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# THE FULFILLING LIVES WOMEN'S STUDY

## An Ideal Support System

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In collaboration with  
RISE Walk Together

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This project was created with: The Women's Study  
Community Research Teams from Fulfilling Lives South East,  
Equinox and Oasis Project.

**June 2022**

For further project information please visit  
[www.bht.org.uk/fulfilling-lives](http://www.bht.org.uk/fulfilling-lives)



**Fulfilling Lives**  
South East Partnership

# ACKNOWLEDGEMENTS

Fulfilling Lives South East would like to thank our partners who have dedicated their time and creative endeavours to this project:

## BRIGHTON WOMEN'S SERVICE (EQUINOX)



Brighton Women's Service (BWS) specialises in supported accommodation, specifically designed for women with multiple and complex needs, commissioned by Brighton and Hove City Council (BHCC). We work to improve health outcomes within an asset-based and recovery focussed service that promotes independence, resilience and community engagement. Working in accordance with the city's strategic objectives we work to meet the needs of people who are homeless and have complex needs, working flexibly and in partnership with other services and agencies to deliver a woman-centred, holistic package of support, in a safe and secure environment.

## RISE



RISE is a feminist, women-led and centred domestic violence and abuse charity that has worked for 27 years to end all forms of violence and abuse against women, their families and those identifying as LGBT+.

RISE offers strength-based, trauma-informed services and is committed to providing accessible, fair, and safe services to survivors of violence and abuse, including women of all ages, children, young people, Trans and Non-binary people, Lesbians and Bisexual women, Gay and Bisexual men, Black and minoritised women, women with religious affiliations or none, Disabled women and other minoritised women.

## OASIS PROJECT



Oasis Project was established in 1997 by a group of women with lived experience of drug and alcohol problems, who felt their needs were not met in mainstream treatment services. We take a gender responsive and trauma-informed approach to delivering a complex portfolio of services for women, parents and families affected by substance misuse.

We offer specialist drug and alcohol treatment and support to women and parents. We have a crèche and arts-based therapy service for children and young people affected by substance misuse in the family. We also provide tailored support to women who have had children removed from their care through intervention from family courts, and women who are involved in sex work. Oasis project operates in Brighton and East Sussex, remaining one of the only providers of gender-specific drug/alcohol services in the UK and is nationally recognized for its unique model of provision.

**Special thanks to:** Charlie Major, Alice Gothard, Francesca Carpenter, Sarah Herlem, Louise Millar, Janie Pamment, Victoria Sweetman, Charlie Lawlor, Victoria Hensley, Kate Jones, Gemma Harfleet, Emily Page, Nisha Vesuwala, Jo Rogers.

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# EXECUTIVE SUMMARY

The Fulfilling Lives Women's Study is a collaborative research project across three specialist women's organisations: Fulfilling Lives South East (FLSE), Oasis Project and Equinox, supported by the RISE Walk Together Community Research Project. The research in this report explores women's experiences of support services, in their own voices, and explores what ideal support services might look like in the future for people experiencing multiple and complex needs.



The organisations in this research recognise the need for both gender-specific and gender-informed service provision, particularly for women experiencing multiple and complex needs. The aims of this research are to: share voices of hope from women, demonstrate good practice, advocate for more gender-informed service provision, change attitudes, to challenge stigma and shaming of women, and call to action for a more radical transformation of support services.



The RISE Walk Together project is the development of a research design and method created through the personal knowledge, 'living expertise' and insight of survivors of domestic violence and abuse with the trauma-informed and asset-based, holistic and women-centred ethos. It draws on elements of feminist participatory action research, asset-based community research, feminist qualitative longitudinal research and trauma-informed practice, offering a powerful way of generating new knowledge for the sector by embedding research within services, working alongside frontline casework.



The research findings indicate that supportive relationships with female key work staff within trauma-informed environments and peer support from women with living experiences should be embedded within the organisational structure of services.



**MOST IMPORTANTLY WE URGE FOR THE CONTINUED FUNDING AND PROTECTION OF WOMEN'S ONLY SERVICES.**

# INTRODUCTION

Multiple and complex needs (MCN) refer to persistent, problematic and interrelated health and social care needs which impact an individual's life and their ability to function in society.

**People experiencing MCN simultaneously experience issues such as repeat street homelessness, mental, psychological, and physical health problems, drug and/or alcohol dependency, and offending behaviour. They are more likely to experience violence and abuse, including domestic violence, live in poverty and have experienced trauma in childhood and throughout their lives. Within ableist and (other) systems, intersections with race, ethnicity, disability, socio-economic status, and many other factors can further marginalise women experiencing MCN (Campbell, 2012; Bridge, 2021).**



The Fulfilling Lives South East project (FLSE) provided intensive and tailored support to people with multiple and complex needs, helping the most vulnerable and hard to reach individuals in their locality. FLSE was the only project across the national Fulfilling Lives programme which set out to work specifically with women. It employed specialist women's workers and focused on several gender-specific issues. Between 2015 and 2021, FLSE supported 69 women experiencing MCN, representing 60% of the total caseload. Snapshot surveys indicate that at some points 93% of women on the caseload (25 out of 27) had experienced domestic abuse (Hough, 2016; Fulfilling Lives, 2019). FLSE also continues to run a trauma stabilisation pilot service for women planning to access drug and alcohol residential rehab services until June 2022.

This report, the Fulfilling Lives Women's Study (Jan-May 2022), is a collective endeavour that draws together the voices of women who have experienced MCN in Brighton and Hove. The research explores women's experiences of the current support system and envisages what their ideal support system for the future might look like.

This research is built on the foundations of work carried out in three partner organisations – FLSE, Equinox and Oasis Project, supported by the RISE Walk Together Community Research Project (2016 - present). These organisations deliver specialist services to women experiencing MCN and share an understanding of MCN that links gender inequality and other intersecting experiences of inequality and oppression to women's experience of gender violence, homelessness, and substance misuse, poor physical and mental health and wellbeing, and risk of death.

As a legacy to FLSE, an 8-year programme ending in June 2022, a network was formed across partnerships motivated by a desire to protect women's services in the future. Through a discussion group, we agreed on the project's aims to:



**Share voices  
of hope from  
women**

**Change  
attitudes,  
to challenge  
stigma and  
shaming  
of women**

**Advocate  
for more  
gender-informed  
service provision**

**Call to  
action for a  
more radical  
transformation  
of support  
services**

The group recognised the need for a different research approach for this Women's Study, which RISE could offer through their longstanding and highly valuable experiences of working with women survivors. RISE is a local organisation in Brighton & Hove delivering support for survivors of domestic violence and abuse across East Sussex supporting women and girls, and members of the LGBTQ+ community. RISE Walk Together (2016-2021) is an intersectional feminist community research project (and linked training programme) originally

embedded in the RISE Big Lottery Community Engagement and Building Project (2016-2021). It draws on elements of feminist participatory action research, asset-based community research, feminist qualitative longitudinal research and trauma-informed practice. This methodology helps weave together the personal knowledge, 'living expertise' and insight of survivors of domestic violence and abuse with the trauma-informed and asset or strengths-based, holistic and women centred ethos of RISE (Kelly, et al., 2014).

## POLICY CONTEXT

Gender-specific approaches have recently been subject to government funding cuts. In an increasingly competitive environment, mainstream 'gender neutral' support services are taking the lion's share of commissioned support contracts because of their perceived wider reach. This has a detrimental impact on women, specifically women who are known to benefit from specialist services, such as Black and Minoritised women and those experiencing MCN. Staff in mainstream services rarely have training that covers the in-depth understanding of the impact of inequality and violence and abuse on women and services fail to recognise the complexity of their circumstances or meet their needs (Women and Girls Initiative, 2019).

Steps to address increased demand on services and bring practice in line with statutory multi-agency responses have led to a crisis-driven and risk-assessed model of support from within the women's sector, resulting in professionalised working cultures and practice models. Crisis intervention and risk assessed support prioritises immediate physical and emotional safety over women's right to experience freedom from abuse, as the capacity for action and choices (or their 'space for action') in different areas of their lives (Kelly, Sharp-Jeffs, & Klein, 2014).

Apart from the fact that research has indicated this response fails to reduce the rate of domestic violence and abuse or demand on services, it is an approach that fails to address the insidious nature of coercive control and its long-term impacts, or how this gendered experience can be intersected with other experiences of oppression and inequality (Kelly, Sharp-Jeffs, & Klein, 2014) (Hadfield, L & The Rise Community Research Team, 2022 forthcoming). This experience requires a different response and resource to that of male victims, that takes into account women's different situations informed and delivered by women – with an emphasis on early intervention (education and awareness) and ensuring women have access to longer-term support.

Critique within the rape crisis sector has also emphasised the increasing professionalisation and time restricted experience of recovery through individualised and medicalised forms of counselling or therapy which stand in direct tension with the grassroots principles of the women's sector. These principles prioritise the collective experience of sharing stories, building connection and a sense of solidarity and even activism - that is developed through peer support. It is something that Vera-Gray (2020) articulates as the 'Whole Place Self' – a space for women to be recognised and understood in the wider context of their lived lives – including the experience of gendered and intersecting oppression.

Attempts have been made to address key issues in this area. 'Mapping the Maze' (Holly, 2017) offers a potential framework for good practice with four key components: organisational ethos, safe and enabling environment, approach to working and organisational practice. Further discussion is needed with women about the design and development of services that meet their specific needs within the East Sussex area.

# POSITIVE APPROACHES TO SUPPORT

This section offers some key themes arising from previous work from the three partner projects on what kind of support women with MCN might want and need backed up by external literature.

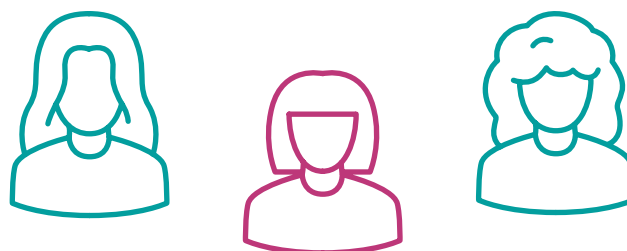
## GENDER-SPECIFIC AND GENDER-INFORMED

The voices of women with MCN are at the heart of this project and one of the key themes arising in FLSE casework over the past 8 years has been the need for both gender-specific and gender-informed service provision. Women supported by FLSE have had experiences of exclusion from services and prejudice within services, stemming from a lack consideration for the differences between women's and men's experiences of MCN. For example, FLSE's case studies highlight the disproportionate difficulties women experience in attending fixed medical appointments, because of the influence of a controlling partner (Cooke, Rossmann, & O'Brien, 2021).

Housing is another area where women with MCN are disadvantaged due to non-gender specific services. Accommodation options which are provided can often feel unsafe. Women are commonly allocated living spaces in close proximity to men with violent histories, and who are often in active addiction. These spaces are often unsupported, so there is limited security or support for women if there are safety concerns. This has led to some research describing the process of finding appropriate housing as "punitive and re-victimising" (Cordeiro, 2020, p. 6). Across the UK, 60% of England's local authorities and most of Wales have no homelessness services specifically for women (Holly, 2017, p. 19).

Many women experiencing MCN will not be allowed to access some services at all. Whilst women's refuge centres are in high demand, they often place restrictions on women with higher support needs, such as substance use, mental health, or an offending history (Holly, 2017). Locally, FLSE has recently made some progress in this area through a training offer to a local women's refuge centre, but the issue is wide-reaching.

A recent FLSE report found that women on our caseload were disproportionately affected by complex needs and related premature deaths. A significant factor was women's experiences of domestic abuse, stemming from childhood abuse and neglect, which was the basis for one of FLSE's commitments in our 'Manifesto for Change' (Fulfilling Lives, 2019).

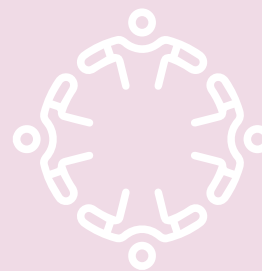




## TRAUMA-INFORMED

The importance of using trauma-informed practice features prominently in learning from FLSE's casework. These approaches treat people as individuals and advocate for the equality of access fundamental to a gender and culture-informed approach (Infield, Boswell, & Race, 2020). Trauma-informed practices take a non-medical approach, responding to and understanding how trauma impacts on women, including behaviours that may be harmful or unsafe such as using substances as a coping mechanism (Sweeney, et al., 2018). The existing system does not always recognise the complexity of trauma that women with MCN may have experienced. Many of the women who have been supported by Oasis Project, Equinox and FLSE have a history of Adverse Childhood Experiences (ACEs) and are care leavers, in addition to their current experiences of MCN.

Oasis Project has a specialist project named 'Looking Forward', which also works with women experiencing MCN who have had child(ren) removed from their care. Multiple removals of children can add further layers of complexity and depth to existing complex trauma (Rossmann & McCallam, 2021; Garrett, Cooke, Dowding, & O'Brien, 2021). FLSE's case studies strongly indicate that trauma-informed working would improve the lives of women in this position through interventions such as independent advocacy in childcare proceedings, multiagency working between Children & Family Services and Adult Social Care, long-term open-ended therapeutic aftercare, and staff training in trauma-informed approaches (Rossmann & McCallam, 2021).



## ASSET AND STRENGTHS-BASED

Women with MCN on FLSE's caseload indicated that the best support is assets and strengths-based. This means work to build their self-esteem, involving listening to their needs, avoiding stigma, focusing on relationships, and taking non-judgemental approaches. Good practice also involved a joined-up and multi-disciplinary service, involving experts by experience, peer and community-based support, advocacy, building a sense of safety, understanding of trauma, and creating trust and hope (Harfleet, 2021; Bhonagiri & Senoran-Martin, 2021).

Historically the women and girls' sector take a holistic approach, and many services work in partnership to address women's experiences of disadvantage and inequality. Holistic approaches view each woman as a whole person and tailor support to individual needs and experiences rather than her difficulties or issues. Women are empowered when services build on their strengths and are actively involved in creating solutions as equal partners – doing things 'with' people rather than 'to' them. Part of this project of empowerment and strength is about building relationships or networks of support and enabling women to have a voice – to speak out and share their experiences and views. By tailoring services around women's needs and offering women-centred ways of working, it has been evidenced that it is possible to understand the cause and help 'unlock' solutions to complex problems facing women with MCN (McNeish & Scott, 2014; Carroll & Grant, 2014).

## FLEXIBLE AND OPEN ENDED

Women on FLSE's caseload have fed back the importance of a quality service which offers unconditional, flexible (outreach and drop-in services), open-ended and long-term support, taking a holistic or 'whole-person' approach. Certain elements that differed to mainstream services included being able to work outside services (for example, meeting for a coffee) and offering clear pathways to employment for women involved in volunteering.



### ONE WOMAN SUPPORTED BY FLSE EXPLAINED WHAT THIS 'DIFFERENT' APPROACH MEANT FOR HER

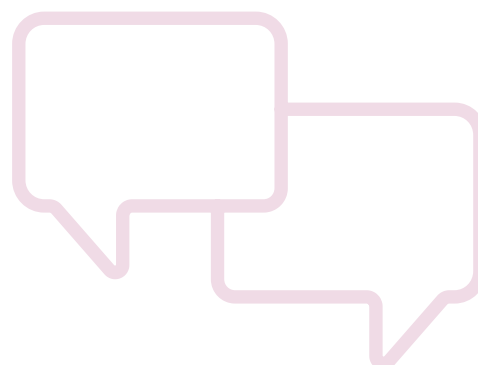


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*“It's because you don't have to come in here [day centre]. We have coffee, it's more relaxed. No one wants to sit in four walls being told, it feels like school, especially when you're a grown woman being told off. I know I can tell her about anything. She doesn't say I'm not going to talk to you, or you'll get kicked off your prescription if you don't turn up to an appointment.”*

Fulfilling Lives client (Hough, 2016)

Many specialist women's support services and centres in the UK have core principles which mirror FLSE's findings on what works for women experiencing MCN (McNeish & Scott, 2014; Carroll & Grant, 2014).



# OUR RESEARCH

## Walking Together with The Women's Study

The Walk Together project was the development of a research design and method created in collaboration with domestic violence and abuse survivors as community researchers, and co-produced with RISE frontline community workers.

For further details, see Annex 1, which may be of particular interest to academics in this field. The Walk Together Project has since been extended (as part of Communities Rising 2021-23) providing a further opportunity to embed this approach more widely in Brighton and Hove as such it offered a good fit for the Women's Study.

Over the period January to April 2022, the RISE Community Research Lead and Caseworker worked to adapt the Walk Together approach for the purpose of the Women's Study. This involved both up-skilling and providing tailored support for frontline key workers from the three partner organisations. 'Community Researchers' were recruited with a view to better empower and support women experiencing multiple disadvantage as well as 'Co-Researchers' who could share their perspectives of what works in their own words, on their own terms, setting the agenda for change.

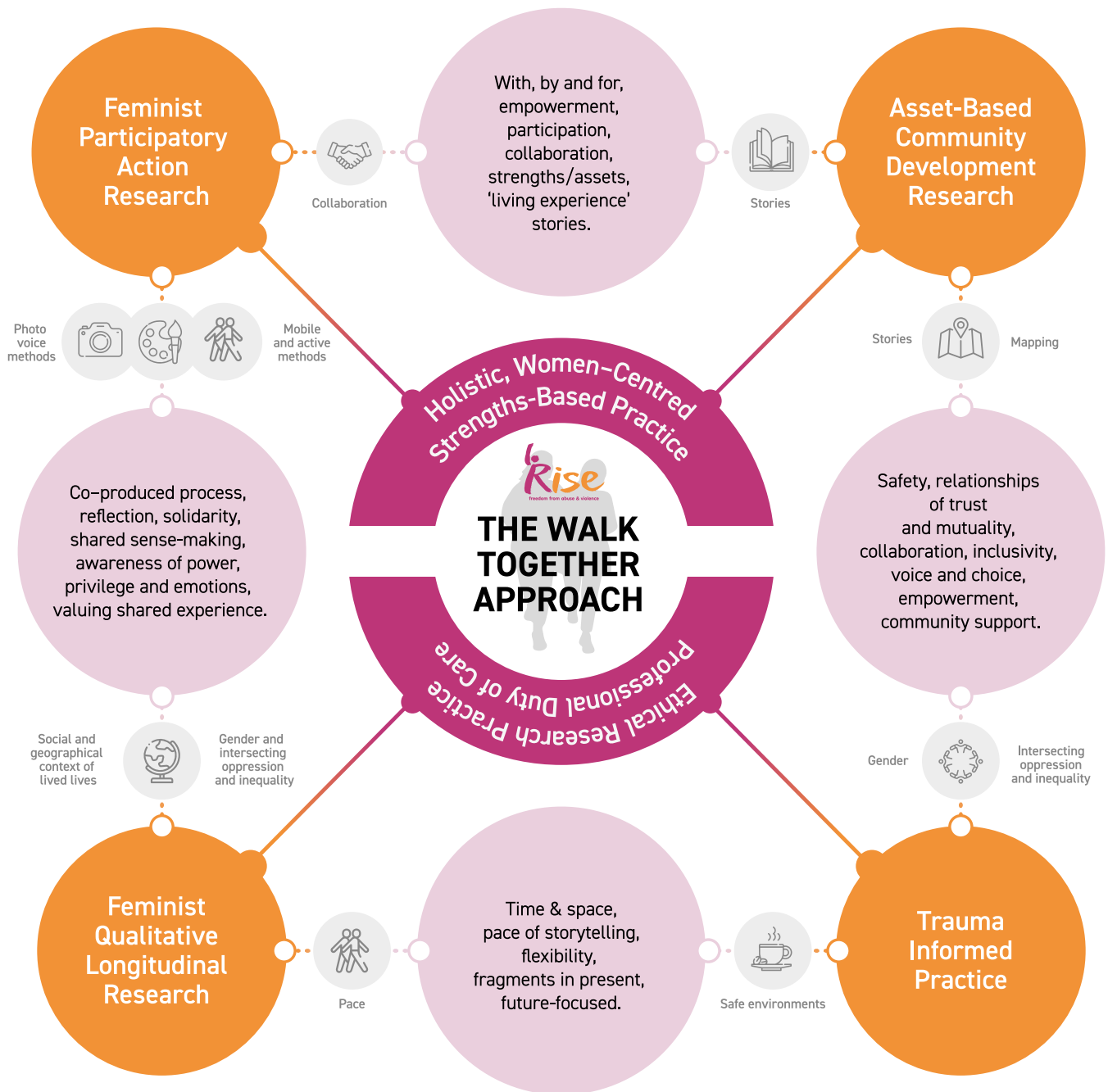
Across the three projects, ten women took part in the Women's Study as co-researchers, five of whom were supported individually to share their experiences with trained community researchers from FLSE and Equinox. Five co-researchers took part in a series of three group sessions with community researchers from Oasis Project, which led to the creation of their collective research project: The Living Experience.

In these sessions, the team developed the core aims and research questions for the study. It was agreed that a creative research approach was needed that would capture the depth of women's experiences in their own words, through an empowering and participatory process.

### The research questions that have guided our research are:

1. What are the experiences of women with multiple and complex needs (MCN) of their support system and what could be the 'ideal' system?
2. Which services have been most effective and least effective in supporting women experiencing MCN?
3. What other types of support, outside formal services, do women with MCN receive and how has that worked?
4. What are the factors that have worked well in the services used by women with MCN?
5. How would women with MCN like to see the support system delivered in future?

**THE WALK TOGETHER APPROACH**



The key components of the Walk Together research approach – as illustrated above – hold overlapping principles. These components relate to empowerment, co-production, strengths or asset-based storytelling, process (iterative patterns and reflection), and active, mobile and creative research methods.

Crucially the Walk Together approach aims to produce knowledge in collaboration with the women targeted by the research and for useful social and political changes for and defined by girls and women. This means paying attention to the social (and geographical) context of the lives of women and girls and problematising gender and intersecting oppression (Gatenby & Humphries, 2000) .

As one of our co-researchers highlights:



“

*“Something that is done should be worthwhile, not something that gets put up and then taken down in a year when you’re dead. People just want to do things that have meaning. It feels like we just do the same things again and again, but nothing changes”.*

**\*Tish, Equinox, Co-Researcher**

**THE WALK TOGETHER APPROACH PRESENTED THE WOMEN’S STUDY WITH A CHANCE TO CREATE NEW OPPORTUNITIES FOR WOMEN WITH MCN TO SHARE THEIR EXPERIENCES OF SUPPORT AND EMBED THEIR IDEAS ABOUT THE ‘IDEAL SUPPORT SYSTEM’ INTO FUTURE SERVICE SYSTEMS.**

Key workers and their managers from the three different organisations were identified and invited to take part in a series of three virtual two-hour Walk Together training workshops as ‘Community Researchers’. These workshops focused on the Walk Together methodology (ethos or approach), research ethics and trauma-informed practice and the Walk Together research design and method. The aim was for these key components to be trickled down to the ‘Co-Researchers’ (as ‘clients’ or volunteers with ‘living experience’) from the different organisations.

Mirroring core aspects of the Walk Together research project it was suggested that the individual teams planned three individual sessions, or adapt components of these sessions.

## WOMEN’S STUDY PROJECT DESIGN

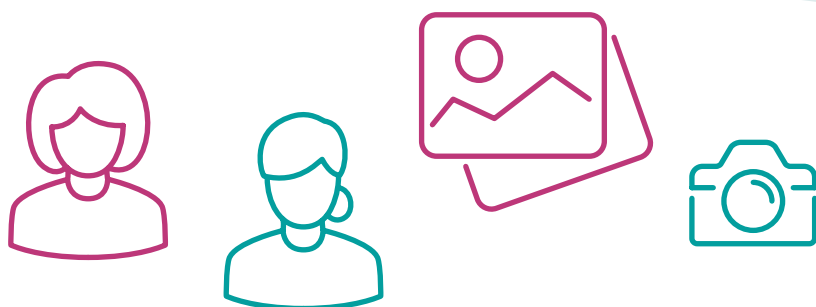
**Session 1:** To explore key components of the Walk Together approach – for example ‘what it means to be a woman (in context of MCN)’, research ethics and safety and ‘asset mapping’ – to understand current system of support. Building in observation, recording and reflection and informed consent.

**Session 2/3:** To support Co-Researchers to plan and conduct a creative research project or story – that would reflect on key aspects of the ‘ideal support system’ in the context of women’s lived lives. Exploring different creative and mobile methods and putting into action where appropriate. Building in observation, recording and reflection and informed consent.

**Session 3/4:** The creation of reflective books (drawing on observation of process and research project material) and opportunities to shape and reflect on the story or research project created and dissemination (including transparency around informed consent).

## EMBEDDING RESEARCH PRACTICE

Asset-Based Community Development Research (ABCD) offers a different way of viewing research 'expertise' – working with assets and relationships within communities (Kretzmann & McKnight, 1993). Rather, than 'helicopter in' an expert academic researcher without existing relationships or knowledge of individual services, the Women's Study has recognised and drawn on the trusted relationships of support that already exist for women experiencing MCN. Key workers not only have existing relationships of trust, but they have a more in-depth knowledge of the services and women's experiences, which would be difficult for an external researcher to achieve over a shorter period of time. They can enable them to create trauma-informed environments based on key principles of safety, inclusivity, the levelling of power imbalances, trust, mutuality and community.



As one of the Women Study Co-Researchers ('clients') explains:

“

*"I felt good about taking part and that I was in the hands of professionals. It was the right time to do something like this because I have known [\*Michelle –Community-Researcher] for a long time now and we have a relationship of trust. I was comfortable with [\*Eva –Community 14 Researcher] as I know her from meetings and loved the things she says".*

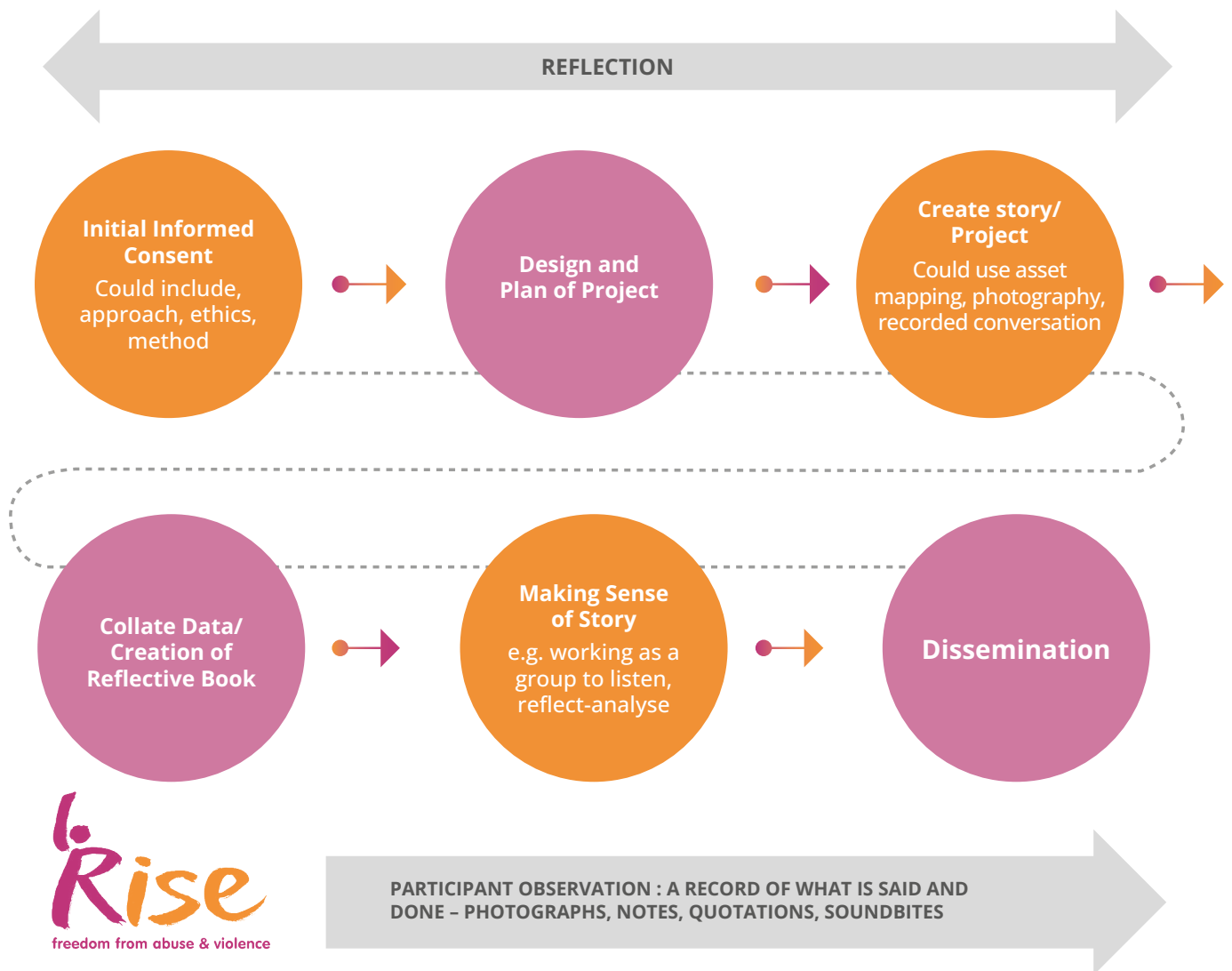
**\*Rhona, Fulfilling Lives Project, Co-Researcher**

Community Researchers from the Women's Study learnt how to build into asset and relationship mapping (with additional creative examples from other ABCD projects) to initial discussions about the current support system. They were encouraged to consider techniques such as mobile (walking) interviews and creative approaches to storytelling including the 'PhotoVoice' approach (Wang & Burris, 1997), as a means of either capturing women's current individual experiences (including individual safety/recovery or strategies to expand their space for action) or as a more creative form of expression of what they would want from an ideal service (images to illustrate warmth, calm etc.).

The intention was that these tools would provide the Co-Researcher with creative ways of building individual or collective (research) projects or stories about their 'ideal support system' that would capture the social context of their lived lives.

The Walk Together approach also supports a move away from 'problems' and 'data' and instead look to strengths and stories. Asset mapping provides one way of creating dialogue about what is 'strong' within a system of support, not just what is wrong, as such it can provide a good fit with strengths-based and holistic forms of frontline practice with women and girls.

# The Walk Together Research Process



The Community Researchers learnt about the value of process and reflection over time in the Walk Together research training. Attention to stories over time also affords Co-Researchers greater opportunities for co-production and dialogue (between storyteller and listener) – especially when key points for reflection and observation are built in.

This can enable a greater sense of control over the research process, for example the Walk Together project used a mixture of slide shows, videos and ‘reflective books’ which enabled women to check or clarify the story or raise concerns around anonymity – especially around the use of photographs or other potentially identifying material.



Further support was offered in a 1:1 planning session, and individual drop-in sessions over the course of the research project. Building on learning from the Walk Together project, research teams were supported, to make decisions around how to approach and how to assess suitability related to potential legal or safety issues, capacity for informed consent and participation and the experience of trauma and how it may impact on the research process (for all individuals involved). To assist the research teams further, they were provided with two guides – one to assist and guide observation of the research process (recording what was said and done) and one to assist facilitation. It was recommended that each team have both a facilitator and observer role (although this was only achieved in two out of the three projects). The Oasis Project also carved out an additional role for a member of staff to write up their own reflections and analysis.

One of the criticisms of participatory action research is that it is not a quick fix or neat template that can generate neat results or findings. It is resource heavy and time consuming – especially in the analysis and management of large amounts of story-based material (or ‘data’). This is largely due to the creative and unstructured nature of activities and the emphasis on co-production or collaboration (with ongoing reflection) over time. Whereas one of the projects in the Women’s Study

managed to achieve a design over three sessions – due to restricted resource and capacity the other two projects did not – although in some instances they were able to squeeze in a considerable amount of conversation, mapping and creative activity within one session.

In the Equinox project, it was reported that all women ‘point blank refused’ to engage with asset mapping for exploring their current experiences of support systems.

**SOME WOMEN, PREFERRED TO ENGAGE IN AND TALK ABOUT CREATIVE ACTIVITIES, WHEREAS OTHERS PREFERRED TO BUILD IN INFORMAL CONVERSATION INTO THEIR EVERYDAY ACTIVITIES OR HAVE A MORE STRUCTURED CONVERSATION WITH TRUSTED WORKERS. THIS REFLECTS THE PREMISE THAT THERE IS NO SINGLE ‘METHOD’ FOR ENGAGING WOMEN WITH MCN ABOUT THEIR VIEWS AND EXPERIENCES.**

However, all projects worked on the basis of building in opportunity for reflection – building shared trust and understanding through co-produced processes of sense-making and opportunities for recognition, validation and empathy. It is this process, enriched by descriptive observation and skilled facilitation and support that enables women to work collaboratively to share their stories of the current and ideal support system.



# THE RESEARCH FINDINGS

In this section, we will highlight the key cross-cutting themes across the three individual research projects and separately present some of the rich insights developed from our longitudinal case study, created by the Oasis Project community research team. To make this section easier to read and maintain anonymity we have given each of our Community Researchers and Co-Researchers pseudonyms (denoted with \*).

## STRENGTHS OF WOMEN & WOMEN CENTRED SUPPORT

For \*Rhona one of the co-researchers in the study, initial discussions about what it means to be a woman and the activity of asset-based mapping provided an opportunity to reflect on her own process of making sense of her gendered experiences and identity over the course of her lifetime. \*Rhona joined \*Michelle, one of the Community Researchers from FLSE in a local café space dedicated to women experiencing MCN. Both had worked together closely and (as above) \*Rhona reflected on how the activity felt like the right time, after a long period of working together and building a relationship of trust and understanding. As the pair sat comfortably side by side on the wooden floor, they were also joined by another trusted worker, \*Anna, known to \*Rhona through group work. \*Anna observed the session and took notes, providing \*Rhona with the opportunity to reflect on the discussion at the end of the session.



“

\*Rhona explained:

*“Girls and women are emotional. That is seen as a sign of weakness compared to boys or men who are strong and do not show as much emotion. I grew up around a lot of women as a child and that (emotion) felt very negative.”*

**\*Rhona, Fulfilling Lives Project, Co-Researcher**

As a girl she recognised that ‘strength’ or a lack of emotions or vulnerability was seen as a male trait. Women did not have the ‘right version’ of strength ‘due to their role in society’. This led to a discussion between \*Rhona and \*Michelle about the expectations on women to be ‘considered enough’, through ‘grooming’ and attention to physical appearance, which can lead to feelings of ‘insecurity and misjudgement’.

This realisation as a teenager, and the discovery of feminism developed into a ‘rebellious anger’ towards the world – realising that women did not have the same opportunities as men or positive role models. This felt particularly acute for \*Rhona in relation to sex, as a site for the interplay of power relationships, especially when combined with porn which gives; a ‘screwed version of women, sex and relationships and how we enjoy sex as portrayed for men.’ This period of discovery and challenge included:



*“Taking risks to trying to empower myself with a growing mistrust in men and a fear of their power.”*

Feminism provided \*Rhona with an opportunity to not only make sense of the inequality that she had experienced as a child, but to forge her own version of resistance and activism –motivated by fear, anger and mistrust.

While \*Rhona did not share the details of when she began sex-working, she explained that in the context of a ‘lack of choice as a woman’ she saw sex-working as a ‘form of survival’. Whilst working she explained that she ‘lost the ability to connect with others’, ‘struggled with boundaries’ and found herself ‘struggling to access help’ when caught up in complex power dynamics and dealing with male jealousy.

\*Rhona attributes Feminism to providing her with a different framework, not only for understanding her own strength but also the strength in other women that she had previously dismissed as a child. Feminism helped to deconstruct her previous understandings of womanhood as a weakness:

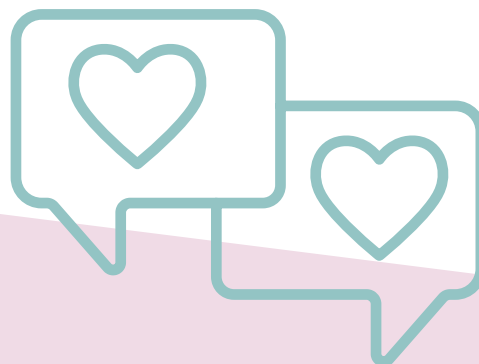


*“It changed my view on women having strengths and allowed the start of the process of feeling compassion for myself.”*

**IN ADDITION, \*RHONA EMPHASISES THE IMPORTANCE OF WOMEN-CENTRED SUPPORT FOR HER ONWARD JOURNEY:**



*“I struggled with boundaries but finding safe, reliable women allowed me to explore and be open to support.”*



# \*RHONA'S REPRESENTATION OF WHAT IT MEANS TO BE A WOMAN



Not all the Co-Researchers who took part in the research had the same awareness of Feminism as \*Rhona or had been on the same journey of self-discovery. Co-Researcher \*Lorraine was also supported by \*Michelle to share her experiences. \*Lorraine explained that:

“

*“My identity as a woman doesn't come into it much. I have male friends with mental health problems, my gender doesn't occur to me often.”*

**\*Lorraine, Fulfilling Lives Research Project**

Despite this, \*Lorraine went on to detail an example of feeling uncomfortable accessing support from a male doctor and feeling unable to tell anyone about it. She also talked about her experiences of being homeless as a young person where ‘my gender gave me a bit of extra danger’, leaving her vulnerable to being ‘taken advantage of’ or of threatening behaviour. Rather than challenge these experiences, \*Lorraine explained that it is ‘human nature – men do all the chasing and might be thinking they have the opportunity.’

**\*LORRAINE WAS CLEAR HOWEVER, THAT WOMEN-ONLY SPACES WOULD BOTH PROVIDE PHYSICAL AND EMOTIONAL SAFETY AND OFFER COMFORT FROM OTHER WOMEN:**

“

*“I think it's important to have female only spaces. For reasons of physical and emotional safety, comfort of peers, knowing there isn't a hidden agenda. They can point you towards support from other safe spaces.”*

**\*Lorraine, Fulfilling Lives Research Project**

As will be outlined in the case study presented below, the Oasis Project community research group was made-up of five Co-Researchers all of whom were currently accessing the service for support related to addressing drugs or alcohol addiction. All were at different stages in their onward journey from domestic violence and abuse or ‘recovery’ from drug and alcohol use. As part of the research process, the group explored what an ‘asset’ means as ‘worth something’, ‘good stuff’ or ‘something extra’ and their initial discussions reveal that the single sex spaces in Oasis Project offer a feeling of safety for women.

Community Researcher \*Ronnie asks the group of Co-Researchers in turn, if ‘Oasis Project was an example what would be an asset?’

“

\*Rylee said,  
*“A front door because when it opens it is a safe space for woman only, no men.”*

“

\*Fi said,  
*“Being able to talk to someone.”*

\*Briella explained she had a row of workers leaving and changing with (X) Local drug and alcohol service and she eventually got a male worker who was patronizing. She explained she was meant to go to detox up the hill (pointing) and when she rung (X) Local drug and alcohol service for guidance as to what she should do when she goes in, she was told he was on leave and would not return until after her admission date which left her with no help from them. She said when she moved to Oasis Project and she ‘got (Community Researcher) \*Ronnie’ it changed, it was more stable and there was trust’.

**HAVING A PLACE TO ‘TALK TO SOMEONE’ AND RELATIONSHIPS DEFINED BY STABILITY AND TRUST WERE KEY EXAMPLES OF VALUED GOOD PRACTICE WITHIN OASIS PROJECT.**

## CONSISTENCY AND QUALITY OF RELATIONSHIPS WITH STAFF

The importance of 'stability' and 'trust' from frontline workers was something that was strongly voiced across the Women's Study. This feels at odds with the changing nature of short-term contracts and staff turnover, which can make the experience of accessing support for women confusing:

“

*“Support that's out there changes all the time. Short contracts are ridiculous and make it confusing when accessing support. I think services should be funded for a minimum of ten years. (...) People need to be informed about what's out there so they can choose to follow up on it. This could be a printed recovery map as well as online for people to look up. It should include services, what they do, where they are, national and crisis helplines. And it needs to be kept up-to-date so people have a picture of what's available to them.”*

**\*Lorraine, Fulfilling Lives Research Project**

The Equinox Community Researcher, \*Hannah, spent time with three hostel residents, to informally explore their experiences and ideas for an ideal system. \*Tish, a hostel resident described the impact changing staff support can have on women and their onward journey, in relation to the constant need to re-tell their story:

“

*“It is really hard when your workers always change. This means you have to tell your story again and again, and this is painful, to have to keep explaining yourself. The new people then just see you as you are then, and don't know your history, or what you were like before.”*

**\*Tish, Equinox Research Project**

Feeling let down by staff was also linked to staff not turning up on time or planned activities not going ahead, with detrimental impact of a sense of wellbeing. This again speaks to the issue of short-term contracts and stretched funding.

\*Tish explained there needs to be:

“

*“More punctuality. It's awful to build yourself up for something and then it doesn't happen when you expect. You feel really disrespected. Not saying things that will happen if they will not. I feel this is really damaging, and it makes me want to drink.”*

**\*Tish**



These experiences suggest that services need to provide alternative ways of ensuring consistent support and information for clients, and ensure open communication to prepare women for change and uncertainty. \*Lorraine's idea of the printed recovery map available online suggests more can be done to empower women to make informed choices about what services will best address their needs.



As will be explored in the Living Experience Research Project Case study below, \*Tori, one of the Co-Researchers weaves a story of becoming a mother that maps the shift from situation of fear and mistrust of professional support and intervention, to her current place of relative stability which she attributes to the support of professionals and peers. In her account, consistency of support from social services in motherhood felt particularly disjointed due to the separation between child and adult services.

“

*“I feel when you get children’s services involved, you should have an adult social worker too, as well as the child’s. There was no support for me. The support was separated, not joined up. It would have helped to have a social worker on my side. “Social workers are a scary thing. When I was pregnant it felt like he (The social worker) was my social worker but after the birth the focus was on the child.” She then speaks of the irony of having to have an adult social worker for parent child rehab”.*

\*Tori explained;

*“Changing social worker was my changing grace. My (female) care coordinator helped me get into rehab. I was still using in groups at that time.*

*“I went to a baby/parent placement. Being with other parents in the same situation as me was really helpful. Some of the exercises, sharing my story made me realise things, so being somewhere with my baby made all the difference. The environment helped me start exploring my shame and guilt.”*

**\*Tori, Equinox Research Project**

As her creative research project will illustrate these key moments, of being supported by female professionals who understand her, who ‘knew’ what was going on – and the shared experience of other parents in similar situations was invaluable to her ‘recovery’.

## SUPPORTIVE ENVIRONMENTS

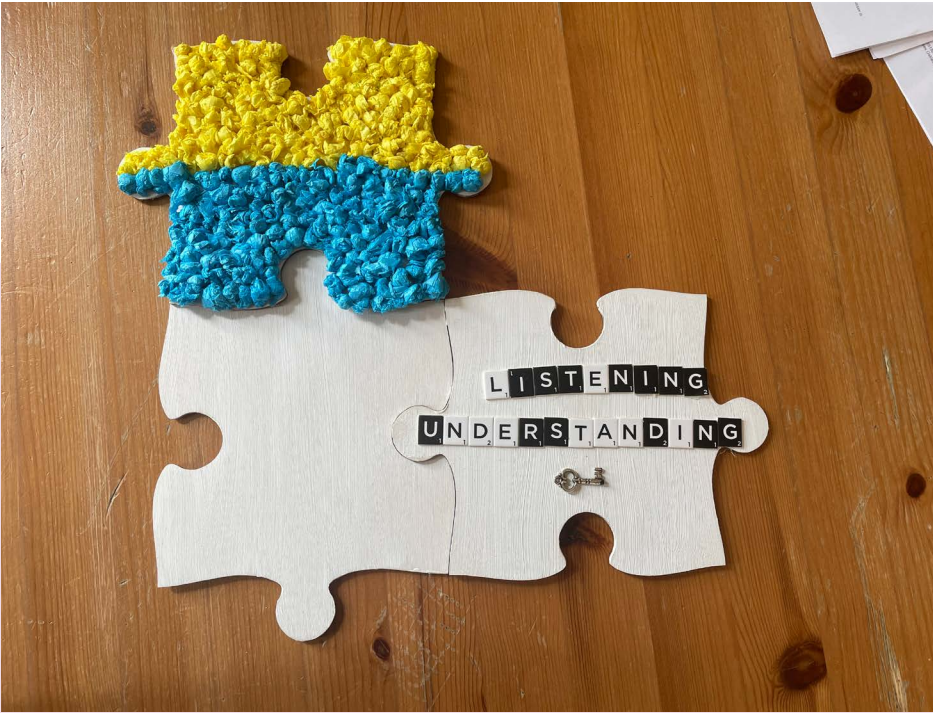
All three of the Co-Researchers who took part in the research for Equinox, a women’s only hostel, didn’t mention the importance of single sex accommodation or women-centred support. This may have been due to the fact that they were in a women’s only space at the time. \*Hannah, the Equinox Community Researcher was able to spend some time with all three women on their own terms. These encounters capture the different support needs of the women accessing the service and remind us as discussed in the previous section that there is not one-size-fits-all method for supporting women to share their stories.

For \*Molly the time with the community researcher was an opportunity to explore and share some of the artwork that she had been making for the hostel group project that had started on International Women’s Day. She explained that she found art to be a good way for people to express themselves personally, while also demonstrating the connections they have to each other. In a single sex group, it was also easier to share experiences fully, giving a chance to be able to process trauma and move beyond it.

“

*“She wanted to make a piece with Ukrainian colours on it to show solidarity with the pain that is being suffered. Her next plan is to make a St George flag to connect with the Ukrainian piece. I asked her what she feels is important for a women’s service. She spoke about how beneficial she finds group work.”*

**\*Molly, Equinox Research Project**



What we learn then, across the Women's Study there is clear recognition of the importance of women's only spaces where they know that they will feel safe and able to express their experiences alongside other women, with female staff to support and understand them.

## CARING SPACES AND PRACTICAL SUPPORT

Not all the participants who took part in the Women's Study talked about the benefits of collective spaces for expression and support. Hostel residents \*Clara and \*Tish both preferred to engage with \*Hannah in hostel spaces separate from the other residents, or group work activity like the hostel art project. \*Clara felt more comfortable in her room and \*Tish in the shared kitchen.

\*Tish explained that she did not feel comfortable being around other people in activities especially when she is asked to give an opinion:

“

*"I don't feel confident enough to have words with people, to tell them what I want and do not want. I don't want to be around other people for this reason, so find it hard to be part of projects like this."*

**\*Tish, Equinox Research Project**

As outlined in the previous section, \*Tish felt sceptical and uncomfortable about the types of consultation that she had previously taken part in, and whether the questions asked had any impact (a tick box exercise to benefit staff rather than residents). This format also triggered difficult memories like preparing for court. Art projects reminded her of being in school or of being a young mother, which activated difficult feelings and sad emotions.

\*Tish also explained that she found it difficult to be in public spaces alone and prefers to keep herself busy doing practical tasks. \*Hannah spent time with \*Tish while she did the washing up, giving us some insight to the importance of the sharing of practical everyday activities in the context of hostel life.



*'Tish is washing up her plates, bowls, glasses and cutlery. She agrees to speak about these things, and later states that is easier to talk when having some practical distraction. She finds it hard to be in public spaces alone and is happier to talk to staff while they are alone in the kitchen. She says when there are so many things she should be doing she does not want to work on art. We agree the best way for her to take part in the project is to have an informal discussion while doing her washing up.'*

**Equinox Community Research Observation Notes**

Although she does not give detail, \*Tish explained that if she was in charge of the hostel – she would decorate the place. She values her 'nice room with space to move around'. But her room must feel private, a place of solace where she knows that she will not be disturbed by other people (staff) unless it is a time when she feels they are needed.

“

*"I don't like people just walking into my room. They always are coming in when you don't want them, but not being there when you need them... (My experiences of a good service include) People who are funny and understanding. People being helpful and taking me out."*

**\*Tish, Equinox Research Project**



Echoing the voices of other Co-Researchers in the study \*Tish, balances her need for independence and autonomy with the type of practical care and support that she has found in other services. As she explains:

“

*"I liked a place I lived that took control of managing my medication. They were very organised, and you just went to the hatch to pick things up. They kept it for you and you just had to take it, which helps with my forgetfulness."*

\*Tish, Equinox Research Project

This form of structured assistance and support was also indicated in other women's accounts of what worked well, or what they valued in other services. For example, in \*Lorraine's mapping of her current support system she touches on the value of the pharmacy for delivering her prescriptions and the actions of the mental health crisis team who ordered and paid for a taxi to the service when she needed it. This is balanced with the resources and assets she drew on from her own research and support work including religious sessions on YouTube, friends and family, finding information on her tablet about health and travel.

## OUTLINE FROM \*LORRAINE'S MAP OF CURRENT SUPPORT SYSTEM

Most Helpful

Least Helpful

- **Church and Faith** – sessions on YouTube including a survivor talking about forgiveness
- **Crisis Team** – organised and paid for a taxi to see them
- **Family**
- **Tablet** – to access health related info, travel information, where to go and how to get there
- **Friends**
- **Reading and Cycling** – Help my wellbeing if I have the energy
- **NHS** – can't get to see my GP mostly these days it is a locum who I don't know well or have an ongoing relationship with. Since Coronavirus you have to ring up before 9 for a telephone consultation and can't go in reception to make an appointment.
- **Films, TV and Music** – Like to catch up with the news
- **Pharmacy** – Deliver my prescriptions which is helpful
- **Citizens Advice** – meant to ring back 3 weeks ago and never did. Can't ring them as they are working from home.
- **Survivors Group** – as we spoke about in discussion, which had a male present who had not experienced the trauma himself.

In contrast, support services that fared less well for \*Lorraine appeared to be those who were unavailable and had been slow to recover face-to-face support following the Covid-19 pandemic.

## WORKING WITH STRENGTHS AND AUTONOMY

What these stories and reflections tell us is that women welcome practical support as a form of care but as \*Tish articulates, it does not replace the desire for privacy, independence and autonomy.

For one Co-Researcher, \*Tori, her engagement with the police during periods of crisis (domestic violence and abuse) was characterised by feelings of mistrust and instances of dishonesty ('I lied to them') mirroring advice from her family and partner not to engage with services. Looking back, \*Tori assessed that her perspective on the police response changed over time:

“

*“At the time I was angry with the police because they didn't protect me. But looking back it helped. Because they were looking out for me, and that helped.”*

**\*Tori, Equinox Research Project**

\*Tori suggests that although the police failed to offer her a sense of protection, the fact that they were involved on some level, being in the system so to speak, does provide a sense of validation and recognition that they were at least 'looking out for her' which appears to create a sense of retrospective validation and recognition (or sense of worth).

As will be explored in \*Tori's creative illustration and account of her 'living experience' in the case study below, this situation emerged because Tori had to make her own risk assessment about her relative safety and the danger/risk of being separated from her child. Another group member indicated that as a young person they would assess the relative safety of different spaces in their lives – their home, a friend's house and different parks.

A member of the community research team indicated:

“

*“The recognition of the strength and resilience of people who can find their own survival strategies, where the alternatives may result in greater harm, may be overlooked if the decisions do not fit with professionally defined options for safety.”*

**The Oasis Project Living Experience Project**

Similarly, Co-Researcher \*Fi reflected on what made a professional a supportive person, including teachers who 'knew what was going on but didn't say anything'. In contrast she explained that when social services became involved it felt unhelpful because they blamed her for not talking to social services, and she felt 'forced' to speak to other services like a substance use service for young people.

When professional intervention is required/desired, the time in which it is delivered by services is also relevant – early support or intervention potentially avoids feelings of shame linked to dependency that could emerge when in crisis. This is also something \*Rhona reflects on when talking about the restriction of mental health support in times of crisis:

“

*“The Mental Health Rapid Response Service was helpful because it was not task driven. I felt like I mattered, but you can only see them when you are in crisis. So to get the best support I had to be in crisis but this would lead to feelings of shame. I had to work hard to see a psychiatrist. I thought this would help, but all I got was a piece of paper with an EUPD diagnosis.”*

**\*Rhona, Fulfilling Lives Research Project**

## TRAUMA AND MENTAL HEALTH

The Community Researchers spent a total of four hours together with \*Rhona to support her to share her story, from girlhood as above to adulthood. Her account of seeking mental health support from the point of crisis clearly evoked strong emotions, which were delicately managed and held by the women around her. The observer captures this process of listening, validating and supporting \*Rhona:



*"Interviewer often gave positive affirmations and encouragement to researcher and acknowledged that she is still in a journey of acceptance. Overall, it felt very supportive and contained session, which included laughter as well as serious discussion. There didn't feel any judgement in the room, and it was obvious that a relationship was there between researcher and interviewer that allowed for self-exploration of thought-provoking topics."*

Fulfilling Lives Community Research Observation Notes

In this context \*Rhona recounted:

“

*"Mental health services feel unreliable, didn't meet my needs, they were too inconsistent and didn't feel safe or supportive. I often felt confused by system and felt that it didn't understand my trauma and just wanted to diagnose and medicate me. I would like to see services better understand self-harm with training especially A&E nurses who made me feel like I was wasting time and wanted to discharge me as quickly as possible."*

\*Rhona, Fulfilling Lives Research Project

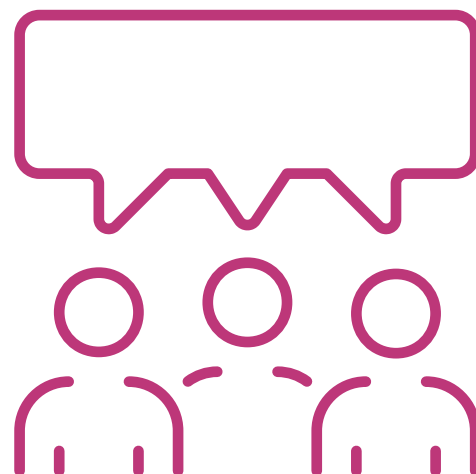
\*Rhona clearly articulates the individualised and medical approach, she encountered when accessing mental health services, and the sense of a lack of compassion, empathy and understanding more widely from the NHS A&E nursing staff.

In contrast, the validation of her experience by the community researchers illustrates the importance of a trauma-informed approach, which recognises and provides space for women to talk about mental health (or trauma) in the context of the wider experience of gender and other intersecting experience of oppression and MCN. This space perhaps offers a better fit for \*Rhona, than other experiences of trauma-informed support with a focus on group work and mindfulness:

“

*"Support groups can be triggering; I was offered extra support or 1-1 in between groups. Would like more systems that see you as whole person and not just symptoms that need fixing. That when offered mindfulness they understand this can be triggering and don't say you are wrong if you struggle and find it overwhelming."*

\*Rhona, Fulfilling Lives Research Project



**\*LORRAINE ALSO FELT STRONGLY THAT THERE NEEDED TO BE A SPACE FOR SURVIVORS (OF GENDER VIOLENCE) TO TALK ABOUT THEIR EXPERIENCE OF TRAUMA WHICH WAS NOT ABOUT SHUTTING DOWN STORIES OR CONVERSATIONS.**

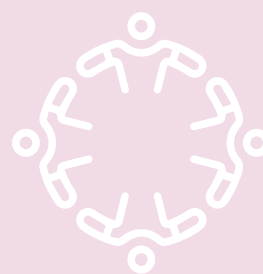
“

*“There needs to be space for people to talk about traumas. I had an experience where they wanted to quickly move on from talking about a difficult experience in my past which I was ready to talk about and focus on now.”*

**\*Lorraine, Fulfilling Lives Research Project**

Whilst we cannot be sure to know why \*Lorraine experienced this within the service, it does reflect a more medicalised or individualised approach to trauma-informed support that requires women to reach a stage of stabilisation before they can share their experiences or past memories, for fear of re-traumatisation or evoking vicarious trauma for other group members.

The solution to dealing with her trauma appears to be offered in the form of individual mindfulness techniques. This professional and individualised approach jars with the grassroots ethos of the women’s sector, especially in the field of gender violence where providing safe spaces for the expression of lived experiences and stories is regarded as part of the bread and butter of collective activism and healing.



## SHARED ‘LIVING’ EXPERIENCES

Like \*Lorraine, many of the Co-Researchers in the Women’s Study talked about the importance of ‘lived experience’. This phrase, commonly used in the sector was re-conceptualised by the Oasis Project community research team as ‘living experience’ to challenge the assumption that personal experience (of multiple and complex needs) is ever finished or ‘lived’ (see case study below for further discussion).

“

*“The main helpful support in my recovery has been friends who have helped me navigate the system. They offered me practical help, I feel safe with the people I have met through support groups and who I have shared lived experiences with. I felt broken by the system but I didn’t want to give up. My own research helped me and finding other people who felt the same. I would like to see more people with lived experiences in services and designing support.”*

**\*Rhona, Fulfilling Lives Research Project**

**FOR SOME OF THE HOSTEL RESIDENTS AN IDEAL SERVICE MUST ‘LISTEN’ TO THE WOMEN THEY SERVE.**

“

*“The project should not be treated as a tick box exercise. Suggestions that are made should be acted upon. The women should be listened to!”*

**\*Clara, Equinox Research Project**

“

*“Her immediate answer to how a women’s service should look, was that it should be understanding, and knowledgeable about the mental and physical needs of the residents. She said that listening to people was one of the most important things that a service could do.”*

**\*Molly, Fulfilling Lives Research Project**

**LISTENING AND UNDERSTANDING FORMED THE CORE MESSAGE OF \*MOLLY’S JIGSAW PIECE, WHICH SHE ALSO LINKS TO THE WIDER MESSAGE OF SHARED HUMANITY BETWEEN ENGLAND AND THE UKRAINE.**



To summarize, while some of the contributions across the Women’s Study appear to get stuck on reflecting on what is wrong with the current support system, we are afforded glimpses and snippets through their accounts of what makes an ideal support system. Overwhelmingly women highlight the value of relationships – both peer support and the professional staff around them. They wish for future services to offer consistency, transparency and respect with as much up-to-date information as possible about what support is available, and on an everyday basis whether the support they expect to receive is likely to change.

Women value professional responses respecting their own capacity for autonomy or making decisions around their own safety, but being there, or knowing what is going on is still important. For some, rather than only offer support in crisis, which can lead to experiences of shame, women want practical and caring support regardless of what stage in the journey they are at. This does not replace their desire and capacity for autonomy or independence, but gives some respite or one less thing to think about.

Being heard and understood by services and given spaces to voice their experiences and be ‘listened to’ (and for this ‘living experience’ to further lead the shaping of women’s support systems) is crucial.

Mirroring both trauma-informed and strengths-based practice – what these stories, and the holding relationships created for telling reveal is that women want to be recognised and understood in the context of their lived lives, and for some, more widely in relation to wider systems of gendered and intersecting experiences of inequality and oppression.

**THIS IS NOT JUST ABOUT WHAT WOMEN ‘NEED’ BUT ABOUT BEING RECOGNISED ON A LEVEL OF HUMANITY, AKIN TO THE SENSE OF EMPATHY AND CONNECTION \*TISH ARTICULATES, WHEN SHE REFLECTS ON THE WIDER CONTEXT OF THE SUFFERING EXPERIENCED BY SURVIVORS OF THE CURRENT WAR IN UKRAINE.**

## CASE STUDY:

# THE OASIS PROJECT – LIVING EXPERIENCE PROJECT



Unlike the other two research projects in the Women's Study, the Oasis Project were able to resource two paid workers, one to act as a group facilitator, the other as observer. A group of five Co-Researchers were brought together over three research sessions (as opposed to one 1:1 session). This enabled the group more time, not only to reflect on their experiences of the current and 'ideal support system', but to act as a community research team with space to reflect on; ethical issues like consent, the sharing of personal experience, and power dynamics in the process.

Following the Walk Together design, the team activities were working towards the creation of a research project that enabled them to express their experiences of services in their own words, in the context of their lived lives.

The research and relationship/team-building activities reflects the Walk Together methodology, building in opportunity for collaboration, co-production and crucially opportunity for reflection over the three sessions. The Group Facilitator combined the Walk Together methodology with their own practice and supportive relationships that she had built over time. Activities included balloon drawing, mandala colouring and asset mapping activities, together with independent contributions from participants, either using photographs collected outside the project or creating collages from magazines images.

Sessions were recorded in note form and with a camera (with consent and opportunity for reflection) by the observer. An additional independent member of staff recorded core reflections dividing the main themes emerging from the project and noted that the Walk Together Methodology was complimented by the expertise and working practice of the staff involved.

“

*“The keyworker had close working relationships with all the women engaged and able to collaboratively explore their participation in relation to their recovery and other factors. We consider the trust and familiarity in this relationship adds strength to the research.”*

Staff reader, The Living Experience Research Project



The observation notes from the Living Experience Project both articulate and illustrate the type of supportive relationships and safe (trauma-informed) environments that the Co-Researchers across the Women's Study have presented as what works and what could be the 'ideal' in their 'support system'. Each observation began as women arrived in the group space, capturing how they were received by each other and the ways they find space within the room, for connection, comfort and expression.



*'I rush to open the door of the entrance. They exchange hellos. \* takes a seat at the table that is set up with chairs set around it. \*Ronnie lets \*Sorrel enter the building and she comes into the group room and parks up her scooter against the wall before taking a seat opposite \*Rylee. They are chatting about an Oasis Project, and I interrupt to offer refreshments. \*Sorrel requests tea and \*Rylee orange juice. I place fairy cakes and biscuits in the centre of the table inviting them to tuck in. \*Ronnie is on her phone messaging and speaking to the other group members reassuring them they can arrive late.'*

**The Living Experience Project,  
Session 1**

The observation notes also captured the strength and adaptability of both facilitator and observer, illustrating the value of their existing keyworker-client relationships. Whereas the group suggest that the facilitator 'sits at the head of the table' in the first session, the observation notes also capture how the facilitator seeks out opportunity to sit alongside the group and share experiences. This is mirrored in the group's reactions to the participation rules where the staff members are included - 'the same rules should apply to everyone'.





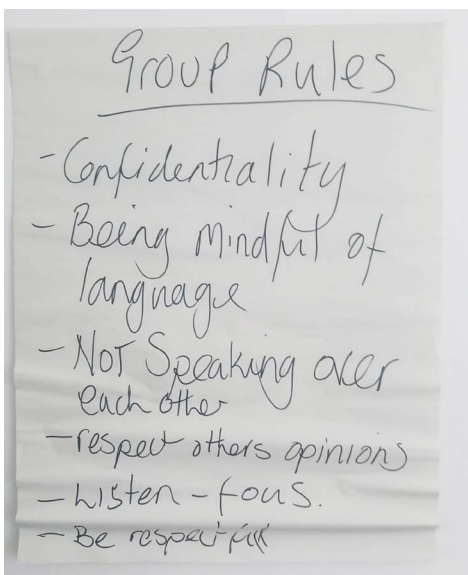
Aided by the introduction of group games like personalising and talking about balloon faces and the giving and receiving of pens, both facilitator and observer reveal a degree of vulnerability and openness, all the while maintaining boundaries and holding the space for others.

These insights are particularly striking, as both facilitator and observer had expressed a desire to level the power balance within the research process in the Walk Together training sessions but were concerned as to how to manage (boundary) their own personal lived experience, and previous knowledge of group members' past history. The group gave considerable time in each session to establish how they would work together. Setting group rules and providing the participants with choice is a common initial exercise for most type of group activities.



*\*Ronnie takes the coloured pen and shares that she is feeling nervous and motivated' about the group and she 'hoped as a facilitator to be available and caring'.*

The Living Experience Project, Session 1



**Through the analysis of the three sets of observation notes, the independent Community Researcher within the organisation noted; 'it was profound how important this section of the group process appeared'.**

*'I don't like rules but I know I need them'.*

*'We need rules to feel safer and to feel alright in the group'.*

*'No rules equal trouble, no rule means things get risky'.*

The Living Experience Project, Session 1





The independent Community Researcher reflected that this focus on rules reflects the wider theme within women's accounts of being experts in their own lives of creating safety for themselves.

*'It was really evident how skilled and confident the women were with knowing what they needed to create safety within the group, and a group member said their confidence to participate in the group, was reflective of how safe they felt.'*

**The Living Experience Project, Session 1**

The group agreed that they needed rules that were realistic, not for example, forcing people to listen to each other – showing respect but recognising that people have different individual needs, like the need to look out of the window. Through discussion they worked towards a shared understanding of what they needed from the space that did not work from blanket statements that would overlook the individuality of each member.

This emphasis on a shared understanding reflects care, compassion and respect both for themselves and the other group members.

*'The collaborative and diverse relationship building within the group which shone through the observations also provides great insight into what services and professionals should be considering when providing services which feel safe, provide support or when asking people about who they are, what they have experienced and what they want.'*

**Reflections from Independent Community Researcher**

Their identity as a collective (framed by the project title) was defined by a recognition that what they have in common – the fact that their experience of recovery is ongoing.

*\*Sorrel suggests 'Serious Information Group'  
\*Rylee suggests 'The Lived Experience' as a title for the group and \*Sorrel immediately responds with "I like that". \*Ronnie asks what we are trying to say with this title and \*Rylee replies "Strong, resilient" and \*Sorrel adds "we managed to stay alive". \*Ronnie asks if they want to call the group 'The Lived Experience' and \*Rylee replies not because "it isn't over yet".*

It is striking that in this context, the group were able to challenge a key taken for granted term used within the sector to describe the inclusion of the views of women experiencing MCN, i.e. women with 'lived experience'. The work of challenging common terms continued into other sessions such as the rejection of the term 'support system', something one members claimed sounded like 'a computer system'. It reminds us of the importance of checking terminology, which may sound alien and de-humanising to those we wish to collaborate and co-produce knowledge with.

In addition, as illustrated in the rules discussion above, there is a continued themes across the three sessions of respecting the individuality of each woman's experience.

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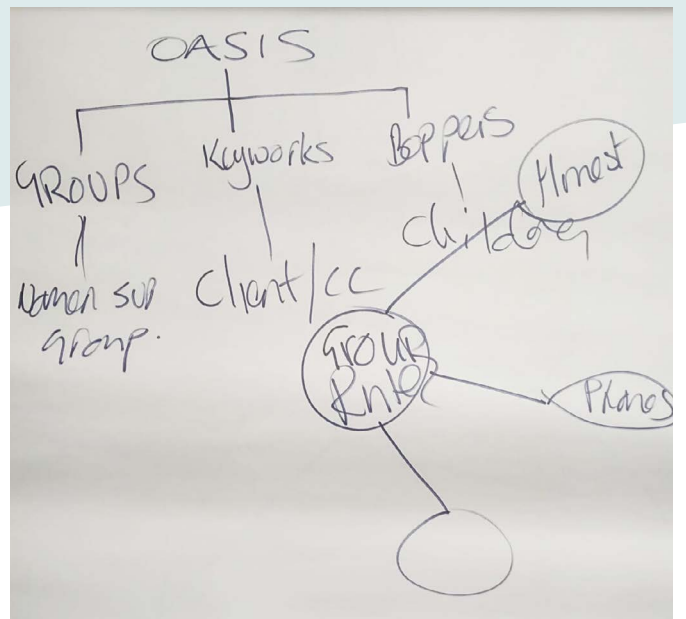
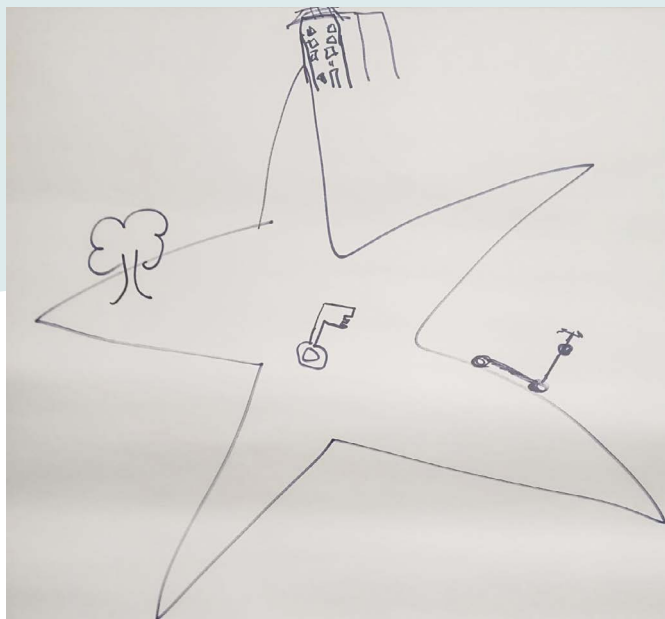
*"Because everyone's experience of recovery is different".*

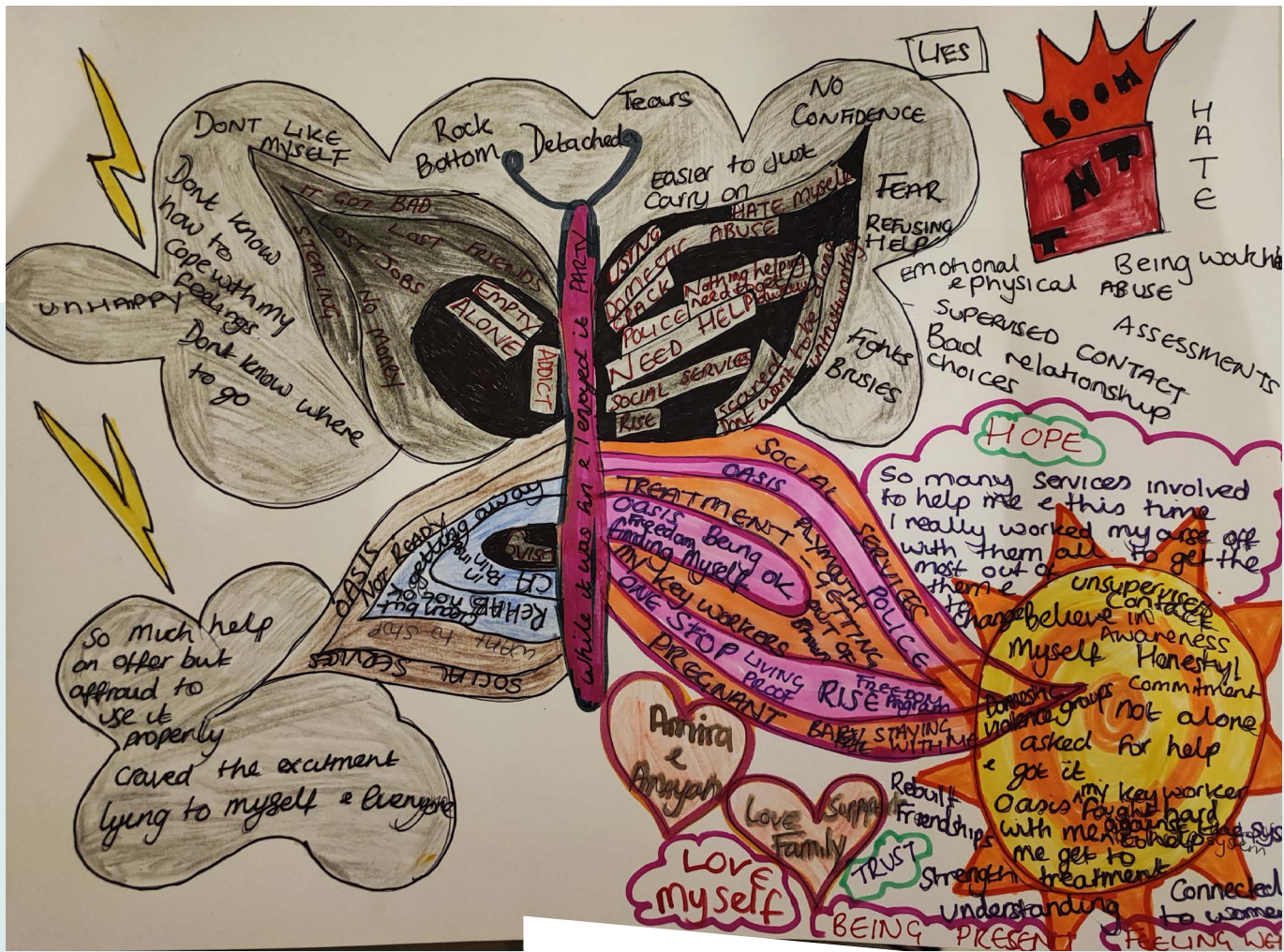
**\*Rylee, discussing the group rules for participation**

This is not only evidenced by what is said, but by the space that is given for each member as they share their stories and talk about their individual contributions to the project without interruption, or comment. This may be reflective of the group following the agreed rule of the recognising their difference of experience.

### CAPTURING INDIVIDUAL LIVING EXPERIENCE

The three community research group sessions were facilitated in addition to independent work and planning carried out. Creative exercises were used throughout to provide opportunity for group members to explore past experiences, thoughts on support services and their recovery.





\*Tori - 'From Dark to Light'

Tori's drawing shows her journey from dark to light. The image captures the dynamic shifts and changes –with the drama of lightning bolts and – moments of cool (unhappy) calm alongside offers of support that she was 'afraid' to take up. The central body of the butterfly depicts the experience of using as pleasurable –'but only a slither'. It is drawn in a pink colour that is carried through into her current position. The TNT bomb explosion marks a crisis point – alongside the darkest segment of the butterfly. Her current position is the extended colourful segment of the butterfly – where she moves towards the experience of trust, connection with others, self-care and asking for help. She states she 'worked her ass off' with all the services involved to 'get the most out of them'.

**Tori's account of 'Dark to Light' in her own words:**

I feel exhausted, but really good. Things could never be better.

**THIS IS MY JOURNEY FROM DARK TO LIGHT.**

I have been around my family which helped me to do the drawing as it brought up some thoughts and feelings.

I started my drawing from the points of starting of using.

I didn't think of including the time before that.

There is a slither on the butterfly that shows the positives of using.

It was good partying, but this part is just a slither.

The colours represent my different feelings.

I wanted to keep my daughter.

I was doing what I was told to do by professionals.

I was aware I had a problem so that made it (using) ok.

I didn't mention the domestic abuse.

I had always been close to men because I allowed the domestic abuse - it was not domestic abuse.

## **I BLAMED MYSELF.**

I had not experienced good relationships with women at that time.

There was a lot of dark even before the drugs.

The drug level got worse, the domestic abuse got worse but still I did not want to look at it.

My daughter thinks "mummy is the drinker, but it is her dad that is the drinker, drink wasn't my thing it was him.

I didn't know there was help.

I went for counselling that helped, having someone I could talk to honestly.

But then I made friends, so it went wrong. I was placed in emergency accommodation. My main addition is people. People were using in the emergency accommodation.

I went to my parents for a break.

My mum rung children's services on the worst day ever. I was in bed and they couldn't even wake me.

My mum rung children's services on the worst day ever. I was in bed and they couldn't even wake me.

I wasted so much time with children's services. I didn't trust them so I gave my daughter to my mum because I was scared, they would go to court and take her away.

I nearly got her back but when I came to Oasis Project I made 'a friend'.

I lied, I kept coming here.

You remember, you use to say...you knew.

We smile at each other. We do not share with the group.

I went to rehab. Last chance.

Made some friends it all went wrong.

A Special Guardianship Order.

## **I HAD NOTHING LEFT.**

I went back to my partner and asked for help.

Got out of Brighton, change of space and environment.

I had been locked into it.

My partner use to say "don't tell them anything".

I fought to go to rehab because I knew I 'needed to get away'.

Changing social worker was my saving grace.

My care coordinator helped me get into rehab.

I was still using in groups at that time.

I went to a baby/parent placement.

Being with other parents in the same situation as me was really helpful.

Sharing my story made me realise things so being somewhere with my baby made all the difference.

The environment helped me start exploring my shame and guilt.

It was going to be a dragon or a Medusa but it all went wrong so it became a butterfly.



\*Rylee - 'The Open Door'

\*Rylee created a collage with images that represent different stages in her life. The top right corner represents her early life, growing up with her parents and siblings by the sea. It is an image that is entitled 'freedom days'. The image in the top left of a woman sitting behind bars represents her life growing up as a mother of two – confused about her identity as a disabled woman. The door is to Oasis Project and the smiling woman dressed in blue the receptionist. The woman dressed in pink is her key worker at Oasis Project. The woman in the bottom right looking out of the window and then at her watch is meant to represent \*Rylee and her relationship with her 'recovery'.

### Rylee's account of 'The Open Door' in her own words:

I lived by the sea with my family.

Young mother and confused about my identity because I am disabled.

Drank in nightclubs to forget I was disabled.

Didn't get on with my family. Didn't feel good enough.

This is the door to Oasis Project.

Sitting here reminds me of all the areas of my life I shunned away from and tried to escape.

This is the friendly receptionist at Oasis Project. Always welcoming.

This person is looking at a watch.

It is me, no end date to my recovery.

Still working on it - I have got to keep check of my emotions and wellbeing.

The beautiful person is my key worker – Ronnie that I drove crazy (laugh).

She has been stable in my life. I had no stability before.

### I TRUST HER.

I have been bought up not to talk to someone outside the family even though I had no one to talk to.

My last picture is going to be nice, peaceful, feels like where I am at.

I know what I am doing (chuckles loudly).

You caught me on a good day!

QUEENS PARK FOR ME WHEN I WAS A YOUNG TEENAGER WAS A PEACEFUL PLACE FOR ME TO GO AFTER SCHOOL AS HOW GOING HOME DIDNT FEEL LIKE A SAFE OPTION FOR ME.

CALM



HAPPY MEMORIES

FRIENDS

TIME OUT

SAFE

\*Fi - 'Queens Park'

\*Fi chooses a photograph to represent a local park she has found on the map. It is an image of a tree in full blossom surrounded by daffodils and rich green grass. It is a place of 'happy memories', 'friends', a place for 'time out' and safety. Next to this image she highlights an area of a printed map with highlighter pens.

### Fi's account of 'Queen's Park' in her own words:

I used to go after school.

It felt better than other parks.

Used to go with friends to smoke weed.

### IT WAS OUT OF THE WAY.

A lot more went on at the Level. Didn't feel safe there.

Not every park is 100% safe.

More drugs and fighting at the Level.

Queens Park was more chilled.

Different friends went there.

I should have had somewhere to live.

Services blamed me as I did not talk. They only listened to one side.

I knew I would be alright at my best friend's home.

I got kicked out of school, moved schools and had not support.

I was forced to see different youth professionals.

The way they dealt with it was wrong.

### TEARS WELL UP.

Let's stop there.

This has made me feel good. Better than before.

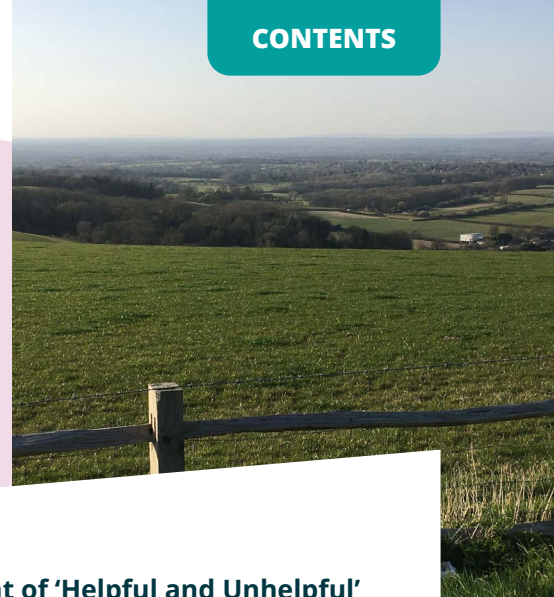
The map brings back a lot. It is all linked to my recovery.

Everything I did out of school. I was high.

Smoking weed was the safest option that the time and going home was not an option.

I nod. I agree I have safer options than Queen Park now.

I listen to Ronnie talk about the group members growing as a tree.



**Rylee’s account of ‘Helpful and Unhelpful’ in her own words:**

I show a photo of Waterstones.

(\*Ronnie says, ‘lots of books’).

‘Keeps me out of the pub’.

I show a photo of a graveyard and then a park.

I go there early in the morning, I like the birds, the grass and the trees.

‘I would not go there at night in the dark’.

I show my drawings from 2018. They are mainly animals.

I show my art materials, gel pens, colouring books and painting materials.

I show a photo of the Jack and Jill windmills.

**I LIKE WALKING THERE.**

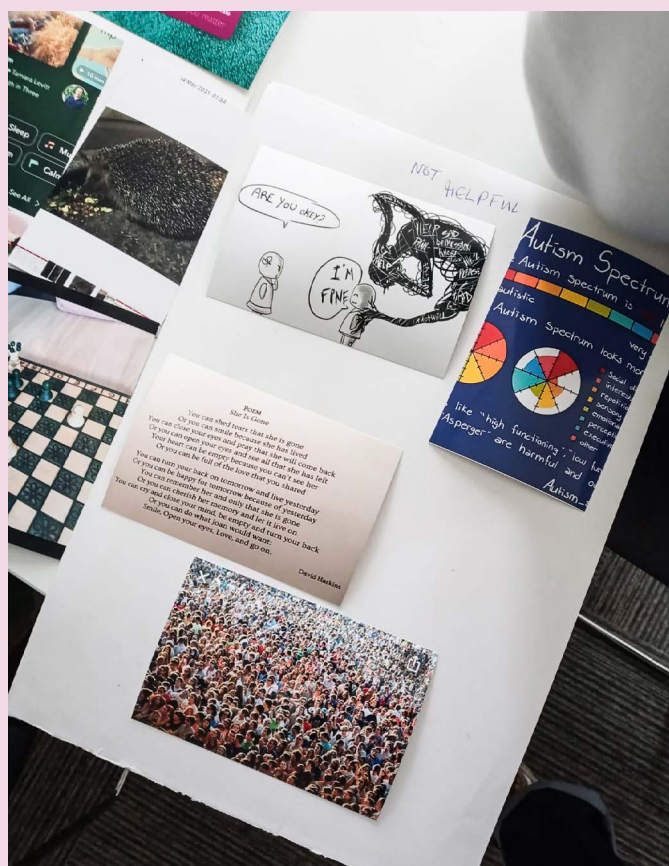
I am asked which of my images show what is helpful and unhelpful.

I sort them into piles.

The helpful pile has photographs of nature (a hedgehog), gardening, chess, swimming, acupuncture, calm app.

The unhelpful pile has an image of doctors, autism, nan’s death and a crowd.

These images are placed together on a collage.



**\*Rylee – ‘Helpful and Unhelpful’**

\*Rylee appeared to be tentative when presenting her contribution to the living experience project. She had spent time prior to the group taking photographs to share – an activity agreed with Ronnie to reflect the PhotoVoice method. She shows these photographs on her phone and talks about them in the group. Some of the photos are later printed and given to Rylee. The three photos she has chosen to share with the Women’s Study are above. Rylee then created a collage of what is ‘helpful and unhelpful’ –with support from the community researchers present.



\*Sorrel - 'New Beginnings New Me'

\*Sorrel did not get a chance to reflect on her PhotoVoice project as the group ran out of time. Her collage represents her recovery journey. In the corner beneath the picture of a fox she has written - 'to scream, to cry, to ask the question why'. Next to this image is a black and white image of a person with their head in their hands with the words written around her 'no more fuck it, suicidal thoughts'. Next to this image is a photograph of a beach with the words 'calling me home where my heart belongs'.

The picture then shifts to the right with an image of 'my home my design' but below the words 'My loneliness - the place I used to use'.

**IN THE CENTRE OF THE BOTTOM HALF OF THE COLLAGE THERE ARE THE WORDS 'NEW BEGINNINGS NEW ME. NEW IDEAS. OPPORTUNITIES. A CHANCE TO SHINE. TO EXPRESS MYSELF'.**

A photograph of her scooter is surrounded by the words, 'My freedom, my mobility, I am flying'. Above this is a flyer from the new project at Oasis Project: creating a peer written magazine. In the right hand corner she has written - 'Which letter am I now?' underneath LGBTQIA+.



**These personal projects represent women's 'recovery' journeys, illustrating the resources and support they have experienced not only as feelings of 'safety' but moments of pleasure, connection and relative freedom.**

All demonstrate a strong sense of self-awareness related to what individual strategies enable them to feel safe and free and able to manage their own 'recovery'. For some like \*Tori, this is a clearly articulated process as she recognises that the strategies she put in place to keep herself safe and her daughter with her change over time, moving from dark to light, from fear to rock bottom, from keeping things private to being able to ask for help and 'work her ass off with services'.

For others, we are given fragments of 'living in the moment' (through nature, literature or connection with others) both past and present, or a recognition that the linear narrative created on that day was a result of 'catching me on a good day'. They individually illustrate the shared acknowledgement that 'everyone's recovery journey is different' and that we need to think of 'living experience' as opposed to 'lived experience' with an emphasis on 'strengths and resilience'.



It is in the telling, listening and sharing of the stories over time that we get a clear picture of how the group collectively and actively resists normative understandings of 'recovery' or 'survival' as reaching an end point, which can be reflected in time-limited service support either in crisis or 'recovery'. They do this by creating and performing in relation to the group rules respecting everyone's individual experience – notably not offering to comment or drawing experiences in common.

Reflecting findings in the Walk Together project, women's individual strategies for safety and 'recovery' include women's experience of geographical space. They describe sites for connections with others and individual healing – not only through the warm and welcoming space of the Oasis Project centre but public spaces and nature spots. In most of these accounts the domestic space is associated with negative experiences related to isolation and 'using' or violence and abuse.

Similarly, some stories indicate the dangers and risk in certain geographical spaces and how this can compound feelings of unsafety developed at home.

**THE ACCOUNTS ALSO DEMONSTRATE THE INAPPROPRIATENESS OF HOSTEL ACCOMMODATION FOR WOMEN EXPERIENCING MCN AND THE DANGERS OF DIFFERENT SITES IN THE CITY AS 'NO GO' AREAS.**

Informal support does play a key part in some of these stories, and there are examples of seeking out support from family members and friends. However, in some cases women felt isolated from family and friends or they were unable to meet their needs, in which case mirroring findings from the Walk Together research, relationships with support workers and peer-led support groups become crucial.

The observation notes and the individual projects illustrate the strength of these relationships and the importance of women-centred support which acknowledges and works with the whole person, recognising their lived experiences of gender and intersecting oppression in the context of their individual lives.

# FINAL REFLECTIONS

Walking Together enables us to develop fresh insights by ‘amplifying the voices’ of marginalised women, moving them from the margins to the centre of our work, to actively make changes within support systems or individual services. It offers a powerful way of generating new knowledge for the sector by embedding research within services, working alongside frontline casework.

When supported by local knowledge, relationships and community resources the method of walking together (or shared activities of doing and creating) help build safe and comfortable spaces for stories to be told at women’s own pace, in their own words. Some of the reflections on the experience of taking part indicate that this can be a positive experience, compatible with frontline practice and organisational structures that wishes to embed living experience – in a trauma-informed and strengths-based manor:

“

*“I did not know what to expect and it has been nice I can talk about things and not go back to that dark place.”*

**\*Tori, Living Experience Project**

*“I am surprised I have been able to talk in front of other people. It is normally something I feel unable to do and do not do.”*

**\*Fi, Living Experience Project**

*“Taking part was definitely a highlight for me and I’m looking forward to seeing the final results.”*

**\*Rhona, Fulfilling Lives Project**

This project was relatively compressed in a short period of time (5 months), when the FLSE programme was drawing to a close meaning that there was less resource on the ground to carry out the research in a way that allowed women’s stories to be followed over a period of time.

Similarly, Equinox was also restricted by a lack of capacity and the Community Researcher was only afforded short snippets of time with the women in the service. With more dedicated time and resources, as one of the co-researchers from Equinox explained, to really understand women’s experiences we need to be embedding qualitative research within services over an extended period of time:

“

*“People cannot get to know a service from behind a desk. Those in charge should have to spend at least two full days here (better a week) before they have the right to make any decisions about the place. This is very important, and should be an ongoing occurrence, to understand what it is like for those that live there.”*

**\*Tish, Equinox Co-Researcher**

\*Tish articulates the value of an approach to evaluation and the amplification of women’s voices through community research that makes more investment in embedding our observations and community conversations in services, walking together with women’s everyday lives. Nevertheless, the commitment, determination, passion and energy of our Community Researchers and the generosity to open up and willingness to try something new of our co-researchers has enabled us to capture some rich insights and key learning for those who wish to support women experiencing multiple disadvantage.

## What are the experiences of women with multiple and complex needs of their support system and what could be the 'ideal' system?

Overwhelmingly the Women's Study indicates that what women value in an 'ideal support system' is supportive relationships with female key work staff and safe and trauma-informed women-only environments for expression of their 'living experiences' and solidarity with other women. At FLSE, through specialist women's workers, building a sense of safety, and training to talk about trauma, women with complex needs and addiction feel better prepared to start their recovery journeys (Harfleet, 2021).

Our co-researchers reported positive relationships with key work staff, although there was also the sense that both within the named organisations and statutory services the women found staff turnover, cancelling of day-to-day appointments and the nature of short-term staff contracts, difficult. In some circumstances women value professional responses respecting their own capacity for autonomy or making decisions around their own safety but being there or knowing what is going on is still important.

As research confirms, tailored and women-centred ways of working are the key to finding solutions to complex issues experienced by women with MCN (Carroll & Grant, 2014; McNeish & Scott, 2014). Women also indicated the value in practical support that would give them one less thing to worry about – this form of care was not regarded as coming at the expense of women's sense of autonomy or independence. In contrast, practical support that was only received in crisis, could potentially lead to a sense of shame.

## Which services have been most effective and least effective in supporting women with multiple and complex needs (MCN)?

Services which have been named as 'least effective' include those who failed to recognise women's experiences – particularly of trauma in the context of women's living experiences of gendered and intersecting oppression. Individualised and medicalised versions of 'recovery' and 'trauma talk' that served to shut down stories were also regarded as unhelpful in group work. This contrasts with the positive experience of sharing their stories as part of the Women's Study – suggesting that the creative, participatory, empowering and trauma-informed approach of Walk Together could offer alternative routes for storytelling that may also serve agendas of activism and change.

It was also suggested that professional training, especially in the health sector could help overcome ignorance around women's experiences of MCN and negative attitudes. Failure to join-up adult and child social services in instances of parenting through domestic violence and abuse was also indicated as a key failing within the system, changing the context of supportive relationships formed in pregnancy (from support to fear of surveillance). These experiences were commonly highlighted throughout FLSE's case studies of women with MCN and children who were 'falling through the gaps' (Rossmann & McCallam, 2021).



## What other types of support, outside formal services, do women with MCN receive and how has that worked?

Friends and family were valued forms of support as sources of refuge, information, advice and solidarity. Peers with shared lived experience were particularly valued. Tensions occur when these relationships contribute to a sense of isolation, shame or not feeling good enough – or where their advice (not to ask for help from services) stands in the way of women's opportunities for safety or freedom to rebuild their lives. The church was also mentioned as an active source of support.



## How would women with MCN like to see the support system delivered in future?

The co-researchers all indicated that a recognition of the value of living experience and listening to women was important. Some suggested that women with living experiences **should** be embedded within the organisational structure of services, ensuring the knowledge is implemented at every level.

## What are the factors that have worked well in the services used by women with MCN?

Women value practical support and relationships shaped by care and compassion and do not see this as incompatible with their own strengths and strategies for safety, survival or 'recovery'. Peer support was also seen as invaluable, forming relationships with people who cared and listened, as recent research emphasises (Hadfield, L. & The Rise Community Research Team, 2021; 2022 forthcoming).



# RECOMMENDATIONS

- **Continued funding** of specialist women only services

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- **Embedded 'living experience' in services** to ensure services are designed and delivered based on knowledge and real experiences.

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- **Attention to** the normative assumptions (lived experience) and terminology (support systems) that are built within professional discourse around co-production and collaboration that serves to other women experiencing MCN.

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- **Advocating** for safe accessible housing and public spaces.

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- **Better support and valuing of frontline professionals** to ensure consistency of support and relationships.

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- **Training and awareness raising** about women's experiences within the health system.

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- **Recognising women's individual strengths and strategies** and working with these but advocating for an ethic of care within services that enable women to ask for help and receive practical support without shame or needing to reach 'crisis point'.

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- **Further support for family and friends** to break down barriers and work with existing assets and relationships.

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- **The value of 'social prescribing'** – paying attention to women's engagement with public community spaces as individual strategies for 'recovery' or 'survival'

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- **Better funding and recognition** of the value of research and evaluation that embeds - participatory, strengths-based, trauma-informed and qualitative longitudinal design and methods, informed by intersectional feminist understandings of women's lives.

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# CONCLUSION

The Women's Study has provided spaces with trusted support workers and peer groups to explore what it means to be a woman, strengths and assets, and how women use them to create survival strategies. The individual stories all depicted a strong message that women-only spaces provided both physical and emotional safety, as well as comfort from sharing with other women. The benefits of women-centred support were characterised as the front door with a safe space for women only, having someone to talk to, greater stability and trust compared with other services. Women's sense of trust and stability with women-only services came from their experiences of consistency in support and the quality of their relationships.

This experience contrasted with other services where high staff turnover and short contracts had made the ability to access support challenging. The Women's Study highlights some of the negative impacts of inconsistent support. The impact can be damaging by breaking down the sense of trust, by women having to constantly re-tell their stories, and unreliability from support workers in what they say, but don't do, which can trigger a reversal in women's recovery journey. The importance of open communication, information to empower women to make their own decisions around support needs was stressed. The lack of consistent support through division of child and adult services made the system confusing, as social workers focused on women during pregnancy but afterwards the only support available was for the child.

**WOMEN IN THIS STUDY FOUND THAT BEING WITH SUPPORT WORKERS WHO UNDERSTOOD THEM AND SHARING WITH OTHER WOMEN IN SIMILAR SITUATIONS WAS PARTICULARLY VALUABLE TO THEIR RECOVERY.**

Whilst a supportive environment was key to women's recovery, not all women felt comfortable in collective spaces – some preferred to talk in hostel spaces away from other residents or group activities or in their own room. In this way, women involved in this study noted that the creative and mobile activities had brought out difficult and sometimes sad memories, unlike surveys that seem to be a tick box exercise. However, this study gave women time to reflect on what had been most important in their ongoing recovery journeys. Whilst practical support was recognised as significant, the way it was offered by giving independence and autonomy made a difference. The significance of drawing on women's own resources and assets through research and support work was a key factor. However, the timing of support was very relevant. The impact of early support and intervention helped avoid shame for women when reaching a crisis point. Some mental health services were only aimed at women when 'in crisis', requiring women to reach that point before being able to access any support.

In opposition to women's experiences of an unsupportive mental health system, the trauma-informed approach through co-researchers allowed women space to talk about their mental health within the context of gender and other intersecting experiences including MCN. This kind of approach was recognised as valuable, giving space for survivors to tell their stories in their own time, without being shut down as in formal group work – a more medicalised approach often found within mainstream services. The 'ideal' form of support was identified as being creative, participatory, empowering and trauma-informed. Whilst some support was drawn from family, friends, peers and the Church, the main source of support remained within services. Policy changes were essential too: professional (trauma) training, particularly within the health sector and joining-up adult and children's services. As this study identifies, women's only services are vital and must be protected, funded long-term (ideally 10 years) and prioritised as women's main form of support.

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# APPENDIX

## APPENDIX 1: WALKING TOGETHER

The Walk Together approach has allowed RISE to walk alongside, the most marginalised women in our city (including women experiencing multiple and complex needs) as storytellers or 'co-researchers' at their own pace and in their own words. Women were invited to share their experiences through active and mobile storytelling, listening, creative mapping, shared processes of sense-making and the creation of research projects. The literal method of 'walking together' either through movement between different places or through activity and conversation enabled these stories to be put in social and geographical context through the collection of rich observational and visual material (Hadfield, L. & The Rise Community Research Team, 2021; 2022 forthcoming).

The Walk Together Project was designed and delivered in collaboration with a collective of community researchers embedded within RISE. The project walked alongside and engaged with the stories of survivors and community members accessing the Big Lottery Community Project (BLCP) to better understand women's experiences of surviving domestic violence and abuse and feed this back into the RISE service and community.

What RISE learnt was that women experiencing MCN were struggling to make their experiences of the onward journey from domestic violence and abuse 'fit' with hetero-normative expectations of the 'good survivor' that are embedded in the current support system (as informal, community and services).

This 'survival work' (Liddiard, 2011) – the emotional labour that women expend to make their stories fit, alongside the 'safety' and 'violence work', or the energy and efforts women expend to deal with the impact of the abuse can have a detrimental psycho-emotional impact (Kelly, Sharp-Jeffs, & Klein, 2014). What made women's lives feel 'liveable' or bearable in this context, what they valued and sought recognition for was their capacity for relationships with others.

Recognising and understanding this relational sense of self was crucial on the frontline, for developing a more holistic strategy for building support and enabling what was already working well. Women's stories also indicated however the fragility of some of these relationships and the potential impact on women's individual strategies (of safety and creating a sense of freedom from abuse). It is here that the (key work) relationships of support and the physical and emotional spaces co-created within and by the community by the BLCP were able to model and offer opportunities for validation and recognition alongside advocacy and activism.

Overwhelmingly women experiencing MCN expressed the importance of women only spaces and relationships with peers and key workers who 'cared' and 'listened' (Hadfield, L. & The Rise Community Research Team, 2021; 2022 forthcoming). The Walk Together research project provided a space for women to share their experiences in the wider context of gendered and intersecting oppression and inequality providing a 'space for action' (Kelly, Sharp-Jeffs, & Klein, 2014) or a sense of freedom from gender violence and abuse. It did this not only through the individual process of reflection and creation (of reflective books or community research projects) but, through a linked community of survivors as community researchers who developed a sense of connection through 'story-listening' and opportunities to further amplify these voices for activism on an organisational and community level.

This reflects the wider findings of the Women and Girls Initiative – that physical and emotional spaces created by women’s organisations are part of what makes their work so unique and effective. When these spaces are ‘co-created’ they create the infrastructure for feeling valued, safe and a sense of belonging (Women & Girls Initiative, 2021). It confirms research by Kelly et al. (Finding the Costs of Freedom, 2014) who found that alongside informal support from family, friends and community women value the ‘basket of resources’, specifically, the opportunity to share and talk about experiences and therapeutic support where they will be understood and validated (Kelly, Sharp-Jeffs, & Klein, 2014).



Further, by literally walking alongside women through different spaces (in a community outreach capacity) we were able to understand the geographical context of women’s experiences of domestic violence and abuse and how it can intersect with other forms and sites of oppression and violence or ‘geo-trauma’ (Pain, 2020). Women were able to demonstrate individual and collective strategies for creating safety and freedom from abuse in geographical space, and public spaces can be seen to offer opportunities for micro activism and healing (Koskela, 1997; Listerborn, 2015; Pain, 2020).

This process of walking together and embedding research within services and public spaces however, also revealed the fragility of this action related to barriers including hostile environments such as mixed sex hostels for vulnerable women, homelessness, unsuitable housing, and unsafe streets. Their stories illustrate the continued need to address women’s right to safe spaces where they feel free from violence and abuse and able to re-build their lives.

The work of RISE Communities Rising (2021-24) continues to draw these experiences into community activism and awareness not only to challenge and inform services for women but to raise community awareness and end all violence against women and girls (Hadfield, L. & The Rise Community Research Team, 2021) (McCarthy, 2021)