Domestic Violence & Family Homelessness

Paula Mayock
and Fiona Neary

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Contents

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Foreword

The idea for this research emerged from growing concerns in Focus Ireland's family services about the level of domestic violence and abuse which our staff were dealing with among our customers. One manifestation of this concern has been the introduction of specialised training and more informed policies to guide the practice of our staff. This is a positive and important response to these challenges, but Focus Ireland is committed not just to responding to homelessness but to understanding it and the ways which help us to bring it to an end.

Every authoritative account of homelessness includes 'domestic violence' as one of the potential causes. And every victim of domestic violence fears that losing their home and becoming homeless may be one of the consequences of escaping the abuse they face. Yet in policy and in practice we tend to behave as if they were separate evils and not so frequently linked.

There are a broad range of statutory and voluntary groups who are deeply knowledgeable about domestic violence and committed to eradicating it, but for Focus Ireland the questions are more specific – if domestic violence does occur what can be done to prevent it also resulting in homelessness, and where homelessness cannot be avoided what can be done to minimise the trauma and distress homelessness inflicts on the already distressed and traumatised victims, and how can we bring that homelessness to an end as quickly as possible.

The research project was commissioned and the first interviews were undertaken by Dr Paula Mayock and Fiona Neary long before we had even heard of Covid-19. Over the period of the pandemic, and the restrictions on movement that it entailed, reports of domestic violence have increased, and it has received much more of the public attention that it deserves. Because of these changes, some elements of data collection were repeated to ensure that the particular experiences during that period were captured, along with the long-running issues.

In line with Focus Ireland's research priorities and organisational strategy, the report places a high priority on listening to the voices of the people who experience homelessness as a result of domestic violence and abuse. Equally it draws on those experiences to propose solutions, or pathways to solutions. It is always challenging for researchers to capture those voices, speaking to researchers is not a high priority for people in distressful circumstances. But this challenge was made even greater by the Covid pandemic and its impact on social services and their customers. It is a great tribute to the skill and persistence of the researchers that these voices have been captured so movingly and clearly.

When Focus Ireland research looks at the way in which particular aspects of society cause or contribute to homelessness, we always aim to work in close collaboration with other organisations who understand those areas deeply, and we are grateful to Safe Ireland, Sonas Domestic Abuse Charity, and Women's Aid for their collaboration and support in this project. We also express our gratitude to the representatives from government departments and agencies, local authorities, and NGO backgrounds who participated in a roundtable discussion that helped shape the report's recommendations.[1]

The report was initially commissioned by Focus Ireland from the resources available to us from public donations, and the very welcome decision of the Housing Agency to support the research allowed us to be more ambitious in our scope, and immeasurably increased the value of the report to those who decide public policy.

The Department of Justice has been represented on the advisory committee for the report through Philip McCormack, and the researchers and ourselves are very grateful for his support and guidance through the process. Of course, as the report notes, none of the bodies that helped us complete the report are responsible for its contents, Focus Ireland and the researchers take full responsibility for that.

The report comes to be published at a vital moment, as the Department of Justice and its partners are in the final stages of preparing the Third National Strategy on Domestic, Sexual and Gender-Based Violence. The two earlier Strategies both referred to the issue of homelessness arising from Domestic Violence, and the second strategy resulted in the Department of Housing, Heritage and Local Government guidance to local authorities, which was such an important step forward. But when the first strategy was published in 2010 there were around 150 homeless families, while today, despite the welcome decline since the pandemic, there are over 800. One part of the context for the third strategy must be the Government's commitment to work towards ending homelessness entirely by 2030. In that light, the Third strategy needs to go much further in closing off pathways from domestic violence into homelessness. We believe that this research report provides them with the evidence and analysis to achieve that.

Mike Allen
Director of Advocacy, Focus Ireland

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1 See Appendix 2 for the full list of participants.

Acknowledgements

We want to extend special thanks to the participants in this research. The parents who participated did so out of a commitment to having their stories heard and to contributing to a better and fuller understanding of the intersection of domestic abuse and family homelessness. This required a significant commitment of time but, more importantly, courage. It is our hope that we have respectfully represented your experiences, views and perspectives.

This research also involved the participation of a large number of individuals and agencies working in domestic violence, homelessness and housing sectors nationally. We appreciate your time and commitment to the research. We also want to thank very many of you for your advice and help with recruitment to the study and for the time you invested in helping us to make contact with family members and service professionals.

Sincere thanks to members of the study's Research Advisory Group listed below, in accordance with the organisational affiliation and roles of members at the time when the Research Advisory Group was convened at the outset of the study. Members provided assistance with the design of the research and, in particular, with the data collection phases, which presented particular challenges due to the COVID-19 pandemic. We are grateful for your help and advice and want to also thank you for the valuable feedback you provided on earlier drafts of the report.

> Philip McCormack, Researcher, Department of Justice
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> Fiona Ryan, CEO, Sonas Domestic Abuse Charity
> Conor Murray, Focus Ireland Project Leader, Family Homeless Action Team

We would like to thank colleagues at the School of Social Work and Social Policy, Trinity College Dublin. Particular thanks to Ivana Pericin, who assisted with the moderation of a number of focus groups and with transcription and to Katharine Schulmann for her help with the literature review. Thanks also to Dr. Sarah Parker for her advice and support.

Finally, we want to thank Focus Ireland and The Housing Agency for providing financial and technical input to the research. Very special thanks to Mike Allen, Director of Advocacy, Research and Communications, Focus Ireland; Daniel Hoey, Research Coordinator, Focus Ireland; and Haley Curran, Research Officer, Focus Ireland, who provided invaluable assistance and support throughout all stages of the conduct of the research, including with the policy recommendations outlined in the final chapter of this report.

About the Authors

Paula Mayock

Dr Paula Mayock is an Associate Professor at the School of Social Work and Social Policy, Trinity College Dublin. Her research focuses primarily on marginalised youth and adult populations, covering areas such as homelessness, drug use and drug treatment. She is the founder and Co-director of the *Women's Homelessness in Europe Network* (WHEN), which seeks to develop, promote and disseminate multi-disciplinary academic and policy relevant research that enhances understanding of women's homelessness. Paula is co-editor of *Women's Homelessness in Europe* (Palgrave Macmillan, 2016) and author of numerous articles, book chapters and research reports.

Fiona Neary

Fiona Neary is a freelance consultant in gender-based violence and change management. She has worked for over 25 years at senior levels in the not-for-profit sector on sexual and domestic violence, perpetrator interventions and homelessness, including leading an EU-wide project of frontline sexual violence services. She has particular expertise in working with people from marginalised, disadvantaged and vulnerable communities. Recent consultancy work includes feasibility studies for Local Authorities and Government Departments, the provision of strategic support to Senior Management of third level institutions and governance support to a range of non-governmental organisations.

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List of Abbreviations

AHB	Approved Housing Body
B&B	Bed and Breakfast Accommodation
DP	Direct Provision
HAP	Housing Assistance Payment
LA	Local Authority
PASS	Pathway Accommodation and Support System
PEA	Private Emergency Accommodation
PRS	Private Rented Sector
STA	Supported Temporary Accommodation

Domestic Violence & Family Homelessness

Introduction

There is a well-documented association between women's homelessness and domestic violence. Research in several European countries shows that women are more likely than men to experience domestic violence and to report related loss of accommodation (Baptista, 2010; Mayock et al., 2016). Available statistics also suggest that a significant proportion of families who access homelessness services have experienced domestic violence (Baptista et al., 2017) and that, among women who experience homelessness, violence or abuse can be recurrent across the life course (Mayock & Sheridan, 2012a,b; Mayock et al., 2012; Reeve et al., 2006). Families face numerous economic and housing difficulties once they enter homelessness or domestic violence service systems which, in addition to the effects of domestic violence, can create strong barriers to housing stability.

While an association between family homelessness and domestic violence has become increasingly clear, policy and service responses to homelessness and domestic violence have remained largely or wholly distinct and separate in their organisation, structure and aims (Baptista, 2010; Bretherton & Mayock, 2021; Mayock et al., 2016). In recent years, this disconnect between homelessness, housing and domestic violence service sectors has generated policy attention, with pan-European research consistently highlighting the need for better co-ordination and integration of responses to homelessness and domestic violence (Baptista et al., 2017; Baptista & Marlier, 2019).

This research aims to enhance understanding of the relationship between domestic violence and family homelessness in Ireland. It also examines the potential for greater interagency and cross-sectoral collaboration in preventing homelessness among families experiencing domestic violence and in the development of responses that aim to ensure safety and security of housing for families impacted by domestic abuse.

The report is organised into six chapters. Chapter 1 reviews the research literature on the link between domestic violence and family homelessness. Service responses to domestic violence and homelessness are discussed, alongside emerging research evidence on the benefits of interagency work and collaboration across service sectors in responding to the needs of families impacted by domestic abuse. Chapter 2 outlines the research methods, which included a detailed consultation with stakeholders in domestic violence, homelessness and housing sectors and the conduct of in-depth interviews with parents who became homeless with their children because of domestic abuse. The impact of the COVID-19 pandemic on the conduct of the research is discussed, as are the modifications made to the research design in response to COVID-19. Chapter 3 examines the accommodation paths of the study's parents subsequent to leaving home with their children and their experiences of accessing services and supports. Chapters 4 and 5 build on this analysis by documenting stakeholder perspectives on the link between domestic violence and homelessness and their views on service integration and collaboration across service sectors and agency boundaries. Conclusions are drawn in Chapter 6 and the policy recommendations arising from the research findings are outlined.

Chapter 1

Domestic Violence and Family Homelessness

This chapter sets out the context for the research. It starts by reviewing what is known, both in Ireland and internationally, about the extent and nature of domestic violence and family homelessness. The intersection of domestic violence and family homelessness is then interrogated in some detail. The chapter concludes by examining service responses to homelessness and domestic violence. Here, the disconnect between service sectors is highlighted, with attention drawn to an emerging consensus, internationally, on the need for greater co-operation and collaboration across domestic violence, homelessness and housing sectors in addressing the housing needs of families affected by domestic abuse.

1.1 The Prevalence of Domestic and Gender-based Violence

Domestic or intimate partner violence may involve different acts of physical, sexual, psychological and economic violence and abuse, including acts of physical aggression, psychological abuse, sexual coercion and controlling behaviours (World Health Organization, 2002: 89). The phenomenon of violence in the domestic or private sphere is a global social problem that more commonly affects women. Women experience higher rates of violence and victimisation and are far more likely to be seriously injured than male victims of domestic abuse (Walby & Allen, 2004; Walby & Towers, 2017). Women are also more likely to be subjected to coercive and controlling behaviours (Hester, 2013; Myhill, 2015, 2017). The construct of coercive control, which refers to the use of non-violent tactics (for example, isolation, monitoring, intimidation) aimed at maintaining dominance over one's partner (Stark, 2007), has become central to many conceptualisations of domestic abuse. Coercive control is defined by Stark (2013: 18) as "a strategic course of oppressive conduct that is typically characterized by frequent, but low-level physical abuse and sexual coercion in combination with tactics to intimidate, degrade, isolate, and control victims". Coercive control is highly gendered, with women the victims and men almost exclusively the perpetrators (Stark, 2007).

The Council of Europe Convention on preventing and combating violence against women and domestic violence, better known as the Istanbul Convention,[2] defines violence against women as:

all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Domestic violence is defined by the Convention as:

all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim.[3]

The Istanbul Convention speaks explicitly about the gendered nature of violence against women and of 'gender-based violence'; a term that addresses forms of violence directed against women *because* they are women. According to the Council of Europe (2019: 5), violence against women and domestic violence cannot be addressed without addressing gender equality issues more broadly.

Measuring the scale and prevalence of domestic and other forms of gender-based violence is notoriously fraught. The lack of a common definition of violence against women (and men) as well as differences in the ways in which data are collected across nation states means that comparable data on violence against women are lacking at a European level (European Parliamentary Research Service, 2019). In 2014, the European Union Agency for Fundamental Rights (FRA) published the first European Union-wide survey on violence against women based on interviews with 42,000 randomly selected respondents aged 18 years and over in 28 EU Member States (European Union Agency for Fundamental Rights, 2014a). The results indicate that one in three women (33%) had experienced physical and/or sexual violence since the age of 15 and that more than one in five ever-partnered women (22%) had experienced lifetime physical and/or sexual intimate partner violence. During the twelve months prior to the survey interview, 8% had experienced physical and/or sexual violence, while one in three had experienced some form of physical and/or sexual assault since the age of 15 years. Overall, 43% of women had experienced some form of psychological violence by an intimate partner, which may have included "psychologically abusive behaviour and other forms of psychological violence such as controlling behaviour (for example, trying to keep a woman from seeing her friends or visiting her family or relatives), economic violence (such as forbidding a woman to work outside the home) and blackmail" (European Union Agency for Fundamental Rights, 2014b: 23).

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2 The Istanbul Convention is a human rights treaty of the Council of Europe on violence against women and domestic violence that opened for signature on May 11th, 2011 in Istanbul, Turkey. The basic aim of the convention is "the creation of a Europe free from violence against women and domestic violence" (Council of Europe, 2011: 5). Ireland signed the Istanbul Convention in November 2015 and Ireland's ratification of the Convention was announced by the then Minister for Justice and Equality, Charlie Flanagan, in March 2019.

3 Source: https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e

In Ireland, the Sexual Abuse and Violence in Ireland (SAVI) report was the first comprehensive study to examine the childhood and adult sexual abuse experiences of women and men based on a representative sample of 3,118 adults in the general population (McGee et al., 2002). Although focused primarily on non-partner and childhood experiences of sexual violence, the survey also included questions on partner sexual violence. This research found that almost one-quarter (24%) of the perpetrators of violence against women as adults were intimate partners or ex-partners, which was the case for just over 1% of abused men (1.4%) (McGee et al., 2002: 98).

In 2005, the National Study of Domestic Abuse (Watson & Parsons, 2005)[4], which examined the nature, prevalence and impact of domestic abuse among women and men in Ireland, found that 15% of women and 6% of men had experienced severely abusive behaviour of a physical, sexual or emotional nature from a partner at some time in their lives. Severe physical abuse was reported by 9% of women, while 8% reported severe sexual abuse and emotional abuse, respectively. Men were less likely than women to experience severe abuse of either a physical, emotional or sexual nature: 4% of men had experienced severe physical abuse and 3% had experienced severe emotional abuse. The numbers who experienced severe sexual abuse were much smaller, at 1% (Watson & Parsons, 2005).

Data from the aforementioned FRA survey provide the most recent data on violence against women in Ireland (European Union Agency for Fundamental Rights, 2014a). The results of this survey indicate that:

> 31% of Irish women had experienced psychological violence by a partner since the age of 15.
> 15% had experienced physical and/or sexual violence by a partner since the age of 15.
> 19% had experienced physical and/or sexual violence by a non-partner since the age of 15.
> 14% had experienced physical violence by a partner since the age of 15.
> 8% had experienced physical and/or sexual violence during the twelve months prior to interview.
> 6% had experienced sexual violence by a partner since the age of 15.

Women in all countries were asked about their emotional response to the most serious incident of physical and/or sexual violence by a partner since the age of 15, with 68% of Irish women citing fear and 43% reporting feelings of shame. Irish women were ranked the highest in Europe as citing shame as an emotional response to violence. Feelings of embarrassment were reported by 39%, with Irish women ranked second highest in Europe in terms of reporting embarrassment, while 24% reported feeling guilt.

Violence against women has numerous immediate and longer-term adverse consequences. Physical abuse can lead to injuries, including broken bones, many of them severe. Women who experience physical and/or psychological abuse are at increased risk of depression, anxiety, post-traumatic stress disorder and suicide ideation, in addition to physical health problems (Ferrari et al., 2016; Pico-Alfonso et al., 2006; Zlotnick et

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4 This study distinguished between those experiencing severe abuse and minor incidents of abuse. Severe domestic abuse was defined as "a pattern of physical, emotional or sexual behaviour between partners in an intimate relationship that causes, or risks causing, significant negative consequences for the person affected' (Watson & Parsons, 2005: 23).

al., 2006). Domestic violence has also been linked to increased adverse psychological and behavioural outcomes such as substance use and other negative coping strategies (Fowler & Faulkner, 2011; Martino et al., 2005). When Irish women were asked in the FRA survey about the long-term psychological consequences of the most serious incident of physical and/or sexual violence by a partner since the age of 15, 55% reported a loss of self-confidence, 49% were left feeling vulnerable and 33% and 35% experienced depression and anxiety, respectively (European Union Agency for Fundamental Rights, 2014a).

Domestic Violence and the COVID-19 Pandemic

There is widespread recognition that the COVID-19 pandemic has led to rising numbers of women and girls experiencing domestic abuse (United Nations (UN), 2020; World Health Organization, 2020). Described as the shadow pandemic (UN, 2020), emerging data show that since the outbreak of COVID-19, violence against women and girls, and particularly domestic violence, has intensified in many countries, including Canada, France, Germany, Spain, the United Kingdom and the United States, "as security, health, and money worries create tensions and strains accentuated by the cramped and confined living conditions of lockdown" (UN, 2020: 3). According to Usher et al (2020: 550), "[i]solation paired with psychological and economic stressors accompanying the pandemic as well as potential increases in negative coping mechanisms (e.g. excessive alcohol consumption) can come together in a perfect storm to trigger an unprecedented wave of family violence". A recent systematic review of the effect of COVID-19-related restrictions found that increased incidents of domestic violence coincided with stay-at-home/lockdown orders and restrictions in many US cities and states, as well as in several countries around the world (Piquero et al., 2021).

In Ireland, Women's Aid recorded a 43% increase in calls to its 24-hour National Freephone Helpline between March and June 2020 – the months coinciding with Ireland's first lockdown – compared to the same period in 2019 (Women's Aid, 2020a). According to Safe Ireland (2021), when the country was at the height of its second Level 5 lockdown, more than 2,180 women and 602 children received support from a dedicated domestic violence service. During this period, over 2,445 new women and 486 new children contacted a domestic violence service for the first time, which equated to 611 new women and 122 new children every month who had not previously contacted a domestic violence service.

Data are emerging at a rapid pace but the precise impact of the COVID-19 pandemic on women and families where the threat of violence or abuse is present has yet to be fully documented. However, based on the available data , it is clear that the gendered impacts of the pandemic will be far-reaching and in need of sustained research and policy attention (Wenhma et al., 2020).

1.2   The Extent of Family Homelessness

As Shinn & Khadduri (2020: 13) point out, "[t]he starting point for classifying people who experience homelessness is to distinguish adults and children who experience homelessness together ("families") from people who experience homelessness without an accompanying child ("individuals")". This distinction between families and individuals is made in the US, Australia and in countries throughout Europe, including in Ireland, and has important implications for policy and service responses to homelessness in general and women's homelessness, in particular.

While comparative analysis of the extent of family homelessness across jurisdictions is significantly hampered by differences in the way in which homelessness is defined and enumerated, there is clear evidence that family homelessness has increased globally. In the US, close to half (46%) of all people experiencing homelessness nationally on any given night are members of families staying in shelters (Henry et al., 2018) while in Australia, families accounted for just over half of all presentations to specialist homelessness services between 2011 and 2017, which included single parent families (29-35% of all presentations), two parent families (13%) and other family types (11-12%) (Conroy & Parton, 2018). In the UK, approximately 71% of all those recorded as statutorily homeless in England between 2010 and 2016 were families (Baptista et al., 2017). Figures vary across EU member states, with some countries, including Germany, Denmark and Portugal, recording families as constituting only a small proportion of those officially recorded as homeless. Others, including Belgium, France, Ireland, the Netherlands and Sweden, have recorded significant increases in the number of families experiencing homelessness (Baptista et al., 2017).

In Ireland, what has been termed a crisis of family homelessness has been evident for some time, with statistics published by the Department of Housing indicating a dramatic rise in the number of families accessing homelessness accommodation since 2014 (Allen et al., 2020; Morrin & O'Donoghue Hynes, 2018; O'Sullivan, 2020). According to the Pathways to Accommodation and Support System (PASS)[5] data, there were 1,756 families (with 3,873 child dependants) accessing temporary and emergency accommodation in September 2019 compared to 775 families (with 1,616 child dependants) in December 2015, representing an increase of 127% in the total number of families experiencing homelessness and a 140% increase in the number of child dependants living in homelessness accommodation.[6]

This trend – which saw a year-on-year increase in family homelessness – continued until January 2020, after which a decline is evident. In January 2020, 1,201 families were residing in emergency accommodation in the Dublin region compared to 700 in July 2021. Data for all counties outside Dublin indicate that 410 families were accessing emergency accommodation in January 2020 and that this figure had declined to 230 in July 2021.

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5   The Pathways to Accommodation & Support System (PASS) is an administrative data system established in 2013 to collect information on users of emergency and other temporary accommodation funded by the Department of Housing and local authorities (O'Sullivan, 2020).

6   Source: https://www.gov.ie/en/collection/80ea8-homelessness-data/

Figure 1 presents Department of Housing data on the number of families accessing emergency accommodation in Ireland between October 2015 and July 2021 for the Dublin region and the remainder of the country.

Figure 1: Family Homelessness in Ireland, 2015–2021
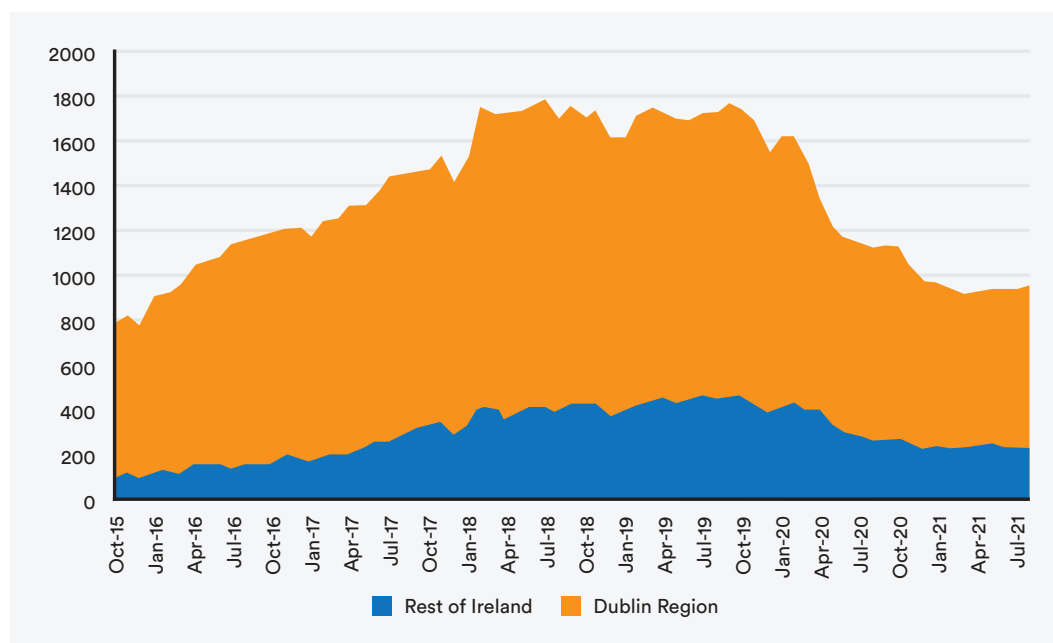
Source: Focus Ireland, based on PASS data published by the Department of Housing

Across Europe and in North America, family homelessness is highly gendered, disproportionately experienced by households headed by a single female parent and far more likely to be experienced by lone women parents than by households containing two parents or a lone male parent (Baptista et al., 2017; Calgary Homeless Foundation, 2014; Owen et al., 2019; Shinn et al., 2013; United States Interagency Council on Homelessness, 2018). Furthermore, the growing feminisation of homelessness noted in many countries throughout Europe (Allen et al., 2020; Mayock & Bretherton, 2016a) is in large part attributable to the increase in female-headed households with child dependants accessing homelessness services. In Ireland, research conducted by the Dublin Region Homeless Executive (DRHE) clearly demonstrates a disproportionate representation of single parent households – a majority headed by a female parent (65%) – among the 917 families who presented to homelessness services in the Dublin region during 2017 (Morrin & O'Donoghue Hynes, 2018). This research found that the vast majority of family heads of household were young: 46% in the 18-29 year age range and a further 19% aged 30-34 years. Most of the families (73%) had one or two children, with far fewer (11%) having four or more child dependants. Finally, there was a clear over-representation of ethnic minority families, with families where at least one parent was a 'non-Irish national' accounting for 33% of new presentations to homelessness services in 2017 (Morrin & O'Donoghue Hynes, 2018).

Available statistics in most countries are likely to underestimate the extent to which women and families experience the loss of housing and homelessness. Compared to men, women rely to a far greater extent on informal arrangements such as staying with friends, relatives and acquaintances, thereby rendering their homelessness hidden or concealed (Bretherton, 2017; Bretherton & Mayock, 2021; Pleace, 2016; Reeve et al., 2006). As Baptista (2019: 7) comments, "whenever the definitions and the enumeration methods used encompass a wider reality than rough sleeping and the use of emergency accommodation services, women appear in larger proportions". Families experience high rates of hidden homelessness (Baptista et al., 2017; valentine et al., 2020) and are particularly invisible in official homelessness statistics because very many may not seek assistance from services; tending, instead, to share overcrowded housing and/or to live temporarily with friends and family members.

There are other aspects of how homelessness is measured that render women and families less visible. Women accessing domestic violence services are not counted as homeless in most European countries, including in Ireland (Mayock & Bretherton, 2016a; Bretherton & Mayock, 2021).[7] Since women with children who use domestic violence services such as refuges are generally not recorded as homeless, there is "potential undercounting of family homelessness, both within specific member states and across Europe as a whole" (Baptista et al., 2017: 8). Additionally, in Ireland, individuals living in Direct Provision (DP) accommodation[8] are not enumerated by PASS. At the end of July 2020, there were 7,151 people living in DP, of whom 57% (n=4,075) were women. Of the total number residing in DP, 1,967 (27.3%) were aged 0-17 years. Of those persons in the international protection system at the end of July 2020 (n=8,812) for whom a decision was pending, 38.1% (n=3,359) were living in a family unit (Government of Ireland, 2020).

While existing data on the extent of family homelessness are far from complete, there is clear evidence that the problem of families losing their homes and entering into homelessness has increased globally and in many European countries, including Ireland.

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7 Women and children residing in domestic violence refuges were initially enumerated by PASS. However, since the transfer of these services to Tusla, the Child and Family Agency, in January 2015, adults and children living in domestic violence refuges are no longer counted as homeless.

8 People who arrive in Ireland seeking asylum or 'international protection' (asylum seekers) have, since April 2000, been offered accommodation by the State in residential settings under a reception system known as Direct Provision (DP). DP has been widely critiqued for its damaging impact on the lives and mental health and well-being of individuals, families and children who live in these communal settings (Higgins et al., 2019; Moran et al., 2017; O'Reilly, 2018).

1.3 The Intersection of Domestic Violence and Family Homelessness

The Structural Drivers of Family Homelessness

In Ireland, there is broad consensus that the dramatic increase in family homelessness evident since 2014, albeit declining from early 2020, is strongly associated with housing market conditions generally and adverse conditions within the private rented market, in particular, which have pushed low-income families out of their homes and into homelessness (Allen et al., 2020; Hearne & Murphy, 2018; O'Sullivan, 2020; Walsh & Harvey, 2015).

Analysis of PASS data on families experiencing homelessness in the Dublin region in 2017 found that 48% of the 976 families presented as homeless because of the loss of private rented accommodation, most often following a notice of termination of the tenancy (Morrin & O'Donoghue Hynes, 2018). Likewise, research conducted by Long et al (2019), based on a survey administered to 237 families experiencing homelessness in the Dublin region in 2018, found that over two-thirds (68%) had lived in private rented accommodation prior to becoming homeless, with 58% citing tenancy termination (related to the removal of the property from the market or other issues associated with affordability, rent increases or overcrowding) as the reason for leaving their last stable home and presenting as homeless. The findings of research on the extent and nature of family homelessness in 14 EU member states similarly indicate that homelessness among families is "more likely to be caused by structural factors such as lack of affordable housing, poverty and the increasing gap between rent levels and welfare benefits" (Baptista et al., 2017: 29). In England, the vast bulk of the recorded increase in statutory homelessness since 2012/13 has been attributed to "the sharply rising numbers made homeless from the private rented sector" (Fitzpatrick et al., 2018: xvi).

Dedicated research on family homelessness in Europe is, in fact, extremely limited (Baptista & Marlier, 2019). In general, however, families who experience homelessness appear not to demonstrate the level or complexity of need frequently evidenced among 'single' homeless populations (Baptista et al., 2017; Fitzpatrick & Pleace, 2012; Glendening & Shinn, 2018; Pleace et al., 2008). A large-scale study of 2,500 statutorily homeless households in England found that very low numbers reported issues or problems related to physical or mental ill-health (2%), substance use (less than 1%) or anti-social behaviour (4%) (Pleace et al., 2008). Factors contributing to homelessness among families in this research included eviction or a tenancy termination (26%) and overcrowding (24%), leading the authors to conclude that the findings "lend some support to arguments for a 'structural' understanding of family homelessness" (Pleace et al., 2008: 29). Australian research has also shown that housing market factors such as median rents and increases in housing and rental costs over time are strongly associated with homelessness (Johnson et al. 2015; Saunders & Bedford, 2017; valentine et al., 2020), while Shinn & Khadduri's (2020: 34) analysis of homelessness in the U.S. argues that "homelessness arises primarily because poor people do not have access to housing they can afford".

Discussion of women's particular relationship with housing is far less visible in the literature despite the fact that housing has long been recognised as one of the vehicles through which gender relations are mediated and sustained (Davis, 2001; Edgar &

Doherty, 2001; Vickery, 2012). Women's structural discrimination within housing markets is well documented (Kennett & Kam Wah, 2011) and, in general, women occupy a more precarious position in housing markets than their male counterparts. Single parent households, specifically, experience significant disadvantage in terms of accessing and sustaining housing (Barry, 2020; Nieuwenhuis & Maldonado, 2018; Russell et al., 2021). With clear evidence of increases in family and women's homelessness in Europe, the U.S. and Australia, it is perhaps extraordinary that women's relationship and interactions with housing markets have not been the subject of dedicated research and broader policy debate and commentary. As Barry (2020: 17) notes in the Irish context:

> In 2015, three times the proportion of single parent households were affected by rising house costs, than were households without children. Given that women manage most single parent households, this reflects the gendered impact of the housing crisis that deeply damages the daily lives and security of women and children. Housing costs are a major area of expenditure for all families, especially those where women are coping alone and yet this distinction is not always recognised.

The Role of Domestic Violence in Women and Families Becoming Homeless

The relationship between women's homelessness and domestic violence is complex, not least because violence overlaps with a range of social, structural, legal and cultural factors in placing women at risk of losing their housing and becoming homeless (Mayock et al., 2012, 2016; Meth, 2003; Milaney et al., 2019). There is, however, compelling evidence that, among women who experience homelessness, large numbers report abuse and violent victimisation at some point in their lives (Bretherton & Mayock, 2021). In North America, research spanning more than two decades has documented high rates of gender-based violence in samples of women experiencing homelessness (Baker et al., 2003; Broll & Huey, 2020; Browne & Bassuk, 1997; Gultekin & Brush, 2017; Jasinski et al., 2010; Lyon et al., 2008; Milaney et al., 2019; Tessler et al., 2001). Research in the UK has similarly found domestic violence and other forms of victimisation to be a strong precursor or trigger to women becoming homeless. Jones' (1999) qualitative study of women experiencing homelessness in four English cities found that domestic violence was the most commonly cited reason for their present episode of homelessness while Reeve et al's (2006) research found that 20% of the 134 homeless women they surveyed had become homeless because they were experiencing violence from someone they knew, whether a partner or a family member. For women aged 41-50 years, domestic violence was the most common trigger of homelessness, with 40% in this age group reporting that they had left their last settled home to escape violence from a partner.

In Ireland, a qualitative study of 60 homeless women in three Irish cities found that 67% had experienced intimate partner violence as adults, with 55 of the women (92%) reporting some form of violence or abuse during their lifetimes (Mayock & Sheridan, 2012a). A majority of the women reported multiple episodes of violence, with more than half having experienced violence during *both* childhood and adulthood; strongly suggesting that the experience of violence was recurrent throughout the lives of a very significant number. While a majority of the women interviewed were accessing homelessness services alone and, therefore, not as a family unit, two thirds (n=40) were mothers and

a further four women were pregnant at the time of interview. Thus, a very large number were mothers who were separated from their children. Recent years have seen growing recognition in countries throughout Europe and in the US that large numbers of women who access homelessness services alone without accompanying children are in fact mothers (Bimpson et al., 2020; Shinn & Khadduri, 2020; van den Dries et al., 2016) who frequently feel stigmatised as inadequate and judged by service providers (Bimpson et al., 2020; Hutchinson et al., 2014; Mayock et al., 2015a,b; Mayock & Sheridan, 2020).

There is also emerging evidence that greater numbers of women than are frequently recognised experience long-term homelessness (Pleace et al., 2016) and that homeless women are vulnerable to multiple forms of gender-based violence, which can in turn create a cycle of homelessness and abuse (Bretherton & Mayock, 2021). In Ireland, more than half of the women in the aforementioned study had histories of long-term or recurrent homelessness and, for these women, leaving the homeless service system and entering or re-entering abusive relationships emerged as an enduring pattern in the lives of a considerable number (Mayock et al., 2015a). Recent research in the U.S. examining recurrent homelessness among women demonstrates a clear association between multiple experiences of homelessness and various forms of victimisation during childhood, adulthood and/or across the life course (Broll & Huey, 2020). Likewise, in Spain, where the 'revolving door of homelessness' has been found to affect women to a greater extent than men, there is evidence that issues, including "intimate partner violence or the breakdown of the relationship", contribute to unresolved patterns of homelessness among women (Vázquez et al., 2019: 6).

As noted earlier, the research base on family homelessness is limited. However, the role of intimate partner violence, in particular, in families becoming homeless is well documented (Baptista et al., 2017; Bassuk et al., 2001; Pleace et al., 2008). For example, while Pleace et al's (2008) research on statutorily homeless households in England emphasised the structural underpinnings of family homelessness, this study also reported that relationship breakdown was the most common reason for families presenting as homeless: 41% of the families surveyed (most of them women) had experienced violence from a romantic partner in their lives, with 13% citing domestic violence as the direct cause of their current homelessness episode. The findings of this research therefore suggest that, notwithstanding evidence of the structural causes of family homelessness, domestic violence plays a significant role. Likewise, while emphasising poverty and the lack of affordable housing as key drivers of family homelessness in Europe, Baptista et al (2017: 29) draw strong attention to a "clear causal link" between domestic violence and family homelessness.

In Ireland, PASS records the reasons for homelessness for all households according to three main categories: private rented sector; family circumstances; and other. While, as noted earlier, the documented rise in family homelessness from 2014 is attributed in the main to housing market conditions, in 2017, 49% of families cited family circumstances as the reason for their homelessness, with relationship breakdown accounting for the largest proportion of families in this category (Morrin & O'Donoghue Hynes, 2018). Domestic violence is not included as a sub-category on PASS and, for this reason, the number of families impacted by domestic abuse cannot be ascertained from these data. However, research conducted by Focus Ireland (2016) based on the administration of telephone surveys to 183 families who presented as homeless in the Dublin region between March and September 2016 found that 9% cited domestic violence as the reason for leaving their

last stable home. Similarly, although Long et al's (2019) research highlighted the structural drivers of family homelessness, where family circumstances were a factor (30%), the main triggers included family disagreements, overcrowding and domestic violence.

Homeless women and women who experience violence and abuse have tended to be treated as separate populations (Baptista, 2010; Zuffery et al., 2016), which means that domestic violence is likely to be under-counted or even discounted among the reasons for women and families becoming homeless. If women are not asked about domestic violence, they may not report it at the point of seeking access to homelessness services. More broadly, domestic violence is frequently presented as an *individual* risk factor for homelessness (cf. Shinn & Khadduri, 2020), implying that the 'problem' is located *within* and *with* individuals and families. Violence against women is a complex and multi-dimensional problem, influenced by an array of interconnected factors across individual, relationship, community and macro-social levels (Heise, 1998, 2011) and deeply rooted in structures that bolster gender inequalities (Irish Observatory on Violence Against Women, 2013). Gender inequality, which is perpetuated "through structures that continue to organise and reinforce an unequal distribution of economic, social and political power and resources between women and men" (Our Watch & VicHealth, 2015: 8), therefore sets the necessary context in which violence against women occurs.

Domestic Violence and the Loss of Housing

It is widely recognised that women often remain in abusive home situations for lengthy periods of time (Anderson et al., 2003; Bostock et al., 2009), particularly in circumstances where the woman is financially dependent on her abusive partner (Anderson & Saunders, 2003; Antai et al., 2014; Estrellado & Loh, 2014). The process of leaving an abusive relationship is complex, not least because of the coercion, power and control exerted over women by their abusive partner (Moe, 2009; Ponic et al., 2011; Williamson, 2010), within which the threat of losing one's home is inherent to the abuses that women experience (Tutty et al., 2013). Research has demonstrated that women carefully consider the housing and other financial consequences of leaving an abusive partner and that, aware of the risk or prospect of becoming homeless – and to protect their children from the trauma of the loss of housing – they may decide to remain in the abusive home until they feel they are in a better position to secure housing (Meyer, 2016). Housing can therefore be a crucial factor and a significant barrier to women leaving an abusive relationship (Women's Aid, 2020b).

Following separation from a violent partner, women and their children almost inevitably experience significant income loss, financial hardship and housing insecurity. In the US, Pavao et al's (2007) analysis of the California Women's Health Survey found that women who experienced intimate partner violence were four times more likely to report housing instability than other women. More recently, a nationwide Australian survey that examined the compounding effects of intimate partner violence (IPV) on women's housing, employment, mental health and participation in activities of civil society, found that almost half of the women lived in temporary dwellings such as staying with friends, women's shelters, cars, or parks after they left their abusive home (Zufferey et al., 2016). The findings of this research further suggest that "women do not regain the housing status and safety they enjoyed before experiencing IPV" (Zuffrey et al., 2016: 473). For women who experience domestic violence, there is no clear path to housing (Flanagan et al., 2019) and, for many, leaving becomes a pathway to homelessness. Inadequate housing

and financial support may therefore leave women "with a choice between homelessness or returning to the abusive partner" (Tutty et al., 2013: 1499).

Women who experience domestic violence confront strong barriers to housing stability after they exit abusive relationships, including a lack of affordable housing, housing market discrimination and the exclusion of large numbers of women, particularly marginalised women, from the labour market (Baker et al., 2003, 2010; Clough et al., 2014; Daoud et al., 2016; Netto et al., 2009; Ponic et al., 2011; Richards et al., 2010). Women's departure from an abusive home is therefore frequently marked by "the need for frequent residential moves, difficulty paying rent or other bills, and challenges in securing long-term housing in private market or social housing" (Ponic et al., 2011: 1580). For migrant women, these barriers intersect with poverty and race to produce layered disadvantages as they attempt to access and secure housing (Mayock et al., 2012; Milaney et al., 2019; Mostowska & Sheridan, 2016). The multiple and overlapping barriers to housing stability that many women face after leaving an abusive relationship compromise their safety and their ability to recover and re-build their lives (Hetling et al., 2018).

Recent research on the needs of women and families impacted by domestic violence increasingly emphasises the need for housing solutions in conjunction with trauma-informed approaches. For example, in the US, Biel et al (2014) have argued the need for a comprehensive, integrated service response to family homelessness that adopts a trauma-informed model of care supported by tailored support plans that are co-ordinated across sectors at the community level. Also in the US, research focusing on the complexities involved in helping intimate partner violence survivors to obtain safe, stable housing, concluded that practitioners may be most effective if they "consider their clients' trauma histories" and "have strong community connections on which they can draw to support their clients" (Sullivan et al., 2019: 204). Canadian research examining the impacts of structural violence on mothers accessing family emergency shelters in Calgary has similarly highlighted the need for trauma-informed care, alongside "integrated government collaboration and funding and multidisciplinary networks of service providers to ensure responses are 'gendered'" (Milaney et al., 2019: 560).

Access to affordable and sustainable housing for families impacted by domestic abuse is clearly fundamental to their ability to safely move on and achieve independence. However, there is strong evidence that women's housing situations are typically precarious and unpredictable after they leave an abusive relationship and that they confront multiple systemic barriers to obtaining housing stability.

1.4   Service Responses to Domestic Violence and Homelessness

Domestic Violence Services

The Women against Violence Europe (WAVE) network maps support services such as helplines, women's centres and shelters available to women survivors in Europe. In 2019, 75% of EU countries had at least one national women's helpline, with 71% of helplines in European countries meeting the Istanbul Convention standards, meaning they are free of charge and operating seven days per week with twenty-four-hour accessibility (Wave, 2019a). In the same year, 25 out of 28 EU Member states (89%) and 16 out of 18 countries outside of the EU (89%) failed to meet the Istanbul Convention standards on the minimum required bed spaces in shelters for women survivors of domestic violence. According to WAVE (2019b), throughout Europe, there is a 62% gap in the refuge bed spaces available to women who experience domestic abuse.

In Ireland in 2019, there were 20 specialist domestic violence refuges in operation, with Ireland "missing about 70% of recommended beds", according to Wave (2019b: 92). Currently in Ireland, there are 42 domestic violence services located in cities and towns throughout the country. Nine counties do not have a domestic violence refuge. According to the Council of Europe, in EU member states where shelters are the predominant or only form of service provision, there should be one place per 10,000 population, while in states where shelters "form part of a community strategy with intervention projects", there should be one family place[9] per 10,000 women (Kelly, 2008: 37). Taking the latter minimum standard as a benchmark, Ireland has less than one-third of the recommended refuge spaces (Safe Ireland, 2016a).

There are barriers of access to specialised domestic violence services apart from those associated with deficits in refuge provision. In some countries, for example, domestic violence services may be unwilling to accept women with mental health problems (Davis, 2005, cited in Netto et al., 2009; Smith & Miles, 2017) and/or those with substance use issues (Baker et al., 2010; Harvey et al., 2014; Quilgars & Pleace, 2010). Many refuges operate partial or, in some cases, complete exclusion policies around admitting women with substances use disorders or mental ill-health, often because they lack the capacity and resources to provide the appropriate supports to these women (Sharpen, 2018; Smith & Miles, 2017). Consequently, women with complex support needs, including women with children, frequently have no option but to access low-threshold, largely male-dominated emergency settings that are not designed to meet their needs (Quilgars & Pleace, 2010). Very often, the type and level of support offered within emergency homelessness services is not adequate for women and families who have become homeless due to domestic violence (FEANTSA, 2007; Mayock et al., 2016). Furthermore, at the point when such families access homeless service settings, service professionals may have no knowledge or information about a history of domestic abuse.

Services and organisations working with domestic violence survivors have historically been underfunded (Ishkanina, 2014; Theobald et al., 2017) and, in many countries, services

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9   A 'family place' is defined as "A place that accommodates one woman with her children based on the average number of children per family within the member state. This will be, therefore, more than a single "bed space"" (Kelly, 2008: 59).

are not adequate to meet need (Quilgars & Pleace, 2010; Safe Ireland, 2016a,b; Smith & Miles, 2017; Theobald et al., 2021; Wave, 2019b). In some countries, limits are imposed by shelters on the length of stay – which can range from 30 to 60 days – and, for many women, this is not a sufficient amount of time to find safe, alternative housing, which may leave some with no option but to return to their abusive partner (Shelter, 2019). In Ireland, there is no official maximum limit imposed on the length an individual or family can stay in a domestic violence refuge; rather, refuges endeavour to respond to the safety needs of families, recognising that some with additional vulnerabilities may need to spend longer than others in their service. Capacity issues within refuges have been consistently highlighted as a significant problem in Ireland (Safe Ireland, 2016a,b; Women's Aid, 2021), exacerbated in more recent years by the lack of move on options for women, which can prolong their stay in refuge accommodation. According to Safe Ireland (2016b: 7), one consequence of the blockages created by protracted refuge stays is that "other women looking for emergency accommodation to escape violence can't actually access refuge".

Domestic violence refuges provide vital safety, accommodation and crisis intervention for families (Lyon et al., 2008; Sullivan, 2018; Theobald et al., 2021) as well as "essential practical and emotional support to assist women and children to safely start rebuilding their lives following violence" (Murray et al., 2021: 13). However, refuge provision alone – even if heavily resourced – cannot provide medium- or long-term housing solutions for victims/survivors of domestic abuse. Furthermore, policies that rely on refuge provision as a key response are limited in their ability to provide sustainable responses to women and families who leave an abusive home (Bimpson et al., 2021).

Service Responses to Women's Homelessness

A recent analysis of existing national strategic approaches to homelessness in 35 European countries found that "[a] staircase model of service provision seems to prevail in the overwhelming majority of European countries" (Baptist & Marlier, 2019: 77). In other words, in most countries, the supports designed to assist people who experience homelessness are focused primarily on the provision of various types of temporary, communal services that aim to support people to become 'housing-ready' up to the point when they are equipped to live independently. While staircase models clearly dominate, this research did document a shift towards housing-led and Housing First approaches in many countries and well as the emergence of small-scale Housing First programmes in a smaller number of countries where the staircase model is dominant.

Baptista & Marlier's (2019) research did not analyse homelessness service provision according to gender but it seems clear that staircase models dominate for both men and women. It can also be reasonably assumed that homelessness services remain focused on responding to the most urgent and basic needs of women through the provision of shelter or short- to medium-term accommodation. Throughout Europe, homelessness services have historically been modelled on provision for the homeless male and have tended to display little gender sensitivity (Edgar & Doherty, 2001; Mayock & Bretherton, 2016b). Women-only services are available in some countries, including Ireland (Mayock et al., 2013), Poland (Mostowska & Dębska, 2020), Portugal (Rede Social Lisboa, 2009) and the UK (Quilgars & Pleace, 2010) but these accommodation types are far fewer in number than mixed-gender facilities (Pleace, 2016). In the UK in 2016, only 11% of homelessness accommodation projects offered women-only provision despite a recognised need for women-only services (Homeless Link, 2016). Likewise in Ireland, homelessness service

provision is dominated by mixed-gender accommodation types (Mayock et al., 2013). FEANTSA, the European Federation of National Organisations Working with the Homeless, recently published a *Guide for Developing Effective Gender-Responsive Support and Solutions for Women Experiencing Homelessness,* within which strong emphasis is placed on the importance of women-only services and spaces:

> Women-only services are run by female staff for women and they are crucial for women on both an emotional and physical level. Women only spaces provide safety and allow women to speak freely about their experiences. (If a service is mixed, it is important to ensure women-only activities and spaces are provided by female staff). (FEANTSA, 2020: 7).

Currently in Ireland, a majority of families experiencing homelessness reside in Private Emergency Accommodation – which includes privately-run Bed & Breakfast (B&B) accommodation and commercial hotels – or in family hubs. Family hubs were introduced in 2017 in an effort to reduce the use of emergency B&B and hotel accommodation, generating widespread criticism for their negative impact on the well-being of families and children, in particular (O'Sullivan, 2020). These congregate accommodation settings were established without any published rationale for their establishment (Allen et al., 2020) and with no evidence as to their efficacy (O'Sullivan, 2020). Since their introduction, family hubs have been widely critiqued for their institutionalising effect on families (Hearne & Murphy, 2017) and their negative impact on family life, parenting, children's well-being and families' ability to maintain relationships with family members, friends and their communities (Ombudsman for Children, 2019).

A recent European evidence review of women's homelessness has drawn strong attention to women's negative perspectives on the homelessness services they access (Bretherton & Mayock, 2021), with three major themes identified in the research literature on women's service experiences in countries throughout Europe and North America. The first relates to women's tendency to avoid homelessness services because of their awareness of male-dominated spaces and a fear of victimisation; and also because of the stigma attached to being a homeless woman. The second theme or finding centers on women's lack of autonomy and control within service settings, strongly connected to experiences of infantalisation; while the third highlights women's tendency to seek a 'way out' of homelessness services independently, often in an attempt to escape the pressures of shelter life. The findings of this evidence review indicate that women's experiences of homelessness services are primarily negative. There is also evidence that these experiences shape women's homelessness trajectories – often generating patterns of hidden homelessness – as they navigate systems of intervention frequently perceived by them as unable to meet their needs:

> Women's experiences of homelessness service provision appear to play a role in driving patterns of service use that lead them to essentially (temporarily) disappear from service environments as they attempt to secure a path to housing, often in the absence of formal supports (Bretherton & Mayock, 2021: 39).

As noted earlier, Baptista & Marlier's (2019) Europe-wide analysis of homelessness service provision found evidence of a shift towards housing-led and Housing First approaches in several countries despite the dominance of staircase approaches. In contrast to traditional staircase models of homelessness provision that expect people to demonstrate housing readiness before moving to independent housing, Housing First provides immediate access to housing for individuals experiencing long-term or recurrent homelessness who have high support needs, delivering ongoing support to minimise the risk of future homelessness. There is strong evidence internationally, including in Europe, North America and Australia, that Housing First is successful in reducing long-term homelessness among people with complex needs (Benjaminsen, 2013; Goering et al., 2014; Kertesz & Johnson, 2017; Bretherton & Pleace, 2015; Tsemberis, 2010). Yet, there is very little discussion of gender within Housing First discourses. Recent years have, however, seen the emergence of evidence of success in the implementation of Housing First services for women. For example, in the US, Housing First has been piloted for households experiencing domestic violence, with 96% of the families retaining their housing at 18 months (Sullivan & Olsen, 2017) while, in Canada, where Housing First for women has been also piloted, a 60-70% housing stability rate was found at two years (Oudshoorn et al., 2018). In England, the Threshold Housing First service for homeless women with a history of offending, established in 2015, demonstrated a 83% tenancy sustainment rate (20 of 24 women) in the first four years (Quilgars et al., 2019). All of these Housing First initiatives have delivered promising housing outcomes for women. However, they are small-scale in nature and, in general, Housing First for women remains significantly under-developed.

Throughout Europe, homelessness has historically been viewed through a gender-neutral lens and service provision has largely side-lined the specific situations and needs of women. As Quilgars et al. (2019: 2) point out, "[g]ender-neutral services can mean gender-blind services". While progress is evident, services that are modelled on the male experience dominate and may inadvertently lead to further trauma and also push women along trajectories of recurrent or long-term housing instability and homelessness (Mayock & Bretherton, 2016b).

The Disconnect between Domestic Violence and Homelessness Services

While there is a well-documented association between family homelessness and domestic violence, responses to homelessness and domestic violence remain largely distinct. Categorised and understood as discrete social problems, domestic violence and homelessness are, more often than not, responded to as separate rather than inter-connected societal challenges (Baptista, 2010; Bretherton & Mayock, 2021; Mayock et al., 2016). Commenting more than a decade ago on the limited co-ordination between homelessness and domestic violence service providers in the US, Baker et al (2010: 435) discussed the differing priorities of domestic violence and homelessness service providers which, they suggest, can leave women without access to the kinds of service supports they need to find a route to housing stability.

Domestic violence programs are focused on safety planning and crisis intervention, and offer a wide array of advocacy services that victims need and want, including assistance in obtaining emergency and/or other types of housing … Housing and homeless service providers are focused on a move to stable housing and improved financial stability, but may have little knowledge or expertise in providing services to survivors. Because of differences in history, philosophy, and practices between these two systems, women, who are often faced with a variety of barriers after separating from an abusive partner, may not fit perfectly into either system, and therefore, receive insufficient or inappropriate services.

Recent pan-European research has consistently highlighted the need for better co-ordination and integration of responses to homelessness and domestic violence. For example, Baptista et al's (2017: 79) analysis of family homelessness in Europe emphasises the "need for full integration of domestic violence services within strategic responses to homelessness". Likewise, a recent Europe-wide review of strategic responses to homelessness has documented the need for increased co-operation between homelessness and domestic violence sectors:

There should be further cooperation and exchange between the homelessness and the domestic violence (DV) sectors, with a view to better responding to the needs of women escaping violence and using homelessness support services, and to improving the housing outcomes of the support provided within the DV sector (Baptista & Marlier, 2019: 21).

Finally, when outlining the learning arising from an evaluation of Threshold's Housing First service for women in England – and the ways in which Housing First principles and operation need to be adapted to meet the specific needs of women with complex needs – Quilgars et al (2019: 1) place strong emphasis on the importance of "[c]lose working relationships with the women's domestic violence sector and the provision of accommodation that is safe and secure as the first priority".

1.5 Service Integration and Interagency Collaboration: Addressing the Intersection of Family Homelessness and Domestic Violence

The notion of interagency or cross-sectoral collaboration as a means of addressing the intersection of homelessness and domestic violence is not new. In the US, Krishnan and Hilbert (1998) were among the first to investigate similarities and differences between the experiences of women affected by both domestic violence and homelessness as well as women's help-seeking strategies as residents of either domestic violence or homeless shelters. Although exploratory and small-scale in nature, this research identified a key divide between domestic violence and homelessness services, highlighting the inadequacy of a silo approach and calling for greater integration of services:

> It is simply not enough to teach women about the cycle of violence in a domestic violence shelter and ignore the emotional, psychological, and financial realities of losing their homes. Nor is it sufficient for homeless shelters to just provide housing and not acknowledge the issues of loss, grief, disappointment, and despair of leaving intimate relationships (Krishnan & Hilbert, 1998: 316).

Also writing about multi-agency work as a response to domestic violence in the UK in the late 1990s, Hague (1998: 442) described inter or multi-agency work as an approach that seeks to "bring together all relevant statutory and voluntary sector agencies, including shelters and independent women's services, in order to coordinate their services and to build joint responses to domestic violence". Focusing on the impetus for and overarching features of multi-agency domestic violence work in the UK at that time, Hague (1998) examined the benefits and limitations of multi-agency initiatives. While such initiatives were deemed to have transformed local policy and practice in some geographical areas, a lack of adequate resourcing was found to have held many collaborative initiatives back from achieving their objectives, also leading to individual agencies competing with each other for funding rather than working together.

More than twenty years later, Cleaver et al (2019: 141) reviewed developments in multi-agency collaboration on domestic violence in the UK, including "the establishment of Specialist Domestic Violence Courts (SDVC), Multi-agency Risk Assessment Conferences (MARAC), which bring together statutory and non-statutory agencies to co-ordinate community responses to domestic abuse, and Independent Domestic Violence Advocates (IDVAs), to support high-risk victims of domestic abuse through the criminal justice system". Perhaps significantly, this evaluation of multi-agency early intervention programmes designed to address domestic violence bore a strong resemblance to much of what Hague (1998) concluded twenty years previously: essentially, that interagency work can be effective in terms of engendering collaboration but that it is subject to several structural, organisational and individual-level challenges.

Referred to as *service integration*, the implementation of policies and programmes aimed at tackling siloed support and intervention systems has been prominent for some time in the domestic and family violence (DFV) reform agenda in Australia, where "it has been enacted through collaborative governance structures and the redesign of systems to promote co-ordinated responses across agencies, enable information sharing around

safety and risk, and improve capacity in non-specialist agencies, especially police" (Flanagan et al., 2019: 26). Flanagan et al's (2019) research looked specifically at housing outcomes after domestic and family violence based on a desktop review of the policy and service landscape, the conduct of interviews with 28 women who left their homes due to domestic and family violence and the conduct of interviews and focus groups with 80 policy, service delivery and industry stakeholders. Overall, the strategic responses to domestic and family violence aimed at promoting integrated service delivery for affected families were found to work well in terms of promoting collaborative working relationships between services and in the delivery of support that was valued by service users. However, the lack of connection between this integrated domestic and family violence support system and the wider housing market was deemed to pose the greatest challenge. According to the authors:

> Existing programs are not able to compensate for the absence of affordable, suitable housing, so moving from short-term emergency or transitional forms of accommodation into permanent, stable, independent housing is extremely difficult, and sometimes unachievable, for women and children affected by DFV (Flanagan et al., 2019: 26).

Policy aspirations for integration are driven "by evidence of the negative consequences of service fragmentation alongside the reported benefits of collaboration between agencies and sectors" (Breckenridge et al., 2016a: 1). However, service sector integration is complex and challenging, particularly in contexts where domestic violence and homelessness have historically been treated separately (Bretherton & Mayock, 2021) and where housing market conditions prevent women who leave abusive relationships from obtaining safe, affordable and appropriate housing (Flanagan et al., 2019).

In the UK, the Whole Housing Approach (WHA), first conceptualised in 2018 by the Domestic Abuse Housing Alliance (DAHA) in collaboration with the National Housing and Domestic Abuse Policy and Practice Group, was specifically developed to "[i]mprove access to safe and stable housing across all housing tenure types (social, private rented and private ownership)" for people experiencing domestic abuse and to "[e]nsure access to a range of housing options and initiatives tailored for domestic abuse to give people experiencing domestic abuse the choice to either relocate or remain in their existing accommodation".[10] Currently being piloted in three areas of England, the WHA represents a move away from a siloed approach, recognising that domestic abuse survivors need access to a range of housing options and specialist services. The WHA has twelve components, five of which are accommodation-focused and include three main tenure types (social, private rented and private ownership) and temporary accommodation settings (refuges, supported accommodation). The remaining seven components include the housing options and initiatives designed specifically to offer support and protection for survivors and choice for remaining and relocating to new accommodation, including for example, Sanctuary Schemes, Housing First initiatives, Flexible Funding and Perpetrator Management Programmes. The first published evaluation of the WHA provides evidence of "demonstrable differences made for both victim/survivors, their children and with the professionals and housing providers and services that they interact with" (Vagi & Jones,

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10 See: https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/

2020: 50). The model was also deemed to be flexible and adaptable in meeting local need and variations in the availability of social housing stock.

Complex social issues such as homelessness and domestic violence are cross-cutting and, to be effective, responses to family homelessness and domestic violence require the combined, co-ordinated resources of multiple agencies. As Turner & Krecsy (2019: 2) note, "[while] not the sole factor … the way the network of services and organizations relate to one another (or fail to) indeed impacts their cumulative effect on these issues". Integrated responses have the capacity to "address the maze through which victims of domestic violence must negotiate in order to develop avenues of safety and recovery" (Wilcox, 2010: 1014) and to provide holistic responses to violence against women, with positive outcomes for survivors (Gregory et al., 2010). The benefits of integration for service providers include cost-effectiveness, formalised information sharing and enhanced transparency and accountability between services while, for clients, are associated with a co-ordinated response to their diverse needs, multiple entry points for intervention and the minimisation of secondary victimisation (Breckenridge et al., 2016b).

Nonetheless, the lack of integration among stakeholders, policies, government, community members, agencies and other service providers remains a significant problem in most countries. In Ireland, a recent review of the effectiveness of the structures overseeing policy and its implementation in the area of domestic, sexual and gender-based violence (DSGBV),[11] identifies fragmentation within policies, structures and systems and in the delivery of services as significantly undermining current responses to victim/survivors of domestic abuse, highlighting the "disconnect between policy and practice" as "detrimental to the optimum functioning of both" (p.39). According to the authors:

> Solutions … can only be found in a different model of cross government and cross agency working, which must be designed and developed with stakeholders to ensure that all have a real and shared stake in its success … To be effective, cross agency working and coordination must be well led, and based on trust, respect, understanding (of different perspectives), clarity about roles and responsibilities and programmes of agreed actions. Insufficient investment has been made in building this culture in DSGBV structures, and good communications, which is its foundation, has been particularly weak (p.42).

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11 Available at: http://justice.ie/en/JELR/DSGBV_Audit_Report.pdf/Files/DSGBV_Audit_Report.pdf

The case for policy and service initiatives that aim to directly address the intersection of domestic violence, homelessness and housing instability is compelling, particularly since women who experience domestic abuse will typically interact with multiple agencies and organisations involved in the delivery of shelter, housing, health and children's services. The fragmentation and duplication of supports and services significantly impacts access to appropriate and timely help for families experiencing domestic abuse, which can in turn compound trauma and prolong housing instability and homelessness. Greater and more effective collaboration between homeless, housing and domestic violence service sectors has the potential to greatly enhance efforts to meet the housing and safety needs of domestic abuse survivors and their children.

1.6   Conclusion

This chapter has reviewed a large body of research on domestic violence and homelessness, focusing in particular on the intersection of domestic violence and *family homelessness*. Globally, domestic violence and family homelessness are pressing inter-connected social problems that require urgent attention in terms of ensuring accessibility and availability of housing and broader supports that enable families impacted by the financial, social and personal consequences of violence to live independently. Since housing, homelessness and domestic abuse are inextricably linked, collaborative working between services – alongside greater integration of service responses – is increasingly viewed as critical to the provision of housing support pathways that simultaneously reduce trauma for families impacted by domestic abuse.

Chapter 2

Research Aims and Methods

2.1   Research Aims

This research set out to examine the link between family homelessness and domestic violence in Ireland. As outlined in the Introduction, the study is located in a broader research and policy context that has seen increased emphasis placed on the need for integrated policy and service responses to domestic violence and homelessness.

The core aim of the research was to examine the intersection of domestic violence and family homelessness by triangulating the views and perspectives of stakeholders within domestic violence, homelessness and housing sectors with the lived experiences of families who left their homes because of domestic abuse. The research also aimed to explore the potential for greater co-operation and collaboration between homelessness, domestic violence and housing sectors in the development of policies and interventions that are enabling to families who live with the threat or reality of domestic abuse.

2.2   Research Design

The research, which is qualitative, was designed to engage with families impacted by domestic violence to understand their experiences of leaving an abusive home situation and securing housing. It also aimed to gain the perspectives of a wide range of stakeholders within homelessness, domestic violence and housing sectors on the link between domestic violence and homelessness. The study was designed according to the following two phases of data collection:

1 Phase 1: A consultation with key stakeholders working in the domestic violence, homeless and housing service sectors.

2 Phase 2: The conduct of interviews with parents accessing homelessness or domestic violence services who left their homes because of domestic abuse.

Phase 1 data collection commenced in April 2019 after ethical approval was obtained for the conduct of the research from the Research Ethics Committee, School of Social Work and Social Policy, Trinity College Dublin and from Tusla's Research Ethics Committee.

In keeping with the emergent nature of qualitative research design – and in response to circumstances generated by the COVID-19 pandemic – modifications were made to the design and implementation of the research. From March 2020, the pandemic had a significant impact on the pace of data collection, effectively stalling the conduct of interviews with family members (Phase 2) for several months. Additionally, during the months subsequent to the first COVID-19 lockdown, emerging national and international evidence strongly suggested that the pandemic was leading to rising numbers of women and girls experiencing domestic abuse (see Chapter 1 for further detail). The adjustments made to the design and implementation of the research in response to the COVID-19 context are explained in full below.

2.3   Phase 1: Stakeholder Consultation

The stakeholder consultation phase of the research commenced in April 2019 and was conducted in stages.[12] Between April and August 2019, 17 focus groups were conducted with professionals working in domestic violence and homelessness services in Dublin (n=10), Galway (n=3), Limerick (n=2) and Cork (n=2). Focus groups are an effective tool for gathering detailed information on the experiences and perspectives of service professions because they encourage participants to interact by sharing ideas and commenting on the contribution of others (Bloor et al., 2001). By providing a context for spontaneous discussion of experience among service professionals, the focus group "treats experience as knowledge, which then guides the work of researchers and, in turn, provides participants with increased awareness of their own practices and those of others" (Wuerch et al., 2016: 695).

Across a range geographical locations, including Dublin, Galway, Limerick and Cork, service managers in both domestic violence and homelessness services were contacted by the researchers to request the participation of their agency in the research. Detailed information was provided to service managers on the study aims and what the participation of their service would involve. There were understandable delays with the setting up of some focus groups because of the practical challenges of finding a time and date that suited all service professionals. However, the services contacted were enormously supportive and, in almost all cases, managers reverted to the researchers to suggest a day and time to conduct the focus group.

The Composition of Focus Groups

Of the 17 focus groups conducted, seven involved the participation of professionals from the domestic violence service sector and 10 with professionals working in homelessness services. A total of 97 individuals participated in the 17 focus groups. On average, focus groups were composed of five service professionals, although some were smaller and others larger in size. The vast majority of participants (n=87) were female. Individuals with a range of professional roles were represented in the focus groups, including service/project managers, case managers, family and child support workers, key workers, project workers, outreach workers, social care workers, housing support officers and housing case workers. A majority of focus group participants worked directly on a daily basis with families experiencing homelessness and/or domestic abuse.

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12 See Appendix 1 for a list of the participating organisations in the stakeholder consultation.

The Conduct of Focus Groups

Focus groups were conducted in agency settings in Dublin, Galway, Limerick and Cork and each group discussion lasted for between 60 and 90 minutes. At the outset, the focus group moderator discussed the study objectives and procedures (all participants had previously been provided with detailed information about the research) and gathered participants' verbal consent before starting the focus group. Questions about the research were invited from participants and permission to audio record the focus group was obtained.

Focus group moderators followed a semi-structured focus group discussion guide in addressing a range of topics seeking service providers' perspectives on the relationship between domestic violence and homelessness; the needs of families impacted by domestic violence; and their perspectives on interagency collaboration. The order of topics was not necessarily adhered to; rather, moderators allowed issues to emerge organically and followed the lead of participants. Probing and follow-up questions were used to elicit further detail on points of significance and to allow other focus group participants to respond or elaborate. To ensure coverage of issues of relevance to participants, towards the end of each focus group, participants were invited to introduce issues that may not have been covered in the discussion. All focus groups were moderated by one of the authors with the help of a graduate research assistant in some cases.

Interviews with Local Authority Personnel

From the outset, Phase 1 of the research aimed to conduct interviews with local authority (LA) personnel in a range of geographical areas but the conduct of these interviews was significantly delayed following the onset of the COVID-19 pandemic. However, between October 2020 and January 2021, six LA personnel were interviewed by telephone and not face-to-face as originally planned. These participants were based in a number of LA areas, including Dublin (n=3), Galway (n=1), Cork (n=1) and Limerick (n=1). The roles and responsibilities of the six interviewees varied and included both administrative and welfare roles related directly to housing and/or homelessness: three held senior roles within housing or homelessness service departments, two were social workers and one was a manager with responsibility for homelessness in that LA area.

The topics and issues addressed in these interviews were similar to those discussed in the focus groups conducted with other stakeholders and included: the perceived extent of domestic abuse as a presenting issue among families; perspectives on services and responses to domestic abuse; LA response(s) to families impacted by domestic abuse; and perspectives on interagency work and cross-sectoral collaboration.

The Conduct of Focus Groups to Address the Impact of COVID-19

As outlined above, all of the focus groups with stakeholders from domestic violence and homelessness services were conducted before the onset of the COVID-19 pandemic. However, with evidence emerging, both in Ireland and internationally, that the pandemic was leading to spikes in the number of women making contact with domestic violence services, it was clear that there was a data gap since the research had not, during the data collection phases preceding the pandemic, captured service professionals' perspectives on the impact of COVID on their services and service users. Additionally, several research participants (including both LA personnel and parents who had experienced domestic violence) who were interviewed subsequent to the onset of the pandemic spontaneously discussed ways in which COVID-19 had impacted their work, lives or experiences. It was therefore decided to conduct two further focus groups – one with domestic violence service professionals and one with homelessness service professionals – to specifically gain their perspectives on the impact of COVID-19 on their services and service users. These focus groups, which were conducted in February 2021 via Zoom, involved the participation of eight and six professionals from the domestic violence and homelessness service sectors, respectively. The topics discussed were closely aligned with those addressed in the earlier stakeholder focus groups and interviews but with specific attention directed to professionals' perspectives on any COVID-specific impacts on their services and the families accessing their services.

2.4 Phase 2: Interviews with Families Impacted by Domestic Violence and Homelessness

This phase of the research aimed to conduct face-to-face interviews with approximately 20 families who had become homeless due to domestic violence. Recruitment was initiated in January 2020 when contact was made with services working directly with families experiencing homelessness or housing instability because of domestic abuse. Again, we received enormous co-operation from the services we contacted and, by early March 2020, had conducted eight face-to-face interviews with women impacted by domestic violence.

The announcement of the first COVID lockdown in mid-March 2020 forced the suspension of recruitment for this phase of the research for several months. We resumed recruitment efforts in late July 2020 following the first easing of COVID restrictions. Securing interviews was predictably slow but, over several months, we incrementally recruited a further nine participants. Importantly, the final sample of family members included parents living in Dublin (nine in total) as well as parents who lived in several towns and cities nationally (eight in total). Thus, like the stakeholder consultation, this phase of the research also had a national reach.

Following the onset of the first COVID-19 lockdown, it was not possible to conduct face-to-face interviews. Face-to-face interviewing is considered to be the 'gold standard' (Edwards & Holland, 2020) but in circumstances where public health guidelines do not permit close physical contact with other individuals, alternative modes of data collection must be explored. While 'connections' and interactions between the participant and researcher are greatly diminished or even lost in the absence of face-to-face contact, there is also evidence that participants in research on sensitive topics value being able to choose between interview types and that, when given the choice, many may opt for telephone over face-to-face or other interview platforms such as Zoom or Skype (Heatha et al., 2018). Telephone interviewing also has the advantage of not requiring participants to leave their place of residence and travel to meet with a researcher, which can make participation more possible, particularly for individuals who are parenting alone. Women who have experienced domestic abuse may also have safety and confidentiality concerns which, in addition to their parenting responsibilities, may mean that remote interviewing is more practical and also more desirable for individuals who are willing to consider participation in a study that requires a significant personal investment of time. Irrespective of the claims made about the potential advantages of remote interviewing, public health restrictions meant that face-to-face interviewing could not continue.

During the interviews, parents were invited to discuss their previous and current housing circumstances and their experiences of accessing and receiving both formal and informal help and support. Family participants were not questioned directly about the kind of abuse they had experienced and were instead asked if they would be comfortable to talk about the experience of leaving the abusive relationship. The vast majority of interviewees voluntarily provided accounts – most of them quite detailed – of the evolution of abuse in their relationship and the nature of that abuse. Parents were also asked to share their experiences of seeking housing and to discuss their children's situations and needs. All interviews concluded by inviting participants' perspectives on the services they had accessed since they left their homes because of domestic abuse.

Both prior to and after the first COVID-19 lockdown in March 2020, attempts were made to build diversity into the sample of families recruited in consultation with service providers who were acting as 'gatekeepers' to the study population. For example, migrant as well as non-migrant families were included and efforts were also made to recruit families who had been living in a range of accommodation types (e.g. domestic violence refuge or homeless service settings) for different periods of time. The sampling strategy also aimed to include families who had recently (during the past 6 months) moved from a refuge or a homeless service setting to housing. A total of 17 parents (16 women and one male), ranging in age from 25 to 50 years, were interviewed. A detailed sample profile is presented in Chapter 3.

2.5 Data Analysis

Interviews with participating family members were transcribed, checked for accuracy and anonymised. The starting point for the analysis of these interviews centred on a detailed examination of their accommodation pathways. To support this analysis, a visual accommodation 'path' was created for each family, with the aim of 'mapping' families' trajectories through service systems from the point when participants left their homes. All interview data were then coded manually according to nine categories (e.g. 'journeys' through living situations; perceived personal and children's needs; experiences of seeking housing; perspectives on services) and the code books generated were analysed systematically using an iterative inductive approach (Srivastava & Hopwood, 2009). To protect participant identities, each individual was assigned a pseudonym and all identifying details (the names of people, places and services) were removed from the transcripts.

The stakeholder focus groups and interviews were transcribed and prepared for analysis, with all potentially identifying information (locations, names of services and so on) either anonymised or removed to protect the identity of the respondents and the service or local authority area where they work. These data were coded manually according to seven coding categories, providing a systematic technique for organising issues of relevance to all participating groups and individuals (Miles et al., 2014). The analysis of the stakeholder data paid particular attention to topics that were raised repeatedly, the time devoted to particular issues, and the interplay among participants (in the context of the focus groups). A core aim of the analysis of the large volume of data generated from the stakeholder focus groups and interviews was to identify cross-cutting issues, both within and across service sectors, including service provider perspectives on interagency work.

Narrative excerpts are used extensively in the findings chapters that follow. Excerpts from the interviews with family members are accompanied by an assigned pseudonym and the age of the interviewee is also stated. Codes are attached to all of the stakeholder narrative excerpts presented. Homelessness services are identified using the acronym 'HS' while domestic violence services are labelled 'DVS'. In instances where exchanges between focus group participants are presented, 'Int' is used to indicate the question posed by the moderator of the focus group and 'P1', 'P2' and so on is used to label participant responses. Finally, local authority personnel have been assigned the identifier 'LA' while the COVID-specific focus groups are indicated using the labels 'HSCOV' (homelessness services) and 'DVCOV' (domestic violence services).

2.6 Conclusion

This chapter has outlined the study's aims and methods and has also documented the COVID-19 impacts on the research. The research was conducted during a period of enormous societal upheaval, resulting in significant delays and also requiring modifications to the design and implementation of the research. Subsequent to the first COVID-19 lockdown in March 2020, planning required careful consideration and was ultimately dictated by public health guidelines. As outlined in this chapter, the research was also responsive to emerging evidence of increasing numbers of women and girls experiencing violence and abuse following the onset of the COVID-19 pandemic. While delays were experienced and adjustments made, the research did, in overall terms, adhere to its original design alongside the implementation of practical solutions to recruitment challenges and the use of remote data collection methods.

Chapter 3

Families' Experiences of Domestic Violence, Homelessness and Housing

This chapter examines the experiences of parents who left the family home with their children because of domestic abuse. A demographic profile of the study's participants is first presented. Families' initial destinations following their exit from an abusive home are documented and this is followed by a detailed analysis of their accommodation paths subsequent to leaving home. Parents' perspectives on their and their children's needs are then examined, as are their experiences of seeking housing. The chapter concludes by documenting participants' perspectives on the services they accessed, including their views on what might have helped them subsequent to leaving an abusive relationship and what needs to change.

3.1   The Study's Families

As outlined in Chapter 2, 17 parents, including 16 women and one male, were interviewed in-depth. Participants ranged in age from 25 to 53 years and the average age for the sample was 36.7 years. Eleven of the parents identified as White Irish and two as Irish Travellers. A further four were migrants, whose countries of origin included regions in Eastern Europe, Northern Africa and Asia. The socio-demographic breakdown of the sample is summarised in Table 1.

Table 1: Sample Characteristics

Characteristics		No. of Participants
Gender	Female	16
	Male	1
Age	20–29 years	3
	30–39 years	6
	40–49 years	6
	50+ years	2
Ethnicity	White Irish	11
	Irish Traveller	2
	White Other	2
	Black, Asian, Ethnic Minority	2

Of the 17 family members interviewed, seven had two children; five were the parent of one child; three had five children; and two participants had three children. The vast majority of parents were caring for all of their children at the time of interview. However, three had adult children (over the age of 18 years) who were living independently while four were separated from one or more of their children (see Section 3.3 for further detail on parents who were separated from their children). Only four of the parents interviewed were employed at the time of interview, although several others reported labour market participation in the recent past. A majority therefore depended on social welfare or back-to-education benefits.

The accommodation type occupied by the largest number of participants prior to leaving their homes was private rented housing (n=10). Three had lived in a jointly owned (mortgaged) property and one in local authority housing. The remaining participants had lived in their partner's privately owned home (n=1), their partner's family home (n=1) and in a caravan (n=1). The living situations of the participating families at the time of interview are presented in Table 2.

Table 2: Living Situations of Participants at the Time of Interview

Living Situation	Number
Domestic Violence Refuge/Safe house	3
Supported Temporary Accommodation	4
Bed & Breakfast (B&B) Accommodation	2
Family Hub	1
Friends	1
Private Rented Sector (with HAP)	4
Approved Housing Body (AHB) Housing	1
Family Home	1

Nine participants were living with their child or children in temporary or emergency accommodation, which included a domestic violence refuge or safe house (n=3), supported temporary accommodation (n=4), B&B accommodation (n=2) and a family hub (n=1). One lived with friends and had not made contact with any service. Six participants were housed: four of them in private rented accommodation, one in Approved Housing Body housing, while one had returned to the family home where her abusive partner no longer lived.

For most, the move to housing was recent: five had secured housing between one and six months prior to interview while one was living in her current accommodation for 11 months. Only four of these participants were securely housed. One parent who was living in private rented accommodation for a three-month period following a stay in a domestic violence refuge had received notice of the termination of the tenancy just days prior to being interviewed. Another participant did not feel safe in the private rented accommodation where she currently lived and was seeking alternative accommodation: "I am unsafe. I don't open the door … I don't know what to do when he (former partner) is aggressive" [Lena, age 28].

Almost all of the parents interviewed had moved on multiple occasions subsequent to first leaving home. In other words, the living situations presented in Table 2 do not reflect the accommodation journeys they embarked upon during the weeks and months following their initial 'break' from home. Subsequent to leaving, a large number entered into living situations where they were invisible and, in many cases, women tried to make themselves invisible because of safety concerns. Very many did not initially make contact with either a domestic violence or homelessness service and were therefore unknown to services at the point of exiting an abusive relationship. Thus, only a very small number of participants would have been enumerated as homeless at the point of leaving their abusive relationship.

3.2   Leaving Home: "Where am I going to go?"

> "Homeless. I remember it just hitting me and just thinking, 'Where am I going to go tonight?'. Like, where am I literally going to go? And that was a very scary feeling with two little children in the back of the car and trying to appear happy to them, make out everything was, you know, 'Oh great, we're in the middle of a holiday'. And inside I was just broken" [Leah, age 40].

For a majority of participants, leaving home was preceded by a lengthy period – often spanning years – of living with abuse and violence. As outlined in Chapter 2, interviewees were asked to talk about the experience of leaving an abusive relationship and not about the specific nature of the abuse they had experienced. However, most voluntarily provided details of the nature of the violence and abuse that led them to leave. Of the 15 women who discussed abuse in their relationship, a majority described violent behaviour on the part of their partner, as well as verbal and psychological abuse and aggressive outbursts that resulted in damage to, or the destruction of, furniture and other objects in their homes. Thirteen women reported physical abuse, including experiences of being

beaten, kicked, pushed, locked into or out of their home and, in more extreme cases, being violently assaulted or strangled to the point of passing out.

> "He lifted the chairs and broke the table and put his fist through one of the doors. Weekends were the worst, I knew what things to avoid, living in complete fear, I was absolutely terrified of him ... he grabbed me by the throat ... roaring and shouting at me. Walking on eggshells. If people came for the weekend, I was safe; if on my own, you wouldn't know. I would leave notes hidden saying that if I was found dead, he did it" [Sara, age 53].

Of those who described physical violence towards them, four explained that the physical abuse either started or continued during pregnancy.

> "From when we actually started going out, it (abuse) was always there but very subtle. Very subtle emotional abuse. And then, when he found out I was pregnant, it got physical" [Tara, age 25].

> "He'd call me whore, slut, prostitute, fucking retard, unfit mother. He threw me out of the house one morning by my hair at 7am. I was seven months pregnant at that time. He loved doing it (referring to verbally abusive behaviour) in the car because I had no escape ... I told him to stop, I'm going to be sick, I was heavily pregnant at the time" [Lucy, age 40].

A large number described financial abuses, including the withdrawal of money from their bank accounts without their knowledge or consent, the unauthorised use of their credit cards or having been coerced to borrow money: "He used my credit card so I didn't have any money to rent anything ... for the deposit, nothing" [Lena, age 28]. The vast majority of participants, including one male respondent, described sustained verbal and psychological abuse towards them by their partner. Controlling behaviour featured centrally in the accounts of a large number of women, which meant that, over time, many had become increasingly isolated from family members, friends and others who may have been able to provide them with assistance or support.

> "I wasn't allowed to do anything. I wasn't allowed to go outside, he used to do everything ... I wasn't allowed to meet nobody, see nobody or things like that. I was being held hostage because I wasn't allowed to see my family, I wasn't allowed to talk to them" [Emily, age 43].

> "When I was living with my partner, he was always one of those that (pause) ... he timed me. If I went to the shop, he'd say, 'Look, you have five minutes down and five minutes back, and it should take no more than ten minutes in the shop'. And if I was five minutes past that 20 minutes when I got back ..." [Karen, age 30].

One migrant woman described abusive and controlling behaviour on the part of her partner that was strongly related to her asylum seeker status, placing her in an extremely subservient position in the absence of either informal or formal supports. Her account highlights the particular vulnerability of women whose legal status is attached to that of an abusive spouse.

> "My situation just asylum seeker. And my husband knows that. That's why he do abuse all the time. He don't give me anything, money and other things. 'If you are happy for that – if not, go back to your asylum seeker and go back to the hostel', you know? He don't let me to have a friend. I don't have any friend. It's what he tell me. He take all the money and he didn't allow me to do nothing" [Ines, age 40].

For most women, leaving the abusive relationship was precipitated by a sharp escalation of violence or by an incident or series of incidences that led them to fear to a greater extent than previously for their personal safety and the safety of their children.

> "(Following a serious physical attack) I said, do you know what, if I do not leave, my kids will not have a mother. That was the final straw, when the life was nearly drained out of me" [Karen, age 30].
>
> "I left because I couldn't (pause) … the situation was gone to the stage that it was too dangerous. I couldn't stay there anymore" [Leah, age 40].
>
> "To be honest it was, just, I got up one morning and I couldn't take it anymore. I was getting beaten for no reason. Like I said to myself, 'I can do better in that and better in this', and I just walked out and I haven't returned since" [Emily, age 33].

Most left their homes suddenly, with little or no money and few possessions, and a majority did not have a clear plan. Women's most pressing needs at this juncture were safety and housing.

> "I just needed my kids to be safe with me. That's all I was thinking of, my safety and my kids' safety" [Carmel, age 30].
>
> "The safety and trying to see where I was going with my kids" [Annett, age 43].
>
> "I needed a safe place, a refuge. Safety was the main thing" [Sara, age 53].
>
> "What I needed was accommodation, a place to live" [Lena, age 28].
>
> "Somewhere to live so we could be safe" [Helen, age 43].

From this point, in addition to homelessness, women faced numerous challenges related to ongoing concerns about their and their children's safety. Several also described problems associated with the withholding of their personal belongings and the belongings of their children (clothes, toys and so on): "I did get some things back. Not the toys, he refused, he said he bought them for my son. But he didn't pay anything for toys" [Chen, age 38]. Many also had to deal with the non-payment of child maintenance as well as ongoing threats and stalking behaviour on the part of their former partners. Despite their circumstances and the multiple challenges they confronted, women also described feelings of relief.

> **"Peace. Peace of mind, it gave me my own rights ... It was like I was able to live again" [Karen, age 30].**
>
> **"I feel a lot of relief of a lot of pressure" [Emily, age 33].**

Kasia explained the freedom she felt from having found her own "place", despite being homeless.

> **"I did it myself. I just packed everything and I just left. Do you know, the minute I became homeless – and was seen in society as homeless – the minute I became homeless I found my own place. A place, it's wide word. It could be this room over your head or it could be a place in your society. For the first time I felt free" [Kasia, age 32].**

From Home to Situations of Hidden Homelessness

More than half of the study's participants (n=9) stayed with a family member or friend after they first left home. Thus, a large number entered into situations of hidden homelessness, meaning that their situations – and the fact that they had experienced domestic abuse – remained concealed for many weeks and, in some cases, for several months.

> **"Domestic abuse, verbal and psychological. It was intolerable. I left and went to a friend's house with my 9-year-old son. Stayed with friends, couch surfing for a while, for months" [Donal, age 50].**
>
> **"I eventually got the courage to leave ... stayed with friends for about six months" [Helen, age 42].**

Staying with friends was not, however, an option for very many. One woman explained that she could not contact friends because she feared that her abusive partner would locate her.

> "I left with the clothes on my back …. I sat in (local takeaway) trying to figure out where can I go that he won't know where I am … I couldn't go to friends, he knew them all. A woman I knew had been in an abusive relationship … I rang her, she let me stay on her sofa" [Sara, age 53].

While living with family members or friends was valued by those who could draw on such supports at the point of leaving home, it was generally not sustainable even in the short term. For a number, these living situations were perceived as not sufficiently safe and/or as too much of a burden on others, particularly as the situation became prolonged. Carmel lived with her mother for a period and then moved to her aunt's already overcrowded home, before registering as homeless.

> "We're about 16, 17 months homeless already now. When I was in my mother's house we were clashing an awful lot. So I couldn't stay. I said, 'Right I'll have to go to my auntie's house', and my auntie had ten people living with her already. So I was sleeping on the chair with my two kids then … So then she decided, 'Right come on, we'll go the local authority and see can we get somewhere for you'" [Carmel, age 30].

Lucy, who lived with her sister for a period and subsequently moved to a domestic violence refuge, was grateful for family support but also discussed the importance of an empathetic and encouraging environment for women post-leaving, alongside people who "understand".

> "I ended up coming here (DV refuge) because my ex-partner continued to threaten me. I wish I'd come here first rather than going to my sister's … it wasn't the best place to go if you're leaving a domestic violence situation. Your family can be great for you but, at the same time, they've got their own lives going on. They didn't understand my circumstances. The women here (in DV refuge) do" [Lucy, age 40].

When participants stayed with family members or friends, many did so because they had no alternative, sometimes because they were not aware of – or were unable to make contact with – domestic violence services. When discussing the period after initially leaving her abusive partner, one woman reflected on her lack of knowledge about services at that time, explaining that advice on "how to go about things" would have helped when she left her violent relationship. Emily had spent a number of years moving between the homes of different family members before entering into emergency homelessness accommodation at the age of 30.

> "Well, to be honest, I would have (pause) … like I would have liked say if, for instance, someone had stepped in, advising me about how to go about things or do things. But I didn't get that … I didn't know about refuges. Yeah, there was nothing there" [Emily, age 33].

From Home to a Domestic Violence Refuge or Homelessness Services

Four participants contacted a domestic violence refuge at the point of leaving home: "I messaged them on Facebook asking them for advice on what to do and they offered me refuge" [Tara, age 25]. Some women were supported to access refuge accommodation following a complaint or series of complaints to the Gardaí. For example, Lena, a migrant woman, learned about refuge accommodation in the town where she resided from a police officer who provided assistance: "So when I left him I came to refuge ... the Garda told me about it. I didn't know about the place" [Lena, age 28]. Ines was also assisted by the Gardaí but had no option but to seek accommodation in a homelessness service because of capacity issues in the refuge.

> **"The Garda took me and my daughter and they tried to find a refuge. In this time, the refuge was full and we went to (emergency homelessness accommodation)" [Ines, age 33].**

Others had also tried to access refuge accommodation but were unable to do so.

> **"We were trying to find refuges. There aren't many refuges in Dublin. That's the way it is. There aren't places where women can go with kids" [Annett, age 42].**

Ellen had never contacted a domestic violence service and, after leaving her abusive partner, phoned a homelessness charity on the recommendation of a friend. She described her reaction to the emergency accommodation offered to her, which prompted thoughts of "going back". Ellen remained in this accommodation with her child for almost three months.

> **"And then when I saw the place (homelessness service), I was like, 'This is it, this is what homelessness is'. I just sat in the car and I actually thought for, I'd say about half an hour, about going back to the house we had just left" [Ellen, age 36].**

Among a small number, there was evidence of some level of fear of contacting domestic violence services. One woman who had accessed a domestic violence refuge on more than one occasion explained that she did not, at that time, disclose the full extent of the abuse she had experienced because she feared that her children would be removed from her care.

> **"If someone came to me and asked at the time, say, when I went to the refuges and they were like, 'Was it domestic, were you slapped?', I was like, 'No, I wasn't slapped, it was mental torture'. I was afraid to actually speak out at that time and say that it was physical. Because, at that time, I thought if I say that it was physical, they'd say, 'Why did I leave it continue?'. Does that mean someone's going to go in and take my kids? That's what I thought" [Karen, age 30].**

For the parents interviewed, barriers of access to domestic violence services were numerous and included capacity issues and women's limited knowledge about available services, which was a learning process for very many. A smaller number feared that full disclosure of the nature of domestic violence would reflect poorly on them as mothers and potentially jeopardise custody of their children. For all participants, at the point of leaving an abusive relationship, protective systems were largely absent, leaving parents to cope independently in the absence of adequate financial means to find a solution to their homelessness.

3.3 Families' Accommodation Journeys

Leaving an abusive relationship led to very different accommodation journeys, all of which were characterised by high levels of disruption for parents and their children. Post-leaving, most experienced numerous moves as they tried to ensure that they and their children were safe. This section examines the accommodation paths or journeys of the study's families, which were diverse and invariably marked by profound uncertainty. Table 3 presents the range of accommodation types accessed by parents since they first left home.

Table 3: Accommodation Types Accessed by Families since Leaving Home

Accommodation Type	Number of Participants
Domestic Violence Refuge/Safe House	11
Emergency Homelessness Accommodation	10
Supported Temporary Accommodation	3
Family Hub	2
Family Members	6
Friends	5
Hotel or B&B (self-financed)	2
Return (temporarily) to Abusive Home	5

While, as documented in the previous section, only four women moved directly to a domestic violence refuge upon leaving home, 11 had accessed refuge accommodation at some stage. Admission to a refuge was sometimes delayed because of capacity issues; other women were not aware or sufficiently knowledgeable about domestic violence services or, alternatively, only subsequently fully understood or came to terms with the fact that they had been living with domestic abuse for a very considerable period of time: "The words domestic violence didn't come into my head. I couldn't make sense of it" [Sara, age 53].

Fifteen women had resided with their children in homeless service settings – including emergency hostel accommodation, supported temporary accommodation, a hotel or family hub – and a number had moved between these accommodation types: "My little boy is only gone four and he's been through like five or six B&Bs and hotels" [Emily, age 33]. Living in these settings was described as extremely challenging, with women always drawing attention to the cramped conditions in which they were forced to live with their

children. There were other issues, including the lack of support available to families, as Annett explained.

> "Into the homeless place. And I walked in and I was like, 'I need help!'. It's basically you're on your own … It's just very, very hard" [Annett, age 43].

Annett had never accessed a domestic violence service and spent fifteen months living in a family hub before her transfer to supported temporary accommodation, where she was living with her children at the time of interview. She described the living conditions within the hub.

> [So you spent fifteen months in a family hub. What was that like?]
>
> "You wouldn't want to know … Me and my two girls in one room, like a box room. Three of us in a room that was this small (indicates with hands), tiny. It was just horrendous" [Annett, age 43].

Annett went on to explain that the environment of the family hub was not appropriate for her or her children for a whole range of reasons, particularly highlighting their routine exposure to aggressive behaviour and violence, which was a source of extreme stress for her children.

> "I didn't want to be there. Men controlling women, beating them up, belittling them. I've seen it and it's horrendous. I tried not to let the kids see it but they actually heard it. And we were up above a couple and it was a regular thing with them … My kids never slept. They could not sleep. The screaming, the shouting, the fighting, everything" [Annett, age 43].

Seven women had moved from a domestic violence to a homelessness service, sometimes on more than one occasion. This transition was particularly challenging for women because they were forced to exit an environment where they could avail of a range of practical, personal and psychological supports. Tara described the unsettling effect of moving from a domestic violence refuge, particularly for her son, who had been "doing well" during their stay in that service.

> "It took a few weeks but he (son) settled in; he liked it there and was doing well. And then going to the hotel and now we're here (aunt's house). And we'll be going back to a B&B again soon and he's going to be very unsettled. I don't like it, all the moving around, but imagine how he feels" [Tara, age 25].

At the point of making contact with domestic violence or homelessness services, women essentially entered into a world of services systems which, to a large extent, determined what would happen next. Families' uncertain paths through these service systems are discussed in further detail below.

Precarious Paths Through Service Systems

Following their departure from an abusive home, participants experienced high levels of residential instability, with parents reporting between two and 12 moves with their children post-leaving. Seven women had lived in five or more accommodation types since they first left their homes while the remaining participants had experienced between two and four moves. Collectively, participants reported 76 moves, with the average number of moves for the sample being 4.5. Three women had experienced a period of rough sleeping.

Families' journeys through services and service systems were varied and complex as a majority continued along a path of homelessness. Table 4 presents the post-leaving accommodation paths of a six of the study's parents for illustrative purposes.

Table 4: Families' Accommodation Paths Since Leaving Home

Parent	Accommodation Path
Annett, age 43	Homes of Family & Friends (2 months) ➜ Back to Partner (12 months) ➜ Sleeping Rough and Emergency Homeless Hostels (1 week) ➜ Family Hub (15 months) ➜ Supported Temporary Accommodation (6 months)
Kasia, age 32	Guest House, self-financed until money ran out (2 weeks) ➜ Emergency B&Bs/Homeless Hotels (3 weeks) ➜ DV Refuge (3 months) ➜ Private Rented Accommodation (with HAP) (3 months); had recently received notice of the termination of the tenancy
Ines, age 40	Homeless Hostel (1 night) ➜ DV Refuge (8 months) ➜ Emergency Homeless Accommodation (B&B) (2 months)
Leah, age 40	Mother's Home (1 night) ➜ Brother's Home (3 nights) ➜ Hotel, self-financed (1 night) ➜ Friend's Rental Home (2 months) ➜ DV Refuge (6 weeks) ➜ 1-bed Apartment (2 months) ➜ Hotel, self-financed (5 nights) ➜ Guest House, self-financed (1 night) ➜ DV Safe House (2 weeks) ➜ Family Home
Ellen, age 36	Emergency Homeless Accommodation (3 nights) ➜ Homeless Hotel (11 weeks) ➜ Private Rented Accommodation (with HAP)
Chen, age 38	DV Refuge (4 months) ➜ Private Rented Accommodation (with HAP)

The cases presented in Table 4 demonstrate the instability experienced by the study's families, strongly suggesting that their housing options post-leaving were extremely limited and that women's ability to access safe and affordable housing was severely compromised. As documented, the early stages of families' accommodation paths were very often concealed because many initially relied on family members or friends for a place to stay, which meant that they were invisible to service systems. Others, however, immediately accessed emergency domestic violence refuge or homelessness accommodation. Irrespective of the paths that families embarked upon, few had exited the service system to housing (see Table 3). While a small number of women, like Chen, moved directly to private rented accommodation following a stay in a refuge, the trajectories of most families through homelessness and domestic violence services were far less predictable as they 'bounced' from one living situation and/or service setting to another. To further elaborate and contextualise parents' accommodation paths from the point of leaving an abusive home, the stories of two women, Leah and Kasia, are presented below.

Leah's Story

Leah left her home with her two children, both under the age of five, having lived in a home where abuse and violence had escalated over time: "It got to the stage then it was dangerous and I had to leave then. I just had to leave, take the children and leave". Prior to leaving, she had phoned several domestic violence refuges but "they were full … I never thought I'd be in that position so I didn't even know the way it worked; you couldn't even put your name on the waiting list, you just had to wait".

Leah initially went to her mother's house, where she stayed for just one night and, from there, moved to her brother's home for three nights. Feeling that she did not want to impose on family members, she booked a hotel: "I think it was 100 Euro a night, that was the cheapest I could find in a hurry". A family friend who had a vacant rental property then offered her a place to stay on a temporary basis. The house was in a state of disrepair and the accommodation was basic, with no heating, but Leah did not have to pay rent. She explained that she felt safer there than when she had stayed with family members: "So, I felt safer anyway there in that house where he didn't know where I was". She only expected to live in that vacated rental property for a number of weeks but her time there extended to two months until a place became available in a refuge: "I was constantly ringing the refuges because I felt terrible about staying so long but we moved to the refuge in November". Leah was told to bring only the "bare necessities" to the refuge and was grateful that she could store her children's toys and other belongings in a wardrobe in the rental property. Aware of the instability experienced by her children, she talked in some detail about her efforts to protect them by maintaining a "happy" front at this juncture:

"I said then to the children that we were going on a little holiday to stay in a hotel, you know? But it was breaking my heart like, having to tell all these lies and having to keep appearing happy to them".

Leah and her children stayed in the refuge for the maximum length permitted, which was six weeks, at which point she had to again book a hotel: "Leaving there and back on booking.com". After spending five nights in a hotel, Leah moved to a safe house for a period. Throughout all of this time, she had been dealing with the courts and the Gardaí in her efforts to secure a safety order with the help of advice from Women's Aid. Leah moved back into the family home with her children 11 months after she first left.

Kasia's Story

Kasia is a 28-year-old woman who moved to Ireland from a country in Eastern Europe during her early 20s. She was with her ex-partner for four years when she left her rented home with her child: "I was forced to leave home. Because of domestic violence, I left. I was financially controlled, sexually abused, blackmailed, threatened. My daughter was beaten as well". Upon leaving, Kasia moved to a private guest house for two weeks until she could no longer afford this accommodation and was forced to register as homeless:

"I had some money and I was working at the time so I was renting a B&B near the school but then the money ran out and, with the rental property prices, I had nowhere to go so I had to go to a county hall (County Council) to register myself as homeless. So, I was in emergency accommodation for a few weeks, I was in B&Bs or hotels".

During the following three weeks, Kasia moved between B&B and hotel accommodation, paid for by the local authority, during which time she had limited access to advice about how to navigate the challenging landscape of finding alternative accommodation. She was aware that there was a refuge in the town where she lived and explained why she did not access this service initially:

"I was aware (of the refuge) but I didn't consider myself using that service. It was just so all fresh, everything. I was so focussed on now, right now, that I didn't know where I'm going to be. I couldn't get the wider picture because everything's just like a black scenario … So I rang the refuge but, at that time, I was too afraid to say it was about me. I said I was getting information for a third part. But I actually end up there".

Kasia lived in the refuge with her two children for a three-month period and, during this time, tried to find affordable rental accommodation. She described many challenges related to what she described as landlord discrimination against HAP recipients and her status as a single mother who was unemployed: "They (landlords) highlighted the fact that I was not at work. So I was not at work, single mother of two. But they didn't take into consideration the fact that I had steady money, which is HAP". Kasia did receive support from one person in her local authority, who she described as "extremely helpful", and who sourced a rental property for her. She moved into this property but, after a three-month period, was served with notice to quit. At the time of interview, Kasia was extremely anxious about finding alternative accommodation and the prospect of having return to homelessness:

"Now I managed to rent, I found a house but my landlady has told me she's selling the house. So my contract won't be extended and, in a few months, I have to leave again. So, with the rent and the property crisis, I hope I'm going to get something. If not, I will have to again register myself as homeless".

Movement, Mobility and its Impact on Families

> "It was like, at that time, they'd (children) wake up every morning and go, 'Mammy, are we moving today?'" [Karen, age 30].

Residential instability placed an enormous strain on families. Karen, who left an abusive home more than two years prior to interview, had lived in homeless hostels and B&Bs and had also accessed a domestic violence refuge on more than one occasion. Currently living in a family hub with her five children for a 12-month period, she discussed the negative impact of transience, which led her to, at times, question whether she had made the "right decision" by leaving the relationship.

> [Moving in and out of services, how do you feel that has affected you?]
>
> "It's something I'll never forget. I will always, I suppose, carry that with me. Up to a couple of months ago, I still felt the pressure of it all, in my head thinking, 'Did I make the right decision?'" [Karen, age 30].

Mobility created numerous problems for families because of the uncertainties they faced on a daily basis as they navigated multiple service systems. Many had been forced to move out of their communities in order to access accommodation, making it difficult to maintain valued relationships with friends and other support networks. The stress of living in congregate settings also undermined women's capacity to maintain family life. Tara described the effects of "going around in limbo", which hampered her ability to "think" and plan for the future.

> "It's just so much worse going around in limbo with no stability. You don't have time to think really because you're just moving again. Literally not even time to sit down and think about anything" [Tara, age 25].

For four parents, a devastating consequence of domestic violence and homelessness was that they had become separated from one or more of their children. Homelessness and women's separation from their children were intrinsically connected: some women were not prepared to expose their child or children to the environment of homeless hostels and/or the street while others could not find accommodation that would admit a teenage child. The child of one woman was placed in foster care and two women had placed one or more of their children in kinship care: "His (teenage son's) little life upturned. So I sent him to live with my sister" (Helen, age 43). A fourth woman, Carmel, explained that two years previously, her son (then aged eight) had refused to continue living in hotel accommodation and moved to the home of his grandmother.

> "He doesn't want to be tossed from here to there … he wouldn't stay in the hotel and so he stays in his nanny's house and they come up here (supported temporary accommodation) the odd time. He'd come up on a Tuesday and then whenever else, another day probably during the week and then I won't see him then" [Carmel, age 30].

Carmel spoke about the distress of not having her child living with her: "Since I became homeless it's kind of, we're after losing our bond together, you see. It's hard like when he won't stay with me, it's kills me. Lying in the bed at night and I'm thinking where is he like" [Carmel, age 30]. A priority for Carmel was to find a way to re-unite with her son but she could not foresee this happening without stable housing. While each woman's situation differed and the permanence or otherwise of their separation was often uncertain, homelessness or precarious housing following the family's exit from an abusive home was the main catalyst for their separation from their children.

3.4   Families' Needs: Children in Crisis

Several women described poor mental health associated with the trauma of experiences of abuse and violence. Lucy, like several others, spoke of her struggle to maintain positive mental health because of her fears and anxieties about the future.

> **"I had a panic attack one weekend here (in refuge). It was only just due to me traumatising myself with thoughts and (pause) … more fears of the future than the past. Fears of what's going to happen to me and (child)" [Lucy, age 40].**

For many, prolonged periods of time spent living within the confines of a refuge or homeless service setting exacerbated the negative psychological effects of abuse and violence.

> **"I just felt, you know, locked in, no privacy, no space. I myself, my mental health has (pause) … I'm absolutely drained. I just wasn't sleeping, I was having nightmares and flashbacks of him and, you know. Only like two weeks ago I had to be put on antidepressants because I just couldn't stick it anymore" [Rosie, age 27].**

Helen, who was housed and attending counselling, described the continued impact of the trauma of homelessness: "I'm still sort of dealing with, let's say, the psychological trauma that being homeless brings and trying to deal with that sort of thing" [Helen, age 42]. A smaller number of women described the emergence of physical health problems during the period subsequent to leaving home.

> **"My health has suffered … my GP has said chronic stress. I was so sick constantly, the children and I all constantly sick; infections, on antibiotics and stuff. My immune system is obviously so low. It took me months to recover because I think I was just fighting on adrenalin for months and months and then I'd no more to give" [Leah, age 40].**

Women who accessed a refuge could avail of counselling and also draw on the advice of trained professionals but, for most, these supports came to an abrupt end at the point of leaving the refuge. Personal or psychological supports for individuals who experience domestic violence were not available in homeless service settings and the vast majority

of women appeared not to have access to any kind of formal supports such as counselling or other therapies that might have helped to alleviate psychological distress: "There's nothing out there. It's very hard for women that are going through this" [Annett, age 43]. In general, mention of professional supports was remarkably absent from the women's accounts, although several commented specifically on their need for social and emotional support: "I think counselling would have benefited me a lot … I never thought of myself; it was always focus on the kids, just remaining as strong as I could for them" [Karen, age 30].

While women frequently recounted the effects of domestic abuse on them personally, the weight of attention in their accounts fell on their concerns about the present and long-term consequences of domestic abuse and homelessness for their children. Most worried about their children's well-being, sometimes harbouring a sense of guilt about what they had experienced: "In the evenings, when they'd all be asleep and then I'd just look at them going, 'Have I failed you?'" [Karen, age 30]. All of the women had tried, in various ways, to protect their children from the violence and abuse they had themselves endured but very many were aware that their children had witnessed or heard abusive behaviours in their homes prior to their leaving. Some children had themselves been victims of violence. Several mothers described their children's trauma, sometimes at the point of becoming homeless, but more frequently following the move out of home.

> "My daughter, she was in shock. She cry and she say to the Garda, 'We are homeless. Me and my mum, we sleep in the street'. Because, for her, homeless people sleep in the street" [Ines, age 40].
>
> "My eldest would say to me, 'Daddy was always really mean to you'. He did witness some things" [Karen, age 30].

Lena spoke about her son's extreme anxiety during times when his father has access visits with his sister, explaining that this anxiety was also apparent in the context of the everyday, such as when his baby sister cried.

> "She's (baby) small, she can't understand anything really. She is happy baby and, yeah. But my son, he is worrying too much about *her* (with emphasis) during the weekends. He cries. He wants to see her, 'Where is she?'. He asks when she will come back and I can't explain him. Like, when I say that she is with Dad, he start being terrified … When she cries at home as well, my son is next to me checking like what happened, you know, and he is terrified like, 'What is going on? Why she cries?'. And I always repeat him like, 'Nothing happened', you know. 'She cries because she wants this toy' or, you know?" [Lena, age 28].

Living in a refuge or homelessness service was difficult for children, who had to adapt to the rules governing everyday life in these settings: "He (son) was not comfortable there (refuge) because of the change in routine. He got very aggressive and he kept trying to escape" [Tara, age 25]. Some mothers also described their child's fear of other children finding out that they lived in homelessness accommodation or a refuge.

> "She (daughter) needs more help. Because what is a problem, there is some girl in the school, not all of them. When she saw her live in the refuge and B&B, she didn't like that. Yeah, it's difficult for the kids. And all the time, 'Why we are homeless? Why we don't have normal life and a house with a garden to play?'. I don't have answer for her" [Ines, age 40].

After leaving an abusive home, subsequent homelessness and stays in temporary accommodation meant that women were dealing with their children's distress largely in isolation. For parents, behavioural change was the most visible manifestation of trauma in their children. Kasia and Karen were among a number who described angry or aggressive outbursts on the part of their children. These emotional responses were new and uncharacteristic of their children's previous behaviour.

> "And when we got here (refuge) my daughter had problems with anger … So, when we got here, she was physical and she was pushing me" [Kasia, age 30].

> "So when he came here (family hub), for a while, he was kind of … he was kicking out a lot. He was what I'd describe as bullying some of the kids here. And I think that's because he felt, at that time (pause) … it was normal for him, because he was a boy, taught go along and slap a girl" [Karen, age 30].

Rosie and Tara had observed a particular deterioration in her children's behaviour during the COVID-19 lockdowns, when they both resided in emergency accommodation, because of the heavy restrictions placed on their movements and the fact that people were not allowed to visit.

> "So, their behaviours have gone absolutely atrocious. They do a lot of fighting. They've no freedom. You know, they don't have their own back garden. They're isolated. I know we're in COVID anyway right, but they (pause) … No one can come in or out (of refuge), you know. Even my own family can't come up to the unit" [Rosie, age 27].

> "Yeah, you see, with him (son), routine is very, very important to him. So, he was again unsettled with not going to school, not socialising with his friends and everything else. And then during lockdown we were stuck in … And my son, he gets very angry when he gets overwhelmed. And with the fact that we couldn't go out and stuff, it was very difficult. Like, he was often having angry outbursts and being very aggressive" [Tara, age 25].

Seven mothers reported that one of their children was currently or had previously attended play or art therapy and all confirmed that this intervention had helped: "And it took a while for him to change. But, with the help of play therapy, I can really see the difference" [Karen, age 30]. Other parents had not been able access any form of therapeutic intervention for their children; in two cases because their former partners would not give their consent. Tara's son had been offered play therapy at school but her partner "refused permission". Another mother had paid for play therapy for her son but was unable to fund this cost after a period.

> "He (son) started going to a play therapist, which I paid for; €60 a session. And he was really enjoying that. He did ten sessions and they kind of say that's the minimum. And he really loved it but I couldn't continue paying. Unless you have the money to pay for it privately, obviously there's long waiting lists for anything that's public" [Leah, age 40].

In addition to managing and responding to their children's trauma and trying to enlist needed supports, five mothers reported that one of their children was either undergoing assessment for, or had been diagnosed with, specific conditions including Autism Spectrum Disorder, ADHD or a sensory disorder. These women had either limited access to, or found it extremely difficult to source, advice about how to support their children. Lena, whose son has a sensory disorder, described numerous challenges, even in circumstances where supports were available.

> "Well they (refuge) offer me like a programme but it's hard when my son doesn't speak English. So it's hard to understand. Even in (first language) he has some problems to understand. He has sensory disorder, so it's hard to communicate with him. You may ask him about something and he talks about different things, so really, because even when they try, it's really hard for him to communicate" [Lena, age 28].

Mothers were bearing sole responsibility for the well-being of their children in addition to the consequences of the harms inflicted on their children by their abusive partners. They spoke of their efforts to be a strong positive role model for their children; about guiding them and creating stability and consistency in their children's lives despite the instability of not having a home: "So, every time they misbehave, I'm always making them aware you have a right to be angry. Angry is not bad, but you are responsible how you're going to throw your anger, you know. So, things like that" [Kasia, age 32]. Maintaining consistency in their children's schooling was a priority for all parents. Supports for their children were difficult to access unless women had the financial means to personally fund therapies or other interventions and, in some cases, perpetrators of abuse prevented women from getting needed supports for their child(ren). Among the parents interviewed, there was no evidence of any consistent or coherent approach to the provision of support to families and children dealing with the consequences of domestic abuse.

3.5 Families' Experiences of Seeking Housing

All participants discussed the search for housing which, for most, began very soon after they became homeless because of domestic violence. For very many, the topic of housing was an emotive one. Parents had left a home where they and their children were no longer safe and where the perpetrator of violence remained: "I had a home. If it makes sense, he made me homeless" (Lucy, age 40). Families had suffered very many personal and material losses and, subsequently, found themselves at a severe disadvantage when seeking housing.

The private rental market was the only option available to most families. As outlined earlier, a large number of parents were, to varying degrees, economically disadvantaged at the point of leaving their homes and, at the time of interview, a majority were relying on social welfare payments. Most relied on the Homeless Assistance Payment (HAP)[13] and were therefore competing for a tenancy in the private rented sector with individuals who were in full-time employment, had employer and landlord references and a far greater ability to negotiate with landlords and letting agents. Private rental market conditions placed enormous pressure on families and women were acutely aware that the highly competitive landscape of the rental market pushed them very far down the 'desirability list' as prospective tenants.

> **[How did you find looking for somewhere to live, how was that for you?]**
>
> **"Almost impossible. There's a rental property crisis and they (landlords) want the rental increased. So obviously, when the price goes up, it's like a race. So the landlords, it is a big discrimination because my own experience was, 'Oh, it won't be suitable for you because you have two children'. So they're looking for people, high wage, probably no children, and steady jobs" [Kasia, age 32].**

A further problem for families was that the monthly cost of available rental properties exceeded – and, in many cases, far exceeded – HAP limits. Like many others, Tara felt blocked at the very first hurdle by rental costs that were quite simply beyond her means.

> **"HAP needs to go up because it's impossible for me to afford a two-bed house anywhere within the budget of the rent limit. In (county town in the Dublin commuter belt), the average apartment is €1,400 (per month). I'm entitled to €975 … And so, you can't even apply for them houses. And the landlords put the rent above the HAP anyway just so that you can't even try" [Tara, age 25].**

Discrimination on the part of landlords and letting agents against HAP recipients – accounts of which were remarkably consistent among this relatively small cohort of participants recruited from diverse geographical locations – emerged as possibly the most

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13 The Housing Assistance Payment (HAP) is a form of housing allowance that provides enhanced rates for households at risk of experiencing homelessness (O'Sullivan, 2020). Under the scheme, local authorities make monthly payments to private landlords and, based on household income, the tenant makes rent contributions to the local authority.

significant barrier to families' search for private rented housing. Time and again, women recounted their efforts to source suitable rental properties, which involved emailing landlords to make further inquiries in the hope of arranging a viewing time. Quite quickly, many learned that any mention of the HAP in their correspondence with landlords or letting agents meant that they did not receive a response.

> **"It's very frustrating. Like let's put it this way, you could be there, you could be looking for places. It takes the best part of your day and they're (rental properties) gone. And still nothing. Nobody wants to hear about HAP"**
> **[Emily, age 33].**
>
> **"I've been looking for a house since last November and it's basically impossible. No one accepts HAP" [Tara, age 25].**
>
> **"There is no flats to rent because landlords won't agree to the HAP"**
> **[Lena, age 28].**
>
> **"So they gave me €572 HAP. I viewed several places and every single place has said I won't be able to afford it" [Helen, age 43].**

Ellen explained that she stopped disclosing information about her status as a HAP recipient when making inquiries about viewing times for rental properties but found that landlords had other ways of pressing for information on issues such as employment or rental history. Ellen, Tara and many others claimed that they were discretely 'screened out' by landlords at the point of making inquiries about rental properties, which effectively locked them out of the private rented market.

> **"I found that when I said I was getting HAP payment people didn't write back to me or they said the apartment was gone. I never got a viewing once I said that I was on HAP … So the next week, trying to maybe learn a bit more, I didn't say anything about HAP. But then they would send me an email back like to say, 'Can you send me on payslips?' or 'Do you have references?'. Again, I just found that, whatever way they were wording it, they were trying to suss out whether I had a HAP payment or not. Anything that revolved around the HAP, I never heard from them again. That in itself was quite intimidating" [Ellen, age 36].**
>
> **"I've sent hundreds of emails and most of the time I don't even get a response. If I do, it's asking for a work reference, which I obviously don't have. They don't say it directly; that's their way of sneakily asking, because they can't ask directly, that's their way of finding out whether you have HAP or not"**
> **[Tara, age 25].**

Discrimination on the part of landlords against HAP recipients was described as more overt by a smaller number of participants. Lucy, who was living in a refuge at the time of interview, talked at length about the challenging nature of her search for housing, explaining that, during one particular property viewing, the landlord made it clear that she would not accept HAP tenants: "So, she (landlady) said, 'This is a no HAP house'. Very sternly. And I actually just felt like I wanted to burst out crying. The atmosphere completely changed. Everything went silent" [Lucy, age 40].

All five of the women who had secured either a private rented or Approved Housing Body HAP tenancy had received quite intensive support and assistance from refuge or homelessness service professionals. Migrant women were especially vulnerable in their search for housing, particularly if their visa or immigration status was precarious or uncertain following their separation from their partner. These women depended heavily on advocacy support in relation to their entitlements, including access to housing assistance. Ines, for example, had received a great deal of help from staff at the refuge where she stayed for a period of eight weeks. At the time of interview, progress had been made but her HAP entitlements remained uncertain.

> **"I hope that City Council do something to accelerate for the person in like my situation. Because imagine I need to stay in B&B one year or two years, it's too much. And it's very hard for my child. Because there is no place to play. There's nowhere. And you feel like you put a bird in the cage and it's hard"** **[Ines, age 40].**

In general, participants who were on the social housing waiting list held little hope of a housing allocation. However, two of the women were clear that they were not seeking a HAP tenancy and were, instead, holding out for social housing.

> **"Well I'm not really looking to rent a place, no. I don't want to rent another place. But when you come in here (supported temporary accommodation), you have to kind of look for HAP places because, that's what it's all about when you come in here, you have to look for HAP places. I don't want a HAP place, I want my own Council place and settled because if the landlord decides, 'Oh I want to sell up', I'm back to scratch"** **[Carmel, age 30].**
>
> **[What has it been like trying to find housing?]**
>
> **Horrible. Because I have now five kids, I'm a single mother and properties are, like, super expensive. It's just something that would be way out of my budget and, well, I'd feel that I probably would end up back homeless again. I'm hoping my chances of getting local authority housing are high. The fact that I don't carry convictions, because I'm a single mother, I have five kids, I don't see the Council have a need to put me off any longer"** **[Karen, age 30].**

Finally, parents who were joint property owners confronted a raft of complex and lengthy legal proceedings, during which time they were effectively in limbo, with no entitlement to housing assistance: "I've found it really, really impossible to find accommodation. First of all, the housing department really were very reluctant to give me the HAP. The reasons they said to me is that I have a house, which technically is true, I do have a home but I can't live there. Second, because I have that house, I can't go on a housing list" [Martha, age 47].

As documented earlier, a large number of the parents interviewed had spent extended periods living in multiple emergency accommodation types. Housing uncertainty generated extreme anxiety and there was a general feeling among parents that the importance of housing stability in supporting their capacity to care for their children was not recognised. Following months of instability, Tara and Rosie, like many others, framed their most immediate needs very clearly in housing terms.

> **"School starts in three weeks and I'm just not going to send (child) to school from a B&B, I'm just not going to do that. And I can't live in a B&B with a new-born … I don't want to leave the hospital and go to a B&B with a new baby. I really can't allow that to happen, that would be horrible. So, I'm really just hoping that, as soon as possible, I can sort something, anything at all. I just have to have somewhere to live"** [Tara, age 25].
>
> **"All I want is to move on, get myself well and get the kids well and, you know, get our own place. But a year-long living in emergency accommodation is just not good enough"** [Rosie, age 27].

3.6   Parents' Perspectives on Services

The interviews sought parents' views on the services with which they had interacted since leaving their homes. Perspectives varied, reflecting the different circumstances of families, the availability of services and participants' awareness of domestic violence service supports. For those who were able to gain access, refuges provided crucial temporary housing and safety and were valued by women for providing sanctuary, respite and advice.

> **"Women's Aid and my support worker in the refuge … I think that without their support I wouldn't have been able to keep as strong as I did. It helped me more than they'll ever know "** [Leah, age 40].
>
> **"It's (refuge) a quiet place, like nobody there disturb you. And the people there are really nice and helpful, you know. Especially when I felt so lower, so down, you know, they gave me lots of help"** [Chen, age 38].
>
> **"So, initially I came here (refuge) to meet with the women to discuss, well legal aid really, how I go about it and that and stuff. And I didn't even realise about the supports for domestic violence and everything that goes with that"** [Lucy, age 40].

As documented earlier, very many parents had, in varied circumstances, depended on the help of emergency and temporary homelessness services after leaving their homes. Larger congregate homeless service settings were heavily critiqued by those who had resided in them and were generally viewed as not equipped to respond to the needs of victim-survivors of domestic abuse. There were other issues, including the broader messages communicated to women who found themselves circulating the homeless service system. When discussing her service experiences since first becoming homeless, Helen likened the control exerted over her by the homeless service system to the home circumstances she had fled.

> **[And how has your life been since leaving the relationship]**
>
> **"Well, I became homeless. I had to go through the last few years within that service I was telling you about. So, it was pretty horrific, to be honest with you. I mean, the control that homeless services have over you is pretty difficult to deal with as an adult. It sort of reminded me of the control that he (former partner) had, that he always insisted on, like. Where are you going? What are you doing? Who are you with? Who are you talking to? What are you doing with your life? Oh man, it drove me nuts. It was pretty hard just being in the services. I was going from one level of control to another, do you know what I mean?"** [Helen, age 43].

Likewise, while women spoke in extremely positive terms about their time in a refuge, some found the rule-bound nature of these environments to be challenging and isolating. Rosie appreciated the accommodation and supports provided but also questioned the consequences, particularly for her children, who she feared were becoming institutionalised.

> **"Since I've moved into the refuge I've seen (pause) … like at the start you see a kind of improvement in the kids. They get better, you start seeing them doing well, they're happier. But the longer we're here, like, it's reverting back. My youngest … like, you don't bring the key with you so you give the key to the staff every day, right. So, my little fella goes downstairs and gets ready for them to open the door for him and hands them the key. That's not reality. He's getting institutionalised"** [Rosie, age 27].

Thus, living spaces that provided safety and security sometimes conflicted with the perceived needs of families which, particularly with the passing of time, fell firmly on their need for housing: "We're safe here but we also need our own home" [Rosie, age 27]. Karen similarly described her dealings with housing and other agencies as overlooking her most immediate need: "I felt like I was ignored when I was saying straight out, 'I need a home'" [Karen, age 30].

When women discussed their service experiences, several took the conversation in a different direction, focusing, not necessarily on services *per se* and, instead, emphasising broader structural and systemic forces that serve to reinforce – rather than challenge and comprehensively address – the problem of domestic abuse. Thus, the inadequacy of service provision for victim-survivors of domestic violence was framed by many women as reflecting a wider pervasive ambivalence about the situations and needs of families and individuals impacted by domestic abuse.

> "I genuinely honestly believe the only people that actually understand domestic violence are the people that have been through it. Obviously, some people choose to learn about it and they choose to understand more. But some people are just so ignorant. They're like, 'Oh, well just call the Guards', or 'Just do this' or 'Just do that'. Whereas it's not that simple. And that's what the reaction from the Council has just been: 'Oh, why don't you just stay in your mother's?'. And me going, 'I can't stay there'. 'Oh, well would you rather be on the street or in a B&B in (town)?'. And I was like, 'But you can't just say that'. And he said, 'Well that's the way it is basically'. There's a really messed up mindset in Ireland" [Tara, age 25].

With the exception of domestic violence service providers, understanding of the nature and dynamics of domestic abuse was said to be extremely limited; narrowly conceived of as only involving physical abuse and not sufficiently aware of the detrimental impact of emotional/psychological abuse and, in particular, of the insidiousness of coercive control.

> "It's much more complex than just, 'Oh, he beats her up', or whatever … Usually there's serious emotional abuse and control and people need to understand the real fear and the threats and everything else. And it just needs to not be a taboo subject. It needs to be spoken about openly" [Ellen, age 36].

Most participants explicitly highlighted the need for far greater investment in services and supports for both women and men living with domestic abuse, including the need for far greater provision of refuge accommodation.

> "The refuges aren't out there. There is nowhere for women to go or men to go. It's basically you're on your own if you ask for any help" [Annett, age 43].
>
> "I think there should be more refuges in place. So that if a woman really feels the need to up and leave, that she'll know she has somewhere to go to rather than ringing up and being told, 'I'm sorry, there's no room'. She's trapped, she could die because she reached out for help and there was no help there for her" [Karen, age 30].

> "DV services are for women, nothing for men. It continues to send out the signal that you are second class, you are a second class parent, second class person, we are not going to prioritise this. There is complete under-reporting because men don't contact" [Donal, age 50].

A large number also placed strong emphasis on the urgent need for training across all professions – including among the Gardaí, Tusla, homelessness service providers and the judiciary – on the nature and dynamics of domestic violence.

> "It's (domestic violence) definitely not prioritised. More training is needed on coercive control, in Tusla, the Gardaí, all of them" [Martha, age 47].
>
> "The Gardaí definitely don't understand. Loads of excuses, 'Do you have a safety order?', they don't do anything really" [Lena, age 28].
>
> "Definitely the Guards need more training, oh one hundred percent, and definitely in the courts, on the control and the emotional and mental abuse" [Leah, age 40].

When participants accessed formal service supports that were helpful, their interactions with professionals were described as communicating understanding, empathy and solidarity, which in turn cultivated trust in that agency. Positive experiences were also strongly associated with having help with the daunting task of navigating multiple services. Kasia had received co-ordinated support from professionals in the domestic violence service she contacted, describing the experience as a "a huge help for me because I didn't have to go from A to B, C and D" (Kasia, age 32). More frequently, however, when parents talked about their interactions with a range of agencies and services, they used terms such as "fight", "battle" or "fend for yourself" to describe the struggle of sourcing needed services and supports.

> "Me and my social worker literally fighting for places trying to get the kids help. And we noticed that there isn't a lot of services around domestic abuse or a lot of places women can go to. Basically you're on your own" [Annett, age 43].
>
> "We shouldn't have to have this big fight on our shoulders, you know. Like it's traumatic enough leaving someone, to go through all that" [Rosie, age 27].
>
> "Well it's like you really have to kind of get out there and fight for it and look for it yourself. And if you're not strong enough, you know, you're not really going to get anything. A lot of women maybe just give up because it's very hard to get help" [Leah, age 40].

Participants also highlighted the layers of bureaucracy they confronted at the point of seeking assistance from housing or other agencies. Describing the volume of red tape encountered by families, Helen suggested that while services may be "coming from a good place", they "need to sort out their policies".

> "They need to make it easier for people to access the services that are out there. There's so much red tape, there's so much paperwork, you know. Especially if you're in a situation where you're in danger. You don't have time to wait until Tuesday when somebody can put a form in. You need action now. But there's so much red tape and it's all coming from a good place ... they're trying to help that person but need to sort out their policies" [Helen, age 43].

Families' circumstances would have been greatly improved if housing, homelessness, domestic violence, and the numerous other agencies involved had been better co-ordinated in terms of both assessing and responding to families' needs. Parents' accounts strongly suggest that no one agency was able to support them holistically – as a parent in need of safe housing and other vital supports – leading to families feeling failed by multiple service systems.

> "Oh, I'm extremely frustrated with the Council and the refuge and a lot of people. It's a group of people together. One of them should have been able to help. And I feel like I've been failed by all of them" [Tara, age 25].

Annett spoke explicitly and at some length about the need for a co-ordinated approach to individuals and families experiencing domestic abuse.

> "Oh, it's very, very difficult to get help or any support or anything because there is no communication between, say, the people in domestic violence and the homeless services ... You could walk into a homeless place and they could sit down with you and you tell them actually what's going on and they say, 'Hold on a minute, we have no contact with those services'. So, the communication between the domestic violence and the homelessness ... If the homeless and the domestic violence people got together, that would be a hell of a lot better for a lot of women because I've seen some horrific injuries on women and there's no services out there ... I think everybody should start coming together and sitting down and realise that there's a serious situation. They need to come together and put things into place for people who are going through this and don't just leave them on the side and throw them back out on the streets having to fend for themselves" [Annett, age 43].

3.7 Conclusion

This chapter has presented a detailed analysis of the experiences of families who left their homes because of domestic abuse. Families embarked on very different paths subsequent to leaving their abusive relationships. However, a large number lived initially with family members or friends, sometimes for a lengthy period, before making contact with either a domestic violence or homelessness service. Several women could not initially access a refuge because of capacity issues and a considerable number exited these settings without a stable place to live. Overall, families' accommodation journeys were unpredictable; marked by high levels of mobility and leading most along a path of profound instability and continued homelessness.

Parents confronted many challenges after leaving their homes and described many unmet needs for counselling and psychological services at a personal level and, particularly, for their children. Women were acutely aware of the trauma suffered by their children and had observed high levels of anxiety and behavioural change in their children post-leaving. Many struggled to find needed supports and were relatively isolated in their efforts to respond to their children's emotional and developmental needs. For parents in this study, the experience of isolation, children's distress and material hardship were persistent consequences of having lived in an abusive home, which lasted far beyond the ending of the relationship.

All participants confronted strong barriers to housing stability as they grappled with housing and homelessness policies that undermined their capacity to find a stable family home. To a large extent, families impacted by domestic violence faced many of the same issues as those affecting other vulnerable groups in the community: the fundamental lack of affordable housing options. Significantly, a majority of this study's families experienced persistent discrimination when seeking private rented accommodation, as they found themselves dealing with the double jeopardy of being a single parent and a recipient of the HAP.

While many of the parents interviewed had received valued assistance and support from a range of professionals and agencies, all were critical of very many aspects of the service systems they encountered. Responses to families who are forced to leave their homes because of domestic abuse were generally viewed as not adequately resourced and not sufficiently attuned to the realities of the situations and needs of families. Service deficits were very frequently said by parents to reflect broader societal and systemic failures; underpinned by flawed assumptions about domestic abuse and violence which were, in turn, mirrored in the systems designed to meet the needs of victim-survivors.

Chapter 4

Stakeholder Perspectives on the Intersection of Domestic Violence and Family Homelessness

This chapter is the first of two to document the findings of the stakeholder consultation, which, as outlined in Chapter 2, involved the conduct of focus groups and individual interviews with professionals working in domestic violence, homelessness and housing service sectors. The chapter starts by examining stakeholder perspectives on the relationship between domestic violence and family homelessness, including their views on the impact of the COVID-19 pandemic on the landscape of domestic abuse. Attention then turns to the transfer of families from domestic violence to homelessness services, an issue raised repeatedly during the focus groups and individual interviews and one strongly linked by service professionals to the lack of affordable housing options. Accounts of the complexity of working with families impacted by domestic abuse – connected to the invisibility of their circumstances – are then examined, particularly from the perspective of homelessness service professionals who reported a lack of access to information about a history of domestic abuse, in many cases, at the point when families were admitted to their services. The chapter concludes by documenting stakeholder perspectives on the support needs of families impacted by domestic abuse.

4.1 The Relationship between Domestic Violence and Family Homelessness

The intersection of domestic violence and family homelessness was discussed at length with stakeholders and there was unanimous agreement that intimate partner violence is a factor leading to homelessness for a significant number of families. Participants in all 10 of the homeless service sector focus groups confirmed that domestic abuse is a regular or constant feature of their work.

> "Almost every family in our service has been touched in some way by DV" [HS01].

> **"A large portion of our referrals are DV. The families we have here at the minute would have come to homelessness through DV" [HS05].**

Participants in some focus groups noted that they had observed an increase in the number of families reporting domestic abuse as a factor contributing, or leading directly, to their homelessness: "We are seeing an increase in DV" [HS02]. This assertion was contextualised by some participants who outlined the number of families recently admitted to their service who had become homeless due to domestic violence. One participant explained.

> **"Out of 38 family homelessness assessments carried out recently, 20 female-headed stated DV as the reason for their homelessness. Out of eight male-headed (families), one stated DV" [HS11].**

Local authority interviewees also spoke about their encounters with families experiencing homelessness, confirming that domestic abuse was regularly reported and "a very real issue".

> **"Twenty-five to thirty per cent of our case load … domestic violence is a very real issue and it's one of the major reasons why clients present to our service. There's a massive correlation between domestic violence and homelessness … it's a very big reason why families become homeless" [LA04].**
>
> **"Always an issue that is significant, always an issue on the case load" [LA02].**

Stakeholders in all sectors drew strong attention to the visibility of ethnic minorities, including Traveller and migrant women, accessing their services. The issue of domestic violence was highlighted as particularly challenging for Traveller women because of specific barriers to the disclosure of domestic abuse, the severe income loss experienced by Traveller women after leaving an abusive relationship and their highly constrained access routes to housing.

> **"Travellers, we see them a lot in our services … it could be sexual abuse, it could be domestic violence. Then they would call us for our services" [HS15].**
>
> **"Particularly from the Traveller Community, very difficult for those women to move on entirely. They're shunned from the community; they don't have any access to money or to any type of housing really. It's very difficult" [LA04].**
>
> **"We do have one Housing Welfare Officer who does a lot of work with our Travelling Community. And definitely there would be a lot of domestic violence, we would have noticed that, I think, in this particular area" [LA03].**

Migrant women were considered to be severely impacted by their particular circumstances, both prior to and at the point of leaving an abusive relationship, and to experience specific challenges related to their immigration status and restricted access to welfare supports. These women were said to be extremely vulnerable, particularly if their precarious visa status intersected with other issues such as poor English. The control exerted over migrant women by abusive partners was frequently linked by service providers to their migration status.

> "And there is a very big population of migrant women who are homeless due to domestic violence; very, very high. I suppose the migrant element complicating it, so some of the women came here (to Ireland) on status, so as dependents. And that is a part of domestic violence control element, that they were not given their own status" [HS15].

> "There are particular groups of vulnerable women. Migrant women with no legal status in this country, they have nothing … One stayed with us recently … abused by her partner. Five or six months here with her children, she had nothing, no payments. She went back to him and she is back in contact with us again. Where is the compassion and the practical solutions?" [DVS06].

Irrespective of migration status or ethnicity, the COVID-19 pandemic was considered to have had a dramatic negative impact, with domestic violence service providers describing surges in the number of individuals and families making contact with their services: "The COVID lockdown is the busiest we've been" [DVCOV]. One services provider based in a rural location described what unfolded following the first COVID lockdown as placing incredible pressures on an already under-resourced service.

> "We had an 80% increase in first weeks after lockdown; three times the number of incidences of DV and it never slowed down. We are so under-resourced during COVID and under-staffed. We can't cope with the demand; people burning out, we need adequate resources" [DVCOV].

Another focus group participant explained that the COVID-19 pandemic 'landed' on an under-funded service sector, bringing "sharper focus" to exiting infrastructural and funding deficits.

> "A long history of being under-resourced and this came into sharper focus with COVID. There's no wriggle room in budgets, it's all directed to staffing and nothing for IT infrastructure. The physical nature of our buildings - we are using buildings not built for refuge or service provision so DV services were in a bad way coming into this" [DVCOV].

Four of the six local authority personnel interviewed also reported increases in the number of cases or contacts related directly to domestic abuse following the first COVID lockdown.

> **"Yeah, after the first lockdown, I was probably expecting it, but I was surprised at the level of stuff that started to come through. I remember at one stage, just for one small town that I would be familiar with, I had three files on the desk and all three of them were looking for help due to domestic violence issues under the first lockdown"** [LA06].

The problem of family entrapment during the COVID lockdowns featured strongly in the discussions, with service professionals describing women and children as "trapped" in their homes with abusers and isolated from people, resources and supports because leaving was not a safe or viable option: "Our clients don't feel as able to come forward – they have no time or space to phone us" [DVCOV]. Women and children who were already living in an abusive home situation faced the risk of more extreme violence, according to service providers, and could no longer escape their home environment, even for a number of hours, by going to work, taking their children to school or meeting with friends or family members.

> **"I was speaking to a woman this morning at home with three children and she feels really trapped; no crèche, no school. She is a professional usually going off to work. The word trapped is there and is coming up with others"** [DVCOD].
>
> **"Same kind of issues (at home), but heightened by not having any space and feeling more trapped than ever before"** [DVCOV].

Reduced capacity within refuges posed additional challenges since many women who made contact with domestic violence services could not be offered accommodation: "We had to reduce the amount of women and children (in refuge) from four families down to one". Clients had been lost, explained one worker, because they are "stuck at home with perpetrators".

> **"We have lost some clients who are stuck at home with perpetrators and just don't have the space – psychologically or physically – to contact us. Those clients might come back into the service when that's available to them. It's had a huge impact on them, on their children"** [DVCOV].

Families who had been admitted to domestic violence refuges since the onset of the COVID-19 pandemic faced longer stays because of the lack of housing options: "No houses available for people to move on to this time. Women getting into refuge and nowhere to move on to" [DVCOV]. This impact was considered to be severe for both service users and staff working in these services.

> **"No way out of here (DV refuge). One family (in the service) here for over a year, another ten months, one six months, five months. All have HAP but there is nowhere for them to go. What happens is really bad – the staff become therapists and it gets too enmeshed. Families should not be in refuge for months"** [DVCOV].

For families where abuse was present, the impact of COVID-19 was said to be two-fold: stay-at-home orders and lockdowns left many victims locked in with their abusers while the public health restrictions put in place to combat the spread of the virus dramatically reduced capacity within domestic violence refuges. Many professionals felt that the full consequences of the pandemic were, however, not yet known and would only emerge in time: "We are not going to know the full detrimental effects of COVID until we are out the other side".

4.2 From Domestic Violence Refuge to Homelessness Services

Among focus group participants, a great deal of discussion centred on the movement of women with children out of refuge and into homelessness services. Participants in nine of the 10 focus groups with homeless sector professionals described women entering their services following their exit from a domestic violence refuge: "Stuck in refuge and DV is no longer the issue, they are being referred to us (homelessness service)" [HS02]. One participant framed this transition as the re-classification of domestic violence as a "homeless problem" following the termination of a family's stay in domestic violence refuge.

> **"If a woman is in refuge it can be three weeks or three months there and then it is classed as a homeless problem. Then they go through the city or County Council and then to a B&B"** [HS14].

All seven of the participating domestic violence services confirmed that women with children frequently leave refuge accommodation and enter into homelessness services. There was broad consensus that sourcing safe and appropriate accommodation had become more challenging, often leading to families embarking on highly disruptive patterns of movement between emergency homelessness services.

> **Int: Have you experienced situations where a woman with children leave here and go into homelessness services?**
>
> **P3: Frequently. When it comes to the sort of end of our time and there is nothing more we can do … that's when people would go to homeless services. It used to be that something would happen then, that some place (accommodation) would appear, but it's not like that anymore** [DVS16].

> **Int: Do you have women moving with their children from your service into homelessness services?**
>
> **All: Yes. Definitely.**
>
> **P1: Probably 80%. I am not sure of the exact figures, but it's very high. If they are not returning home, the majority would be in homeless accommodation, in a B&B or hotel with their children.**
>
> **P2: And going into family hubs [DVS17].**

The transfer of families from domestic violence to homelessness services was asserted to have become far more commonplace as the range of accommodation options available to domestic violence service users had become more limited. A majority of participants directly attributed families' far more constrained access to housing stability to the ongoing housing crisis.

> **"Everyone is desperate, there's nothing, nowhere for anyone to move on to, especially with the housing crisis. DV dealt with, they have court orders, DV is no longer the issue. We have to move them on and now it's emergency accommodation, which is mainly B&Bs. Then they're being moved every few weeks because there is nowhere for a woman go. A short-term crisis has become a medium- or long-term crisis" [DVS06].**
>
> **P1: Because of the housing crisis the refuge is a place where a woman can stay and then she has to move on.**
>
> **P2: And if she hasn't found something at that point, then she is homeless. So, often, refuge is a temporary break [DVS08].**

The absence of a clear pathway out of domestic violence services was raised repeatedly by domestic violence service providers.

> **"If they have children, they would usually go (from refuge) into a hotel or B&B for a period. And then maybe into a hub and then, maybe, she can get private rented accommodation. The pathways are not clear after refuge, there are no clear pathways at all" [DVS08].**
>
> **"Nowhere to go. Frequently going into homelessness" [DVS16].**

As one participant explained, compared to previously, "homelessness has become more and more of an actual outcome" for women who access domestic violence refuges.

> **"I think it's got more common … there were more options (in the past) of private rented accommodation. Homelessness has become more and more of an actual outcome. 70% plus going into homelessness" [DVS09].**

Service providers also confirmed that families had continued to move between domestic violence and homelessness services since the onset of the COVID-19 pandemic: "Women with children going into homelessness services has continued during COVID". Furthermore, workers in some areas reported additional barriers to securing accommodation for families since the first COVID lockdown.

> **"Families usually stay in refuge for a period, it can vary, and are then released into homelessness services. The refuge only has six beds for all of the city and county so always full. Before COVID we could contact the Council for accommodation but, during COVID, the Council direction was we had to go to refuge and be refused by them prior to going to the Council for emergency accommodation" [DVCOV].**

The distress experienced by families was consistently emphasised when focus group participants discussed the transition from domestic violence to homelessness services: "They have trauma coming from refuge and it's another trauma going into emergency accommodation" [DVS12]. Strong concern was expressed about the risks posed to women and their children at this juncture, with safety and security highlighted as posing significant problems. While the tight security measures implemented in refuges made them "safe places", homelessness service providers emphasised that protections of this kind cannot be provided – much less guaranteed – to women and children living in homelessness services, whether in a hotel, a family hub or B&B accommodation.

> **"Refuge is a real bubble, it's a safe place. And then families come into PEA (Private Emergency Accommodation, which includes B&B and hotel accommodation) and they really struggle … In a hotel or B&B, there's no support worker, no security staff. It's not adequate. She should have access to something safer" [HS02].**
>
> **"Family hubs are not suitable for women and children coming from refuge accommodation. Security is the main concern" [HS10].**

Several participants noted that perpetrators of violence can easily locate their victims and seek to entice or pressure them to return to the family home, creating high levels of stress for women and their children.

> **"He can come to the door of a B&B … In B&B there is no protection and predators are going to use any little gap at all to get back in there, to get at that woman and break down her defences. And the kids are asking, 'Why are we here?'"** [HS14].

The issue of safety was also raised by local authority interviewees, with a number recounting times when they had to contact the Gardaí when abusive partners turned up at emergency homelessness accommodation. These participants added that, in many cases, incidents such as these brought the issue of domestic violence to their attention for the first time. In other words, they were unaware that the family placed in emergency accommodation was homeless *because of* domestic abuse. In general, local authority interviewees felt that emergency homelessness accommodation does not provide adequate protections for women fleeing domestic abuse: "We rely, probably as everywhere else, very heavily on Bed & Breakfast, and it's not suitable; there are safety issues" [LA05]. Other participants highlighted specific safety challenges faced by women living in rural areas, including the absence of 24-hour access to assistance from the Gardaí in the event of the perpetrator showing up at the woman's accommodation.

> **"In (rural area), moving between B&Bs … areas where there are no 24-hour Garda stations … it's about her feeling safe, she has concerns that he is going to figure out where she is, that he is going to arrive at the door. The only security that she has is to ring the Garda station"** [HS10].

There were broader perceived negative ramifications for women leaving domestic violence services without having sourced safe and secure housing. These centred on the re-traumatisation of women and their children, the challenges associated with carrying out routine tasks, the absence of stability resulting from families' movement between accommodation services and the difficulties that women face in meeting their children's educational and developmental needs. Families' limited or lack of access to their support networks, including family members and friends, because of their residential dislocation and transience was highlighted as an additional problem. One participant depicted the consequences as "stripping" families of dignity; contributing to internalised feelings of failure on the part of mothers and leading to enormous disruption to children's everyday lives and routines.

> **"It's not suitable, going from one trauma to another, you're just adding trauma to trauma … they are going to feel like failures when they are leaving DV and then putting the family into B&B. They can't cook, can't cook a family meal, all the simple things. Stripping them of their dignity, absolutely no stability because families can be moved between B&Bs. This is a huge difficulty, the children and school, social networks, no family in the area before you even get to things like nutrition or any of the child development things … In B&B there is no protection"** [HS14].

The issue of trauma and the re-traumatisation of families was also raised by a number of local authority interviewees. In the following excerpt, one participant highlighted the challenges faced by local authority staff in these circumstances because of the absence of "tangible" options or solutions for families.

> "Some (families) would be going directly to refuges if they're lucky enough to get a place. Others moving around family and friends, you know, that kind of thing. Others just have absolutely nowhere and then they're looking for homeless accommodation. So, you're dealing with more trauma when somebody's been in that situation (domestic abuse). And when you're dealing with a client who is really traumatised, it can be more problematic in terms of, you know, building up their trust. And especially when we don't have an awful lot of really tangible options for them, particularly in the early stage. It can be very, very difficult from a worker's perspective, you know, dealing with somebody who's had a really terrible experience, is traumatised, is really fearful about what the future holds and you don't really have that much of a good picture to kind of offer them. So that can be very difficult and that's kind of different from the other kind of work that we would do" [LA02].

Participants repeatedly discussed the inadequacy of move-on options for families who access domestic violence services, frequently highlighting the challenging adjustments that accompany the transition to homelessness services and the risk of women feeling intimidated and unsafe.

> "When women leave here (DV refuge) to go to emergency homeless services, she leaves here, she dips. She has been supported and then nothing … they have one room, they may have access to a kettle, no cooking, noisy neighbours. If men with loud voices are there, this can be intimidating. No one to talk to, strangers outside her door, she doesn't feel safe" [DVS06].
>
> "Emergency homeless accommodation is not appropriate for families who have experienced domestic violence … going into a B&B where she's going to be completely isolated may not be the answer for that woman" [LA5].

A participant in one focus group described families in this situation as "constantly in crisis" [DVS06]. In general, strong views were expressed on the potential deleterious consequences for families who are forced to navigate a new service system in the absence of adequate supports. As one service provider put it: "Homelessness services shouldn't be the exit route from DV" [HS03].

4.3 The Lack of Housing Options: Women Deciding between Domestic Violence and Homelessness

A large number of domestic violence and homelessness service providers discussed the impact of the transition to homelessness services on *women's perceptions of their situations* and the options available to them. At the core of these accounts were assertions about the risk of women returning to an abusive home situation when faced with the realities of their exclusion from the housing market.

> **"Rent allowance doesn't cover the high prices. If not eligible for social housing and working and can't afford the high rental, they choose to go back (to abusive relationship)" [DVS12].**
>
> **"I think the way the housing crisis is at the moment there's so many people that would go back (to the abusive relationship) because they know the reality of this place (homelessness service)" [HS01].**
>
> **"The options of finding housing are so limited that I can understand, after refuge, someone going back into the family home. It's sometimes the only or easiest option. People make those choices" [HS03].**

Thus, domestic violence and homelessness service providers considered the far more restrictive nature of housing options compared to previously to be a key driver of women returning to the unsafe home spaces. There was also strong consensus among local authority interviewees that the options available to them in terms of sourcing housing were extremely limited and that staff were generally trying to find solutions for families experiencing domestic abuse in a context of very significant constraints. As one interviewee put it, "there is no kind of set pathway" to housing.

> **"Each family situation is so unique, you know. I think this local authority would be quite responsive to social need in the allocations team and the homeless team; they would be looking at all angles to see what could they possibly do for this person. But it is quite restrictive, you know, and that can be quite frustrating. We're just constantly looking at it from all different angles, like, 'What can we do?'; 'Is there anything that we can do to give the victim, you know, stability within this?'. But, yeah, there is no kind of set pathway" [LA03].**

The introduction, in August 2020, of non-means tested rent supplement for a three-month period for survivors of domestic violence[14] was viewed as an important enabler for families. Equally, however, local authority participants raised the problem of discrimination on the part of landlords against Housing Assistant Payment (HAP) recipients and the fact that current HAP limits were almost always insufficient to cover market rental costs.

> **"There are huge barriers in terms of HAP and HAP limits. For some families that's okay and that's realistic, but if you're talking about a single mum with no other form of income, no support, there's no maintenance coming from her partner, it's very, very difficult" [LA05].**
>
> **"Like in terms of the HAP limits, our Council can't change them, it has to be a national" [LA04].**

A further challenge raised was that joint property owners do not qualify for social housing support: "For women who do not qualify for social housing support, it's not clear cut. If they are a joint property owner, that disqualifies them from social housing support" [LA06]. A number of local authority interviewees also expressed frustration that the victim of domestic abuse is forced to leave social or private rented housing while the abuser remains housed.

> **"The perpetrator of the abuse remains in the accommodation. It's very, very difficult because, you know, particularly if the woman has a safety order and she's saying, 'Look, order or no order I'm not going back there because he's not going to take any notice and I'm going to be still at risk'. It can be really difficult then finding a move on from the refuge and what's tending to happen is that women are surrendering their tenancies. And then are either trying to get private rented accommodation through the HAP assistance or they're going into homelessness" [LA03]**

For families facing obstacles in their efforts to secure housing in the private rented sector, their options were said to narrow, particularly as time passed, and when faced with the realities and ramifications of having to access or remain in homelessness accommodation with their children.

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14 In August 2020, a protocol to assist victims of domestic violence was established between the Department of Social Protection and Tusla, the Child and Family Agency. Under this protocol, a victim of domestic violence can apply for Rent Supplement on referral by Tusla or by Tusla-funded service providers which is not means tested for an initial three-month period. After the first three months, victims may be provided with a further three-month extension of rent supplement that is subject to the usual means assessment and eligibility criteria of the scheme.

> **"Before they always felt they could get somewhere and pay the rent but, now, this is not possible. So women are tempted to go back and not lose the house because what do you do without a house?"** [DVS06].

> **"Has homelessness driven more women and families back into DV situation? We don't know … Leaving the refuge, going into shared hostels, children growing up in that environment and not their own home – was it worth leaving?'"** [HS03].

Women were therefore positioned as deciding between "the lesser of two evils", as one participant explained, returning in some cases "to the situation they left in the first place".

> **"They are leaving an awful situation but they are bringing their children into another awful situation. So it's, 'What is the lesser of two evils?' They get so frustrated with long-term emergency accommodation that they end up going back to the situation they left in the first place"** [HS14].

4.4 The Complexity and Invisibility of Domestic Violence

When women access a domestic violence service they clearly do so having fled an abusive home situation, even if full disclosure to professionals of the nature and severity of the abuse may take some time to materialise. However, professionals working in homelessness services pointed out they do not, in many cases, have information about any history of domestic abuse at the point when a woman is admitted to their service along with her children. While some information is usually available when a family is referred directly from a domestic violence refuge, this is not necessarily the case when the referral comes from elsewhere and, for this reason, a considerable period of time may pass before the matter of domestic abuse emerges. The following exchange between participants in one focus group centred on the information deficits that frequently exist at the point when women and their children are admitted to their service.

> **P1: Sometimes we just have a conversation with somebody and they would just come out and say what their partner did.**
>
> **P2: Or it was abuse but they didn't realise it was abuse until afterwards because, I suppose, experiencing homelessness, which by itself is traumatic enough.**
>
> **P3: I think that domestic violence is pushed under the carpet because her main need now is related to homelessness; it's not domestic violence** [HS10].

As suggested in this interaction, women may not disclose the experience of domestic violence for complex reasons, which can result in the issue becoming obscured by families' more immediate need for accommodation. These and other focus group participants were keen to point out that, in these contexts, disclosure of domestic abuse is not immediate and only happens as a trusting relationship is gradually formed between service professionals and service users.

> "Someone might mention it (domestic violence) at pre-assessment, depends on the trust issues with people … But they might not say for a while and then it might emerge further down the road" [HS15].
>
> "You have to build a relationship first. You wouldn't necessarily know if the woman had been impacted by DV" [HS10].
>
> "There might have been suspicion of DV or we have heard it from other sources but women haven't built up to a point where they want to discuss this. That trust has to be built up over time" [HS11].

A second issue raised by homelessness service providers related to the occurrence of domestic abuse *after* a family takes up residence in their service. These service professionals were referring to two-parent families who, to their knowledge, had no history of domestic abuse prior to entering their service. Developments of this kind were frequently attributed by service providers to the stressful environments in which families are forced to live.

> "Just the pressure of B&B situation, that maybe there wasn't DV when they were coming into services but now there are the stresses, confined to one room, that can lead to DV situations" [HS14].
>
> "With couples, with kids in a room, the chance of DV is a lot higher anyway" [HS02].
>
> "The circumstances of being in a hub or in the commercial hotels … they would have no history of DV and then (later) would. Maybe situational? The partner is there with them and it's an issue now as opposed to they became homeless because of DV" [HS07].

As homelessness service providers discussed these issues, they routinely commented on the extent to which they now find themselves dealing with domestic abuse compared to previously, often in the absence of any clear guidelines or policies on how to respond.

> "So now a family that came in through homelessness and now are showing signs of DV. Now we are going, 'Oh, what do we do now? This is unexpected'" [HS02].

Thus, for homelessness service providers, domestic violence and abuse – a problem encountered by them more frequently than previously – was framed as an issue with many hidden dimensions and one that they frequently only learn about with the passing of time. Uncertainty about how to respond was at the forefront of the concerns expressed by these service professionals, who felt they were working with families in the absence of clear or adequate guidelines.

4.5 The Support Needs of Families Impacted by Domestic Violence

The support needs of families generated much discussion and there was general consensus across the service sectors that families who had experienced domestic violence very often have multiple needs. However, divergence was apparent among homeless and domestic violence service sector participants on the question of service users' *most pressing needs*, with the former sector invariably stating *housing* and, the latter, *safety*. The following are excerpts from focus groups with domestic violence service participants in response to the question of women's most pressing needs. These participants almost always cited safety as the most immediate need of women and children who present to their services.

> "When a woman makes contact, her biggest support need (pause) ... for the majority of women, it's safety" [DVS08].
>
> "Safety. A place to sit and breath. And just collect her thoughts for a day or two. And then the work starts on securing their safety and maintaining the safety, walking down to the shop, or bringing the kids to school, whatever that might look like. And then, for the longer term, assessing her needs and working from that point. But I think nine times out of ten it would be just safety" [DVS16].
>
> "Safety, their safety, their children's safety. Information about domestic violence; about perpetrators, about the tactics they use. And then options around that safety" [DVS17].

Homelessness service providers, on the other hand, tended to focus on women's housing needs in a context of highly constrained options: "We're all hit by the lack of housing. The lack of housing has made things more complicated" [HS03]. Thus, while the safety needs of women and their children were frequently specifically mentioned, the primary perceived need was access to affordable housing.

> "We first check if they are linked with (domestic violence service) … ensure that they are safe. Safety is paramount … For some, the courage to present to a DV service might not be there but the housing need is there, it is the number one need. Not ready to contact DV service yet. In rural areas that is more pronounced … everyone knows your business" [HS11].

However, across the service sectors, the weight of attention focused on the multiplicity and heterogeneity of need among families impacted by domestic abuse, with emphasis frequently placed on what was described as a spectrum or continuum, ranging from relatively low to high-level support needs.

> "Security in their accommodation … Right across the spectrum of women, we have women with high support residential service needs to women who just need some support with entitlements. So, it's right across the spectrum" [HS03].

In the following account, one local authority interviewee drew a clear distinction between individuals and families who have lower versus complex needs, with the latter group said to typically require far more concentrated support in order to secure housing.

> "If people have financial means to be able to source alternative accommodation, they don't come our way. Those presenting to homeless services would be those that have absolutely no family or friends that you can go to. A lot of clients coming from domestic violence have never been homeless. Others, there might be no addiction or mental health issues, it's purely domestic violence. Now, it's rare enough that they become homeless then … But where you have the complicating factors of people having complex or additional support needs or the kids do, that's different. Then, you know, no landlord might take them in private rented and we're kind of waiting on Approved Housing Body and that type of stuff. And that's the client group that would come into the family hub, you know" [LA04].

Service providers typically highlighted the array of mental health challenges and needs – arising from the trauma experienced by families – that require specific responses and interventions. Substance use was said to intersect with mental health problems in the case of a considerable number of the mothers they work with.

> "Mostly the need would be housing, of course, and then maybe mental health. For nearly everybody there is mental health so we refer to counselling or a GP" [HS11].

> "If you add in mental health issues; a lot of women who experience DV have mental health issues. And maybe there is substance abuse to deal with the trauma, and then you add in homelessness and DV. It's very complex" [DVS12].

> "Mental health, additional needs, special needs with the children, mental health issues and addiction" [HS10].

> "They (substance use and mental health) go hand in hand a lot of the time because a lot of women would use substances in order to cope with what they are going through. Some refuges do not accept people with substance issues. We do. Mental health definitely may have been impacted by DV over the years" [DVS17].

An additional issue repeatedly raised by homelessness service providers, in particular, related to what participants described as the pervasiveness of childhood trauma – related to histories of state care and the experience of violence and/or sexual abuse during childhood – among their service users: "Trauma from early childhood, homeless themselves as a child, a lot of care leavers" [HS01]. Thus, women who experience domestic violence and homelessness were considered to have immediate needs related to safety, security and housing, alongside a range of potential additional needs associated with poor mental health and substance use, both of which were depicted as strongly connected to recent and/or ongoing traumatic life experiences.

Service providers' perspectives on children's support needs uncovered a range of issues associated with the deleterious consequences for children of having witnessed or experienced domestic abuse. Combined with the experience of homelessness, the needs of children were said to be multifaceted and to intersect, in many cases, with the needs of mothers.

> "So many issues would become apparent so quickly, women who don't know how to cook from being in private emergency accommodation; child development issues, a child aged four not toilet trained. The mums feel defeated, they don't have the support they need" [HS11].

Some workers explained that, in their work with families, they had observed children taking on the role of protector for their mother and/or their siblings, with negative consequences for the child's own well-being. Several had witnessed anxiety and distress exhibited or articulated by children during the course of their interactions with them.

> "They're (children) even trying to mind the parents. They can't relax thinking, 'I need to get home, where is she? Is she down at the shops?'. You know, it's that anxiety with the children" [HS01].

Several also spoke about the multiple losses experienced by children: "Particularly with children, they lose everything; their toys, neighbours, friends and they don't understand why they have to move" [DVS06]. Again referencing trauma, the consequences and needs of children were asserted to be multi-dimensional and complex.

> "Diagnosed or undiagnosed, autism spectrum disorder, disabilities, learning difficulties, ADHD. And the impacts of trauma can sometimes present itself as an additional need" [DVS09].

For children requiring specific interventions related to their developmental, psychological and/or emotional needs, a large number of workers expressed frustration and strong concern about the lengthy waiting lists and multiple barriers of access to appropriate services for these children.

> "The children, I mean, that is very difficult. As a key worker, I find that very hard. Like, I send the referrals to children's services and there would be nothing for six or seven months for these children where they should have been, in my eyes, straight away, especially after witnessing domestic violence and homelessness. But, for the children, there is nothing there. Nothing at all" [HS10].

The challenge of meeting the needs of children and young people was raised repeatedly, with particular attention directed by stakeholders to the negative consequences for children of living in the confines of hotel, family hub or B&B accommodation.

> "So a big thing for the children is a lack of being able to be children. There's a lack of play space … a lot of the hubs don't have play areas and, if there is a play space, it's very small. And the children have to be supervised all the time and that's very difficult for the parent" [HS07].

Older children were considered to be impacted in distinctive ways because of the stigma of homelessness and the rules and regulations governing everyday life within homeless service settings.

> "For the older children there is, I suppose, the stigma of being homeless. A lot of them won't talk to their friends, they won't tell them that they're homeless. We live in a world where play dates are very important but they tend to disengage from that because they can't bring their friends back or their friends might not know about it. So it can be quite isolating for them" [HS07].
>
> "For older children, it's not having a place they can bring their friends back to, kids starting secondary school trying to make new friends and they can't invite anyone home" [HS11].

Strong criticism was levelled at the inappropriateness of current accommodation provision for families experiencing homelessness, with family hubs frequently the target of sharp critique.

> **"All the policies about children's health and that they shouldn't live in poverty. But that's absent when it comes to living in refuge. And the housing crisis – who ever thought a family hub was an appropriate place to raise children? I wouldn't raise my children in a family hub. You will have the outcome in 20 years" [DVS06].**

Domestic violence service providers, in particular, discussed the negative impact of the COVID-19 pandemic on their work with families because of the removal, or significant reduction, of face-to-face contact and interaction with women and their children.

> **"Most of our work is face-to-face; advocacy and meeting with clients. And that shut down so quickly. A lot of adjusting for staff and clients as well … We do a lot of group work, house hunting, skills with children and that whole side of things disappeared over night" [DVCOV].**
>
> **"During the third lockdown we kept service open for face-to-face. We are not as effective by phone or Zoom, the work requires face-to-face, as and when the women need it. And what a lot of women are talking about is how COVID has impacted them. So they are not just dealing with the day-to-day abuse, they are trying to help their children and support them through COVID" [DVCOV].**

The multiplicity of need among families impacted by domestic abuse – and the challenges and constraints confronted by service providers when trying to respond to these needs – featured centrally in the accounts of service providers. These challenges preceded, but were considered to have been exacerbated by, the COVID-19 pandemic, with service professionals consistently emphasising the extent to which the needs of women and children are not adequately addressed.

4.6 Conclusion

As the data presented in this chapter demonstrate, stakeholders in all of the three service sectors asserted a strong association between domestic violence and family homelessness. While the intersection of family homelessness and domestic abuse pre-dated the COVID-19 pandemic – and was frequently said by service providers to have become a more prominent feature of their work with families, pre-pandemic – lockdown conditions saw services dealing with a surge in domestic violence cases alongside dramatically reduced capacity within refuges across the country. The pandemic also brought about significant disruption to services' ability to work effectively with families because of public health restrictions that limited or precluded face-to-face contact with clients.

The pattern of families transferring from domestic violence to homelessness services was highlighted as a significant problem and one consistently attributed to the ongoing housing crisis. The limits imposed on HAP payments, combined with landlord discrimination against recipients of HAP, were viewed as exacerbating broader challenges associated with the high cost of private rented housing and the limited supply of social housing; thereby pushing many families into emergency homelessness accommodation. Local authority personnel reported that they work in a landscape of extremely limited options in terms of sourcing and securing safe accommodation for families.

Among participants from all three service sectors, commercial hotels, B&B accommodation and family hubs were considered not to provide adequate protections for families and extremely limited in their ability to respond to the needs of families recovering from the trauma of domestic abuse. Furthermore, the transition to homelessness accommodation was described by a large number of stakeholders as a significant source of re-traumatisation for families and as creating a heightened risk of women and children returning to abusive home situations. The findings presented in the chapter also highlight complexities for homelessness service providers who admit families to their services, often without knowledge about a family's history of domestic abuse. These information deficits were said to create challenges, with several workers pointing out that that they are not equipped to respond comprehensively and appropriately to families dealing with the trauma of domestic abuse.

Finally, families affected by domestic abuse were considered to have a spectrum or continuum of need. Where poor mental health and substance use or addiction issues intersected, the level of need increased and also generated stronger barriers to housing stability. Children were described as having multiple and often complex social, psychological and educational needs and there was strong consensus among stakeholders that current child welfare and mental health services are not equipped to meet this need.

Domestic Violence & Family Homelessness

Chapter 5

Stakeholder Perspectives on Interagency Collaboration

This chapter examines stakeholder perspectives on interagency collaboration. It starts by exploring dominant views on the perceived benefits of interagency work and the extent to which collaboration across sectors was considered to be evident or happening on the ground. Responses to domestic violence during the COVID-19 pandemic are then examined, drawing on the data garnered from the COVID-specific focus groups conducted with domestic violence and homelessness service professionals. Perceived barriers to cross-sectoral collaboration are addressed and the chapter concludes by documenting stakeholder perspectives on capacity building across services, agencies and sectors.

5.1   What Can Interagency Collaboration Achieve and is it Happening?

All stakeholders were invited to discuss interagency and cross-sectoral collaboration, including their views on the benefits of services working across agency boundaries in responding to family homelessness and domestic violence. There was strong agreement among service professionals from both domestic violence and homelessness services that collaboration between their agencies was important in addressing the needs of families at risk of homelessness or who become homeless due to domestic abuse. Collaboration was described as having the potential to deliver more coherent responses; to open up avenues for better communication between, and a shared understanding of, the work of each sector; and to circumvent the duplication of work by multiple agencies.

> "Across the board, collaboration is always beneficial. It opens up the pathways between services" [HS03].
>
> "Absolutely, interagency work is absolutely necessary. We are stronger as a group when we are together and it's good for each agency to really understand what each agency is doing and how they are doing it. You don't want to duplicate services" [DVS17].

The benefits of exchanging knowledge and expertise – and combining and harnessing core capabilities and skills – was explicitly discussed by homelessness service providers in several focus groups. For the following participant, the integration of expertise across sectors invariably leads to improved practice.

> "I think in terms of collaboration with the domestic violence services, I think for us, it's always good to be able to rely on their expertise because I would be familiar with homelessness and they would be the ones working with domestic abuse; talking to people about it, even recognising the signs. So to be able to keep informed is fantastic because it means we are improving our practice, so that it (domestic violence) doesn't fly under the radar for us and our service users" [HS01].

Local authority interviewees similarly emphasised the importance of an interagency approach and several described working with multiple agencies in response to the situations and needs of individual families. Collaboration with other agencies was described as critical and local authority agency partners were said to include An Garda Síochána, Tusla, specialist domestic abuse providers, social workers, homelessness services, family hubs and addiction services. One interviewee explained that a case management approach, involving the input and participation of multiple agencies, was used to respond to the needs of families who are transitioning from a domestic violence refuge to homelessness services.

> "The refuges would bring to my attention that a family is going from there into homelessness and the local authority would do what we call case management; we case manage each client. So it would be myself who would convene the meeting, it would be an interagency, collaborative piece of work and an interagency support plan is put in place to support that woman moving from the refuge into homeless services. So it's all of the services and she would still need outreach support from the refuge. How often it would be reviewed would depend on each individual woman; it's always about what is the best outcome for each individual woman" [LA04].

Several local authority interviewees felt that interagency collaboration was reasonably well established and often worked well, albeit noting that there was room for improvement. All, however, expressed some level of concern about families 'falling between the cracks' because of the numerous agencies typically involved and the risk of families becoming isolated and/or not receiving adequate support because of their movement between services. Additionally, several noted that it is not always clear where responsibility lies for ensuring that interagency or case management work occurs when a family is moving between multiple services and, in particular, when a family moves away from services to a rental property with HAP support.

Perspectives on the extent to which agencies work together – and on the efficacy of such work – were more varied among both domestic violence and homelessness service providers, who were less positive about the extent to which interagency work was happening on the ground. Three homelessness services described reasonably constructive, although not necessarily regular or consistent, connections with domestic violence services.

> "We have a (DV service) worker who comes here. That relationship is very beneficial. I can ring her, I got extremely good support" [HS01].
>
> "We have built up a good relationship with (local DV refuge)" [HS10].

One worker in a domestic violence service described the importance of her personal connections with professionals in other organisations in expediting solutions to particular challenges.

> "Well definitely, from my perspective, collaboration is absolutely essential … Having personal contacts in local organisations is hugely beneficial because, other than that, you could be on the phone all day just to achieve the same end, rather than one direct phone call" [DVS16].

This participant went on to explain the benefits their service derives from working collaboratively with other area-based organisations, which she said included the Gardaí, probation services and housing and homelessness agencies.

> "We work very closely with all the NGO's and agencies within the area … So, everybody has a thorough understanding of every local organisation's situation. And it just works" [DVS16].

Significantly, where collaborative connections between the sectors existed, they appeared to be occurring at 'grass-roots' level. In other words, they were founded on networks or relationships that had been developed at individual agency levels – and, in some cases, by an individual professional – rather than governed by any agreed or overarching directive or policy. Moreover, while examples of collaborative work were highlighted by individual workers, there was a more widespread perception that the sectors continue to operate separately.

> "I don't think they (DV and homelessness services) should remain separate but they *are* (with emphasis) separate really" [HS04].

In general, collaborative connections between domestic violence and homelessness services were described as hit-or-miss, lacking consistency or non-existent. A large number of homelessness service professionals characterised their connections with domestic violence services as poor, "kind of" existing or contingent on *who* was involved.

> **"My impression would be that they (homelessness and DV services) are quite separate … there may be some crossover but there's always room for improvement" [HS01].**
>
> **"Things are compartmentalised … where there are multiple agencies involved and it's not co-ordinated. That's one of the big challenges" [HS03].**

Participants in one focus group described their connections with domestic violence services as "haphazard", "crisis driven" and "sporadic".

> **Int: How do links with DV services compare to the links you have with other services?**
>
> **P.2: We don't have …**
>
> **P.3: They're a bit haphazard, aren't they? They're crisis driven.**
>
> **P.4: Sporadic [HS05].**

Weak interagency connections were also reported by domestic violence service providers. The problem of service staff working to the best of their knowledge and ability but not in a co-ordinated manner featured strongly in discussions that centred on the lack or absence of collaborative work. One participant identified significant deficiencies in a "joined up" approach, which equated to all agencies "doing something" but not working towards a common goal and solution for individual families.

> **"I think collaboration is probably all bits and pieces; it's not all getting together. We are not collaborating. So, you are kind of individually working on the behalf of a person, contacting maybe four places. We are all doing something but we are not actually all joined up to get the solutions and the goal for that family" [DVS17].**

Referring to the "blurred lines" that exist between the service sectors, the following participant's account sums up many of the concerns articulated by professionals, who very often either directly or indirectly referenced a lack of clarity – and possibly a lack of agreement about – the *nature of the problem* requiring a response: "Is it homelessness or is it abuse?". The consequence, as suggested by this participant, is that women and their children "fall between the stools" of two service sectors.

> **"The line is blurred as to which is the appropriate service for the woman. Is it homelessness or is it abuse? Which is the appropriate provider? And the biggest challenge is trying to make sure women don't fall between the stools"** [DVS06]

Interagency and cross-sectoral collaboration was, on the whole, depicted as inconsistent, complicated and challenging. While examples of 'good' and effective interagency work were reported by participants from all three sectors, these appeared to hinge on individual workers' relationships and connections with professionals within relevant agencies and were not the product of a clear policy or process. The overall picture to emerge was one of limited or fractured links between domestic violence, homelessness and housing services.

5.2 "No one agency can solve this": Responses to Domestic Violence during the COVID-19 Pandemic

The focus groups convened to specifically examine stakeholder perspectives on the impact of the COVID-19 pandemic on services, service users and service delivery uncovered a number of examples of improved practice – and outcomes for families – resulting from measures implemented to mitigate the risk of families and individuals becoming homeless due to domestic violence. Equally, however, reports of long-standing challenges and obstacles surfaced and were a relatively constant feature of the discussions. This section seeks to unpack these varying experiences, which to a large extent either implicitly or explicitly highlight the negative consequences for families associated with deficits in interagency collaboration.

Referring to the downward trend in the number of families accessing emergency homelessness accommodation (see Chapter 1), a number of homelessness service providers commented on the positive impact of the moratorium on the termination of residential tenancies[15] and the rent freeze[16], both introduced in March 2020, which they considered to have stemmed the flow of families entering into homelessness accommodation. Some service professionals also observed a greater likelihood of families impacted by domestic violence being granted medical priority[17], which had helped to expedite housing allocations in some cases.

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15 The *Emergency Measures in the Public Interest (Covid-19) Act, 2020,* which commenced at the end of March 2020, included measures to prohibit evictions from accommodation rented by a private landlord, an Approved Housing Body or a Local Authority. The *Residential Tenancies and Valuation, Act 2020*, which came into effect on 1st August 2020, protected tenants who had accrued rent arrears due to Covid-19 *only* from eviction and rent increases until January 10th 2021.

16 The *Emergency Measures in the Public Interest (Covid-19) Act, 2020,* placed a moratorium on rent increases for a period of three months from March 2020, which was extended on July 20th, by the Minister for Housing, until August 1st, 2020.

17 Priority status for social housing may be awarded on medical grounds if the following three criteria apply to a household: a) someone in the household has a disability or a medical condition; b) the current accommodation is not suitable to meet the needs of the person with a disability or medical condition; and c) a change in housing will improve or stabilise the circumstances of the person with a disability or medical condition (see: https://www.sdcc.ie/en/services/housing/finding-a-home/medical-priority-housing/).

> "There seems to be shift away from HAP as the only solution. During COVID, it was easier for families to be awarded medical priority and, in previous years, I can't remember anyone who got that priority. So a slight shift there that happened during COVID. They (victims of domestic violence) were more of a priority so that dramatically improved their place on the list. Some relatively new into homeless and, in one case, housed really quickly" [HSCOV].

Referring to a number of "breakthroughs", one participant singled out the collective lobbying that led to the introduction of the non-means tested rent supplement for domestic violence survivors[18] as a particularly significant development.

> "Some real breakthroughs. The work to collectively lobby for domestic violence rent supplement, non-means tested, providing the opportunity for families to come forward, and especially significant within coercive control and financial abuse where people who may appear to have means don't have access to them" [DVCOV].

Another homelessness service worker noted a shift in attitude within their local authority, which she said had ushered a more empathetic response to the housing and health needs of families. This participant also noted that service users now worry about whether these changes will endure when the COVID-19 public health crisis subsides.

> "I think there has been an increase in empathy, maybe from the local authority. Prior to COVID, a prevailing attitude would have been, 'Aren't they lucky to have something, stay in hotel, meals handed to them, no rent'. A huge push back if you brought an issue to the local authority; negative attitudes. COVID hit and there was acknowledgement of the vulnerabilities, the increased risk of health problems if living in these types of accommodations – crowded, poor food – we need to do something about negative health outcomes for people with extra vulnerabilities. But, once COVID is over, people are anxious that it will be back to sub-standard accommodation or back out on the streets" [HSCOV].

Similarly referring to shifts in local authority responses to domestic abuse, a number of professionals described positive developments. For example, one worker explained that, in their local authority area, properties had been sourced and made available to families in response to the significantly reduced capacity of their refuge.

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18 See Footnote 13, Chapter 4 for further detail on the introduction of this non-means tested (for a three-month period) rent supplement.

> "We have a very good relationship with our local authority, very lucky. During COVID, staff changed roles and they responded very well. With COVID, we had to reduce the number of families (on site in refuge) down to one. And the Council managed to get us four properties so those women could move out and be safe. So, one family in refuge and four housed externally. And then, one particular person in the Council fast-tracked all of the accommodation assessments and started trying to help getting private rented accommodation and got every single one somewhere to move on to. Really good for us. We still have those Council houses in the community, which enables us to continue and means we now have apartments. So, we had a lot of support. Our Council has come up trumps, gone over and above" [HSCOV].

While there were certainly examples of what were considered to be procedural improvements, these developments appeared not to be uniform across local authorities. Indeed, several homelessness and domestic violence professionals reported opposing experiences, explaining the enduring challenges associated with the lack of a 'joined up' approach, which results in families having to navigate complex systems that require engagement with multiple local authority offices and personnel. A number also felt strongly that communication with their local authority had become more difficult during the pandemic.

> "We do not feel supported by our local Council at all. They are working from home, not replying. A woman had to leave a local authority house and they didn't help. It's really frustrating, not helping get her something else or getting him out. Nothing. Communication became more difficult" [DVCOV].

The range of experiences reported is perhaps captured well in the account of one domestic violence refuge provider who referred specifically to the *Policy and Procedural Guidance for Housing Authorities in Relation to Assisting Victims of Domestic Violence with Emergency and Long-term Accommodation Needs* (Department of Housing, Planning, Community and Local Government, 2017)[19], suggesting that the guidance provided is open to interpretation. This participant also referred to an over-reliance on "good relationships" and "good will", as opposed to clear protocols and practices, which in turn leads to inconsistencies, both within and across local authorities, in their responses to individuals and families experiencing domestic abuse.

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19 In 2017, the Department of Housing, Planning and Community Development published a document entitled *Policy and Procedural Guidance for Housing Authorities in Relation to Assisting Victims of Domestic Violence with Emergency and Long-term Accommodation Needs,* which aimed to provide "policy and procedural guidance to housing authorities with regard to the role they can play to assist victims of domestic violence" (Department of Housing, Planning, Community and Local Government, 2017: 2).

> **"Guidance has been issued to local authorities but there's lots of different interpretations of that. But, yeah, where relationships are good, people move on but that's the issue. It should be reliable, something we can depend on rather than interpretation or good will. And there's so much wriggle room: some approaching this with a 'What can we do?' attitude and, others, 'She didn't get barring order so there's nothing we can do in the absence of a safety order'"** [HSCOV].

The issue of having or not having applied for and/or secured a safety order – and women essentially having to "prove" or provide evidence of domestic abuse in their interactions with multiple agencies – was highlighted as presenting strong barriers to housing stability for families. This requirement was asserted not to be feasible or realistic for women at the point of leaving an abusive relationship and seeking support.

> **"Families questioned so many by different agencies, almost told they have to prove there is domestic violence before they can get assistance, before emergency accommodation is provided … The onus is on the women to prove it and the idea of proving something is such a big ordeal. It shouldn't be that way. There can be a good response by the local authority based on having some kind of order, makes it easy for them, but that's not the reality for the women. So what's the pathway for local authorities?"** [DVCOV].
>
> **"You're encouraging women to come forward, telling them you will help them. But if they have to have a safety order as evidence, then it's very difficult. It's very hit and miss whether they get a protection order or barring during COVID. What the Council is asking for, women can't get"** [DVCOV].

Also referring to the *Guidance* provided to local authorities on assisting domestic violence survivors, another service provider emphasised the need for agencies to "support each other", simultaneously drawing attention to the need for local authorities to "see things through the lens of domestic violence" in supporting women to leave abusive relationships.

> **"Homelessness is caused by domestic violence and we need to be asking how we can support each other in this local area. If the connection is not recognised locally in that way then the Guidance is left open to interpretation. They (local authority) need to see things through the lens of domestic violence or it prevents women from leaving, encouraging women to stay in abusive relationships"** [HSCOV].

Beyond discussing their interactions with – and, in some cases, changed experiences in their interactions with – local authorities, professionals discussed the positive impact of a number of broader initiatives introduced during the COVID-19 pandemic that directly aimed to address the heightened risk posed to individuals and families living with domestic abuse. The role of the media in highlighting the problem of domestic abuse

was considered to have been a critical driver of these developments, which also had the positive effect of communicating important messages to victim/survivors in terms of accessing help and support.

> "The media drive and the Gardaí being on the TV made the community police stand up and be accountable. It was all over the media, which really pushed it. Someone contacting the Gardaí expected help. People felt they would be supported if they picked up the phone" [HSCOV].

The work of the Department of Justice and An Garda Síochána, both nationally and locally, was recognised and strongly endorsed by both domestic violence and homelessness service professionals. Participants particularly noted the importance of *Operation Faoiseamh*[20], launched on April 1st, 2020, with the aim of ensuring that victims of domestic abuse were supported and protected during the COVID-19 pandemic, and the *Still Here Campaign*[21], which made it clear that restrictions on movement during lockdowns did not apply to a person escaping the risk of harm or abuse.

> "The Gardaí and Operation Faoiseamh … a lot of bright shining examples at government level" [DVCOV].
>
> "Funding from Department of Justice, they drove the Still Here Campaign. Very important that restrictions didn't apply for travel to people experiencing violence" [DVCOV].
>
> "A lot of engagement with Community Gardaí – very helpful, especially if the woman doesn't acknowledge DV but we would have serious concerns for her safety … the community Garda finds some other excuse to call into the house and check in" [HSCOV].

One domestic violence provider elaborated by explaining that the Gardaí in their local area had developed a protocol that specifically aimed to ensure that families had access to safe accommodation. As this account illustrates, the COVID-19 pandemic presented a crisis in which long sought-after initiatives were successfully implemented.

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20 Further information on Operation Faoiseamh can be found at: https://www.garda.ie/en/about-us/our-departments/office-of-corporate-communications/press-releases/2020/june/operation%20faoiseamh%20-%20domestic%20abuse%209th%20june%202020.html

21 Further information on the Still Here Campaign can be found at: https://www.stillhere.ie/

> "The Gardaí, our local division, have created an emergency accommodation protocol. If we don't have a hotel, the Gardaí will bring the family to a B&B for the weekend and then we meet with them on the Monday. A positive outcome that will hopefully continue now; something we had been trying to get going for years but only when backs are against the wall, during COVID, when everything suddenly became very serious; looking for a solution, refuge always full, and they came on board" [DVCOV].

Thus, arising from the COVID-19 pandemic, several positive developments in responses to domestic violence were reported by service professionals, highlighting opportunities that can potentially be harnessed and retained in delivering more effective, realistic and empathetic supports to families experiencing domestic abuse. Simultaneously, however, the problem of unco-ordinated responses came into sharp focus. Deficits and gaps in how services co-ordinate their efforts in the achievement of common goals were said to leave services working largely in isolation rather than as part of an integrated approach. As one participant put it, "No one agency can solve this".

> "Refuges used to be funded under Section 10 and that went over to Tusla with unintended consequences. Domestic violence is now Tusla's responsibility, it's over there. No one agency can solve this. A round table, better collaboration between housing, health and justice is needed. It has been done effectively in other countries by building capacity. There is a huge gap. We're (referring to domestic violence sector) not an add-on. Women and children in refuge currently are not even counted, they show up nowhere" [HSCOV].

5.3 Barriers to Interagency Collaboration

This section specifically addresses service providers' perspectives on barriers to better and more effective collaboration between service sectors. Blockages within housing and related social service systems – frequently framed as resource-related challenges – were repeatedly cited as hampering the efforts of the range of agencies potentially involved with any one family at a given time. One participant working in a homelessness service explained the significant constraints – associated with a stark lack of housing options and shortfalls in domestic violence refuge provision – associated with finding safe and appropriate solutions for families.

> **"Resources are a barrier to collaboration; waiting lists, competition for houses. Every cohort is deserving for a really minute pot of housing; social or private rented. There's no houses, no refuges, not enough differentiated spaces, safe spaces for families" [HS11].**

Likewise, professionals working in domestic violence services described agencies working "under pressure" in the face of extremely limited housing options and wider resources upon which to draw, resulting in women and their children exiting refuge accommodation without supports.

> **"The effect of the housing crisis, where agencies come under pressure … the women are being passed on (to homelessness services). But that's not what her need is" [DVS06].**

The lack of adequate resourcing was linked by participants in homelessness services, in particular, to a characterisation of what they now face as differing significantly from the past, owing to the far greater likelihood than previously of families transitioning from refuge to homelessness accommodation.

> **"It is time to start putting new things in place. A lot of what is happening now is new. Such an influx of families in homelessness, which again is new, and remaining in services for so long. It's all new" [HS02].**

As documented in the previous chapter, responding to the needs of families transitioning from a domestic violence refuge was highlighted as particularly challenging by a number of homelessness service providers because their services are not adequately resourced to do so effectively. Deficits in information exchange, often related to the matter of confidentiality, at the point when families transfer were also highlighted. Concerns about less than adequate handovers and consequent gaps in service professionals' understanding of the family's needs came to the fore in these discussions.

> "This is the thing with DV, you're kind of bound by confidentiality and all kinds of things, it can be difficult with DV services because of the sensitive nature of the work" [HS05].

> "The handovers are poor. DV don't understand the nature of our service, DV is always so protective … we just had no understanding of her needs (referring to a woman recently admitted to the service along with her children)" [HS02].

Several local authority interviewees confirmed that families were moving from the refuge into homelessness accommodation in their local authority area, in many cases having previously been referred to the refuge by the local authority. One interviewee explained that, in these instances, efforts are made to work with the refuge and to fast-track access to housing.

> "If they're going to be homeless when their stay in the refuge is over, we will work with them around their housing … their need now is that they're homeless because they can't return to the home that they came from. We would work then with the refuge around that. For example, we would fast-track the housing assessments so that they're able to access HAP payments" [LA04].

However, across the local authorities, no consistent response to families transitioning from a refuge to homelessness services was apparent. For example, it appeared that some local authorities could prioritise access to a place in a family hub but, in other local authority areas where a family hub was not available or was full, emergency hotel or B&B accommodation was the only option available to that family. Overall, local authorities could not act to prevent families from entering into homelessness services.

Among local authority interviewees, perceived barriers to more robust and effective interagency collaboration included resource limitations and the absence of clear and agreed protocols between the various agencies involved with any one family at a given point in time. Organising and attending interagency meetings requires time and housing departments were described as the busiest within local authorities.

> "In terms of barriers, it's resources and time constraints. I suppose with the number of other services, that's the big barrier, in terms of just physically sitting down and having that time to all come together" [LA05].

The lack of agency integration was said to create layers of bureaucracy for families, who are forced to recount their 'story' to multiple people, often within a short period of time. In the following exchange between focus group participants, the difficulties women may face in understanding the role of various agencies was highlighted as creating differential experiences (for families) of interagency connection and collaboration.

> **P1: Client having to tell their story to multiple agencies, the expectation on people with trauma to go through that; it's challenging.**
>
> **P2: For the women it's difficult to know what each agency does and doesn't do.**
>
> **P1: Women are asked for a high level of compliance – we're going to do all these things for you but you're going to have to (pause) … there is a huge level of compliance and responsibility put on the individual. Clients can have different experience of interagency [HS03].**

Some focus group participants attributed the lack of – or significant deficits in – interagency collaboration, at least in part, to a lack of understanding of what each sector is charged with doing. For example, a number of domestic violence service professionals felt that understanding of domestic abuse is limited among homelessness service providers.

> **"Not understanding what each service offers, there is not an understanding of what people actually do" [HS02].**
>
> **"I think, from my experience of working in homeless services (prior to working in domestic violence services), they would be very limited in their understanding of DV" [DVS09].**

Alongside perceived deficits in understanding of the remit and roles of respective service sector professionals were questions about who – or what agency – is *responsible* for responding to the needs of families.

> **"There is nothing mutually beneficial like a collaboration. At the moment, it's like we are in a battle with each other. Is it you? Is it me? Who is responsible for this family?" [DVS09].**

Stakeholder perspectives on the absence of clarity about – and understanding of – roles and responsibilities sometimes overlapped with what emerged as deeper underlying issues hindering cross-sectoral collaboration. In particular, differing ideological standpoints were highlighted as presenting barriers to effective communication and collaboration across the sectors. This issue became a strong focus of attention among participants in one focus group with domestic violence service professionals.

> **P.1: There is no connection, we wouldn't be connected with homeless services. It would be the woman … concerns that, in homeless services, DV is not understood from a gender perspective.**
>
> **P.2: You don't want to create risk. External agencies can actually cause risk to woman and the children. Unless agencies are working to a model where actually our measure is 'do no harm', and of victim safety and perpetrator accountability. It would have to be a shared approach [DVS08].**

Limited resources and the absence of clear structures within which to work in partnership emerged repeatedly as barriers to cross-sectoral collaboration, particularly in the context of a resource-limited landscape. Other perceived barriers included deficits in, and obstacles to, communicating information about the situations of families at the point when women and their children transition from domestic violence to homelessness services. Arising from the data are additional and possibly more fundamental ideological barriers to cross-sectoral collaborations associated with stakeholder perspectives on 'risk', 'harm' and 'protection' and the extent to which the service sectors are equipped – or in agreement about – how to respond to the needs of families who become homeless because of domestic abuse.

5.4 Building Capacity for and Strengthening Interagency Collaboration

While perceived barriers and obstacles to collaboration across sectors and agencies were strongly apparent, stakeholders were clear that interagency work was critical to responding to the needs of families. Perspectives on collaborative capacity building were explored and stakeholder views centred on a number of inter-related topics, including: training and training needs; the need for better and more effective communication and dialogue between the sectors; and the need for multi-agency structures and policies to support collaboration across service sectors.

Perspectives on Domestic Abuse Training

A large number of homelessness service providers had undertaken training on domestic violence at some stage and these professionals almost always commented on the benefits they derived from this training: "I did the DV training a number of years ago and I thought it was the most powerful training that I'd ever done because it opened my eyes, I suppose" [HS04]. One homelessness service provider explained that the training she attended had improved her understanding the nature and dynamics of domestic violence.

> "It gave me a kind of better understanding, I suppose, because it can be a bit frustrating when you're working with DV because you're working with a family and you think the woman has come on a bit but then goes back (to the perpetrator). But that's just the nature of DV and understanding that helped. I got a couple of tips with safety plans at crisis times and things" [HS05].

However, other participants were less positive about the training they had received. These service professionals felt that, while they got a lot of information in the form of facts and statistics, the training did not equip them with the practical skills to respond appropriately to and support families experiencing domestic abuse.

> "I have to say, apart from a lot of statistics, I didn't get a lot from the training. I got a lot of information but I didn't feel I got tools that I could use" [HS04].

> "That kind of training, I find it more like an information session as opposed to training. Like, for me, training is actually being shown what you need to do … And I'm not knocking the training by any means, they do a fantastic job but, to me, they're more like an information session … statistics, definitions and all of this. But there's no like, 'This is what you've got to do'" [HS07].

Homelessness service providers in one focus group discussed the training needs of their service but, equally, highlighted training deficits "across the board", including among local authority staff.

> P1: If we do have to deal with that (domestic violence), give us the training. We have no problem with upskilling.
>
> P2: If we get signs of it (domestic violence), well what do we do? Because, in the past, that wouldn't have happened. It's not clear. We're just expected to manage it.
>
> P3: We would ring the Council to say we have concerns (about DV and a family in PEA) and the Council don't have any guidelines on that. So we make that decision based on a risk. It's a band aid. Councils, local authorities, they have no training in DV - they are not equipped. There are gaps in training across the board.
>
> P1: Are we meant to be dealing with DV? If so, training is needed [HS02].

Interviews with local authority personnel confirmed that training on domestic violence and abuse was sometimes provided but was generally limited. Most felt that a broader range of local authority staff, including administrators, should receive training on domestic abuse.

> **"I think with local authorities, the fact that it's administrators who are the first port of call, it really would be good for them to have local authority-specific domestic abuse training. People need to really be clear about domestic abuse and what to look out for and what to advise, you know. And just to know how to respond to it correctly and sensitively, I think is really important" [LA02].**

Among homelessness service providers, there was also agreement that further and more regular training was needed: "We have a certain level of training on domestic violence but for me to go in and open up a discussion (with a family), I'm not trained, I'm not a counsellor, you know" [HS01]. The training most professionals had undertaken was a one-time event and most felt that benefits would result from having access to refresher courses and ongoing guidance, given the specific skills required to respond the complexities of domestic abuse. Service professionals often specifically mentioned a need for training on trauma-informed approaches; recognising the signs of domestic abuse; how to respond to disclosures; and on the development of safety plans.

> **Int: So do you think there are training needs?**
>
> **P1: All the trauma-informed stuff, it would benefit us to be better skilled, trained.**
>
> **P2: If someone discloses to you? We could do with comprehensive training on that: who to link to, safety plans, how do you advise? We have a skill set, but around DV, there are specific skills for that [HS03].**

A number of these workers also referred to the current lack of guidance on how to respond to perpetrators in situations where domestic violence comes to light when a family resides in their service.

> **"In some DV situations there is the perpetrator and you've got a family under absolute stress and they're displaying behaviours that you wouldn't have expected before and they haven't even experienced before. And that's what you're trying to clarify. So how do we support both of them at the same time to get through the crisis?" [HS04]**

Domestic violence service providers similarly highlighted a need for "deeper" and more comprehensive training, particularly in relation to agency responses to perpetrators, also highlighting a need for post-training follow up and evaluation.

> **"Get that space where we would really be giving the deeper training and having that collaborative work piece: what would be an appropriate response within the agencies to the perpetrator, to the children, to the woman?"** **[DVS08].**
>
> **"There is a significant amount of training going on … but there needs to be accountability. All of this training, it gets diluted once it's given out to agencies. The intentions are really good but there is no follow up, no support and a lack of evaluation"** **[DVS17].**

Stakeholders frequently expressed particular concern about family hub and B&B accommodation and the fact that the safety needs of women and children are not met in these settings. A number articulated an urgent need for staff training in family hubs, in particular, with one focus group participant asserting the case for having a key worker with specific expertise in domestic violence in all family hubs.

> **"I suppose I would love to see more homeless services; family hubs, in particular, accessing the training we provide because I think there is a high level of need within hubs. I would nearly go as far as to say that they would actually need a domestic violence key worker in all family hubs"** **[DVS09].**

Overall, training was said to be critical to ensuring appropriate responses to families impacted by domestic abuse. While most professionals working in homelessness services had participated in training at some point, the training they received was often perceived to be too generic, with most expressing a need for more explicit guidance on how to respond to disclosures of abuse and to perpetrators who live in, or may try to make contact with, a former partner living in a homeless service setting. The data also strongly suggest that many homelessness service providers did not feel adequately equipped or confident to respond appropriately to trauma and the impact of trauma on women and children who experience domestic abuse. Likewise, there was broad agreement among local authority interviewees that there are specific challenges for staff who find themselves dealing with distressed family members and that training would greatly enhance their ability to respond appropriately and more effectively to presentations of this kind.

The Need for Cross-sectoral Dialogue and Multi-agency Structures

As highlighted earlier, the problem of services working independently – leading to families moving between services without access to appropriate supports – was repeatedly emphasised by service professionals.

> **"Lots of services work independently … this has to be linked up, we need to get everyone around the table and work together"** **[DVS06].**

Professionals working in all three sectors asserted the need for better communication and dialogue between agencies and to a corresponding need to create mechanisms that would bring representatives from the various service sectors together. The desirability of information and skills sharing between domestic violence and homelessness services was repeatedly highlighted.

> **"A starting point would be meeting with the sectors and brainstorming what we each do and how we could collaborate then … everyone coming together to share skills and information" [HS01].**
>
> **"I think there is room for it (collaboration) but it has to be quite structured, with regular contact, a forum … keeping people connected as opposed to when there is actually a case to be discussed" [DVS09].**
>
> **"As services that collaborate together we should have a mutual respect for each other's recommendations, expertise, knowledge base" [DVS09].**

Developing mechanisms to support a clear and transparent understanding of the roles and responsibilities of each sector was also said to be essential. For example, a number of local authority interviewees felt that, where they existed, local collaborative relationships play a critical enabling role, but that formal protocols and policies were absent.

> **"There needs to be an agreement between the services. And there is a need to ensure that the person at the centre of it doesn't lose out because that's not there. So I do think there is a place for policies and protocols. I don't think they're the be all and end all at the end of the day … It's about us all coming together to work together to get best outcomes and best practice and I think, if we do that and we all kind of align our goals to that, we'll work really well" [LA06].**

Participants in six of the focus group with homelessness service providers and five with individuals working in domestic violence agencies asserted the need for broader interagency structures involving the participation of multiple parties – domestic violence and homelessness services, local authorities, Tusla and An Garda Síochána – working with families who experience domestic abuse. Highlighting the importance of agency awareness of the complexities of domestic violence, participants in one focus group discussed the numerous issues impacting families and the range of agencies often involved with one family at any given time.

> **P1: Need to make sure that all the organisations are informed about the complexity of the issues, that we are all talking about the same thing, that we are linked and talking to each other.**
>
> **P2: It's complex because it might not just be domestic violence. There might be a need for counselling or there's addiction. There could be a whole range of issues and a whole range of agencies involved, dealing with that woman, that family.**
>
> **P3: A forum is needed, a multi-disciplinary meeting with the Gardaí, the local authority, Tusla [HS14].**

The aim of strengthening connections across agency boundaries, underpinned by a shared vision and goals, was generally viewed as both desirable and necessary. As professionals recounted their experiences, the difficulties associated with working in a vacuum, sometimes without adequate knowledge about a family's history of domestic violence – compounded by an absence of clear directives upon which to draw – were depicted as creating a sense of powerlessness among professionals. This lacunae within current service delivery structures was also said to lead to inaction because no one agency was clear about who ought to take the lead in responding to the needs of families.

> **Int: What might improve interagency work?**
>
> **P1: More coming together, networking, training with all agencies together, so you're meeting each other, it's easier to make a call to someone you know.**
>
> **P2: With domestic violence, there are statutory obligations towards children, so you can push for something in order to protect the children. But unless the woman comes looking for help, there isn't much scope for a proactive system. It can feel quite powerless.**
>
> **P1: Tusla's remit is so narrow, their ability to put supports in place is so limited, which is disheartening for interagency work and for that family.**
>
> **P2: If I become aware of a situation of domestic violence … nobody is going to do anything proactive. Nobody can take a lead or intervene [HS03].**

Even where connections were present between agencies and service sectors, the problem of cases slipping through the system was considered to be significant. Some service professionals focused specifically on what they argued were glaring gaps in case management systems. Collaboration between relevant and adjacent services was asserted to require a centralised and co-ordinated case management system if case processes and outcomes were to be improved.

> **"Even though there are linkages between domestic violence and homeless services, cases slip through the system. There is a big gap. So, a centralised case management system, social care management … a follow through with services is needed"** [HS11].

> **"Good case management and someone holding a case, holding individuals and agencies to account and understanding the client … Where there is multi-agency involvement and it's not co-ordinated, that's one of the big challenges, if it isn't clearly case managed or co-ordinated. And we haven't a huge amount of evidence of that"** [HS03].

A transparent case management approach, with clarity around core duties and responsibilities, was therefore considered to be essential to achieving identified goals for families. To achieve this, families and their needs must be put at the centre of the work of the various services involved.

> **"To get the solutions and the goal for that family … The case management approach where everyone has their responsibilities and duties and know what they are going to achieve. They all come back, 'Was it achieved for that family?'"** [DVS17].

In addition to the need to strengthen relationships between agencies and to develop structures that promote and support multi-agency collaboration, leadership – founded on clearly articulated policies – was said to be necessary if clarity on the responsibilities of all agencies is to be achieved.

> **P.1: Agencies have to agree who is going to be a lead and who is going to have responsibility.**
>
> **P.2: The question is who takes the lead … the government needs to take the lead by delegating and saying, 'Here is what we want you to do'. Agencies have to agree who is going to be the lead and who is going to have responsibility, who is going to be left with work to be done … So that we are working from the same framework and that there is common commitment to that [DVS17].**

The question of who is responsible for the needs of families was raised time and again, with participants stressing an urgent need for national guidelines that directly address the link between homelessness and domestic abuse.

> "There are no national guidelines on domestic violence and homelessness …
> I'd like guidelines saying that homeless services are working with domestic
> violence. How do we respond? And who is responsible?" [HS02].
>
> "There is no set system at a national level in homeless services, there is no
> system in place" [HS04].
>
> "Who is responsible for this family? It would be easy to introduce a process,
> a procedure or guidance on how each service navigates" [DVS09].

5.5   Conclusion

This chapter has examined stakeholder perspectives on interagency and cross-sectoral collaboration, highlighting the complexities of achieving an integrated response to domestic abuse and homelessness. There was broad consensus that collaboration between agencies and service sectors would greatly enhance communication, deliver more coherent responses to families and help to circumvent the duplication of work between agencies. Collaboration was also seen as critical to assisting families, who are typically required to recount their circumstances to multiple individuals and agencies, leading to further trauma and creating layers of bureaucracy that obstruct rather than facilitate a resolution to the housing and broader needs of families experiencing domestic abuse.

There were many examples of services and sectors attempting to co-ordinate their efforts but, very often, success appeared to hinge almost entirely on individual relationships across agencies rather than on a transparent policy or directive. The net result was said to be inconsistency in terms of response and there was an overall perception that service sectors and agencies continue to operate separately. While the COVID-19 pandemic was considered to have led to the development and introduction of initiatives viewed as constructive and, in many cases, progressive, the absence of clear interagency protocols was again highlighted as diluting their potential impact and as leading to inconsistencies in how such initiatives were implemented.

The notion of building capacity for interagency and cross-sectoral collaboration was endorsed by all stakeholders. There was broad agreement that training on domestic abuse was critical to ensuring that service providers across all sectors have the skills to respond effectively and appropriately to families. Homelessness service providers, in particular, articulated a need for more specific training on how to respond to disclosures and to perpetrators of violence, while local authority personnel felt that training needed to be made available to all staff, including to administrators, who are likely to interact with individuals who have experienced domestic abuse.

Finally, the need for clear policies and protocols to guide and support interagency and cross-sectoral collaboration was highlighted by all stakeholders, with strong emphasis placed on the need for national guidelines that provide clarity on leadership and the roles and responsibilities of individual agencies.

Chapter 6

Conclusions and Policy Recommendations

This research aimed to examine the intersection of domestic violence and family homelessness by triangulating the views and perspectives of stakeholders within domestic violence, homelessness and housing sectors with the lived experiences of families who leave their homes because of domestic abuse. As outlined in Chapter 2, the study involved the participation of 17 parents and more than 100 stakeholders from domestic violence, homelessness and housing sectors. Together, the perspectives of families and stakeholders provide strong insight into the dynamics of domestic violence and homelessness; extending understanding of both the immediate and longer-term needs of families who enter into service systems after leaving an abusive home. Families' views on the services with which they interacted, combined with stakeholder perspectives on the service system, have exposed numerous fault lines and service gaps, providing a strong basis upon which to consider whether and to what the extent current service infrastructures address families' need for safety and housing stability.

This concluding chapter discusses the findings presented in the previous chapters and makes recommendations that address the aim of bridging three policy domains – domestic violence, homelesssness and housing – which have historically operated separately in terms of the delivery of services and protections to families who experience domestic abuse.

6.1   Domestic Violence: A Path to Homelessness

As documented in Chapter 3, upon leaving an abusive relationship, families' paths to safety and housing were precarious. In keeping with the findings of previous research, the parents interviewed experienced income loss and financial hardship after leaving their abusive homes and all went on to experience housing instability and homelessness (Pavao et al., 2007; Tutty et al., 2013; Zufferey et al., 2016). For the study's families, leaving an unsafe home led a majority along a path of prolonged housing insecurity, generating further uncertainty and intense anxiety among parents about the consequences for their children's health and well-being.

The availability of immediate service supports is clearly critical to families who are forced to leave their homes because of safety concerns (Clough et al., 2014; Flanagan et al., 2019). However, this study's parents described significant challenges of access to initial and early protections: refuge accommodation was difficult to access because of capacity issues and there was also evidence that many women did not have adequate information about domestic violence services. Migrant women reported specific challenges of access associated with information deficits and a number were also dealing with uncertainties related to their entitlements to housing and other supports. These mothers had few or limited financial resources post-leaving and a number did not have the documentation required to access supports. There was broad agreement among stakeholders in all three service sectors that migrant and Traveller women are disproportionately represented in their services and face particular challenges, both prior to and after leaving an abusive relationship. Income precarity and poverty were cited as particularly challenging for these groups and, for migrant women, visa and immigration issues posed particular challenges and risks. In general, protections and assistance for migrant and Traveller women were considered to be limited.

The parents interviewed typically left their homes with their children at an acute crisis point, very often without a clear plan, and a large number initially entered into situations of hidden homelessness. Living with family members or friends provided needed supports for those who were able to access them but these living situations were generally untenable, even in the short term, reflecting the highly insecure and unsustainable nature of informal housing support (Liang et al., 2005; Sabina & Tindale, 2008). All of these families subsequently accessed a domestic refuge and/or homelessness service, from which point a large number experienced multiple moves between short- or medium-term accommodation types, alongside time spent living (again) with family members or friends and/or temporary returns to their abusive home. While the paths followed by individual families after leaving their homes were diverse, most experienced high levels of mobility, leading to numerous challenges for parents in terms of ensuring their children's safety and maintaining a healthy routine for their family.

The service use trajectories described by the parents interviewed were discussed by a large number of stakeholders, who consistently drew attention to the problem of families moving from domestic violence to homelessness services and, also, between these two service sectors. The pattern of families transferring from refuge to homelessness services was said to have become far more visible in recent years because of the lack of move-on options available to families and their highly constrained access routes to safe and stable housing. All stakeholders questioned the appropriateness of emergency homelessness accommodation for families impacted by domestic abuse and homelessness service professionals consistently emphasised that, in general, staff in these services do not have the requisite knowledge and skills to respond appropriately to and support these families. Deficits in training, combined with information gaps and an absence of clear guidelines, were repeatedly highlighted as creating problems and risks for both families and service staff. Professionals working in homelessness and domestic violence services also expressed strong concern about families' exposure to aggressive behaviour and/or violence in homeless accommodation settings – including B&Bs, hotels and family hubs – which, for a number of the parents interviewed, had been a distressing feature of the experience of living in homelessness services.

Taken together, the accounts of parents and stakeholders indicate that the principal challenge facing services and their clients is the lack of a path through which families can move from crisis or intermediate accommodation to secure, long-term housing. There were other issues for parents, including the disjointed nature of service responses, which left many feeling "trapped in homelessness because of the multiple 'systems' they had to navigate to deal with each 'issue'" (Milaney et al., 2019: 559). Families frequently found themselves at the intersection of several policy and service domains and struggled to source and access needed services and supports. The dominant experience for families navigating service systems can be characterised as complicated, uncertain and daunting, generating further anxiety for parents and leading a number to, at times, question the decision to leave their abusive home environment. Parents frequently described feeling 'stuck' between services and systems and, for most, stays in refuges or homelessness services were prolonged and exits to stable housing difficult to achieve.

Safety, which overlapped with housing need, was an ongoing issue for many of the women interviewed. Stakeholder perspectives on the most immediate needs of families who leave their homes because of domestic abuse varied, with domestic violence service professionals most often citing *safety* and homelessness service professionals citing *housing* as families' most pressing need. For parents in this study, safety was crucial but stable housing was considered to provide a path to sustained safety and security. Put simply, without housing, families could not see a way of moving forward with their lives.

6.2 Barriers to Housing Stability for Families Experiencing Domestic Violence

The study's families confronted strong barriers to housing stability and, for most parents, the key reason for their continued homelessness was the lack of affordable housing. The last home of a large number of families was in the private rented sector, which meant that very many were again seeking private rented accommodation. However, their situations had altered radically: they were now single parents, wholly reliant on rental subsidies, in most cases, and with few or no safety nets in relation to income or other supports.

The challenges faced by one-parent families within housing and private rental markets are well documented (Heane & Murphy, 2017; Murphy, 2019; Russell et al., 2021; Walsh & Harvey, 2017). When seeking entry or re-entry to the private rental market, parents in this study confronted strong competition as HAP tenants, with most reporting that the cost of available rental properties very often exceeded the HAP subsidy limits. The restrictions imposed on HAP rent limits was also raised by stakeholders, including a number of local authority personnel, who acknowledged that existing thresholds constrained accessibility and choice and led to significant delays for families seeking private rented accommodation. There were other problems for parents, with discrimination on the part of landlords against HAP recipients consistently reported as a barrier of access to housing, which effectively led to their exclusion from the private rental market. Participants who were on the social housing waiting list held little hope of a housing allocation. However, two parents had abandoned the process of seeking HAP accommodation because they feared that embarking on such a path would lead them back to homelessness owing to the insecurity of tenure in the private rented sector.

As documented in Chapter 3, only four parents had secured private rented accommodation since leaving their homes and all of these participants had received quite intensive support from a key worker or other professional in a domestic violence or homelessness service. Parents who were navigating the private rental market alone in the absence of advocacy and support dealt with constant non-responses from landlords and/or questions about income and/or employment, which meant that they were essentially 'screened out' and blocked from even getting a viewing. The tenancies of two of the four women who had recently moved to private rented accommodation were already in jeopardy; one parent had received a tenancy termination notice and a second was seeking alternative accommodation because of safety concerns. Both of these women were acutely aware of the risk of a return to homelessness services.

The need for safe housing, and the economic resources to maintain housing, are often the most pressing concerns among women who are planning to leave an abusive home (Meyer, 2016; Tutty et al., 2013). Such concerns materialised very quickly for this study's families and the obstacles they confronted to securing housing were enduring. Leaving an abusive family home led most into and through multiple living situations and accommodation types and a majority continued to live with housing insecurity.

6.3   Families' Support Needs Beyond Housing

Almost all of the study's families had support needs related to low income and socio-economic disadvantage. Upon leaving their abusive relationship, parents lost their homes as well as many or most of their and their children's belongings and, post-leaving, faced the task of re-building their lives without adequate financial means. In addition to income support needs, most parents reported needs related to mental health strongly connected to ongoing experiences of trauma. Women who accessed refuge accommodation could avail of counselling and other psychological supports, all of which were very often time-limited and not available in other service settings. Owing, perhaps, to the multiple challenges they faced, women tended to side-line their personal support needs: their primary focus and concerns were fixed firmly on the health and welfare of their children.

Women described several negative impacts of domestic abuse on their children, including anxiety and challenging behaviours which, particularly during the period after leaving home and accessing service supports, became more visible in their children. Parents further reported stressful and disruptive transitional experiences when relying on temporary accommodation and frequently expressed strong anxiety about exposing their children to multiple housing transitions and prolonged instability, which they feared would 'mark' their children. Parents who did access therapeutic supports for their children noted the benefits of play therapy, in particular. However, most struggled to find needed interventions related to their children's emotional and developmental needs.

Stakeholders also talked at length about families' needs, often highlighting a continuum or spectrum of need. Several spoke about the multiple losses experienced by children, frequently drawing strong attention to the numerous ways in which homelessness accommodation, whether hotels, B&Bs or family hubs, exacerbated children's trauma. In general, stakeholders felt that current child welfare and mental health services fell far short of meeting the complex needs of children impacted by domestic abuse.

Finally, four of the study's parents had become separated from one or more of their children as a direct consequence of domestic abuse and homelessness. Mothers felt these separations acutely and appeared to have no support maintaining contact with or reuniting with their children.

6.4 Interagency and Cross-Sectoral Collaboration: A Way Forward?

A key aim of this research was to examine stakeholder perspectives on interagency work and the potential for greater co-operation between homelessness, domestic violence and housing sectors in responding to the needs of families experiencing domestic abuse. As documented in Chapter 5, there was general agreement among stakeholders on the benefits of interagency work in delivering a more coherent response to families who leave their homes because of domestic violence. With many stakeholders expressing concern about families falling through the gaps of the services and supports provided by numerous agencies, cross-sectoral partnerships were seen as having the capacity to bridge agency divides and to overcome the limitations of siloed service delivery. The dominant perceived gains arising from stronger and clearly defined links across agency boundaries included:

› Enhanced communication between services and a clearer understanding of the remit of each service;
› The circumvention of duplication in the work of multiple agencies;
› Greater exchange of knowledge and expertise; and
› The potential to harness core competencies and skills.

When stakeholders discussed their connections with service professionals in other sectors, it was clear that some agencies had developed initiatives aimed at better co-ordinating their efforts, often by building positive relationships with service professionals in other agencies. By and large, however, connections across agency boundaries relied almost entirely on individual relationships or lower-level networking (Wilcox, 2010). In other words, collaborative work relied on individual workers' ability to foster interagency relationships rather than being founded on, and guided by, clear directives, policies or agreements between and across service sectors. For a large number of stakeholders, one of the major perceived problems with existing service structures was the absence of common goals, supported by agreed protocols between the various agencies. These perspectives are in line with the literature on service integration, which generally accepts that "integration most often requires formalised agreements between agencies, often captured in memoranda of understanding, and the explicit sharing of service provision principles and approaches" (Beckenridge et al., 2016: 10).

Other barriers to interagency partnerships included problems with information exchange, which created significant problems, particularly at the point when families transferred from one service setting to another. Limited understanding of the remit and roles of professions within each service sector and an absence of clarity about the precise responsibilities of individual services in responding to the needs of families were other frequently mentioned barriers to the delivery of integrated responses to families. In general, while strongly endorsing interagency co-operation, professionals working in

the domestic violence and homelessness service sectors considered current collaborative efforts to be 'hit or miss', haphazard or non-existent. Significantly, stakeholders noted a number of positive developments arising from the COVID-19 pandemic, including the introduction and implementation of *Operation Faoiseamh* and the *Still Here Campaign.* However, deficits in how services co-ordinate their efforts were considered to have significantly weakened the overall impact of these initiatives.

To a large extent, the service silos described by both parents and stakeholders are the product of agencies and service sectors "developing separate goals, procedures and understandings of the issues and problems to be addressed by them" (Wilcox, 2010: 1013). Like parents, stakeholders consistently highlighted a need for training across all service sectors on the nature of domestic violence and its impacts. Capacity building for interagency and cross-sectoral collaboration was viewed as requiring strong investment in the development of agreed national policies and protocols aimed at clearly and explicitly guiding interagency partnerships and service integration.

6.5 Policy Recommendations

As outlined earlier, a key aim of this research was to explore the potential for greater co-ordination and collaboration between domestic violence, homelessness, and housing service sectors in the development of policies and interventions that are enabling to families experiencing domestic abuse. This section outlines the policy recommendations arising from the study's findings, which are underpinned by the following key principles and aims:

1 Reducing the number of families made homeless because of domestic abuse.
2 Ensuring a clear pathway of support for families experiencing domestic abuse.
3 Increasing families' access to safe, sustainable housing.
4 Supporting families to recover from the trauma of domestic abuse.

The recommendations outlined below are made in the context of a housing crisis characterised by an inadequate supply of social and affordable housing and increased demand in the private rented sector, which has seen rental costs rising steeply in both urban and rural areas. Irrespective of any, yet unknown, positive developments that may result from the government's latest housing plan, *Housing For All* (Department of Housing, Local Government and Heritage, 2021), what is termed a 'crisis' of housing availability and affordability is likely to be an enduring feature of Ireland's housing landscape for some time.

Towards Service Integration: Lead Role and Responsibilities and Supports for Interagency and Cross-sectoral Collaboration

One of the strongest messages arising from this research is that, where interagency co-operation currently exists, it is typically wholly or primarily reliant on the personal initiative of a committed individual and their capacity to build relationships with other agencies. Strong evidence emerged of an absence of structures and policies that explicitly aim to foster collaboration between state and voluntary agencies in responding to homelessness and domestic abuse. One consequence of the absence of an integrated cross-sectoral response to families experiencing domestic violence is that parents who leave an abusive home embark on a path of moving through a series of insecure settings, propelling many along a trajectory of ongoing housing instability and homelessness.

The decision of Government in July 2021[22] to confirm that policy leadership for domestic, sexual and gender-based violence rests with the Department of Justice helps to clarify issues at a national policy level, but does not resolve matters at the local level, particularly at the point when a parent seeks support and encounters a complex maze of fragmented services.

Establishing a *clear pathway of support* at both national and local levels is the cornerstone on which the recommendations arising from this research are proposed. The aim of establishing such a pathway, which requires multi-agency and cross-sectoral collaboration, has resource and, potentially, legislative implications that need to be addressed and resolved in the forthcoming (third) National Strategy on Domestic, Sexual and Gender-based Violence.

At a local level, there is need for clarity as to which agency is responsible for convening a multi-agency case management meeting when a family is at risk of homelessness and requires an interagency response. Designating one body for such a role would not diminish the roles and responsibilities of Tusla, An Garda Síochána or any specialist domestic violence or homelessness service, but would rather provide a structure within which a holistic pathway of support can be agreed and delivered to families by all relevant agencies. Given their unique local knowledge and role as the statutory housing authority, local authorities emerge as the best placed to take up this local convening role. However, given the complex interagency and resourcing issues involved, it is not the function of this research report to definitively indicate which agency should take up this role.

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22 http://www.justice.ie/en/JELR/Pages/PR21000174

Recommendation 1: Designation of the Lead Role in Convening Local Multi-agency Case Management Meetings

1.1   The forthcoming (third) National Strategy on Domestic, Sexual and Gender-based Violence should designate an appropriate state agency, resourced to take lead responsibility for convening local multi-agency case management meetings – when a family is identified as at risk of homelessness because of domestic abuse – with the aim of planning and delivering a safe, sustainable housing solution for the family. These meetings should involve all relevant statutory and voluntary organisations.

Recommendation 2: Collaborative, Multi-agency Case Management

2.1   Within each local authority area, a written protocol – outlining the roles and responsibilities of all relevant agencies, including domestic violence and homelessness services, Tusla and An Garda Síochána – should be developed and agreed by the state agency identified as taking the lead role in convening local multi-agency case management meetings (see Recommendation 1).

2.1   This protocol should address the circumstances under which a multi-agency case management meeting will be convened (e.g. a family is identified as at risk of homelessness because of domestic abuse; a family is accessing a domestic violence refuge; a family is accessing a homelessness service because of domestic abuse; a homelessness service or agency has identified a risk of domestic abuse).

2.3   The Department of Justice should assess whether any management, regulatory or statutory changes are needed to ensure that relevant agencies are required to attend and actively engage in such case management meetings.

Recommendation 3: Case Management Supports

3.1   An appropriate state agency should be provided with a budget to ensure that case managers with the relevant skills are available in each local authority, either through direct employment by the local authority or by contract with a specialist domestic violence or homelessness service. The level of support required should be established by a baseline needs assessment (see Recommendation 4) and, subsequently, by the statutory homeless plans.

3.2   Local authorities need to ensure that staff who work directly with families experiencing domestic abuse are provided with trauma-informed training, supports and supervision.

Recommendation 4: Baseline Assessment of Refuge, Housing and Homelessness Service Supports in each Local Authority Region

4.1   Regional Statutory Homeless Action Plans[23] should include provision to undertake a baseline assessment of the housing, refuge, and support capacities within each region, along with an assessment of current and projected need, within six months of the publication of the new National Strategy on Domestic, Sexual and Gender-based Violence. This should include an assessment of the cost of providing case managers and any new or additional domestic violence refuge accommodation or supported housing required.

4.2   Regional Statutory Homeless Action Plans should include provision to undertake an assessment of homelessness accommodation used by families in all local authority areas, with the aim of ascertaining safety and security levels in these settings for families impacted by domestic abuse. Only those accommodation settings deemed to be safe and secure should be used to provide emergency accommodation for families who leave an abusive home.

4.3   A plan to respond to the risk of homelessness associated with domestic violence should be included in Regional Statutory Homelessness Action Plans.

Recommendation 5: Protocols to Support Interagency and Cross-sectoral Collaboration

5.1   National-level protocols should be developed to support interagency and cross-sectoral collaboration. The Department of Justice should take the lead and, in consultation with relevant stakeholders within housing, domestic violence and homeless service sectors, develop protocols aimed at supporting:

   › Policies with clearly articulated principles, aims and objectives, both within and between agencies.
   › Data and information sharing mechanisms.
   › Culturally appropriate responses to the specific needs of migrant and Traveller families.
   › Gender- and trauma-informed responses to families.

Recommendation 6: Review of Current Guidance for Housing Authorities to Assist Victims of Domestic Violence

6.1   The *Policy and Procedural Guidance for Housing Authorities in Relation to Assisting Victims of Domestic Violence with Emergency and Long-term Accommodation Needs*, published by Department of Housing, Planning, Community and Local Government in 2017, should be revised to create greater clarity on – and remove any ambiguity about – the responsibility of local authorities to provide a clear pathway to safe, stable housing for families impacted by domestic abuse using a collaborative case management multi-agency approach.

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23 Section 38 of the 2009 Housing Act allows for local authorities to establish Joint Homelessness Consultative Forums with adjoining local authority areas to collaborate on a joint Homeless Action Plan for those areas.

Ensuring Trauma-informed, Gender-informed and Family-centred Responses

With the exception of domestic violence service professionals, the women interviewed for this research felt that understanding of the nature and dynamics of domestic abuse – and coercive control, in particular – was limited among the service professionals with whom they interacted. Additionally, permeating the findings is strong evidence of ongoing trauma and stress among parents and children as a direct consequence of the experience of domestic abuse. Women found it difficult to source supports for their children and many found themselves dealing with their children's trauma in isolation. Likewise, service providers reported significant barriers to families' ability to access needed supports.

Recommendation 7: Training on Domestic and Gender-based Violence

7.1   Training on domestic and gender-based violence should be expanded to ensure that such training is not limited to a one-time 'injection' and includes regular upskilling opportunities for professionals working in local authorities, Approved Housing Bodies, and homelessness services. Specific practical guidance on dealing with issues, including disclosures of abuse and responses to perpetrators, should be included in this training.

7.2   Domestic violence service providers in local areas are best placed to provide regular training and upskilling to the relevant service sectors.

Recommendation 8: Trauma- and Gender-informed Training

8.1   Staff across all three service sectors, including homelessness, domestic violence, and housing, should – regardless of their position or prior training – be trained in basic trauma knowledge to ensure that their interactions with victim/survivors are trauma-informed. This training should specifically address the dynamics of coercive control and post-separation abuse.

Recommendation 9: Trauma-informed Supports for Families Impacted by Domestic Abuse

9.1   Tusla should fund appropriate local agencies with relevant expertise to provide trauma-informed interventions and supports to parents who have experienced domestic abuse.

9.2   Trained child support workers, with advanced knowledge and understanding of the dynamics of domestic abuse and coercive control, should be available to support all children assessed as needing support arising from the trauma associated with domestic violence, homelessness and/or any pre-existing issue(s).

9.3   Access to interventions such as play therapy must be *immediate* for children who are impacted by domestic abuse. Tusla should provide funding to local professionals and/or agencies to ensure that children receive appropriate therapeutic supports at the earliest possible juncture.

The Domestic Violence Service Sector

The findings of this research clearly demonstrate that women's ability to access domestic violence refuge accommodation and/or other specialist supports was frequently highly constrained at the point of leaving an abusive home. Many could not access a refuge because of capacity issues and there was also evidence of a lack of knowledge about available services, particularly among migrant and Traveller parents. Stakeholders raised further problems of access to appropriate services for migrant and Traveller women as well as for women with more complex needs related to mental ill-health and/or substance use problems.

Recommendation 10: Domestic Violence Refuge Provision

10.1   Domestic violence refuge provision should be expanded, with the aim of delivering the level of provision recommended by the Council of Europe over the duration of the third National Strategy on Domestic, Sexual and Gender-based Violence.

10.2   The expansion of emergency domestic violence refuge provision should aim to include models apart from congregate settings, including greater provision of self-contained housing that would better meet the needs and preferences of larger families and families with teenage children.

Recommendation 11: Raising Awareness about Domestic Violence Services

11.1   The Department of Justice should plan and develop measures that aim to promote community-level awareness of the services available to victim/survivors of domestic abuse. This could be achieved through mass media and social media campaigns and local-level initiatives aimed at promoting awareness of available domestic violence services.

11.2   Specific measures should be taken to promote knowledge and understanding of the role and availability of domestic violence services among migrant and Traveller women.

Recommendation 12: Responding to Clients with Complex Needs

12.1   Training and related resources should be provided to all domestic violence refuge staff and managers involved in the assessment of referrals and the provision of support to service users with more complex needs, including substance use and/or mental health problems.

12.2   The capacity of domestic refuges to cater to the needs of service users with complex needs should be enhanced to ensure safety and access to domestic violence services for women with substance use and/or mental health problems.

The Homeless Service Sector

Professionals working with families in homelessness services confirmed that domestic abuse is a regular feature of their work. They also reported particular challenges in terms of responding to the needs of these families. If, as seems certain, the homeless service sector will continue to provide emergency or medium-term accommodation to families who leave an abusive home, these services must be adequately resourced and equipped to respond to the needs of victim/survivors of domestic abuse. It also needs to be acknowledged that homelessness services may be the first-to-know agencies about a family's history of domestic violence; in other instances, families may transfer from domestic violence to homelessness services in the absence of the transfer of information about a history of domestic violence. Finally, homeless service professionals, as well as other stakeholders, expressed strong concern about the risk of families being exposed to aggression and/or violence in emergency homelessness accommodation. A number of the parents reported trauma arising from exposure of this kind in these settings, particularly for their children.

Recommendation 13: The Development of Service-level Policies to Guide Responses to the Needs of Families Experiencing Domestic Abuse

13.1   Appropriate policies that aim to ensure the safety and security of families living in homelessness services, including a risk assessment in relation to the transfer of families from refuges to homeless accommodation, should be drawn up as part of the National Quality Standards Framework with the Department of Justice.

13.2   Service-level polices should explicitly recognise that domestic abuse may come to the attention of staff within homelessness services, including PEA, B&Bs and family hubs, and provide guidance on how to respond to disclosures of domestic abuse.

Recommendation 14: Training to Enhance Service Responses to Families Experiencing Domestic Abuse

14.1   Homeless sector service professionals who work with families should receive *regular* training on gender- and trauma-informed responses, as well as on how to respond to specific issues that service professionals may identify (e.g. disclosures of abuse/violence and to perpetrators who either reside in their service(s) or try to contact a resident in their service).

Recommendation 15: Women-only Services and Women-only Spaces

15.1   The provision of women-only emergency and temporary homelessness accommodation should be increased by designating some services that are currently mixed as women-only.

15.2   Women-only spaces should be created in all mixed gender service settings, including family hubs.

Housing

As discussed in Chapter 1, while domestic violence refuges provide vital safety and protection for women and their children after they leave an abusive home, they cannot provide sustainable housing solutions for families. *Housing-led solutions must therefore be the primary response to families experiencing domestic abuse, underpinned by the goal of providing families with rapid access to safe, secure housing or supporting victim/survivors to remain in their current home*.

Recommendation 16: Supporting Families to Remain in their Home

16.1   Solutions that specifically aim to support women experiencing violence to remain in their homes should be developed, piloted, and evaluated. The Department of Justice should take the lead in developing such solutions. Examples, internationally, include Sanctuary Schemes and 'Making Safe', which is a multi-agency UK-based initiative that works to enable women to remain in their home and rehouses perpetrators for up to two years, with tailored supports provided to both the victim and perpetrator.

Recommendation 17: Measures to Support Rapid Housing Solutions for Families

17.1   The protocol established between the Department of Social Protection and Tusla to allow victims of domestic violence to apply for non-means tested rent supplement should be extended from the current three-month limit to a six-month period (without means testing). This would bolster parents' ability to achieve short-term housing security and stability for their family.

17.2   Current HAP limits, which have remained unchanged since 2016, fall far short of market rents in most geographical areas, even when discretionary 'top ups' are granted by local authorities. HAP limits should be increased to reflect current rental costs nationally.

17.3   Each local authority should ensure that households experiencing domestic abuse are prioritised within their housing allocation scheme.

17.4   The allocation of social housing must reflect the assessed support needs of all households impacted by domestic abuse.

17.5   Addressing the housing needs of single parents: An expert group, including representatives from relevant Government Departments and agencies working with one-parent families, should be established to review all schemes that contribute to an increased risk of housing insecurity and homelessness among single parent families.

Recommendation 18: In-housing Supports for Families

18.1   Case management should include an assessment of any in-housing supports – related to safety and the broader support needs of the parent and children – that a family may require subsequent to moving to stable housing.

Data and Enumeration

As documented in Chapter 1, there are clear data deficits that significantly limit knowledge and understanding of the true extent and nature of domestic violence and abuse in Ireland. Currently, women who access a domestic violence refuge are not counted as homeless. Accurate national- and regional-level data on families and individuals who access domestic violence services is critical to planning for the provision of safe, sustainable housing solutions for all individuals who leave their homes because of domestic abuse.

Recommendation 19: Enumerating Families and Individuals Accessing Domestic Violence Services

19.1   The Department of Justice should commission an agency with the relevant research and data management expertise to develop a comprehensive, standardised data collection tool to enumerate those families and individuals who access domestic violence refuges nationally. Demographic data (related to age, gender, ethnicity and so on) on all adults and children residing in domestic violence refuges should be captured, as well as families' and individuals' housing situations (e.g. PRS, social housing, privately owned/mortgaged home) prior to accessing refuge accommodation. This data collection tool should distinguish between new admissions to a domestic violence refuge and families, individuals and children who have continued to reside in the refuge since the previous data collection point. The duration of stays in refuges should also be captured.

19.2   When finalised, this data collection tool should be circulated to all domestic violence services and specific training provided to ensure high-quality data entry based on clear *Data Entry Guidelines* and an understanding of all relevant definitions.

19.3   Data should be returned by domestic violence services to the Department of Justice on an agreed date each month and the data should be published by the Department of Justice on a monthly basis.

Recommendation 20: Counting Domestic Violence Refuge Residents as Homeless

20.1   The monthly data collated by the Department of Justice on families, individuals and children residing in domestic violence refuges should be supplied to the Department of Housing for publication in their monthly statements and quarterly reports on homelessness.

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Appendix 1: Stakeholder Participants

Focus Groups: Domestic Violence and Homeless Service Sector Professionals (by region)

Dublin

> Aoibhneas (Domestic Abuse Support for Women and Children)
> Aylward Green (Focus Ireland)
> Bray Women's Refuge
> DePaul
> Family Homeless Action Team (Focus Ireland)
> George's Hill (Focus Ireland)
> Saoirse Women's Refuge
> Sonas (Freedom from Domestic Violence)
> Sophia Housing
> Women's Aid

Limerick

> Novas
> Adapt Domestic Abuse Services

Cork

> Cuanlee Refuge for Abused Women and Children
> Edel House

Galway

> Cope Family Support
> Cope Waterside Refuge Services
> Galway Simon Community

COVID-specific Focus Groups: Domestic Violence and Homelessness Services

Domestic Violence Services (8 participants)

> Cuan Saor Women's Refuge
> Longford Women's Link
> Mayo Women Support Services
> Oasis House Women's Refuge, Waterford
> Offaly Domestic Violence Support Service
> Safe Ireland
> Women's Aid, Dundalk
> YANA North Cork Domestic Violence Project

Homelessness Services (6 participants)

> Focus Ireland
> Respond
> Sophia Housing

Local Authorities Participants (Local Authority Areas)

> Cork County Council
> Dun Laoghaire Rathdown County Council
> Fingal County Council
> Galway County Council
> Limerick City and County Council
> South Dublin County Council

Appendix 2: Roundtable Participants

Name	Organisation
Pauline Burke	Dublin City Council
Ciara Carty	Focus Ireland
Karen Doyle	Focus Ireland
Siobhan Donoghue	Galway City County Council
David Jones	Meath County Council
Richard King	Crosscare
Lisa Marmion	Safe Ireland
Helena Martyn	Galway City County Council
Phillip McCormack	Department of Justice
Joan Mullan	Tusla
Ruth O'Dea	Women's Aid

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