

Precarious trust: Are we thinking enough about relationships in women's journeys through homelessness and violence?

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Background – Women & Homelessness

- Increasing interest in gendered experiences of homelessness
 - Gender-sensitive definitions of homelessness (survival sex; DV)
 - Changes to UK housing policy (Domestic Abuse Act 2021); Perceptions of “vulnerability”
 - Rising numbers of women using temporary accommodation
- Prevalence of violence and domestic abuse before and during homelessness
 - 20% of women who had experienced violence became homeless, compared to less than 1% of women who had not experienced violence (National Data (England) in Bimpson et al., 2021)
 - Experiences of violence are intersectional
 - Long-term impact (social, financial, mental, physical)
- Women more likely to exhaust informal options before seeking formal support
 - Social support as buffer against homelessness, mitigating risk and adversity (e.g., Vinson, 2004).
 - ‘Female Capital’ and informal survival strategies can lead to further to sexual and economic exploitation and violence (Watson, 2016).

Aims of the study

Examining the impact of violence in women's homelessness trajectories and pathways out of homelessness **and the relational impact this may have had** on how they sought help and accessed formal support.

How do women survive, minimise risks of violence and homelessness and build resilience by using social relationships?

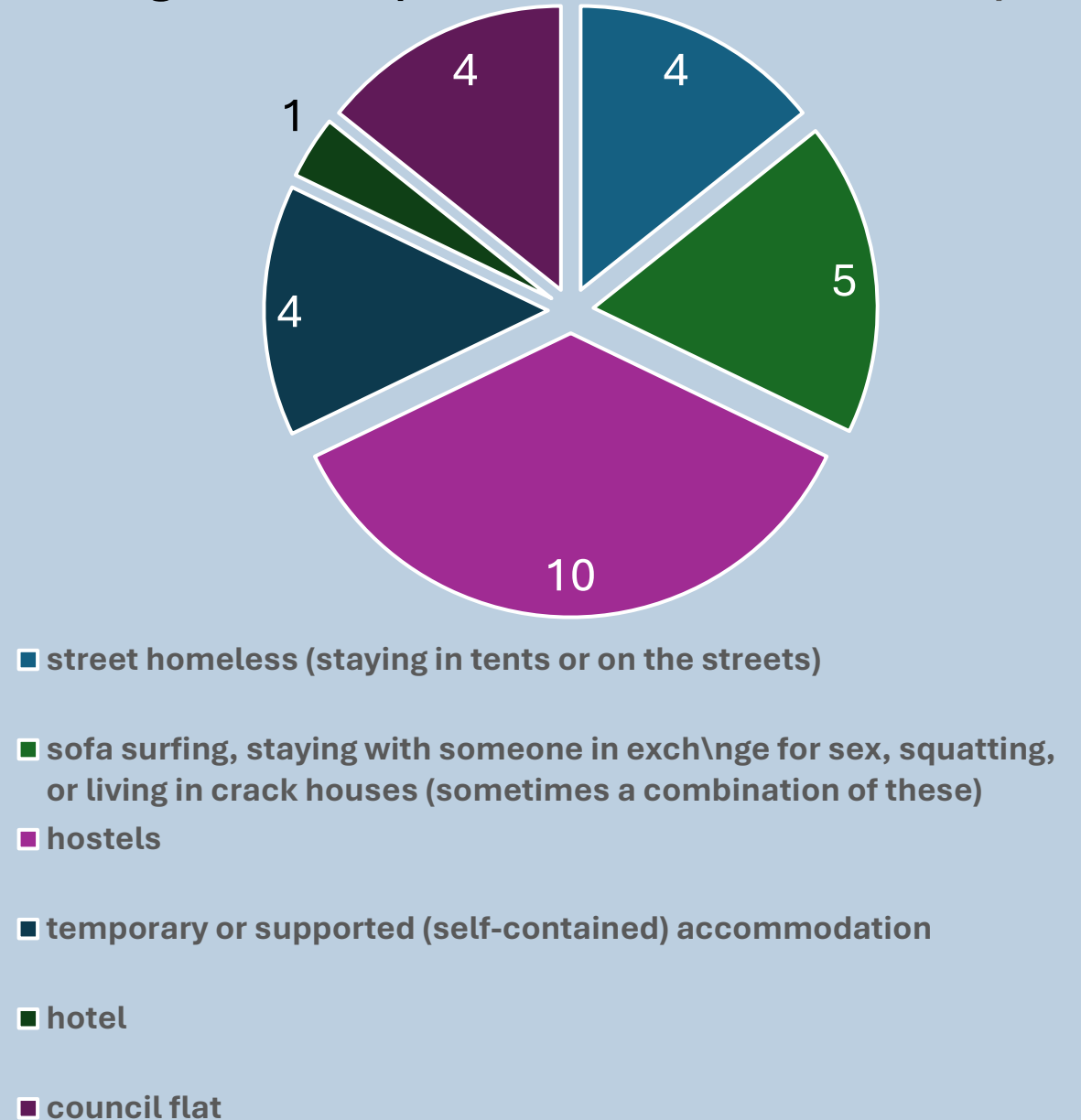
Methods

- Sample of 28 women with homelessness experience at ‘high risk’ of exploitation, due to multiple needs (including substance use, motherhood, and sex work) and experiences of gender-based violence (sexual, domestic, institutional)
- Sample drawn from doctoral project integrating ethnographic methods based on observations, participant observation, informal chats, semi-structured interviews and participatory methods (Fieldwork from June 2024-March 2025)
 - Recruited from seven (statutory and voluntary) services assisting people experiencing, or at risk, of homelessness, including hostels, (sex-worker/women’s) drop-ins, and day centres
- 14 practitioners (including a nurse, social worker, police community support worker, drug and alcohol frontline staff, day centre staff, hostel staff (frontline and management), cultural-specific support worker, outreach worker, and mental health practitioner)

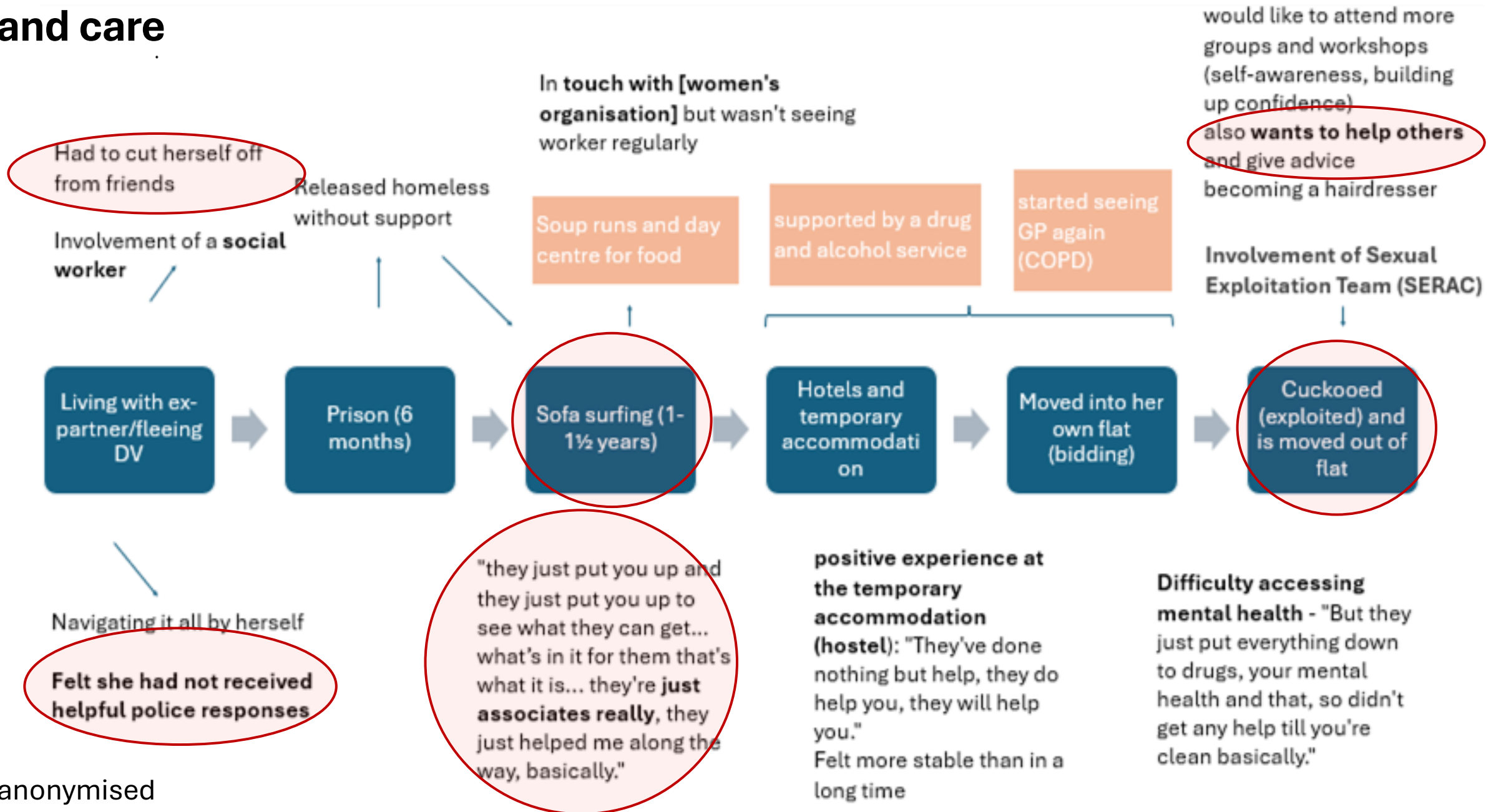
Demographics

- Sample of women between 22 and 51 years of age (Median = 40); different ethnic background represented
- ~90% reported mental health (including depression, anxiety, bipolar, personality disorders, PTSD, schizophrenia) or physical health needs (broken backs, autoimmune and trauma related illnesses, arthritis, and visual impairment)
- ~14% reported diagnosed or suspected autism/ADHD.
- ~70% were currently or historically using substances
- ~70% had children, although only four (14%) women had children currently in their care, one woman was pregnant at time of interview

Living situation (at the time of the interview)



Kelly*'s journey through homelessness, navigating access to support and care



*anonymised

Findings

a) Normalised (relational) trauma and violence

Reclaiming Agency

b) Leveraging (precarious) relationships to deal with violence, exploitation and trauma

The complexity of family/romantic relationships:

Protection, control, and exploitation

Friendships, Associates, Communities

Practitioners as “bridging capital”

a) Normalisation of violence and trauma

- Experiences of **sexual, domestic, and physical violence** during childhood and/or adulthood **recurring and cyclical**, leading to entrenched vulnerability to exploitation and a deterioration of their situation.

*“I got brushed under the carpet a bit because **my mum kept all the abuse hidden**, you know with my dad and stuff like that, she didn't bring it out so the teachers thought oh, **she's just a naughty child**, I just got put in that category when it really wasn't, it was something going on.” (Alice)*

- Being **subjected to disbelief, stigma and scrutiny** for their experiences of violence:

*“There was two police officers present at my house, and my husband was pulling my children from me, he pulled my daughter, and I said to the police officer [...] ‘he's a wanted man’, they said ‘**oh, your lot have domestic problems all the time**, you need some legal advice’, and they let him take her.” (Saira)*

*“I was currently in a relationship, fleeing domestic violence and I was in a mother and baby placement, **my child got took from me, got given to my [child]’s dad**, and then I came here [hostel] after being kicked out [of the mother and baby placement]. [...] There was **evidence of domestic violence**, I was going to Women's Aid, but **none of that went against him [in court]**, because he **hasn't got mental health** [problems].” (Helen)*

*“Some of the team in the past you know have managed **to really validate how someone's feeling**, who has never experienced that from mental health services before. Yeah, again quite often they label with your dual diagnosis... ‘**You need to stop the drug use.**’, ‘**You need housing for that I can help you...**’ But that is a foreign language to the clients that we work with...” (Practitioner 14)*

- Feeling **treated like a number; not properly understood and supported**, leading to under-reporting of ‘everyday violence’ and trauma...

*“My problems are my problems, that's how I look at it. I know everybody says a problem shared is a problem halved and all that, but I'm not one of them, it's mine, it's happened to me, it's my problem, **why would I want to sit and tell somebody else about it, so they can either judge me or just walk away and forget about it?** Why waste my time?” (Samantha)*

- ... and **taking on responsibility** for experiences of homelessness and violence

*“Because you know human beings are always premediated. They're always up to something. Always judging ya. I would say **I'm very naïve**. You know, it's all right, **to trust an abuser**.... If you understand that. And yeah... **that's one of my biggest faults**...” (Tamara)*

- **Coping, reclaiming agency by disengaging**

*“Sometimes I get paranoid that people are tricking me and that, that make me not gonna go.... **That make me not wanna ... engage**, yeah. **I feel like I'm being tricked** all the time, not proper being understood, do you know what I mean?” (Chloe)*

*“It has impacted me immensely because a lot of the times **I'd have to move**, or they'd find me, or my windows would be smashed, but **I wouldn't ring the police because it was hopeless**.” (Saira)*

*“I just was emb**arrassed to admit [to service] that I was sex working again**, because I stopped doing it. I was raped by like 10 guys. So, I was like if I'm gonna keep getting raped, **I may as well get paid for it**.” (Emily)*

- greater **reliance on themselves and informal networks** for support

**b) Leveraging (precarious)
relationships**

- Family networks marked by **instability, abuse, and/or (spatial, emotional) absence**

*“If my mum was better with mental health, more like if I'm crying, give me a hug. Like when I had to walk out of the hospital and leave my son, I collapsed to the floor, **she just stood there**. She didn't try to stop me from falling to the floor, she didn't try to hug me, and I'm sat there pulling me hair out, sobbing my heart out. And my own mum couldn't even do it, someone else there did it.” (Helen)*

*“I wasn't allowed when I was in that marriage or in that community, because if I had a doctor's appointment, six people went with me [...] **the order in the family given by my husband was**, even if she goes to the shop to get sanitary towels, at least five, six women, my mother-in-law, my brothers-in-law, my sister-in-law, **you'd be accompanied all the time**, so you've not got an opportunity to have a one-to-one conversation, and now we have posters everywhere, public toilets, everywhere to say domestic violence... we had nothing like that before, we really didn't. [...] I mean, the doctor said to me a few times, I want to talk to you alone, and my mother-in-law would be like, no, no, we're not doing that” (Saira)*

- Many reported feeling **isolated and lonely**

“I'm on my own babe.” (Fiona) and “Just keep myself to myself” (Betty)

- Friendships, acquaintances, people within communities were often helpful to access information, complex services, and sometimes provided short-term relief and accommodation, at times providing more support than close relationships.
- Some of the **women were helped and helped each other**, sometimes to the detriment of their own safety:

*“She wasn't meant to [stay in hostel room with her] but.... She made it off the streets last night, **she keeps getting men... trying it, so I got her off the street last night**, stay out the way” (Daisy)*

- **Sharing trauma often felt inappropriate**, or even dangerous, or added to the stigma some of the women experienced:

*“I have some friend, but sometimes, **I'm afraid to tell them my details**. I don't want them to know about my personal stuff. [...] **They came from my country**, that's why I don't want to tell them.” (Amal)*

*“I have only one mate now, because others, **when I called them and I said what happened, I never heard from them again**.” (Magda)*

- These **connections were often** short-lived, limited to leverage more structural changes and sometimes exploited women further, financially, emotionally or sexually, leading to further stigmatisation, judgment, and withdrawal from social connection

*“**A friend's** someone who's there for you, doesn't want anything from you, **doesn't abuse you, hasn't got an ulterior motive**” (Anna)*

*“It's like a **fake friendship**, you all sit there together, you all smoke drugs, do this, do that, because you're going through the same kind of situation, so it kind of makes you feel worse, you're not doing what you're supposed to do, you're not accessing the support that you're supposed to.” (Alice)*

- **Romantic relationships as a way to stay safe** and navigate homelessness

*“**90 percent of the time they end up in a relationship** with a male that's street homeless.” (Practitioner 9)*

*“I stay [with abusive partner] because **it's better to be stuck with one person than being passed around** and getting STDs [sexually transmitted diseases] all the time, **it is more predictable** with just one. So, it is **the most control I could have in the situation.**” (Evie, paraphrased, interview not recorded)*

*“**[Partner] taught me quite a few things**, what to do when I'm on the street, so... what to watch out for, who to trust, who not to trust, where you're sleeping, because you don't tell anyone that where you're sleeping because otherwise your things go missing.” (Betty)*

- However, romantic relationships were often volatile, violent, and exploitative

*“I couldn't engage, **he wouldn't let me engage**, so... people have tried before but not been able to get through because of the situation that I was in because I was very frightened and that, a lot of people didn't know what was going on. [...] I didn't use [day centres] because **I was frightened people find out where I was.**” (Chloe)*

*“They've got that sort of really **negative perception that the police**. So the police come storming and they just... I've seen women freak out and it's gone. All **they're concerned that they're going to go tell a partner...**” (Practitioner 14)*

- They can further isolate and lead to withdrawal from services (‘invisibility’)

*“The men don't want them to engage because to them it's **something for them to keep, and to control.** [...] I keep trying, but it is hard.” (Practitioner 7)*

How can we break these cycles? Practitioners as “bridging ties”?

- Homelessness services providing access to basic support, such as day centres, food banks, soup runs, and outreach programmes, as well as pathways to access statutory services for housing and healthcare.
- **Tension between care and control** or surveillance functions of many these services (Benbow et al., 2019; Parsell, 2016).

*“**[Support worker] has done it all.** [...] [She] got me in there [supported accommodation], just giving me time, and showing me like... positive things like you can do it, do you know what I mean, just basically supporting me, **believing in me and making me believe in myself.** Like, she won't do things for me, but she'll help me do it, if that makes sense.” (Chloe)*

*“Information's been passed on to me from other workers in here and I've got to see certain people's information, and it's just... **you don't have any privacy whatsoever.** When you want to try and do something, that **help's not available, so you give up, right...**” (Tamara)*

- Building trusting relationships can have adverse effects
- Limited time for **building relationships**; having to go “*above and beyond*.”

“You get **workers that just see it as a paycheck** and then you get **some workers that take the work home with them**, they worry about us, and you see the difference, you know, the ones that actually care, you feel it. [...] like **you've got someone out there that gives a crap about you, and it makes you humble**, it makes you feel nice. Because **when you feel like your own family don't care, you've always got someone out here that cares**.” (Tamara)

- **Rebuilding trust in services** and changing service culture

*“You know **you can be again that bridge between, with the survivor and the social worker**, I just need you to do referrals to housing. And I will do the rest and it works really well for women.... Yeah, who will hear the word social work and freak out. Yeah.... So long story short, it's worked really well for me. I think it's worked really well for like the work that I've done with women.”* (Practitioner 14)

*“... when I say this but with honour-based violence, you never see a Muslim woman, you never see that. **Somebody who understands the language, who understands the culture and knows how severe the threats are.** [...] somebody who understands the culture inside out because I don't think they understand to the core of it.”* (Saira)

Conclusions

- Violence **not just a trigger but a constant risk** during homelessness
 - Relational coping mechanisms developed in response to trauma and normalisation of violence
 - Inappropriate criminal justice responses and scarcity of housing options (particularly when needs intersect) which may increase exposure to gender-based violence; lack of mental health/trauma support
- Complexity of social relationships; structural power dynamics that can provide **short-term relief but often further entrench marginalisation and risk of exploitation** (layers of abuse, compound trauma, economic deprivation, and institutional barriers); limited in transforming participants' structural realities

- **Resilience to adapt and shift interactions** dependent on external support and circumstances.
- But... **external resources were often constrained and depleted by histories of abuse and structural disadvantage** and even options perceived as ‘safer’ were often exploitative and unsafe.
 - Majority of the women in the sample never had access to adequate support; responses to violence were dismissed and normalised by intersecting forms of stigma about their gender, sex, ethnicity/race or sexuality.
 - Low confidence, isolation, neglect
 - Exclusion of couples “undermine one of the few forms of social capital that may be available to them” (Stevenson & Neale, 2012, p.242) and disregards context
- **Precarity of social relationships and trust**; but pathways out of homelessness often accompanied by relational component

Are we thinking enough about relational responses to homelessness?

- Appropriate crisis interventions from police and domestic/sexual abuse agencies when reporting violence
- Gender-appropriate housing options and choices (e.g. refuges, sanctuaries and quicker access to these
 - Accessible to those from ethnic minority backgrounds, LGBTQ+, with additional needs, using substances, experiencing mental health problems, or being disabled
 - Low-level support more accessible to women in coercive relationships or situations (e.g. crack houses)
 - Easier access to mental health and trauma support
- Relational (multi-disciplinary) responses to homelessness in neoliberal contexts
 - Lower caseloads; longer-term responses (ending premature discharge)
 - Empathetic responses
 - Housing options for couples and services working with couples
 - E.g. connecting people (<https://connectingpeople.net/research/pilot-study/>) – identifying opportunities for new social engagement
 - Peer mentoring and support

Thank you.

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