

Gendered Homelessness: A Trauma- & Violence-Informed Lens

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I join you today from the traditional lands of the Anishinaabek, Haudenosaunee, Lūnaapéewak, and Chonnonton Nations, in what is now called London, Ontario.

I pay my respects to Elders past and present and convey my sincere gratitude for the privilege to live and work on this land.

I commit to doing my work in a way that does not re-stigmatize or reinforce stereotypes about people and that supports authentic reconciliation.

Today

- Situate myself
- Use the principles of trauma- and violence-informed care (TVIC) to explore gendered homelessness through the lens of safety
- Begin a discussion about imagining a system of housing that attends specifically to the needs of women, gender-diverse people, and their children

About me

- IPV/GBV – interventions, measurement, narratives, root causes
- Equity-oriented care & TVIC – broadening the intersectional lens to focus on systems of oppression & strategies for policy & practice
- Survivor-led strategies for safety, agency & power to counter stigma and discrimination
 - Homelessness – London's WOCSRHH



Today's ruminations

Gendered Homelessness in Canada

- 36% of people experiencing homelessness are woman-identified
- 7% of women have experienced hidden homelessness, which is widespread among women, leading to significant undercounting in national data
- Groups significantly over-represented include:
 - Indigenous women, girls, Two-Spirit & gender-diverse people
 - 2SLGBTQI+ youth, especially trans and gender non-binary people

Key Drivers

1. Gender-based violence (GBV)

- 91% of women experiencing homelessness have survived violence
- ~25% cite domestic abuse as leading directly to their most recent housing loss

2. Economic inequality

- 77.2% of single-parent households are led by women
- 1 in 6 single mothers live in poverty—heightening risk of housing loss

3. Inadequate system response

- 90% of families using emergency shelters are headed by single women
- Daily, ~699 women and 236 children are turned away from shelters due to capacity limits

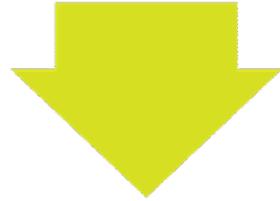
Women and gender-diverse people without housing face:

- severe health risks, including higher rates of physical and sexual violence, worsening mental and substance use health, acute and chronic illness and increased barriers to healthcare
- economic instability and hardship as a cause and consequence of homelessness, especially for single mothers
- murder/femicide
- intergenerational effects on children, including child separation, disrupted education/development, instability, and trauma
 - this can perpetuate inter-generational cycles of trauma, poverty and homelessness

A TVIC Lens

FOCUS:

Structural & Systemic
Violence



FOCUS:

Actively Countering
Discrimination & Stigma



1

Understand trauma, violence
and its impacts on people's
lives and behavior

2

Create emotionally, culturally,
and physically safe spaces and
interactions for all participants

TVIC

3

Foster opportunities for
choice, collaboration and
connection

4

Use a strengths-based and
capacity-building approach

A Focus on Safety

**Physical
Safety**

**Emotional
Safety**

**Cultural
Safety**

**Substance
Use Safety**

+ ***spiritual safety***, a concept we need to more fully explore

<https://equiphealthcare.ca/online-courses/doing-hard-things-together-trauma-violence-informed-care-to-support-gbv-survivors/>

Physical Safety

Protecting clients and staff from potential physical harm by addressing:

- environmental risks, e.g.:
 - safety from elements, malnourishment and violence for those living outdoors
 - secure entry/exit and outdoor spaces in shelters/transitional spaces
 - accessible design, good lighting, etc.
 - welcoming, private counseling spaces and practices
- interpersonal risks, e.g.:
 - preventing access to those directly causing harm, such as an abusive partner
 - privacy and confidentiality are key
 - attention to who is in the circle of care, including interpreters

Emotional Safety

Communication

+

Agency & Collaboration

+

Non-Judgement & Validation

+

Welcoming Environments

+



Emotional Safety – sample strategies

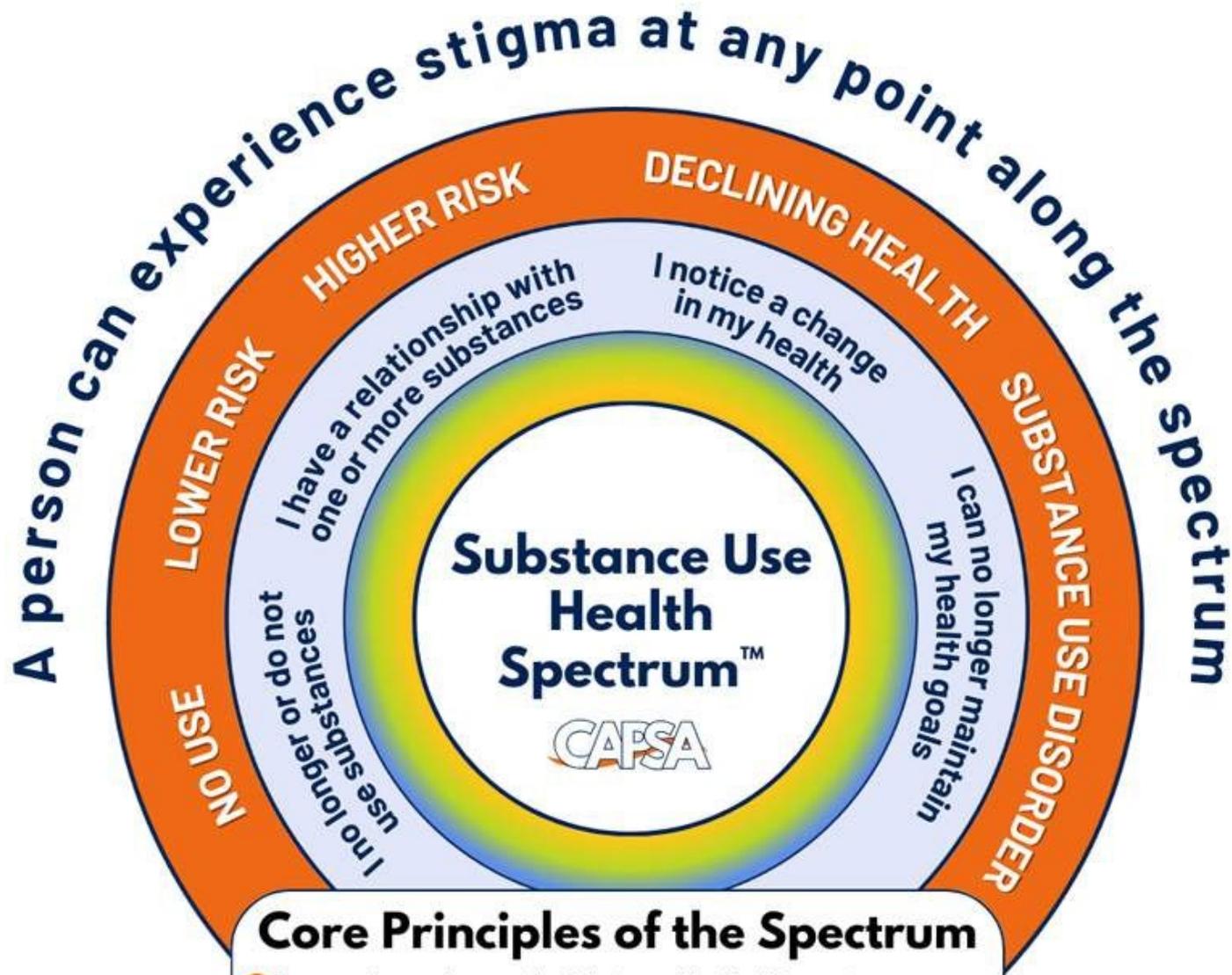
- Actively listen, identify and acknowledge strengths and validate people's experiences, needs and priorities
- Offer choice, control, agency in all decisions
- Eliminate from protocols and processes features such as surveillance, inflexible rules, etc. that can replicate abusive experiences
- Limit presence of people or other factors that might activate trauma (e.g., men in shelter spaces; open substance use)
- Attend to implicit and explicit stigmas and biases at all levels, including those built into policies and protocols

Cultural Safety and Humility

- Focus on how discrimination, racism, exclusion and collective history shape health and social care experiences and outcomes
- Examine biases and assumptions about groups that are operating in policies & practices, and their impacts
- Create safe, respectful, welcoming spaces that reflect those served
- Acknowledge historical & collective histories in policies & practices
- Seek authentic partnerships based on humility that operate on shared power & decision-making

Substance Use Safety

- Understand how trauma & violence, pain, substance use & stigma intersect
- Promote substance use health and counteract substance use stigma
- Consider safety all around – the client/person, staff and others in the space



Core Principles of the Spectrum

- ✔ Everyone has a place on the Substance Use Health spectrum.
- ✔ All substance use affects our health. It carries both benefits and risks.
- ✔ Health promotion can happen at any point along the spectrum.
- ✔ Substances can be used for traditional, cultural, & medicinal purposes.



Gender, trauma & violence, mental health, chronic pain & substance use

- People who have experienced GBV have a much greater likelihood of chronic pain, poor mental health and unhealthy substance use.
- People with chronic pain are more likely to have histories of trauma, and more likely to use substances in unhealthy ways.
- GBV has cumulative effects on mental and substance use health as well as physical health (from injuries AND traumatic stress).
- Experiences of structural violence (e.g., systemic racism, misogyny, heterosexism, ableism, poverty) increase the likelihood of unhealthy substance use and compound the impacts of GBV.
- All of these experiences and positions are stigmatized, especially for equity-denied groups.

Stigma all the way down

*** DIFFERENT EXPERIENCES**
These experiences overlap and magnify one another, but not everyone who experiences trauma or violence uses substances, is structurally disadvantaged or is stigmatized; not everyone who uses substances experiences violence.

CHRONIC PAIN is stigmatized and intersects with substance use stigma

CHRONIC PAIN may lead to self-medication in the face of stigma and inadequate pain care

experiences of alcohol use

experiences of substance use stigma

experiences of trauma, interpersonal and structural violence

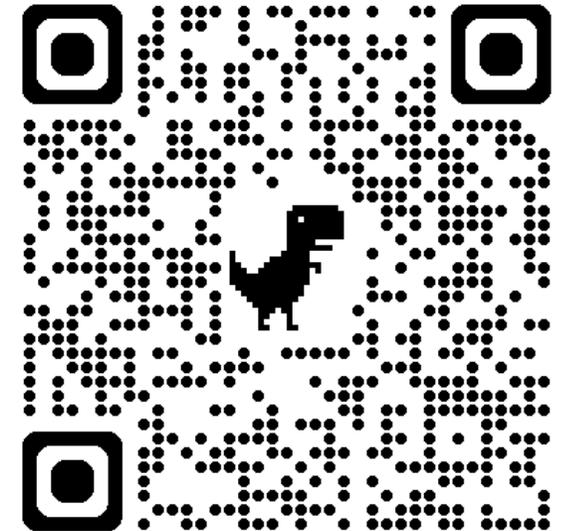
Access to care for CHRONIC PAIN is impeded by structural inequities

experiences of drug use

experiences of structural inequities

CHRONIC PAIN is a common outcome of experiences of trauma and violence

Free EQUIP Nexus e-learning Module



equiphealthcare.ca

Added complexities of GBV & Substance Use

- Substance use is often seen as **causing** the use of violence in relationships.
- Following this, substance use is often used to **excuse or exonerate perpetration**.
- Substance use is constructed as **increasing ‘vulnerability’** to GBV, so **survivors are often blamed** for the violence they experience if they have used or are using substances.
- Substance use is also used as a tactic of GBV perpetration, e.g., **substance use coercion**, use of substances to debilitate victims, etc.

Substance Use Safety Strategies: A Trauma- and Violence-Informed Approach

NOTE: It's important not to make assumptions about people's use or non-use of substances based on their presentation - a range of trauma responses and even health symptoms might look like substance use, so it's important not to assume, but rather to ask and listen. When substance use may be present in your setting, the following strategies can help prepare for supporting people in TVIC ways.

Become familiar with common substances, what they look like, and how their use might appear: the attachment at the end of this tool can help.

1

Prepare your setting and interactions for safety, and to learn how to de-escalate situations in a TVIC way: review the *EQUIP (Re)Establishing Safety and Trauma Review for the GBV Sector* Tools to help.

2

Be prepared to have conversations with people in a safe and respectful way: review the *EQUIP SU & GBV "Language Prompter"* tool, and meet people where they are. EQUIP's free *Nexus Module* also provides education about the links among trauma & violence, chronic pain, stigma and substance use.

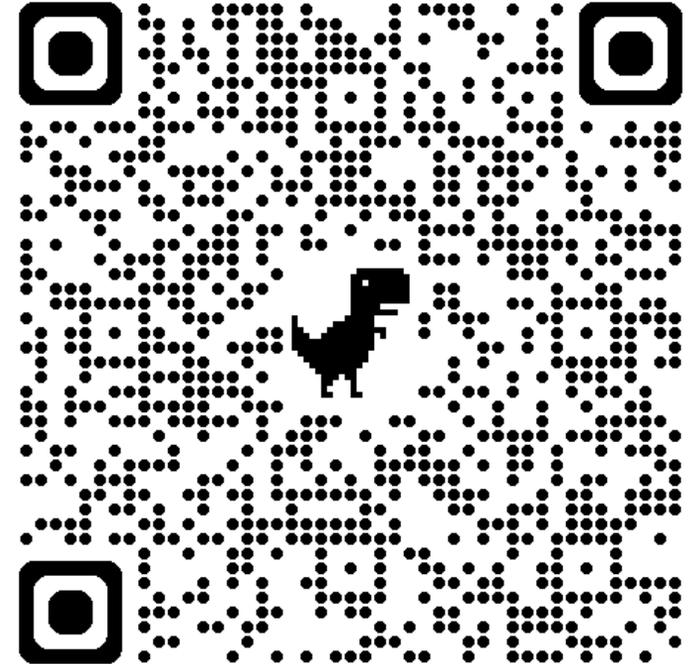
3

Have substance use safety supplies onsite. These can include sterile, single-use equipment for injection or smoking, sharps containers and/or other safe disposal units, drug testing strips, and naloxone kits. These kinds of supplies are often available from local Public Health Units, Community Health Centres and/or specialized services supporting substance use health.

4

Develop a Substance Use Safety Plan: use the template attached and provided *here* to co-develop with clients a plan that works for everyone.

5



A gendered, trauma- & violence-informed homelessness system

Safety and care at the centre

A complexity-responsive system

All people will have current/recent and likely past experiences of interpersonal trauma and structural violence

- this will compound for those with marginalized social identities and positions

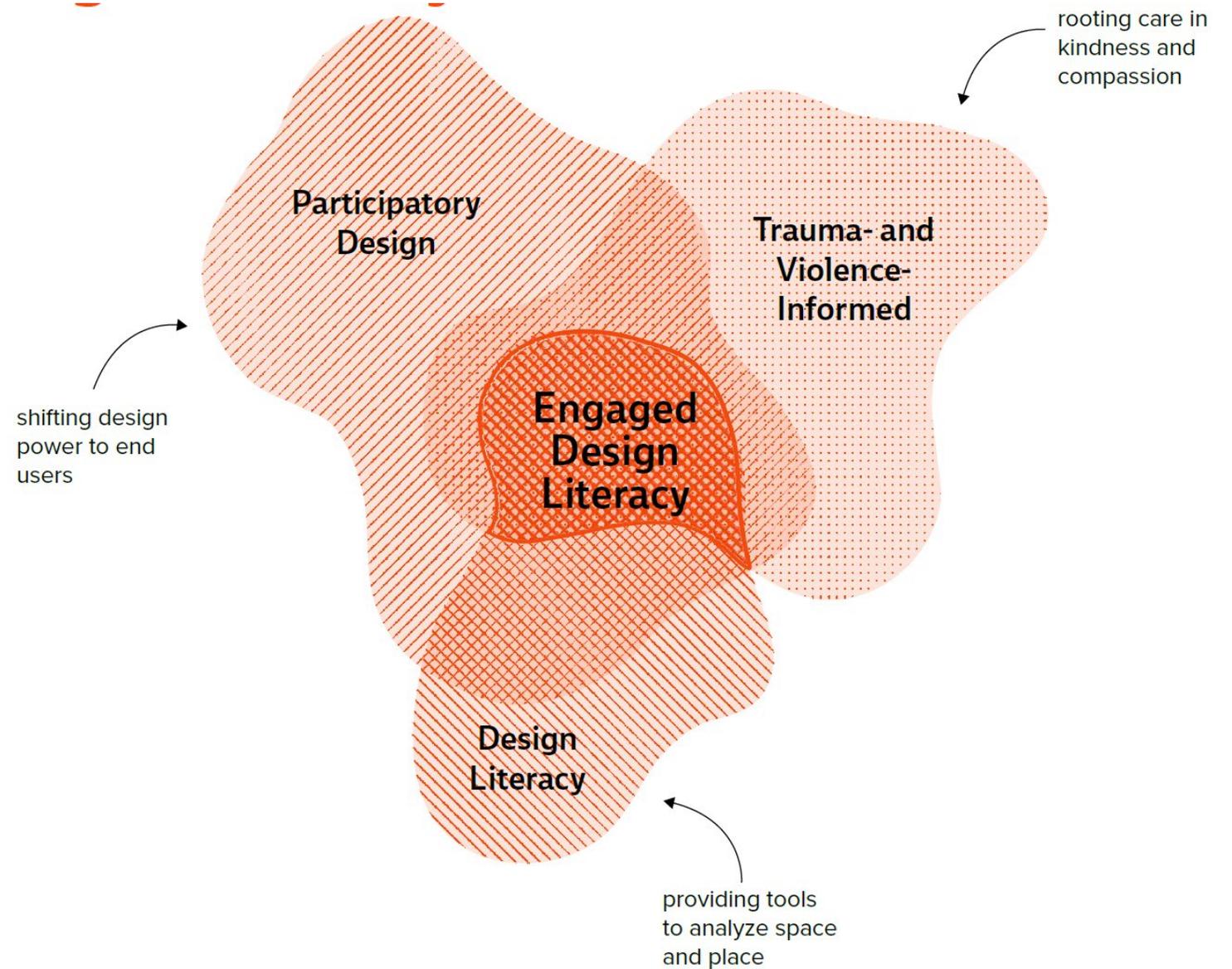
Some people will have one or more of:

- acute risk of physical harm from an abuser, trafficker, etc.
- acute mental and substance use health needs
- children in their care
- inadequate financial resources for market housing

All spaces prioritize safety & healing:

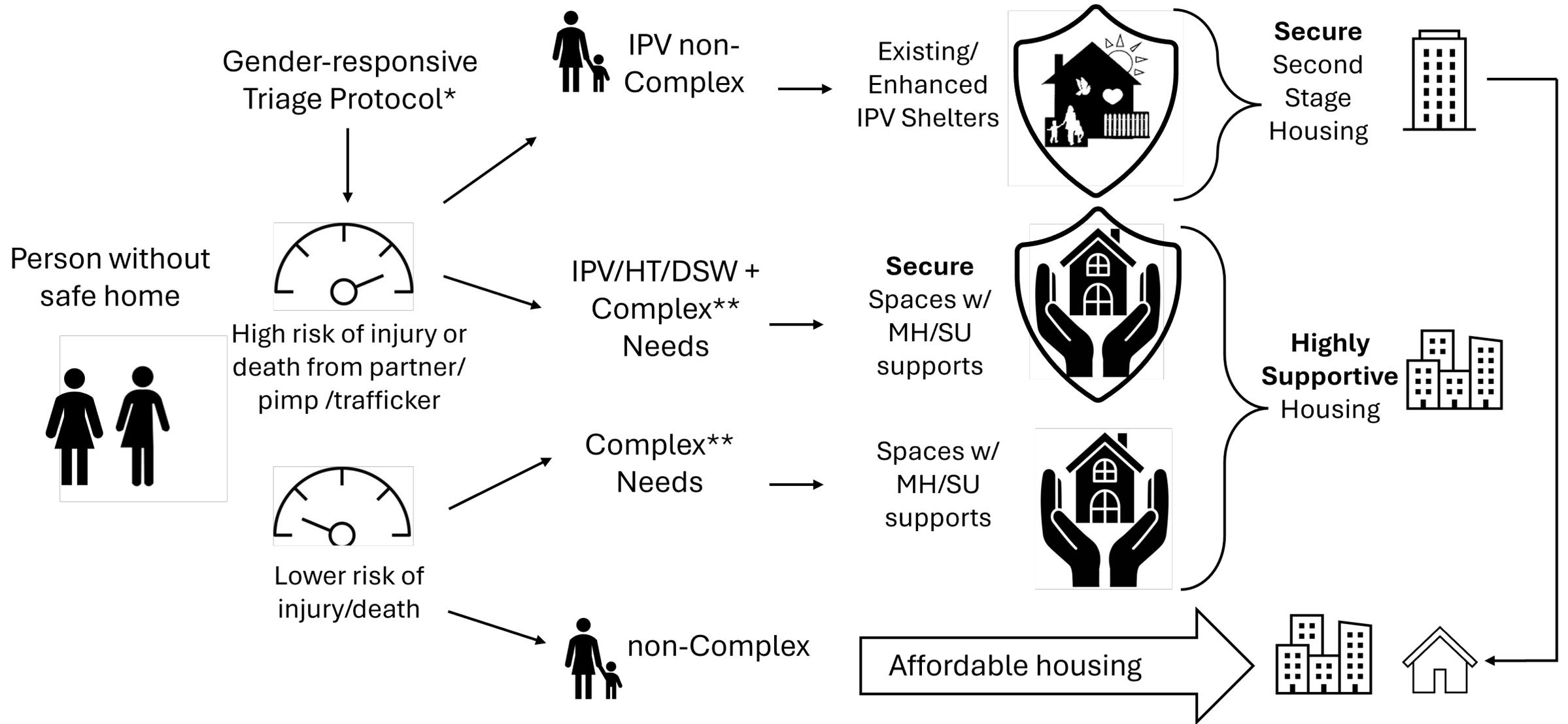
- Trauma- and violence-informed, equity-promoting and culturally safe space co-design and service delivery.
- On-site, or priority referral to, gender-responsive healing services (primary care, mental & substance use health), employment- and life-skill building, recreation and physical activity.
- Spaces are designed to promote community, including shared cooking/eating, recreation, etc.
- Spaces for children include daycare/child minding, children's programming and child-focused play and recreation spaces.
- Safe off/near-site substance use spaces and supports

TVIC space co- design



<https://igmdesign.ca/>

Figure 1: A gender-responsive system model



* including primary reason for lack of safe housing, including one or more of IPV, human trafficking (HT), dangerous sex work (DSW), acute substance use/mental illness; also presence of dependant children

** Complex = requires onsite substance use/mental illness/suicide supports

Free Resources

<https://equiphealthcare.ca/>

- ✓ EQUIP e-learning : <https://equiphealthcare.ca/online-courses/>
- ✓ EQUIP Equity Action Kit : <https://equiphealthcare.ca/equity-action-kit/>
- ✓ TVIC, Cultural Safety & Substance Use Health resources, tools, videos & animations: <https://equiphealthcare.ca/resources/>

<https://gtvincubator.uwo.ca/>

- ✓ TVIC Backgrounder: Prioritizing Safety for Survivors of Gender-Based Violence
- ✓ Intimate Partner Violence (IPV) Journeys to Safety –graphic synthesizing research on women’s decision- making
- ✓ Principles of TVIC graphic & Tool
- ✓ IPV Research Briefs and publications

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