britain today. Online: Crisis. https://www.crisis.org.uk/media/241555/it_was_like_a_nightmare_the_reality_of_sofa_surfing_in_britain_today_2019.pdf

⁷⁰ Young, L., & Hodges, K. (2022) Making women count: designing and conducting a rough sleeping census for women in London. Online: Solace Women's Aid. <https://www.solacewomensaid.org/wp-content/uploads/2023/12/making-women-count.pdf#:~:text=Design%20a%20methodology%20for%20surveying%20women>; Sanders, B., Boobis, S. & Albanese, F. (2019) 'It was like a nightmare': the reality of sofa surfing in Britain today. Online: Crisis. https://www.crisis.org.uk/media/241555/it_was_like_a_nightmare_the_reality_of_sofa_surfing_in_britain_today_2019.pdf

⁷¹ Young, L., & Hodges, K. (2022) Making women count: designing and conducting a rough sleeping census for women in London. Online: Solace Women's Aid. <https://www.solacewomensaid.org/wp-content/uploads/2023/12/making-women-count.pdf#:~:text=Design%20a%20methodology%20for%20surveying%20women>

Women who are homeless and seek statutory assistance are typically placed in temporary accommodation. Research has demonstrated that being temporary housed can negatively impact social and emotional well-being, especially where there is uncertainty about the length of stay and future housing.⁷² Poor-quality accommodation, particularly when at a remove from established support networks, worsens these effects.⁷³ The negative impacts of temporary accommodation are most acute in congregate provision, where people who are homeless live together in a single building and share some living space, such as kitchens, bathrooms, or sleeping space.⁷⁴ Access to congregate accommodation is typically at the discretion of the provider, residents lack tenancy rights and can be asked to leave at short notice or refused access, without any legal recourse. Rules around behaviour, curfews and visitors are common.⁷⁵

In Northern Ireland, congregate accommodation includes:

- B&Bs, which typically impose curfews, limit visitor access, and provide limited facilities for cooking, food storage, or laundry. Staffing and support are minimal. NIHE guidance advise that B&B use should be avoided where possible, and where unavoidable, stays should be as brief as possible.⁷⁶
- Night shelters, (sometimes called “crisis” or “crash” accommodation) offer very basic, short-term shelter for nighttime hours only, requiring people to leave with their belongings each morning.
- Hostels, where residents typically have their own room, but share facilities like kitchens, laundry, or bathrooms. Most have visitor restrictions and access curfews, and

⁷² Mayday Trust (2018) Wisdom from behind closed doors: capturing the voices of people living in supported accommodation, sleeping rough and sofa surfing. Online: Mayday Trust. <https://maydaytrust.org.uk/wp-content/uploads/2020/06/Wisdom-from-Behind-Closed-Doors-by-Mayday-Trust.pdf>; Watts, B., Littlewood, M., Blenkinsopp, J. & Jackson, F. (2018) Temporary accommodation in Scotland: final report. Online: Social Bites. https://social-bite.co.uk/wp-content/uploads/2018/11/SB_TempAccommReport_FinalReport.pdf

⁷³ Ellison, A., Pleace, N. & Hanvey, E. (2012) Meeting the housing needs of vulnerable homeless people in the private rented sector in Northern Ireland Online: Housing Rights Service, Policies, and the University of York. https://www.researchgate.net/publication/311138548_Meeting_the_housing_needs_of_vulnerable_homeless_people_in_the_private_rented_sector_in_Northern_Ireland; Watts, B., Littlewood, M., Blenkinsopp, J. & Jackson, F. (2018) Temporary accommodation in Scotland: final report. Online: Social Bites. https://social-bite.co.uk/wp-content/uploads/2018/11/SB_TempAccommReport_FinalReport.pdf

⁷⁴ Stewart, B.R.A. (2019) Housing rites: young people’s experience of conditional pathways out of homelessness, *Housing Studies*, 34(7), 1117–1139 <https://doi.org/10.1080/02673037.2018.1520818>; Boyle, F. & Pleace, N. (2017) The homelessness strategy for Northern Ireland 2012–2017: an evaluation. Online: Northern Ireland Housing Executive. https://www.researchgate.net/publication/316878820_The_Homelessness_Strategy_for_Northern_Ireland_2012-2017_An_Evaluation; Watts, B. & Blenkinsopp, J. (2021). Valuing control over one’s immediate living environment: how homelessness responses corrode capabilities, *Housing, Theory and Society*, 39(1), 98–115. <https://doi.org/10.1080/14036096.2020.1867236>; Mackie, P., Johnsen, S. & Wood, J. (2017) Ending rough sleeping: what works? An international evidence review. Online: Crisis. https://www.crisis.org.uk/media/238368/ending_rough_sleeping_what_works_2017.pdf

⁷⁵ Bush-Geertsema, V. & Sahlin, I. (2007) The role of hostels and temporary accommodation, *European Journal of Homelessness*, 1, 67–93 https://www.feantsa.org/download/ejh_vol1_article36413141587604968267.pdf; Mayday Trust (2018) Wisdom from behind closed doors: capturing the voices of people living in supported accommodation, sleeping rough and sofa surfing. Online: Mayday Trust. <https://maydaytrust.org.uk/wp-content/uploads/2020/06/Wisdom-from-Behind-Closed-Doors-by-Mayday-Trust.pdf>; Homeless Link. (2018) The Future Hostel: The Role of Hostels in Helping to End Homelessness. Online: Homeless Link. https://homelesslink-1b54.kxcdn.com/media/documents/The_Future_Hostel_June_2018.pdf

⁷⁶ See: <https://www.housingrights.org.uk/professionals/advice-and-information/homelessness-advice-professionals/temporary-accommodation#:~:text=Contact%20Housing%20Rights%20if%20you%20are>; Young, L., & Hodges, K. (2022) Making women count: designing and conducting a rough sleeping census for women in London. Online: Solace Women’s Aid. <https://www.solacewomensaid.org/wp-content/uploads/2023/12/making-women-count.pdf#:~:text=Design%20a%20methodology%20for%20surveying%20women>

many have rules precluding substance use. Hostels often provide on-site supervision and support, and some are specialised for certain groups – such as refuge provision – though most are more generic in nature.

A strategic review found that the Housing Executive relies heavily on crisis and B&B accommodation for high-risk households, despite these options often being particularly unsuitable for people who are vulnerable. At the same time, the review found many placed in supported hostels had low or unspecified needs, indicating referrals are not always well-matched to levels of support.⁷⁷

An expanding body of qualitative research highlights the harms associated with congregate accommodation. Such environments are frequently described as chaotic, noisy, and demanding, with residents facing daily challenges of living alongside others with whom they have not chosen to live, many of whom are also dealing with difficult issues, not least of all homelessness.⁷⁸ Reports of interpersonal conflict are common, ranging from threats and intimidation to physical harm and exploitation. Individuals often speak of feeling on edge, needing to stay vigilant in spaces where they have little control over their surroundings and those limitations on their ability to protect themselves from harm.⁷⁹

People who are homeless face significantly increased risk of becoming victims of violence, compared to the general population,⁸⁰ and women not only feeling intimidated and frightened, but experiencing physical harm, in congregate accommodation, especially in mixed-sex facilities, where their vulnerability is heightened.⁸¹ Violence is a commonly reported and often extreme experience for people sleeping rough,⁸² and research has demonstrated that there are

⁷⁷ <https://www.nihe.gov.uk/getattachment/48f61a4a-780b-47f8-bb0a-f94417c93555/Strategic-Review-of-Temporary-Accommodation.pdf#:~:text=accommodation,%20and%20how%20long%20they%20spent>

⁷⁸ Mackie, P., S. Johnsen, and J. Wood. 2017. *Ending Rough Sleeping: What Works? An International Evidence Review*. London: Crisis; Sanders, B., and B. Reid. 2018. 'I Won't Last Long in Here': Experiences of Unsuitable Temporary Accommodation in Scotland. London: Crisis;

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/womenwhohavesurviveddomesticabuseandtheirexperiencesoftemporarysafeaccommodationinengland/januarytojune2023#:~:text=Survivors%20reported%20staying%20in%20a%20range%20of>

⁷⁹ McCrudden, N., Goldup, M., Gray, T., Palmer, J., Field, A., Rafalowicz-Campbell, M. & Krishnaswamy, D. (2020) Strategic review of temporary accommodation. Online: NIHE. <https://www.nihe.gov.uk/getattachment/48f61a4a-780b-47f8-bb0a-f94417c93555/Strategic-Review-of-Temporary-Accommodation.pdf#:~:text=accommodation,%20and%20how%20long%20they%20spent>; McMordie, L. (2020) Avoidance strategies: stress, appraisal and coping in hostel accommodation, *Housing Studies*, 36(3), 380–396. <https://doi.org/10.1080/02673037.2020.1769036>; Watts, B. & Blenkinsopp, J. (2021). Valuing control over one's immediate living environment: how homelessness responses corrode capabilities, *Housing, Theory and Society*, 39(1), 98–115. <https://doi.org/10.1080/14036096.2020.1867236>.

⁸⁰ Calvo, F., Watts, B., Panadero, S., Giralt, C., Rived-Ocaña, M. and Carbonell, X. (2022) The prevalence and nature of violence against women experiencing homelessness: a quantitative study, *Violence Against Women*, 28(6-7), 1464–1482. <https://doi.org/10.1177/10778012211022780>

⁸¹ Boyle, F. (2021) The impact of chronic homelessness for women Online: NIHE. <https://www.nihe.gov.uk/getattachment/66e7e3a3-2240-495f-9e5e-c72eeefaa65d/Impacts-of-Chronic-Homelessness-for-Women.pdf>; Calvo, F., Watts, B., Panadero, S., Giralt, C., Rived-Ocaña, M. and Carbonell, X. (2022) The prevalence and nature of violence against women experiencing homelessness: a quantitative study, *Violence Against Women*, 28(6-7), 1464–1482. <https://doi.org/10.1177/10778012211022780>; Johnsen, S. & Blenkinsopp, J. (2024) Hard edges: the reality for women affected by severe and multiple disadvantage. Online: Heriot-Watt. https://pure.hw.ac.uk/ws/portalfiles/portal/107153525/HardEdges-RealityForWomen_FullReport_logo_.pdf; Young, L., & Hodges, K. (2022) Making women count: designing and conducting a rough sleeping census for women in London. Online: Solace Women's Aid. <https://www.solacewomensaid.org/wp-content/uploads/2023/12/making-women-count.pdf#:~:text=Design%20a%20methodology%20for%20surveying%20women>

⁸² Sanders, B. & Albanese, F. (2016) "It's no life at all": Rough sleepers' experiences of violence and abuse on the streets of England and Wales. Online: Crisis https://www.crisis.org.uk/media/20502/crisis_its_no_life_at_all2016.pdf

particular risks to women, with gender-based violence and abuse “extremely prevalent”.⁸³ Women who experience rough sleeping have a lower average age of death than men who sleep rough, higher rates of mental ill-health, are more likely to endure repeated or sustained homelessness, and are disproportionately affected by trauma, including self-harm and domestic violence.⁸⁴ Women who sleep rough often hide, walk continuously at night, or frequently shift their sleeping spots, to stay safe, making them less visible in traditional street counts and leaving their needs less understood compared to men.⁸⁵

Research, both internationally⁸⁶ and in Northern Ireland, highlights the pivotal role of violence in perpetuating repeat and long-term homelessness for women. While trauma is common among men and women facing the most severe forms of homelessness,⁸⁷ the nature of trauma varies. Women are more likely to report trauma linked to domestic and sexual violence, and having their children taken into state or kinship care.⁸⁸

Research on severe and multiple disadvantage (SMD) offers further insights.⁸⁹ The Hard Edges studies show that when homelessness, substance misuse, and criminal offending intersect, quality of life, access to, and experiences of services are severely impacted, with those affected mostly being men.⁹⁰ However, the Gender Matters study added mental ill-health and

⁸³ Young, L., & Hodges, K. (2022) Making women count: designing and conducting a rough sleeping census for women in London. Online: Solace Women's Aid. <https://www.solacewomensaid.org/wp-content/uploads/2023/12/making-women-count.pdf#:~:text=Design%20a%20methodology%20for%20surveying%20women>

⁸⁴ Public Health England (2020) Health matters: rough sleeping. Online: PHE.

<https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping>

⁸⁵ Public Health England (2020) Health matters: rough sleeping. Online: PHE.

<https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping>

⁸⁶ Broll, R., & Huey, L. (2020). “Every time I try to get out, I get pushed back”: The role of violent victimization in women's experience of multiple episodes of homelessness, *Journal of Interpersonal Violence*, 35(17-18), 3379-3404. <https://doi.org/10.1177/0886260517708405>;

Moss, K. & Singh, P. (2015) Women rough sleepers in Europe: homelessness and victims of domestic abuse. Bristol: Policy Press. <https://doi.org/10.1332/policypress/9781447317098.001.0001>

⁸⁷ Cockersell, P., Ed. (2018) Social exclusion, compound trauma and recovery: applying psychology, psychotherapy and PIE to homelessness and complex needs. London: Jessica Kingsley.

<https://www.perlego.com/book/953259/social-exclusion-compound-trauma-and-recovery-applying-psychology-psychotherapy-and-pie-to-homelessness-and-complex-needs-pdf?campaignid=436530068&adgroupid=1353500616599525&msclkid=dd9949fb85c91c82636a2ecccaf4a5b8>;

Fitzpatrick, S., Bramley, G. and Johnsen, S. (2013) Pathways into multiple exclusion homelessness in seven UK cities, *Urban Studies*, 50(1), 148-168 <https://doi.org/10.1177/0042098012452329>; Maguire, N. J., Johnson, R., Vostanis, P.,

Keats, H. and Remington, R. E. (2009) Homelessness and complex trauma: a review of the literature. Southampton: University of Southampton; Theodorou, N., Johnsen, S., Watts, B. and Burley, A. (2021) Improving multiple exclusion homelessness (MEH) services: frontline worker responses to insecure attachment styles, *The Journal of Mental Health Training, Education and Practice*, 16(6): 421-432.

<https://www.emerald.com/insight/content/doi/10.1108/jmhtep-02-2021-0016/full/pdf?title=improving-multiple-exclusion-homelessness-meh-services-frontline-worker-responses-to-insecure-attachment-styles>

⁸⁸ Ruck, C., with Magic, J. (2022) Staying mum: a review of the literature on domestic abuse, mothering and child removal. London: AVA. <https://avaproject.org.uk/files/wp-content/uploads/2022/03/staying-mum-%E2%80%93-lit-review-final.pdf>;

Scott, S. & McManus, S. (2016) Hidden hurt: violence, abuse and disadvantage in the lives of women. Online: Agenda. <https://www.agendaalliance.org/documents/124/Hidden-Hurt-Full-Report.pdf>

⁸⁹ Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. & Watkins, D. (2015) Hard edges: mapping severe and multiple disadvantage in England. Online: Lankelly Chase.

https://lankellychase.org.uk/our_work/policy_research/hard_edges; Bramley, G., Fitzpatrick, S., Wood, J., Sosenko, F., Blenkinsopp, J., Littlewood, M., Frew, C., Bashar, T., McIntyre, J. & Johnsen, S. (2019) Hard edges Scotland: new conversations about severe & multiple disadvantage. Online: Lankelly Chase. <https://lankellychase.org.uk/wp-content/uploads/2019/06/Hard-Edges-Scotland-full-report-June-2019.pdf>

⁹⁰ Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. & Watkins, D. (2015) Hard edges: mapping severe and multiple disadvantage in England. Online: Lankelly Chase. https://lankellychase.org.uk/our_work/policy_research/hard_edges

domestic violence to these domains, showing that women experience SMD differently.⁹¹ They face higher rates of interpersonal violence, domestic abuse, and poor mental health, along with additional vulnerabilities like dual diagnoses, and they endure greater stigma due to their perceived departure from traditional gender norms.⁹²

Qualitative research reveals that sexual violence and domestic abuse are “horribly prominent” in the lives of women experiencing severe and multiple disadvantage, often being extreme, prolonged, and beginning in childhood.⁹³ Many women conceal or minimise their situation, fearing the repercussions of seeking help (e.g. provoking an abusive partner or compromising access to children), and often remain largely unnoticed until they are in crisis.⁹⁴ The combination of homelessness, substance use, and involvement with the criminal justice system also creates major barriers to support, as services typically address these issues separately. Where specialist services exist, they are often designed with men’s experiences in mind, given their dominance of this group, leaving women underserved.⁹⁵ Notably, specialist women’s services are not always equipped to respond to the needs of women within this cohort, leaving them further marginalised from gender-informed provision.⁹⁶

3.5 Conclusion

Violence against women in Northern Ireland reflects broader global patterns, with concerning rates of domestic and sexual violence. Women in Northern Ireland, like elsewhere, are disproportionately impacted by violence. Certain groups – such as LGBTQIA+ women and those from ethnic minority backgrounds - face heightened risks and greater barriers to support. Women with disabilities and those in rural areas also face higher rates of violence, while younger women report more frequent abuse than older generations, who may be less likely to seek help. Northern Ireland’s unique socio-political history adds further complexity, with paramilitary intimidation and sectarian violence compounding the challenges women face.

⁹¹ McNeish, D., Scott, S., Sosenko, F., Johnsen, S. & Bramley, G. (2016) Women and girls facing severe and multiple disadvantage: an interim report. Online: Lankelly Chase. https://lankellychase.org.uk/wp-content/uploads/2016/10/WomenandGirlsFacingSevereandMultipleDisadvantage_FullReport_Oct2016.pdf; Sosenko, F., Bramley, G. & Johnsen, S. (2020) Gender matters: gendered patterns of severe and multiple disadvantage in England. Online: Lankelly Chase. <https://e9a680wtza6.exactdn.com/wp-content/uploads/2020/02/Gender-Matters-full-report-Feb-2020.pdf>

⁹² Kreis, M. K. F., Gillings, K., Svanberg, J. & Schwannauer, M. (2016) Relational pathways to substance misuse and drug-related offending in women: the role of trauma, insecure attachment, and shame, *International Journal of Forensic Mental Health*, 15(1), 35-47. <https://journals.sagepub.com/doi/full/10.1080/14999013.2015.1134725>; Meyer, J. P., Isaacs, K., El-Shahawy, O., Burlew, A. K. & Wechsberg, W. (2019) Research on women with substance use disorders: reviewing progress and developing a research and implementation roadmap, *Drug and Alcohol Dependence*, 197, 158-163. <https://pubmed.ncbi.nlm.nih.gov/30826625/>

⁹³ Johnsen, S. & Blenkinsopp, J. (2024) Hard edges: the reality for women affected by severe and multiple disadvantage. Online: Heriot-Watt. https://pure.hw.ac.uk/ws/portalfiles/portal/107153525/HardEdges-RealityForWomen_FullReport_logo_.pdf

⁹⁴ Johnsen, S. & Blenkinsopp, J. (2024) Hard edges: the reality for women affected by severe and multiple disadvantage. Online: Heriot-Watt. https://pure.hw.ac.uk/ws/portalfiles/portal/107153525/HardEdges-RealityForWomen_FullReport_logo_.pdf

⁹⁵ Agenda Alliance and Changing Lives (2023) Dismantling disadvantage: levelling up public services for women with multiple unmet needs. Online: Changing Lives. https://changinglives.cdn.prismic.io/changinglives/9d84fdcf-8651-4a14-bff8-184d88bb1efb_Transforming+Services+for+Women%27s+Futures+-+Final+Report+2023.pdf; With You (2021) A system designed for women? Understanding the barriers women face in accessing drug treatment and support services. London: With You. <https://www.wearewithyou.org.uk/latest/reports/a-system-designed-for-women>

⁹⁶ Sharpen, J. (2018) Jumping through hoops: How are coordinated responses to multiple disadvantage meeting the needs of women? London: AVA, MEAM, Agenda and St Mungo’s. https://www.meam.org.uk/wp-content/uploads/2018/10/Jumping-Through-Hoops_report_FINAL_SINGLE-PAGES.pdf

The impacts of violence against women are profound and far-reaching, extending beyond immediate physical harm to encompass long-term emotional, psychological, and financial consequences. Women report enduring trauma, anxiety, depression, and suicidal ideation, with some turning to or increasing substance use as a coping mechanism, which further complicates their access to support services. Beyond health, the disruption to daily life can be considerable, affecting employment, financial stability, and the ability to care for oneself and others, including children.

A further significant consequence is housing insecurity. The connection between violence against women and homelessness is well-established, with women who experience violence significantly more likely to face homelessness than those who do not. Domestic abuse often acts as a direct trigger, compelling women to leave their homes for safety, while financial dependency, economic abuse, and the long-term impacts of trauma make it challenging to secure and sustain stable housing. Women living in congregate accommodation, such as hostels and shelters, face increased risks of violence and exploitation, particularly in mixed-sex facilities, and those sleeping rough face a distinct but equally harmful range of risks. Exposure to violence during periods of homelessness exacerbates trauma, deepens mental health struggles, increases substance use, and perpetuates a cycle of repeat homelessness for some women.

4. Legal and policy responses

This chapter sets the stage by examining the policy and practice background for the study. It opens with an overview of the current legislative framework, starting with homelessness legislation and then shifting focus to laws addressing violence against women. The chapter then explores the policy context, analysing key strategic responses across various sectors, including housing, health, and criminal justice. Interdisciplinary strategic approaches are also considered within this context.

4.1 Legislation

Northern Ireland has a unique starting point in addressing the intersection of violence against women and homelessness, shaped by its history of armed conflict. However, while homelessness legislation in England, Scotland, and Wales increasingly recognises the needs of women experiencing violence, and vice versa, Northern Ireland's approach remains less integrated. This section explores those legislative differences.

The UK is unique in having a "statutory homelessness system," established by the Housing (Homeless Persons) Act 1977,⁹⁷ which required local authorities to provide accommodation for specific homeless groups. The original 1977 Act applied only to Great Britain but was introduced in Northern Ireland through the Housing (NI) Order 1988.⁹⁸ Since then, separate homelessness legislation has been developed for the three countries of Great Britain, but Northern Ireland still operates under the 1988 Order, as amended by the Housing (NI) Order 2003⁹⁹ and the Housing (Amendment) Act (NI) 2010.¹⁰⁰ Northern Ireland also differs from other UK jurisdictions in that the Northern Ireland Housing Executive (NIHE), not local authorities, serves as the strategic housing authority, and holds the statutory rehousing duty.

The original 1977 legislation set out the criteria for households to be considered statutorily homeless. To qualify, a household must either have no reasonable accommodation or be at risk of losing their home within 28 days. Authorities must also assess whether the applicant is unintentionally homeless, eligible for housing assistance, and in priority need. Priority groups include households with dependent children, pregnant women, young people at risk of exploitation, people who are vulnerable due to age, mental illness, disability, or other special reasons, and those made homeless by emergency. If conditions are met, the strategic authority is legally required to rehouse them. If permanent housing is not immediately available, temporary accommodation must be provided.

Importantly, under the 1977 legislation, experiencing or being at risk of violence did not automatically grant priority need status, meaning that survivors of domestic abuse without children were generally not entitled to assistance unless they could demonstrate that they were vulnerable as a result. In 2012, Scotland abolished the priority need test entirely, ensuring that

⁹⁷ Housing (Homeless Persons) Act 1977 <https://www.legislation.gov.uk/ukpga/1977/48/section/2/enacted>

⁹⁸ The Housing (Northern Ireland) Order 1988

<https://www.legislation.gov.uk/nisi/1988/1990/contents#:~:text=There%20are%20currently%20no%20known%20outstanding>

⁹⁹ The Housing (Northern Ireland) Order 2003

<https://www.legislation.gov.uk/nisi/2003/412/contents/made#:~:text=This%20Order%20makes%20provision%20with%20respect>

¹⁰⁰ Housing (Amendment) Act (Northern Ireland) 2010

<https://www.legislation.gov.uk/nia/2010/9/contents#:~:text=1.%20Homelessness%20strategy.%202.%20Duty%20of>

nearly all homeless households including women facing or at risk of violence, are entitled to statutory assistance. The Housing (Wales) Act 2014 granted priority status to anyone made homeless due to domestic abuse, while in England, it was the Domestic Abuse Act 2021, rather than housing legislation, that effectively granted *automatic* priority to domestic abuse survivors.

In Northern Ireland, homelessness legislation has evolved more slowly, but the 1988 legislation set out one significant difference: it included people subject to or at risk of violence within its priority need groups.¹⁰¹ This inclusion likely reflects elevated rates of homelessness caused by violence and intimidation associated with the armed conflict, rather than a specific focus on women facing domestic abuse. Indeed, there has been some controversy over the priority given to those fleeing terrorist or sectarian intimidation under the Housing Selection Scheme,¹⁰² while other forms of violence have been excluded. The Department have acknowledged this inconsistency, where *“other victims of trauma or violence, for example, victims of domestic abuse, do not currently receive intimidation points,”*¹⁰³ and have committed to reviewing the system.

Legislative progress on housing and homelessness in Great Britain has significant implications for women experiencing violence, extending beyond matters of priority need. Both Wales (in 2014) and England (in 2017) strengthened the focus on homelessness prevention within the statutory framework, meaning local authorities now have stronger duties with regards preventing homelessness. Scotland and Wales are set to go further, proposing new legislation that would place duties on public services – like the police and NHS – to prevent homelessness. The Department for Communities and NIHE have committed to identifying and advocating for potential legislative amendments in the NI legislation, including the introduction of stronger prevention and cooperation duties.¹⁰⁴

The forthcoming legislation in Scotland and Wales places clear emphasis on addressing domestic abuse. The Housing (Scotland) Bill aims to enhance prevention efforts by requiring social landlords to have a domestic abuse policy and provide supports for survivors, including where abuse has resulted in rent arrears.¹⁰⁵ Similarly, the Welsh White Paper on Ending Homelessness in Wales proposes measures to better support domestic abuse survivors, including a duty to help them retain their current accommodation if they choose to and it is safe to do so.¹⁰⁶

In recent years, significant legislation aimed at improving the criminal justice response to domestic abuse and improving support for victims has been enacted by the UK Government,

¹⁰¹ Specifically “a person without dependent children who satisfies the Executive that he has been subject to violence and is at risk of violent pursuit or, if he returns home, is at risk of further violence”

¹⁰² Northern Ireland Housing Executive (no date) Applying for social housing in Northern Ireland: the housing selection scheme. Online: NIHE <https://www.nihe.gov.uk/getattachment/d6360e96-a962-49dd-ac72-cfe24b9c3c52/housing-selection-scheme.pdf>

¹⁰³ Department for Communities (2020) Consultation outcome report: a fundamental review of social housing allocations. Online: DfC. <https://www.communities-ni.gov.uk/sites/default/files/consultations/communities/dfc-fundamental-review-social-housing-allocations-consultation-outcome-report.pdf>

¹⁰⁴ Northern Ireland Housing Executive (2022) Ending homelessness together: homelessness strategy 2022-27. Year 2 action plan. Online: NIHE. <https://www.nihe.gov.uk/getattachment/f82e2297-a070-4aad-ad8e-bdb6fc9668c9/HS-10-09-23-JG-Homelessness-Strategy-2022-27-Year-2-Action-Plan-Accessible.pdf>

¹⁰⁵ Housing (Scotland) Bill [as introduced] <https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/housing-scotland-bill/introduction/bill-as-introduced.pdf>

¹⁰⁶ Welsh Government (2023) Consultation on the white paper on ending homelessness in Wales. Online: Welsh Government. https://www.gov.wales/sites/default/files/consultations/2023-10/ending-homelessness-white-paper_0_0.pdf

Scottish Parliament, and Northern Ireland Assembly. In 2021, the UK Government introduced the landmark Domestic Abuse Act¹⁰⁷ for England and Wales, establishing a statutory definition of domestic abuse and creating the role of the Domestic Abuse Commissioner¹⁰⁸ to improve prevention, prosecution, and support for victims, and placed legal duties on public sector bodies to cooperate with this office.

The Act introduced new protective measures, including Domestic Abuse Protection Notices, issued by senior police officers to provide short-term protection, and Domestic Abuse Protection Orders, issued by criminal, family, or civil courts, that provide for longer-term measures, and can prohibit abusers from contacting or approaching the victim or entering a shared home. The Bill also broadened the definition of controlling or coercive behaviour to include post-separation abuse, created a new offence for non-fatal strangulation, and expanded victims access to special measures in court, such as prohibiting abusers from cross-examining them.

The Act included important housing provisions, as noted above, granting domestic abuse survivors in England automatic "priority need" for homeless assistance.¹⁰⁹ It also requiring local authorities to provide accommodation-based support for victims and their children, assess local needs, and develop support strategies, and ensured that social tenants affected by abuse could retain secure lifetime tenancy if they previously held one.

In 2021, the Scottish Parliament passed the Domestic Abuse (Protection) (Scotland) Act.¹¹⁰ Like the UK Government's bill, it introduces Domestic Abuse Protection Notices, which can be issued by senior police officers to provide immediate protection, including barring abusers from entering the victim's home, and Domestic Abuse Protection Orders, which offer several months of protection while longer-term measures, such as civil protection or exclusion orders, are pursued. The Act also introduced measures focused on homelessness prevention, allowing social landlords to apply to the court to end a perpetrator's tenancy, either to transfer it to the victim or to remove the perpetrator from a joint tenancy.

In 2021, the Domestic Abuse and Civil Proceedings Bill (Northern Ireland) created a specific criminal offence of domestic abuse, criminalising coercive and controlling behaviour and thus aligning Northern Ireland with England and Wales, who did so in 2015,¹¹¹ and Scotland, who followed in 2018.¹¹² The Act also allows that measures may be brought forward protect victims of abuse, including possible Domestic Abuse Protection Notices and Orders. It includes provisions for information sharing between police and schools, special measures to assist victims, protective measures to prevent perpetrators from cross-examining victims, and arrangements for victims to access civil legal aid. In 2022, two further relevant Acts were passed: one that established stalking as a specific criminal offence¹¹³ and another that criminalised non-fatal strangulation while abolishing the consent to harm ("Rough Sex")

¹⁰⁷ Domestic Abuse Act 2021 <https://www.legislation.gov.uk/ukpga/2021/17/section/1/enacted>

¹⁰⁸ <https://domesticabusecommissioner.uk/>

¹⁰⁹ See: <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-21-domestic-abuse?msclid=b89c1debcec711ec8f711403e71bd4f2>

¹¹⁰ Domestic Abuse (Protection) (Scotland) Act 2021 <https://www.legislation.gov.uk/asp/2021/16/part/2/enacted>

¹¹¹ Serious Crime Act 2015 <https://www.legislation.gov.uk/ukpga/2015/9/contents/enacted>

¹¹² Domestic Abuse (Scotland) Act 2018 <https://www.legislation.gov.uk/asp/2018/5/contents/enacted>

¹¹³ Protection from Stalking Act (Northern Ireland) 2022 <https://www.legislation.gov.uk/nia/2022/17/enacted>

defence.¹¹⁴ The Northern Ireland legislation does not include any specific housing provisions or measures.

4.2 Policy

Northern Ireland's policy responses on the intersection of violence against women and homelessness are set out in various strategies across the housing, justice, and health sectors, along with several interdepartmental approaches. This section presents an overview of the current strategies and action plans, beginning with housing-oriented strategies, then moving to those primarily related to justice, and concluding with strategies aimed more closely at combatting violence against women.

The Northern Ireland Housing Executive have three current strategies, all launched in 2022, that are of particular relevance to violence against women and homelessness: Ending Homelessness Together Strategy 2022-27; Strategic Action Plan for Temporary Accommodation 2022 -27; and Supporting People Three Year Strategic Plan 2022-25.

The five-year **Ending Homelessness Together Strategy** sets out to prevent homelessness whenever possible, and where it cannot be prevented to ensure it is rare, brief and non-recurring, under three core objectives: prioritise homelessness prevention, provide settled, appropriate accommodation and support, and support the transition from homelessness to settled accommodation. The strategy notes a need for specialist services for those who have experienced domestic abuse, and successive action plans have variously committed to targeting prevention initiatives at those most at risk, including victims of domestic violence,¹¹⁵ considering staff training in response to legislative shifts on domestic abuse,¹¹⁶ and in the 2024/25 plan, to publishing a domestic abuse action plan and commencing work on implementing its actions.¹¹⁷

The **Strategic Action Plan for Temporary Accommodation**,¹¹⁸ seeks to reduce the need for temporary accommodation through homelessness prevention and rapid rehousing, making the elimination of B&B use a priority. The Plan aligns with the Ending Homelessness Together Strategy in pledging to target prevention initiatives at those most at. It also anticipates a rise in demand from victims of domestic abuse and commits to exploring a redesign of services for this group. The Plan outlines steps to ensure that when temporary accommodation is required, it is both safe and informed by psychological principles, while also increasing the supply of self-contained provision. Additionally, the plans call for reconfiguring shared-room accommodation

¹¹⁴ Justice (Sexual Offences and Trafficking Victims) Act (Northern Ireland) 2022
<https://www.legislation.gov.uk/nia/2022/19>

¹¹⁵ Northern Ireland Housing Executive (2022) Ending homelessness together: homelessness strategy 2022-27. Year 1 action plan. Online: NIHE. <https://www.nihe.gov.uk/getattachment/5016a957-f93e-4480-ac05-81b4dc76fcff/Homelessness-Strategy-2022-27-Year-1-Action-Plan.pdf>

¹¹⁶ Northern Ireland Housing Executive (2022) Ending homelessness together: homelessness strategy 2022-27. Year 2 action plan. Online: NIHE. <https://www.nihe.gov.uk/getattachment/f82e2297-a070-4aad-ad8e-bdb6fc9668c9/HS-10-09-23-JG-Homelessness-Strategy-2022-27-Year-2-Action-Plan-Accessible.pdf>

¹¹⁷ Northern Ireland Housing Executive (2024) Ending homelessness together: homelessness strategy 2022-27. Year 3 action plan. Online: NIHE. <https://www.nihe.gov.uk/getattachment/ed2fb456-411c-409d-90dd-93d5fb387b09/Homelessness-Strategy-Year-3-Action-Plan.pdf>

¹¹⁸ Northern Ireland Housing Executive (2022) Ending homelessness together: homeless to home: strategic action plan for temporary accommodation 2022-2027. Online: NIHE
<https://niopa.qub.ac.uk/bitstream/NIOPA/15758/1/Temporary-Accommodation-Strategic-Action-Plan-2022-27.pdf>

and remodelling large-scale congregate hostels. The Strategy's year two action plan¹¹⁹ specifies that congregate settings, where used, should be small scale and specialist.

The Supporting People programme in Northern Ireland sits under the auspices of the Housing Executive and has a focus on developing housing support services that foster independent living through homelessness prevention and tenancy support. The current **Supporting People Three Year Strategic Plan**¹²⁰ seeks to close the gap between demand for housing support and its available supply, as revealed by a 2020 Strategic Needs Assessment.¹²¹ This assessment identified an existing undersupply of housing support tailored to women at risk of domestic abuse and anticipated a growing need for such services. In response, the Supporting People strategy establishes a priority to improve support services for this vulnerable group, including developing new services, and enhancing existing provision. The subsequent annual report notes progress, with a bespoke homeless service for women opening in March 2023, alongside extended opening hours for Belfast's women's night shelter.¹²²

Across all three housing-oriented strategies there are shared themes emphasising the importance of homelessness prevention, targeted support for vulnerable groups, including women who have experienced domestic abuse, and the need for appropriate temporary accommodation. These strategies are supported by interdepartmental planning¹²³ led by the Department for Communities (DfC), that consists of a series of annual plans meant to complement NIHE's Ending Homelessness Together strategy. While the NIHE's strategic focus mainly addresses housing solutions for homelessness, the interdepartmental planning aims to address matters that are not directly related to housing but can help prevent or alleviate homelessness, spanning activity under the remit of the Departments of Health, Education, and Justice.

The current **Interdepartmental Homelessness Action Plan**,¹²⁴ launched in 2023, includes a priority to support those experiencing domestic violence, with key actions including continued commitment to Northern Ireland's Domestic and Sexual Abuse Strategy (see below), the piloting of the 'Ask for ANI' initiative,¹²⁵ and the provision of a 24-hour helpline. The plan commits to exploring single-sex accommodation for women existing custody, alongside tailored support to address trauma, addiction and mental health needs, including for those at risk of violence and

¹¹⁹ Northern Ireland Housing Executive (2023) Ending homelessness together: homeless to home: strategic action plan for temporary accommodation 2022-2027. Year 2 Actions. Online: NIHE <https://www.nihe.gov.uk/getattachment/e95603ed-bad9-47ca-90a2-1aef23659665/Year-2-Actions-Strategic-Action-Plan-for-Temporary-Accommodation-2022-27.pdf>

¹²⁰ Northern Ireland Housing Executive (2022) Supporting people three year strategic plan and Covid-19 Recovery Plan. Online: NIHE <https://www.nihe.gov.uk/getattachment/a0e7c160-c22c-4786-b7ee-9299c22b4d44/Supporting-People-Strategic-and-Covid-19-Recovery-Plan-2022-2025.pdf>

¹²¹ <https://www.nihe.gov.uk/getattachment/45c57f63-3832-4116-b72f-f4108ebeb4fa/SP-Strategic-Needs-Assessment-report.pdf>

¹²² Northern Ireland Housing Executive (2024) Supporting People Annual Report 2023-24. Online: NIHE. <https://www.nihe.gov.uk/getattachment/8d410728-3612-43e0-97f6-590412b08264/Supporting-People-Annual-Report-2023-24-amended.pdf>

¹²³ See: <https://www.communities-ni.gov.uk/publications/interdepartmental-homelessness-action-plans>

¹²⁴ Department for Communities (2023) Interdepartmental Homelessness Action Plan: Year 4 Action Plan. Online: DfC. <https://www.health-ni.gov.uk/sites/default/files/publications/communities/dfc-inter-departmental-homelessness-action-plan-year4.pdf>

¹²⁵ The 'Ask for ANI' scheme is a codeword initiative that allows domestic abuse victims to discreetly request immediate help and access a safe space for support. For more details, see here <https://www.communities-ni.gov.uk/news/ask-ani-domestic-abuse-scheme-be-piloted-jbos#:~:text=The%20%20E2%80%98Ask%20for%20ANI%20%20%99%20codeword%20scheme%20provides%20anyone,four%20of%20the%20Department%20%20%99s%20Jobs%20and%20Benefits%20offices>

exploitation. Plans to develop a commissioning framework for drug and alcohol services aligned with housing and homelessness support, and the scoping of dual-diagnosis support to establish an effective model of provision, have clear relevance to women with experiences of homelessness and violence who are using substances.

The Department of Justice has three active strategies which are relevant, launched between 2022 and 2024: the Police Service of Northern Ireland (PSNI's) Tackling Violence Against Women and Girls; the Modern Slavery and Human Trafficking Strategy 2024-27; and, in partnership with the Department of Health, the Domestic and Sexual Abuse Strategy for Northern Ireland.

The PSNI launched its **Tackling Violence Against Women and Girls** inaugural action to address violence against women and girls in 2022,¹²⁶ focusing on the three main themes: building trust and confidence, relentless perpetrator pursuit, and creating safer spaces. Although the plan does not specifically address housing or homelessness, it includes measures that could have a preventative effect. Notably, it commits to providing trauma-informed training for all officers on domestic abuse and sexual offences, improving and standardising investigation, and operationalising Stalking Protection Orders and Domestic Abuse Protection Orders and Notices.

The three year **Modern Slavery and Human Trafficking Strategy**, launched in 2024, builds on a series of previous one-year strategies to achieve its central goal of equipping Northern Ireland to identify and eradicate modern slavery and human trafficking.¹²⁷ It focuses on three key strands: pursuing offenders by enhancing efforts to disrupt their activities and ensure justice; protecting victims by providing adequate support; and preventing modern slavery through engagement, training, and awareness-raising among key services and the public. It notes that respondents to the consultation process highlighted the specific vulnerability of women to sexual exploitation, including local young vulnerable women and women with insecure immigration status, and women-specific needs feature in the strategies overall understanding of the problem.

The Department of Justice and Department of Health's seven-year **Domestic and Sexual Abuse Strategy for Northern Ireland** (DSAS),¹²⁸ also launched in September 2024, sets out five key pillars for action: partnership, prevention, children and young people, support and provision, and justice. The strategy seeks to address domestic and sexual violence against women, men, children and young people, including as it affects LGBTQ+ individuals, ethnic minority communities, older people and those with disabilities. An additional £1.6 million has been allocated for the first year of the strategy's initial three-year action plan.¹²⁹

The Strategy clearly outlines the link between domestic abuse, housing and homelessness, emphasising the crucial role of the Department for Communities, including its funding of relevant accommodation and support services. It outlines actions specific to housing and

¹²⁶ Police Service of Northern Ireland (2022) Tackling violence against women and girls. Online: PSNI.

[https://www.psnipolice.uk/sites/default/files/2022-](https://www.psnipolice.uk/sites/default/files/2022-09/Tackling%20Violence%20Against%20Women%20and%20Girls%20Action%20Plan.pdf)

[09/Tackling%20Violence%20Against%20Women%20and%20Girls%20Action%20Plan.pdf](https://www.psnipolice.uk/sites/default/files/2022-09/Tackling%20Violence%20Against%20Women%20and%20Girls%20Action%20Plan.pdf); Police Service of Northern Ireland (2022) Tackling violence against women and girls: action plan – one year on. Online: PSNI.

[https://www.psnipolice.uk/sites/default/files/2023-](https://www.psnipolice.uk/sites/default/files/2023-09/Tackling%20Violence%20Against%20Women%20and%20Girls%20Action%20Plan%20-%20One%20Year%20On.pdf)

[09/Tackling%20Violence%20Against%20Women%20and%20Girls%20Action%20Plan%20-%20One%20Year%20On.pdf](https://www.psnipolice.uk/sites/default/files/2023-09/Tackling%20Violence%20Against%20Women%20and%20Girls%20Action%20Plan%20-%20One%20Year%20On.pdf)

¹²⁷ Department of Justice (2024) Northern Ireland modern slavery and human trafficking strategy: 2024-2027. Online: DoJ. <https://www.justice-ni.gov.uk/sites/default/files/publications/justice/modern-slavery-strategy-24-27.pdf>

¹²⁸ Department of Health & Department of Justice (2024) Domestic and sexual abuse strategy: 2024-2031. Online: DoH. <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-dom-sex-abuse-strategy-24-31.pdf>

¹²⁹ <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-dom-sex-abuse-strategy-24-31-action-plan-year1-3.pdf>

homelessness, with Outcome 8 aiming to ensure that “*all victims of domestic abuse can access safe accommodation-based services*” through two key priorities: first, to ensure sufficient, safe, and appropriate accommodation and housing support for victims, and second, to support victims to remain in their homes if they choose to and it is safe to do so.¹³⁰ The Strategies linked three year action plan¹³¹ sets out a range of relevant actions under Outcome 8 linked to improved protection for victims and survivors, and emphasises the centrality of implementing the forthcoming NIHE Domestic Abuse Action Plan to achieving this housing-oriented outcome.

Given the multiple and disparate nature of strategies relevant to women experiencing violence there have long been calls for an overarching approach to the issue. Northern Ireland has lagged behind Great Britain in developing a dedicated strategy to address violence against women and girls, and the Assembly has faced criticism for deprioritising the issue amidst wider political instability and division.¹³² However, in 2021, the need for a strategic approach was formally recognised, with The Executive Office leading its development. The Office initiated a programme of research, focusing on the experiences and attitudes of both adults and 16-year-olds towards gender-based violence.¹³³ Following a call for views, a draft Strategic Framework and Action Plan was co-designed with over 40 statutory and voluntary sector partners, and opened for public consultation from July to October 2023.¹³⁴

In September 2024, The Executive Office launched the final seven-year, cross-departmental **Ending Violence Against Women and Girls Strategic Framework**, centred on four key areas - prevention, protection and provision, justice system, and working better together, with activity weighted toward prevention and supported by £3 million in funding.¹³⁵ Its implementation is guided by eight core principles, including a whole government response, intersectional, trauma informed and public health approaches, alignment with international good practice, and

¹³⁰ Department of Health & Department of Justice (2024) Domestic and sexual abuse strategy: 2024-2031. Online: DoH. <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-dom-sex-abuse-strategy-24-31.pdf> p. 53.

¹³¹ Department of Health & Department of Justice (2024) Domestic and sexual abuse strategy: 2024-2031. Online: DoH. <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-dom-sex-abuse-strategy-24-31.pdf>

¹³² Northern Ireland Women’s Policy Group (2022) Violence against women and girls in Northern Ireland: NI Women’s Policy Group Research Findings. Online: WRDA <https://wrda.net/wp-content/uploads/2022/04/WPG-VAWG-Research-Report.pdf>

¹³³ Lagdon, S., Owczarek, M., McCartan, C., Anyadike-Danes, N., Shevlin, M., Jordan, J. (2023) Every voice matters! Violence against women in Northern Ireland. Online: Executive Office. https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/violence_report_singles.pdf; McAlister, S., Neill, G., Schubotz, D., & Templeton, M. (2023) ‘It’s just what happens’ Girls’ and young women’s views and experiences of violence in Northern Ireland. Online: Executive Office. <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/its-just-what-happens.pdf>; Northern Ireland Statistics and Research Agency & The Executive Office (2022) Ending violence against women and girls: Experiences and attitudes of adults in Northern Ireland in 2022. Online: Executive Office. <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/experiences-attitudes-northern-ireland.pdf>; Northern Ireland Statistics and Research Agency & The Executive office (2023) Ending violence against women and girls: Experiences and attitudes of 16 year olds in Northern Ireland in 2023. Online: Executive Office. <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/ending-violence-against-women-and-girls-experiences-and-attitudes-of-16-year-olds-in-northern-ireland-in-2023.pdf>

¹³⁴ The Executive Office (2023) Ending violence against women & girls: strategic framework. Online: The Executive Office <https://www.executiveoffice-ni.gov.uk/sites/default/files/consultations/execoffice/evawg-strategic-framework.pdf>; The Executive Office (2023) Ending violence against women & girls: action plan. Online: The Executive Office <https://www.executiveoffice-ni.gov.uk/sites/default/files/consultations/execoffice/evawg-action-plan.pdf>

¹³⁵ The Executive Office (2023) Ending violence against women & girls: strategic framework. Online: The Executive Office <https://www.executiveoffice-ni.gov.uk/sites/default/files/consultations/execoffice/evawg-strategic-framework.pdf>

outcome-based measurement of six key ambitions for change. These ambitions included: changed attitudes, behaviour, and culture; healthy, respectful relationships; women and girls are safe and feel safe everywhere; quality frontline services, protection, and provision for victims and survivors; and a justice system which has the confidence of victims, survivors and the public.

The Strategy's broad actions around prevention of violence, if successful, could be expected to have a preventative impact on violence-related homelessness for women, and actions aimed at creating safe environments and improving service responses, especially if embedded across the homeless sector, could be expected to have a preventative impact on homelessness-related violence, albeit these outcomes are not explicitly referenced. The Strategy does acknowledge violence against women has wider costs to society, including costs to housing, and notes social housing providers as having a role in supporting victims and survivors. It also mentions increased safety risks and barriers to justice for those who are homeless, among others, though no further specific attention is given to this vulnerable group, and while the strategy's initial two-year Delivery Plan,¹³⁶ sets out ambitions to better understand groups facing heightened risks, people who are homeless are not among those identified in the first phase of this work. This sets the strategy apart from its Scottish and UK equivalents, which place a stronger emphasis on housing and homelessness. Notably, the Scottish strategy recognises that addressing violence against women and girls is crucial to ending homelessness and vice versa, highlighting safe and affordable housing as a key protective factor against victimisation.¹³⁷

4.3 Conclusion

Northern Ireland's legislative response to the intersection of violence against women and homelessness, while initially ahead of other regions - due to the 1988 Housing (NI) Order's inclusion of people at risk of violence within its priority need groups - has not kept pace with developments in England, Scotland, and Wales. These countries have legislated for enhanced housing provisions and support for victims, alongside broader reforms to homelessness prevention overall. Scotland and Wales are set to strengthen responses further through wider prevention duties on public bodies. Northern Ireland's framework has remained comparatively static, despite ongoing advocacy for similar legislative improvements.

Current housing, justice and health strategies in Northern Ireland increasingly reflect an understanding of the challenges faced by women affected by violence and homelessness. Interdepartmental efforts demonstrate a recognition of the need for coordinated responses across traditionally siloed sectors. The growing emphasis on prevention combined with action aimed at improving safe accommodation and providing tailored support, signals a clear commitment to ending homelessness as an outcome of gender-based violence and vice versa. However, the absence of an overarching strategy that fully acknowledges the critical role housing plays - both as a protective and as an aggravating factor - creates a notable gap.

¹³⁶ The Executive Office (2023) Ending violence against women & girls: action plan. Online: The Executive Office <https://www.executiveoffice-ni.gov.uk/sites/default/files/consultations/execoffice/evawg-action-plan.pdf>

¹³⁷ Scottish Government (2023) Equally safe 2023: preventing and eradicating violence against women and girls: strategy. Online: Scottish Government. <https://www.gov.scot/publications/equally-safe-scotlands-strategy-preventing-eradicating-violence-against-women-girls/>

5. Experiences of violence

This chapter explores women's experiences of violence and abuse, beginning with the onset of intimate partner violence and its escalation over time. It then explores the various forms of abuse encountered, including psychological abuse, coercive control, intimidation and threats, physical violence, financial abuse, rape and sexual assault, also looking at women's experiences of defending themselves from abuse. The chapter also examines the factors that enable or hinder women from leaving violent relationships, concluding with an examination of post-separation abuse.

5.1 Overview of women's experiences

Women in this study reported multiple forms of violence, with all having experienced at least two (see below). Most women in the study experienced violence from intimate partners, with 31 out of 34 participants reporting instances of intimate partner abuse. In all but one case, intimate partner violence was perpetrated by men. Nearly half of the participants (15 out of 34) disclosed experiencing abuse from their parents, while 11 reported violence from other family members, and 4 experienced violence from their own children. Some women (6 of 34) also faced violence from peers and friends, while 6 participants reported incidents of violence by strangers. Additionally, 3 women were subjected to intimidation by paramilitaries, and 2 participants experienced violence at the hands of traffickers.

Table 5.1: Perpetrators of abuse

Intimate partner	31
Parent	15
Other family member	11
Peer/friend	6
Stranger	6
Community	5
Child	4
Paramilitary	3
Trafficker	2
Total participants¹³⁸	34

All women in the study reported experiencing psychological abuse, with the majority also disclosing coercive control (30 out of 34). Intimidation and threats (27 out of 34), physical violence (27 out of 34), and financial abuse (26 out of 34) were also widespread. More than two-thirds of participants revealed experiences of harassment and stalking (23 out of 34), with a similar number reporting rape or other forms of sexual assault (21 out of 34). Some women also experienced sexual exploitation (9 out of 34), while a smaller number reported paramilitary threats (3 out of 34), and human trafficking (2 out of 34). Additionally, one woman reported female genital mutilation and one forced termination of a pregnancy.

¹³⁸ Note individual women reported abuse perpetrated by multiple abusers

Table 5.2: Forms of abuse experienced

Psychological abuse	34
Coercive control	30
Threat & intimidation	27
Physical violence	27
Financial abuse	26
Harassment stalking	23
Rape & sexual assault	21
Sexual exploitation	9
Forced marriage	7
Medical abuse/neglect	7
Paramilitary threat	3
Human Trafficking	2
Female genital mutilation	1
Forced termination of pregnancy	1
Total participants¹³⁹	34

All women reported experiencing multiple forms of abuse, with the lowest number of types of abuse reported by any participant being 2 and the most being 11 (out of the possible 14 categories identified). On average, participants disclosed 7 different forms of abuse.

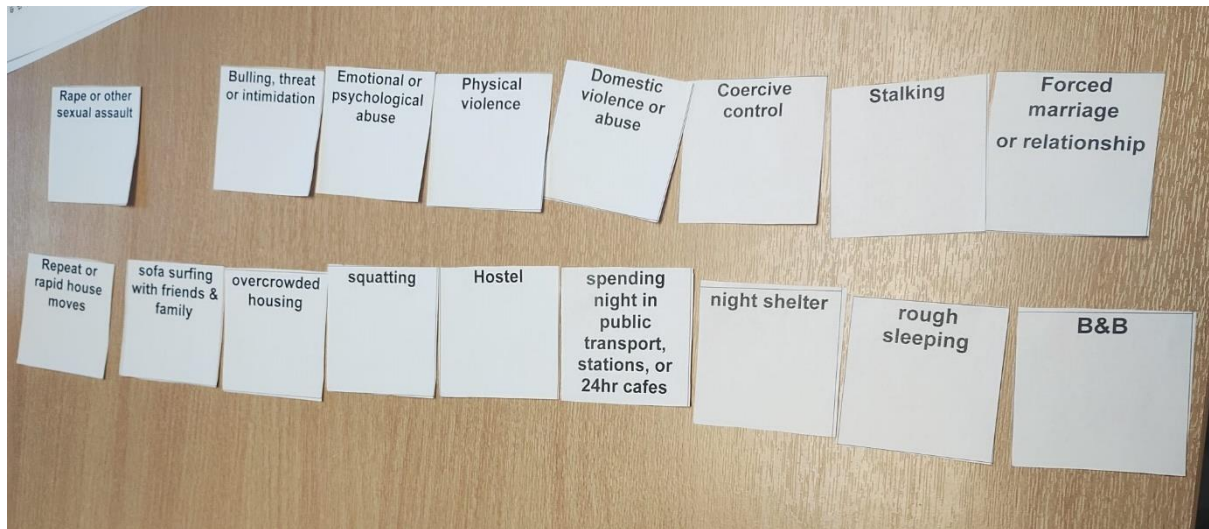
Table 5.3: Number of experiences disclosed

Number of forms of abuse	Number of women disclosing
10-14	5
7-9	20
4-6	7
1-3	2
Total participants	34

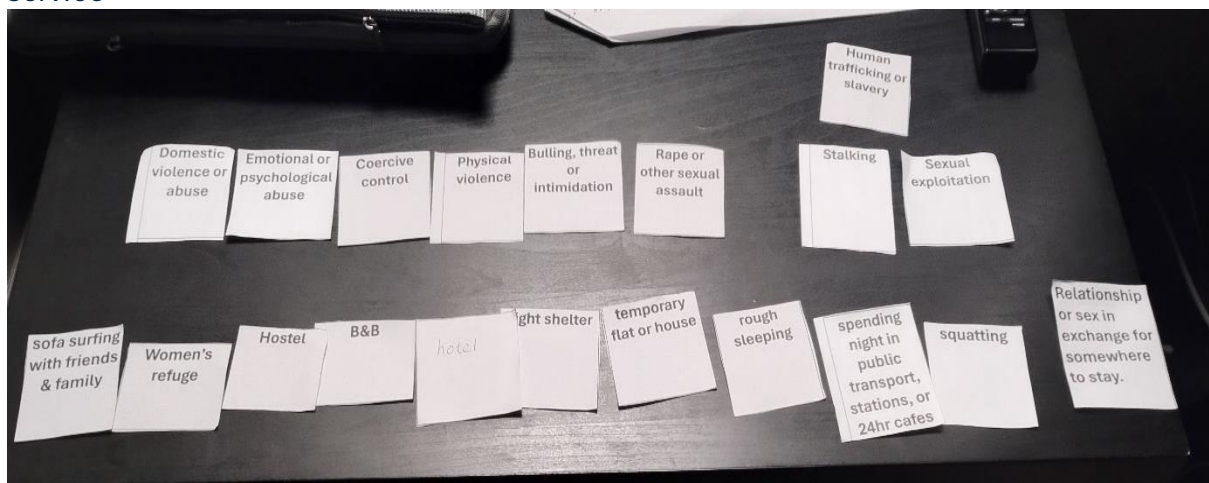
Women often described complex experiences involving multiple, intersecting forms of abuse, primarily perpetrated by intimate partners, but also occurring in childhood or as isolated incidents of violence from strangers. This complexity was reflected in the way women constructed their violence and homelessness experience timelines. For example, many separated single instances of rape and sexual assault from ongoing domestic abuse, which involved multiple forms of violence (see Image 1). Others included rape and sexual assault within their domestic abuse narratives but viewed experiences like human trafficking and sexual exploitation as distinct (see Image 2).

¹³⁹ Note individual women reported experiencing multiple forms of abuse

Timeline 5.1: By a woman with lived experience, recruited through a homelessness service



Timeline 5.2: By a woman with lived experience, recruited through a substance use service



5.2 Onset of violence and abuse

Most women (31 of 34) reported experiencing violence and abuse perpetrated by an intimate partner. Many reported that the relationship started positively: “*at the start, it was really good*” one woman explained of the man who would later lock her in a shed and stab her. Often, physical and sexual violence did not emerge until months or even years into the relationship.

Five years [in it started]... It was fine when I started that relationship... he was my best friend for a long, long time... [He] just changed, and hit me. (Woman with lived experience, substance use service)

[He] wasn't like that when I first met him... there was no violence until... about ten years or maybe more, that's when it all started, because all the anger - he had anger issues with his father from the past. (Woman with lived experience, mental health service)

This delayed onset created a sense of normalcy and allowed for the growth of emotional attachment and was often sufficiently long for people to develop complex practical and familial

connections, like shared living arrangements and children, making the eventual violence and abuse more difficult to leave.

It took two years before anything happened with him... It's such a long time. He made sure I was well and truly trapped before it happened. (Woman with lived experience, domestic violence service)

Most women (29 of 34) disclosed experiencing physical or sexual violence, but before the onset of these forms of abuse there were often more subtle forms of coercive control, such as isolating the victim from friends and family, monitoring their movements, or eroding their self-esteem. One woman, for example, explained that before her husband raped her “there were already signs of coercive control”. She continued:

He was already isolating me from friends and family. It was very, very subtle and I didn't really know what it was. (Woman with lived experience, domestic violence service)

Violence and abuse often started with more minor infringements, which then escalated over time. This insidious creep in severity led to a normalisation of the abuse, making it difficult for women to recognise.

You get caught up [because]... it happens incrementally. It gets a bit worse... just a little bit... and then... just a bit more every time... and you just get so used to it... and then, as well, it becomes your influence. You're constantly hearing them all the time... especially when they isolate you from your friends and stuff... [It's] heinous stuff (Woman with lived experience, domestic violence service)

Significant life changes, such as moving in together, having a child, or getting married, were often turning points where coercive measures would escalate, often dramatically, and physical and sexual violence would begin to emerge, with this physicality then also often following an escalating trend.

Two years into the relationship, he hit me. He slapped me in the face... That went from there, and then it got worse and worse and worse. (Woman with lived experience, substance use service)

It started off, the first couple of slaps. Then, as it went on, it got worse... (Woman with lived experience, substance use service)

5.3 Psychological abuse

All women (34 of 34) reported being subject to psychological abuse by intimate partners. This most often involved persistent, derogatory remarks about their worth, intelligence, and/or appearance, coupled with belittling and controlling behaviours, and backed by threats and intimidation. One woman, for example, recalled her partner describing her as “damaged goods” following the birth of their second child. “Nobody will like you”, he continued, “You're stuck with me. You're not allowed to go anywhere.” (Woman with lived experience, homelessness service)

For women with children, verbal degradation and humiliation sometimes occurred in front of their children:

[my daughter] would have been like, 12, 13, and he would have said to her in the house in front of me, 'Your ma's a dirty fucking bitch.' I'm very sorry for the language but that's how

he would have spoken about me in front of me to my children, and specifically to her [rather than our sons]... (Woman with lived experience, domestic violence service)

In some instances, the verbal abuse was directly targeted on children, with young girls a particular target:

he tells them they're ugly and they're getting fat and all. My girls are [under 12]... and one of them is very self-conscious... and he's like... 'you're the least prettiest girl I have out of my children... and you're getting a bit chubby. Look at your belly'... (Woman with lived experience, domestic violence service)

Subjection to psychological abuse had severe and long-lasting effects on women's mental and emotional wellbeing. One woman likened the psychological abuse she experienced to having undergone "mental torture", while another spoke of having her "whole demeanour completely broken down" (Woman with lived experience, homelessness service). Deep and enduring feelings of shame and helplessness were commonly reported, with these often persisting long after the abusive relationships had ended.

He was saying, 'No one else is ever going to want you. The state of you'... All them things still go through my head now, what does people actually think about me? I'm still like that. I will always ask... 'Am I ugly?' (Woman with lived experience, homelessness service)

the person who's meant to love you... endlessly tell[ing] you that you're fat, you're a no good mother, you're this, that and... it gets into your head... It is horrific. (Woman with lived experience, homelessness service)

Perpetrators often exploited feelings of shame and self-loathing to make women feel responsible for the wider violence they endured. One woman, for example, shared how her husband exploited her grief after her mother's sudden death to manipulate her into believing she was responsible for the tragedy and, therefore, deserving of violent physical punishment:

he used to wake me during the night and tell me that I killed my own mum... I always carried that guilt because... [at the time] I wasn't really helping my mum... It was only after counselling that I realised it was nothing to do with me but he just brainwashed me... I know it sounds silly but... I believed everything that I was going through was karma. I believed that I deserved that because I killed my mother, so I let it happen for all those years. I just let him punch me, kick me, throw me downstairs, whatever. (Woman with lived experience, housing support service)

Some participants reported that prolonged exposure to psychological abuse left them seeking and even "craving" validation from abusive partners:

one nice compliment... you're like craving it at that point. You need it from them... their opinion, how they feel. It all matters. You will survive off that... because already your self-esteem is so low at that point, and you feel so vulnerable. You're at rock bottom. You don't know what to do. (Woman with lived experience, domestic violence service)

The unrecognised impact of psychological abuse in contrast to other forms of violence was a consistent theme in women's accounts. Several expressed a view that psychological abuse was as, if not more, harmful than physical violence. One woman, for example, described how she preferred physical violence because it was visible and tangible - something she could confront:

"I always said, beat me, hit me a dig, because I can stand in the mirror and look at my cuts and bruises... what somebody does to you inside your head... that mental and emotional abuse is worse." (Woman with lived experience, substance use service)

For some, the lack of visible injuries made it difficult to recognise they were in an abusive relationship. This compounded feelings of self-doubt and confusion, making it harder to seek help. One woman described how societal perceptions exacerbate this difficulty, noting that physical violence is more easily recognised and condemned, whereas emotional abuse often goes unrecognised, leaving victims feeling isolated and unsupported:

"In my head, I was never in that kind of relationship. I wasn't beaten black and blue 24 hours a day, and because in some respects... [physical violence] is a bit binary, it's black and white. It's like it did happen or it didn't happen... but when it's manipulation, when it's control, when it's doubting yourself [it is harder to seek help]... In society, if you were beaten, it's clear you were in an abusive relationship and he's done wrong... and people come and help." (Woman with lived experience, domestic violence service)

Beyond intimate partner abuse, some women recounted harrowing experiences of psychological abuse during their childhoods, often perpetrated by parents and carers. These experiences were described as having a profound and lasting impact that shaped their self-perception and mental health into adulthood. A recurring theme here was shaming and verbal denigration from caregivers, particularly focusing on their physical appearance and attributes when they were young:

I would get fat-shamed at a very young age... It was very difficult... because I as a young child never saw what was wrong with me. I was perfectly happy with the body I had... So that's confusing... because you had an internal image that's really positive but you're being told that you're wrong. (Woman with lived experience, homelessness service)

Others were shunned and made to feel unwanted by care givers. These experiences of rejection often began in early childhood and intensified over time. One woman she was threatened with abandonment as a young girl, with these threats escalating as she reached her teenage years:

I was around eight... it would start with just basic comments about not wanting me here... Then, as I got older, then it would be like, 'You know I can put you up for adoption, right... I was 14. (Woman with lived experience, domestic violence service)

This abuse created a pervasive sense of insecurity and displacement, leading to feelings of having to always be “ready”, to always have “things planned”, in case she was forced to leave the family home. (Woman with lived experience, domestic violence service)

Psychological abuse perpetrated by caregivers – particularly those involving verbal denigration and threats of abandonment - took a severe toll on the mental health of these girls, with some reaching a point where they could no longer function:

I was brutalised [in care] for six years, so I went downhill. I couldn't even cope. I couldn't get out of bed. I couldn't do nothing. (Woman with lived experience, homelessness service)

[My father] wished me dead... After that I went into a very, very depressive state to the point where I couldn't lift myself out of bed... couldn't eat, couldn't sleep, just crying. ...

and she [my mother] would say things like, 'See, this is why your father doesn't like you. This is why he wants you dead.' (Woman with lived experience, homelessness service)

5.4 Coercive control

Most women (30 of 34) disclosed being subject to surveillance and control, typically exerted by perpetrators of intimate partner violence. Women reported that partners would closely track personal items and impose strict regulations regarding their clothing, behaviour and personal care.

I wasn't allowed to wear my own clothes. He was a 2XL... I had to wear his clothes all the time. (Woman with lived experience, homelessness service)

He used to hide my clothes, hide everything. (Woman with lived experience, homelessness service)

Not allowed out, cut my hair when I was going to see contact with the kids. He thought I was going to meet a fellow. (Woman with lived experience, substance use service)

Restriction of autonomy was a critical and recurring theme, with most women describing some limitations on their movements and interactions, dictating who they could speak to and where they could go, including constraints that isolated women from their wider support networks. In the early stages of relationships, these restrictions were justified by perpetrators as protective measures, or as a kindness to them given their own emotional insecurity. One woman who had migrated to Northern Ireland, explained how her partner made her feel that it was unsafe to be out and about without his protection:

[He] just make you feel that, oh, we do that just to make sure that you're safe... [because] you're not from here, and you should just stay down there. (Woman with lived experience, domestic violence service)

Another woman initially talked positively about a new relationship, but later mentioned that it was perhaps “a little bit... coercive.” She continued:

Well, he likes to track me, but he's been hurt and that helps him, so... If that helps him - I know how I would feel with my demons in my head... He can be a bit over the top at times, but it's all to do with my safety. (Woman with lived experience, homelessness service)

Controls tended to escalate over time, with the pretence of safety or caring often falling away entirely:

I had to be in the house while he was out working. If I didn't... there was murder... It actually got to the point where I... [just] sat there in the chair for months... (Woman with lived experience, homelessness service)

I had no one. I had no friends. I had no family. I wasn't even allowed to speak to my nephew (Woman with lived experience, homelessness service)

Women reported that perpetrators also used their social networks and family connections to monitor their actions. Several explained that they were never alone, always accompanied by the perpetrator, their children or other family members.

He would have sent his brother to see where I was going... [or] the father... It was probably stalking. (Woman with lived experience, substance use service)

He had me trapped... I wasn't allowed to do anything on my own. I wasn't allowed to go get in the car on my own. He would be with me, or one of the kids had to be with me. He didn't trust me. I thought to myself, when am I ever going to get out of this? How am I going to get out? (Woman with lived experience, substance use service)

One woman explained that in circumstances where leaving the home without her partner was unavoidable, she “*had to leave the child*” with him as a guarantee of her return (Woman with lived experience, homelessness service).

Women in rural areas were especially vulnerable to control and isolation. In one striking example, a woman living on a farm experienced her partner deliberately blocking her movements with tractors and machinery, physically preventing her from leaving the house:

If he wanted to block me in with tractors, machinery, he did... If he knew we were going somewhere... he would park the tractor, or dropped off a bit of machinery, a mower, or a big trailer, and I wouldn't have been able to leave the yard... He made it very, very difficult for me to leave... [Living on the farm] made it easier... for him to isolate me (Women with lived experience, domestic violence service)

Perpetrators sometimes manipulated employment situations to maintain constant oversight, with several women recalling instances of partners purposefully gaining employment at the same place to monitor interactions.

We were really badly behind with the rent, with food shopping, with gas, with electric. We were barely getting by. He decided to get a job. Then I was like, 'Oh, right, credit there.' But he got the job in the same place as mine... He had eyes on me at all times. I wasn't allowed to speak to no male, even if it was a customer... so it was just a whole big thing. (Woman with lived experience, homelessness service)

This woman described how her partner controlled all aspects of her life, including her social connections, family, friendships, and work, leaving her isolated with only her abuser and his family:

When you're in a toxic relationship, all you do is sleep. You have nothing to do. I had no one. I had no friends. I had no family... I was quite young, going through a lot with no one around me... I only had him and his family, basically. (Woman with lived experience, homelessness service)

While surveillance and control exerted by intimate partners dominated women's accounts, familial control also emerged as a significant issue for a few women, with several participants describing experiences of being tightly monitored and manipulated by their parents. One participant recounted of her mother:

She was incredibly controlling... She would have this in my head where I was a slut or a whore, or something like that, I don't know.... She would keep track of my undergarments (Woman with lived experience, homelessness service).

Another woman described levels of parental control that had impacts on her self-worth and sense of autonomy that lasted into adulthood, compounding the difficulty she experienced in leaving an abusive relationship:

I was always used to being controlled from childhood... [so] it wasn't freedom [when I left my abusive ex-partner]. It was very strange at first for me... the feeling I had was emptiness. Emptiness and what am I going to do, and how am I going to cope? (Woman with lived experience, mental health service).

5.5 Intimidation and threat

Intimidation and threats played a significant role in most women's experiences of violence (27 of 34). Many women describe a pervasive sense of threat that was not confined to instances of direct threat or violence, but rather seeped into their everyday lives, creating a state of constant anxiety and hypervigilance. One woman described this as living *"in terror, really, a lot of the time,"* (Woman with lived experience, homelessness service), and another as *"living on eggshells"* (Woman with lived experience, mental health service).

Women reported that perpetrators often asserted a menacing demeanour to create a sense of danger and threat. For example, one woman recounted how her abuser's physical stature, paired with verbal threats and acts of intimidation, such as cutting off her support networks or threatening to take *"everything"* from her, left her frightened and deeply intimidated.

Then the bullying and the threatening and the intimidation was he was six foot four, I'm five foot one. So he towered over me instantly. That's intimidation for anybody. (Woman with lived experience, homelessness service)

Another woman recalled the chilling experience of her abuser breaking into her home and moving her belongings around to make her feel threatened in her own home.

So, he would break into my house and would move things round my house. He would text me like, 'Have you found your hairbrush yet,' or something. (Woman with lived experience, domestic violence service)

Many victims recounted experiences where threats to kill were used as a method of control, making them feel powerless, trapped and in fear for their life. Some described an absolute and unequivocal belief that their ex-partner would kill them, if he were to learn of their whereabouts.

he's going to kill me... He did; he really meant it, literally. He said he wanted me gone (Woman with lived experience, homelessness service)

if he would find me, he would kill me. I'm one of those ones, I wouldn't let anyone walk over me, but he scared me. He really fucking [does]... (Woman with lived experience, homelessness service)

Death threats severely limited women's ability to seek help or escape, for fear that their abuser would make good on these threats, and these concerns and anxieties persisted long after relationships had ended.

He used to say if you go to the police I'll kill you... I told them, I said, 'Please, I can't go through with this, because he will kill me.' They were all, 'Please, we need to get you to safety. Let us.' I said, 'Please, because he would kill me.' That's my fear. (Woman with lived experience, homelessness service)

I was living in constant danger in my life because he always said he's going to kill me... Sometimes I think about it, what if he did? Everything he said he was going to do, he did it. He even told me he was going to stab me for a few days before he did it - and he did it. I

always think to myself, well, what if he does? (Woman with lived experience, housing support service)

The psychological impact of threats to kill was profound, with women left feeling isolated and vulnerable, with their self-esteem and sense of security systematically eroded. Fear of potential retaliation after leaving the abusive environment, continued to haunt many women:

He could very easily... He had said, 'I'm going to burn you to death in the house'... I lay on the sofa in the house. I had to duct tape my letterbox because I thought that's how he'd do it; he'd put the petrol in and start a fire through it. (Woman with lived experience, housing support service)

This fear was particularly acute where perpetrators failed to respect restraining orders or other legal measures intended to protect and where effective responses to breaches of these orders were lacking:

him and two of his friends, and the girl that he was living with then or seeing, they come round with hatchets... He actually came through my window, and I phoned the police and I said, 'Look, I have a protection order right here,' and it took them over two hours to come. (Woman with lived experience, mental health service)

Two participants had experienced violence from intimate partners who were linked to paramilitary organisations, with the ensuing combination of intimate partner and paramilitary threat leaving them feeling at imminent risk and entirely unprotected.

everyone's terrified [of my ex]. He tells the kids all the time, 'The police are scared of me,' because he's a man under his own law. Nobody will go near him because he's just - he's actually unhinged.... I felt safe with him because everyone was terrified of him, and now I'm on the receiving end of it and nobody will help. (Woman with lived experience, domestic violence service)

5.6 Physical violence

Intimate partner violence emerged as a dominant theme, with many (27 of 34) women detailing horrific experiences of physical abuse at the hands of their partners. The violence described was often severe and life-threatening, with women recounting being beaten, strangled, stabbed, and subjected to sustained assaults.

One woman recalled the beginning of the violence in her relationship. Her partner had invited people to a party in their home and in the early hours she asked that they leave so she could get some sleep before starting work. *"He got them all out," she explained, "and as soon as that door slammed, he became so violent to the point where I was like, I'm going to die... he squeezed my ribs to the point where he actually broke two of my ribs."* (Woman with lived experience, homelessness service)

Another described being repeatedly assaulted by her partner, including being kicked in the face while holding her newborn baby.

I got pregnant when I was 21... As soon as I took her home, it started again, violence... He kicked me in the face one time - like a karate kick in the face - and broke my cheekbone. She was only three weeks old, and I had her in my arms at the time (Woman with lived experience, homelessness service)

Violence was often accompanied by extreme physical control. Several women reported being confined against their will, with one saying, “he actually locked me in the house” (Woman with lived experience, homelessness service), and another “he locked me in and that.” (Woman with lived experience, substance use service). Another woman described being locked in a shed for eight months and subjected to repeated physical and sexual abuse, with terrible consequence for her reproductive health.

I was locked in a shed for eight months. I was stabbed. He stabbed my arm. He tried to cut my child's name [tattoo] off me. I was actually needing to pee in a bucket. I was pregnant and he beat the baby out of me. I was pouring with blood. He was all, 'It's your fucking period.' I had the wee thing in my hand. He said 'put that in the bin.' Do you know, and then I got away. (Woman with lived experience, homelessness service)

The accounts also highlighted the chronic nature of intimate partner violence, where the abuse often escalated over time, becoming more severe in both nature and frequency.

He hit me, and that was two years into the relationship... He slapped me in the face... That went from there, and then it got worse and worse and worse... really battering me, and then he hit me around the head whenever I was trying to calm him, punches around the head. So he got me good, to be honest. He had me right where he wanted me (Woman with lived experience, substance use service)

The psychological toll of violence was devastating, with women describing living in constant fear, often feeling trapped and isolated from support. The impact on their physical health was also profound, with many sustaining long-term injuries, including broken bones, head trauma, and other serious injuries.

I had to get an operation on my hand...[it] was hanging off, and I've got rope around my neck... scars on my face... stitches, nose was broken... a fracture that was falling into my brain. (Woman with lived experience, substance use service)

I had two fractured cheekbones, a fractured eye socket, six broken ribs... trauma tissue to my brain... He properly left me on my deathbed. (Woman with lived experience, substance use service)

He cut my throat... (Woman with lived experience, substance use service)

he stabbed me... I was in surgery for ten hours, for my chest... my arm was hanging off. I could just see the bone (Woman with lived experience, housing support service)

For a small number of women, wider family members also contributed to the physical violence. One woman, living rurally and completely isolated from help and support, described how her husband subjected her to routine and extreme violence, while her brother-in-law monitored her movements and prevented her from leaving. Further to this, her father-in-law regularly raped and sexually assaulted her, and paid her young son, who had a learning disability, to beat and abuse her.

My son's crying then, I'm sorry mummy, but he didn't know any better. He'd pay him to come and give me beatings as well. My son was only young. (Woman with lived experience, substance use service)

Another woman described how her partner continuously denigrated her in front of her children, encouraging her daughter to do the same, with this behaviour then escalating to inciting violence.

he started turning the screw with her... she was just turning into him. She was coming in shouting and yelling and becoming physically violent towards me. (Woman with lived experience, domestic violence service)

Several women shared experiences of witnessing severe violence, including an incident where one woman witnessed her friend's son stab his mother to death.

I was staying with a friend, and she was stabbed to death by her son... I witnessed it. I held her while she died. (Woman with lived experience, substance use service)

A few women disclosed having endured physical abuse from an early age, often under the guise of discipline. One woman shared how her parents justified physical punishment as a means of education, recounting a particularly humiliating incident where she was beaten by her father for crying in a grocery shop and urinated on herself in fear, leading her to internalise the abuse as her own fault.

I went through physical violence pretty much my whole life... Their whole mentality throughout it was that... 'It's just for your own good. We're doing this because we're trying to educate you, not trying to be mean to you or abuse you... As a child I would look at these instances and say, 'Well no, this is my fault because I should have never acted this way'... (Woman with lived experience, homelessness service)

Another woman described being fostered by abusive carers who used physical punishment as a means of control and humiliation:

I was fostered out... and they were so abusive... She used to say to him... 'get the wooden spoon,' and he used to put me over his knee and hit me with the wooden spoon. I had boobs. I had boobs when I was ten. I was a woman, and the degradation and the belittling of me (Woman with lived experience, homelessness service)

Several women disclosed that their children witnessed the violence inflicted upon them. One woman recalled how “the physical violence” was always followed by the perpetrator crying and saying, “I'm so sorry. I'll never do it again.” Yet, as she explained, “it kept happening, kept happening, and it happened in front of the kids. She went on to explain that her son “begged” her to phone the police “because he was scared.” (Woman with lived experience, homelessness service)

In addition to violence within the home and broader family, some women touched on physical violence perpetrated by strangers. These incidents, while less frequent in women's stories, highlighted the broader context of violence that women face in society, extending beyond personal relationships to encounters with strangers. For example, one woman recounted being attacked by a man unknown to her who assaulted her and threatened her with a glass bottle.

grown man, about 40 odds... four digs to the head, then I had a black eye, they dragged me by the hair, and then he put a glass bottle to my throat. Then my friend... she was pregnant. He tried to hit her. I had to stand in the way because I didn't want her getting hurt. Do you know what I mean? (Woman with lived experience, substance use service)

5.7 Financial abuse

Many women (26 of 34) reported that partners exerted control over their finances. In many cases, they were denied independent access to their own income, severely curtailing their liberty and choices. One woman, for example, described having no independent financial “means of going anywhere or doing anything,” (Woman with lived experience, homelessness service) despite being employed, while another recounted how she was entirely forbidden to have money of her own.

In my marriage, I wasn't to have money. I wasn't to go to the doctor. I wasn't doing any of them things. (Woman with lived experience, substance use service)

Perpetrators also used coercive tactics to undermine women’s participation in and oversight of their own financial affairs. One woman, for example, recounted her husband’s increasing control over their finances throughout the course of their marriage. He would routinely dismiss her input, making her feel incompetent, and thus forcing her to withdraw from financial decisions:

throughout our whole marriage he controlled all of our finances... [I] tried to be a part of it, and then he would abuse me so much, or make me so stressed,... dismissed what I said... 'You don't know what you're talking about,' or made me feel like I couldn't do it.... he wouldn't respect any of my decisions in relation to that. I never really had any visualisation on any of our finances. (Woman with lived experience, domestic violence service)

Financial abuse often escalated when women disclosed plans to leave. One woman, for example, described how her partner would take and withhold her money when she attempted to end the relationship, leaving her financially trapped:

when I wanted to leave, it would be this, taking away my money that I worked... that was mine. (Woman with lived experience, homelessness service)

A small number of women were coerced into giving up employment, making them entirely dependent on their partner. However, it was more common for women to be coerced into providing financially for the entire family, including their partners’ personal wants, often leading to acute financial strains. One participant detailed how she was pushed to work excessively, yet never had access to the money she earned, while her partner freely spent the household's income:

My friends were like, 'You're always at work... and that's not normal. Is he making you do this? Are you okay?... I would always be pushed to do more and more, but yet... there was never any money for anything... My role was to make the money, and he spent the money. (Woman with lived experience, domestic violence service)

Another woman had to use her income to support the household while her partner kept his earnings hidden and spent them on himself:

I done all the shopping and I done all the bills. When my wages were finished, I had £35 left to do me a month... I paid for everything, absolutely everything, and he could do whatever he wanted. (Woman with lived experience, homelessness service)

Financial abuse often impacted on children within the household. One woman shared how she shouldered the burden of household bills, and all expenses related to their children, including

childcare and school needs, while her partner contributed nothing. Another described how her partner's routinely stole her money, leaving their children without basic necessities.

I was essentially running the house, paying for all of the kids' activities, all of their needs. There was nothing. I paid for all the childcare... that was the way that he had just of controlling me. (Woman with lived experience, domestic violence service)

he was a very angry person. He used to steal my money and what have you, and then there was no money for the kids. I sat starving with the kids... I went without meals those days. (Woman with lived experience, mental health service)

Several women described how their partners misused joint bank accounts immediately post separation, withdrawing all the money and leaving the account in overdraft, while others were burdened with significant debts incurred by their partners. One woman's partner coerced her into signing loan agreements, ultimately running up tens of thousands of debt in her name, while also spending the critical illness payment intended to support her recovery.

I haven't been able to work since [my illness]... but actually I got a large critical illness payment... So my plan had been to live on that... while I tried to recover... but my husband insisted that the money was put in the joint account. He wouldn't let me control the money, so he has spent it all. It's all gone, and he's run up [tens of thousands] of debt, so I have no money. He put the debt in my name. (Woman with lived experience, domestic violence service)

In some cases, ex-partners attempted to steal physical assets, such as cars, or sabotaged essential goods like food, further exacerbating the impacts of financial abuse. One woman recounted that on the day she decided to leave her partner, he tried to take her car, while another described how her partner sabotaged her food supplies by turning off the freezer, forcing her to rely on a food bank:

on the day that I made my decision to go... he tried to take my car away. He always kept a spare car key, and then the day, he came and located me, and tried to take the car away from me (Woman with lived experience, domestic violence service)

I went into the freezer to lift out something for the dinner the next day, and all my shopping was defrosted. He'd turned off... my freezer.' It's a chest freezer... He was like, 'Well, you can go and buy more now'... [but I had] no money... and then I had to go to a food bank and he was like, 'Make sure that you don't go out at the weekends because I know you're going [out]...' (Woman with lived experience, domestic violence service)

Financial abuse emerged as a pervasive aspect of intimate partner violence, with severe consequences for women and their children. Women subjected to financial abuse were often left with limited options, facing significant challenges in asserting their financial independence and meeting the basic needs of their children. Abusers controlled access to financial resources, limited women's financial autonomy, and created a state of dependency that was challenging to break free from, and indeed often continued post-separation (see Chapter 2).

5.8 Rape and sexual assault

Rape and sexual assault were dominant themes in women's accounts of violence (reported by 21 of 34 participants). With intimate partner violence, this most often involved women being raped when they refused a partner's request for sexual intercourse, with several women noting

that rape was the form of violence that awakened them to the more subtle forms of abuse occurring within their relationship.

I would say it probably actually started with rape... that's where I can recognise where it first really started. I think once he'd done it once, he knew could do it again. That was then where if I tried to stand up for myself, that's then where the physical violence would have come in or the threats. (Woman with lived experience, domestic violence service)

Then I didn't want to have sex. He forced me. He used to rub his cum all over my face and stuff... He raped me and stuff. I've never actually said it like that, but I didn't want to have sex and he... didn't take no for an answer. (Woman with lived experience, homelessness service)

Many women also described being subject to acts of sexual humiliation such as that described immediately above, with threats of public degradation and shaming also prevalent.

[He] tried to rape [me]... He stripped me naked, and tried to get me to walk up the [busy road] and all like that. I said, 'You're fucked-up in the head like.' (Woman with lived experience, substance use service)

One woman described being spiked, raped and video recorded by her then partner, with the video being shared publicly. Although she struggled with feeling responsible for the non-sexual aspects of the violence he perpetrated upon her, she was clear that she did not hold herself responsible for the rape and sexual exploitation.

it's not my own fault what he done to me, sexually and stuff... He did rape me... there were a couple of times, where I would wake up with nothing on... and not remember anything. You know what I mean? It was quite bad. He did video it, that there's sexual exploitation. Really, he did - videoed a couple of times... without me consenting... He did show his friends and stuff. (Woman with lived experience, substance use service)

Two women reported being sexually assaulted under the guise of being suspected of infidelity, with their abusers “checking” their genitals forcibly and without consent for signs of sexual activity with others.

she demanded that I lay in bed so she could smell me, then she would know if a man had been near me. Obviously, I refused... I was forced against the wall. My trousers were pulled, hand went in, hand went up... and she says to me, 'No, you're too wide. You've had a man in there.' It was all done very public. It was all done... fucking sadistically. I don't even know what to say (Woman with lived experience, homelessness service)

He ripped my clothes off me, put his hands inside me to see if I'd had sex and stuff like that. Fuck that, it was wrong ... evil to do that. (Woman with lived experience, substance use service)

Another two women described being coerced into sex that they did not want and would not have otherwise agreed to: one woman in exchange for contact with her child, and another as the non-negotiable terms under which she could have a second child.

I loved my son.... I tried to get [his dad] to let me see him and things, and he was saying no... but [then], he called me... and he says... 'If you want to see him, you can come... and we'll have a wee party for him'... So, I [was] playing with toys and everything with [my son

and then] he fell asleep [and my ex] came and says to me, 'Right, now you owe me for that.' Basically, that was the sex. (Woman with lived experience, housing support service)

He agreed we could try for another baby, and I could have her as long as I had anal sex with him for the entirety of the pregnancy. (Woman with lived experience, domestic violence service)

Several women reported contracting sexually transmitted infections from partners, with one woman being repeatedly reinfected despite seeking treatments, and another blamed and punished despite not being responsible for the transmission.

[he] kept me in the shed. Every time he was going out he was padlocking the shed up and all that. He gave me chlamydia one time. I haven't left the shed... He's given me chlamydia, but I got the face punched off me. (Woman with lived experience, homelessness service)

the amount of STIs I got was unbelievable. I was seeing the clinic every other week, because the guy I was with had chlamydia. So I kept having to get the tablet... he wouldn't take it... And they were sick of seeing me. They were like, 'why'? He's going to have to start taking the tablet. I was like, 'I can't. I can't force [him].' (Woman with lived experience, homelessness service)

Some women disclosed that had been raped and sexually abused as children. Fathers, stepfathers, and uncles dominated as perpetrators of this abuse, with stranger abuse not featuring at all in participants' childhood experiences. Most women in this group described being subject to sexual abuse or threats of abuse in very early childhood. One woman explained that as a child she moved from England to Ireland with her mother, later learning that they had fled because her father had disclosed that he planned to sexually abuse her. She was two years old at the time of the disclosure:

That's why we had to move. He threatened sexual assault against me... It's very serious... My dad can't ever speak to me until I'm 21, but I don't want to speak to him... My dad is just not a very nice person at all... I was two... My mum basically packed up our whole lives, and we've been here since. (Woman with lived experience, homelessness service)

Another woman described how her stepfather sexually assaulted her as a child, giving her cigarettes as an incentive to remain silent:

It was just my stepfather, he would've called me into the room... He'd make me sit... There's no internal, no nothing. He maybe just touched a wee bit... and then he'd give me fags. Do you know what I mean?... That was in my younger years, which would've been before a teenager. Aye, before I was a teenager. (Woman with lived experience, housing support service)

This woman continued to explain that during the abuse her mother would "just sit there smoking fags".

Some women were subject to familial rape and sexual abuse for the first time in their teenage years. One woman described how she established a relationship with her previously absent father, and travelled with him to Ireland to work in the belief that he was supporting her to move on from her "difficult" teenage years. Her father raped her as soon as they arrived:

A very close person to me did that. Well, should be a close person to me... It's a relative. I was 17... My father. Well, I don't call him that... He brought me here because I was a difficult teenager, and then he brought me here, and [raped me]... and since 17 I've been on my own. (Woman with lived experience, homelessness service)

Another woman described how she was reconciled with her mother following time in care and at first “lived quite a nice little life”. She continued:

[but] it turned out he [my stepfather] was a child abuser. He came into my room a lot and tried to have sex with me... I was only 15, and yes, he used to torture me if my mum went to bingo or anything or went somewhere. He was always in my room, always... I wasn't safe. I didn't feel safe. (Woman with lived experience, homelessness service)

One woman reported being routinely raped and sexually assaulted by her father-in-law as an adult. She described this as being linked to her experience of sexual abuse as a child, and her desire to protect her daughter from similar experiences. She was coerced into acquiescing in the mistaken belief that doing so would protect her daughter from childhood sexual abuse.

Maybe it's because I was sexually abused when I was younger and... I was in the wrong house, in the wrong place... I was letting him. It was my husband's father. He wouldn't leave me alone... I thought in my head, the way my head was going at that time, that I let them take me, but take nobody else... [he'll] leave my daughter alone... (Woman with lived experience, substance use service)

In addition to familial and intimate partner sexual violence, some women reported harrowing experiences of rape and violent sexual assault perpetrated by strangers. One woman described being held back while she witnessed her sister being raped:

I watched my sister being raped... I was 13... He was getting on top of her and she was screaming, but I was held back. I couldn't do anything to help her. There's an awful lot of shit in my head. (Woman with lived experience, homelessness service)

Other women recounted being raped or sexually assaulted by strangers while holidaying, enjoying time with friends, or going about everyday tasks. It was common for these women to say that they were disbelieved, and that they struggled to convince others that the sexual intercourse was not consensual.

That was a girls' holiday, and I was raped on my holidays. The one I was with didn't believe me, said it was consensual, but the man got seven years... (Woman with lived experience, substance use service)

It was not consensual. I did not want it, but I did it because I felt like I had no choice. He was a bigger man. He was a taller man. He was getting really agitated... it went on for 15, 20 minutes... he locked the door so nobody could come in... (Woman with lived experience, homelessness service)

I was raped a couple of weeks ago by a father and a son... It's been reported... I haven't really started dealing with it (Woman with lived experience, substance use service)

Sexual trafficking and exploitation were a feature of several women's accounts. One woman explained that her husband had coerced her to “go with other men”, with the impacts on her mental health being severe:

I think that just my head went... I was thinking of hanging myself, and then I was thinking - I had no medication at that time, but I probably would have topped myself. I just messed up. (Woman with lived experience, substance use service)

5.9 Self-defence

This section examines women's use of self-defence, specifically instances where women resorted to defensive violence in response to sustained abuse. Only a very small number of women reported such responses, and the focus here is on understanding the causes, experiences, and judicial responses associated with these instances of self-defence, all of which occurred in the context of domestic abuse.

Use of self-defence typically occurred in high-stress situations where the victim perceived no other option but to fight back. This reaction can be seen in incidents where victims, after enduring prolonged abuse, used available objects or force to defend themselves against an attacker.

I actually got a hoover pole... it was self-defence. I was trying to get him away from me. (Woman with lived experience, homelessness service)

he climbed into my window one time... it was terrible... he pushed me... ripped my fucking pyjamas off and hit me... he was a big fella, like he was six foot two... I left him with black eyes and all too because I had to fucking defend myself. I broke a guitar... over his head, you know what I mean, I had to. (Woman with lived experience, substance use service)

Women's accounts also reveal that they engaged in self-defence after reaching a breaking point. This emotional state contributed to the immediacy and intensity of their defensive actions. One woman, for example, recounted stabbing her abuser while being violently assaulted, with fear, compounded by the trauma of previous experiences of violent assault, driving her response.

because of the abuse that I'd taken in the first relationship, second relationship, and then the third one, I thought enough was enough here. There was one night, he came at me, and... he breaks my head off the radiator; just split it open. I thought, oh, hell, no... So I ended up hurting him. I stabbed him. That's whenever I ended up with the malicious wounding charge... (Woman with lived experience, homelessness service)

Post-incident, many victims struggled with feelings of guilt and self-blame. This was exemplified by one woman who having experienced sustained abuse from her son, husband, father-in-law and brother-in-law, who, when discovering that her daughter had been sexually abused, filled a can with petrol with a plan to burn down the family home. She stopped at filling the can but was wracked with guilt that even contemplating the act made her the one "to blame", "the worst person" of them all.

I'd too many beatings and this, I'm trying to keep my head clear... [but] too much had happened... It had got to the stage, I'm not going to wreck myself no more, I have to do something here. I was caught in a violent way and my mind was going. I was going to fill [a can] with petrol... and at night I was going to around the house and I was going to burn it. I just went too far. I was going the wrong way... I'd say I'd came to the point that... because of me, what I was going to do. I was [the perpetrator]... My head's gone, but I was pushed (Woman with lived experience, substance use service)

This internal conflict further exacerbated the psychological distress she was under because of the significant trauma she had endured. A further significant issue highlighted was an inadequate recognition of self-defence in both civil and criminal courts, and this is discussed in detail in Chapter 9.3.

5.10 Conclusion

This study sheds light on the extensive and varied forms of violence experienced by women, with intimate partner abuse being the most frequently reported form, affecting nearly all participants. In all but a few cases, the abuse was perpetrated by men, and many women suffered multiple forms of violence from a range of sources, including family members, peers, and strangers. Psychological abuse was the most pervasive form of violence experienced, reported by all participants, and was often accompanied by coercive control, physical violence, and/or financial abuse.

The onset of abuse in intimate relationships was often delayed. Physical and sexual violence frequently emerged only after months or even years, once emotional bonds and practical ties—such as shared homes, finances, or children—had formed. Most women initially experienced subtle forms of coercive control, including isolation from friends and family, emotional manipulation, and close monitoring of their movements. Key life events, such as moving in together or having children, often marked turning points when coercive control escalated into more overt forms of physical or sexual violence.

Psychological abuse dominated women's experiences. Many described feelings of worthlessness, shame, and self-doubt, which persisted long after the abusive relationships ended. The insidious nature of psychological abuse, often framed as being the woman's fault, made it difficult for many to recognise the severity of the abuse or seek help. Some found it more harmful even than physical violence because of its deep and ongoing erosion of their self-esteem. Women who had experienced psychological abuse in childhood, particularly from parents or caregivers, described how those early experiences negatively shaped their sense of security and self-worth, often persisting into adulthood.

Surveillance and control were also common experiences. Many women were closely monitored, either overtly or by using manipulation to justify these restrictions as acts of protection. Over time, this surveillance intensified, isolating women from their support networks and limiting their autonomy. Women living rurally were especially vulnerable to isolation and control. In some cases, abusers enlisted family members or children to monitor the women's actions, and a few abusers even sought jobs at the same workplace to maintain constant oversight. Several women recounted similar patterns of control from their parents in childhood, which had lasting effects on their self-esteem and sense of agency.

Financial abuse was often linked to broader patterns of control and surveillance. Abusers restricted access to money, denied women financial autonomy, and created dependence by withholding income and dismissing their financial input. Some women were coerced into leaving employment or were forced to work excessively without access to their earnings. In other cases, abusers incurred debts in the women's names, misused joint accounts, or stole from them, leaving them struggling to pay household bills or provide for their children. Financial abuse frequently worsened when women attempted to leave, further trapping them in dependency.

Intimidation and threats created a pervasive sense of fear that dominated women's daily lives. Abusers used menacing behaviour, verbal threats, and physical intimidation to assert control. Death threats were a particularly powerful tool of control, leaving women feeling powerless and terrified for their lives. In some cases, abusers' connections to paramilitary groups heightened this fear and sense of vulnerability. Even after ending abusive relationships, many women continued to live in fear of retaliation, limiting their ability to feel safe and rebuild their lives.

Physical violence was a dominant theme, with many women recounting life-threatening assaults, including being beaten, strangled, stabbed, and subjected to sustained physical attacks. The severity of the violence often escalated over time, becoming increasingly brutal and frequent. In several cases, abusers exerted extreme physical control by confining women against their will, shutting down access to external support. The long-term physical effects of this violence included broken bones, head trauma, and other serious injuries, alongside deep psychological trauma. Some women also suffered violence from extended family members, and others described incidents involving strangers. Some women shared how their children witnessed the violence, or in a few cases, were even coerced into participating.

Rape and sexual assault were a common and devastating element of intimate partner violence. Women described being raped after refusing sexual intercourse, being sexually assaulted, degraded and humiliated, and being coerced into sex in exchange for contact with their children or for other forms of compliance. In some cases, women contracted sexually transmitted infections from their abusive partners, which further compounded their physical and emotional suffering.

Childhood sexual abuse was also reported, with those affected most commonly disclosing abuse by fathers, stepfathers, or other male relatives. These early experiences had long-lasting impacts, deeply shaping women's perceptions of their self-worth and safety. Although less common, some women also recounted rape by strangers, and a few were victims of sexual exploitation and trafficking, with the trauma of rape often compounded by disbelief or blame expressed by others.

Instances of self-defence in response to sustained abuse were extremely rare. Women who resorted to defensive violence typically did so in high-stress situations, where they felt they had no other option than to protect themselves. These triggers were entwined with the cumulative trauma of prolonged abuse, pushing women to a breaking point. Despite acting in self-defence, many women struggled with feelings of guilt and self-blame after the incident, highlighting the complex emotional toll of these experiences on their mental health.

The forms of abuse described in this chapter are not perpetrated in isolation from one another but are usually deeply interconnected, creating a web of harm in which each act of violence reinforces and intensifies the other. This has the effect of insidiously stripping women of control over their environment and autonomy over their own lives, while eroding the material resources available to aid their escape. The constant interplay between control, intimidation, and violence traps women in suffocating cycle of increasing dependency, fear, and isolation, making it increasingly difficult to seek help or escape.

6. Housing challenges associated with violence

This chapter explores the links between violence against women, housing insecurity, and homelessness. It begins by exploring the housing-related challenges that women face when ending abusive relationships, before moving on to examine how ongoing harassment and post-separation abuse deepen experiences of housing insecurity and occasions recurrent homelessness, especially for women with children. Finally, it considers the broader impacts of violence-related trauma and external threats - such as paramilitary intimidation - and their role in contributing to housing instability and homelessness.

6.1 Ending intimate partner relationships

Almost all (32 of 34) women reported experiences of housing insecurity because of ending violent intimate partner relationships. Only one of these women had overcome this insecurity to retain her own home, with all others having lost their housing.

For many women in the study, fear of escalating violence acted as a major deterrent to leaving abusive relationships. This fear was often grounded in past experiences where attempts to leave resulted in more severe abuse. One woman, who was under almost constant surveillance, described how prior escape attempts left her "terrified" to try again, fearing for her life:

I couldn't even walk out the door to go to the shop with a handbag. Never mind trying to fucking walk out with two kids, a pram, an overnight bag and whatever else that I fucking needed. I was getting murdered before I even got out my garden... I was terrified to leave (Woman with lived experience, homelessness service)

It is unsurprising then, that in many cases the ending of relationships was sudden and driven by an immediate danger. This included several women who were hospitalised due to severe physical injuries or admitted to psychiatric services, after which they did not return home. Beyond acute hospital admissions, incidents of severe violence, such as non-fatal strangulation, served as pivotal moments, making it clear to women that they had to leave to protect their own safety.

He tried to strangle me with the beads, and only for the beads breaking... That was... the end of it. There's no staying (Woman with lived experience, mental health service)

Other women spoke about a pressing sense of danger, leading to a realisation that their partners might kill them if they remained:

I just knew. Something was telling me, next time it's going to be death. (Woman with lived experience, housing support service)

Something just clicked... I don't want to go back... Fucking hell, no, it's like a fucking death wish or something. (Woman with lived experience, substance use service)

Several women faced such severe threat that they abandoned their home in favour of sleeping rough, perceiving the streets as offering them greater safety than their homes, at least for a time. One woman who abandoned her housing association property explained:

I'm red flagged [at that house], great. I ring 999... He gets in the door I'm killed in two minutes... He knows where I am... and I'm there on my own. At least I've got people on the street... [and] they'll stick up for me. (Woman with lived experience, substance use service)

In the immediate aftermath of violent incidents, some women were pressured to leave their homes by family members or professionals before they had time to weigh their options. One woman recounted her daughter and others insisting that she move immediately, although the police had already removed her husband:

My daughter came to get me, wanted me to move because... "mummy shouldn't be here, we'll get her out"... It was other ones, my family, my daughter, saying, we'll get you out of that. All the furniture was moved out... Maybe I should have stood my ground, stayed where I was... The police had removed my husband, so... I don't know what all the moving was about (Woman with lived experience, substance use service)

Women who were not facing an immediate threat to life still faced significant challenges in staying in their homes. Many assumed that they lacked ownership or tenancy rights, which were often held solely by their abuser, either from the start of the relationship or through coercion. As a result, most felt compelled to leave without exploring their legal options, often abandoning both their property and personal belongings. One woman described her decision to flee with only the essentials for her daughter as follows:

I just wanted to get her things and...get out of here... I got her [my daughter] steriliser and all of her stuff... I got all of that, and my mum got us a taxi, and we went to her house... I had nothing... Nothing at all. (Woman with lived experience, homelessness service)

Even women who did have clear ownership or tenancy rights reported profound struggles, with homeowners especially facing expensive and lengthy legal battles, often with minimal support. The only woman who remained in her home at point of interview, described enduring years of legal disputes and financial strain to retain her housing:

It's actually caused probably more problems [than just leaving]... so I have the house in my own name now - but that took years and tens of thousands of pounds in solicitors [fees]. For what?... You're constantly on edge, like... 'What's going to happen next? Is it [the court summons] going to be here next month?... You're never totally free (Woman with lived experience, domestic violence service)

Another homeowner recounted abandoning her home, with her children, under duress after a threatening encounter with her abuser over a legal request that he vacate the house:

he received an email [from my solicitor]... saying, 'We want you to leave the house'... He was so angry, and he blocked me in a room and he said, 'You need to phone your solicitor right now and get them to withdraw that.' So he stood beside me and made me phone her... So I, basically, said, 'Oh, it's all a big mistake. It's fine.' Then, I felt like I had no other choice but to leave, so I left

Financial hardship was a common issue for homeowners with several ultimately unable to retain their homes due to legal fees, lost income, and the cost of caring for children with minimal (if any) support. One woman explained:

[He] knows; I can still get to you, I can still stop with [maintenance] money, I can still manipulate this, I can still threaten you with this [court]. You might not have a house in the next year. I'm wrecking your business... [He had] a finger in every pie (Woman with lived experience, domestic violence service)

Women who left their homes sought (and were often still seeking) alternative settled housing. A few women reported positive experiences securing new settled homes. One woman credited her housing association for quickly providing a new and secure home:

they got me that wee flat for my own safety, because they knew he still had a key and all that...[I got the flat] nearly straight away. (Woman with lived experience, mental health service)

Another woman described the life-changing support she received from the Northern Ireland Housing Executive, who provided her with a social house that became the foundation for rebuilding her and her children's lives:

I got this lovely housing officer and she was an angel... I only spoke to her a couple of times on the phone and she got me a house... I love it. My boys love... It's spacious.... I'm able to have a little dog.... There are no words for it... It was the only thing that was good in my life at that point... I know I'm out the other side; I still look at that house and go, 'That was my saving grace.' (Woman with lived experience, domestic violence service)

In rare cases, the private rented sector offered a way out, despite significant financial hurdles. One woman recounted saving money with the help of a friend, eventually securing a rental property that allowed her to leave with her children:

I didn't have the money for getting out, but I had a very good friend at work and for a couple of months, every time I had a little bit of cash on me, I gave it to her, and she looked after it for me until I had a deposit for a house... [I] found a private let in the town... He wanted two months upfront. So a month's deposit and an extra month to cover. Then I picked a day... and then eventually did go. (Woman with lived experience, domestic violence service)

These positive cases illustrate the importance of secure and appropriate housing in helping woman end violent relationships and build a renewed sense of stability and safety. However, most women in the study encountered insurmountable challenges in securing permanent housing, facing long wait times for social housing and/or financial barriers in the private rental sector.

I've tried letting agencies. I've tried private rented. I'm still on the council list. I think I've rang them a lot, but there is still nothing on nearly a year now. (Woman with lived experience, homelessness service)

I'm on to the housing, and the housing, it's grim. There's no houses about. There's nothing, and I'm mad to get out of there, and I don't know what to do, you know, like anyway. There's nothing out there. (Woman with lived experience, substance use service)

Women's capacity to resolve their own housing insecurity was also severely curtailed by the impacts of violence on employment. Some women reported that their abusers interfered with their jobs, either by showing up at the workplace, causing scenes, or getting employed there to control their interactions with colleagues. This often led to job loss. One woman explained:

I loved the job. It was the best job ever. It kept me going... but then he came into my work one day and kicked off really badly. I just took a step back from everything. I took a step back from life. (Woman with lived experience, homelessness service)

Violence related mental health struggles and substance use also contributed to job loss. One woman reflected, *"I haven't worked in ten years due to my addiction... I was a care assistant. Loved it"* (Woman with lived experience, homelessness service), while another left work after an abusive relationship because her *"mental health was just really crap"* (Woman with lived experience, homelessness service). A few women gave up work to protect their children. One described her decision:

I was a carer. I was dedicated to work. I loved my work... but with this fear [of my children being abused], I stayed home. Protection ... [To] protect my children" (Woman with lived experience, substance use service).

6.2 Post-separation abuse

Many women (23 of 34) – including those who had kept their homes for a time, those who had found new accommodation, and those experiencing homelessness - continued to face threats and harassment from their abusers, leading to further displacement and housing instability. Most stated that this abuse was worse than that endured during the relationship:

I think for me, when you were with him it's better the devil you know. I know you and... I'm used to this. I know when I leave, this effort is going to be like this [gestures upwards], and I know you're just going to come at me 100 per cent - and that's what happens... Still [happening], eight years on. (Woman with lived experience, domestic violence service)

I just basically felt safer if I took him back because I knew where he was (Woman with lived experience, mental health service)

Many women experienced invasive monitoring and surveillance, including being followed and photographed, sometimes to an extent that felt all pervasive and often in a way that was undermining of their capacity to seek help and protection.

He was stalking me everywhere I went. It was terrible. (Woman with lived experience, substance use service)

He was actually following me, taking photos of me: 'Why is there police at your house?' They actually had to start coming out with [plain] clothes on. He was taking photos of me and where I am. (Woman with lived experience, homelessness service)

Other women described perpetrators purposefully fostering a sense that their gaze and control was inescapable, including when in their own home.

He would have been sitting in the garden looking in the kitchen window. He did phone the house and said, 'I know where you were last night'... He said that my husband now, that I was on loan to him, and that him and I would be sitting in our rocking chairs together when we were old. (Woman with lived experience, mental health service)

Several women reported that ex-partners leveraged third parties, including friends or family members, to surveil and monitor them at home:

Once he found out what I'd done [i.e., left the relationship] and where I was, he then started to stalk me... I was at breaking point... because he was coming to the door... he was stalking me, and he was using his family to do the same thing... They would have sat along the side of the road outside the house looking in. (Woman with lived experience, domestic violence service)

Perpetrators of abuse also used technology to monitor women's whereabouts and/or activities. Women reported that ex-partners placed trackers on their cars, accessed personal devices and even installed cameras in their homes:

The attic was open and then I was like, oh God, what is that?... he's got a camera [there] (Woman with lived experience, domestic violence service)

He had a tracker on my car and everything... (Woman with lived experience, domestic violence service)

The impact of post-separation abuse on housing stability was substantial, with women often forced to relocate, sometimes repeatedly. One woman who was living in a refuge at point of interview explained:

I still have a house [of my own], but I just can't, obviously, live in it at the minute... It's not safe. It's not safe for me and my kids... He didn't live there. He was doing [child contact] pick-up and... just pushed his way in, and he just wrecked the whole house... It was my own house. I've had to move out of my own home. I only got mine a year ago, and I put so much time and money into it. Just uprooting my whole life again. It's just awful. (Woman with lived experience, domestic violence service)

Another woman described enduring ten years of post-separation abuse, finally moving to a new location in the hope that her ex-partner would not locate her:

We literally got a van... and just moved that morning and picked my son up at school. He said, 'What's happening?' We said, 'We've got a new house,' (Woman with lived experience, mental health service)

Women also reported being compelled to move between different forms of temporary accommodation, to evade post-separation abuse. Perpetrators sometimes managed to locate women in refuges, for example, despite protective measures, undermining the sense of security that these facilities are supposed to provide. One woman recounted:

He always seems to find me, and then I have to move and move and move, and he's putting me in such a position where I'm never safe. (Woman with lived experience, domestic violence service)

Even while staying with family and friends, or flitting between hostels, refuges, and night shelters, the threat from abusive partners sometimes persisted, leading to ever greater instability. One participant noted:

I left that [refuge] when he was standing outside it every night. Then when I went to mummy's he was following me to mummy's, so then they put me in the night shelter (Woman with lived experience, substance use service)

The psychological trauma caused by post-separation abuse was profound, with many women enduring anxiety, depression, and an ongoing sense of fear for their safety. The relentless and

prolonged nature of some women's experiences severely impacted their mental well-being, as they grappled with the constant threat posed by the abuser and the emotional toll of living under such distressing conditions, often for very lengthy periods:

Eight years. It's been a nightmare... (Woman with lived experience, domestic violence service)

The abuse went on for ten years... he stalked me... (Woman with lived experience, mental health service)

Women explained that these impacts on mental health could make it difficult to maintain stable housing. One woman, for example, described how her mental health deteriorated under post-separation abuse, leading to her eventual eviction:

My mental health deteriorated so bad, and I was really, really struggling, and the landlord came down and the house was an absolute bomb site... It was hard to drag myself out of bed because of everything that was going on... The landlord told us, 'Right, you have to go. (Woman with lived experience, homelessness service)

Women with children faced additional challenges related to post-separation abuse, with child contact commonly exploited to exert ongoing control and cause distress. Perpetrators often refused to follow agreed-upon times for child exchanges or ignored court orders, picking up and dropping off children at their discretion. This behaviour enabled them to monitor the women's movements and maintain control:

When he had my children, even though it was on the contact order, he would just bring them back [at any time] and be like, 'I know that you were out' (Woman with lived experience, domestic violence service).

He used that as another means of control because he would say, phone the kids for a chat and then say, 'I'm coming to get them,' and then he either wouldn't turn up or he would turn up hours later... He was just trying to control and manipulate. (Woman with lived experience, domestic violence service).

Perpetrators also used pick-up and drop-off arrangements as opportunities to gain access to the woman's home. One participant described instances where her ex-partner forced entry at drop-off and "would wreck my house" (Woman with lived experience, domestic violence service). Another woman shared a similar experience where her ex-partner forced entry to her home during a routine drop-off, causing damage to the property and then physically assaulting her:

"He took the wean [child] on a Friday and he came back, this was a month ago, he just pushed his way in, and he just wrecked the whole house, and he trailed me about the place" (Woman with lived experience, domestic violence service).

A minority of women (4 of 32) reported experiencing repeat homelessness in childhood rooted in domestic violence and post-separation abuse, repeatedly fleeing alongside their mothers. One participant described a childhood marked by repeated moves due to the abuse perpetrated against her mother, which left her unable to settle in a home as an adult:

I have just done this on repeat since I was a child, because my mum was in domestic abusive relationships our whole childhood... I've moved about so much because of

domestic violence as a child, I can't settle in a house for very long..." (Woman with lived experience, domestic violence service).

Another woman reflected on her lifelong struggle with constant house moves:

Repeat... house moves? From the day I was born... My mum and me. I don't know what my thing is. I've just never seemed to be able to settle. I think the longest tenancy I've ever had is two years and that's because the kids were with me. (Woman with lived experience, homelessness service)

6.3 Paramilitary and community violence

Beyond intimidation perpetrated by intimate partners, some women (6 of 34) reported losing their homes due to threats from paramilitary groups (4) or their local community (2).

Paramilitary threats often presented an immediate and severe threat to life, leaving women with no choice but to vacate their homes with little if any notice:

I ended up getting kicked out by paramilitaries... they came to the door... they just threatened me... [gave me] Twenty-four hours... It was [terrifying] (Woman with lived experience, homelessness service)

I was in my flat... I was in [a named area] and they don't really like foreign people, so I was, let's just say very politely asked to leave [by paramilitaries]... at the nighttime, and I slept in a bus stop... [They told me to] pack a bag and leave... they thought I was Catholic (Woman with lived experience, homelessness service)

The fear and trauma associated with these experiences had severe consequences, including displacement from existing support networks and a narrowing of housing options:

That's why... I'm refusing to go back to Belfast to live. There's just... too much trauma. I don't mind going up for a day, to see family or things like that, but I'm not going back to living there. Too much. (Woman with lived experience, homelessness service)

These impacts were worsened by a perceived lack of effective intervention from authorities, especially the police, who from the perspective of women subject to paramilitary intimidation, seemed to comply with or act on behalf of paramilitaries rather than protect the victims:

The policeman came and said three hours and you've to leave your house.' I said, 'What do you mean?!... They should be telling the paramilitaries to wise up. Not doing their work for them. (Woman with lived experience, homelessness service)

Several women reported losing their homes due to broader community threats (2 of 34), with this closely linked to substance use. One woman described the severe impact of such harassment on her mental health as follows:

It was hard. My mental health was deteriorating badly. They were sending old newspaper clippings of me with possession of drugs, printing them, blowing them up, and putting it all over the windows of the apartment block. Writing my address on it. My number. Do you know what I mean? Being spat at. I was going to kill myself, that's how I felt. Didn't want to leave the flat. I had to record myself leaving and coming back...I really suffered with my mental health badly. (Woman with lived experience, substance use service)

6.4 Parental and carer violence

Some women (5 of 34) reported fleeing or being forced from the family home as a young person because of violence perpetrated by a parent or carer. Several women in this group experienced rough sleeping at a very young age, and as their first experience of homelessness. Two participants described sleeping on the streets at just 17. Another recounted sleeping rough at 14, with this marking a pivotal moment where she escaped her family home and never returned:

I slept rough... I was quite young... Fourteen or so... that was me. I never went back to my mum's. (Woman with lived experience, housing support service)

One participant described years of anticipating being forced from the family home due to ongoing aggression from both parents. She fled the home as soon as she turned 18:

I remember just the constant feeling of being stuck... every time he'd [my dad] get really aggressive, I would just like think my head, oh, this is the part where I get kicked off on[to] the streets. You see, just constantly in my life I was always preparing, since very little, about when I get kicked out. I fled. I recently fled. (Woman with lived experience, domestic violence service)

6.5 Compounding factors in housing loss

Two additional factors contributing to housing loss were identified. First, some women (7 of 34) reported losing their homes soon after their children were removed from their care. In some cases, they were deemed to be under-occupying their social tenancy and required to vacate it. This compounded their sense of loss and instability, especially as they were already grappling with the emotional impact of having their children taken away:

I had a three-bedroom house, but after two months, they told me I had to return the keys because the home was needed for another family. (Woman with lived experience, substance use service)

Others struggled with housing affordability. One participant shared how losing custody of her children led to the loss of her home, as she could no longer afford the rent due to reduced Housing Benefit and child support payments:

I had three children, and they were all in my care, but then they were took off me... I had two rooms spare - I couldn't afford to pay the extra rent [when my HB was reduced]... My children's money went as well... I was down to maybe £100 a week. I couldn't afford it... I had all this here extra rent.. they kept writing out to me saying, 'You're in arrears. Do you know this is going to happen, that's going to happen?' (Woman with lived experience, substance use service)

All women described an acute deterioration in mental health and increase in substance use following the removal of their children, and all struggled to face and address the housing-related impacts of child removal. One woman who went to stay with her mum for emotional support, returned home to discover that her house had been repossessed and her belongings were gone:

I went home one day, and they were just like, 'Oh, [name], we've took over the house.' I was like... oh, my God. Everything in the house, my children's clothes and their wee toys, and my stuff... [I lost] the whole lot. (Woman with lived experience, substance use service)

Second, imprisonment also emerged as a significant factor in the loss of housing for some women (4 of 34). One participant described returning from jail to find their home boarded up and vandalised, following a lack of support to secure the property during their absence.

Had my own flat there for a while and then I've been in jail for four months... [and] my ex-partner's cousins... had everybody in the house partying, and then the needles were lying everywhere... when I was in the jail I got in contact with housing to ask them. 'Please, will you just go out and board the house up.' They didn't want to hear that... They boarded it up two days before I got out. I was in four months, so no wonder. (Woman with lived experience, substance use service)

Several women lost their housing because current policy does not support the retention of properties for people with sentences beyond six months:¹⁴⁰

this is how I ended up coming here [to the hostel], I was put to prison for six months. Six months in and... our home was taken off us, and... there was nowhere else to go... [otherwise] I would have probably still had been there. (Woman with lived experience, homelessness service)

I went to jail... You get six months of rent; jail any longer, the house, they'll take it off you. (Woman with lived experience, substance use service)

6.6 Conclusion

The testimony of women in this study reveals the profound impact of intimate partner violence on housing security, with only one of 32 able to retain her home. For some, the decision to leave was sudden, driven by severe violence such as non-fatal strangulation, leading to hospitalisation. These women simply did not return. Others were forced out, believing they had no tenancy rights or lacking the means to remove the perpetrator. Many left with only essential items, abandoning almost all of their belongings.

Even those with ownership or tenancy rights faced lengthy and expensive legal battles, with financial strain and legal fees making it difficult to keep their homes. Housing insecurity was often worsened by job loss due to abuser interference or the lasting effects of trauma. Abusers would disrupt women's workplaces, or women would leave their jobs because of mental health struggles or the need to protect their children. While a few women received life-changing support from housing associations or secured private rentals, the majority struggled to find stable housing due to long waits for social housing or financial barriers in the private rental market.

Women highlighted the persistent and harmful effects of post-separation abuse, reporting ongoing harassment, stalking, invasive monitoring, and intimidation. This ongoing abuse had a severe deleterious impact on women's housing security, making their own homes unsafe, and forcing them to relocate, sometimes multiple times. Some even had to move between different temporary accommodations, including refuges for women affected by violence and abuse, with abusers locating and harassing even here.

Women with dependent children experienced additional challenges, with abusers exploiting child contact arrangements to intimidate and control. The psychological burden of post-

¹⁴⁰ See: <https://www.housingrights.org.uk/housing-advice/homelessness/advice-people-prison>

separation abuse was profound, with many women suffering anxiety, depression, and living with an overwhelming and unrelenting sense of fear. These mental health impacts further hindered women's ability to rebuild their lives, retain employment, and establish stable housing.

Some women also faced housing insecurity due to threats from paramilitary groups or local communities. Although less common, these threats were severe and immediate, forcing women to leave their homes and communities with little if any notice and under the threat of extreme violence. The resultant trauma, combined with a perceived lack of protection from authorities, heightened their sense of vulnerability and isolation. Many were unable to ever return to their community, and the wider areas, further limiting their housing options and prolonging their homelessness.

For some women, housing insecurity began in childhood due to violence or instability within the family home. Forced to flee abuse from parents or carers, several slept rough as teenagers, establishing patterns of housing instability that continued into adulthood.

Two further factors contributed significantly to women's housing loss: the removal of children from their care and imprisonment. The removal of children not only had profound psychological impacts but also directly affected housing security, as women were forced to vacate larger social homes or faced unaffordable rent when losing entitlement to child-related benefits. This loss often perpetuated a cycle of housing instability and homelessness that was difficult to escape.

Imprisonment also emerged as a contributor to housing loss, with women losing social homes due to policies requiring their return to landlords for sentences longer than six months. Others returned from jail to find their homes vandalised or repossessed.

Violence-related drivers of housing insecurity often compound one another. Intimate partner violence forces women from their homes, while post-separation abuse ensures they remain unsafe and vulnerable even after leaving. Community threats and paramilitary violence introduce further fear and displacement, limiting housing options. The loss of children or imprisonment exacerbates this instability, leaving women with fewer resources and less support. While any one of these experiences can cause homelessness, in combination or cumulatively, they deepen housing insecurity, entrenching women in cycles of homelessness that can seem impossible to escape.

7. Other impacts

This chapter explores the wider impacts of violence on women beyond housing status. It covers physical health issues, mental health effects, and use of substances as a coping mechanism. It concludes with an exploration of the role of violence, homelessness, and substance use in the loss of child custody.

7.1 Physical Health

Women who experienced violence frequently reported both acute injuries (see Chapter 1) and chronic physical health conditions. Some developed serious illnesses, which they believed were triggered or worsened by the trauma of abuse.

I was diagnosed with pseudo seizures. They're not epileptic; they're triggered by stress.... I'm on medication for that, but they say it's mostly psychiatric... (Woman with lived experience, homelessness service)

Another woman described how the physical and psychological trauma of abuse and the loss of her son led to dissociative seizures and severe accidents requiring extensive medical treatment:

my doctor put it down to dissociative seizures... I've had numerous accidents and very bad ones. I split my lip from here down. I fell off the pier down to the rocks... They took me [to hospital] in a helicopter. I've burned my leg all the way down... I feel that... all the abuse and the way [my son] was taken from me... [and the] knocks and bumps... to the head, black eyes...head banged off the wall... I have very, very strong feelings that this is what brought on my epilepsy. (Woman with lived experience, housing support service)

Frontline workers noted similar health impacts:

due to the trauma she had experienced with regards to the abuse, she's been diagnosed with FND, which is a Functional Neurological Disorder. So it has actually left her paralysed. It impacts on her speech. Well, it's like a stroke... It's all nerve-related and that's due to the trauma. (Frontline worker, domestic violence service)

Violence also exacerbated existing health conditions, which often had the effect of increasing women's isolation and/or dependence on others. One participant, for example, recounted how a serious and debilitating medical condition left her entirely reliant on her abusive husband:

I went from being a very highly-functioning individual, who earned an awful lot of money every month, to being... completely dependent on my husband as my carer. I became incredibly isolated. It gave him a massive opportunity to exert control over me... I couldn't go up and down stairs by myself, I couldn't cook, I couldn't look after the children by myself. I couldn't talk properly, I couldn't text properly, I couldn't read... (Woman with lived experience, domestic violence service)

The chronic health problems reported - ranging from chronic pain and neurological disorders to the long-term effects of stroke - were often intertwined with violence-related mental health issues such as PTSD, anxiety, and depression (see also Chapter 7.2). One woman explained how night terrors and sleep disruption following the onset of a serious and debilitating medical condition worsened her physical symptoms, creating a cycle of deteriorating health, and increasing dependence on her abuser.

I developed PTSD as a result of the domestic abuse... I had huge anxiety and depression, night terrors. The night terrors cause real issues, because they really disrupt my sleep, and then... I'm very tired during the day, and then that makes my residual [name of debilitating medical condition] symptoms worse. (Woman with lived experience, domestic violence service)

7.2 Mental health

Violence profoundly impacted women's self-worth, often leaving them with overwhelming feelings of inadequacy and worthlessness. These feelings were fostered and/or reinforced by perpetrators through constant belittlement and dehumanisation. Women commonly described the abuse as stripping away their confidence and self-esteem, leaving them emotionally shattered:

My life has just been hell. Because of the way they have made me feel, the things they've said to me... I don't love myself. I have no confidence... It really ruined me, to be honest. (Woman with lived experience, homelessness service)

I'm broke, broken. I'm broken. I'm 35 years of age, and I'm absolutely broken. (Woman with lived experience, substance use service)

Physical scars from abuse further undermined self-esteem, leaving women feeling marked and devalued. Some described being extremely self-conscious about their appearance:

I'm very paranoid about my looks, I can't stop, I don't like looking like this, see my face, the scars, the broken nose... It brought down my confidence... I'm fucked up. (Woman with lived experience, substance use service)

Many women struggled with intense self-blame, believing they somehow caused or deserved the violence inflicted upon them.

I thought... did I bring this on? Did I bring this on myself?... Was I manifesting [this]... is this what this is? (Woman with lived experience, substance use service)

It just drains you down and drains you down, and then... you start thinking to yourself, if he's done it, and the next fellow I'm with has done it, there has to be something wrong with me... it's my fault... (Woman with lived experience, substance use service)

This internal turmoil was often compounded by ongoing exposure to violence and abuse and led to a stark downward spiral of anxiety and depression. As one woman explained:

It was just like, why is this happening to me? What have I done so wrong to deserve it?... Then it was depression. Anxiety. Trying to take my own life. Didn't want to be here anymore. My head went a lot. (Woman with lived experience, homelessness service)

Many spoke of persistent anxiety, even after ending abusive relationships. One woman, who had fled a violent relationship, endured post-separation abuse, and was now settled with her children in a new home, that she loved, spoke about the anxiety that persisted, despite her firm belief that the abuse was now over:

I know it sounds really weird, but... I don't feel well because I'm so stressed, even though I've probably nothing really to be stressed about. But it's just... had a lasting impact on

me... [I] always think there's something wrong, even when there's nothing wrong. (Woman with lived experience, domestic violence service)

Women commonly reported feeling traumatised by the violence they had endured. One woman's description of her experience as "just constant trauma, trauma, trauma" was illustrative (Woman with lived experience, substance use service). Others spoke of reliving or experiencing flashbacks to the violence:

I am a bit traumatised. I have really bad flashbacks from the whole situation (Woman with lived experience, homelessness service)

I get flashbacks. I actually still wet the bed, I haven't even told the staff that... (Woman with lived experience, homelessness service)

I do get flashbacks, and I say to myself, why did this happen? (Woman with lived experience, mental health service)

Several women had formal diagnoses of PTSD, with all in this group drawing a direct connection to their experiences of intimate partner violence and their diagnosis. As one woman explained regarding her PTSD diagnosis:

It was through trauma that my mental health got so bad ... it was from what he did to me." (Woman with lived experience, housing support service).

The toll of domestic violence caused some women to experience suicidal thoughts and actions. Many spoke of moments where they considered ending their lives, or attempted to, as a means of escaping their torment. For some, the burden of abuse, coupled with feelings of worthlessness and the stigma surrounding their situation, led them to view death as their only viable escape:

So many times I just felt suicidal... I remember... the kids were really little... thinking, I could just give us all tablets... I just wanted... to lie peacefully in the bed, for us all to go together, and the only thing that stopped me was in case one of us didn't make it and then they would have to stay with him... (Woman with lived experience, domestic violence service)

7.3 Substance use

Women who used substances often directly linked the start and/or escalation of their use to experiences of violence. The use of drugs or alcohol emerged as a common coping mechanism across all forms of violence, including intimate partner, familial, community and stranger-perpetrated abuse. The typical pattern involved exposure to violence, followed by deteriorating mental health, leading to the onset of or increased substance use. As one woman shared:

I hit the drinking when all this [experience of violence] started happening to me and I just started getting into all the harder drugs... (Woman with lived experience, substance use service)

Another woman echoed this, stating:

That's [intimate partner violence] where the alcoholism stemmed from... because the abuse was happening for maybe a few years, that was the only way I could cope. (Woman with lived experience, homelessness service)

Substance use was consistently described as a way to numb the emotional pain associated with trauma. One woman explained: “*I take the drugs to quiet the head.*” Another used drugs to “*blank*” out the impacts of her ex-partners violence, while others described an internal struggle between the determinantal effects of addiction and the need to block out “*the pain*” of their experiences:

I was on hard drugs, and that was because I wanted to blank stuff out of my mind and stuff about my ex-partner who was extremely violent towards me and abusive in all different ways, and towards the kids, too (Woman with lived experience, substance use service)

My addiction is controlling me bad... I don't want to be that person... but it blocks the pain out for a while... when you think about all this, and the rape and the domestic violence, it just fucks your head up... (Woman with lived experience, homelessness service)

Physical trauma also played a role in women’s substance use, with one woman describing how she began to self-medicate using medication prescribed to manage the pain of injuries inflicted by her abuser, progressing in time to “worse” street drugs.

Yes, the doctors got me on them for nerve damage.... I was prescribed them and then I started eating them then just - because I was eating all my script straightaway, so I was getting them then on the street, but the street ones are worse. (Woman with lived experience, housing support service)

Substance use in turn had severe health consequences for some, including blood clots, blood borne viruses, and difficulty managing co-morbid conditions:

I've started to take drugs... so I have blood clots and stuff, DVTs and stuff. (Woman with lived experience, substance use service)

I go for days [injecting cocaine]. I start on a Monday... and I'll go and go and go until... my body can't take anymore... to exhaustion... I would have been a very clean user. I always had my own works, my own needles, my own sharps ... but... somebody gave me a dirty pin, and I've tested positive for HIV. (Woman with lived experience, substance use service)

Substance use radically exacerbated women’s housing insecurity. The typical pattern here involved exposure to violence, followed by deteriorating mental health, leading to increased substance use, followed by homelessness. Some women, for example, described being asked to leave the family home because of their substance use. One woman explained:

That's where I ended up sofa surfing... [because] my addiction has caused a few problems... They are good [my family], but over the past year or so, I've fucked up a lot. They've stepped back from me... which is fair enough. (Woman with lived experience, homelessness service)

For others, substance use led to the loss of employment, meaning they struggled to afford a home of their own. One woman, who had built a successful career as a chef, found that her addiction undermined her ability to work and, in turn, she was unable to sustain a home for herself and her children:

I was working... for about 15 years... [as] a chef... [but] I just got addicted, drugs, took over that part, that factor of my life. (Woman with lived experience, housing support service)

Another woman, describing her pathway to homelessness, explained how her life was dominated by the need to acquire and use drugs, at severe personal and financial cost:

We literally got to the point where we were living in the house for weeks on end with no food in the house, no money, because we were spending £200, £300 and £400... because of our crack habit (Woman with lived experience, homelessness service)

Drug debts and the stigma surrounding substance use – especially intravenous drug use – left some women feeling unsafe in their own homes, including fleeing under paramilitary or local community threat. As one woman explained:

It is a nightmare... I don't feel safe sometimes, because I was on hard drugs and stuff, and I do still owe money out for drugs, so I have people calling me and calling to the flat and stuff for money, and I just don't have it to give to them... They're haunting me... hassling me (Woman with lived experience, substance use service)

It's not safe there. I've had threats. [They] even spray painted the house now. Out, out, out heroin head (Woman with lived experience, substance use service)

When housing insecurity led to homelessness, women reported that their use often worsened, particularly in congregate homeless settings or while rough sleeping (see Chapter 4). Exposure to drugs in these environments – especially cocaine - was commonly reported, often leading to increased consumption and/or progression to more dangerous methods of administration such as injection:

whenever the housing put me into [a night shelter], I felt very vulnerable. I felt like there was drugs everywhere... There was needles. I was seeing people in the streets; it was just absolutely disgusting. People offer me, 'Here, do you want some for £10?' 'Do you want some for £20?'... I was very vulnerable out on the streets (Woman with lived experience, housing support service)

Time spent in homelessness services also increased women's exposure to further violence, trapping them in a cycle of trauma that reinforced substance use as a coping mechanism. One woman shared her story of trauma that began with rape perpetrated by a stranger, which led to alcohol use as a way of coping. This eventually led to a breakdown in her relationship with her family, resulting in her homelessness and placement in a hostel, where she met a perpetrator of intimate partner violence. This prolonged experience of violence caused her mental health to deteriorate further, leading to deeper dependence on substances. *"My mental health is worse now over" the intimate partner violence, she explained, and "my addiction got worse over it."* (Woman with lived experience, homelessness service)

7.4 Loss of children

Women with children reported that the violence they experienced significantly affected their ability to care for and provide for their children. Financial abuse often reduced the resources available to meet their children's needs, while trauma made everyday parenting tasks more difficult. Some reported that their children witnessed the violence against them or became direct targets themselves, leading to impacts on their children's mental health. As one mother noted, *"My kids are still traumatised by that man. Still traumatised."* (Woman with lived experience, homelessness service).

Some women (15 of 34) no longer had custody of their children, most of whom were in kinship care. This was typically described as a voluntary choice, led by a desire to provide a safer or more stable environment for their children. Substance use was a major factor in these decisions. One mother explained:

I handed [my child] over, to give him a better life, that he deserves... it was drugs. It was my addiction... I can't have them around stuff like this... I love my kids... That's why I won't leave this world, because of those two. (Woman with lived experience, homelessness service)

Another mother, who was using heroin, asked her family to care for her children while she went into a rehabilitation unit. Her treatment was unsuccessful, and her children had not yet returned to her care:

I was going through something mentally and I ended up on heroin... I raised my kids [until then], a really good mum... I handed my kids over to my family and asked them to help and then went to rehab for the first time" (Woman with lived experience, substance use service).

Some women asked family to step in because they felt unable to keep their children safe. One mother, for example, left her children in the care of relative due to a violent feud between two families:

I moved away from my kids... I wasn't going to put my kids [in danger]... my kids are happy and my kids are safe with my family. So, as hard as it was, I had to walk away from them (Woman with lived experience, substance use service).

Homelessness also contributed to children being cared for by extended family (see Chapter 4). One woman described how, after fleeing domestic violence and initially staying with her children in a refuge, they chose to live with their grandmother instead:

They live with their granny at the moment... They were never taken away from me... I thought that would be best for them, [to stay local and] not to go [with me] to some other town where nobody knows you and they don't know anybody. Plus, in a place like that [a refuge], there's not - well, that place that I was in, wasn't good (Woman with lived experience, homelessness service)

In some cases, social services removed children from their mothers' care. Most of the women in this group said that they had remained in abusive relationships for too long, acknowledging that doing so had harmed their children.

I just chose him over my kids, and I didn't realise that until I lost my kids that... you've actually picked him over your kids (Woman with lived experience, substance use service).

Women described a deep sense of shame and regret that they did not leave relationships sooner, often describing themselves as weak or lacking strength for staying, with this further exacerbating feeling of worthlessness.

At the end of the day, I put them through that. It was my decision to stay. Obviously, it's not as easy as saying that. Nowhere near as easy as saying that, but ultimately... [if] I was strong enough, I could have left, but I didn't. If I had left sooner, would I have still had the kids? Probably. It just didn't work out that way. (Woman with lived experience, homelessness service)

I'm fighting myself against myself... One minute, I think, no, I am worth it, and then... [I think] I couldn't even hold my family together. I'm not worth it. (Woman with lived experience, homelessness service)

Losing custody of children – whether voluntary or enforced – had profound effects on women. Stigma and judgement sometimes led to the loss of supportive relationships. One woman said of her efforts to rebuild her life:

I had to do most of it on my own... because, whenever I lost the kids, my family didn't approve of it. Thought I was a bad mother... [They] thought, oh, she's lost again, she's no good of a mother. That's the kind of the way they looked down their nose at me. (Woman with lived experience, substance use service)

For women whose children were in the care of extended family, the kinship carer was often someone who had long provided support to the woman impacted, and the shifting dynamics often disrupted or entirely ended that source of support. One woman said of her Aunt and carer to her children:

She's a good woman... She's the woman I see as my mum... [But the situation is] not ideal and certainly not something that I would say is a hundred per cent healthy... because the kids being took off me put a lot of strain on our relationship then. I had to back away from her then because she had the kids. I wasn't allowed to be there... That all goes hand in hand [with kinship care] (Woman with lived experience, homelessness service)

For many women, maintaining a relationship with their children after they were placed in care proved challenging. Housing instability and homelessness made it difficult to sustain contact:

It's hard. The whole time I was in [this city], I didn't get to see them once and didn't even get to speak to them. Six weeks of not seeing or speaking to your kids is just detrimental. I didn't want to be here. I didn't like the thoughts running through my head. I'll be real, they were horrific (Woman with lived experience, homelessness service)

Feelings of loss, guilt, and shame often led to worsening mental health and substance use. One mother, for example, reflected on how losing her children triggered led her to start injecting drugs:

It really has affected me with my kids. There are days I don't want to get out of bed. And now they have cut my contact with them down to once-a-month, because I'm just not me... I started injecting cocaine. I've never done that in my life. It's just, I had to block this pain out. Then, when you stop you get flashbacks... It's ruined me, this. (Woman with lived experience, homelessness service)

Beyond loss of custody, several women reported acute mental health impacts because of miscarriage, stillbirth or child death. The trauma of these experiences was also linked to increased substance use:

He blamed me [for the miscarriage] and for a while I blamed myself. I really blamed myself. This is where the spiral of depression started. I went on this really bad road of drinking. I started taking cocaine. I started not coming home for days and days. (Woman with lived experience, homelessness service)

[I started drinking] when my son passed away. That was after the second pregnancy. It wasn't as bad, it was just to get over it, to sleep at times, but I'm sure that's how it all

starts... it did develop quite badly... and then I slipped in the completely wrong direction, like really wrong direction. (Woman with lived experience, homelessness service)

7.5 Conclusion

The physical health impacts of violence against women were severe and deeply damaging. Many women reported chronic pain, neurological disorders, and/or serious injuries, often directly linked to the trauma they experienced. Physical injuries from abuse, particularly head trauma, had long-lasting effects, and women sometimes linked the onset of new conditions to the trauma they had endured. Exposure to violence also exacerbated the symptoms of existing conditions.

For women with disabilities, the impact of violence was particularly pronounced. Already facing barriers to accessing healthcare and support, the introduction of violence often worsened their physical condition and increased their reliance on others, including abusive caregivers. Substance use often compounded physical health issues, introducing additional risks such as blood clots, blood-borne viruses, and worsening co-existing health conditions.

The mental health consequences of violence were equally severe. Women commonly reported deep feelings of worthlessness, inadequacy, and shame, which were ingrained through repeated emotional and verbal abuse. Where women had visible physical injuries from abuse, the emotional trauma was intensified, leaving them feeling scarred and devalued. Anxiety, depression, and post-traumatic stress disorder were prevalent, with many women experiencing flashbacks that not only brought deep emotional distress but also triggered physical symptoms like sleep disturbances and bed-wetting. Post-separation abuse compounded these mental health impacts, with many women continuing to live in fear of further violence. Self-blame was common, with many questioning whether they were responsible for the violence they endured, further eroding their sense of self and contributing to suicidal thoughts in many cases.

Substance use became a central coping mechanism for many women, directly tied to the trauma they experienced. Whether the abuse was perpetrated by intimate partners, family members, or strangers, women often turned to drugs or alcohol to numb the emotional and psychological pain. However, this coping strategy came with severe consequences, leading to problematic use and dependence, with linked deteriorations of their mental and physical health and/or weakened social support networks.

Substance use also contributed significantly to housing insecurity. Many women were forced out of family homes or lost employment due to their use, making it increasingly difficult to maintain stable housing. Drug debts and the stigma of substance use made some women feel unsafe in their own homes, while others faced threats and harassment from local communities or paramilitary groups, forcing them to flee. This housing insecurity pushed women into homelessness, where their substance use escalated further. In congregate accommodation or while rough sleeping, women were often exposed to drugs, making it difficult to avoid relapse and, in some cases, leading to more dangerous substance use methods like injecting. This environment also heightened their vulnerability to further violence, creating a vicious cycle of violence-related trauma, trauma-related substance use, and substance-use related homelessness.

Violence also impacted on women's ability to provide adequate emotional or financial support for their children. Some children were directly or indirectly affected by the violence, with some

witnessing abuse or becoming targets themselves, resulting in lasting trauma and mental health struggles.

A number of women lost custody of their children, typically placing them in kinship care with extended family. While some women voluntarily made this decision to provide their children with a safer, more stable environment, others had their children forcibly removed by social services. The psychological impact of losing custody was absolutely devastating. Feelings of guilt, shame, and self-loathing overwhelmed many women, compounding the trauma they had already experienced from the violence. For most, the removal of their children triggered a stark downward spiral in their mental health, leading to worsening depression, anxiety, and increased substance use as they sought to cope with the overwhelming sense of loss, with some considering suicide.

8. Experiences of homelessness

This chapter explores the various forms of homelessness experienced by women, including sofa surfing, B&B hotels, hostels, refuges, night shelters, and rough sleeping. It highlights the risks and challenges women face in each of these, before concluding with a discussion of the cyclical nature of homelessness and compounding effect it has on women's trauma.

8.1 Overview of women's experiences

All women reported experiences of homelessness, with participants being recruited on that basis. Most women reported multiple forms. The fewest types of homelessness reported by any participant was 1 out of 11 and the most was 11 out of 11. On average, participants disclosed 6 different forms of homelessness.

Table 8.1: Number of homelessness experiences disclosed

Number of forms of homelessness	Number of women disclosing
10-11	3
7-9	9
4-6	13
1-3	9
Total participants	34

Most women in the study reported experiences of sofa surfing (27 of 34). Beyond this, congregate accommodation was the primary type of temporary accommodation accessed by women in the study, with most reporting having lived in a B&B hotel (22 out of 34), hostel (21 out of 34), or refuge (19 out of 34). Half of participants (17 out of 34) had stayed in self-contained temporary accommodation, with a similar number reporting night shelter use (15 out of 34). A significant number of women (13 of 34) had slept rough, and the same number had spent the night in public spaces such as stations or 24hr cafes. Some women had exchanged sex for shelter (10 out of 34) or squatted (7 out of 34), while a smaller number reported staying in unconventional forms of accommodation (4 out of 34), such as caravans and cars.

Table 8.2: Forms of homelessness experienced

Sofa surfing	27
B&B hotels	22
Hostels	21
Refuge	20
Self-contained temporary	17
Night shelter	15
Public transport, train stations, cafes	13
Rough sleeping	13
Sex in exchange for shelter	10
Squatting	7
Unconventional accommodation	4

Total participants ¹⁴¹	34
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8.2 Sofa surfing

Most women (27 of 34) with direct experience of violence had turned to sofa surfing, that is, staying with family or friends on a temporary basis. Some women did so to seek temporary refuge during periods of heightened risk, while remaining in the relationship. Women rarely viewed this experience as one of homelessness:

I would've stayed out with people or stayed at families or whatever just so I didn't have to be there. But it wouldn't necessarily mean I was homeless, because I did have a home; I just didn't want to be in that home... I'd stay up all night, I'd go to friends, I'd sleep in the car... (Woman with lived experience, domestic violence service)

Sofa-surfing commonly occurred when leaving an abusive intimate partner or escaping post-separation abuse. It served as an interim solution before being placed in temporary accommodation or as a precursor to more severe forms of homelessness.

I just left with my three kids. I stayed with my sister for a week and I managed to secure, obviously, a temporary house. (Woman with lived experience, domestic violence service)

Women sought help from family and friends reluctantly, often battling intense feelings of shame and fear of judgement before reaching out. One woman reflected on “the shame” of asking her parents for somewhere to stay for a second time:

The shame... The shame of going back to them and saying, do you know what, I got this wrong again. (Woman with lived experience, domestic violence service)

Another woman, who had never been homeless before, planned to sleep rough rather than ask friends or family for a place to stay. She avoided this situation when a friend offered her a bed for the night:

So it was gone half 12 and my friend texted me going, 'Have you got somewhere yet?' I said, 'No'. She was all like, 'Get back to my house now. Get in out of the cold, sleep on the sofa and we'll go from there.'" (Woman with lived experience, homelessness service)

While sofa surfing offered immediate safety for some, it often came with significant challenges, including cramped and overcrowded living conditions. One woman, for example, described sleeping on a sofa in her mother's “tiny” one-bedroom flat, which worsened her mental health and substance abuse:

I went to my mum's to stay with her... I was sleeping on her sofa... and she was like, 'Well, you can stay here as long as you [want].' It was so pokey, her wee flat, you couldn't have two people staying there. So I stayed there for as long as I could, and then things started regressing. My drug taking was unreal, just off the scale, and my drinking was off the scale. (Woman with lived experience, substance use service)

¹⁴¹ Note individual women reported experience of multiple forms of homelessness

Sofa surfing also strained relationships, sometimes leading to a breakdown in connections that women had found vital in enabling her to leave an abusive partner. One woman described how sofa surfing in a friend's family home had negatively affected both families involved:

it had a huge impact on [my children] because... they were having to share a house with other children... it was all fun and games for maybe a week or two - but then they became quite territorial about, 'Well, this is our house, and... you're in our space,' and my friend's children were getting upset, and then her ex-partner was getting upset by the fact that his kids were upset... So it had a huge impact on her, but I had nowhere else to go. (Woman with lived experience, domestic violence service)

8.3 B&B hotels

B&B hotel accommodation is utilised by the NIHE as a short-term emergency solution when other options are unavailable. In this study, B&Bs typically offered single rooms with minimal access to cooking facilities and little in-service support.

Many women (22 of 34) reported staying in B&Bs, viewing these placements as an attempt by the Housing Executive to offer them somewhere to stay in the absence of capacity within hostel or refuge provision. Accounts from women revealed highly unsafe conditions in most B&Bs, marked by violence, harassment, and theft. Women described living with a pervasive sense of fear and peril that severely undermined their mental health and wellbeing:

I got my eyes opened. Oh, my God, did I get my eyes opened. Wow, Jesus. I learnt a lot of lessons in there... I observed an awful lot. I thought I knew most people and behaviours and stuff. No, I was so wrong.... Never [felt safe there]. (Woman with lived experience, homelessness service)

The B&B, no [I didn't feel safe]. There were quite a few people, interesting people. Dangerous. Not sleeping. It's actually worse than here [homeless hostel]. (Woman with lived experience, homelessness service)

B&Bs were described as being male dominated, leaving women vulnerable to harassment and intimidation. Some felt that sleeping rough was a safer alternative:

I left there [B&B]. Fuck that. This was all men... it was all fellows, and they'd bang on your door all night.... one day, I forgot to lock my door. I walked round to the shops and I go back and some fellow's lying on my bed off his head on tablets... I had to phone the police to get him moved. (Woman with lived experience, substance use service)

Exposure to drug use in B&Bs was reported to be exceptional high, with several women noting it as a more significant issue than in hostel accommodation (see Hostel section below).

I stayed in B&B for a night but they are not nice there.... Drugs. A lot of drugs. There are a lot of drugs in B&Bs. (Woman with lived experience, housing support service)

Many B&B placements were located in remote areas, far from essential services and support networks, exacerbating feelings of isolation:

Then they put me in [a B&B]... in the arsehole of nowhere... Not even a shop or nothing. (Woman with lived experience, substance use service)

the hotel was [really remote]... I was there three weeks... and you can't even buy cigarettes there. (Woman with lived experience, homelessness service)

8.4 Hostels

A hostel is temporary accommodation for people experiencing homelessness. In this study, hostels typically offered a private bedroom alongside shared living spaces and communal facilities. Occupancy was granted based on adherence to specific rules and constraints, with access controlled by the hostel provider.

Many women (21 out of 34) reported staying in homeless hostels after experiencing violence. Several highlighted the importance of supportive staff who were friendly and aware of their specific needs. Empathy from staff was seen as particularly important in fostering a supportive environment, though women often felt ignored and misunderstood in hostel services. One woman with ADHD shared her experience:

This hostel is helpful because the staff are really friendly... someone here is neurodivergent, and they understand a lot of the struggles I go through. The other hostels I stayed in weren't like that... they just ignored me most of the time (Woman with lived experience, homelessness service)

For some women, having their own hostel room offered a sense of freedom and control, crucial after fleeing coercive environments. One woman described her first experience of this:

walking into that room for the first time, it was like this is my freedom, this is my fresh start. (Woman with lived experience, homelessness service).

However, strict hostel rules, such as curfews, visitor bans, and alcohol restrictions, were often experienced as oppressive and infantilising, conflicting with women's need for autonomy and independence. One woman expressed frustration:

you had to be in for a certain time, and things like that, and I was like, for fuck's sake... Very strict. (Woman with lived experience, homelessness service)

Despite rules prohibiting substance use, drug exposure was a common issue in women's experiences of hostel living. This not only prevented them from feeling safe but also worsened substance use for those already struggling with it. One woman, describing her "first time in a hostel", noted that although she does not "smoke cannabis or anything like that... the smell of cannabis" from other residents "comes in through under your doors" making her stay "very, very difficult" and leaving her "very badly depressed" (Woman with lived experience, homelessness service). Another woman recounted being "spiked [with drugs] round the back" of the hostel she was staying in, while another described hostels' as places filled with "fighting and taking drugs." (Woman with lived experience, substance use service)

Women described the emotional toll of witnessing violence, distress and even suicide in hostels. One woman explained that "coming through hostels" had left her feeling "hard-faced". "You see some shit", she said, recalling:

We just had a wee fella pronounced dead in here... He hung himself... He was on my landing... I was in my room dancing away to music and he's hanging himself. I seen his face. Have you ever seen someone that's been hung? Have you seen their feet?... I will never forget. (Woman with lived experience, homelessness service)

Most hostels accessed were mixed gender, with mostly male residents. Some women encountered men in hostels who would later abuse them. One explained, *“my first boyfriend. The guy [that abused me], I met him in here [a hostel]... when I was first in here... when I was about 23”* (Woman with lived experience, homelessness service). Others felt profoundly unsafe and anxious. One woman, describing her experience in a *“male dominated hostel”*, said she suffered *“panic attacks, anxiety attacks”*:

Even if I heard a noise, if I went to my door, I was running back and I was not leaving my room. (Woman with lived experience, homelessness service)

The presence of predatory and abusive men in hostel accommodation worsened this fear and sense of peril. One woman revealed:

Like last week I was ready to end my life... I don't feel safe in here. It's not with the staff; it's with him... because he's a dangerous, dangerous man. (Woman with lived experience, homelessness service)

Another described leaving a hostel to escape a frightening man who *“took a shine”* to her, becoming agitated and threatening when his feelings were not reciprocated:

This is what I've found with the hostels, there's more men than women... Then, sometimes, you would come across people who would put a bit of fear into you... [I left because] there was this feller... he was only out of a fucking six-year marriage. I don't know, he took a shine to me. You know, that type? (Woman with lived experience, homelessness service)

Due to feeling unsafe, some women choose to sleep rough or only stayed in the hostel at night. One woman *“walked in [to the hostel] and said no, I'm not doing it”*, explaining that *“it was just rough”* (Woman with lived experience, housing support service), while another would *“just go in at night to sleep and... stay out all day”* (Woman with lived experience, substance use service).

8.5 Refuge

A refuge is temporary accommodation designed to provide a safe space for women and children fleeing domestic violence. In this study, the refuges described by women typically offered an individual bedroom along with shared living spaces and communal facilities. Occupancy was granted based on adherence to specific rules and conditions, with access controlled by the refuge provider.

Of the 34 women interviewed, 20 had stayed in refuges, often seeking immediate escape from abusive relationships, and sometimes following police or hospital intervention after violent assaults. One woman recalled:

I just remember him kicking the shit out of me. I phoned the police. The police took me straight up to a hospital... That's whenever I went into the women's refuge. (Woman with lived experience, homelessness service)

Most women who accessed refuge reported that the support provided by staff helped rebuild their self-esteem and increased their understanding of intimate partner abuse. One explained that her abusive ex-partner made her feel *“very small and timid,... unworthy of anything”* but refuge support helped her to feel *“worthy”* again (Woman with lived experience, homelessness service). However, women with more complex needs were either refused refuge

accommodation or had stayed only briefly. Frontline staff noted that refuge provision does not cater to the needs of this group.

Despite the benefits of refuge support (for those who could access it), all women reported significant challenges around refuge-living. Many reported that constant exposure to new, often distressing stories of violence and abuse, exacerbated their existing trauma, and that this could be overwhelming, particularly when combined with the pressures of adjusting to refuge life and dealing with ongoing post-separation abuse. *“That was a really hard time too,”* one woman reflected, *“Refuge was, actually, worse than a homeless hostel”*, she continued, *“hearing other people’s stories and things like that”* (Woman with lived experience, homelessness service). Another woman described the experience as being:

like a boarding school... [for] women that have different traumas. So, you’re retraumatising yourself. Every new person comes in it’s... ‘Oh, I also went through that.’ Then it brings back all those emotions... (Woman with lived experience, domestic violence service)

Alongside vicarious trauma, women also found the constant turnover of residents challenging. *“You have to adjust every time”* a new resident arrives, one woman explained, *“it’s really mental”* (Woman with lived experience, domestic violence service). Women also struggled with a lack of personal space and having to use shared facilities. This was particularly jarring for women who had recently left settled housing.

You’re going from a three-bedroom house with all your furniture, all your mod cons... you don’t have to share your kitchen... [Then] you’re in one wee tiny room... with a double bed... and in another corner is a single bed... [My toddler] was crying and [then my baby] starts crying too and I just thought to myself, fuck this. I can’t do this. I rung [my aunt] and [she] took me back to [my partner’s house]. (Woman with lived experience, homelessness service)

Women with children complained that the confined and shared living spaces led to high levels of stress and disrupted routines that negatively impacted on their children’s mental health and well-being. One mother, sharing a single room with her teenage daughter, lamented the lack of privacy, which she considered essential for her daughter’s age:

At her age, she’s supposed to be in her own privacy and things like that. I can’t really understand how this is supposed to work (Woman with lived experience, domestic violence service)

Another mother, sharing a single room with two small children, described how her younger children had become clingy and had trouble sleeping alone, a marked disruption to their established routines. *“I’m never going to get the two of them back into their bedrooms again”*, she lamented, noting that the youngest can only sleep when sharing her bed and *“he’s never done that.”* (Woman with lived experience, domestic violence service)

The communal environment also posed risks of exposure to negative influences and heightened stigma and shame, especially for teenagers. *“It stresses [my children] a lot, and it accumulates”*, one mother shared, especially my teenagers, who worry *“that their friends will see them and think, oh, they are living there, so they are homeless... It humiliates them. It degrades...”* (Woman with lived experience, domestic violence service). This stigma extended to most women, many of whom found the secrecy of refuge life profoundly isolating. Not being

able to share their location, though understandable, reinforced feelings of shame and worthlessness. One woman described refuge living as a “*huge stigma*”. She continued:

It's like you feel very small... Inhuman, sometimes, too. Like not good enough to be seen... like a caricature, like a pity thing... a piece of dirt (Woman with lived experience, domestic violence service)

Given these challenges, many women expressed a preference for self-contained accommodation with access to support when needed, rather than shared refuge spaces. As one woman put it: “*I'd need support, but I'd rather be in my own house*” (Woman with lived experience, domestic violence service).

8.6 Self-contained temporary accommodation

Half of women (17 of 34) reported being offered self-contained temporary accommodation, usually after experiences of sofa-surfing and (sometimes multiple) forms of congregate accommodation. Those who accessed self-contained temporary accommodation were generally very grateful for it and found it preferable to congregate living. However, some encountered challenges, including poor conditions and disrepair. One woman shared that she lived in a flat slated for demolition, which led her to accept permanent accommodation in an unsuitable area where she later faced paramilitary intimidation:

That was in [named area] but they were going to take that building down, so I took the flat that they offered me, but I shouldn't have... (Woman with lived experience, homelessness service)

For some, the location of temporary accommodation, far from established support networks and services, made daily life and accessing support more challenging.

it was very out of the way. For me it was, because I'm used to always being near my mum... I wouldn't have been able to get my kids to school or anything. It would've been very difficult (Woman with lived experience, domestic violence service)

Transportation issues also prevented some women from taking up offers of self-contained temporary accommodation. One woman shared how she missed an opportunity because she was not able to meet the landlord at the agreed time due to public transport delays. “*I couldn't get there in time*”, she explained, and the landlord said that I had “*wasted his time*”, so “*wouldn't be getting*” the flat. She was unable to afford the cost of the return trip and felt “*lucky*” to have a friend nearby who put her up for the night. (Woman with lived experience, substance use service)

Half of women said that they have never been offered self-contained temporary accommodation, with all accommodation they had accessed being congregate in nature. One woman explained that she was only offered self-contained after being deemed substance-free and ‘ready’ to progress to better forms of accommodation:

the girls in the [drop-in] said that I was a good candidate for - it's a serviced apartment type of a thing. The housing put you in there to free up the [night shelter] bed and that because you're not an addict, you're not going to just run away for a couple of days and then come back into the system. You're actually there to progress through the system to get your own home. (Woman with lived experience, homelessness service)

8.7 Night shelter

A night shelter is a basic form of emergency accommodation, typically offering shared rooms for nighttime use only and with limited opening hours. In this study, women were generally allowed to stay for just one night, requiring daily re-referrals for longer stays.

Nearly half of the women who participated in this study (15 of 34) had stayed in night shelter accommodation. All described their experiences as marked by acute uncertainty about whether they would secure a bed each night. Access was solely based on daily self-referral, with no guarantee of a bed:

I was rough sleeping on the streets until they got me into the night shelter again. Advance booked; you have to put it in [a referral] in the morning. If you can't get it in on time, then you are on the street basically (Woman with lived experience, homelessness service).

Where a bed was available, women had to leave the shelter early each morning and then call by phone to request a bed for the following night. Most would spend the day wandering the streets or at a nearby drop-in centre, waiting to hear whether they had secured a bed for that night, which was typically confirmed after hours. If no bed was available, women often resorted to sleeping rough:

You had to ring every day, so you never knew if that bed was yours... You were ringing at eight o'clock in the morning to do your referral, and they'd ring you after five... then they'd tell you where you were... you might be on the streets (Woman with lived experience, homelessness service).

Most women who stayed in the night shelter also used drop-in centre services, but all recounted highly negative experiences, describing the drop-in environment as chaotic and unsafe, with frequent fights and altercations:

Go up to that [drop-in] and they're murdering each other. It's mental up there too... There was at least ten fights there (Woman with lived experience, substance use service)

Horrific... There were certain people you wouldn't leave a cup because they'd have it gone. There was a lot of fights, and it's daily, a lot of fights... Being around the constant shouting, constant screaming, you're already struggling or fighting demons in your head. So, it was quite terrifying. (Woman with lived experience, homelessness service)

Exposure to drug use and the pressure to engage in illicit activities, like selling prescribed medication, added to an atmosphere of chaos and threat:

I just hate it... Just full of substance stuff... Too chaotic. (Woman with lived experience, substance use service)

it was full of... people who had severe drug addictions, which was a bit tough for me... [Someone] asked me to sell my medication to her and all (Woman with lived experience, substance use service)

The chaotic environment, frequent violence and altercations, and exposure to drug use made women feel unsafe and exacerbated the very challenges they were trying to escape. Many chose to avoid the drop-in or spent only brief periods there, instead remaining on the streets, where they were also vulnerable to violence and abuse (see Rough Sleeping section below):

I was very vulnerable out on the streets... Crash beds, and that's all you have. Seven o'clock in the morning you're out till seven o'clock that night (Woman with lived experience, substance use service).

Night shelter use had a highly negative impact on women's emotional and psychological wellbeing. The constant uncertainty, coupled with exposure to harmful day time environments, and often interspersed with episodes of rough sleeping, led to feelings of utter despair. The experience was made more demanding by strict rules that, for example, required women to carry their belongings with them throughout the day. As one woman explained:

You couldn't leave your suitcase in the room... you take your suitcase down to the drop-in, and you stripped your bed every morning... You have to keep it [your suitcase] with you at all times... It's very uneasy. Very, very uneasy. (Woman with lived experience, domestic violence service)

One woman, who lost her home to a violent relationship but remained employed till the demands of night shelter use made it impossible to sustain her position, reflected on her entry to the shelter, saying *"that's where it all went downhill"* (Woman with lived experience, homelessness service). Another woman poignantly described her experience of night shelter use as one of *"pure exhaustion, absolute pure exhaustion"* because, she explained, *"you don't know... [when] you wake up... if that's where you're going to be laying your head down again"* (Woman with lived experience, homelessness service).

8.8 Rough Sleeping

Rough sleeping, which included sleeping outdoors (13 of 34) or in places not designed for human habitation such as transport stations and café's (13 of 34), disused buildings (7 of 34), and unconventional spaces (e.g., cars, garages, and caravans) (4 of 34), was a commonly reported experience, with 20 of 34 women reported at least one of these forms of rough sleeping.

Most of the women who slept rough did so because they had no other accommodation options. This was especially true for those staying in night shelters where access to a bed was uncertain, often leaving them with no choice but to sleep on the streets, typically at short notice (see Night Shelter section above). Others had no alternatives due their substance use, which either precluded access to temporary accommodation or led to eviction for breaking rules.

That said, some women chose to sleep rough despite having other accommodation options. This included women with settled housing who felt safer on the streets than in their own homes. One woman, for example, chose to sleep rough because, despite the dangers, the streets offered respite from the immediate threat of her abuser:

I've chosen to be on the street sometimes... [He] left me for dead, and then I ended up on the streets, by choice. I didn't want to be in the house. (Woman with lived experience, substance use service)

Another woman shared that she *"would rather"* sleep rough than remain in the home of her abuser, saying that *"it actually felt instantly better"* to sleep rough (Woman with lived experience, substance use service).

Women also turned down offers of temporary accommodation out of fear of encountering former abusers. One woman, for example, refused a hotel placement in a city where her abusive ex-partner lived, even though she had no other place to stay:

for three days [I was] on the streets... because they were trying to send me to [a particular city]. I can't go to [that city] because my ex was from there and I went through domestic violence and all with him... (Woman with lived experience, homelessness service)

Others abandoned hostels and B&Bs where they felt acutely unsafe, choosing the streets instead:

I was the only girl [in the B&B]. I went, 'I'm not staying here.' I ended up back out rough sleeping again (Woman with lived experience, substance use service)

While women sometimes considered rough sleeping a safer option, it was nonetheless an experience marked by fear and anxiety. Many described a constant state of vigilance to protect themselves from harm, often hiding or disguising the fact that they were rough sleeping. One young woman recounted being too frightened to sleep and hiding behind bushes for safety:

It was hard. It was cold. It was really cold... I was just scared to even sleep at all. I'd hide behind bushes. (Woman with lived experience, homelessness service)

Women commonly reported “mostly walking” (Woman with lived experience, homelessness service) to avoid settling in one spot where they might come to the attention of others. Others avoided sleeping directly on the streets by taking refuge in public spaces like bus stops, train stations, airports, and 24-hour cafes. For some this was a single event, while for others it was “literally just constant” (Woman with lived experience, domestic violence service).

Some women (7 of 34) resorted to squatting, occupying abandoned or unoccupied properties, typically following a period of sleeping on the streets. One woman described transitioning from street sleeping to squatting:

I went from the streets to staying in different places. It would have been a house where we had four or five of us in an abandoned house." (Woman with lived experience, substance use service)

Another woman explained how, after repeatedly seeking help from services, she ended up squatting, following days spent walking the streets:

I kept ringing them [the NIHE] every day... I was [out in the streets during the day] just walking... I started squatting." (Woman with lived experience, homelessness service)

Rough sleeping often resulted in serious physical health issues. One woman regularly sought refuge in hospital accident and emergency departments to escape the cold and wet conditions and to seek treatment for health problems like throat and chest infections caused by sleeping outside:

[I stayed] in hospitals... because it's cold and wet. There has been times I needed things checked anyway. Ended up on antibiotics because I ended up with throat and chest infection, like, that's part of it all. (Woman with lived experience, substance use service)

The psychological toll of rough sleeping was profound, with women describing feelings of exhaustion, hopeless and isolation. One woman, reflecting on the constant need to defend herself from harm, explained:

[Last week someone] attacked me. So, what do you do but defend yourself? it's exhausting if you're having to do that all the time... it just takes its toll. It's really taking its toll on me. It's tiring. It's constant. You just want it to [stop]... you want the help. I would love just to be somewhere, to know I've got somewhere [to stay] (Woman with lived experience, substance use service)

Another woman who described herself as being “institutionalised to the streets”, recounted the deep loneliness of street sleeping, noting that despite being surrounded by others in similar situations, she felt isolated:

the streets were like my family. We were all together. I felt safer in a group of people. On the streets, you're all in the same situation, so I felt safer with them... [but in time] you find that you are very alone. You think you have your friends; you think you have the support; you don't. (Woman with lived experience, substance use service)

Some women, worn down by the physical and emotional toll of rough sleeping, considered drastic measures, like survival sex (see section below) or even committing crime to elicit imprisonment. One woman, for example, talked of preferring prison over the dangers of the streets:

I don't like to sleep rough though... I preferred to go to jail, do you know what I mean?... It's not nice. It's horrible... I'm too old now for it. It's not for me. I just want my own gaff. (Woman with lived experience, housing support service)

Forming relationships for protection was another common survival tactic. One woman shared how her boyfriend, who she met on the streets, protected her while sleeping rough:

[I slept rough for] a year, and I met my boyfriend there... Any time anyone tried to hurt me or anything, he was, 'Get away from her... Fuck you, fuck off.' (Woman with lived experience, homelessness service)

However, these protective relationships often turned abusive:

At the start, it was... like, a man that every woman would want. Then it was, 'Where are you going? Why are you putting tan on? Who are you with?' Then, one day, he flipped at me, and he just hit me dead in the mouth, and he knocked my tooth out. (Woman with lived experience, homelessness service)

Women were targeted on the streets by predators, including traffickers. One woman described how her protracted experience of trafficking, sexual exploitation and rape “all happened on the streets”, meaning that she was initially targeted there by a trafficker posing as a protector. The trauma of trafficking left her feeling completely broken.

Respondent: I feel destroyed.

Interviewer: Is that how you feel?

Respondent: Yes, yes, a hundred per cent, yes

(Woman with lived experience, substance use service)

8.9 Survival sex for shelter

Survival sex refers to the exchange of sex for access to material necessities.¹⁴² Some women (10 of 34) reported exchanging sex for a place to stay, often during times of acute distress and vulnerability:

It was just that time was... a bad place... because of this [domestic abuse], I was going away places, trying to break away from it... not wanting to go home. Staying away places, but not wanting to get back to the house again. (Woman with lived experience, substance use service)

Women who engaged in these typically one-time exchanges were often under intense psychological pressure and frequently suffered further harm. In one case, a woman who arranged to meet a man for a place to stay, was later raped by him:

I got very - took a lot of drink and was drinking myself, because I wanted to blank out things. Apart from giving a person sex, at that time, I was vulnerable. Then one other time I was raped. Then there's black, like did it happen? Did I imagine it? (Woman with lived experience, substance use service)

Another woman described the emotional challenge of facing her experiences:

As much as anything, it's admitting it. I know for myself over the last couple of years, there's a lot of things that I've buried and there's a lot of things where recently I've started actually admitting to myself, and that's real, and then you have to deal with it. (Woman with lived experience, domestic violence service)

Some women, typically those sleeping rough, entered longer-term arrangements wherein they exchanged sex for somewhere to stay. The power dynamics in these situations were highly exploitative, with initial consent rapidly giving way to coercion and physical violence. Several women recounted experiences of control and abuse that surpassed – in both severity and duration – the abuse they initially fled. One woman, evicted from a rehabilitation centre after a relapse, met a man while sleeping rough who, she explained, “wanted sex for me to stay with him for a roof over my head.” She went on to explain:

I was doing that, and I was making dinners and doing everything to live there. He just had me controlled... it wasn't a relationship. He was purely using me... saying, '[Name], do this, [Name], do that,' sexually and all. I'm like, oh my God, what do I do here? (Woman with lived experience, substance use service)

In one particularly harrowing case, a woman described entering a sexual relationship for shelter, which quickly became coercive and led to her being trafficked and “passed” around to other men for a “long time” (Woman with lived experience, substance use service).

8.10 Chronic homelessness

Most women reported repeatedly experiencing homelessness, often having to move between various types of accommodation without ever finding stable housing. Some women had been

¹⁴² Johnsen, S. & Blenkinsopp, J. (2024) Hard edges: the reality for women affected by severe and multiple disadvantage. Online: Heriot-Watt. https://pure.hw.ac.uk/ws/portalfiles/portal/107153525/HardEdges-RealityForWomen_FullReport_logo_.pdf

caught in this cycle since childhood. Moves driven by post-separation harassment and abuse, combined with a lack of access to safe and suitable temporary housing, led to frequent relocations.

In this vein, many women described a pattern of staying in B&B hotels and night shelters while waiting for a space in a refuge or hostel to become available. These experiences were often preceded or interrupted by episodes of sofa surfing with family and friends.

There were no hostels and stuff. They put me in... a B&B. Then it was a hotel. Then a night shelter... Then overcrowding, because I was staying with my friend... and then in a hostel."
(Woman with lived experience, homelessness service).

On accessing refuge and hostel provision, some women struggled to sustain these placements, generally due to the congregate nature of such placements, and abandoned or were excluded from their place, again accessing B&B or night shelter placements before beginning the cycle again.

Sofa surfing with friends and family... then I went to overcrowding and the women's refuge and the night shelter temporary, and then the hostel. (Woman with lived experience, homelessness service)

For some women, this experience was punctuated with periodic episodes of rough sleeping, while others spent several years on the streets, sometimes resorting to acutely harmful "solutions", such as survival sex.

I've sort of rough slept, in hostels, back out on the streets ... for the last three years.
(Woman with lived experience, substance use service).

It was a women's refuge first.... The sofa surfing. Then the hostel. Then the night shelter. Then the rough sleeping. (Woman with lived experience, homelessness service)

The harms associated with each form of temporary accommodation, and each experience of acute homelessness, were often egregious on their own, but for many women, they were compounded through multiple exposures, creating a cumulative burden of trauma. As this trauma deepened, the original experiences of violence that occasioned homelessness were often overshadowed or buried, making them difficult to distinguish from the layers of suffering that followed. These women's stories vividly illustrate how violence not only deeply undermines housing security, but traps many in an experience of repeat homelessness that is characterised by exposure to further, sometimes greater, violence. The compounded trauma of both violence-related homelessness and homelessness-related violence creates an enduring vulnerability that is extremely hard to escape from.

8.11 Conclusion

This chapter has explored the varied and often overlapping forms of homelessness experienced by women, revealing that many navigate through multiple types of temporary accommodation without achieving stable housing. On average, women reported experiencing six different forms of homelessness, including sofa surfing, stays in B&B hotels, hostels, and refuges, with some also reporting more severe forms, such as rough sleeping and engaging in survival sex to secure shelter.

Sofa surfing emerged as a common experience, with many women turning to family or friends during periods of heightened risk or post-separation instability. While this provided short-term refuge, it was often accompanied by challenges such as overcrowded conditions, strained relationships, and a sense of shame. These experiences frequently exacerbated women's mental health struggles and, in some cases, increased substance use, highlighting the limitations of relying on informal networks for safety and shelter.

B&B hotels, used as temporary accommodation when other options were unavailable, were also commonly accessed by women in the study. However, conditions in these accommodations were frequently reported as gravely unsafe, with women describing male-dominated environments characterised by violence, harassment, and/or drug use. In many cases, the lack of security and support in B&Bs left women feeling vulnerable, with some opting to sleep rough given that it was perceived to be a safer alternative.

Many women found hostel living to be challenging due to strict rules such as curfews and visitor restrictions, conflicting with their need for autonomy after leaving coercive relationships. The prevalence of drug use, despite restrictions, exacerbated substance use issues for some. Mixed hostels were typically male-dominated, heightening feelings of insecurity and vulnerability, with some women reporting having initially met the perpetrators of domestic violence in these settings. Harassment and abuse sometimes led women to abandon hostels, or to remain outdoors as much as possible during the daytime.

Refuge accommodation, intended to offer a safe space for women fleeing domestic violence, was accessed by many women in the study. While the support provided by refuge staff was often praised for helping rebuild self-esteem and understanding intimate partner abuse, the communal living environment presented challenges. Many women found the constant exposure to others' trauma, combined with a lack of personal space, difficult to manage. For women with children, these issues were compounded by the stress of disrupted routines and the impact on their children's mental health and well-being.

Night shelters and rough sleeping represented some of the most harmful forms of homelessness. Night shelters, which required daily self-referral and offered no guarantee of a bed, were characterised by uncertainty, with women often forced to spend their days in unsafe drop-in centres or on the streets. For those unable to secure a bed, rough sleeping was typically the only option available to them. Women who slept rough frequently reported feelings of acute fear and anxiety, describing how they hid or walked through the night to protect themselves from harm. In some cases, they sought refuge in public spaces like cafés and stations, while others resorted to squatting in abandoned buildings.

For many, rough sleeping led to further exploitation, including engagement in survival sex. These arrangements ranged from one-off exchanges to longer-term coercive relationships, where women were subjected to ongoing control and abuse. In the most severe cases, women were trafficked and exploited for extended periods, highlighting the extreme vulnerabilities faced by those without access to safe housing.

These various forms of homelessness, often acutely harmful on their own, were rarely experienced in isolation. Most women in this study reported repeat homelessness, with some moving repeatedly between unstable and harmful temporary accommodations without ever finding stable housing. For a few, this cycle had been a feature of their life since childhood. Key factors driving these frequent relocations included post-separation abuse, limited access to

safe housing, and the overwhelming demand for available accommodation. Many women spent time in B&B hotels and night shelters while waiting for spaces in refuges or hostels to become available.

When women accessed refuges and hostels, these accommodations often failed to provide safety and stability. The congregate nature of these environments posed significant challenges, causing some women to leave or face exclusion. This instability frequently pushed them back into harmful B&B or night shelter stays, sometimes leading to rough sleeping. For a few women, these periods of rough sleeping stretched into years. Harmful coping strategies, such as survival sex or forming relationships with "protectors," were also employed as a means of securing shelter, exposing women to further exploitation and abuse. These repeated cycles of homelessness left women vulnerable to ongoing violence, deepening the trauma they had already endured, and further exposing them to perpetrators of abuse.

9. Accessing Justice

This chapter explores women's experiences in accessing justice after facing violence, and the impact of the justice system on housing insecurity and homelessness. It begins by examining the barriers to seeking help, such as fear, trauma, and the risk of retaliation, before discussing the role of the police in responding to violence. The chapter then reviews women's experiences in the criminal court system, followed by an overview of civil court processes, particularly protective orders. It also addresses the family court's approach to child contact arrangements and concludes with a discussion on the crucial role legal representation plays in supporting women through these legal processes.

9.1 Seeking help

Key stakeholders and frontline workers identified a number of significant barriers faced by women seeking help. First, many women struggle to contact services without their abusive partners knowledge, with some resorting to "burner phones" to avoid detection. On this issue, frontline workers emphasised the need for varied and flexible contact options:

Make sure they have a range of ways to contact you... Maybe they don't want to say something over the phone, they'll maybe send an email with a bit more information. (Frontline worker, statutory housing service)

Second, trauma and fear often prevent women from fully recognising or disclosing the abuse they endure. Frontline workers stressed the need for supportive, safe environments that encourage women to share their experiences. They also noted that it may take numerous attempts for women to fully engage with services, and their accounts may change or evolve over time as they process their experiences:

The ability to control through fear... that power imbalance, it's absolutely perverse... in all aspects of their life... [Women] feel incredibly entrapped... They will have spent years, sometimes decades... minimising the harm... because that makes it manageable... (Key stakeholder, criminal justice and domestic violence sector)

Third, confidentiality concerns present a major barrier, particularly for women whose partners hold positions of authority (e.g. police officers, judges) or those who work in connected services themselves (e.g. housing officers, social workers). In close-knit communities, women fear that contact with services could inadvertently alert their partners, or affect their own employment:

Some of these women, their husbands are police officers... Some of these women themselves are police, or... social workers... doctor[s]... [They are] keen no one else... is made aware... They also worry about who's going to see their information, who's going to know their story (Frontline worker, domestic violence service)

Finally, engaging with services was identified as an acute aggravator of risk. Merely being known to a service can increase the danger women face from perpetrators of violence:

Sometimes we have to err on the side of caution as well... Coming here could put her at risk.. Police coming to her door... Going to the housing, applying for the house... (Frontline worker, domestic violence service)

Seeking support can provoke violent retaliation and intensify coercive control. One worker likened it to “kicking a hornet's nest” (Frontline worker, domestic violence service).

when the women... bring those agencies in... it becomes dangerous... She's taken the control back. He's starting to lose it... We're having to make the women aware. 'This is going to cost you... He's not going to take this lightly.' (Frontline worker, domestic violence service)

It's always a balancing act. Whenever we phone the police, and the police attend the house, is that then putting that person at further risk? Then what do they do if you do nothing... It's very difficult. It's very, very difficult (Key stakeholder, substance use sector)

Several stakeholders noted that separation is the highest-risk period on the domestic homicide timeline. They stressed the importance of alerting women to this risk, while acknowledging that this reality can discourage them from seeking help or leaving:

On the domestic homicide timeline, separation is the key period of risk... We tell victims, 'Look, now is a risky time'... So all of their fears are then becoming very, very real, and we're not selling the leave mantra. It's an incredibly difficult sphere... (Key stakeholder, criminal justice and domestic violence sector)

Key stakeholders emphasised that existing responses are sometimes insufficient to manage the severe risks women face. When women seek help, they may do so under a very real threat of escalating violence :

Authorities are unlikely, in most cases, to be able to control the perpetrator to prevent those harms becoming a reality... It's a horrific scenario. A wholly unfair dynamic. (Key stakeholder, criminal justice and domestic violence sector)

9.2 Police

Fear of retaliation often deterred women from seeking help or pursuing legal action, with some choosing not to involve the police or press charges due to concerns that doing so would provoke further violence. Despite these concerns, many women did engage with the police, typically following violent assaults. Some reported positive experiences, especially where officers took proactive measures to ensure their safety. Positive responses were more common where women had been subject to very recent violent assault, and where the perpetrator was already known to police. One woman recounted:

The police were involved an all. Said he's well known for it... Four different GBHs on girls and a rape charge... They were brilliant with me (Woman with lived experience, substance use service)

However, police responses were inconsistent. While some officers were helpful, others were dismissive or unsympathetic: “some of them were nice”, one woman explained, “and some were arseholes, to be quite honest” (Woman with lived experience, homelessness service). One woman explained that despite her visible injuries, police seemed to favour her partner’s version of events:

The police [weren't helpful]. It's just like it's one word against the other and it's always the man that wins... they saw my face and all, and the bruises on me. (Woman with lived experience, homelessness service)

Frontline workers highlighted an insensitivity to trauma in how some police officers respond to victims of violence. One recalled an incident wherein a police officer kicked a sleeping woman's chair to waken her in the immediate aftermath of violent victimisation:

She was in A&E, and to wake her, he was kicking her chair... and that attitude, it's [re-traumatising]...you can't do that... this person has been through something traumatic (Frontline worker, domestic violence service)

Women reported that some officers made comments that minimised the violence or placed blame on the victims. One woman recalled an individual police officer telling her abuser, "Listen, mate, I know what it's like. It's not easy after they've had a baby." She continued:

I just couldn't believe the words that came out of his mouth. I said, 'Are you joking me?' I said, 'This man's beaten me. I had her [my baby] in my arms... and then you're saying you understand him.' I said, 'I just don't get it'. (Woman with lived experience, homelessness service)

Another woman recalled an incident where an individual police officer said of her violent victimisation, "If you lay with dogs, you catch fleas," completely undermining her faith in the police force:

That's what he told me, 'If you lay with dogs, you'll catch fleas,' and they did nothing for me. Then... [later] they were adamant and adamant to get him into jail. 'You were no help to me when I needed it, so why should I help you in any way, shape or form?' (Woman with lived experience, substance use service)

Frontline workers also reported similar incidents. One example involved a police officer urging a victim to show greater understanding of her abuser, in the immediate aftermath of his having attempted to gain access to her home:

The investigating officer told her that she should cut him a bit of slack, because [he]... was going through something very similar at home... He could really understand that man's perspective... he was just desperate and angry. (Frontline worker, domestic violence service)

Some women reported that their cases were taken less seriously when they left and returned to abusive relationships or made multiple reports regarding post-separation abuse.

I just think they were under the impression, like, 'Oh, here we go again.' (Woman with lived experience, mental health service)

Because I rang them so many times... they're like, 'Here we go again.' (Woman with lived experience, domestic violence service)

Frontline workers expressed concerns about the police's use of the Domestic Abuse, Stalking and Honour-based Violence (DASH) risk assessment tool.¹⁴³ They felt that assessments often lacked depth and failed to accurately capture risk:

¹⁴³ Richards, L. (2009) Domestic abuse, stalking and harassment and honour-based violence (DASH 2009-2024): risk identification and assessment and management model. Online: Static. <https://static1.squarespace.com/static/63585aa01220164be2e387b2/t/65a82ce5e47f867b140872ed/1705520358604/DASH+2009+2024.pdf>

They don't explain what the questions are meaning... A lot of women come in and they [say]...'The police didn't take this much detail. It was, "Yes, or no? Are you frightened?"' (Frontline worker, domestic violence service)

We will have women who come into the service... who have already been heard at MARAC, meaning the DASH has been done, and she will not know what MARAC is or what a DASH is. (Frontline worker, domestic violence service)

Woman with direct experience of violence also reported police lassitude around recognising and responding to risk. One woman, trafficked by a group of men that she encountered while street homeless, who transported her around Belfast to a range of venues where she was raped and sexually assaulted, noted that the police missed several opportunities to intervene and protect her:

They were stopped numerous times in a car by police... They [police] didn't [do anything], and they didn't believe me ... but with the sort of convictions they had; they should have known. They had a young, wee girl in the car... It's had a lot of effect on me that. (Woman with lived experience, substance use service)

Key stakeholders observed a stark contrast between uniformed police officers and specialist teams in this regard. The human trafficking unit, for example, was considered more proactive and responsive:

The human trafficking team are extremely proactive and engaging people. I had one [case] last week... and they were very on the ball... [But when] I phone 111 and I'm reporting domestic violence, it's going to uniformed police officers who have 300 million things to do that day (Key stakeholder, substance use sector)

Two groups of women emerged as particularly vulnerable regarding police responses. First, interactions between police and women with more complex needs, especially those using substances, were often negative. Some women reported that officers appeared indifferent to the violence they endured, with one stating that the police “*don't really give a fuck*” about their safety (Woman with lived experience, housing support service). Frontline workers also noted disparities in police responses to women who do not “*fit the idea of what a victim of domestic abuse should look like*” (Frontline worker, domestic violence service). Women who have been arrested, who are perceived as violent, or who struggle with substance use, can face visible judgment from officers. This lack of understanding about trauma and its effects, frontline workers suggested, discourages women from seeking justice:

Attitude is a massive thing. If you're being sat down with somebody... and you can see on their face the judgement ... it's not going to make you feel like you want to talk to them. (Frontline worker, domestic violence service)

A few women in this group described traumatic encounters with police, including one who recounted being violently assaulted during a wrongful arrest, which left her “*black and blue*.”

The cops... they fucking literally assaulted me... it was fucking severe... I was wrongfully arrested... there was four of them... The judge was fucking disgusted at them... my arms, black and blue, my fucking legs were black and blue, my stomach, my fucking back, my arse... My hand was fucking killing me (Woman with lived experience, substance use service)

Second, women under threat from paramilitary groups faced particular challenges that undermined their ability to safely engage with the police. A key stakeholder explained:

There are communities of surveillance... that find the victim and inform the perpetrator, and will tell the perpetrator that an authority has been out - if its police or social services or otherwise – [and] where they are staying,... who's helping them... It makes the threat of violence all the more real. They will know what those paramilitaries are capable of... [through] the very real proximity to violence that they've lived and grown in (Key stakeholder, criminal justice and domestic violence sector)

One frontline worker said of a particularly well-known perpetrator of domestic violence:

Cars were torched, houses were burned, windows were smashed... The dogs on the street know who he is. Nobody will go against him... The police know, but... they don't have the power... (Frontline worker, domestic violence service)

Police procedures regarding their issuance of “Osman letters”¹⁴⁴ - which inform individuals of serious and imminent paramilitary threat to life - further undermined women’s trust in authorities, leaving them feeling unprotected and isolated. Frontline workers explained:

House ransacked, windows kicked through, stalking, monitoring, locating and everything that's going on in an intimate relationship and yet apparently the police can come along and tell you to get out your house (Frontline worker, domestic violence service)

Key stakeholders expressed deep concern about the intersection of paramilitary violence and domestic abuse, describing it as “really, really dangerous,” “terrifying,” and “devastating.” They were particularly troubled by the ongoing issuance of threats to life, calling it “shocking” (Key stakeholder, housing advice sector). However, there was less criticism of the police’s role in these difficult situations. One stakeholder noted:

Who would the woman want the message to come from just from a pragmatic perspective. I would say that the police are delivering that message in a protective way. It's informative. (Key stakeholder, housing advice sector)

Another added:

The process of police delivering threats is UK-wide... it just doesn't happen to the extent that it happens here, because you don't have remnants of prescribed terrorist organisations just casually threatening people all the time (Key stakeholder, criminal justice sector)

9.3 Criminal Court

Most women had not pursued their abusers through criminal courts, and some described being actively discouraged from doing so by police officers:

he was supposed to be up in court... and the police constable... actually come out. He said, 'You've moved away and all now, do you really want to have to take it to court?... I

¹⁴⁴ Walsh, C. (2023). Human rights and the management of threats to life: an evidence informed review of a multi-agency response in Northern Ireland and directions for the future of safeguarding victims of community violence and serious harm. Online: QUB.
https://pureadmin.qub.ac.uk/ws/portalfiles/portal/527115081/Human_rights_fin.pdf

was determined... but before he left, he had talked me out of [it]... he even said it might start him again... putting fear into me, you know... keep the peace. (Woman with lived experience, mental health service)

Those who had engaged with the criminal courts described very long wait times, with some enduring extended periods of uncertainty, including trials being postponed repeatedly. One participant, for example described a four-year period across which proceedings were continuously delayed, exacerbating the psychological burden of the legal process (Woman with lived experience, substance use service).

I was £2 short from a taxi... and I got taken away and sexually assaulted by that taxi driver... He pleaded [in the end, but]... it went on for about four years... The longer it went on the more [stress]... They send you court letters and then put it back. Then you prepare yourself mentally to go to court and then three days before it, no. (Woman with lived experience, substance use service)

Women noted that the legal system was complex and daunting, appearing more focused on procedural formalities than on delivering justice. There was also concern that the system failed to recognise the impact of its decisions on their lives:

police came, and they arrested him, and [then] they came and took statements off me... Then they said that I never sent the form back to them, and I know I sent it back to them. It was just thrown out of court. [The form] was all about your witness statement to say how it made you feel, which... I've done in my interview [already]. I told them... and the fact that they're... making you relive it, like, 'How is your abuser... being released to the street [going to make you feel?]. So how is anybody going to feel? (Woman with lived experience, homelessness service)

Women typically reported feelings of regret and/or emotional turmoil while engaging with the legal system, with some expressing that the process left them in a worse position than before.

You're like, 'Why do I even bother?... Even to this day I'm like, 'Maybe I shouldn't have rang the police last year... Everything in my life crumbled afterwards. So I do regret ever contacting the police, but then what if I didn't?... No woman or man should ever have to feel regret in doing something that was the best choice. (Woman with lived experience, homelessness service)

Several key stakeholders noted that a woman's homelessness can undermine her credibility as a witness in court, even where it results from the violence perpetrated by the defendant. Trauma-related coping mechanisms, such as substance use, are also used to discredit them and are typically overlooked as indicators of vulnerability:

[We] have significant examples where a woman's homelessness status has been directly used against her as in de-crediting her as a witness, as a victim.... [A] woman had to face homelessness for safety, it's then used against her... as an undermining factor, amongst the complications that often come [with trauma] (Key stakeholder, criminal justice and domestic violence sector)

More broadly, key stakeholders expressed concern that the specific needs of women who are homeless are frequently overlooked in broader movements aimed at enhancing women's access to justice. One stakeholder explained:

The [murder of] Sarah Everard has kickstarted people, and the #MeToo stuff... but those issues are not for women who are classically homeless... [They] don't even have access to that narrative... They're unseen, and unheard, and unrecognised, and undervalued... (Key stakeholder, homelessness sector)

Where cases progressed to court, women often described dissatisfaction with the outcomes, particularly regarding the perceived leniency of sentences. One woman shared how she decided to press charges against her abusive partner after a particularly brutal assault. Though he had been charged before, she had withdrawn from the case, fearing repercussions. This time, the police convinced her to follow through, and despite the strain on her mental health, she saw it to the end. Here, she expresses her disappointment with the outcome and her resulting loss of faith in the system.

That's whenever I ended up, I did take him to court. He was put in jail a few times [previously], but then because I'd dropped the charges, he was allowed out, but this time, enough was enough. I couldn't go through it anymore. Then he was brought up [to court], and he walked away with probation... I was insulted, because the judge had everything in front of him. Medical records, stuff like that. I thought to myself, what if this happens to me again? What do I do? (Woman with lived experience, homelessness service)

Frontline workers echoed these concerns, and stressed the importance of preparing women engaged in the judicial process for the possibility of disappointing outcomes:

We've went to court with women... and the partner is up for attempted murder, and he's walked out the door... It's very important for us to prepare a woman, what her expectations are... because there's so many barriers... to justice. (Frontline worker, domestic violence service)

In cases where perpetrators were imprisoned – whether for violence against women or other crimes - women voiced a sense of relief, “*when he was in prison*”, one woman explained, “*I was away from him*” (Woman with lived experience, substance use service). Another recounted her prolonged struggle to escape a violent partner, with his imprisonment the turning point:

Interviewer: How did you get away from him?

Respondent: He went to jail.

(Woman with lived experience, housing support service)

While imprisonment offered temporary relief, many women were sceptical regarding its effectiveness in changing their abusers' behaviour. They observed that once released, their abusers typically continued without any meaningful behavioural change. One woman stressed a need for treatment alongside punishment, suggesting that prison alone does not prevent future abuse.

He wasn't born to beat women, so something changed in his mental health. He became sick, and he wasn't offered help. I'm a survivor of the abuse. What's he? He's a prisoner... that doesn't help him, because they don't help them in jail... Fuck them, lock them up. They deserve a good six months in prison, but what do they get in that prison time? (Woman with lived experience, substance use service)

A further significant issue highlighted was an inadequate recognition of self-defence in both civil and criminal courts. Women reported that their defensive actions were perceived as criminal or

indicative of mutually abusive behaviours, rather than because of prolonged victimisation, leading to harsh legal repercussions for some:

one night... he came at me. I was standing there making myself like a wee sandwich... I remember, clear as day... his fist coming, and I had a butter knife in my hand. It was... in him, before I could even think. Then I just remembered, oh, dear God, not again... Then people said to me, 'You've done it twice.' I says, 'Excuse me, we'll see if you were in my shoes... would you let somebody physically hurt you? No, you wouldn't.' It's like, anybody, if you're backed into a corner, you're going to fight. Me being me, I phoned the police and told them what happened, and then I was arrested... I got three years. (Woman with lived experience, homelessness service)

The difficulty in proving the context of self-defence within legal settings posed a significant challenge. Women often struggled to present their experiences of sustained abuse in a manner that the court acknowledged as a mitigating factor, resulting in legal outcomes that failed to account for the broader context of their actions. Failure to address the underlying patterns of abuse contributed to the criminalisation of victims.

Reactive abuse is something that the courts don't recognise yet, and it's so frustrating because these women are like, 'I was losing my mind. I didn't know what to do.' I'm like, 'Listen, we've all been there. You've been pushed to your brink.' But then the courts see that as the woman abusing. It can be very hard to get, and unless you have serious evidence or they have a history of DV or anything like that where they're well-known for being aggressive, it doesn't really go in your favour. (Woman with lived experience, domestic violence service)

Several key stakeholders noted “an awful sense of injustice” around punishment for defensive action, with one explaining:

the court really should be looking at that [prison] as a very, very, very last resort for a woman who has been a victim... because of all of the elements that are involved in a woman hitting back. Then going to prison itself is just a further spiral for women... It just feels like kicking women when they're down... unless it's an absolute risk to life if they don't go to prison. (Key stakeholder, housing advice sector)

9.4 Civil Court

When women discussed their experiences of civil courts, they primarily focused on protection orders,¹⁴⁵ specifically non-molestation¹⁴⁶ and occupation orders.¹⁴⁷ Some women shared

¹⁴⁵ Belfast Area Domestic & Sexual Violence and Abuse Partnership (2024) Domestic violence and abuse: legal remedies: information about the criminal and civil law surrounding domestic violence and abuse in Northern Ireland. Online: Belfast DVP. <https://belfastdvp.co.uk/themainevent/wp-content/uploads/Legal-Remedies-full-guidance-Updated-July-2024.pdf>

¹⁴⁶ A non-molestation order is a legal injunction granted by a judge to prevent a person from abusing, harassing, pestering, or threatening another person - including children - by prohibiting specific acts and potentially establishing an exclusion zone that bars the perpetrator from certain locations such as the victim's home, workplace, or children's school.

¹⁴⁷ An occupation order is a legal directive issued by a judge to determine who may reside in a property and can be granted alone or alongside a non-molestation order to further protect victims by preventing the alleged abuser from living in the family home, with breaches of such orders constituting a criminal offence.

positive outcomes. In all such cases, orders were granted following severe physical violence. One woman recalled:

I had got out of the house and run and whilst I was running, the police was running towards me... he was arrested... they were helpful and they took me home... I did [get a non-molestation order]... I needed to get all that to keep him away (Woman with lived experience, homelessness service)

Another woman recounted her swift and helpful experience in court:

She [a solicitor] took me straight to the court for a non-molestation order. The judge granted it straightaway... and they just served it. I was just very lucky to be alive. (Woman with lived experience, housing support service)

Where protection orders were granted, they could offer crucial protection. One woman described the relief and sense of freedom she felt on obtaining a non-molestation order:

I got an emergency non-molestation order... Let me tell you, it was like a breath of fresh air. I felt free for the first time. I felt like I didn't have him lingering over the side of me. (Woman with lived experience, homelessness service)

Frontline workers also highlighted the potential power of non-molestation orders in enabling police intervention and shifting how victims are perceived:

it gives the police power to arrest, whereas before that, they'll just be looking at it as: this is just a dispute between a couple (Frontline worker, domestic violence service)

However, for most women, seeking civil protection was extremely challenging. For occupation orders, frontline workers identified barriers related to both evidential requirements and conditions aimed at preventing homelessness. Specifically, an occupation order is only granted if an alternative address for the perpetrator is provided. One frontline worker explained:

The problem... is that the judge has to know that he's not making him homeless, so he has to be given an address of where he could go if she was going to be granted an occupancy order to have peaceful residence of her own home... If he has no alternative address, then the occupancy order isn't going to go ahead. (Frontline worker, domestic violence service)

When an ex-parte¹⁴⁸ occupation order cannot be obtained, women reported immense fear and distress while living with their abusers and navigating legal avenues to remove them. Several stakeholders noted "how reluctant women who are vulnerable in these circumstances are to take those sorts of actions" (Key stakeholder, housing advice sector), leading most to avoid pursuing them entirely, instead remaining in the relationship or fleeing into homelessness.

Women also reported extreme challenges in obtaining non-molestation orders. Even when judges were sympathetic, a lack of sufficient evidence often prevented action, leaving women feeling unprotected and at greater risk. One woman, who described the judge presiding over her case, as "so sympathetic" and a "hate[r] of domestic violence", explained:

the judge is like, 'I believe this man is torturing you, but I don't have enough evidence to do anything with it'... there's not enough evidence to meet the benchmark... [so he was able to] get off with it and then it was like, 'Well, what's the flipping point? Now I'm going home

¹⁴⁸ Meaning an order obtained without the knowledge of one party.

and I've agitated him even more by being here.' (Woman with lived experience, domestic violence service)

Women described enduring prolonged abuse while trying to build sufficient evidence, while also feeling compelled to remain “*impeccably behaved*” to avoid undermining their case:

[you] could have all the evidence under the sun... reams and reams of things... but [if] you've retaliated in a text message... the judge is like, 'There's nothing I can do here.' The best thing a woman can do is to take it and just let them [be abusive]... (Woman with lived experience, domestic violence service)

Another woman expressed her frustration:

[They're] saying... 'you want your non-mol, you want your restraining order, but we don't have enough [evidence], so shut up and put up until we [do]'. (Woman with lived experience, domestic violence service)

Key stakeholders too stressed the unrealistic expectations placed on women during the process of seeking protection:

The expectation is that the woman, in the whole process, doesn't react or respond in any way, and can't show any emotion, or any frustration, or any anger, or any shame, or any trauma, or anything else (Key stakeholder, homelessness sector)

However, a few women noted a nascent shift due to recent legislation criminalising domestic abuse and coercive control,¹⁴⁹ with some judges now giving greater weight to women's testimony as evidence in its own right:

Because of the new legislation... they are trying to pick up... coercive control... The judge can see women's reaction... and they know who's telling the truth... even if they don't have 100 per cent all the evidence... (Woman with lived experience, domestic violence service)

Frontline workers also noted positive changes in the legal landscape, with one expressing optimism that a woman's “*statement will be enough*” to demonstrate her fear and need for legal protection (Frontline worker, domestic violence service).

Several stakeholders cautiously anticipated further progress from new legislation¹⁵⁰ that criminalises stalking and introduces Stalking Protection Orders. These orders enable police to apply for court-imposed restrictions on suspected stalkers to protect victims.¹⁵¹ Justice sector stakeholders reported that extensive training and awareness efforts are ongoing:

They are pretty new... It's probably too early in the day to say how effective those are... They need... significant training, development, and embedding, and particularly with law enforcement... In the past we've often felt like our job is done whenever the ink is dry on the legislation itself, which is not the case. (Key stakeholder, criminal justice and health sector)

Where the evidential bar was met and protective orders were granted, many women felt that they were insufficient in preventing continued abuse. Perpetrators often found ways to act just

¹⁴⁹ Domestic Abuse and Civil Proceedings Act (Northern Ireland) 2021

<https://www.legislation.gov.uk/nia/2021/2/enacted>

¹⁵⁰ Protection from Stalking Act (Northern Ireland) 2022 <https://www.legislation.gov.uk/nia/2022/17/enacted>

¹⁵¹ See: <https://www.psnipolice.uk/safety-and-support/keeping-safe/protecting-yourself/stalking-and-harassment>

outside the bounds of the order, and therefore without consequence, leaving women feeling vulnerable and unprotected. One woman described how her ex-partner, a tradesman, harassed her by watching her from a layby near her home that had been placed outside the bounds of the order to allow him to carry out his work. When she called the police, they were unable to act on her concerns:

I rang the police, and I said, 'He's watching me'... So, they came out and they were like, 'That's not in the exclusion zone. He's entitled to sit there,' and I went, 'What?' They were like, 'Your neighbours could be watching you as well for him and there's nothing we can do about that.' (Woman with lived experience, domestic violence service)

Later, the same man sent threatening pictures and message to a friend while they were at her home. When she reported it, the police said the friend would need to file the complaint. Not wanting to get involved, the friend refused, leaving her feeling deeply unsafe. She summed up her view of protective orders:

I've been away from [him]... for eight years... I've had three non-molestation orders, and one of them was for two years. He's taken... undertakings¹⁵² and things as well... none of it's worth the paper it's written on... (Woman with lived experience, domestic violence service)

Frontline workers echoed these concerns around perpetrators exploiting the limitations of protective orders, noting that the outcome is often to undermine women's sense of safety while in their own homes. In one case, a young woman, identified as high risk by MARAC, continued to be monitored by her abuser: *"He is still parked up at the top of this new street that she's living in. She's petrified"* (Frontline worker, domestic violence service). Another perpetrator rented a house just outside the orders exclusion zone, forcing the woman to daily *"pass his house, going with the children to school... He's standing outside... That wasn't seen as a breach"* (Frontline worker, domestic violence service).

Some perpetrators even exploited the physical layout of exclusion zones. In one instance, a man was bailed to a house on higher ground just outside the restricted area, allowing him to monitor the victims home: *"He could see... what cars are at her house,"* the support worker explained, *"who's visiting, and yet he's not doing anything [wrong]"* (Frontline worker, domestic violence service).

Beyond the manipulation of orders to allow for continued abuse, slow police responses and inconsistent enforcement to undisputable breaches, also functioned to undermine their effectiveness. One woman explained:

Even though I have that protection order... him and two of his friends, and the girl that he was living with then... they come round with hatchets... He actually came through my window, and I phoned the police and I said, 'Look, I have a protection order right here,' and it took them over two hours to come... It was then we decided, right, we need to get out [i.e., move house]. (Woman with lived experience, mental health service)

¹⁵² An undertaking is a "solemn promise" by the alleged perpetrator to refrain from certain actions without admitting past harassment, but it has no legal basis and cannot be enforced by the police.

Key stakeholders and frontline workers also indicated that clear breaches are sometimes “*not taken seriously*” leading to continued victimisation and profound insecurity. (Frontline worker, domestic violence service):

Not taking action... coming to the house and saying, 'Right... we're going to tell him he's not to do that again,' rather than breaching him putting him into prison. (Key stakeholder, housing advice sector)

If he's not law-abiding... [you] get all these breaches... Where are we going to stop and say... 'This order was put in place. You've breached it. You're going away'?... There's no fear... Our law is so wishy washy. (Frontline worker, domestic violence service)

Frontline workers stressed that the effectiveness of non-molestation orders depends on their wording and how well police officers understand and enforce them, with key stakeholders acknowledging that “in the past that training piece has maybe not been there” (Key stakeholder, criminal justice and health sector)

It all depends on the police... and the way it's worded. It has to be worded very carefully and the police have to have a good understanding of it for it to work. (Frontline worker, domestic violence service)

Several key stakeholders suggested that poor enforcement of protection orders is endemic in Northern Ireland:

Those measures are only ever as effective as the structures there to uphold them, and Northern Ireland... repeatedly fail to act on... non-criminal sanctions, so your protection orders, effectively, they are notoriously under-acknowledged and not effectively actioned when they're breached. (Key stakeholder, housing advice sector)

Where breaches are not adequately addressed, it can embolden offenders to continue or even escalate their abuse, meaning that granting such orders without adequate enforcement may perversely increase risk to women, contrary to the order’s protective intentions:

It nearly becomes a bit of a game, like a cat and mouse with the woman as the victim... and men who perpetrate that kind of violence are prolific, and extreme, and have a really strong ability to keep doing that. (Key stakeholder, homelessness sector)

You essentially green-light the perpetrator to further offending, and this is where they become not only ineffective, but... very, very detrimental to a victim, so they can exasperate stalking behaviours, they can antagonise offenders. (Key stakeholder, housing advice sector)

These repeated breaches have profound impacts on women’s housing security, and were directly implicated in women’s homelessness by women with lived experience, frontline worker and key stakeholders:

Women having to move countless times, having the police on standby because there are so many incidents, having your windows put in, going back and forth with the court, constantly being a target. One specific situation... that person moved two or three times, and several non-molestation orders, which were then breached immediately, but still the male in the situation was able to confidently walk around with no repercussions. (Key stakeholder, homelessness sector)

9.5 Family Court

Some women reported positive outcomes with the family courts, often linked to judges who demonstrated fairness and understanding, helping protect them and their children from abuse. One woman praised the judge presiding over her case, stating, “He was very fair. Very, very fair” (Woman with lived experience, homelessness service), while another woman shared how formalising contact arrangements through the court helped protect her autistic son:

[It] has helped because we formalised contact... Being autistic, I wanted to protect him if I could... that's when we got the solicitors involved, and then they got the children's court officer involved (Woman with lived experience, domestic violence service)

However, even where there were positive outcomes, women described long, difficult journeys through the family court system. One woman recounted how a judge intervened in her favour only after her ex-partner took her to court for the third time to challenge contact arrangements:

He had said... [that I was] not looking after the girls... [that] they're so malnourished that their teeth are falling out... I just thought, I'm breaking my back... I'm doing everything I can to raise these three children... after dealing with my own traumas that he put me through... I just broke down in tears. The judge went mad, and he was like... [I don't want to] see you [the perpetrator] in here again... and I thought, thank fuck for that. (Woman with lived experience, domestic violence service)

Key stakeholders and frontline workers stressed that these arduous journeys are compounded by the complexity of navigating multiple legal processes, across different courts, requiring women to repeatedly recount traumatic experiences:

the legal process is so disjointed and drawn out that she has court for a non-molestation order one week, residency three weeks later, a criminal court case is coming up six months after that... It doesn't work. (Frontline worker, domestic violence service)

re-traumatisation through retelling of traumas... we see this most prolifically across the court systems - family to civil to criminal, at every retelling, and it's undermining for the victims. It's hugely traumatic, and it's the justice system's fault. How, as professionals, are we still doing this? (Key stakeholder, criminal justice and domestic violence sector)

Frontline workers in communities near the Irish border, noted that the process is even more complicated when perpetrators take children to live in Ireland, requiring engagement with two different legal and child protection systems:

[You] send your children, because you've been told you have to send them on contact. He doesn't return them; he takes them across the border, and then... you have to go through their social workers... Get a solicitor in the south... Courts in the south... (Frontline worker, domestic violence service)

Many women felt unheard in family court, with concerns for their children's safety often dismissed. Some were accused of parental alienation. One woman explained how a Court

Children's Officer¹⁵³ minimised her concerns about her abusive ex-partner until she addressed the judge directly:

I asked to take the stand and... speak directly to the judge... and thankfully, the judge went, 'No, we're not going to go with the children's officer... we actually now recognise what's been happening here'... [Without that] I don't think I... would've secured safety for her [my daughter] at all' (Woman with lived experience, domestic violence service)

Some women highlighted a deep contradiction between being told to leave abusive relationships, including fleeing the home, in order to protect their children, only to be later required by family courts to facilitate child contact with the abuser, including in circumstances where children were distressed and unwilling to attend:

You need to protect your children from him, but then... [they say] 'They have to have contact with their dad.'... you're actually pushing me to put my children [there] without me to protect them (Woman with lived experience, domestic violence service)

You have to force your child to go, kicking and screaming. You have to. You have to be seen to promote the contact... even though they're begging not to go - you have to go, 'It's fine. It's great. It's all good. You'll have a lovely time.' What message is that sending to your kids? (Woman with lived experience, domestic violence service)

Key stakeholders strongly echoed these concerns:

Women are openly reprimanded for failing to protect their children... [because they did not] flee or report or follow through with the justice process.... Then, once they do those things, the justice system flips, and the Family Court says... 'we're now going to force you to take this child to contact with the perpetrator'... Children, literally, sobbing, screaming... It's very conflicting and undermining and confusing for a child (Key stakeholder, criminal justice and domestic violence sector)

It is... absolutely perverse... you're told, 'If you don't leave the house, we'll have to intervene in terms of child protection.' When they do, then the father takes them to court and wants to see the children, and the children don't want to go, and the mum has to send them off... into a situation which is traumatising and abusive (Key stakeholder, homelessness sector)

Both frontline workers and key stakeholders felt that court processes (inadvertently) enable continued abuse, with perpetrators manipulating the court system to prolong proceedings, putting women through repeated legal battles that often involve intense and adversarial probing of her experiences:

Perpetrators will go to court and the court will then do the work for him... That can go on for ages. He can put her back through the courts every time until the judges start to get a measure of him (Frontline worker, domestic violence service)

Post-separation abuse, through the family courts... is profound. It's not either recognised, recorded, or acknowledged by the main justice systems or statutory services sufficiently... I just find it so nauseating and infuriating... the Family Court is absolutely being used to

¹⁵³ Under Article 4 of the Children (NI) Order 1995, a Court Children's Officer (CCO) - a specialised social worker - advises and assists family court judges in Northern Ireland by reporting on matters affecting a child's welfare and making recommendations regarding care, custody, and contact arrangements.

perpetuate post-separation abuse. (Key stakeholder, criminal justice and domestic violence sector)

The emotional toll of court proceedings on women was profound, with many describing acute anxiety that persisted long after the legal battles ended. One woman said:

My anxiety is through the roof all the time... even though I'm out on the other side, I'm still suffering from major anxiety" (Woman with lived experience, domestic violence service).

Another explained:

Every day, I dread the postman coming. I'm scared of the postman... I got post the other week and opened it, and there was 'court summons' on it and my stomach dropped... I was, 'Oh my God, what... does he want to do now?' (Woman with lived experience, domestic violence service)

Some women were left with significant debt after being repeatedly brought to court by their abusers. One explained that she had “*tens of thousands of pounds of debt... that will never be paid off*” (Woman with lived experience, domestic violence service). Others described how an imbalance in financial resources allowed for the prolonging of proceedings:

He was in a really good job; he's got lots of money... He's like, 'Well, I can just keep bringing this back and back and back and back [to court] and I have an endless pot. You have nothing, so I will win in the end... and thank God, [my] family went, 'No, somehow we'll get through it' (Woman with lived experience, domestic violence service)

The introduction of a waiver¹⁵⁴ whereby victims of domestic abuse can access legal aid if Article 8 children's proceedings are being brought against them, was appreciated by some stakeholders, but they noted a lack of awareness about its availability:

There are legal waivers in place that will assist in the process, but again... the legal sector is just not utilising them. There's a lack of understanding in the legal profession around it, so how do the victims stand a chance? (Key stakeholder, criminal justice and domestic violence sector)

The issues around that legal aid waiver has been around awareness of it... any kind of awareness that's been done around that was targeted I think at legal professionals... would it not have been better to not just target legal professionals but also the individuals who are most likely to need to access it, and the organisations supporting them? (Key stakeholder, criminal justice and health sector)

9.6 Legal representation

Many women reported positive experiences with their solicitors. Support in obtaining legal protection, such as non-molestation orders, offered a sense of safety and relief for some, and the legal support provided by solicitors could play a crucial role in formalising child contact

¹⁵⁴ The new discretionary waiver allows victims of domestic abuse to be eligible for Legal Aid in defending certain Children (NI) Order proceedings, even if their financial circumstances would typically make them ineligible, meaning they may no longer need to pay privately to defend cases brought by their perpetrators. See here: <https://www.justice-ni.gov.uk/sites/default/files/publications/justice/guidance%20on%20the%20domestic%20abuse%20waiver%20for%20access%20to%20legal%20aid.pdf>

arrangements and in protecting women's rights. One woman who had endured prolonged coercive control explained how essential it was to make decisions with legal support:

it's very important when we're making decisions... that you know you're doing the right thing, and you're not making a choice just by your own thinking... because they [the perpetrator] try to influence your decision (Woman with lived experience, domestic violence service)

Frontline workers noted how solicitors can empower women by helping them understand and secure their rights – including housing rights - provided they find “a solicitor that knows and understands” (Frontline worker, domestic violence service). One worker illustrated this point:

What she's been told in that relationship - 'You'll never get the kids. Social services will take them off you. See your mental state? You're not fit to be a mother.' He's fed that to her for years... [and] what he's told her is now what she believes... Then we're giving her this signposting. 'Let's hear the truth. That's what he says. Let's hear what the solicitor says.' It's so empowering. (Frontline worker, domestic violence service)

However, some women struggled to find effective and empathetic solicitors. A significant barrier was the lack of recommendations from support workers in the homeless and domestic violence sectors, leaving women to choose legal representatives without guidance. This sometimes led to inadequate representation:

I think it really depends on the solicitor... solicitors are extremely different... but they're [services] not allowed to recommend. So, you have to just pick a name and go, 'Right, you're my solicitor' (Woman with lived experience, domestic violence service)

Some women felt that they were treated as just a “number”, with solicitors showing a lack of sensitivity, particularly in cases involving rape and sexual assault. One woman said:

The solicitors as well... we are just numbers to them. The amount of insensitivity is ridiculous... They're so numbed (Woman with lived experience, domestic violence service)

Even women with positive outcomes expressed concerns that solicitors sometimes privileged financial gain over justice, prolonging cases and draining their emotional and financial resources. One woman said:

They just don't give a shit. They just want money. They just want to drag it out... So, you're fighting them and then you're fighting him and then you're fighting the courts... (Woman with lived experience, domestic violence service)

Some frontline workers observed that solicitors typically “lack emotion” due to the nature of their role:

What they're obviously working on is the whole framework of the law, which is their job and... they just want to get on with their work,' because they've also to think of the other solicitor, of how they're going to come into [court]... and what they're going to be searching for. (Frontline worker, domestic violence service)

They lamented that women encounter this distance “at the time they're very vulnerable”, advocating for greater awareness of trauma and sensitivity to women's needs, rather than expecting women not to “take it personally”. (Frontline worker, domestic violence service)

Key stakeholders stressed the importance of advocacy to help victims navigate the complex legal landscape, especially since many women seek legal help during crisis and while still subject to abuse. Some felt that the legal sector could be better educated on the barriers women face in accessing justice, as well as the new legislative provisions available to protect them:

Its' not the responsibility of that person in the mouth of trauma... to understand all of the nuances of a justice system... Those are things that are difficult... at any time... I believe strongly in the need for... truly bespoke advocacy... [and] making sure the legal sector is joined up and educated around the use of the measures, but also the barriers that people are facing... It should be for the justice system with a suitably trained advocate to open those doors for them, not for the victim to come scrambling after a remedy. (Key stakeholder, criminal justice and domestic violence sector)

9.7 Conclusion

This chapter explored women's experiences of accessing justice, particularly focusing on the interplay between trauma, safety concerns, and systemic challenges. Many women faced considerable challenges in safely contacting support services, sometimes resorting to covert methods, such as using "burner phones," to avoid detection by their abusers. This secrecy is driven by the risk of violent retaliation, which is particularly acute during the high-risk period following separation. The fear of reprisal frequently deters women from reaching out, with many only contacting the police or support services after suffering severe assaults.

Moreover, trauma and fear prevented women from fully disclosing their abuse during initial interactions with services, requiring multiple engagements to build trust and share their experiences. For women whose partners hold positions of authority, the situation can be even more complex. Concerns regarding confidentiality and fear of professional or public exposure discourage help-seeking, leaving these women isolated and vulnerable.

The research revealed mixed experiences with the police. While some women reported positive outcomes when officers took proactive steps, particularly when the perpetrator was known to them, others encountered dismissive or unsympathetic responses. Frontline workers expressed concerns about police insensitivity to trauma, with some officers re-traumatising victims through inappropriate comments or actions that appeared to blame the women for their circumstances. This eroded trust and created further barriers to seeking help.

Women with complex needs, such as substance use or criminal records, were particularly susceptible to negative interactions with police, often facing judgment and a lack of understanding of trauma. In contrast, specialist teams, such as those handling human trafficking cases, were praised for their sensitive and proactive approach, demonstrating the stark difference in women's experiences when trauma-informed practices were employed.

Women seeking civil protection orders, such as occupation or non-molestation orders, frequently struggled with the legal process. Occupation orders were difficult to obtain due to high evidentiary thresholds and homelessness prevention conditions, often leaving women unable to secure peaceful residence and thereby perversely pushing them toward homelessness. While non-molestation orders provided some protection, their limited enforcement and high evidentiary requirements left many women vulnerable to continued abuse.

Perpetrators often exploited the weaknesses of these orders by engaging in behaviour just outside the legal boundaries of the restrictions. This harassment, especially when centred on women's own homes, which it often was, further profoundly undermined their housing security and stability, contributing to repeated experiences of homelessness. In cases where enforcement of protective orders was inconsistent or delayed, women were frequently forced to move, seeking refuge from escalating abuse. The failure of legal protections to adequately safeguard women thus not only exacerbated their vulnerability to violence, but directly contributed to housing instability and homelessness.

Women with children were often also navigating the family court system. While some reported positive outcomes, particularly when judges demonstrated understanding and fairness, many experienced the process as disjointed and emotionally exhausting. The contradictory nature of the system was particularly striking in cases where women were urged by social services to leave abusive relationships to protect their children – including leaving their own homes - only to later be required by the courts to facilitate contact with their abusers.

This created devastating emotional conflict, particularly when children expressed distress or reluctance to engage in contact arrangements. The requirement to continuously recount traumatic experiences in court, combined with the emotional and financial toll of prolonged legal battles, compounded women's distress and sense of helplessness. Furthermore, perpetrators were able to manipulate the court process, using it as a tool for post-separation abuse, thereby prolonging women's exposure to harm and exacerbating their vulnerability to housing instability.

Legal representation was identified as a pivotal factor in women's experiences of seeking protection from abuse. Women who had access to knowledgeable and empathetic solicitors reported feeling empowered and better able to assert their rights. However, many struggled to find effective legal representation, often due to the absence of recommendations from support services. This left them vulnerable to receiving insensitive or ineffective advice, with some women reporting that solicitors appeared to prioritise financial gain over justice attainment.

The introduction of recent legislation, including the criminalisation of coercive control and domestic abuse, alongside the legal aid waiver and new Stalking Protection Orders, offers cautious hope for positive change. However, the success of these measures will depend on robust enforcement and training, particularly among law enforcement, and improved understanding within the legal profession of the barriers faced by domestic abuse victims and the legislative provisions designed to protect them.

This chapter exposes major shortcomings within the justice system that not only fail to protect women from violence but also worsen their housing instability, pushing them into homelessness, sometimes repeatedly. The heightened danger during separation, combined with limited access to and poor enforcement of protective orders, leaves women vulnerable to ongoing victimisation. Legal and systemic barriers further complicate their situation, creating nearly impossible hurdles to achieving safety and justice. In many cases, perpetrators exploit these systemic flaws, using the very system designed to protect women as a tool for continued abuse. Meanwhile women – often traumatised and exhausted – are expected to remain passive and unresponsive in the face of ongoing abuse.

10. Accessing help and support

This chapter examines women's experiences of accessing help and support as they navigate the impacts of violence and homelessness. It begins by exploring the role of family and friends, highlighting the strengths and limitations of informal support networks. From there, it moves on to consider women's engagement with social services, before commenting on housing services, including efforts targeted on the prevention, mitigation, and resolution of homelessness. It then looks at the role of healthcare, focusing on mental health, substance use, and other health-related services. Finally, the chapter considers the role of individual support workers in helping women access and navigate these services.

10.1 Family and friends

When women sought help, they most often turned first to family and friends. While not all women had this support network, and responses were not always positive, some were able to initially escape abusive relationships with the emotional, financial and physical refuge provided by loved ones. Many felt that earlier, more open communication - where friends and family felt able to “speak out” – could have helped them find safety sooner and cope better with trauma:

If family and friends spoke out more to me and saying that they've witnessed and they've seen the way he spoke... I could have went to the right people earlier (Woman with lived experience, homelessness service)

I look back at it, and I wish I had have reached out and just spoke to someone... I think it wouldn't have hurt as much as it did when I came out of the relationship... [if] someone knew about it... (Woman with lived experience, homelessness service)

However, both women and their friends and family faced significant barriers to seeking and offering support. Many women were isolated and closely monitored, and abusers often controlled their social interactions making it difficult to reach out (see Chapter 5.4).

Shame and fear of judgement, especially from family, created further barriers. Many women feared hearing “I told you so” from loved ones, deterring them from disclosing the abuse. One woman described the “shame” of returning to her parents after a failed relationship, while another did not want to “admit defeat” out of fear of disappointing friends:

I didn't want people to say the whole, 'Oh well, we told you so'... I didn't feel like I had enough of a comfort blanket to speak to anybody about it... I didn't want to break what they thought... because I felt like then I'm letting them down (Woman with lived experience, homelessness service)

Women were often deeply concerned with protecting others from the emotional impact of their experiences, especially their children and parents:

if you admit that there's a problem and you need help, then you have to admit to other people, and some of those people would be like my parents, and I'm... always trying to protect them... I think it's a massive factor in what keeps women in those situations. You know, you're trying to protect everybody else. (Woman with lived experience, domestic violence service)

Cultural norms and family expectations also played a role. Some women faced pressure to remain in relationships, with cultural beliefs discouraging them from seeking help:

In our culture it's different. Ours is, 'What have you done wrong to force him to lift his hand?' (Woman with lived experience, domestic violence service)

most of the things that I've gone through... are very culturally influenced. Our culture finds that okay. It happens with a lot of African cultures, not all of them, but certainly a lot of them and certainly mine. (Woman with lived experience, homelessness service)

Disbelief or minimisation of their experiences, particularly in cases of rape or stalking, was another barrier. Where their experiences were questioned, women felt confused and doubted themselves, often choosing silence rather than risk further invalidation.

The rape thing was especially difficult, because... everybody's got their own opinion on what rape and sexual assault is. A few of my friends were like... 'this wasn't rape... Other people were like, 'Well, it's absolutely rape'... That led to a huge confusion in my head... [and] I stopped telling people (Woman with lived experience, homelessness service)

While women often concealed abuse, they were clear that friends and family (and sometimes services) were generally aware. One woman, describing a time when she had not yet spoken about the abuse, acknowledged that others had noticed:

Some of his friends do know... His mother knows. My sister... It was all out there to see (Woman with lived experience, substance use service)

Women reported that their friends and family were sometimes reluctant to get involved, unsure of how to address the situation, or fearing they might make things worse:

You wear a mask, you do, [but] people know what's going on. They just... don't want to get involved. If it was you, would you want to get involved? (Woman with lived experience, housing support service)

People sometimes just don't know how to deal with the situations you go through... It can be really heavy for some people. (Woman with lived experience, homelessness service)

The toll of supporting someone in an abusive relationship was also often significant, leading some supportive loved ones to step back over time:

[My friend] said to me one day... 'I can't do this anymore... because I go through this emotional turmoil with you. When you phone me, you're really distressed, and I'm really worried about you. We talk through what's happened and we make a plan, and then... you'll have spoken to him and it's like talking to someone who's been brainwashed... 'I'm so worried about you, but I can't take on the emotional burden of it anymore.' (Woman with lived experience, domestic violence service)

10.2 Social services

Social services play a crucial role in alerting women to risks posed by violent partners and initiating protective measures. Several women shared how social services helped them recognise the severity of their situations. One woman, for example, recounted how she was alerted to her partner's history of domestic violence:

he had been done for... [his ex-partner's] attempted murder... Social services were brought in and my child was put on the at-risk register before she was even born... I went mad at him. I was like, 'What the fuck? If I had have known this, I wouldn't have chosen this for myself.' (Woman with lived experience, domestic violence service)

However, most women's experiences with social services were negative. Frontline workers observed that women are almost always extremely reluctant to engage with social services due to a deep fear of having their children taken away:

I think the big fear is always... my children will be removed from my care... that any mother will have if there is violence or intimidation or control or domestic abuse full stop in the house. That's where her head is going to go... (Frontline worker, domestic violence service)

Several women felt that they had already been failed by social services in childhood, which cast a long shadow over their adult interactions with the system, further deterring them from seeking help. One woman explained how she was subject to "psychological abuse... physical violence... all the time" from both parents. She continued:

My [wider] family tried getting social services involved. They tried writing to social services... [but social services] failed me as a child and they failed my kids. (Woman with lived experience, homelessness service)

For others, involvement with social services inadvertently worsened their situations, either by increasing their partner's control or by failing to provide adequate support. One woman described how her ex-partner became enraged when social services got involved, stating "it was the hardest time of my life." Another described how her partner's anger towards social services left her terrified and silent: "every time they came out," she explained, "it agitated the whole situation" (Woman with lived experience, domestic violence service). She continued:

I rang my mum in tears and... and she rang social services... [My ex-partner] went mad at me... so, then I stopped telling everybody anything... I was absolutely terrified and this just constantly went on as I had each child, and social services made that worse. (Woman with lived experience, domestic violence service)

Women typically understood the need for social services involvement but were frustrated by the lack of sensitivity to the increased risk they faced.

The thing is, if they say, 'Can we speak to you away from him' then he was like, 'Why do you want to do that?' I was like, 'Don't say that. Just say that you'll ring me or something.' It made this whole situation worse (Woman with lived experience, domestic violence service)

the thing was is that they wanted me to [talk]... but at that point I wasn't in a position to do so, because I wouldn't have any private space to talk to them, or actually go and meet them or anything. So, it would have been very, very difficult to do that. (Woman with lived experience, domestic violence service)

Several women felt that social services missed opportunities to provide essential advice and guidance. One woman, following the sudden onset of a serious and debilitating medical condition recounted how the social worker assigned to her was unhelpful and failed to provide information around her entitlement to support:

there is a social worker who is part of the [name of debilitating medical condition] team... they didn't give me advice as to what I would have been entitled to. I now know what I would have been entitled to, having had to go and find out, but at the time I didn't know, and at the time I wouldn't have had the capacity or the ability to actually look, so they weren't very helpful. (Woman with lived experience, domestic violence service)

One of the most distressing experiences for women was a lack of support from Children's Social Care Services. One woman, after multiple investigations, felt abandoned when no longer considered to present a risk:

since I had the mental breakdown... we've been reported to social services four times... They did say... 'We understand why this has happened. We're not worried about you looking after the children.' So, that was good, but again, then, after they did their checking two or three times... they were very keen to get rid of me... they're very quick to accuse, but then... they want rid of you quite quickly, so that was difficult... [because] you're on your own again (Woman with lived experience, domestic violence service)

Women who retained custody of their children despite valid concerns being identified by social services also reported feeling unsupported. One woman recalled:

But social services made everything ten times worse, and they didn't offer support. They were just waiting to come in and take my children. (Woman with lived experience, domestic violence service)

Several key stakeholders expressed frustration with this perceived lack of support for mothers, acknowledging the need to ensure child safety, but noting the sometimes equal or greater harms to children placed in care:

Welfare of the child is paramount... but the child will have better welfare if the mother is supported to meet their needs in a home, because the flipside of it is that... the workings of the looked-after children system... traumatises children beyond belief... [and is] detrimental to everybody's life in the long term... and is so resource heavy, so expensive. (Key stakeholder, homelessness sector)

Workers raised concerns that certain groups of women, especially working-class women and those with more complex needs (e.g. those using substances) can receive particularly unfavourable treatment:

It's worse, I think, with the very working class. (Frontline worker, domestic violence service)

We struggle with the Health Trusts... getting them to demonstrate that flexibility to cope with somebody who lives that type of lifestyle... (Frontline worker, housing advice service)

Women with past involvement with social services faced additional challenges, as frontline workers noted that historical records are repeatedly revisited by social workers, even after significant personal progress. This led some women to shut down or self-sabotage:

You've maybe broke through with this woman... [but] it's always being regurgitated up to her... 'Remember, this is what you've done. We've been here before'... It's like, 'Give the woman a chance, for goodness' sake'... Then the women... self-sabotage because, 'You know what? I know this is going to happen, so I might as well do it myself... I'm gonna take control' (Frontline worker, domestic violence service)

Frontline workers advised women on how to strategically navigate the power dynamic with social services, recommending that it is imperative they remain silent about any perceived mistreatment:

We're saying, 'Look, if they say, "Jump," you just say, "How high? Where do you want me to jump to?"... This is the position of power that they hold... Do what you need to do and when you've got your children back... you can put in a complaint. Don't complain now... that's how serious it can be. (Frontline worker, domestic violence service)

There was also concern that social services often place the focus solely on the mother, overlooking the role of the perpetrator of abuse. While they were clear that prioritising the protection of children was entirely justified and vital, they lamented that this approach left women feeling unsupported and blamed for the actions of their abuser:

Everybody will know all about the woman's story. He just doesn't engage... Regardless of what the concerns are... the onus shifts from him, who has caused the problem. (Frontline worker, domestic violence service)

Frontline workers highlighted a lack of sensitivity to the material needs of women impacted by violence, particularly those around housing, with frequent moves, often necessary for safety, typically viewed as signs of instability by social workers.

For women whose children were removed from their care, the lack of post-removal support was stark:

They were taken just... They didn't give me any support... I think they should have offered me a wee bit of help, support... because they're bound to know she's on her own, so how's she going to cope? I wasn't coping. Whenever I lost the kids, I just went off my head (Woman with lived experience, substance use service)

Stakeholders echoed these concerns, acknowledging that “in terms of support from social services, I don't think that there is much” (Key stakeholder, substance use sector). Deterioration in mental health and increased substance use following child removal further excluded mothers from accessing help:

Having children removed with no support, I've seen it so many times... They're pilloried by society, stigmatised by services, stigmatised even by others in the homeless sector... by workers... The reality is that for many of those women, when the children are gone... gradually the substance use will increase, or the mental health will deteriorate... They become completely apathetic, and don't really care what happens to them one way or the other, which is terrifying. (Key stakeholder, homelessness sector)

Housing insecurity and homelessness emerged as both a consequence of child removal (see Chapter 6.5) and a barrier to reunification, with social services typically requiring women to demonstrate housing stability - a near impossible task for those experiencing homelessness:

People are saying, 'I'm working towards trying to get my children back, but... the Trust are assessing whether or not... they have the [settled housing]... They can't display that stability to the Trust... [it's] a massive contributing factor (Frontline worker, housing advice service)

10.3 Housing

This section examines the prevention of homelessness for women experiencing violence, exploring barriers and enablers to women staying safely in their homes. We then move to discuss responses when homelessness occurs, focusing on challenges around temporary accommodation. Finally, we address the process of moving on from homelessness, noting hurdles and enablers to securing long-term, stable housing.

Preventing homelessness

Key stakeholders and frontline workers noted that women tend to stay in the family home for as long as possible, with housing insecurity being a significant barrier to leaving abusive relationships. As a result, many engage with housing services only when in crisis:

Housing insecurity is a big barrier to coming forward for a lot of people, and whether they choose to leave that abusive relationship or stay in it, housing is a big consideration for them. (Key stakeholder, criminal justice and health sector)

A widespread lack of awareness was noted among women experiencing violence, and even within support services, that their circumstances amount to statutory homelessness, even when they remain in the home:

that person is homeless... because it's unreasonable to remain where they are... but at the core of it lots of women don't understand their status as homeless within those circumstances. (Key stakeholder, housing advice sector)

They then don't recognise that... they effectively have become homeless... They'll only return to the family home when they know that the offender, the perpetrator is away, so a couple of hours during the day when they're at work, for rest and to wash off, and then the rest of the time they'll absent themselves... [and stay in] or cafés, libraries, sports centres... It is so proliferate throughout the whole of the social spectrum (Key stakeholder, criminal justice and domestic violence sector)

Even when seeking help, women may be reluctant to have their homelessness officially acknowledged, due to the stigma and potential impacts on court proceedings:

they don't want it recorded as such... [they] reach out to friends, and informal networks of support, so family... they certainly don't want it recorded as that, because of the stigma that then induces, both personally and from professionals (Key stakeholder, criminal justice and domestic violence sector)

Key stakeholders and frontline workers stressed that, historically, responses have assumed that victims should leave their homes to escape danger, prioritising immediate safety over long-term housing and economic stability, thus neglecting the option of supporting victims to remain safely in their own homes. One frontline worker explained:

Historically, systems have been tailored towards assisting the victim to leave, rather than to stay... and that's the wrong approach... we should be helping victims to feel safe where they are (Frontline worker, housing advice service)

However, in practice the assumption persists that women should flee, compounded by the perpetrator's coercive behaviours which condition women to believe that leaving – despite severe housing and financial costs – is their only option:

There's a presumption in more senior circles that the man will leave... and the women will retain the home... Our experience of women fleeing violence.... [is] the entire converse... At that point of severe risk of escalation, the woman is essentially homeless. (Key stakeholder, criminal justice and domestic violence sector)

I've seen women who were prepared to just forfeit their portion of ownership of a property just to get away... He's basically conditioned them to feel that that's probably the best deal they're going to get... Women will take terrible scenarios just to get away... Their priority is just somewhere he's not (Frontline worker, housing advice service)

Fleeing and forfeiting property can have significant long-term consequences, such as debt from ongoing rent liabilities, for example, or losing social security eligibility due to notional capital from the sale of a home. Frontline workers described these challenges as “a minefield” to navigate (Frontline worker, housing advice service):

You would be looking to see, is it a private-rented tenancy? Whose name is on the tenancy there? Who pays the rent? Is there a period of fixed term left on the contract? Do they own the property together? Are there legal implications of her leaving or him leaving?... Does she have to give notice there? Is there liability for continued rent?... Could [leaving] impact their benefit entitlement? (Frontline worker, housing advice service)

Moreover, women who leave due to domestic violence are sometimes viewed as having “abandoned” their homes, leading to ineligibility for statutory housing assistance through being found “intentionally homeless”:

A client had abandoned the property for reasons of domestic violence... Trying to do a new application through the Housing Executive, to prove that that abandonment wasn't wilful and intentional, it is quite difficult... It can cause serious long-term issues for the client (Frontline worker, housing advice service)

For two years, I was on and on with them, 'Please move me. He's torturing me...' It was just a constant thing, and every time I rang the housing I was like, 'I need protection. He needs to not know where we live...' They were like, 'No, you're abandoning your house.' So, then they wouldn't put me on the list for six months after whenever I left. (Woman with lived experience, domestic violence service)

While some women may choose to leave their home due to threat, fear or traumatic memories, frontline workers stressed the importance of sound housing and legal advice before leaving, if possible. Ideally, early intervention should focus on helping them to stay safely, if desired, but where leaving is necessary or preferred the aim should be to minimise the negative housing and financial impacts:

The goal should be get her out of the property, with as little consequence to herself (Frontline worker, housing advice service)

Here, several frontline workers lauded the “one-stop-shop” model, which integrates specialist domestic violence support, alongside legal, housing, and benefits advice under one roof:

It takes a village to support the women that go through that process... The one-stop-shop... enables us to work together more flexibly... It works really well for women to get free legal advice, housing advice, and other services all in one place” (Frontline worker, housing advice service).

Statutory housing officers emphasised the importance of a preventative approach to women's homelessness. *"We will go out of our way to sustain a tenancy"*, one officer explained, *"our goal is supposed to be, to sustain"* (Frontline worker, housing advice service). However, in practice prevention options were often limited, and sometimes poorly understood. Programmes like the Sanctuary Scheme,¹⁵⁵ which helps women stay in their homes by installing security measures, were mentioned but rarely used. *"Would she have fallen under... the sanctuary scheme?"* one advisor asked of another's case. The second advisor responded:

Advisor two: No. She wanted the house. She wanted back into the house.

Advisor one: Yes, but the sanctuary scheme for her protection.

Advisor two: No, she wasn't actually looking for somewhere to live, she just wanted him out.

(Frontline workers, statutory housing service)

The first advisor suggested that a senior police officer can remove perpetrators from the home and social landlords their name from the tenancy to enable women to remain or regain access, albeit under an extremely high threshold. None of the other participants were aware of this option:

That sanctuary scheme, it's very clear... Somebody high-ranking within the police... has the power to have him removed... Then the Housing Executive or the housing association... [can] remove him off the tenancy.... There's always a hierarchy of domestic violence, of rape, whatever, so it has to be extreme... the exception to the rule... It's not an easy criteria to meet (Frontline worker, statutory housing service)

Another preventative option, temporary housing for up to 52 weeks, allows women to retain their home while living elsewhere, so legal remedies, court cases, or additional security can be pursued. One housing officer explained:

We do have a policy... where if... somebody did disclose something and... they needed temporary displacement, you can get that for up to 52 weeks. It'll cover your property plus a temporary property... (Frontline worker, statutory housing service)

However, awareness of this option was very limited, and housing officers expressed doubts about its practicality given the demand for temporary accommodation. Neither the Sanctuary Scheme nor displacement policy were mentioned by women with direct experience.

Barriers to removing perpetrators from homes were significant, with workers and stakeholders noting that high legal thresholds and lengthy processes make securing occupation orders extremely challenging (see Chapter 9.4). In cases of shared ownership or tenancies, the situation was often intractable, requiring complex legal remedies that take a long time. As a result, many women feel compelled to leave for their own safety, unable to countenance the lengthy legal battles while still living with the perpetrator.

In that situation... most women are just going to leave for their own safety... You're not going to endure that for nine months in the hope that a court decides on your [favour]... That's quite grim, isn't it?... Then, to try and get the tenancy back... [when] they've left the

¹⁵⁵ Clarke, K., Martinez, V. & Elliot, L. (2023) Sanctuary scheme review. Online: NIHE. <https://www.nihe.gov.uk/getattachment/c368da23-c386-4175-aa76-9122081fea6c/Sanctuary-Scheme-Review.pdf>

home... entering into a whole new battle, having gone through everything they've gone through. (Key stakeholder, housing and homelessness sector)

Responding to homelessness

Women with lived experience rarely mentioned preventative support, often perceiving the Housing Executive's role as focused on mitigating homelessness through temporary accommodation. For some, this support was positive. One woman described how she was swiftly moved from a high-risk situation due to parental abuse:

I called housing and I said that I was in danger... They ordered a taxi, said to pack my clothes for a couple of days, and they put me in a hotel... for seven days... then they called me saying there was a placement in this hostel, and I've been here ever since." (Woman with lived experience, homelessness service)

However, others reported less favourable experiences. Several young women encountered a "wrong door" response when seeking help. One woman, at 17, sought help to escape her violent partner but was directed to social services,¹⁵⁶ leading her to stay in the relationship until she turned 18.

They're like, 'Because you're underage you have to go to the social services.' Social services had signed off with me for a few years at this point because I was a very badly behaved kid... and I thought... I'm not having my mum go through social services again... So, I was like, 'Right, I'm 18 in a few months, I can just wait it out.' (Woman with lived experience, homelessness service)

Several statutory stakeholders explained that claims of domestic violence by women presenting as homeless are accepted without question:

Domestic violence... is very much taking people's word for it... When people say that they're victims of domestic violence, we accept that. We do not go and verify that. (Key stakeholder, housing and homelessness sector)

While frontline housing officers agreed, some indicated that they conduct checks nonetheless, with one expressing concern about potential abuse of the system by those seeking affordable housing:

We're not allowed to question that, but we can do our own investigations... We can, but we aren't supposed to like, we're supposed to take people's word... There are people who manipulate, which is unfair on victims... Could be the difference in paying £800 a month to £70 a week (Frontline worker, statutory housing service)

Other frontline workers noted that women often struggle to provide evidence to the Housing Executive, especially if they have not reported the abuse or engaged with support services:

If you don't have children... the bar for priority need will be quite high... If she is trying to do that on her own, doesn't have the evidence, hasn't any police reports, is just reliant on her word, on her story... they will challenge it (Frontline worker, housing advice service)

For those eligible for statutory assistance, key stakeholders and frontline workers noted concerns about increasing strain on temporary accommodation, with some describing the

¹⁵⁶ See: <https://www.housingrights.org.uk/professionals/advice-and-information/homelessness-advice-professionals/homelessness-help-young-people>

situation as “shocking” (Key stakeholder, housing advice sector) and noting that the duty to provide interim housing is sometimes unmet.

Now the attitude has just become, 'Well, we don't have it, what do you want us to do?' (Frontline worker, housing advice service)

They have a duty... but we're seeing that [actions to meet the duty] deteriorate a lot, massively. (Frontline worker, domestic violence service)

Now it's, 'Yes, we really feel for you, really understand, but there are no resources, so too bad.' (Key stakeholder, homelessness sector)

Many stakeholders noted that temporary accommodation, when offered, is sometimes unsuitable or unsafe. There was a common view that “the direction of travel for homelessness services... needs to be away from congregate hostel settings” (Key stakeholder, homelessness sector) because “that model of provision doesn't work” (Key stakeholder, housing advice sector). A significant concern was that “too many people in hostels feel that they're in danger,” (Key stakeholder, homelessness sector) with a particularly “increased risk” (Key stakeholder, housing advice sector) for women in mixed sex provision.

[They] leave a relationship... go into hostels or whatever; they then are subjected to abuse from other people... sexually assaulted, or... physically harmed... There are lots of people who don't want to go, and they're saying, 'I'd rather sleep out in the streets.' (Key stakeholder, substance use sector)

Several stakeholders highlighted that perpetrators who become homeless as a result of their violence against women, often end up in the same mixed sex provision as victims:

Once somebody's convicted... or they leave the home, they don't just disappear. They still need housing... and ultimately, they often will find themselves in the homelessness system somewhere (Key stakeholder, homelessness sector)

Non-standard accommodation use, such as B&Bs and hotels, has risen significantly, with women being offered placements far from their local area. Frontline workers explained that refusing these placements can sometimes lead to scepticism about their claims of violence, with this issue particularly pressing for women from more rural areas:

We just don't have accommodation... we're just having to offer people really unsuitable stuff. If you look at figures for... non-standard accommodation, it's massive. (Frontline worker, housing advice service)

What you will get is... 'Well, we have a house for her in Derry. Why isn't she taking that?...' 'If she's that high risk or she's that afraid of him, why wouldn't she just take that house in Derry?' (Frontline worker, domestic violence service)

There was widespread and grave concern about conditions in non-standard accommodation, with stakeholders describing them as “massively concerning” (Key stakeholder, substance use sector), “unregulated hostels”, some of which “seem to be out of control” (Key stakeholder, homelessness sector).¹⁵⁷ One key stakeholder explained:

¹⁵⁷ For more on “exempt accommodation” see Fitzpatrick, S., Bramley, G., McMordie, L., Pawson, H., Watts-Cobbe, B., Young, G., (2023) The Homelessness Monitor: England 2023. Online: Crisis. <https://www.crisis.org.uk/ending->

We have made reports... about private housing providers commissioned by the Northern Ireland Housing Executive... essentially, hotels, or large multi-occupancy properties. They were termed to be supported, but they weren't... So, women, very vulnerable women, often with complex mental health needs, or complex addiction needs, and multiple disadvantages, being housed in these provisions... and then being accessible and abused, both by other homeless users, but also by certain security providers (Key stakeholder, criminal justice and domestic violence sector)

Such provision was seen to place women “between the devil and the deep blue sea” (Key stakeholder, homelessness sector), with some avoiding or abandoning such provision entirely, choosing to sleep rough instead, or even returning to abusive relationships:

They'll decline it through fear, because their personal experience is that they will lead to abuse. (Key stakeholder, criminal justice and domestic violence sector)

It's either go back to what you fled, and deal with that situation, or put yourself at risk (Key stakeholder, homelessness sector)

Frontline workers and key stakeholders expressed “a huge amount of concern about an increasing number of young women on the streets” (Key stakeholder, homelessness sector), with exposure to severe levels of violence and exploitation as a result:

We have so many. Recently, a lot of sexual assaults are happening... From the trafficking side of things, that's how it starts a lot of the time. They target these homeless, vulnerable women, give them somewhere to stay, give them drugs. 'What am I now getting back?'... They are specifically targeting women on the streets (Key stakeholder, substance use sector)

Finally, there was deep concern across frontline workers and key stakeholders around responses to women with more complex needs, particularly women who use substances. Long waiting lists for services, often concentrated in Belfast, combined with funding cuts and staff shortages, left few options for support:

There's long waiting lists... It's Belfast centric... their funding has been cut... they're short-staffed... We get an email... to say that they're not taking any more referrals... It's like, right, what do we do now? (Frontline worker, statutory housing service)

Many expressed deep frustrations around the exclusion of the most vulnerable women from those models of temporary accommodation, such as hostels and refuges, that are designed and funded to offer support:

Women with dual diagnoses who are particularly vulnerable and more than anyone require safety... are not given access to that ongoing level of support that a... refuge model is designed to deliver. (Key stakeholder, housing advice sector)

When those women look... for support, there are strings attached, and conditions attached. None more so than in the homeless sector... for people who are using substances, and/or alcohol, or people who are sex working (Key stakeholder, homelessness sector)

Rather than progressing towards a position of greater access, several stakeholders noted that homeless sector services for this group are steadily contracting. This has had the effect of trapping women in the most harmful forms of temporary accommodation, including “perpetual use of crash facilities” (Key stakeholder, housing and homelessness sector) , or excluding them from services entirely:

the sector that would have accepted complex cases has shrunk... [and] the tolerance levels... across the board, has significantly reduced... The numbers of placements that we can make for those dual diagnosis, complex... homeless applicants have completely shrunk. The voluntary sector... they're saying no (Key stakeholder, housing and homelessness sector)

You go home worrying about these people... [because] you can't access services... She is in an awful cycle, all scaling from domestic violence, moving to addiction. She is one of the lost souls, and now she's in this cycle of... crash, crash, crash. (Frontline worker, statutory housing service)

Specialised teams such as Complex Lives,¹⁵⁸ provided some help, particularly in supporting interagency working, but strict criteria limited access. Some housing officers and key stakeholders felt that outcomes remained poor for this group, despite the dedicated focused, with this in large part driven by limited accommodation options:

In terms of joined-up working... and having specific people that you can link in with in housing, in probation, in [homelessness service]... it does work that way... [and they have] dedicated Complex Lives housing officers... which is really useful... But there's a lack of housing to begin with... so while we are trying really hard to work with these people who are chronically homeless. Without... accommodation or housing stock, where do they go? (Key stakeholder, substance use sector)

Moving on from homelessness

Some women with lived experience reported positive experiences of securing permanent housing through NIHE or housing associations, albeit this was quite rare:

I was only in my temporary house for six weeks... That little house was my bit of happiness for me and my boys (Woman with lived experience, domestic violence service),

Long wait times for permanent housing were a very common frustration. One woman said:

I've tried letting agencies. I've tried private rented. I'm still on the council list... I've rang them a lot, but there is still nothing on nearly a year now... it's just so difficult (Woman with lived experience, homelessness service)

Another woman explained:

All I want is my own gaff [home]... That's all I want... [It's] so hard... I'm on the housing list now, three years... I lost everything... I left everything. (Woman with lived experience, housing support service)

¹⁵⁸ Belfast City Council (2022) Complex Lives: Partner briefing – June 2022. Online: Belfast City. <https://minutes.belfastcity.gov.uk/documents/s102123/Appendix%20c%20-%20Complex%20Lives%20Briefing.pdf>

These delays had significant negative impacts, including on women's use of substances. One woman, reflecting on what might have helped, responded, *"I could've got a house a bit quicker."* She continued:

Maybe not stuck with no home... that played a part in my drug addiction as well. No doubt... It's just because you give up. You do... It's like they say you're going to be here for a couple of months. It's like, fuck off, for years... There are a lot of drugs, and they just won't take on board what you're telling them. They don't. (Woman with lived experience, housing support service)

Woman understood that the delays were primarily due to a lack of affordable housing, but they felt bureaucratic processes worsened their situation. One woman, for example, discovered her housing application had not been updated correctly, delaying her rehousing:

I walked in [to the offices of a housing association] and... the woman said... 'You've got plenty of points,... I don't know why you haven't [already] been offered'... [Turned out] I was only down for [rehousing in one area]... I don't want to live in [that area], and it was still on there. So, she wrote down these different areas.... and two weeks later, I had a bungalow. (Woman with lived experience, homelessness service)

Even where errors were acknowledged, policies often remained rigid. One woman, facing delays due to an acknowledged Home Office mistake, explained:

They will not give any consideration [to the delay caused by the error]... I was already supposedly on the waiting list a long time ago... but they stick to their policy. (Woman with lived experience, domestic violence service)

The points-based Common Selection Scheme,¹⁵⁹ which determines priority for allocation of social housing, was described as labyrinthine in its complexity and frustrating to navigate. Frontline workers agreed, noting inconsistency in how housing officers assign points and the time-consuming process of gathering evidence:

every housing officer seems to have a different stance... If I phone up a housing officer [in another area], they'll say, 'No, we don't give them [points] for that,' where because we are in good relations with the housing here, I phone up and... 'Oh yes. If you said it, we'll stick it on.' (Frontline worker, domestic violence service)

Key stakeholders and frontline workers also highlighted the unequal treatment of domestic violence compared to intimidation under the Common Selection Scheme. One worker explained, *"if you're intimidated... you get a couple of hundred points, but yet when you're experiencing domestic violence, you get twenty"* (Frontline worker, domestic violence service). Many anticipated that long-awaited reforms¹⁶⁰ would address this imbalance, treating domestic abuse on par with other forms of violence. However, there was concerns that reforms will likely "level down" support overall (Frontline worker, housing advice service). Several frontline workers urged extending supports – like rehousing grants and purchase schemes – currently available to victims of intimidation, to domestic violence survivors, rather than reducing provision for all.

¹⁵⁹ Northern Ireland Housing Executive (no date) Applying for social housing in Northern Ireland: the housing selection scheme. Online: NIHE <https://www.nihe.gov.uk/getattachment/d6360e96-a962-49dd-ac72-cfe24b9c3c52/housing-selection-scheme.pdf>

¹⁶⁰ See: <https://www.communities-ni.gov.uk/consultations/fundamental-review-social-housing-allocations>

10.4 Health

Mental Health

For some women, mental health services were key in identifying domestic abuse. Through regular contact, mental health professionals noticed patterns in behaviour and mood, which led to further assessment. One woman shared her experience:

Basically, it all came to a head because I had been to the mental health team [and] they... noticed that... the days that I was with her [my friend], I stayed with her, I was a lot more coherent... but then they noticed that the days I'd been with him I was very, very confused, and very low... So then they did a domestic abuse assessment, and that's really how it was all identified (Woman with lived experience, domestic violence service)

Some women reported that mental health professionals recognised the strong connection between the violence they had experienced and subsequent deteriorations in mental health, leading to appropriate and helpful diagnoses and, in some cases, targeted interventions. One woman explained:

The psychiatrist already diagnosed me anyway; it was through trauma that my mental health got so bad, because it was from what he did to me (Woman with lived experience, housing support service)

For some, timely access to specialist counselling proved beneficial in managing trauma and mental health conditions. One woman reflected:

[Counselling was] the most helpful, the woman, she helped me a lot... It was about drinking and all and my mental health (Woman with lived experience, homelessness service)

Another said:

I have been counselled... It's made my head more clear that these things happen. So I have to look after myself, my own wellbeing and maybe I'll have to nurture myself. (Woman with lived experience, substance use service)

However, many women struggled to access mental health services. One woman, after multiple suicide attempts, still struggled to get the help she needed:

I've tried to kill myself three times... Then they brought me to the hospital... Then he was like, 'well there's nothing really we can do, like.' I says to him, 'could you not admit me, section me, anything? No.' (Woman with lived experience, substance use service)

Even when diagnosed, treatment was often unavailable or delayed, especially for women with PTSD:

I'm working with mental health at the minute... I've depression, anxiety and PTSD. I'm not getting help with the PTSD yet. I'm still waiting... (Woman with lived experience, homelessness service)

Where women accessed counselling that was not tailored to their specific experiences of trauma or substance use, they often found it unhelpful and overwhelming:

It scared me and made me ten times worse than what I was and put me on such a setback because I wasn't ready to speak about everything, but when I spoke about it then it was so overwhelming that I went backwards rather than forwards. (Woman with lived experience, homelessness service)

I feel it can sometimes make you worse... They can fuck your whole day up for you. (Woman with lived experience, housing support service)

Several women noted that mental health services often lacked understanding of co-morbid conditions, especially substance use:

I went to the mental health ward. In there, they don't understand addiction... They were just filling me with tablets, then leaving me lying there (Woman with lived experience, homelessness service)

One woman explained how her access to mental health support was precluded by her substance use. She had not “been offered a bit of trauma counselling” following an extremely violent incident. She continued:

... so I ended up hitting drugs to block it all out, and then they said to me, 'So, because you're using drugs, we can't give you trauma counselling.' I said, 'It was the trauma that led me to using drugs,' and they said, 'Well, you have to be clean,' so I had to be clean and have that all going through my head for four, five weeks before they start offering me counselling. It's backwards. (Woman with lived experience, substance use service)

This gap in services left many women without access to support. Some attempted self-managed withdrawal to meet the criteria for access, often with no medical support. One woman described her experience:

I'm seeing a counsellor at the minute for my drinking ... I stopped drinking the day before, so I was sitting with the shakes and things like that... I detoxed here. I'd done it myself. (Woman with lived experience, homelessness service)

Frontline workers and key stakeholders expressed deep frustrations at “how poorly equipped the Trusts are” in respect to dual diagnosis services, noting dire outcomes as a result (Frontline worker, housing advice service):

I find [it] most infuriating... So many words about dual diagnosis. Where is it?... This discussion's been going on for years and years. There are people... not here today who should be if they'd been able to access the services when they needed them. (Key stakeholder, homelessness sector)

To be very frank, service users were dying while waiting to access those... services (Key stakeholder, criminal justice sector)

This yawning gap in service provision was considered egregious in the context of women who have experienced violence. That some women use substances to cope with the trauma of violence is widely acknowledged, yet access to trauma-focused treatment is precluded by that very substance use.

The dichotomy is mind blowing that on the one hand, we're all very much focused on trauma-informed... and on the other hand, our systems are like, 'No, we can't work with

you, because you're using substances. It just doesn't make any sense (Key stakeholder, homelessness sector)

It's very disheartening... if someone is saying, 'I need help, I need that,' and you're going, 'Well, you need to [stop using]?... 'Well, I can't stop using because this awful thing has happened to me, and I don't know how to process that.' So there's a complete disconnect there. (Key stakeholder, substance use sector)

Substance use

For many women, homelessness acted as a barrier to addressing substance use services, as the demands of living in temporary accommodation or sleeping rough hindered their ability to focus on recovery. As one woman noted:

Until I get housed, I can't even start the [recovery] process (Woman with lived experience, substance use service)

Where women did access substance use treatment they reported both benefits and challenges in outpatient and residential services. Outpatient services, where available, were valued when interventions were delivered in a safe and supportive environment by empathetic and non-judgmental practitioners. As one woman explained:

All of them in here have experience or have an understanding. They're a lot more open and a lot more welcoming. Everybody that I've worked with in here will give you the time... They're not just taking notes and running you out the door. (Woman with lived experience, substance use service)

However, outpatient services also had significant limitations. Long waiting times were a common frustration:

I don't often get any support. There's not an awful lot of support... There's agencies, of course... but there's waiting lists, and you don't get bumped up... (Woman with lived experience, substance use service)

Several women saw residential rehabilitation as their best chance at regaining control, seeing it as essential to saving their lives:

I do want to take charge. I want to go to rehab... If I don't go, I'd end up dead. I can see it... I have to do it. I want to do it for my babies, but mostly for myself (Woman with lived experience, homelessness service)

Those who had accessed rehab often spoke positively of supportive staff and the positive impact on their wellbeing. As one woman said:

They were so brilliant up there. I wasn't used to that, people being so nice. (Woman with lived experience, housing support service)

However, residential treatment had drawbacks. For several women, relapse while in rehab led to severe consequences, including street homelessness. One woman recounted being forced to leave suddenly after relapsing:

I messed that up because I was taking pregabalin... they kicked me out... I had two big bin liners full of my clothes and stuff, and I used to sit outside the [local] shop, and [think]...

oh my Lord, where the hell am I going to go? (Woman with lived experience, substance use service)

Relapse was also a significant issue after release from prison. While time spent in prison forced some women to stop using due to lack of availability, it did not address the underlying trauma driving their use. As one woman explained:

Drugs? I was doing well off of them, to be honest, because... in jail... I have to be off them because there's fuck all in jail, but I ended up back on them, so I've backtracked. (Woman with lived experience, housing support service)

Another echoed this sentiment:

[Prison] would get me off everything, but it would be terrible because... you're being made to do it. You're not wanting it, really... I don't think it's going to do me any good because when I get released, then it's straight back... (Woman with lived experience, substance use service)

Other services

Health care professionals were sometimes the first to hear disclosures of abuse from women experiencing violence. One woman, for instance, recounted how an ambulance worker encouraged her to speak openly after her partner stabbed her.

I remember the ambulance woman, she kept saying to me, 'Well, just tell the truth.' I said, 'Somebody attacked me. I don't know who it was, never seen them.' That was... the only thing I could come up with, even though... she knew (Woman with lived experience, housing support service)

Several women said that midwives and health care visitors played an important role in identifying abuse. One woman described how her midwife's intervention helped her recognise the danger she and her unborn baby were in:

Something is so not right... [and I] tell the midwife, and everybody take it so seriously... the midwife... health visitor... social worker... it was a wake-up call... they picked up on it... I'm quite appreciative of people doing that... because... [I did] not know how serious it is, or how black and white it is. (Woman with lived experience, domestic violence service)

Another woman disclosed her abuse for the first time after her health visitor noticed petechiae around her eyes:

We got this house and... it was honestly in the arsehole of nowhere... So, I had nobody near me or around me, or family or anything like that, but my health visitor noticed the petechiae in the eyes, and he asked me, 'Was that from pushing?' I said, 'No, he kicked me.' (Woman with lived experience, homelessness service)

Hospitals also played a central role, often serving as a refuge, providing both critical care and protection. One woman described her hospital stay as essential not only for medical reasons but also as a place where she was shielded from her abuser:

Police and hospital [got involved]... I was there for nearly two weeks... mostly because they didn't want me to go back. The police were constantly watching me... (Woman with lived experience, homelessness service)

Some women accessed hospital services for unrelated health issues. One woman, hiding injuries inflicted by an abusive partner, sought medical help for epilepsy, but only later disclosed the violence when it escalated and police became involved:

I actually went to the hospital [at that time] - I have epilepsy. I have really bad night-time seizures, which I could die. (Woman with lived experience, homelessness service)

Many women struggled to disclose abuse in hospital, even after sustaining serious injury, due to fear or the presence of their abuser. One participant explained her difficulty:

He's there even with you in the hospital anyway, so if you wanted to say anything to anyone, that would've been tough to do that anyway. (Woman with lived experience, housing support service)

Frontline workers expressed concerns around women's interaction with hospital services. First noting that women are sometimes discharged from hospitals directly into homelessness, without any prior contact or coordination with relevant services:

Sometimes the hospital will ring us and sometimes they won't... They could be discharged without any contact at all. (Frontline worker, statutory housing service)

Second, specific concerns were raised regarding access to emergency care for women who inject drugs, particularly in light of the rapid and widespread shift from intravenous opioid to cocaine use among women who are sleeping rough:

Cocaine just wrecks your veins... so loads of... horrible abscesses, infections, that then go to A&E to be seen to get treatment. You might be waiting 12 hours. They leave because they're going into withdrawal... when they eventually get admitted to hospital, they're going to ICU because they're so acutely unwell (Key stakeholder, substance use sector)

GPs were sometimes recognised for advocating for women's medical needs, particularly in cases of chronic illness or mental health issues. One woman, who had been waiting years for medical treatment, spoke of her GP's persistence:

I have to say, my GP is fantastic, and she is fighting with them. Every time I have an attack, I'm ringing her going, 'Right, there's another one.' (Woman with lived experience, homelessness service)

Another woman highlighted her GPs determination in managing her depression:

My GPs were brilliant with me... They kept on putting me on this, that, and the other, but they were trying to find out which one suited me. (Woman with lived experience, homelessness service)

However, GPs were not generally mentioned as a resource for disclosing or addressing violence or homelessness. Indeed, some women faced challenges maintaining stable access to a GP due to their homelessness:

I'm registered with the hub now, but I'm only recently registered... because I've been moving about. (Woman with lived experience, substance use service)

Others felt dismissed, particularly when raising concerns about mental health, and lack of understanding around substance use caused further difficulties. One woman described how

her GP abruptly stopped her long-term medication for nerve damage and sleep, describing her as a drug addict and without offering gradual support to reduce:

They just said one day, 'No, you're a drug addict. These are a controlled drug'... They didn't [gradually reduce]... I could have done with that (Woman with lived experience, housing support service)

10.5 Support Worker

Women who participated in this study reported contact with multiple services. They described frequent struggles to be understood, often needing to challenge organisations for adequate support and protection while repeatedly recounting harrowing experiences. They described this process as both physically and mentally exhausting, worsening existing health conditions, and often leaving them no further forward:

I just feel like I'm always having to go and say something to someone about something. I just want it to become where I don't have to complain about things, or say, 'I need help'... Every time I have to do this... this would wipe me out for the rest of the day. I'm absolutely exhausted (Woman with lived experience, domestic violence service)

While many women faced difficulties securing support, for some the involvement of multiple organisations was confusing and overwhelming. One woman described the stress of being bombarded with conflicting advice from multiple professionals:

You've got so many people telling you what to do. Everybody's telling you different things. You're... listening to all this and you're getting overwhelmed... That's just the hostel staff. Then you've got... your own social workers... doctors... midwives... Sure Start... nursery... Is it any wonder I failed? Is it any wonder I had my kids took off me? (Woman with lived experience, homelessness service)

The pressure to navigate complex systems, combined with limited mental health support and high-stake outcomes like access to children, often compounded women's trauma. Some felt that they were set up to fail:

How the fuck is anybody supposed to go through all that with mental health issues themselves and come through that? It takes a good person to come through all that and still be sitting with their kids. (Woman with lived experience, homelessness service)

Here, women who could access support staff highly valued the emotional support and personal connections they developed with them. Practical assistance, such as accompanying women to appointments and helping them navigate medical, housing and legal systems, was crucial for some in enabling positive outcomes. One woman spoke of the strong bond she formed with a hostel worker and the positive difference their support had made:

Me and [my support worker], we sit in that office and laugh for hours and hours... She helps me with the housing, she helps me with the police. This is why I appreciate the staff in here the most. She came to the doctors with me... then she came round to the solicitors with me to get the non-molestation order. I respect [her] a lot." (Woman with lived experience, homelessness service)

Specialist domestic abuse support, such as that provided by Women's Aid, was highly valued for the emotional and educational support they provided around the nature and pattern of abuse. This empowered women to better understand their experiences and regain control:

I think it's good that staff here... affirm that it's not your fault. They introduced me to terms like coercive control and what's a narcissist. I never knew that term before. (Woman with lived experience, domestic violence service)

While women expressed high levels of appreciation for the support provided by homelessness and domestic violence workers, where these were delivered in congregate settings, they often reported facing competing and highly negative pressures (see Chapter 8). These environmental challenges frequently diminished, and in some cases even overshadowed, the positive impact of the support workers' interventions. Where support was directly attached to the accommodation services it typically ended when the women moved on.

Tenancy support workers focused on enabling women to sustain their homes were also helpful, albeit rarely accessed. One woman praised the emotional support she received in addition to broader housing supports:

She just... You can tell her anything, and there's no judgement. She's helped me do everything. (Woman with lived experience, housing support service)

10.6 Conclusion

Women faced a plethora of challenges when seeking help and support in the context of violence and homelessness. Family and friends were often their first point of contact, providing crucial emotional, financial, and physical support. However, barriers such as isolation, shame, and fear of judgement frequently prevented women from reaching out, while loved ones were often unsure how to intervene or feared making the situation worse. Cultural norms and victim-blaming attitudes added further complexity, particularly in cases of sexual violence, which often left women feeling disbelieved and unsupported.

Engagement with social services proved particularly fraught. While social services played a key role in alerting women to the risks posed by violent partners, most women were deeply reluctant to engage due to fears of having their children removed. These fears were often exacerbated by past negative experiences and insensitive interventions that increased their vulnerability, leaving many women feeling isolated and without practical support. Missed opportunities for practical advice and lack of post-intervention support, especially after child removal, further deepened these frustrations, worsening women's mental health and further undermining their trust in the system.

Deep housing insecurity emerged as a major issue, with many unaware that remaining in their homes under threat constitutes homelessness. The assumption that women ought to leave their homes to escape violence, compounded by perpetrators' coercive control, often led women into homelessness with severe financial consequences. Interventions like the Sanctuary Scheme which helps women stay in their homes were underutilised, leaving women to navigate difficult legal and financial risks on their own. When homelessness occurred, responses from services were inconsistent, with some women receiving quick support while others were placed in unsafe, unsuitable, or distant accommodations that put them at further risk of harm.

For women with complex needs - such as mental health issues or substance use - access to safe housing and support services was even more limited. Women in mixed-sex accommodations, such as hostels and B&Bs, faced significant safety concerns, and those excluded from temporary accommodation often ended up sleeping rough where they were exposed to acute violence and exploitation. The process of moving on from homelessness was marked by long waiting lists for permanent housing, bureaucratic delays, and inequities in the Common Selection Scheme which prioritise victims of intimidation over survivors of domestic violence.

Mental health and substance use services were hugely beneficial to many women, yet access to these services was often inadequate. Delays, limited trauma-informed care, and the lack of dual diagnosis services left many women struggling to manage the intersecting impacts of trauma, substance use, and mental health issues. While some women benefited from rehabilitation and outpatient care, barriers such as relapse, eviction, and long waiting times often reduced the effectiveness of these interventions.

Women's interactions with health care professionals, particularly in maternity and emergency settings, were sometimes a vital point of intervention, but fear and stigma often complicated access to care. Some women reported receiving life-saving support from GPs and hospital staff, but inconsistencies across services remained a concern.

Overall, women's efforts to navigate complex systems of support often ended with exhaustion, frustration, and limited, if any, tangible gains. Repeatedly disclosing traumatic experiences and advocating for their own needs, often with inadequate responses, left many women feeling disillusioned and little closer to safety or stability. Access to consistent, personalised support from frontline workers eased this burden, with both practical and emotional assistance playing a vital role in sustaining women, if not always seeing them through to positive outcomes. Specialist domestic violence services, such as Women's Aid, were especially valued for their empowering role, though the benefits were diminished in congregate settings or lost altogether when women moved on to new accommodation.

11. Conclusion

This report aimed to understand the causes and impacts of violence and homelessness affecting women, their experiences with support services, and how responses can be improved. This chapter draws together the study's main findings and makes recommendations for key stakeholders at national and local levels.

11.1 Key findings

Women faced abuse from a range of perpetrators, with intimate partners being the most common. Many also experienced physical abuse in childhood, including corporal punishment by parents or foster carers, and/or sexual abuse by fathers, stepfathers, uncles, or other male relatives. In adulthood, some endured violence from extended family, with several describing how their children were also coerced into their abuse. Stranger rape, sexual exploitation, trafficking, and paramilitary violence further compounded their trauma. Most women encountered several (sometimes even all) of these perpetrators over their lifetimes; sometimes they faced them concurrently.

Intimate partner violence was especially striking in its pervasiveness. It affected every aspect of women's lives as they endured psychological, financial, physical, and/or sexual violence, marked by efforts to degrade, control, manipulate, threaten, and terrorise. Collectively, these various forms of abuse – each often brutal and destabilising in its own right – interacted to create a devastating web of entrapment and harm. The delayed and gradual onset of abuse, coupled with personal, familial, and housing entanglements, made it difficult for women to seek help or escape. The subtle, insidious nature of psychological abuse, framing violence as the woman's fault, made it harder for victims to recognise its seriousness and attribute responsibility to the perpetrator.

At the same time, pervasive surveillance by intimate partners severely limited women's independence, cutting them off from established support networks and shutting down avenues to help. Rural women were particularly isolated. The steady usurpation of women's material resources – both financial and housing – undermined their ability to regain control or leave. Psychological terrorism in the form of threats and intimidation, often backed by brutal physical and/or sexual violence, left women so frightened that they remained and complied in order to survive. Rape and sexual assault – by intimate partners, family members, and/or strangers – further degraded and humiliated them, while the threatening spectre of paramilitary violence heightened feelings of terror.

Women fought to escape this violence, striving valiantly to create safety for themselves and their children, while also contending with its devastating effects. Many suffered from chronic pain, severe injuries, or neurological issues, with women living with disability particularly impacted. Mental health struggles were pervasive, with acute anxiety, deep depression, and trauma being key features of their daily lives. Some experienced suicidal thoughts.

Yet just when they most needed stability, many were forced into homelessness. Some fled abusive partners abruptly, leaving behind homes and belongings, even where they held legal tenancy or ownership rights. Post-separation harassment often forced repeated relocations, especially for mothers targeted via child contact arrangements. Trauma-related substance use

further undermined some women's housing security, as it fractured family support, led to job loss, and/or triggered insecurity due to drug debts or paramilitary threats.

Despite the risk of violent retaliation from abusers, many women sought protection through the criminal and civil justice systems, only to be failed and left even more susceptible to abuse. These failures effectively "green lighted" their abusers' actions, in that they could continue to perpetrate abuse without sanction. Police responses were inconsistent; some particular police officers were praised, but many women – especially, but not only, those facing challenges with substance use – encountered dismissive or victim-blaming attitudes that eroded their trust and forced them back into silent endurance of abuse. Securing legal protections such as non-molestation or occupation orders was deeply challenging, requiring women to remain stoic, extremely brave, and passive while gathering evidence of their ongoing abuse. Even when orders were granted, enforcement was often lax, allowing abusers to continue their harassment and intimidation, often intensely targeted on women's homes. Abusers exploited the limitations of legal protections, harassing women just beyond the limits of exclusion orders, while police often dismissed these actions as beyond their control. These failings of the criminal and justice systems left women feeling that their abuser's actions were inescapable.

Perpetrators further weaponised the legal process, dragging women through drawn-out legal battles that forced them to repeatedly recount their trauma while bearing the financial and emotional burden of proceedings. For women with children, the situation was even more complex and distressing, as abusers manipulated the family courts to maintain control and perpetuate post-separation abuse through child contact arrangements. Many women were caught in a distressing contradiction: while social services urged them to leave abusive homes to protect their children, the family courts often required them to facilitate contact with the very abusers they had escaped.

The failure of the criminal and civil justice system to provide access to, and robustly enforce, protective measures left women not only exposed to ongoing violence and abuse, but also plunged them into deep housing insecurity. Women were left isolated, unprotected and retraumatised, forced to flee their homes, often repeatedly, with some even fleeing the refuges designed to protect them. Women desperately sought safe and stable accommodation, making efforts to prevent and resolve their own homelessness. However, they were often unable to do so due to the lack of safe, affordable, and suitable housing options. Wider preventative efforts were insufficient, with programmes designed to enable them stay safely in their home with the perpetrator excluded underutilised. Many therefore accessed temporary accommodation, where strict rules and congregate settings like hostels and refuges conflicted with their need for autonomy and exposed them to vicarious trauma. Hostels and B&Bs frequently failed to provide the safety and support women sought, with many reporting environments characterised by violence, harassment, and substance use, especially in mixed-sex provision.

Women who use substances were particularly underserved, rarely able to access refuge services and often placed in environments where drug use was widespread. These settings worsened their substance use and increased their vulnerability to exploitation and violence, thereby deepening their trauma. The resulting decline in mental health and escalating substance use further reduced their access to services, pushing them into increasingly precarious and dangerous situations such as night shelter use, rough sleeping, and/or engaging in survival sex to secure shelter. All such circumstances served to perpetuate a vicious cycle of trauma.

The experiences of women detailed in this report paints an horrific picture of lives devastated by violence, harmed by housing insecurity, and compounded by systemic failures. Their resulting homelessness, though often preventable, plunged them into even deeper crisis, one too often met with unsafe temporary accommodation where exposure to violence, harassment, and substance misuse persisted. These settings compounded the impacts of violence, driving women deeper into cycles of trauma and exposing them to even greater harm.

11.2 Recommendations

The Department of Justice should:

- Ensure that **police respond quickly and effectively** to violence against women, including to breaches of protective orders. Existing training should be enhanced to emphasise sensitivity to VAWG, avoiding victim-blaming, and provide clear guidance on risk assessment practice and the enforcement of protective measures.
- Ensure that **protection orders can be accessed quickly** and are sufficient to enable women to gain and sustain safe occupation of their home. Consideration should also be given to bringing into force Domestic Abuse Protection Notices and Domestic Abuse Protection Orders to provide immediate protection for women facing violence. These orders should include provisions that allow abusers to be barred from shared homes and address long-term safety, ensuring women have greater security and preventing their homelessness.
- Undertake a review to strengthen **enforcement mechanisms** for protection orders. The Department should ensure that breaches of these orders are treated with urgency, leading to swift legal consequences for perpetrators to prevent further abuse and ensure women's safety in their homes. Potential means of ensuring that perpetrators are held to account for the spirit as well as the letter of protective orders should be explored so as to address the phenomenon of perpetrators exploiting the limits of exclusion zones to continue harassing women.
- Prevent the **misuse of legal proceedings by perpetrators** by introducing safeguards to stop abusers from exploiting family and civil courts to continue post-separation abuse (e.g. repeatedly challenging custody or contact arrangements). This should be accompanied by a review of the intersection of domestic abuse and child contact arrangements within family courts, ensuring that child safety is prioritised and that women are not compelled to facilitate contact with abusers, particularly when such arrangements place women and their children at further risk of harm or homelessness.
- Expand access to **legal representation and advocacy services** for women experiencing violence. This could include increasing awareness of the new discretionary waiver allowing victims of domestic abuse to be eligible for Legal Aid in defending certain Children (NI) Order proceedings, even if their financial circumstances would typically make them ineligible. Similar provision should be considered for women seeking sole occupation of an owner-occupied property.
- Work with the courts to **streamline legal processes, reduce retraumatisation, and improve outcomes** for victims by ensuring that the complexity of abuse is fully recognised in judicial decisions. Further to this, the evidence requirements for protective orders should

not be unduly onerous and should allow for access to measures necessary for women's protection and safe occupation of their home.

The Department for Communities should:

- Work closely with The Executive Office to revise the **Ending Violence Against Women and Girls Strategic Framework**, placing stronger emphasis on the link between violence and homelessness, and embedding housing security as a key preventative measure. Homeless women should be prioritised as a vulnerable group, incorporating targeted actions that address their heightened risks of violence and housing insecurity.
- Join the Department of Justice and Department of Health as an equal partner in delivering the **Domestic and Sexual Abuse Strategy for Northern Ireland**, strengthening focus on the connection between domestic abuse and housing insecurity, and ensuring that housing-related support and homelessness prevention for victims are adequately addressed in subsequent action planning and resourcing.
- Consider amendments to the Housing (NI) Order 1988 to explicitly include women facing **domestic abuse as a priority need category**, aligning with the Domestic Abuse Act 2021 (England) and Housing (Wales) Act 2014, to strengthen protections for victims and ensure consistent access to homelessness assistance beyond the existing violence-related priority need criterion.
- Acknowledge that a broad range of public services interact with women experiencing violence - including housing, police, health, and education sectors – prior to their homelessness. A **shared public duty in preventing homelessness** would require these sectors to actively identify and address risks of homelessness. In light of this, Northern Ireland should consider legislative developments like those proposed in Scotland and Wales, where prevention of homelessness is positioned as a public duty across multiple sectors.
- Revise the **Common Selection Scheme** to ensure that housing points awarded for women experiencing violence appropriately reflect the severity of all forms of violence, including domestic violence, and are given appropriate weight relative to other forms of violence (e.g. sectarian violence). Additionally, evidence requirements should be simplified and/or lowered to expedite housing allocation for victims and facilitate quicker access to safe housing.
- Strengthen the **role of Housing Associations in domestic abuse responses** by requiring all social landlords to have a domestic abuse policy, provide support for survivors, and enable victims to retain their tenancy, even in cases where domestic abuse has led to rent arrears. Such changes would echo those proposed in the Housing (Scotland) Bill.
- Following the example of the Domestic Abuse (Protection) (Scotland) Act, introduce provisions that allow for the **transfer of a social tenancy** from an abuser to a domestic abuse survivor. This would ensure that victims can remain in their homes and retain their security of tenure while the perpetrator is removed from the property.

The Northern Ireland Housing Executive should:

- Develop a **strategy to address the homelessness risks faced by women experiencing violence** to prioritise homelessness prevention for women facing violence, ensure

responsive housing and homelessness services, promote multi-agency collaboration. This strategy should be fully aligned with the strategic priorities of the Violence Against Women and Girls Strategic Framework and unify the various actions related to violence against women found across various strategies and action plans. These include the NIHE's Ending Homelessness Together Strategy, the Strategic Action Plan for Temporary Accommodation, Supporting People's Three-Year Strategic Plan, the Department for Communities Interdepartmental Homelessness Action Plan, and the housing-related actions from Northern Ireland's Domestic and Sexual Abuse Strategy.

- Expand awareness of and access to the **Sanctuary Scheme**, and other preventative measures to ensure that women are not forced into housing decisions under duress. This will enable women to be supported to remain in their home where it is safe to do so and what they desire.
- Ensure women have access to **safe and appropriate temporary accommodation** by expanding self-contained housing options and avoiding congregate models where possible. The utilisation of B&Bs, nighttime-only shelters, and mixed-gender hostels should be discontinued, ensuring women-only services are available for women who request them. Where congregate hostels are unavoidable, ensure women have access to gender-informed services that provide safe, supportive environments tailored to the needs of women who have experienced violence.
- Ensure access to appropriate **housing options for women with complex needs**, including those who use substances, by expanding the Housing First model to provide stable housing as a foundation for addressing other needs. For the small minority of such women for whom Housing First is not suitable or preferred, very small-scale, highly specialised, and intensively supported congregate housing options should be provided.

Social Services should:

- Ensure that women whose children have been taken into care are provided with **ongoing support** which follows them throughout and after the process. Child protection services should be more sensitive to the needs of women who have experienced violence, providing tailored, trauma-informed support to maximise the prospect that these women will be able to care for their children in the future.

All services should:

- Embed **trauma-informed practice** by mandating trauma-informed training across all relevant sectors and roles with a view to ensuring sensitive responses to women experiencing violence that enable disclosure and avoid re-traumatisation. This should target all professionals who are in contact with women with direct experience, especially initial points of contact, including police officers, health professionals, social workers, solicitors, housing advisers, and support workers.
- Embed **gender-informed practice** across the voluntary and statutory sectors by building awareness of violence against women, with a focus on building knowledge around coercive control, post-separation abuse, and the impacts of trauma, including substance use as a coping mechanism. This should also ensure staff in all relevant services understand the emotional and material impacts of child loss on women and are equipped to offer support or signpost women to services that are.

- Embed **housing-informed practice** by ensuring that frontline workers across all relevant sectors understand the connection between violence against women and housing insecurity, as well as the role different stakeholders can play in mitigating these impacts and preventing homelessness. Frontline workers who engage with women experiencing violence should be equipped to provide appropriate legal or housing advice or be able to effectively signpost and support women to access specialist services.
- Embed the meaningful **engagement of experts by experience** in the design, development, and delivery of both practice and policy to foster inclusive and collaborative approaches that are informed by and responsive to lived experience.
- Provide **culturally sensitive support** that recognise the specific pressures experienced by women from minoritised ethnic communities, where abuse may be less recognised, and where cultural or community pressures may encourage them to remain in abusive relationships.
- Recognise and respond to the unique challenges faced by women in **rural areas**, who are likely to be more isolated, with limited access to support, increasing their vulnerability to abuse.

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Violence against women and homelessness

By Lynne McMordie, Suzanne Fitzpatrick, and Sarah Johnsen

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I-SPHERE, Heriot Watt University