

# SWIRLS

Social Work Innovation  
Research Living Space

*Young Women's  
Experiences of Violence &  
Homelessness:  
Research Report*

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## Acknowledgements

The Flinders SWIRLS team recognises that the Flinders Social Work discipline operates on the traditional lands and waters of the Kurna People and we pay respects to Elders, past, present and emerging. We acknowledge their sovereignty and continued responsibility to care for country. We respect the importance of Aboriginal and Torres Strait Islander knowledges, languages and spirituality and their relationships with country. We are committed to truth telling about the history of social work education and practice in this state and working in partnership with Aboriginal and Torres Strait Islander people and communities to achieve our shared vision for reconciliation.

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## Key terms/definitions

### Domestic and family violence

Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate relationship. It includes physical and sexual assault, and other forms of domination such as psychological, social and financial abuse. A central element of domestic violence is coercive control, which is an ongoing pattern of violent and threatening behaviours by one person aimed at controlling their partner through fear. In most cases, the violent behaviour is used to exercise power and control over women and their children (Chung & Wendt 2015).

Aboriginal people may use the term “family violence” to describe a wide range of relationships where violence might take place, and to highlight the effects of abuse on the whole family. The term “family violence” is used to recognise the historical context of colonisation, oppression, dispossession, disempowerment, poverty, and cultural, social and geographical dislocation as these affect individuals, families and entire communities (Cheers et al. 2006).

Throughout this report, the term domestic and family violence (DFV) will be used to recognise the different contexts of these definitions. However, it is acknowledged that there is some contention among Aboriginal people as to the preferred term, and there is a shift towards using family violence in some jurisdictions when referring to non-Aboriginal experiences because this term acknowledges networks of perpetrators in wider family relationships.

### Sexual assault

Sexual assault is the term used in this report to describe all types of sexual offences. This includes rape (physically forced or coerced penetration of the vulva or anus or mouth, using a penis, other body parts or an object). It also includes any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, against a person using coercion.

### Homelessness

The Australian Bureau of Statistics (ABS 2012) defines people as homeless when they do not have suitable accommodation alternatives and their current living arrangement:<sup>1</sup>

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for, social relations.

The first element of the definition, the adequacy of the dwelling, refers to whether the structure of the dwelling renders it fit for human habitation and includes whether the building is being used for the purposes for which it is zoned. The second element of the definition refers to the security and stability of a person’s tenure. The third element of the definition refers to the extent to which people have control over and access to a social and physical space that enables them to pursue “normal” social relations in a safe and secure setting. The ABS definition thus suggests that

<sup>1</sup> It is important to note that the ABS definition of homelessness has been developed drawing on cultural expectations about housing conventions applicable to the general population in Australia. This means that it may not adequately capture the experience of homelessness from the perspective of Aboriginal and Torres Strait Islander people (ABS 2012).

characteristics that make a dwelling into a “home” – i.e. a sense of security, stability, privacy, safety and the ability to control living space – are important considerations in shaping an understanding of homelessness.

## Executive summary

### Background

This report presents the results of a qualitative study exploring young women's experiences of domestic and family violence, sexual abuse and homelessness and housing insecurity. The study contributes to an evidence base that supports a gender-sensitive, trauma-informed approach to creating housing stability for young women who have experienced violence. The findings are presented to inform the South Australian Housing Authority as it deliberates on reform to improve the state's homelessness system, with the aim of reducing homelessness across South Australia. The reforms are focused on providing services to prevent people from falling into homelessness; to ensure people get the right support they need, when they need it; and to rapidly rehouse people into safe, stable and long-term housing so they don't cycle in and out of homelessness. These aims are particularly pertinent to the experiences of young women who have endured and survived violence and abuse.

### Methodology

This research design had three components. First, a rapid systematic review and scoping review were conducted to map the existing knowledge base on young women, domestic and family violence and sexual assault, and homelessness and housing insecurity, and effective service responses. Second, in-depth interviews were used to enable 22 young women to tell their stories of violence and homelessness/housing insecurity, including their feelings of home and safety and their perspectives on effective supports. Third, focus groups were held with 30 practitioners from housing, violence support and youth services to gain their insights about service provision to this cohort of young women. Narrative and thematic analysis was used to identify key findings from the young women; thematic analysis was used to identify key findings from the service providers.

### Key findings

The study found:

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#### *Young women's experiences of violence & abuse & service provision*

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- Childhood trauma is a key theme in young women's accounts of trajectories into homelessness.
- Unsupported transitions to adulthood and an absence of family, social and financial resources compound young women's high risks of homelessness.
- Young women's own experiences of domestic violence by a boyfriend cause housing instability and periods of homelessness.
- Young women experience multiple forms of victimisation across their life course and hence are likely to experience more than one episode of homelessness.
- Young women who receive services describe services that are responsive and supportive of their cultural and individual needs as most valuable.

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### *Service providers' perspectives on supporting young women*

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- Providing safe housing requires an attention to emotional, social and physical safety across the domains of relationships, dwellings and neighbourhoods.
- Outreach is a key element of supporting young women. The type of outreach implemented is informed by the scope of service activities, but most service providers attempt to integrate assertive and trauma-informed principles in outreach.
- Achieving and maintaining safe and sustainable housing requires developing client capacities across multiple domains. Meeting these needs is challenging in a context of fragmented and changeable service environments.

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### *Policy recommendations*

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Create an authorising policy environment that privileges safety-first and aligns it with modified housing- first policy approaches.

This alignment can be effectively supported through the following principles and actions:

- Services systems and eligibility criteria should be systematically mapped to gaps in supports.
- Service systems (e.g. domestic and family violence, housing/ homelessness, health) should be more integrated to ensure that entry into one system does not limit young women's eligibility for or capacity to access the array of services necessary to support complex needs.
- Domestic and family violence should be recognised as a unique driver of homelessness that requires service responses that acknowledge its specific, gendered dynamics and resultant complex needs.
- Responses to homelessness and housing instability need to identify and address the cumulative risk and adversity from domestic and family violence and sexual abuse experienced by young women across their life course.
- Funding and service provision should recognise that young women experiencing or recovering from the trauma of violence and homelessness require time and resource intensity for longer-term support.
- Gender-responsive, culturally appropriate and trauma-informed care should be valued and promoted to actively generate opportunities for young women to rebuild a sense of empowerment and control over their life.
- Young women's desire for independence, autonomy and empowerment must be appropriately balanced with the importance of responding to the need for practical, therapeutic, social and life skills.
- Proactively building and supporting a culturally diverse service provider population with their own lived experiences of violence and homelessness/housing insecurity has the potential to offer responsive and engaging supports to young women from diverse cultural backgrounds.
- Safe housing must be defined broadly to acknowledge its multiple dimensions.
- Safe housing should be meaningfully available to support young women to move from making decisions in crisis, in a highly anxious state, to a state of greater calm and consideration.



- Active outreach should be adopted to encourage young women’s engagement with services and combat young women’s feelings of loneliness and fear and ongoing need for emotional and practical supports once they leave crisis accommodation.

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### *Best practice recommendations*

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Practice should be informed by gender-sensitive, trauma-informed and culturally safe understandings of violence and abuse in the lives of young women.

A safety-first practice approach requires:

- organisations/agencies and workers to commit to a lifetime trauma-informed approach to service delivery, supported by executive and management leadership;
- collaboration across service systems, with multiple service providers;
- training on the prevalence and impacts of gender-based violence on clients and their children.
- implementation of culturally safe practices; and
- promoting the empowerment of young women and acknowledging their specific needs.

The safety-first approach can be informed by the modification of a housing-first approach to enable safety and healing through three types of housing support:

- short-term, crisis-response, supported, clustered housing offering safety and support and a stable base to engage with young women and to organise other essential support services;
- transitional, supported longer-term housing with active outreach, offering a greater sense of independence and stability for young women, to create a base for longer-term training and education and therapeutic and social supports; and
- independent housing.

The following practices would further support the alignment of a modified housing-first and safety-first approach:

- defining safety for young women to include emotional, social and physical safety across the domains of relationships, dwellings and neighbourhoods;
- building and promoting respectful and personalised relationships and service supports with young women;
- promoting flexibility rather than coercive approaches to service provision;
- supporting young women to access longer-term supports addressing parenting and life skills, broader information and social and practical supports;
- establishing a database to support access to multiple services beyond the limits of historical or personal networks.

A trauma-informed approach has particular strengths in supporting the alignment of modified housing-first and safety-first approaches. A trauma-informed approach is different from trauma-centred or trauma-focused therapies. Trauma-centred or trauma-focused approaches address the underlying trauma (e.g. effects of past childhood abuse), with an extensive detailed immersion in the trauma. This will not necessarily be appropriate for housing and safety responses to young women. A trauma-informed approach, in contrast, has four key principles:

- normalising and validating clients’ feelings and experiences;

- assisting them in understanding the past and its emotional impact;
- empowering survivors to better manage their current lives; and
- helping them understand current challenges in light of the past victimisation (Knight 2015).

In practice, this includes:

- Practitioners understand young women's current problems in the context of past victimisation (Knight 2015).
- Practitioners acknowledge the trauma directly and respond empathically, in ways that are consistent with their professional role (Knight 2015).
- Practitioners recognise that young women may not be willing or able to enter into a working alliance because of trauma (Knight 2015).
- Practitioners understand and appropriately respond to trauma reactions in the longer term, when stability is seemingly achieved (Sullivan & Olsen 2016).
- Services provide longer-term support to assist young women in developing their capacity to manage distress and function effectively (Knight 2015).
- Practitioners adopt a holistic focus that acknowledges housing and safety needs and the journey of the young woman (Sullivan & Olsen 2016).
- Practitioners enable a range of safety plans and also support young women with their own challenges to coping that may be putting their housing and safety at risk (Sullivan & Olsen 2016).
- Services offer assertive, active and flexible engagement focused on an array of needs (Sullivan & Olsen 2016).

## Conclusion

Safety-first and modified housing-first policies can align to enable secure and stable accommodation for young women in the short and long term. This enables a joined-up trauma-informed response to young women experiencing violence, abuse and homelessness that privileges the importance of quality housing but also positions gender-based violence as the cause and driver of their homelessness and trauma.

## PART A: INTRODUCTION

### Research focus

Domestic and family violence (DFV) is recognised as a leading cause of homelessness experienced by women, young people and single-mother-headed families (Franzway et al. 2019). However, the relationship between DFV and homelessness is complex.

This study sought to document young women's experiences of violence (particularly DFV and sexual assault) and homelessness. The following research questions guided the study:

1. How can access to stable housing be used to increase women's sense of safety?
2. What role do engagement strategies play in meeting the needs of young women?
3. What leads to success for Aboriginal and Torres Strait Islander women?
4. What leads to success for culturally and linguistically diverse women?

Using a layered, qualitative design this project had three stages:

- Stage 1: Systematic and scoping literature review;
- Stage 2: Interviews with young women;
- Stage 3: Focus groups with service providers.

### Research rationale

The national and state policy context have recognised the importance of understanding young women's experiences of violence and homelessness.

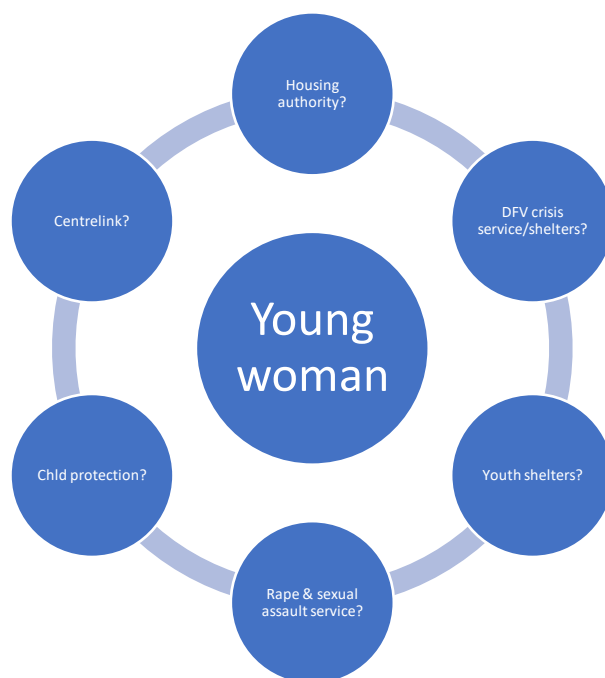
The Fourth Action Plan of the National Plan to Reduce Violence Against Women and Their Children 2019–2022 prioritises respecting the needs of particular groups of women (e.g. young women) and improving access to suitable and safe accommodation within their communities for groups of women who have experienced DFV and sexual violence.

In South Australia, the state government has released the "Our Housing Future 2020–2030" 10-year plan. Strategy 4 of the plan is to prevent and reduce homelessness through targeted and tailored responses. This is critical for those experiencing DFV, who make up a third of homelessness clients and require a safety-first approach. Gaining a better understanding of the links between DFV and other factors such as race/ethnicity, family relationships, drug and alcohol use, poverty and mental health, as well as how these intersect with age, offers a stronger evidence base to inform homelessness policy and service provision.

The South Australian "Our Housing Future" 10-year plan also argues for a move away from reactively responding to crisis towards tailored and robust solutions that target early intervention and prevention. Service and supports must be provided in a timely manner that is outcome and people focused, incentive based and which ensures people are supported into their own tenancies quickly and effectively. Sustaining people in that tenancy is also critical.

Currently in South Australia young women experiencing DFV and/or sexual assault and homelessness must navigate complex service systems with the risk of falling between the gaps. As Figure 1 shows, where a young women should turn for help can be confusing when she is experiencing multiple intersecting problems in her life associated with violence and homelessness. This complexity is intensified if she is Aboriginal or comes from a non-Anglo background and/or is

under 16 years old or under 21 years old and/or has children and/or has a drug problem and/or a mental health problem. Furthermore, young women are often bereft of social and family supports to navigate such systems. The service system complexity impacts our ability to understand the needs of this group of young women.



*Figure 1: Possible service systems for young women experiencing violence and homelessness*

In addition to the complexity of service systems, there may be a disjuncture between young women’s understandings of safety, appropriate housing and positive outcomes, and those defined in policy and service aims (Cornell-March & Sandstrom 2015).

National and state policy drivers, the complex interaction of DFV, homelessness and other service systems, and the lived experience and understandings of clients have the potential to align and to sit in tension with each other. Yet, young women’s own accounts of their experiences of violence and service provision are scarce in research findings. There is a real need to include and attend to the voices of young women experiencing violence (particularly sexual assault and/or DFV) and homelessness in the work of developing effective solutions.

## PART B: METHODOLOGY

The project involved a mixed methods design influenced by participatory action research principles. An Advisory Group, which included representatives of Housing SA, the Office for Women and other key specialist service stakeholders, was established to shape the methodology for the project.

### Aims of the research

The project focused on young women, aged 15–30 years, experiencing violence (specifically sexual assault and/or DFV) and homelessness. It aimed to contribute to an evidence-informed understanding of the ways in which young women's experiences of violence shape their housing circumstances and needs, as well as the ways in which housing support can be used to increase women's sense of safety.

The study sought to generate data to:

- (a) Identify key patterns in young women's needs and service use. These data provide an evidence base for identifying the key supports and resources required to support young women.
- (b) Inform best practice in service provision to young women. Practice standards help practitioners make judgements about how they will act in various circumstances; hence they need to be underpinned by a combination of knowledge, values and skills.

As stated above, the following research questions guided the study:

1. How can access to stable housing be used to increase women's sense of safety?
2. What role do engagement strategies play in meeting the needs of young women?
3. What leads to success for Aboriginal and Torres Strait Islander women?
4. What leads to success for and culturally and linguistically diverse women?

### Theoretical framework

This project was informed by an intersectional analytic framework. Intersectionality draws attention to diversity and enables research into DFV and sexual assault to identify women's experiences in relation not only to gender inequality but also other social divisions such as class, race/ethnicity, age, sexuality and disability (Laing & Humphreys 2013). Intersectionality captures the experiences of women who find themselves marginalised from dominant framings of homelessness and violence and identify with other forms of oppression beyond gender (Laing & Humphreys 2013).

### Research methods

The project was approved by the Social and Behavioural Research Ethics Committee (Project no. 8201) at Flinders University.

The project involved the following three research stages:

- Stage 1: Systematic and scoping literature review;
- Stage 2: Interviews with young women;
- Stage 3: Focus groups with service providers.

## Literature review

Systematic and scoping literature reviews were undertaken to explore the lived experiences, capacities and needs of young women who have experienced DFV and sexual assault and/or homelessness and insecure housing, with specific focus on the following questions.

- What is the relationship between DFV and sexual assault and homelessness and insecure housing?
- What are effective strategies for engaging young women who have experienced DFV, sexual assault and/or homelessness and insecure housing?
- What are effective supports and programs for young women who have experienced DFV, sexual assault and/or homelessness and insecure housing?
- What are best practices when working with young women who have experienced DFV, sexual assault and/or homelessness and insecure housing?
- What is the importance of attending to Aboriginality and CALD backgrounds when addressing the issues listed above?

The systematic literature review followed clearly defined search protocols in order to comprehensively identify sources over multiple databases. This is an appropriate strategy to generate answers to defined questions.

Following Pittway (2008), the systematic literature review was structured with reference to seven principles:

- transparency;
- clarity;
- integration;
- focus;
- equality;
- accessibility; and
- coverage.

When it became evident that the systematic literature review excluded research and evaluations that, while not explicitly addressing the issues above, offered transferrable insights, an additional, scoping literature review was undertaken. A scoping study generates a holistic mapping and assessment of a field of research through the following practices (Arksey & O'Malley 2005):

1. documented, rigorous and transparent search strategies;
2. iterative search strategies that encourage a comprehensive identification and exploration of literature, rather than limiting the literature review focus through strictly applied search fields;
3. responsiveness to themes and issues that emerge in the course of the scoping study;
4. including qualitative and quantitative study designs; and
5. incorporating research from multiple sources, including formal academic articles and grey literature.

## Interviews with young women

In-depth, semi-structured interviews were conducted with 22 young women who had experienced violence and homelessness. These interviews explored the nuances and multidimensionality of young women's lived experiences of violence and homelessness, the relationships between violence, housing/homelessness and safety, and their support needs.

### *Recruitment*

Young women were recruited using two strategies:

Thirteen women were recruited through agency-based processes. First, the researchers engaged with service providers in metropolitan Adelaide working with young women because of violence and safety concerns and/or housing concerns. The following agencies supported young women to participate:

- Coolock House
- Malvern House
- HYP A Housing
- Youth 110/SYC
- Yarrow Place Intensive Therapeutic Program for Young People
- St John's Youth Service.

The researchers worked with these service providers to recruit young women across the age range, belonging to different family structures, and across the continuum of service provision. Practitioners within each of these agencies disseminated information about the project to the young women and facilitated communication between the young women and the researchers to support recruitment for the project. Practitioners prioritised young women's readiness, safety and wellbeing when disseminating project information and approaching women to be involved. The practitioners were available to support the young women to debrief after the interviews. CALD and Aboriginal young women were successfully recruited as part of this sample.

The young women were given the chance to discuss the research with workers before committing to participating in an interview, so that they could explore questions and concerns and had time to meaningfully consider whether they wanted to be involved. We were aware that because the potential participants were clients of the program/organisations and receiving services from the workers there might be perceived coercion or pressure to participate in the study. Therefore, we purposely gave young women time to consider participation and to ask questions of a worker they knew, as well as the opportunity to contact the researchers directly. Furthermore, before the interview the researcher spoke about the purpose of the study and explained to the young women their right to withdraw at any stage without penalty, and guaranteed confidentiality and anonymity.

Nine young women were recruited directly via targeted Facebook advertising. These young women had experienced violence or housing instability but were not engaged in service systems. Existing research indicates that young homeless people use social media and, in particular, Facebook as part of their daily lives. The researchers worked with the Flinders University Office of Communication, Marketing and Engagement to develop this approach and the promotional materials to support it. The Facebook advertisement was run on Flinders University's Facebook page on weekdays in October 2019 (see Figure 2).

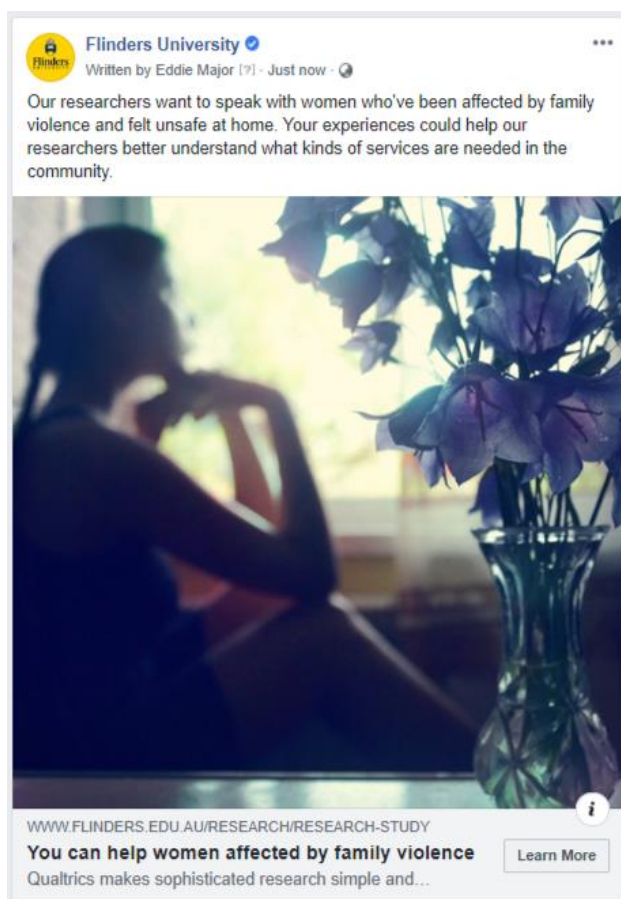


Figure 2: Facebook advertisement to recruit young women

Clicking on the “learn more” button led the advertisement viewer to a landing page in Qualtrics which provided more information about the project. Interested parties could then open a form to enter their contact details to make contact with one of the researchers. The advertisement was viewed a total of 38,399 times. People clicked on the “learn more” link in the advertisement 168 times. A total of nine young women registered their contact details – and all of these nine women then went on to participate in an interview. All of the women came to Flinders University to be interviewed. As above, before the interview the researcher spoke about the purpose of the study, and explained to the young women their right to withdraw at any stage without penalty, confidentiality and anonymity.

All of the young women were provided with the option of having a support person at the interview (this could be staff they had a relationship with at the housing/support service they were using, an adult from a specialist Aboriginal/CALD service where relevant, or a more personal source of support). All women preferred being interviewed alone except a 17-year-old young woman who had her support worker present. The researchers also put in place strategies and assistance for all young women to access counselling/support to debrief after an interview (or at any point during their participation in the research process) where this was required. Only one woman sought additional support from her worker after the interview.

In line with common research practice, an honorarium of \$50 was provided to all young women participating in the interview process, to acknowledge their contribution to the project. This was provided as a gift card.

Young women aged 15–17 years were included in the project, as they have important age-related insights to share, and a right to be involved in shaping the service responses that are available to support them. The researchers acknowledged that there are specific ethical concerns that should



shape the research methodology for these young women’s involvement in the project. The NHMRC National Statement on Ethical Conduct in Human Research (2007) informed the development of ethical research strategies for involving this group of young women. The researchers, in consultation with the Advisory Group, believed that 15–17-year-old young women are “young people who are mature enough to understand and consent, and are not vulnerable through immaturity in ways that warrant additional consent from a parent or guardian” (NHMRC 2007, p. 65).

As Table 1 shows, the final sample included 22 women aged between 17 and 38 years. Twelve women had children, two women had current intervention orders, and all women but two had separated from their partner.

*Table 3: Sample characteristics*

<b>Pseudonym</b>	<b>Age range</b>	<b>Children</b>	<b>Partner</b>	<b>Ethnicity</b>	<b>Employment or education/training</b>
Catherine	18–24 years	1 child aged under 5 years	Intervention order	Anglo-Australian	Unemployed
Chloe	18–24 years	1 child aged under 5 years; 1 child aged over 5 years	Two separate fathers but not living in Australia – no contact at all	Black African	Unemployed
Carol	18–24 years	1 child aged under 5 years	Intervention order	Anglo-Australian	Unemployed
Charlotte	18–24 years	1 child aged under 5 years	Separated – some contact	Anglo-Australian	Unemployed
Jade	18–24 years	1 child aged under 5 years	Separated – some contact	Anglo-Australian	Unemployed
Michelle	18-24 years	1 child aged under 5 years	No contact at all	Anglo-Australian	Unemployed
Margaret	18–24 years	1 child aged under 5 years	Separated – some contact	Black African	Unemployed
Melissa	18–24 years	1 child aged under 5 years	No contact at all	Aboriginal	Unemployed
Melanie	18–24 years	1 child aged under 5 years	Together	Anglo-Australian	Unemployed
Helen	18–24 years	1 child aged under 5 years; 1 child aged over 5 years	No contact at all	Aboriginal	Unemployed
Harriet	15–17 years	No children	N/A	Aboriginal	Education
Yvonne	18–24 years	No children	N/A	Aboriginal	Unemployed
Abbie	15–17 years	No children	Cohabiting	Anglo-Australian	Education
Fiona	18–24 years	No children	N/A	Anglo-Australian	Education
Felicity	18–24 years	No children	N/A	South Asian	Education
Fay	Over 30 years	1 child aged over 15 years	No contact at all	Anglo-Australian	Unemployed
Francis	25–29 years	1 child aged under 5 years; 1 child aged over 15 years	Separated – some contact	Anglo-Australian	Unemployed

Gabby	25–29 years	No children	Separated – no contact	Anglo-Australian	Education
Gloria	25–29 years	No children	Separated – no contact	Anglo-Australian	Education
Ebony	18–24 years	No children	N/A	Middle Eastern	Education
Edel	18–24 years	No children	N/A	Anglo-Australian	Education
Ella	Over 30 years	1 child aged over 5 years	Separated – no contact	Anglo-Australian	Education

### Interviews

The interview guide was developed in consultation with the Advisory Group and addressed the following themes

- demographics;
- housing trajectory and perceptions of appropriate and safe housing;
- experiences with DFV and sexual assault;
- relationship between housing and DFV and sexual assault;
- use of services; and
- perceptions and experiences of different engagement strategies.

The researchers took care to structure interviews to build rapport before more sensitive topics were raised for discussion. Research respondents were encouraged to answer only those questions they felt comfortable discussing and to only provide the level of detail they were comfortable sharing. This approach enabled the young women to construct accounts of their experiences that they were comfortable with. Interviews lasted between 30 minutes and 1 hour. They were audio-recorded and transcribed.

### Analysis

The analysis of young women’s interviews was guided by narrative analysis, an approach that emphasises the story-based nature of human understanding (see Figure 3). It allowed the researchers to focus on each young woman’s story as it incorporated themes of safety, home and experiences of violence. By keeping the story intact as the first level of analysis, the researchers were then able to compare each young woman’s experiences with those of others in the sample. To further this comparison, thematic analysis was then used. Themes were developed by identifying commonalities and differences within the three groups of women recruited for the study: women with children receiving services, women without children receiving services, and women who had not accessed services. As a third step, thematic analysis was used to identified common themes across the whole sample.

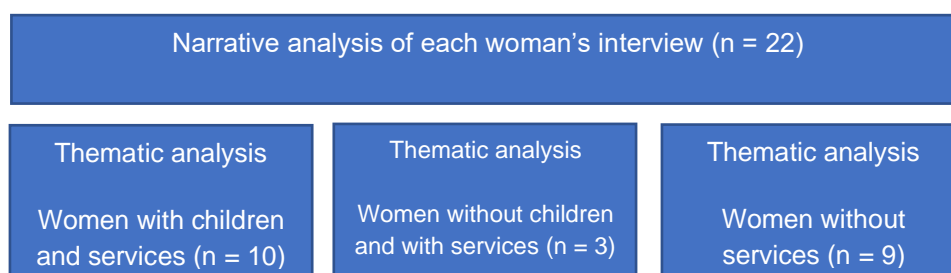


Figure 3: Analysis of interviews with young women

## Focus groups with service providers

Information about the project was provided to service providers, to seek their assistance in recruiting young women. A number of staff from these organisations expressed an interest in participating in a formal focus group to contribute their experiences and insights into how the service system works in practice for young women who experience violence and homelessness.

### *Recruitment and sample*

Focus groups were undertaken where multiple staff members in an agency were interested in being research participants. Recruitment was undertaken via senior staff within the agency. The researchers met with senior staff to explain the project and provided written project information to them. Senior staff then disseminated project information sheets to their staff groups. Interested staff members were able to contact the researchers directly to discuss the project and their participation. Six focus groups were held. They were audio-recorded and transcribed and lasted between 1 and 2 hours.

*Table 2: Focus group participants*

<b>Service provider</b>	<b>Number of participants</b>
Coolock House Centacare	6
Malvern House Centacare	5
Yarrow Place	4
Louise Place	6
HYPAs Housing	4
Supporting Young People	5

Before each focus group, participants were reminded that their participation was voluntary. The focus group interviews focused on young women’s needs, engagement strategies and practice models; client entry and exit points and movement through service systems; and service/agency positions and relationships within service systems.

### *Analysis*

Thematic analysis was conducted on the focus group data. This involved reading each transcript and coding the main themes that emerged from them. The themes were read again to identify subthemes contributing to the main themes. Finally the main themes and subthemes were organised through a process of selection, that is quotations were selected to demonstrate evidence of the themes.

## PART C: LITERATURE REVIEW

### Literature review methodology

A rapid systematic search of academic journal articles was conducted in June 2019, to identify literature that documented effective strategies, supports, programs and/or practices for supporting young women who experience violence and housing instability/homelessness.

The databases searched were Informit, ProQuest, Scopus and PsychInfo. The search terms used were:

“partner abuse” OR “sexual abuse” OR “physical abuse” OR “intimate partner violence” OR “exposure to violence” OR “domestic violence” OR dv OR dfv OR “spousal abuse” OR “sexual assault” OR “domestic assault” OR “partner assault” OR “domestic assault” OR “dating Violence” OR “financial abuse” OR “verbal abuse” OR “emotional abuse”

AND

woman OR women OR female OR human female

AND

housing OR home OR house OR place of residence OR residenc\* OR accommodation\* OR “living quarter\*” OR dwelling\* OR habitation\* OR abode\* OR domicile\* OR flat\* OR shelter\* OR accommodation\* OR hostel\*

AND

homeless\* OR unhoused OR roofless OR houseless OR displaced OR destitute

AND

“intervention service\*” OR intervention OR “program development” OR “program evaluation” OR service OR program OR support

AND

welfare OR wellbeing OR wellbeing OR protect\* OR secur\* OR safe\* OR shield\* OR refuge OR stable OR stability OR trust OR confidence OR certain\*

The database search produced a total of 378 records ranging in date from the early 1990s to 2019, with a total of 217 records once duplicates were removed. These records were screened for potential relevance via a review of each abstract, and 184 records were removed because they were not relevant to the themes listed above. This process resulted in a total of 33 publications that met the inclusion criteria.

To be included in the systematic literature review for this study, the articles were required to meet the following criteria:

- The article addressed the intersection of housing instability/homelessness and experiences of DFV and sexual assault for women, including young women.

- There was some focus on intervention or effective strategies/approaches or practices for supporting this group of young women.
- The publication context was relevant to understanding the experiences of Australian young women.
- The publication was in English and accessible.

A further scoping search of the literature and grey literature was then undertaken to identify the following:

- reports/evaluations/policy documents, etc. published by government and key service organisations that were not indexed by the databases searched (Australian and comparable international contexts);
- documents reporting data that inform an understanding of the needs of young women who experience violence and homelessness (Australian).

The scoping literature search involved searches using a simplified version of the search terms outlined above on Google Scholar and key peak body, knowledge brokering and service provider websites. Additionally, captured publications' cited references and cited authors were explored to identify further relevant research that had not been uncovered via the research strategies outlined above. The scoping literature review generated an additional 140 references. Together, the systematic and scoping literature reviews generated 173 sources that were incorporated into the literature review.

## The relationship between domestic and family violence and sexual assault and homelessness or insecure housing

DFV is a leading cause of homelessness experienced by women, young people and single-mother-headed families (AIHW 2018); it is also a predictor of housing instability (Baker et al. 2010). Many women nominate finding affordable and safe accommodation as their most significant concern after separating from a violent partner (Braaf & Barrett-Meyering 2011). However, the relationship between DFV and homelessness is complex; Phipps et al. (2019, p. 7) recommend that “understanding how women come to homelessness is beneficial as a starting point, however, without deeper analysis the field is at risk of overlooking the more complex issues in the overall context of these women’s lives”. Ultimately, Baker et al. (2003, p. 776) suggest, the relationship between DFV and housing needs to be reconceptualised, “from one of leaving, to one of gaining safety”. This shifts the focus from the short-term housing crisis that may be sparked by a woman’s decision to leave her home, to a consideration of the longer-term processes through which women can attain safe, appropriate and sustainable housing.

DFV increases young women’s vulnerability to homelessness through eroding a sense of safety and belonging that might otherwise keep young women at home, and it can necessitate young women leaving home because they do not feel safe and/or can no longer live with violence (Chamberlain & Johnson 2013, O’Campo et al. 2016, Zufferey et al. 2016). In the context of intimate partner violence, financial abuse and social isolation typically co-occur with physical violence and can exacerbate the risk of homelessness and housing instability by limiting the economic and social resources that might otherwise assist women to attain sustainable housing (Sanders 2015). Violence can also erode family networks as sources of emotional, housing and financial support that might otherwise limit periods of homelessness (Elliott et al. 2017, Groton & Radey 2019, McMaster et al. 2017b, O’Campo et al. 2016, Natalier & Johnson 2012).

Childhood trauma is also a key theme in women’s accounts of trajectories into homelessness. Homelessness may be the result of abused and fragmented childhood and adulthood and a lifetime

exposure to victimisation and trauma (Broll & Huey 2017, Osuji & Hirst 2015, Phipps et al. 2019, Warburton et al. 2018); it reflects cumulative risk and adversity (Cronley et al. 2019). Thus, women who are subject to multiple forms of victimisation across their life course are more likely to experience more than one episode of homelessness (Broll & Huey 2017).

The relationship between DFV and homelessness extends beyond the immediate crisis of leaving a home shared with a perpetrator. Over the longer term, housing instability can be manifest in having a “roof over one’s head” but needing to manage multiple moves, being threatened with eviction, struggling to meet the rent, financial sacrifices and trade-offs to afford accommodation, and associated credit problems (Baker et al. 2010, Hulse & Sharam 2013, O’Campo et al. 2016, Ponice et al. 2011). It is also evident in a deterioration of housing quality after women leave a relationship or a refuge (Champion et al. 2009).

The relationship between DFV and homelessness and housing insecurity is also shaped by poverty. DFV is associated with women’s lack of financial resources and unemployment or underemployment – directly through financial abuse (whereby abusers control women’s access to money, including preventing them from engaging in paid work), and indirectly through the social isolation and physical and mental impacts of DFV that can limit women’s ability to engage in paid work (Baker et al. 2009, Corrie 2013, Tually et al. 2009). When women are reliant on social security payments, they face longer-term poverty and challenges in attaining and maintaining housing (Johnson et al. 2008, Tually et al. 2009). In the Canadian context, Ponice et al. (2011) found that DFV survivors who moved multiple times were more likely to be experiencing financial strain and difficulties in meeting housing costs, and reported significantly lower annual incomes than women who did not move or moved only once following the end of an abusive relationship.

Baker et al. (2003) have described additional factors contributing to housing insecurity. They found that greater housing problems were associated with the severity of DFV when women lived with their former partner, contacts with fewer formal supports, and receiving poorer responses and supports from the welfare systems after leaving; a positive response from police was associated with a decreased risk of homelessness. Warburton et al. (2018) report that immediate involvement with welfare agencies protected women against further episodes of homelessness. Conversely, complex administrative processes can make it difficult for women to receive longer-term support for housing, financial and other needs (Champion et al. 2009). These difficulties can be intensified by the lack of service coordination (Baker et al. 2003, Champion et al. 2009).

DFV support and crisis housing supports cannot address the constraints of the housing market (Flanagan et al. 2019). A lack of affordable and appropriate housing stock across social housing and private markets, along with landlord discrimination, are barriers to achieving stable housing and may increase women’s risks of ongoing or additional episodes of homelessness (Bukowski & Buetow 2011, Flanagan et al. 2019, Tually et al. 2009, Warburton et al. 2018). Flanagan et al. (2019) analysed Australian Institute of Health and Welfare data and concluded that specialist homelessness services may provide housing for people who are otherwise without shelter but are less successful in moving clients into longer-term stable housing. The shortage of affordable housing means that women can feel they have little choice but to accept accommodation that is inappropriate, unsafe or far away from informal support networks and formal supports (Flanagan et al. 2019).

Exiting homelessness requires supports in addition to housing supports (Schwan et al. 2019). Mayock et al. (2015) concluded that attempting to exit homelessness without supports from services or family may contribute to ongoing homelessness. In particular, employment, education and training supports are needed to strengthen women’s ability to recover from the impacts of DFV or sexual assault and retain sustainable and appropriate housing (Breckenridge et al. 2013, 2016a, 2016b Flanagan et al. 2019, Klein et al. 2019, Spinney 2012, Spinney & Blandy 2011). These supports should be trauma

informed and sensitive to the gendered and sexualised violence experienced by many homeless young women (Schwan et al. 2010).

DFV and family homelessness or inadequate housing are key reasons for child protection services interventions into the family (Champion et al. 2009). Being removed from family increases young people's risk of homelessness: almost two-thirds of homeless young people have experienced some form of state care before they turn 18 (MacKenzie et al. 2016). Unsupported transitions to adulthood and an absence of family, social and financial resources also contribute to high risks of homelessness for these young people (Johnson et al. 2010).

Homelessness can also increase women's vulnerability to sexual assault and DFV (Fabinyi 2014, Murray 2011). Unsafe crisis accommodation, rough sleeping and couch surfing can leave women and their families vulnerable to sexual and physical abuse (Barnes et al. 2015, Murray 2011, Hulse & Sharam 2013). Sexual violence is widely perpetrated against homeless women (Robinson 2011). When homeless, young women may be dependent on a violent intimate partner for shelter, money and emotional connection (Cornell-March & Sandstrom 2015). Homeless young women may experience reproductive coercion and exercise little control over their sexual and reproductive lives (Cronley et al. 2019, Keys 2007a, 2007b). Transactional sex (Watson 2016), moving between homelessness and violent homes (Chamberlain & Johnson 2013), and exploitative social relationships (Barker 2014) have all been identified as behaviours that are simultaneously survival strategies, may contribute to a subjective sense of safety, and increase young women's risk of being a victim of violence. Thus, DFV and sexual assault are not only causes of homelessness; they can extend or complicate young women's homelessness (Jordan 2012).

Homelessness is associated with longer-term impacts on women's mental and physical health and wellbeing (Kirkman et al. 2015). Altena et al. (2010) report a range of physical, mental and emotional health problems, conduct disorders, PTSD, substance abuse, risky sexual behaviour and illegal activities amongst homeless youth, which contribute to higher risks of further victimisation. Amongst homeless mothers, Gilroy et al. (2016) report that measures of maternal health were worse for unstably housed and homeless women, who also had higher risks of sexual abuse and murder (for homeless women) compared to those who were stably housed. Kirkman et al. (2015) report homeless mothers' sense that they were unable to plan or create safe and stable lives for their children, with corrosive effects on their mothering identities. These challenges to mothering were complicated in supported accommodation, which eroded their autonomy through limitations on space, enforced routines and an implied judgement on their mothering practices (Azim et al. 2019).

Despite the challenges they face, women who have experienced DFV and sexual assault and homelessness or housing insecurity believe they have important strengths. They often define themselves as proud, resilient, independent, hopeful and having effective coping and problem-solving skills (Groton & Radey 2019, McMaster et al. 2017a, Meyer 2016, Phipps et al. 2019, Tischler 2008). They are seeking connectedness, stability, security and safety for themselves and their children (Biederman & Forlan 2016, Kirkman et al. 2015).

## Effective supports and programs for young women experiencing violence and homelessness

### Supports and programs: Key principles and practices

There are very few formal evaluations of programs designed to support young women who have experienced DFV or sexual assault and are at risk of or have experienced homelessness. In the context of a systematic review of evaluations of interventions for homeless youth, Altena et al. (2010) noted that there is no compelling evidence that specific programs were effective in supporting young

people to exit homelessness. When evaluations do exist, they tend to be of poor or moderate quality only, and any conclusions that might be drawn are limited by the diversity of interventions, clients and samples, and the non-comparable methods and outcome measures used across studies (Altena et al. 2010).

Findings across the literature suggest the following program elements or principles are common across responses to DFV/sexual assault, homelessness and insecure housing, or both.

- Responding to the ongoing impact of trauma in the lives of DFV/sexual assault survivors and young people who have experience homelessness and housing instability requires adaption to the individual needs of young people, and a trauma-informed approach (Coates & McKenzie-Mohr, 2010, Gaetz et al. 2016).
- Young people's desire for independence, autonomy and empowerment needs to be balanced with the importance of responding to practical, therapeutic, social and life skills needs (Coates & McKenzie-Mohr 2010, Cooper et al. 2009, Holtschneider 2016, Munson et al. 2017, Zweig & Burt 2007).
- Personalised, supportive connections with service providers are important. Young people desire connections that are authentic and emotionally safe (Flanagan et al. 2019, Munson et al. 2017, Rogers 2011). Warburton et al. (2018) note that younger mothers benefit most from personalised one-on-one support that addresses parenting and life skills. Young people also need supports from staff who are skilled in the immediate support relationship and are knowledgeable about the broader circumstances and support needs of clients (Flanagan et al. 2019). This includes staff connections with local communities, to informally facilitate clients' access to housing or other services (Sullivan et al. 2019), and advocacy (Bybee & Sullivan 2002). Altena et al. (2010) and Gronda (2009) discuss these relationships in the context of case management, and suggest they are most effective when case management relationships are facilitated over the longer term, to build working relationships between clients and support staff. However, the effectiveness of specific models of case management is difficult to assess in light of the above limitations on evaluation studies (Altena et al. 2010).
- Young women need multiple accessible services. Young women's sense of safety, transport needs and emotional and psychological capacities can limit their ability to access the diversity of supports they require (Cooper et al. 2009).

In summarising their systematic review of programs supporting homeless young people, Altena et al. (2010) concluded that interventions incorporating cognitive-behavioural components might contribute to effective interventions for homeless young people. However, the limited data could not provide insights into the structure and specific elements of effective approaches, and whether these interventions generated positive results over the longer term.

## Key housing support models

### *Safe at home/sanctuary schemes*

Such programs support women to stay in their home by removing the perpetrator. Good practice requires thorough risk assessment and related security strategies and ensuring that women do not feel pressured to stay in their homes if they feel unsafe in doing so (Crinall & Hurley 2009; Netto et al. 2009). Breckenridge et al. (2016a) define the four pillars of safe at home programs as: maximising safety through protecting the victim and excluding the perpetrator using combined legal, policing, judicial and home security provisions; coordinated responses across multiple services; a homelessness prevention strategy to inform and support women in relation to their housing options; and recognising the importance of women's economic security.



In her research with 17 women, Edwards (2011) found that clients in a safe at home program reported being generally free from domestic violence and remaining so over time. Over half the women in that study remained in their home long term after the perpetrator left. Edwards (2011) reported that most violent ex-partners had not returned to the house in order to gain entry and perpetrate further violence. These findings contrast with Diemer et al.'s (2017) survey of 138 Victorian women, which concluded women who stayed in their home were more vulnerable to their former partner breaching invention orders, compared to those who relocated. Offering accommodation and behaviour change programs to perpetrators should also be a key element of these programs (Crinall & Hurley 2009).

Edwards (2011) suggests that safe at home programs offer longer-term housing security that is often unattainable for women who leave DFV situations and may prevent women from becoming homeless or becoming clients of crisis or longer-term housing support programs. Diemer et al. (2017) conclude that ongoing housing does not always equate to safe housing, especially if women are not effectively supported by police or courts. Breckenridge et al. (2016a) are clear that this model has never been intended to be a universal response to DFV and associated housing needs.

### *Housing-first models*

Domestic violence housing-first programs are designed to eliminate housing as a reason for survivors to remain in abusive relationships (Mbilinyi 2015). A housing-first approach is characterised by providing women with long-term, sustainable and supported housing as soon as possible (Mbilinyi 2015, Murray 2011). McParland et al. (2019) argue that in DFV-specific housing-first programs, the type and location of housing might differ from the community-integrated housing envisaged as part of the original housing-first model, because more supported and clustered housing offers a greater sense of safety and support for DFV survivors. This housing then provides a stable base for women to engage with other support services, with the expectation that there will be a need for only minimal services later on (Mbilinyi 2015). Trauma-informed approaches should also be embedded in DFV-oriented housing-first models (Sullivan & Olsen 2016). Murray (2011) suggests that housing-first approaches can be understood as early intervention approaches that have the potential to substantially reduce violence perpetrated against women and to reduce homelessness experienced by DFV survivors.

There are few rigorous evaluations of this housing model (Levin et al. 2015). When adapted for young people, housing-first models may be more effective if they offer a choice of housing and housing pathways for clients (Gaetz & Scott 2012). Such options might include transition housing, permanent supported housing, respite housing or family reconnection (Gaetz 2017). An array of accommodation options will better meet the developmental, social and psychological needs of young people while promoting independent living as an important outcome for clients (Gaetz 2017, Holtschneider 2016, Noble 2015).

### *Non-housing supports*

In light of the socio-economic disadvantage and control experienced by many DFV/sexual assault survivors, housing assistance (crisis, transitional and longer term) will typically need to be accompanied by short- and longer-term financial assistance and employment, education and training support (Breckenridge et al. 2013, Cohen 2012, 2013, Cronley et al. 2019, Kuskoff & Mallett 2016, Spinney 2012). McLaren's (2013) report on DFV service provision in South Australia concluded that women who secured employment prior to exiting the service were perceived by service providers as being more confident in supporting their families, better able to secure sustainable housing, and had higher levels of financial security, housing stability and stronger social networks. Cronley et al. (2019) also note the importance of contraception and family planning for young women in particular.

However, many services are not equipped to be responsive to the complex needs of young clients (Kuskoff & Mallett 2016), especially when these clients have children (Anderson et al. 2006, Barber et al. 2005, Rashid 2004). Dashora et al. (2012) and Tischler et al. (2007) note that material support, employment, education and training, social needs and therapeutic needs are interconnected and cannot effectively be met independently of each other. All assist vulnerable young women to move out of homelessness and create more sustainable life changes and develop a suite of resources which support their independence and thus reduce their reliance on abusive male partners or families (Cronley 2019, Kuskoff & Mallett 2016).

Coordinating services across systems can be an important way of meeting the multiple support needs of young DFV/sexual assault and homelessness survivors. This is an aim of Australian – and international – responses to DFV and sexual assault (Breckenridge et al. 2016b). However, researchers have noted the challenges of systematically coordinating services (Baker et al. 2010, Breckenridge et al. 2016b, Flanagan et al. 2019), including costs of implementation, organisational culture and capacity, and concerns about privacy and data sharing. Relatedly, there are very few evaluations of integration models (Breckenridge et al. 2016b). Flanagan et al. (2019) note that integration occurs not through specific program initiatives but at practice level, often through developing informal relationships between agencies and workers.

The challenges of coordination or integration extend beyond DFV and homelessness service systems. Young women may need to engage with criminal justice and family law systems, counselling, social security, immigration and child protection services (Cadd & Farrell 2009, Cameron 2018, Corrie 2013, Flanagan et al. 2019). Spinney (2012, p. 2) concludes that “the most effective homelessness prevention measures for women and children who have experienced DFV often combine legal/judicial, housing and welfare policy and practices in an integrated manner in order to improve their safety”.

Thus, the effectiveness of specific programs needs to be located within the wider policy, housing, legal and service contexts. Researchers have noted the challenges of exiting DFV and sexual assault survivors into stable housing given ongoing shortages of affordable and appropriate housing in the public and community housing and private markets (Flanagan et al. 2018, Spinney & Blandy 2011, Spinney 2012).

## Engaging young women

Outreach is typically defined as locating and connecting with clients in their environment with the goal of linking them with services that address their diverse needs (Connolly & Joly 2012). Particularly in the case of homeless or insecurely housed young people, it is understood as a vital means of providing services and assisting transition to stable housing (Connolly & Joly 2012, Lee & Donaldson 2018). Connolly and Joly (2012) conceptualise two types of outreach: mobile outreach and defined outreach sites.

The systematic literature review did not identify published work reporting on the success of outreach models used to engage specifically young women who were victims of DFV or sexual assault and who were homeless or experiencing housing insecurity. The subsequent scoping review indicated that research is overwhelmingly focused on outreach in the context of homelessness. Assessing the impact of different types of outreach is challenging given small sample sizes, different services and diverse program aims that inform different definitions of success (Mowbray et al. 1993). Connolly and Joly’s (2012) meta-analysis and synthesis of outreach programs highlighted the importance of workers building relationships of trust with young people as a basis for young people’s decision to use further services – a process that occurred over time and required persistence (see also Hossain & Coren 2015, Lee & Donaldson 2018). They also noted a common commitment to flexibility and individualised service, a client-centred approach acknowledging young people’s autonomy and right

to choose if and how to engage with services, and a commitment to working in a developmentally sensitive way with young people (see also Lee & Donaldson 2018).

Similarly, Phillips and Parsell's (2012) assessment of three assertive outreach programs with vulnerable and homeless populations determined that practice models and the skills and knowledge of workers are essential in assisting clients to exit homelessness. As with the research described previously, assertive outreach works best when there is a trusting, purposeful and goal-oriented professional relationship, when service users believe their preferences and goals are prioritised and when workers are able to offer practical assistance and follow through on their offers of help. These practices must, in turn, be supported by integrated and properly resourced housing, health and life skills support.

From the perspective of young people, outreach services are most useful when they are designed specifically for youth, meet clients in their spaces and immediately provide information about a service without any demand that young people engage (Connolly & Joly 2012). Connolly and Joly's (2012) review also noted the importance to young people of trust, respect and confidentiality (see also Garrett et al. 2008, Slesnick et al. 2009). In contrast, barriers to young people engaging with services included young people valuing their autonomy and independence, a distrust of staff, and a perceived lack of services which align with their wants and needs (Black et al. 2018, Garrett et al. 2008, Munson et al. 2012, Peled et al. 2005; Scappaticci & Blay 2009).

Connolly and Joly (2012) concluded that three outreach program characteristics were necessary for success: a strong relationship between client and worker; flexibility; and providing youth-centric services (see also Crosby et al. 2018, Slesnick et al. 2009). These findings were also evident in Slesnick et al.'s (2016) study that found drop-in and outreach services were more effective than shelter services at linking homeless youth to services – possibly because they offered young people more autonomy and flexibility (see also Slesnick et al. 2008). Tyler et al. (2012) also noted the impact of young people's life history and demographic characteristics on their use of services (and implicitly, the effectiveness of outreach): older youth were more likely to engage with street outreach and food programs, possibly because they had less fear of being returned home or transitioned into the care system than younger people. In contrast, Hossain and Coren's (2015) systematic review of interventions with street-involved youth concluded that socio-demographic factors associated with engagement differed across studies, suggesting they are variable and context-specific.

## The importance of attending to Aboriginality and CALD backgrounds when addressing the issues listed above

### Aboriginal and Torres Strait Islander women, domestic and family violence, and housing and homelessness

Aboriginal women are at higher risk of family violence than non-Aboriginal women, and Aboriginal people are over-represented as clients of specialist homelessness services. Cripps and Habibis (2019) note that Aboriginal people are a little over 3% of the Australian population but comprise around one quarter of clients of specialist homelessness services. DFV is the second most common reason for homelessness amongst homelessness services clients (Cripps & Habibis 2019).

While the existing literature does not address the experiences of young Aboriginal women, there are strong themes across the literature relevant to the needs and experiences of Aboriginal women across all age groups. Researchers have argued for the importance of taking seriously Aboriginal people's definitions of DFV and service needs in developing Aboriginal-specific and broader service-sector responses to DFV and sexual assault. These definitions of violence emphasise past and contemporary raced colonial oppression and the violence, trauma and intergenerational trauma

inflicted on victims and perpetrators of DFV by the state and non-government organisations now contracted to provide services (Atkinson 1990, Lukashenko 1996, Nancarrow 2006). Responses to family violence need to acknowledge the multiple, meaningful relationships through which violence may be perpetrated against women (thus the phrasing of family violence – Blagg 2000) and the need to recognise the ongoing raced inequalities – rather than only gendered inequalities – that shape the lives of perpetrators and victims of violence in Aboriginal families and communities (Huggins 1994, Lucashenko 1994, Snell & Small 2009). These dynamics are made more complex through the multiple forms of victimisation experienced in Aboriginal families, and for Aboriginal women living in rural and remote areas whose access to services and housing is affected by geographical isolation (Wendt 2009, Wendt & Baker 2013, Wendt et al. 2017).

The dynamics and meaning of family violence and sexual assault shapes women's responses and help-seeking behaviour. Cripps and Habibis (2019) note that leaving a community to feel safe from family violence can run counter to a woman's commitments to her wider kin networks and responsibilities to Country. In many communities there is an expectation that extended kin will be involved with child rearing, making the decision to leave especially difficult. Social taboo and shame can also prevent women from acknowledging and seeking support for family violence and sexual violence (Fiolet et al. 2019, McCalman et al. 2006, Prentice et al. 2017, Willis 2011). In these contexts, Aboriginal women may feel safer and more supported seeking supports from their community and kin networks (McCalman et al. 2006).

The intersection of gender and Indigeneity creates particular risks and challenges in service responses to DFV and homelessness. Specifically:

- Children's exposure to family violence and their carers' insecure or inadequate housing are reasons for removal of children into state care. In light of the high rates of removal of Aboriginal children, women can be reluctant to seek assistance for family violence or housing; thus, mothers may face the risk of their children being removed regardless of whether they stay in a violent relationship or move into housing insecurity or homelessness (Cripps & Habibis 2019, Fiolet et al. 2019).
- There are acute shortages of mainstream and culturally safe crisis, transitional and long-term housing (Cripps & Habibis 2019, Memmott et al. 2013).
- When housing is damaged or its quality is eroded over time, geographic isolation increases the costs of fixing housing – a cost that organisations may be unwilling or unable to meet (Cripps & Habibis 2019, Zufferey & Chung 2015).
- The shortage of housing challenges the implementation of "safe at home" responses that facilitate a victim staying in their home while the abuser is removed. Abusers face a particularly high risk of homelessness. In remote areas, the time delays and costs of improving security can further undermine the value of these programs (Cripps & Habibis 2019).
- There are higher rates of overcrowded housing in Aboriginal communities compared to non-Aboriginal Australia. Overcrowding is associated with an array of social and health and wellbeing risks (Every 2019, Memmott et al. 2013). Thus, seeking informal accommodation support with community and family members may increase Aboriginal women's and their children's exposure to a range of risks.
- Many Aboriginal women find it difficult to trust mainstream organisations, given historical and contemporary practices of disrespect, lack of responsiveness and cultural safety, and involvement in past and ongoing injustices against Aboriginal communities (Fiolet et al. 2019, Funston 2013, Herring et al. 2013, McCalman et al. 2006, Prentice et al. 2017).
- Past approaches to service design and delivery have usually been "top down", with little co-design with Aboriginal communities or responsiveness to their particular needs (Zufferey & Chung 2015).

- Many Aboriginal women fear criminal justice responses that may create further risks for victims and abusers or, alternatively, be ineffective in responding to and preventing violence (Cripps 2007, Nancarrow 2006, Prentice et al. 2017).

Thus, there are strong arguments for a holistic or ecological approach to DFV, locating it within the individual, family, community and society levels (Cripps 2007, 2010, Memmott et al. 2001, Wundersitz 2010). This requires empowering communities to maintain and strengthen their culture and families (Cripps 2007, Memmott & Chambers 2010, Olsen & Lovett 2016), promoting multi-sector responses to family violence (Olsen & Lovett 2016), and recognising the importance of healing and maintaining a place for perpetrators in family and community (Cripps 2007, Southern Domestic Violence Service & Nunga Mi Minar 2007). It necessitates working with communities to design program and service responses to DFV in mainstream services (Cripps 2007) and ensuring that programs are community staffed and led, with a particular emphasis on specialist Aboriginal services (Olsen & Lovett 2016, Special Taskforce on Domestic and Family Violence in Queensland 2015).

### Women from culturally and linguistically diverse backgrounds

There are low levels of reporting or disclosure of DFV or sexual assault by CALD women, reflecting systemic and cultural barriers (Gilroy et al. 2014, Morgan & Chadwick 2009, Ogunsiji et al. 2012, Zannettino 2012). There is very little research that specifically addresses the DFV and housing/homelessness experiences and needs of young women from CALD backgrounds (EI-Murr 2018). This reflects a broader absence of research on the intersection of housing/homelessness and DFV in the Australian context, despite evidence that immigration has specific impacts on women's vulnerabilities to both DFV and homelessness (Australian Bureau of Statistics 2013, Ghafournia 2011, Trijbetz, 2013). In addition to the sexual and physical dimensions of DFV, migrant women and women from refugee backgrounds are particularly vulnerable to reproductive coercion, immigration-related coercion and abuse, and financial abuse (EI-Murr 2018, Vaughan et al. 2016).

Multicultural Youth South Australia has published one of the only reports on DFV and sexual assault perpetrated against young CALD women (MYSA 2017). This report notes that some young women grow up in cultures that expect independence from the birth of their first child, thus limiting the material and emotional support that facilitates young women leaving violent relationships and attaining stable and appropriate housing. The report notes the complexities of family pressure to live with or marry much older men and associated sexual coercion or statutory rape, and pressures not to report violence out of fear of legal consequences for the perpetrator (MYSA 2017). Thus, leaving a violent relationship can place a young person at risk of losing their family and community supports (MYSA 2017). MYSA (2017) notes that many young people do not fully understand the cycle of violence and DFV, not only because of their cultural background but because they do not have access to culturally appropriate materials that Australian-born youth might take for granted.

Ghafournia and Eastaer (2019) have reported that younger women from Muslim backgrounds access external assistance earlier than older women, most commonly via non-DFV-specific services such as English teachers, social workers and the police. However, MYSA (2017) has noted that young women under the age of 18 had very limited services available to them, invariably with a child protection focus upon the young women (as a young person to be protected) and/or the young women's children, who were at high risk of being taken from their mothers. They note that DFV policy and services focus heavily on the needs of adults, so that specialist CALD DFV support is not available until women reach adulthood (MYSA 2017).

Much of the research on CALD women and DFV centres on barriers to seeking assistance, with findings highlighting the significance of social positioning and cultural practices, systemic service failings and, for some migrants and refugees, their legal status.

Women may be reluctant or unable to report DFV and sexual assault for structural and cultural reasons that are mutually reinforcing: language barriers, socio-economic disadvantage and social isolation (Allimant & Ostapiej-Piatkowski 2011, Cameron 2018, Taylor & Putt 2007). Social isolation and language barriers can be intensified through abusers denying women the opportunity to socialise with others and learn English formally or informally (Vaughan et al. 2016). Cultural understandings of gender, violence and power in families can normalise DFV or deny that some behaviours are violent (Allimant & Anne 2008, Allimant & Ostapiej-Piatkowski 2011, McMaster et al. 2017c, Taylor & Putt 2007, Vaughan et al. 2016). However, it is important to remember that religion is not necessarily a barrier to women recognising DFV as illegitimate violence – in her study of Muslim women's experiences of DFV, Ghafournia (2017) noted that her participants described their religion and spirituality as a source of strength and resilience, and stated that it did not justify abuse.

Shame and community connections are important barriers to women seeking help. Satyen et al. (2018) note that, while feelings of shame and embarrassment are common across victims of DFV, fears about being ostracised by family and community are particularly strong. For women who do not speak English or are socially or culturally isolated, family and community may be their primary or sole sources of support (Allimant 2005, Allimant & Anne 2008, MYSA 2017). Women may wish to avoid the stigma of DFV and its effects on family reputation (Satyen et al. 2018). However, this was not always the case, and for some women family members were an important source of emotional and practical support and information when they disclosed violence (Vaughan et al. 2016). When women reached out to their religious leaders, they were often discouraged from seeking external support (Ghafournia 2017, Ghafournia & Easteal 2019).

For refugee women and women with backgrounds of trauma, post-traumatic stress disorder (PTSD) can make it difficult to develop strategies for leaving a relationship, seek practical supports and engage with therapeutic supports (Allimant & Ostapiej-Piatkowski 2011). For those who have lived in countries where police, legal systems and other government agencies are elements of state-sponsored violence, seeking support from police or other services can be a frightening prospect (Allimant 2005, Allimant & Anne 2008) – however, for some women police are an important and effective source of support (Vaughan et al. 2016).

Reporting DFV or sexual assault and seeking help could pose specific risks for women on particular visas. Sponsorship by a spouse or visa requirements can mean that women are not able to work or access social security payments, housing, health care, education or subsidised child care, increasing their financial dependency on their abuser and making it difficult for them to survive if they leave the relationship (Allimant & Anne 2008, Cameron 2018). Women may be reluctant to report violence because of the real or perceived threat of deportation (Allimant & Ostapiej-Piatkowski 2011, Cameron 2018, Taylor & Putt 2007, Vaughan et al. 2016); Gray et al. (2014) note that, in practice, immigration laws designed to protect DFV victims are often ineffective in doing so.

A failure to acknowledge and respond to CALD women's specific cultural needs is the key barrier to effective service provision. Women report an absence of qualified interpreters in their own language (Allimant & Ostapiej-Piatkowski 2011, Sawrikar 2019, Vaughan et al. 2016). They are fearful when interpreters are known to them or are part of their community, or when interpreters do not maintain confidentiality – all of which leave women open to shame and community sanction (Allimant & Ostapiej-Piatkowski 2011). Women have also reported direct discrimination and service providers' lack of culturally safe practices and frameworks (Allimant & Ostapiej-Piatkowski 2011, El-Murr 2018). Finally, some services have no capacity for or implementation of trauma-informed care (El-Murr 2018).

Effective support for DFV or sexual assault can also be undermined by service providers' misunderstandings of cultural definitions of violence. Ostapiej-Piatkowski and Anne (2009) note that service providers can downplay the importance of violence in the belief that it is acceptable or taken

for granted in some cultures, or that their desire to be sensitive to cultural understandings of violence means they do not directly address DFV or sexual assault as violence and something to be sanctioned.

At a systems level, women's visa status can complicate service provision. Vaughan et al. (2016) report that there are particularly high costs associated with assisting some immigrant women and their children, whose visa status might mean they have no income or access to medical services and who require assistance for complex legal and immigration matters.

While much of the research has addressed DFV supports, there are some studies that focus on CALD women's need for housing and homelessness support (Kaleveld et al. 2019, McKenzie & Riethmuller 2010). As with DFV services, there is a lack of interpreters, which limits workers' ability to respond in a holistic and appropriate way to women's needs (McKenzie & Riethmuller 2010). The trauma and violence that may have contributed to refugee women's loss of family and community is recognised by homelessness and housing service providers but is not interpreted to constitute a high support need (McKenzie & Riethmuller 2010). Women may be moved around to multiple locations as accommodation services attempt to manage the costs associated with housing women and children holding visas that restrict access to income support and Medicare (Vaughan et al. 2016). Supporting women to meet their longer-term housing needs is made complex by a housing market that can be discriminatory, lack appropriate housing for large families and demands a tenancy history that many women have not accrued (Allimant & Anne 2008).

## Best practices when working with young women who have experienced domestic and family violence and homelessness or insecure housing

The systematic and scoping literature reviews identified the following are best practices in service provision to DFV or sexual assault survivors and women who have a history of homelessness and/or housing instability.

*Eligibility:* Services should seek to implement non-restrictive eligibility practices that acknowledge the diversity of DFV or sexual assault survivors (Baker et al. 2010, Spinney 2012). This includes assessing which populations may be systematically excluded by eligibility criteria (Baker et al. 2010) and changing or advocating for change to these criteria.

*Screening:* Homelessness and DFV and sexual assault services should screen for a variety of risk factors beyond presenting challenges (Narendorf et al. 2016). In the context of homelessness services, women need to be asked about experiences of trauma – both DFV related and childhood/lifetime traumas (Huey et al. 2014).

*Empowerment:* Across research on DFV and sexual assault and homelessness services, empowerment is a service delivery priority (Flanagan et al. 2009, Martz et al. 2019). Empowerment means “being heard and believed, regaining autonomy and agency of one's own life, realising your choices and recognising and defining abuse and control” (Van Est 2016, p.18 in Flanagan et al. 2019). Services should be provided respectfully and in ways that encourage women to feel capable of independence (Baker et al. 2010, Kuskoff & Mallett 2016, Martz et al. 2019, Melbin et al. 2003, Taylor et al. 2012). Under an empowerment approach, programs and services promote an orientation towards clients' rights and responsibilities, rather than the enforcement of rules (Baker et al. 2010). Individualising service provision to meet the specific needs of clients is also a key element of this approach (Clough et al. 2014).

*Trauma-informed care:* Trauma-informed care complements that emphasis on empowerment. Trauma-informed care is a strengths-based approach to service provision that actively generates

opportunities for clients to rebuild a sense of empowerment and control over their life (Dawson et al. 2013, Hopper et al. 2010). It centres the impact of trauma on women's lives (rather than individual presenting issues) and emphasises safety – physical, emotional and psychological – when developing and offering supports (El-Murr 2018, Hopper et al. 2010, Sullivan et al. 2019). Implementing trauma-informed care requires ongoing training, supervision, support and consultation; assessment and screening tools; and comprehensive and integrated services (Hopper et al. 2010).

*Flexibility:* Services need not be coercive. Allowing flexible rules and facilitating client involvement in program implementation may enhance survivors' sense of empowerment and support (Glenn & Goodman 2015). This may include not demanding mandatory services (Baker et al. 2010) and encouraging women to determine which services and supports would be of most use to them (Kulkarni et al. 2012). The provision of housing should not be determined by compulsory program attendance (Baker et al. 2003, Martz et al. 2019).

*Client autonomy:* Services and resources are typically provided in practice frameworks designed to facilitate client autonomy and independence (Martz et al. 2019). This requires an integrated multi-focus approach which addresses the physical, emotional and psychological, social, childcare and education and employment needs of young women (Gilroy et al. 2016, Taylor et al. 2012). While dependent on the funding arrangements and the structure of social services, these services might be co-located or facilitated through closer formal or informal collaborations across service providers (Keys 2007b, Kuskoff & Mallett 2016, Sullivan et al. 2019).

*Accommodation:* Service providers should ensure that women have private space and the capacity for personal routines, balanced with their desire for social connection and community (Martz et al. 2019). For mothers, living in shared or community housing can transform parenting from a private experience into a public one, subject to surveillance by service providers and other clients (Scappaticci & Blay, 2009). Ensuring there is privacy allows women to develop confidence in their mothering and reinforce connections with their children (Kuskoff & Mallett 2016). Safety must always be addressed as a priority, and as an issue that is ongoing and defined with reference to both objective and felt dimensions (Sullivan et al. 2019).

*Worker training:* Empowering, trauma-informed and effective service provision requires ongoing and systematic training and professional development relating to DFV and sexual assault, homelessness, and trauma and its impacts (Baker et al. 2010). Staff should also be trained to develop healthy and supportive connections with clients and be provided with up-to-date information on the specific skills, knowledge and supports clients need to attain housing and other services and supports (Munson et al. 2017). Workers should also receive cultural safety training to effectively and appropriately support Aboriginal and CALD clients and staff (Fiolet et al. 2019, McCalman et al. 2006, Prentice et al. 2017).

*Culturally safe services:* These are built through:

- Long-term, accountable, collaborative and equitable relationships with local communities (Funston 2013), respecting community leaders and positioning them in key roles in services and programs (El-Murr 2018, Southern Domestic Violence Service & Nunga Mi Minar 2007), and facilitating community-led and community-owned education and services (Aboriginal Family Violence Prevention and Legal Service Victoria 2010).
- Services that materially support client needs in culturally appropriate ways – for example, safe houses/cooling off houses that allow Aboriginal women to stay in their communities (Cripps & Habibis 2019, Memmott et al. 2013, Tually et al. 2009), respecting Aboriginal women's and men's business in addressing family violence (Keel 2004), developing supports for offenders (Thorpe et al. 2004), and understanding DFV and sexual assault, homelessness and associated issues in a holistic and culturally informed way (Snell & Small 2009).



- Developing models or frameworks that acknowledge the historical and contemporary socio-political context within which government services are located, and acknowledging how these services and contexts shape Aboriginal family violence (Lumby & Farrelly 2009, Widders 2003).
- Developing multicultural practice frameworks (Allimant & Ostapiej-Piatkowski 2011).
- Developing culturally specific family violence definitions and risk assessment tools (Vaughan et al. 2016).
- Individualised, open-ended and flexible support reflecting clients' needs and priorities, rather than service needs and priorities (Wendt & Baker 2013).
- Creating materials in multiple languages and diversifying materials that present information in more culturally familiar ways (Allimant & Ostapiej-Piatkowski 2011, Keel 2004).
- Facilitating ongoing access to language-appropriate services and professional translation services (Allimant & Ostapiej-Piatkowski 2011, Vaughan et al. 2016).
- Proactively engaging with the community to facilitate community development and education (Fredericks et al., 2010, Rawsthorne 2010).
- Training an Aboriginal workforce and employing Aboriginal and CALD staff within mainstream organisations (Aboriginal Family Violence Prevention and Legal Service Victoria 2010, McCalman et al. 2006, Prentice et al. 2017, Rawsthorne 2010), and partnering with Aboriginal or CALD services (Rawsthorne 2010).

## Young mothers

Programs can be designed to respond to the specific needs of young women who are pregnant and parenting. Services should be responsive to young people's social, emotional and cognitive development and practical needs (Keys 2007b), their desire for autonomy and independence (Kuskoff & Mallett 2016, Taylor et al. 2012), and their sensitivity to stigma and social judgements (Wendt et al. 2015). Young women's autonomy is expressed not only through developing personal and individual routines, which are more effectively facilitated through private living spaces; young mothers – like older mothers – are reluctant to share accommodation with other clients (Martin et al. 2005). Developing networks of social support is important for young mothers who might otherwise be socially isolated and lack family and social supports as a result of long-term abuse, family crisis, out-of-home care, and homelessness or housing instability (Johnstone et al. 2016, Keys 2007b). Developing these networks through peer support with other young mothers can be useful because they can offer advice on effective approaches to meeting their family's needs (Swick 2009).

Many parents also find one-on-one parenting support helpful, particularly when it is responsive to the particular needs of the client (Anderson et al. 2006, Kuskoff & Mallett 2016, Taylor et al. 2012). Young women may also require support in developing practical, healthy and safe living skills if they have experienced long-term violence and/or homelessness in their lives (Keys 2007b).

Crisis, transitional and longer-term housing should be located near essential public services such as public transport, shops, medical services and, ideally, maternal and child health centres, childcare centres and support services (Keys 2007b). Alternatively, these supports could be co-located to facilitate young women's access – especially for those who do not have a driver's licence and are reliant on public transport (Kuskoff & Mallett 2016). Given the social stigma and mistrust directed towards young mothers, supports should be offered in a non-judgemental way that builds young women's confidence in themselves as mothers (Keys 2007b).

When safe to do so, services may be designed to be more inclusive of fathers who might otherwise struggle to maintain a presence in their children's lives. This might help to encourage young parents to initiate and maintain engagement with support services (Kuskoff & Mallett 2016).

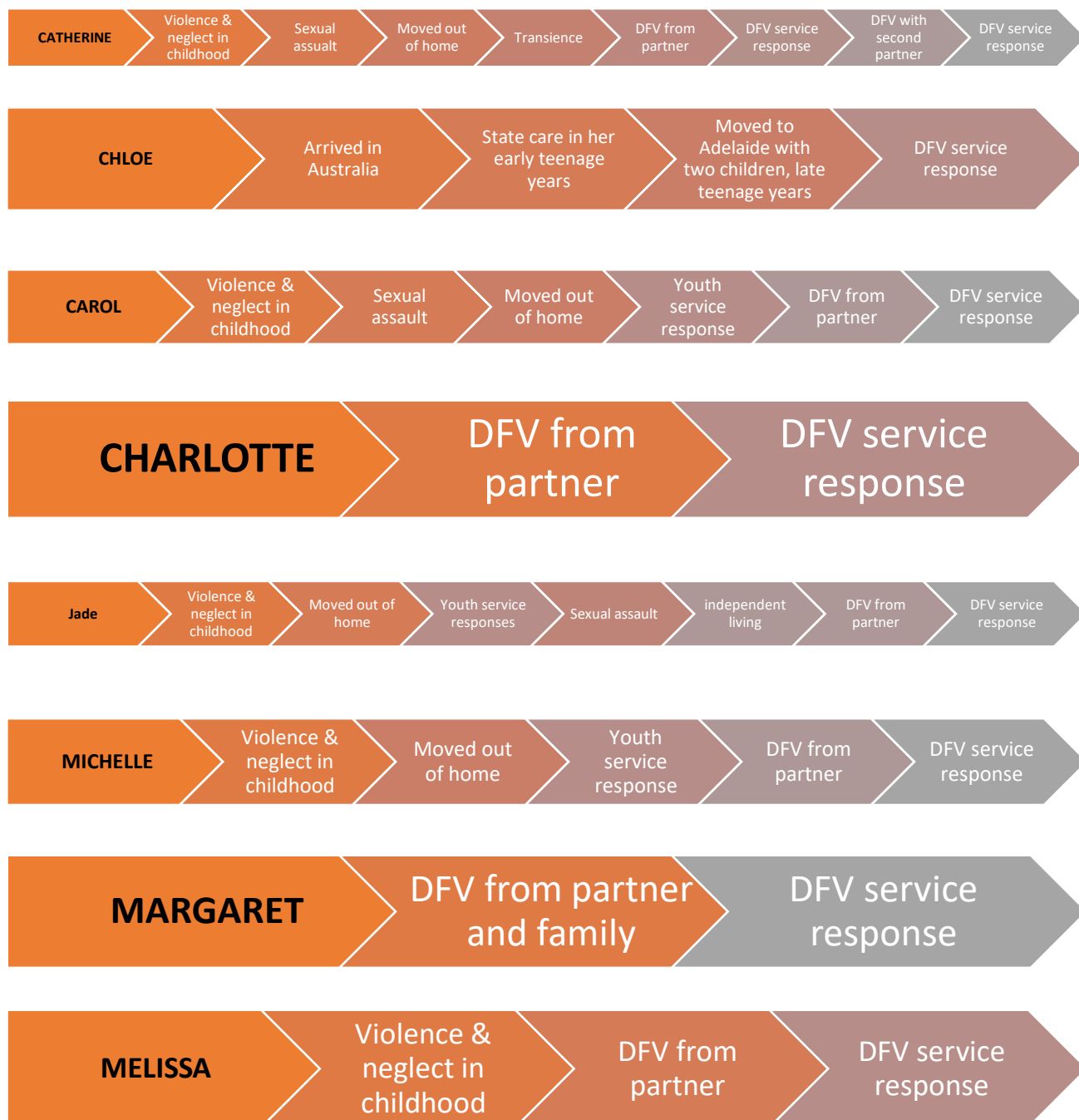
Children should be recognised as clients in their own right and their case management should be funded and counted towards agency targets (Keys 2007b).

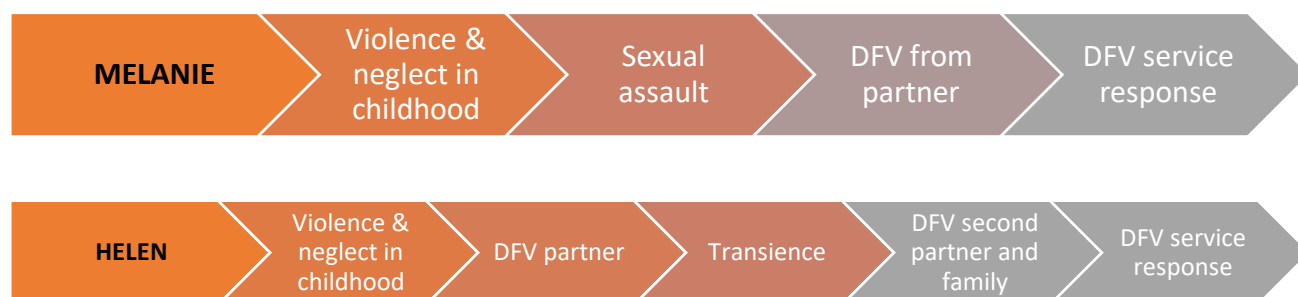
## PART D: YOUNG WOMEN’S EXPERIENCES

### Young women with children accessing services

Among the young women who were interviewed for this research, there were 10 young women with children who were being supported by a service at the time of the interview. All were accessing a DFV supported accommodation service specifically for young women. They were eligible for the service because they were pregnant and/or had children and had experienced DFV – and hence were at risk of homelessness.

The following event trajectories set out the key experiences and transitions in their lives.





## Lived experiences of violence

Six young women talked about their childhoods as being unsafe and frightening because they experienced violence from their mother, father or stepfather. They also spoke about feeling alone, neglected and just trying to survive long enough to be able to leave. For some women, leaving home was associated with new experiences of violence, with sexual assault perpetrated by either teenage peers, employers, their mother's partners or fathers. Most young women who left home experienced housing instability, staying with friends, extended family or grandparents for short periods of time until they secured supports from a youth service or found a boyfriend they could live with. Catherine described such moments in her life:

*He [stepfather] punched me in the face just for crying ... I hated him, didn't feel safe around him. And then we moved again when I was about 13 years old, everything went downhill from there, everything. I got so severely depressed, my mental health went downhill ... and then when I was fifteen – I was hurt really bad by a group of boys and I got worse ... but then I met a boyfriend and I was with him for a couple of years, I moved in with him straight away, got out the house. I was fifteen, moved out.*

When the young women described moments of transition, such as moving between their mother's or father's homes, between friends, or moving in and out of youth shelters, they often linked these transitions to experiencing sexual assault. For example, Jade said:

*And I moved in with his friend, my Dad's family friends. And living there, and I'm getting sexually assaulted, so I just stopped trusting anyone, and just started being homeless, because it's like everywhere I go, because they kicked me out, or I'd be screwed over.*

For some women, youth services were helpful for short periods of time, but they often moved out of the youth service because they partnered with a boyfriend. For example, Carol said:

*I was 15 and couch surfing until I got into [youth service]. I was there for about six months. I went down to Centrelink, got on a payment and it just all started from there. There was no going back for me, I wasn't going back to that sort of house [her family home]. But then again, I also spiralled, I started smoking and smoking more, I was hanging out with the wrong crowd. I was then put into a youth share house and I was in and out of there for a year until I kind of just started pulling my head out ... but then I found [partner] and fell pregnant.*

It was common for the young women to find housing with their partners either through living with their partner's family or securing a rental or community house as a couple. It was also common for young couples to become pregnant. Many of the young women described DFV early on their relationships, beginning or intensifying when they were pregnant. They then felt trapped and had nowhere to go

because they were dependent on their partner and his family and had no independent finances to support themselves and their baby. Jade described this fear:

*I got transferred to [suburb – independent housing through a youth service], and that is where I met my son's father. And at the time, we were on ice and I fell pregnant, and I had my [child] while I was living at that house, and I'd just turned eighteen. I wasn't contacting my worker or nothing, they just gave me an eviction notice, and my [child] was like, one month old or something like that ... we managed to sub-lease but there was a big fight with my partner, and it was around the baby and that, so I called an ambulance, just to make sure that he was okay. So, we went to hospital for three days ... He'd been sent to jail. I couldn't afford the rent. The rent was like all of my money, so there was no food or nothing like that ... And then I made calls to all the services and that, and there was nothing available, and it was getting to like the point where I was so scared, then [DFV service] called.*

Four young women did not describe violence and neglect in their childhood. Their discussions of violence centred on the violence perpetrated by their partners and fathers of their children. This violence led to an erosion of family or social networks, so that women had no informal supports when they wanted to leave the violence (primarily because of their children). For example, Chloe was a child refugee from Africa. She moved to Adelaide with her daughters but the acquaintance who was going to offer her accommodation withdrew the offer; hence she rang service after service looking for accommodation. Similarly, Helen, an Aboriginal woman, described periods of living with her ex-partner's family – and when she became pregnant to another man, she was kicked out of this accommodation. She experienced a period of unstable housing with her child and when she had her second baby accommodation was arranged for her through the DFV service sector. For Melissa and Margaret it was an abusive partner that caused them to access the DFV service sector because their extended family did not have the capacity to support them. For example Melissa, an Aboriginal woman, said:

*Me and [my child's] dad, we split when I was four months pregnant and I haven't really spoken to him since. It was really at the start and then drugs got involved and yeah, he just went off the rails. Ended up going to prison and yeah. And he's just only gotten out so, yeah, I haven't seen him. ... because he's got children to different women, two other women. Yeah, it just was really hard for me to try and be a step-mum to them – and then deal with the mothers on top. And then they was pissed off with him for getting me pregnant and him not being there for his other children ... I was just always arguing with my parents, so I couldn't live with them and I had really nowhere else to go ... so I contacted [DFV service], had an appointment and then five days later they contacted me saying I could move in.*

### Service response

In this sub-sample, all of the women were living in supported accommodation. This provided an opportunity to talk to the young women about their experiences of such a service response. At the time of the interview the women were either living in on-site accommodation or had been transferred to an outreach medium- or long-term property. All of the women spoke positively about this service response. For some women for whom safety was a significant concern, the service gave them security and time to think about their options. For example, Catherine said:

*I stayed on site for a few months, probably three months or something and then I went to the outreach house. I was so relieved and that's what's so crazy ... I had such a sense of relief. I was scared to be by myself at night though, but I had such a sense of*

*relief, like I was finally free, I was ... I wasn't sad, I wasn't – I didn't cry and stuff like that, I didn't – I was just alright.*

Carol also talked about this relief, but like Catherine hinted at feeling lonely.

*He can't contact me, he can't come anywhere near me. I'm in a completely surveillance property. But I feel lonely and I feel a bit like ... we all just want our privacy but it's like we're all used to having our friends being able to come and keep us company at night and we can't have that here. So, it's just like, it's a – I'm dealing with all of this stuff, it's quite fresh and – I can't have a drink of wine or anything at night to help me get through. I don't have any – I don't have a form of outlet. I have to just sit and think about it and dwell on it and let it replay over and over in my head until I get over it and it's making it hard. I'm struggling. I'm really, really struggling mentally with this and then not having – not being able to have anyone to come and just give me a hug and tell me that it's going to be okay or just sit with me, and it's just like, it's hard, but sometimes you've just got to do it. You've got to get past this for your safety, for your [child's] safety, for any – you've just got to do it and it sucks, but.*

Women who had experienced both youth services and the DFV service also observed that the DFV service enabled them to feel independent, respected and more autonomous – in contrast to their prior youth service experiences. For example, Jade said:

*At the youth service I just ended up getting kicked out of there for taking drugs or non-attendance ... some you can't stay there during the day, you have to get up, make your bed, but leave your stuff there ... they would search your stuff, check your eyes ... I remember feeling ok there, comfortable but I just wanted to do drugs, I didn't care about school ... I used to be violent, all my relationships have violence ... but know I stay calm and nothing can hurt my [child] ... but it is the workers here – they make relationships with you ... this is a whole house, and you can cook and you can clean, you have your own space, you don't have a curfew, you can come and go as you please, like you're treated as an adult. And it's like, nothing shocks them, you know, you can say ... And they help you with your kid as well, like give you tips and that ... they actually help with food, furniture ... I feel like I have a life now.*

All of the women spoke positively about the workers without prompting. All noted that they never felt judged, only supported – in terms of being a mother, through practical material possessions and through counselling and emotional support. Michelle described the workers:

*The workers are really lovely, I have had problems in the past with dealing with judgmental workers. But here they are not, they're all understanding, they're also practical. So even if you're – I don't know how to explain this. So practical in a way we have parenting groups, cooking classes, and that is a good way to talk to other young mothers.*

Margaret particularly valued the support of workers. In Margaret's culture there are practices that are important to women after they have a baby. She explained these practices to the workers and the workers facilitated her sister to stay with her in the accommodation so that Margaret could undertake these practices:

*I told them how I was pregnant and normally my traditional thing like not to be in the kitchen for a month and they allowed my sister to stay with me ... I couldn't do this without my sister, and my sister, because she doesn't drive, so by now she stays with me here and I am so, I was so panicked and now my sister is here with me. Now I am*

*happy, I don't stress – like before I used to cry all the time and I am like, when I am crying I wouldn't even have a reason why I am crying, but here, since I came I don't cry.*

## Safety

All of the women in this sub-sample spoke about how the DFV service and the associated housing gave them a sense of safety, both materially and emotionally. For young women like Catherine, who identified as having severe anxiety and depression because of the violence and instability she has endured, supported accommodation offered her a sense of safety that had previously been absent from her life:

*Having a safe place to come through all this, especially living for 21 years feeling unsafe everywhere I've been and moved around left, right and centre. And for the past year I've actually felt safe for the first time in my life ... I just want to stay here and know that there's cameras here, there's someone on site, it's behind gates ... I get scared walking to my car at night.*

For other young women, housing offered the opportunity to pursue school, study or other activities. For example, Chloe described how the stability of housing enabled her to enrol her children into child care, get her driver's licence, and finish her Year 12 studies.

*I go to different house inspections and was getting worried, but the worker, she helped me with the paperwork and took me see houses and kept telling me to not worry: "Be patient and we will try to help you some way, you just need to calm down." ... So, I took her advice and stuff ... she even promised me that if they can't find a place for me they won't just ask me to leave ... Make sure we find a place, everything we needed. And that's exactly what I have now. I got my licence, they also helped me to put the [children] in school and child care as well. My main focus now is to finish my Year 12.*

For a small number of young women, being supported by the DFV service through supported stable accommodation alleviated fears about child protection removing their children. Carol explained:

*My worker here was absolutely amazing. She helped me get through child protection, they got involved because of domestic violence. She was very helpful with that. They closed the case when I gave birth, but yeah, she was there every step of the way for that. She's seen me since I was 17 weeks' pregnant. She actually got to know me and she became my friend and it's just, it's a really good – that's what all the workers are like here. They're so relatable.*

For many of the young women, supported accommodation created a sense of emotional safety, breathing space, a sense of calm. For example, when Margaret became pregnant, she was judged by her family and community. She felt like she was the centre of all discussions and felt shamed:

*Then I started blaming myself and everything that happened, I was really bad. I was even losing weight and I think that's it because they took my baby out because they said it was getting smaller and I think that could be the reason as well because I was always depressed. So I wasn't feeling okay. Yes, since I came here I feel more safe ... to live alone as well ... I have been treating myself like ... I take myself out ... and I am like, wow, I never thought I could do this. I clean my house and I cook my own food and now I have my own baby – I'm a mum.*

Similarly, Melissa shared how housing provided her the opportunity to reconnect with her own mother. Melissa’s partner was sent to jail and she did not have contact with him. She loved her family but she couldn’t live with them because they struggled with their own drug and alcohol problems. She didn’t feel safe to have her baby while living with her parents:

*When I was pregnant, I was just always arguing with my parents, so I couldn’t live with them and I had really nowhere else to go ... so I contacted [DFV service], had an appointment and then five days later they contacted me saying I could move in. See, my aunty used to live here very many years ago and also one of my best friends had a unit here and they spoke highly about it. They are doing well. I was going through a lot of depression before and yeah, just everything was getting on top of me. I was just going out partying all the time, drinking, running amok basically and now, I don’t have time to do any of that. Well, since being here Mum and I got a good relationship. I also know I had to cut ties with him, I knew it was right to do and I had to do it or otherwise I would be going downhill with him, my child doesn’t need two parents that are screwed.*

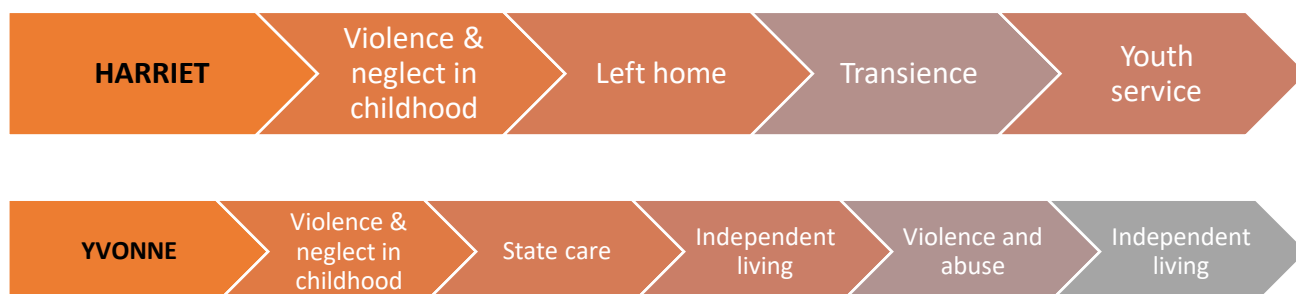
Melissa went on to talk about her feelings of safety:

*I guess with all the support workers here and just being highly surveillance-d and yeah. Just feels homey. It’s really good having my own space, not being told what to do, when to do it, who I can have over and yeah, just, I feel independent now. Just basically being able to do things on my own without Mum telling me how to do it. I also spoke to her about if you’re going to be abusing drugs I don’t want something like that and then it’s going to jeopardise me with him [her child] and I just can’t even have that ... Well, my lease is for three months. I’m hoping I get either community housing or a private rental. I’m not really fussed, either, I definitely still want my own housing.*

For Margaret, who was from an African background, and Melissa, from an Aboriginal background, the housing support and willingness of the agency to enable them to navigate and mend relationships with their families (particularly their mothers and sisters) was particularly valued. Maintaining connection to their culture and families helped them feel hopeful while also allowing them to take steps towards their independence as young mothers.

## Young women without children accessing services

There were three women who did not have children and were receiving a youth service because of homelessness risk or a sexual assault service because of a recent experience.







### Lived experience of violence

All three young women in this sub-sample described violence and neglect in their childhoods, which caused them to leave home. Harriet and Abbie experienced periods of transience and living with friends and boyfriends until they were supported to access a youth service for accommodation. Yvonne was removed from her family through child protection processes and experienced housing and emotional instability as she lived with multiple foster families.

*She [mother] kicked me out, I didn't like her new boyfriend, I was too much to handle apparently. Then I was homeless for a little bit there, like staying at a football oval ... couch surfing at me mates' and whoever else took me in. And then I spoke to my counsellor in high school. They did all they could and put me in contact with [youth service]. (Harriet)*

### Service response

Harriet, Yvonne and Abbie all accessed supported accommodation through youth services. It is worth sharing their experiences one by one, to offer insights into opportunities gained and lost in that service provision.

For Harriet, the youth service offered stability and routine. She was able to continue with school. She found the workers available and supportive. Supported accommodation was vital to her as it enabled her to gain and plan for independence:

*You pay your rent, you do your own thing – but they're just there to help. There's other people that live in the building; like other tenants that live in the building, but that your space is your space. So, no one can enter without your permission. That's basically, you know, going to school, going to your tenant meetings, and like they have tenant meetings and so you need to meet the deal to have the service itself, and like, people you can talk to and who, you know, actually worked with, you know, people who have experience and stuff ... When I was homeless, I was always down, I started smoking weed and stuff, like that's just not me. So, like I'm glad like I got into this place. I think it's just more the fact that I am actually stable.*

Yvonne lived in state care from 8 years of age. She spoke about how she wanted to leave her supported group housing when she turned 18; however, she was given no choice about the type of housing – although she did have a say in the suburb. She struggled with the emotional and practical demands of living independently, with no meaningful assistance from support workers:

*It was hard. I was just, depended on my carers just being there and then when I moved to the new house I just couldn't – like, I'm used to somebody there with me in the house. Like just, just hanging out with me – because I like company and if I'm by myself I sit there being bored.*

Yvonne stayed in her initial house but felt unsafe. Her neighbours yelled, screamed and fought – and so the police were called frequently. Yvonne was the only woman in the unit block. Her neighbours were drug dealers and there were people coming and going at all hours of the day and night. Yvonne said she begged workers at the housing office to move her. Yvonne endured this for just under two

years before she was moved to another property. Yvonne also described her depression throughout this period. At times she felt suicidal.

*Like, now I am away from the street, because I'm behind another house and no one knows where I live and that's the good part. ... I just had enough of cops turning up for them, and the cops threatening to get me locked up.*

Abbie lived in supported accommodation with other young people. She often felt like she didn't belong, and she moved in and out of this for periods of time to be with her boyfriend. When Abbie turned 18, she transitioned out into an independent living unit, where she felt unsafe. Like Yvonne, she was placed in a block of units where her neighbours' behaviour increasingly made her feel unsafe:

*I was placed next to my best mate for a couple of years and he's a bit of a party animal. He loves to do stupid stuff and party, get arrested every other weekend. And so, because I was housed next door to him – seriously, across the hall ... I had a gut feeling that nothing would go right because nothing ever does ... He'd have his mates come in and out of my house and I'd be like, what are you doing, kind of thing ... boundaries were blurred. I got kicked out, three strikes you're out. I had no support. Every time I went there [housing provider], they never actually helped me work towards getting another one ... I tried to work towards it, did everything they pretty much wanted me to and there was nothing at the end of it. My unit got broken into, and I was assaulted. Yeah, I'd pretty much just given up and it doesn't become a home or really a house to me even. It just feels like a dump because people can treat it like a dump. People can treat me like a dump. I am now extremely scared to be on my own.*

Abbie had moved in with a new boyfriend and was waiting for social housing.

## Safety

The three young women reported that the youth service supported accommodation was pivotal in ensuring their physical safety and helping to improve their wellbeing. For example, Harriet spoke about being depressed during her times of sleeping rough, but her depression improved when she secured supported accommodation:

*I was really, really down and depressed. And just crying non-stop, not being able to do schoolwork and trying to like, juggle school, here they're really nice people. Just someone you can, you know, talk to, joke around with. Who can help you out with what you need to do, such as helping with resume, like work, school, they'll help you out with that and stuff.*

Harriet also explained that having a safe space to return to and having somewhere for her belongings to be safe meant a lot to her. Despite her violent childhood she still wanted to see her mother and younger siblings, which she tried to do on weekends – but she was reassured she had her own place to return to:

*Like, you know, if – if like things go wrong with, at the other places, I just come back. I have, like, my bed, my lounge, and then my TV, two side tables, desk, and then my kitchen, my – I love my microwave. That's, like, my favourite part out of the whole lot. I do have, like, my photos and that sitting on my desk. Like, I've got a few books and, like, some photos with me and my older brother, and me and my nephew ... I'm able to do my own thing, you know, I can be independent. I'm not trapped.*

However, all three young women talked about struggling with mental health issues and hence safety was not a sustained feeling for them. The secure housing reassured them physically, but they described feeling emotionally unsafe. For example, Yvonne said:

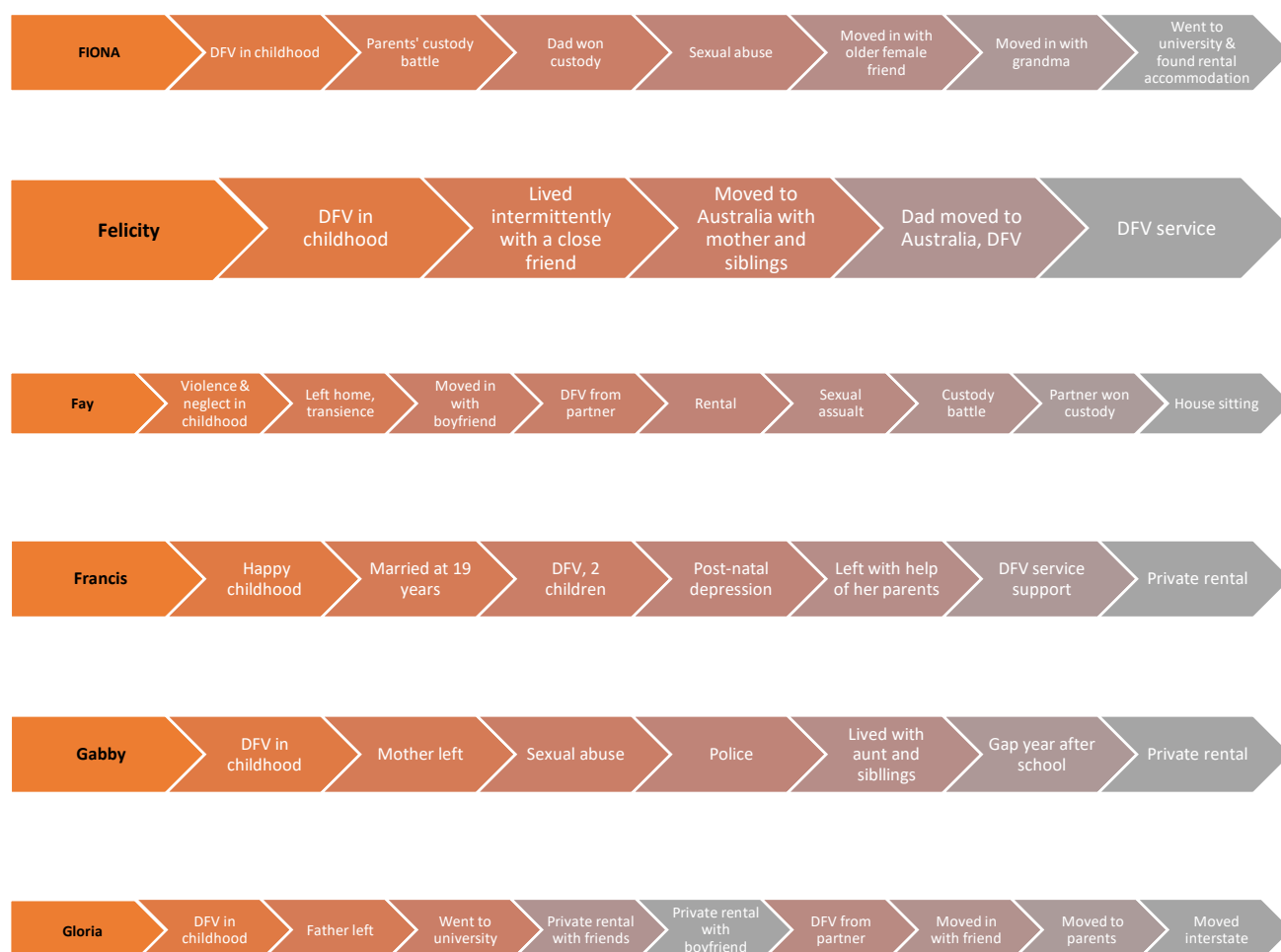
*I was referred to my doctor because I was – with my mental health state, I was injuring myself a lot, like I was in depression, really bad depression that I always end up trying to kill myself but this place has helped me through it.*

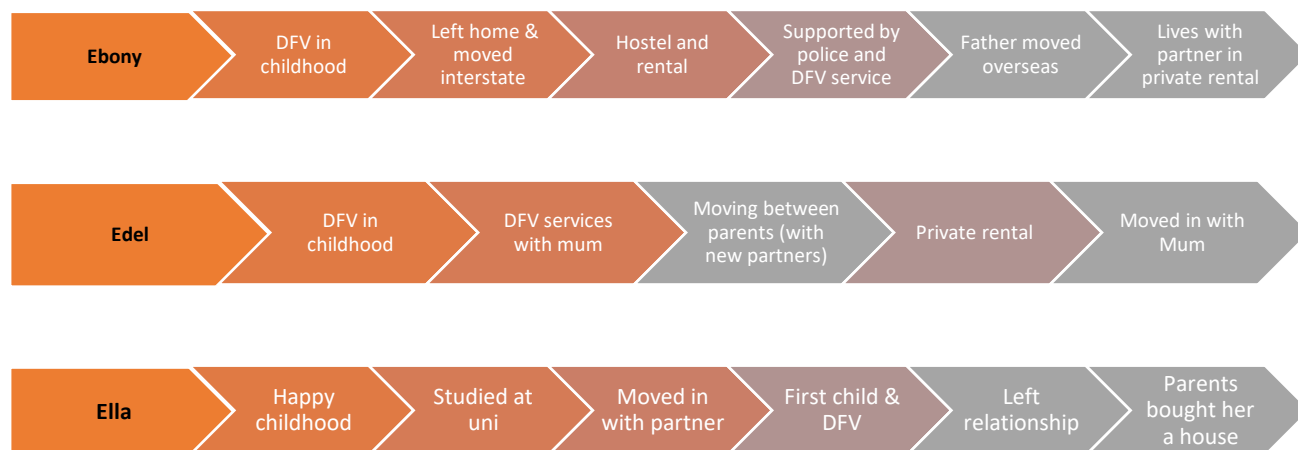
Similarly, Abbie described how her mentor through the youth service helped her with her feelings of fear:

*I have a mentor through them. She picks me up once a week and takes me out to achieve goals ... I think just getting out the house at the moment is my biggest achievement and getting used to my medication.*

## Young women who were not accessing services at the time of interview

Nine young women were recruited through Facebook and were not accessing housing or DFV/sexual assault services at the time of the interview. These women discussed DFV being present in their childhoods or experiencing intimate partner violence as a young woman or both. They navigated housing options largely on their own or had friends or family who helped with housing.





### Lived experience of violence

Six of the women in this sub-sample described DFV perpetrated by their fathers against their mothers, themselves and their siblings. The violence was severe, but the young women remembered that it was “normal”, that is, what fathers do. It was only once they approached their teenage years that they began to plan to leave home and leave the violence. Some women also described their struggles with mental illness growing up as a result of the DFV and sexual assault–related trauma they endured, particularly in their teenage years. Some also linked the trauma of DFV to their mother’s mental illness and believed the violence contributed to their mother’s inability to recover longer term. For example, Fiona said:

*I think I was about six or seven, it’s hard to tell. I know the [siblings] were quite young, like toddlers. And it was very messy and traumatic, pretty, and my very earliest memory is Dad throwing a wooden dining chair across the room. I can still see it, I can see how small I was, they were obviously fighting, and he just grabbed a chair and flung it in the dining room. And I just remember picking up my baby [siblings] and going into my room.*

Edel spoke about her own mental health suffering because of the DFV she endured throughout her childhood:

*There was a few times I remember where I was – 5 or 6 and I’d walk out and my Dad was on top of my Mum while she was laying there and blood around her head and stuff and then my Dad would just leave the house and I’d be there to help Mum pick everything up afterwards ... my Mum would leave with us and return, time and time again ... I struggle with paranoid schizophrenia, but I was untreated for some time ... all the violence and anger around helped me and my sister and my Mum be close – form like a bond even though we were – I – that was the point where I was hitting puberty and had mood swings and we’d always be fighting but – I always knew that there was ...*

Similarly, Gabby talked about her memories of DFV, linked to her mother leaving because she could not cope with the violence. Gabby remembers her mother struggling with depression and suicide attempts. She talked about her father sexually abusing her and how helpless she felt:

*I knew something was wrong, I wouldn’t have known specifically what was wrong, and then when the abuse started with me, he was the sole parent at the time, I knew something was wrong but not knowing how to – being so young, I didn’t know how to*

*verbalise in words what was wrong and then not knowing how to get out because I was the child in that situation. So I remember at night time imagining I could climb out the window and run away, but I could only in my mind get to as far as the end of the street because that was my world and I didn't know past the end of the street.*

Two women spoke about experiencing intimate partner violence as young women and their parents being a source of support, helping them to find safe and stable accommodation once they left the relationship. Both women discussed DFV becoming increasingly severe and controlling once they were pregnant. Francis said:

*I was married at 19 years of age. And fairly quickly, I think, in our marriage, it became clear that there were communication issues. But that's all I saw them as until they did become physically violent at that – probably the first year of our marriage ... he'd actually stand in the doorway and prevent me from leaving which, when I became a bit desperate, that lead to physical violence a number of times ... He managed to hurt me on the back badly enough that I couldn't walk really and had to call an ambulance.*

Ebony spoke about the abuse she endured from her father, physically and emotionally, throughout her childhood. She left home and moved interstate to escape him. He stalked and threatened her life, until the police and a domestic violence service facilitated an intervention order.

### Service response

At the time of interview, the women recruited through Facebook were not receiving services for DFV/sexual assault or housing support. Some were seeing a private psychologist to assist them to understand their own trauma and to heal from childhood experiences and intimate partner relationships. The young women were able to provide reflections on the services they did receive in the past.

Fiona, Fay, and Gabby talked about their memories and experiences of the Family Court. Fiona and Gabby remember the Family Court as being present in their childhoods. They remember it as a service response that took them from their mothers and enabled their fathers to continue abusing them. Both young women talked about leaving home and therefore their fathers as soon as they were old enough and relayed their sadness at losing their mothers and contact with their siblings as they got older. For example, Fiona said:

*I remember the crèche area, but it was designed for 3–4-year-olds and I was older, and so I was really out of my element and uncomfortable. I remember we had to talk to all these complete strangers about things I didn't even understand. We had to go into a room, like a viewing room ... we went there for two weeks straight, Monday to Friday, I just remember Mum sobbing her eyes out, walking in and it all being very traumatic and just crying all the time, it was just awful. And so I'm not even sure how many times they went to court ... I just remember pretty much Mum dropping us off one day and Dad picking us up and I didn't see Mum for six months after that.*

Fiona spoke about sexual abuse from her father during this time and described vivid memories of rape. Numerous times she ran away and went to her mother's only to be returned to her father because of the Family Court ruling. However, by the age of 13–14, Fiona said she just continued to go to her mother's and then ended up not seeing her father for two years. Fiona also described her mother suffering from mental illness and how she as a young woman saw this as trauma related. She described her mother as being "worn down" by the system and her father. At the age of 16 years old, she moved in with a friend and experienced stability for 2–3 years while she finished school. Fiona

spoke of receiving no support services, only visiting a police station with her friend to report the sexual abuse by her father. Fiona said:

*I gave her a statement, she reported it, blah, blah, blah. I'd heard it so many times before, I don't, even today when I tell people, and they have, they report it, it makes no difference. I know by now it's not going to make a difference. They don't really care.*

Gabby's story was very similar to Fiona's story. She described her mother suffering from depression and bipolar disorder and therefore her father got custody of her and her siblings. However, Gabby spoke about enduring and surviving sexual assault and rape from her father from the age of 9. Gabby also went to the police station with the help of her mother which enabled her and her siblings to be returned to her mother. Unfortunately, Gabby's mother took her own life shortly after, and Gabby and her siblings went and lived with an aunt. Gabby remembered:

*I did finally speak to my mother. I don't even know what words I used but I remember, I didn't get any emotional response from her, which I think is a reflection of her own mental health at the time. But I think, even though she was struggling with her own mental health, she tried to do the right thing and so she reported it to the police. I think she was struggling so much with her own life, but was still trying to do the right thing ... I was ten when she died ... my Auntie was strong and we had a bond with her, she was supportive and caring.*

Gabby spoke about remembering counselling at the time of her mother's death and she receives therapy now on a regular basis. Fay told her story of the Family Court and police responses from the perspective of being a young mother. She described her childhood where she experienced abuse and neglect. She remembers her mother struggling with mental illness and therefore having to live with her father. He was physically abusive and neglectful; hence she left home at 17 years of age and met her partner at 19. Fay remembered trying to reach out to services when she was a young teenager but she had little success:

*I remember when I was 15 or 16 I went to the doctors. I don't even remember how I got there but remember walking and asking to see a doctor, saying I'm not okay and they just refused – no, they refused to see me and I spent hours waiting in the waiting room and I eventually saw the doctor and he prescribed some drugs and sent me back home. I tried to talk to school counsellors, nothing. So I – I didn't reach out – I didn't trust – I didn't – I recently had a psychologist ask me if I had any adult when I was a child, any teacher, anyone that was supportive in anyway and I didn't. I didn't have that, I didn't have anyone. So I'm just kind of dealt with everything by myself.*

Gabby described a domestic violence relationship with her partner and times when she moved in and out of housing with him. She eventually secured a rental unit so she could live with her daughter alone:

*And then when I moved out I continued to see him on and off ... until my daughter was five – probably mostly because I was isolated and at that stage my family still didn't know anything of the violence and I was still alone a lot and it's very, very hard being alone with a small child every day. So I would go back and see him sometimes. Mostly out of sheer loneliness and no connection.*

Gabby's partner raped her and so she stopped all contact with him and did not let him see their daughter. He then went to the Family Court, seeking full custody of their daughter. Gabby endured this battle for three years with no financial or legal support. She lost custody and has not seen her daughter since:

*And I was primary carer her entire life and he was – this is a man with a violent record, this is a man who – been litigious history, taking me to court for no reason ... there were so many mistakes made because they're legal aid lawyers who just don't give a shit and I ended up self-representing and I had to walk away from court so the – the court didn't actually ever decide against me but after two and a half years my PTSD was so bad and we were about to go to trial ... I couldn't function, my psychologist and doctor said it would be unhealthy for me.*

Francis, Felicity and Ebony talked about receiving a good service response from police and a specialist domestic violence agency. Francis also had the support of her family throughout this experience. Francis planned to leave her violent partner and worked with a specialist domestic violence agency to do this. Felicity and Ebony spoke about the violence perpetrated by their fathers. A culturally sensitive and quick crisis response enabled their safety. For example, Felicity spoke highly of the police and the referral and support to a domestic violence agency that offered support to her mother after her father broke the intervention order they had in place. Similarly, Ebony received support from both police and a specialist domestic violence agency when her father breached an intervention order:

*The police officers that responded were good ... they called the Domestic Violence Crisis Association; something like that. And they were helpful, because they helped me with the whole legal side of it and provided, like, support if I ever wanted to talk ... so, I'd feel more safer going to court. So, yeah. They were really nice about it.*

The remaining three women, Gloria, Edel and Ella, did not experience extensive service support. Gloria talked about the importance to her of employment and education so that she had financial independence. Studying at university enabled her to leave home. When she experienced domestic violence with her first boyfriend, she saved money and left. Gloria remembers ringing a domestic violence support agency to talk through her options, but said she was not eligible for crisis accommodation because she had income and could move back with her parents. Gloria sought out counselling, which she found helpful. Edel was seeing a psychologist because of her mental health concerns but said she could move back in with her mother after her experience of independent living did not work out. Finally, Ella had financial and housing support from her parents to leave her violent partner. Ella said she received counselling for a period for time.

## Safety

When the young women in this sub-sample were asked to reflect on their feelings of safety they mostly reflected on their childhoods where they felt unsafe. They explained that hence as young women they try to create spaces of calmness in their lives. They also described that they don't trust people very easily and hence feel uneasy in their lives. For example, despite having safe, secure housing, Gabby talked about a relationship with a boyfriend that had ended and how she felt unsure and unsafe in that relationship. She spoke about the unease she feels in terms of not wanting to make the mistakes in her relationships that would result in repeating experiences from her childhood:

*I grew up in an abusive home in my younger years and so, again, I think that made it really difficult just recognising that there was a problem and not wanting to repeat stuff that happened to me previously in my life, I think just made it a lot harder ... I didn't want to be back in that situation again, I didn't want to admit that I was in a situation that was unhealthy and ... was not safe ... so this worries me.*

The young women who managed to secure a house on their own discussed the joy they felt and the security it provided them. For example, Fiona talked about securing a private rental and going to university. She said:

*But definitely when I first moved into that house by myself, I reckon that was in the uni holidays and I just worked so hard to make that house mine. I was doing renovations myself and gardening and everything and spending way too much money on home décor and everything, everything was perfect. And I think I did that to make it my own, make it my own space. And now I have so much stuff now where I am now pretty much your friends, we all have similar ideas and we'll keep it organised and clean and all homely, have blankets and everything all cosy so. No I think at that point nothing could scare me, I'd seen it all. And I was just confident enough to deal with whatever got thrown my way.*

Similarly, Francis spoke about the importance of feeling safe in her new home and how this was also reassuring for her children:

*I can lock the doors and know that he can't come in. It's been similar for my kids too. So, another thing that's been really good about that space is actually being able to start from the ground up and create the space. So, I – in the girl's rooms, they've got fairy lights and tepees and we create a really special space that was just for them that they would feel safe in.*

Fay, however, said she would never feel safe as she has lost her daughter and was experiencing a period of homelessness:

*I'm excellent at surviving which I dislike intensely sometimes. But I'm not good at living, never really learnt to live. Well, it's a skill you know and if you don't actually learn – if no one teaches you how to exist as a human like a functioning self, like for yourself, for me it was just navigating constantly ... constantly reacting to situations – surrounding situations and not be able to invest in yourself ever.*



## PART E: SERVICE PROVIDER INSIGHTS

This section presents services providers' descriptions of what constitutes safe and unsafe housing for young women who have experienced violence and housing instability, models of outreach, and the services commonly needed to achieve positive housing outcomes.

### Defining safe and unsafe housing for young women

Service providers described three dimensions of safe and unsafe housing: un/safe relationships, un/safe dwellings and un/safe surroundings.

#### Safe and unsafe relationships

DFV recurs in clients' lives, creating immediate physical, financial and psychological risks and longer-term challenges to providing a secure physical environment. It de-stabilises housing when young women are forced to leave to keep safe and when the violence results in eviction or the non-renewal of a tenancy. This in turn reduces their likelihood of accessing future housing, thus "spinning them back into homelessness" (Service 3).

Facilitating safe relationships was particularly challenging when DFV services refused to work with young women who were living with or had no immediate plans to leave their violent partners. Those who did were aware that their workers' safety could be compromised if outreach involved visiting clients in their home. They believed this could reduce the effectiveness of supports when housing-focused services were seeking additional support from DFV service providers.

Safe and unsafe relationships were also discussed in the context of on-site accommodation, where the presence of violent partners and former partners could create an unsafe environment for all clients. The ongoing and unsanctioned presence of violent partners in this accommodation could lead to the client leaving the service and its supports, placing them at risk of homelessness in the short and longer term.

Many service providers noted that clients were often unable to recognise DFV in their life or accepted its presence as a taken-for-granted element of relationships. A worker from Service 1 described this:

*Many mums who come in, they think that that's normal, that's the normal life is with domestic violence in the household, being held back to do certain things with their children.*

Thus, safe relationships were sometimes, but not always, a valued dimension of housing for clients.

Workers had less to say about the tenor and presence of other types of safe relationships in clients' lives. Their discussion of safe relationships centred on supports to develop positive relationships between mothers and children and supporting young people to develop friendly connections with neighbours and people in their community. Implicitly, safe relationships were defined by an absence of violence and the presence of mutual support.

#### Safe and unsafe dwellings

Degraded or inappropriate housing is widespread in the experiences of service providers and can undermine other forms of safety. Physical problems can reflect low-quality housing or be the result of violence within the relationship or by others. Service providers described houses with mould, broken

air-conditioning during the South Australian summer and broken windows in the winter, and very slow response times when these problems were raised. Slow responses can be exacerbated when DFV is recorded at the dwelling – workers described Housing SA bureaucratic processes that prevent tradespeople from attending the dwelling to fix the problem.

In addition to obvious physical defects, inappropriate housing can have flow-on effects for safety. For example, houses with stairs are not intrinsically unsafe but when clients with small children do not have the capacity to manage child safety gates, stairs hold a much greater risk.

Physical problems can exacerbate the impacts of past traumas. For example, when broken windows mean a dwelling cannot be secured, a young person's emotional wellbeing and mental health can be eroded as they feel afraid of further violence – with flow-on effects on their ability to engage with supports. Workers from Service 3 shared one example of a young woman in housing with a broken window:

*W1: She became so distressed and upset and scared about the fact that she was living in this unsecure house, it was cold and led to a lot of different issues, and something that was quite simple, you would think, to resolve but it still took days even after she brought it to my attention.*

*W2: And in the meantime, her emotional wellbeing, potentially mental health, unravelling because she was feeling so scared – she might have missed appointments that you had encouraged her to go to, school.*

In contrast, workers saw safe dwellings as those that build clients' capacity to create and maintain a sense of home – that is, a place over which they have control, which feels secure and is sustainable both in terms of its cost and its alignment with the needs of young women and their children.

### Safe and unsafe surroundings

Housing location can make housing unsafe for young people. The immediate need for shelter – particularly in the context of a shortage of affordable housing – is often more pressing than placing young people in a neighbourhood that offers positive and safe social connections. The most common threats to young women's sense of safety include:

- Chaotic surroundings, violence and DFV in the area, which can exacerbate the effects of trauma:

*the damage to the nervous system that happens in the trauma and when you have been unsafe or you have been victimised or, you know, our young people, they trigger so easily, so the safety is not just about when we place them in a house. It's also about where the location is and who is surrounding the young person. And so often you will see in the system, too, that young people are placed in certain locations and then it's like, "Well they've got a house and they've got to learn how to be independent", but what we sometimes forget is that this nervous system is still triggering and any noise or loud hear or what have you. (Service 3)*

- Directly threatening and violent neighbours limiting young women's capacity to leave their house, access services, or take their children to school or child care.
- Physical and social isolation. Clients who are housed in unfamiliar areas often feel isolated, bored, lonely and unsupported. This increases young women's vulnerability to violent and exploitative relationships which, in turn, further erodes their physical and emotional safety:

*I think it's, again that loneliness, like they're trying to figure out who they are and where their place is, kind of, in the community, and just that need to have people around them, whether it's friendships or a partner, or someone, but that sense of belonging, I feel like that's their real vulnerability. (Service 1)*

*[She] lives in a Housing SA property on her own and is desperately lonely. Like in lots of ways we have managed to create some safety and stability and a calmness around where she lives, but she is also really lonely. So there is that kind of seeking of connection and not knowing how to keep herself safe. (Service 4)*

- Unsafe relationships and social networks. Particularly in the context of social isolation, young people develop or re-establish friendships with people involved in criminal or anti-social behaviour. This increases the likelihood of neighbours' complaints to police or housing providers, placing their tenancy at risk. It may also increase the likelihood of financial or sexual exploitation.

In contrast, safe neighbourhoods are marked by friendly or supportive relationships with a community, existing positive supports, and transport and services that limit social isolation and enable young women to access the supports and opportunities they need.

Many young women have experienced long histories of DFV and sexual assault. Safety has typically been absent from their housing and lives. Workers noted that safety is not only valuable in itself – it can be a foundational strategy for improving young women's life chances. For example, workers from Services 1 and 2 described the importance of safe housing to creating a more positive life trajectory:

*And often it's a safe environment for the first time, isn't it, and that's what I actually hear with the security, and having their own place, their own place for them and their child, and then the possibility of finishing education or coming back into education as well, so finishing their childhood. (Service 1)*

*W1: [Stable housing's] got huge flow-on benefits.*

*W2: Everything comes from stability, doesn't it? If you've got a house, then you can work on your drug and alcohol, you can work on your DV. A lot of the young women can break those relationships because they've got their own house.*

*W1: They've got somewhere to go, yeah.*

*W3: They don't have to rely on family abusers or other perpetrators. So, it allows them to do that therapeutic work. A house is everything. (Service 2)*

Thus, safe housing was considered an important element of secure and sustainable housing over the longer term.

## The role of outreach in service provision

Outreach is a key strategy in supporting clients to access safe and sustainable housing. Outreach practices are informed by the scope of service activities, but most practitioners attempt to implement principles of assertive and trauma-informed outreach to support their clients.

This research identified three approaches to outreach.

*No proactive outreach.* This is associated with a service that emphasises independent living and personal responsibility among its clients. Seeking assistance is an explicit element of the service agreement with clients. Clients who are suited to this program have perhaps less complex needs and are undertaking some work/training/education.

*Client-responsive outreach.* Services establish regular check-ins with clients in the community, focused on assessing needs and brokering supports. This outreach is typically supplemented by encouraging clients to maintain formal and informal contact with the service and other clients, with the aim of building social networks and sustaining relationships of trust that might encourage young women to reach out to the service when they have additional needs. Workers actively seek to engage with clients with the expectation that clients will reciprocate and largely conform to service requirements.

*Assertive outreach.* This is associated with services working with clients with chaotic lives and whose day-to-day lives and development are shaped by trauma. Clients are not expected to respond or reciprocate to outreach. Workers from Service 3 and Service 5 described this approach:

*[the] more traditional kind of therapy really relies on the client coming into an appointment and engaging and if they don't do that, then they are not engaging, so the service gets taken away from them. Whereas we kind of see it as it's not necessarily their responsibility to engage but it's our responsibility to engage them. (Service 3)*

*I guess it's trying to be as creative as you can about how you can support and engage with a customer and help them to best understand the situation and the circumstances around why we're trying to help. (Service 5)*

The second and third approaches to outreach shared many of the same principles, differing in the intensity and flexibility of the outreach and expectations of client engagement. Key principles were:

- *Flexibility:* Workers responded to changes in a client's address, location, availability and service needs, meeting in multiple sites, at unplanned times.
- *Proactive communication:* Workers would initiate contact and would continue to do so even when they had no response from clients. When clients could not be contacted, workers might pay unsolicited visits to a client's address or other known places.
- *Time intensive and resource intensive:* There was no, or a high, cap on the number of outreach attempts. Responsiveness to changing client needs could result in an expansion of the services and resources available to clients.
- *Recognising the impact of trauma:* Services explicitly acknowledged that trauma could make it difficult for clients to function effectively and reliably when seeking services or attempting to meet eligibility criteria. They met clients "where they are" – physically, socially, emotionally, psychologically – rather than imposing service expectations on them as a prerequisite for ongoing support.

This research was not designed to test the efficacy of different outreach models. Drawing robust empirical conclusions is not possible given the client populations associated with outreach approaches, varying service programs and KPIs and the absence of long-term outcomes data and the research's point-in-time focus.

Assertive outreach aligns with prioritising connection and recognition as principles of service provision. Workers described the importance of building rapport and trust, to encourage clients to share their experiences as a way of establishing a longer-term connection:

*If someone has given them space to talk, they realise there is another path for them, they are, they can do this, and they are enough, and by building that relationship – it's all about the relationship of how it moves forward, and some people who come in for housing, they just want a safe place to stay, and that can be okay, and they need to take a step back and just re-evaluate of the people in their life, of things that are going on, but some need a lot more. And some have never just had that safe environment, and that positive role model around them. (Service 1)*

These practices encourage clients to share their histories, so that workers can identify additional needs for support:

*W1: Yeah, you have to find it, so it's about getting to know them and building a rapport with them and just building that relationship and going from there. ...*

*W2: But most of them, that's true, most of them come and they just come in because they're homeless.*

*W3: But you know, it's only when you start scratching [the surface] and they start to feel comfortable with you that they start telling you about their history and their sexual abuse, and the DV, and the families, and they've had no support, and it's heartbreaking.*

Workers emphasised the importance of outreach to assess and meet clients' needs. However, they were clear that the impacts of outreach could be limited in the context of the gaps and resource limitations of multiple service systems – and especially so when clients had multiple and complex needs. Thus, housing outcomes and service provision need to be viewed within the broader service provision context.

## Supporting safe and sustainable housing

Young women's capacity to maintain and achieve a "good" housing outcome and maintain safe and sustainable housing is strengthened when they have access to training and supports that develop their skills across multiple domains; a worker from Service 1 noted clients need "good enough parenting, good enough self-care, good enough independent living skills". The absence of these capacities reflected histories of trauma, unstable housing, and childhood neglect or abuse:

*Often it is the first time that they're learning about budgeting, and just the very basics of that, and bills, and understand them, and paying electricity, like the most basic stuff. Of course, it's new to them. They're young, they've had no role models either to show them how to understand that, and what's expected, so you kind of, sometimes are starting from that basic foundation there, just because they haven't been taught and they haven't had those opportunities.*

These skills are fundamental to meeting the needs of day-to-day living and to sustaining independent living:

*They need to learn the skills to kind of learn how to live independently and keep a clean house for inspections and mow their lawns and meet the requirements ... Kind of seems basic, but to learn those skills and then to get a good reference to get another house.*

Workers noted the following services as necessary for supporting young people in their housing:

- DFV education, to develop awareness of what constitutes such violence and to build strategies for managing or ending violence in their relationships.
- Physical health care, connecting young women with healthcare providers for themselves and their children (GPs, dentists, child and maternal healthcare nurses).
- Transport, particularly when young women cannot drive, have no access to a car and are located in areas with poor public transport.
- Related to the above, subsidised driving lessons, which are otherwise unaffordable and inaccessible to many young women.
- Legal advice, especially to support reporting DFV, seeking apprehended violence orders, and when engaging with the Department for Child Protection.
- Financial advice – for financial crises and to build capacity in managing finances longer term.
- supports for re-engaging with education and training.
- Child care.
- Developing connections with mainstream community organisations (e.g. playgroups).
- Ongoing often informal connections after service provision formally ends, to encourage support seeking and to maintain young women's connection to a community.
- Drug and alcohol counselling.
- Mental health services.

Brokering and then encouraging young women to access these supports is complex. Clients can be reluctant, unable or not ready to access services, particularly mental health and drug and alcohol services. Clients might be initially open to using services but face long wait lists so that workers cannot “strike while the iron is hot” when connecting willing young people to supports. This is exacerbated by the often short periods of service provision to clients, especially given the need for ongoing support:

*And it's not just one appointment, it's commitment and continual follow-up appointments, which can be hard to do, like in a short time too. (Service 3)*

Short-term funding arrangements lead to a changing service landscape, making it difficult to maintain good relationships with other organisations and keep track of what services are available. Thus, finding appropriate, accessible and timely services is a key challenge in supporting clients to achieve and maintain sustainable housing.

In light of these needs, moving to supported or independent housing necessitates detailed service planning.

*We all have a discussion with the mum when a house comes up. We look at the area, supports that are in the area, good supports, not good supports with family, places they've moved away from to come in here, and also, what services will be visiting them in the house. ... Child protection is a big thing. So, we just want to make sure that the child is going to be fed and be looked after and get their needs met, and that mum is able to do that, really, that she's ready. Because sometimes we may talk to a mum and they're not ready to move out, or they might say no, you know, and that's okay. (Service 1)*

The final comment reinforces the importance of recognising and responding to potential misalignments between housing availability and service timelines and the specific needs and capacities of clients. While sometimes necessary to conform to funding agreements, services are reluctant to prioritise housing in the short term over the likelihood of sustained housing at a later time.

The challenges of working with the complex needs of individuals are intensified by the systemic challenges in housing and homelessness and DFV and sexual assault services. Workers noted the following:

- A lack of housing stock.
- Limited transitional and supported housing with tenancies capped at 12–18 months.
- The competitive, often unaffordable private rental market, with access made more challenging by landlord discrimination and stigma attaching to young single mothers.
- Strict eligibility rules to access services.
- Eligibility referenced to chronological age, and not responding to the impact of trauma on developing minds. There is often a gap between the developmental capacity of clients and their chronological age.
- Funding arrangements that limit clients' access to post-service housing, based on a single status for eligibility. For example, if a service is funded to provide youth services, they may not be able to access housing for clients if the housing is earmarked for DFV survivors or families – even when such housing might better meet a client's needs. This fails to recognise the co-occurrence of multiple needs and “eligibility statuses”.

*There are people who are using drugs because of their mental health, and [the drugs] just compounds trauma. So, you would get lots of people saying things like once they address the drug use maybe we can try and work on the mental health, or I even start hearing, “Oh, it's not domestic violence, it's domestic violence in the context of substance misuse”. (Service 6)*

- Trauma that creates complex and interacting needs that do not fit current models of support.
- The immediate presenting crisis – notably homelessness – which is driven by additional needs which might not be assessed until much later in the service relationship. Housing providers were particularly aware of the high levels of undisclosed DFV in the lives of their clients.
- Differing priorities of housing providers (who manage a tenancy) and support services (who support an individual).
- Slow service responses to housing needs – for example, fixing a broken air-conditioner during the summer or replacing broken windows; or relocating a client who is at risk of or experiencing harm from their neighbours.
- Limited communication between service providers – when transferring clients and more generally – around the histories and specific needs of clients.
- Building client trust as mandatory reporters to the Department for Child Protection.

## PART F: DISCUSSION

This study has highlighted the central importance of relationships in understanding the intersection of violence and housing in young women's lives. DFV is a key driver of women's homelessness (AIHW 2018, Franzway et al. 2019) and housing instability, over the immediate and longer term (Baker et al. 2010). Homelessness contributes to women's vulnerability to sexual assault (Robinson 2011) and violent and exploitative relationships (Cornell-March & Sandstrom 2015, Murray 2011). Past research has also highlighted the widespread presence of childhood trauma, fragmented family and wider social relationships, and lifetime exposure to violence as direct victims and witnesses (Broll & Huey 2017, Osuji & Hirst 2015, Phipps et al. 2019, Warburton et al. 2018). Thus, responses to DFV and homelessness and housing instability need to address the cumulative risk and adversity experienced by young women across their life course (Cronley et al. 2019).

The young women participating in this research shared experiences of violence that support existing findings in the literature. Nearly all of the young women described either childhood abuse and neglect in the context of parents' drug and alcohol use/addiction, mental health issues or DFV. The perpetrators of physical violence included mothers, fathers, older siblings, and mothers' and fathers' new partners and friends. The perpetrators of sexual violence included fathers, stepfathers and fathers' friends. For some young women, this violence co-existed with DFV perpetrated by their father against their mothers.

As children, these young women had somewhere to live but felt scared and trapped. They were, in Wardhaugh's (1999) phrase, "homeless at home" – that is, they did not experience the safety, stability, control and supportive relationships that give home its meaning and significance beyond a physical dwelling (Mallett 2004). In response to DFV and trauma, the young women sought to leave their family home as soon as they could – some maintained a relationship with their families, others did not. This leaving was typically associated with unstable, inappropriate or unsafe housing and experiences that intensified existing trauma. All of these women experienced a violent relationship with their intimate partner once they had left home.

A smaller number of the young women first experienced DFV with an intimate partner and eventually left their accommodation for their own and their child's safety. Regardless of when the young women first experienced DFV, this violence contributed to their often continuing fear of transience, instability and loneliness. The young women felt uncared for, unwanted and disregarded in their key relationships and in their place in the world.

The service providers who participated in this research emphasised the impact of unsafe relationships in young women's lives. They highlighted a pattern of young women needing housing because they were not safe living with their mother or father and moving in with a boyfriend as a way to attain housing and emotional safety and security. They suggested these relationships are often precarious, often violent, and contribute to rather than alleviate insecure housing in young women's lives. Together, the experiences of the young women and the insights of service providers highlight the pertinence of Baker et al.'s (2003, p. 776) argument for changing the focus on the relationship between DFV and other forms of violence and housing "from one of leaving, to one of gaining safety".

The study also sought to explore how service supports could effectively connect with young women and meet their needs. The young women who received services emphasised the relational elements of those services. Their comments support existing research findings that indicate young women value and respond to workers who promote authentic, respectful and personalised relationships and service supports within services (Flanagan et al. 2019, Munson et al. 2017, Rogers 2011). For the young mothers, a service response that offered a supported, secure and respectful environment allowed them to escape violence and abuse and have their baby or raise their children – and this was



vital to contributing to their sense of safety and autonomy. They valued both emotional and material support, particularly around their mothering. This support was particularly important when it respected and supported mothers' cultural practices, assisting women to feel connected to their culture and important people from that culture. The secure housing enabled the young women to move from making decisions in a crisis, in a highly anxious state, to a state of greater calm and consideration. This allowed them time to get to know their baby, strengthen relationships with their children and learn about being a mother – a role they highly valued.

The young mothers' experiences of supported accommodation diverged in other ways. Some said the housing – which physically separated them from their wider social networks while still allowing visitors on site – gave them a sense of safety, freedom and autonomy; whereas for others it also brought with it loneliness or a sense of constrained independence (Kuskoff & Mallett 2016). Existing research has found that young homeless women often feel lonely, isolated and excluded from meaningful family and peer relationships and from normative social practices and life trajectories. These feelings extend to their relationships with their service providers and it is important for service providers to be aware that many marginalised young women are sensitive to a perceived lack of care (Gaskell 2010, Knight et al. 2006, Rogers 2011).

The young women without children similarly described the importance of relationships in service responses. Stability, routine and support offered these young women a sense of safety and optimism, but they also often yearned for greater independence. However, their experiences suggested that independent living was not necessarily safe or sustainable. They described being placed in socially isolating accommodation or in contexts that opened them up to social and sexual exploitation and assault. When independent living meant living by themselves, they felt particularly unsafe, lonely and unsupported. Their trauma, loneliness and fears, their sense of not belonging, shaped how they managed the difficulty of independent living, often in unsustainable or dangerous ways.

The service providers were also concerned about unsafe or isolated dwellings and surroundings offered to young women because of a shortage of housing stock. These inappropriate dwellings compound young women's fear and insecurity when they do not receive accessible and regular social, emotional and mental health supports. Often, such accommodation fails because young women do not feel safe or connected to others and thus seek out relationships that directly or indirectly contribute to them breaching their tenancy conditions or ending their tenancy. Thus, effective services need to provide young people with practical and emotional support and recognition in addition to their immediate shelter needs (Munford & Sanders 2016).

Amongst those young women currently unsupported by services, service support had been rare or absent throughout their lives. Some had memories of Family Court as the only service response they had experienced, with devastating effects when this resulted in fathers being allocated primary care of children. As they grew older, these women sought out their own therapy to understand and heal from their childhood trauma. They either secured stable housing through family or friends or secured private rental on their own – none had received a crisis accommodation service as a result of violence or homelessness. A small number of women reported they received an appropriate crisis response from the police and a specialist DFV agency when they reported violence, and this had enabled them to safely move to more permanent housing away from their partner or family.

For the women who did not access supports, housing was a key resource enabling them to build a sense of belonging and familiarity in their lives. Being able to buy possessions and surround themselves with mementos helped them create a sense of home. The interviews with this group of women showed that relationships can also be protective factors and are valued by young women. For example, young women in contact with family may find it easier to exit homelessness (Bevitt et al. 2015), and social support and associated self-esteem/self-efficacy are protective factors against future victimisation (Tyler et al. 2019).

It is important to summarise learnings from Aboriginal women and women from culturally and linguistically diverse backgrounds regarding what they specifically thought about service support and experiences of safety. The two Aboriginal women with children contacted the DFV service because they had heard positive things about the workers and the service from family and friends. They described not feeling safe physically and emotionally, not only from their partners, but also extended family, and hence wanted a break. The service was able to provide them with this respite but, at the same time, they were able to keep a connection to their extended family, such as visiting them and being able to return to the service. These young women were able to maintain and strengthen their relationship with family, which was made possible by not living under the same roof (Cripps 2007). The younger Aboriginal women without children appreciated having a safe place to stay that had supportive workers around them to navigate practical necessities such as finance, schooling and social activities. Like the Aboriginal women with children, they too reported appreciating the fact they had somewhere safe to stay but could visit family when they wanted. Maintaining links to family was important to Aboriginal women and enabled them to connect and in some cases mend relationships without having to live with family.

The women from culturally and linguistically diverse backgrounds all spoke highly of the service response they received and they described feeling emotionally safe. The quick response from police and crisis DFV services were key to enabling their safety and the alternate accommodation arranged was key to ensuring their stability to recover from the violence and abuse experienced. Two women specifically talked about workers seeking to understand and respond appropriately to their specific cultural needs.

The service providers advocated for the importance of outreach as a service response, primarily because of the ages of the young women and their trauma backgrounds. In line with effective practice reported in the literature, key principles included being flexible and proactive when engaging with young women (Connolly & Joly 2012, Crosby et al. 2018, Hossain & Coren 2015, Lee & Donaldson 2018). Young women experiencing or recovering from the physical experience and continuing trauma of violence and homelessness require time and resource intensity to support longer-term relationship and rapport building (see also Cooper et al. 2009, Gronda 2009). This also enables young women to understand and recover from trauma.

The service providers stated that secure, safe housing provides the foundation for them to broker and encourage young women's access to additional supports for their individual needs. However, maintaining the housing is typically complex because of young women's poverty and, often, reliance on social security payments, and their eagerness to establish new intimate partner relationships while trying to protect and recover from previous violent relationships – both dynamics that contribute to housing instability.

For young women, the relationship between DFV and homelessness extends beyond the immediate crisis of leaving a home shared with a perpetrator. They experience ongoing impacts of trauma, which intersects with fear, insecurity, loneliness and very few supports from family and social networks to encourage the search for a loving relationship. However, without physical, economic, emotional, social and psychological resources and supports, these relationships may in the medium or longer term contribute to ongoing housing instability or homelessness.

This is not to argue that young women's relationship choices are the primary or direct reason for ongoing housing difficulties. Rather, we suggest that it is important to attend to the multiple vulnerabilities and complex needs that are created through DFV and/or sexual assault – particularly when such violence occurs over a lifetime. Researchers are clear that individual vulnerabilities must be positioned and responded to in the context of people's biographies (Coates & McKenzie-Mohr, 2010, Gaetz et al. 2016) and the structural constraints of poverty (Tually et al. 2009) and the housing market (Bukowski & Buetow 2011, Flanagan et al. 2019, Tually et al. 2009, Warburton et al. 2018).

Young women require service responses that are not short term and crisis driven but include a consideration of the longer-term processes through which young women can attain safe, appropriate and sustainable housing and relatedly safe, appropriate and sustainable relationships.

Engagement with services and safe, secure housing are key ingredients in enabling young women to recover from violence and abuse. From the stories of young women and insights from service providers, the key message is that housing support and services for DFV and sexual assault need to prioritise recognition and connection as part of practice. Further attention must be paid to how resources and support are offered in ways that attend to young women's relational needs and their desire to build a future that aligns with their sense of self.

Many young women who have been victims of violence, neglect and transience in their childhood have complex needs across psychological, social and practical realms. The service sector predominantly responds well when it comes to practical and material support; yet responding to young women with complex needs requires more than the material elements of housing. Promoting empowerment, that is, acknowledging young women as people with specific desires and identities and the capacity for autonomy and agency (Flanagan et al. 2019, Martz et al. 2019) may be an additional and necessary foundation for determining supports. Exploring how therapeutic services can be embedded as part of the wider service response to help women understand and address their trauma is likely to have positive impacts on their mothering and the development of safe relationships, and on their financial independence and housing autonomy.

## CONCLUSION AND RECOMMENDATIONS

This project has shown through literature, the lived experiences of young women and service providers' insights that violence, abuse and homelessness can be intimately intertwined in the lives of young women. Furthermore, young women are more likely to experience the interplay of violence, abuse and homelessness multiple times from childhood through to adult intimate partner relationships. Violence and abuse cannot be constructed as separate incidents in the lives of young women; instead a lifetime trauma approach is required to inform policy and practice responses. Intergenerational trauma, age, gender, often poverty, and unique forms of oppression stemming from race and ethnicity need to be at the forefront of understanding violence and abuse in young women's lives. In addition, research has shown (Franzway et al. 2019, Rees et al. 2011) that gender-based violence is associated with lifetime mental health disorders. To tackle such complexity a lifetime trauma approach is needed to bring housing and safety policy and support and counselling/therapy practice responses side by side.

### Policy recommendations

A safety-first policy model focuses on improving women's safety and holding men who use violence to account. Women's homelessness is recognised as a result of gender-based violence. It privileges safety planning, risk assessment and wrap-around individual support provided by specialist women's services. A safety-first policy model in the context of homelessness has the potential to strengthen trauma awareness and responses in the housing system, ensuring that housing professionals have a real understanding of violence and abuse endured by young women. In addition to housing, support is provided to address violence and abuse issues, safety, and trauma.

The housing-first policy model prescribes safe and permanent housing as the first priority for people experiencing homelessness. Once housing is secured, a multidisciplinary team of support workers can address complex needs through relevant services, for example, drug and alcohol, or mental health treatment. The goal is generally for people to be assisted in sustaining their housing as they work towards recovery and reintegration with the community at their own pace. It is recommended that, to privilege a safety-first policy model that aligns with the goals of housing-first policy models, a modified housing-first approach be applied for young women. This means that stable housing is supported in conjunction with other relevant services that address complex needs, rather than secured prior to those services. This modified approach creates a better philosophical and practical alignment with a safety-first approach, to ensure that stability, protection and therapeutic care remain central supports for young women from the time of their initial engagement with services regardless of which support system they enter.

This project showed that many young women do not experience a linear or straightforward pathway into stable housing because of their age and lifetime of trauma associated with violence and abuse. A housing crisis response is only successful for a short period of time. The young women in this study appreciated specialist supported accommodation because they had access to workers to talk through everyday problems and mothering concerns, and this enabled them to build routine, collect material possessions and begin to achieve stability after a crisis. After this short-term accommodation, transitional outreach properties or rentals were often the next stage for housing. However, many of the women reported loneliness and fear when securing such properties. Furthermore, if the property was not in a safe street or community where the young women wanted to belong, the accommodation could fail. Thus, the young women would leave housing and become transient, homeless or insecurely housed again, or seek other alternatives such as moving in with new partners/boyfriends. The young women's age, poverty, mental health struggles, and limited social and family networks

compounded the difficulty of recovery and building stability and safety “at their own pace”, particularly when they were experiencing motherhood themselves for the first time.

To respond to young women experiencing homelessness as a result of violence and abuse, safety first and modified housing-first policy responses need to align to enable secure and stable accommodation for young women in the short and long term. A housing crisis response is vital in securing women’s safety, but young women can struggle to attain and retain safe, stable permanent housing after a crisis. They receive general counselling and material possessions from support services, but not an investment in their therapeutic trauma recovery. Safety-first and modified housing-first approaches need to interrelate in responding to young women in housing crisis responses and also in establishing longer-term permanent housing. This enables a joined-up, lifetime trauma policy response to young women experiencing violence, abuse and homelessness that privileges the importance of safe housing and also effectively responds to gender-based violence as the cause and driver of their homelessness and trauma.

The following policy principles and actions support the alignment of a safety-first and modified housing-first approach:

- Services systems and eligibility criteria should be systematically mapped to identify gaps in supports.
- Service systems (e.g. DFV, housing/ homelessness, health) should be more integrated to ensure that entry into one system does not limit young women’s eligibility for or capacity to access the array of services necessary to support complex needs.
- DFV should be recognised as a unique and gendered driver of homelessness that requires service responses acknowledging its specific, gendered dynamics and resultant complex needs.
- Responses to homelessness and housing instability need to identify and address the cumulative risk and adversity from DFV and sexual abuse experienced by young women across their life course.
- Funding and service provision should recognise that young women experiencing or recovering from the trauma of violence and homelessness require time and resource intensity for necessary and effective longer-term support.
- Gender-responsive, culturally safe and trauma-informed care should be valued and promoted to actively generate opportunities for young women to rebuild a sense of empowerment and control over their life.
- Young women’s desire for independence, autonomy and empowerment must be appropriately balanced with the importance of responding to the need for practical, therapeutic, social and life skills.
- Proactively building and supporting a culturally diverse service provider population with their own lived experiences of violence and homelessness/housing insecurity has the potential to offer culturally safe, responsive and engaging supports to young women from diverse cultural backgrounds.
- Safe housing must be defined broadly to acknowledge its multiple dimensions.
- Safe housing should be meaningfully available to support young women to move from making decisions in crisis, in a highly anxious state, to a position of greater calm and consideration.
- Active outreach should be adopted to encourage young women’s engagement with services and combat young women’s feelings of loneliness and fear and ongoing need for emotional and practical supports once they leave crisis accommodation.

## Practice recommendations

Gender-sensitive, trauma-informed and culturally safe understandings of violence and abuse in the lives of young women are needed in housing service provision to enable safety and healing throughout the service response. This requires three layers of housing response for long-term stability:

- Short-term, crisis-response, supported, clustered housing offering a greater sense of safety and support for young women. This housing provides a stable base to engage with young women personally and professionally, and organise other essential support services, e.g. Centrelink, police, sexual assault supports.
- Transitional, supported longer-term housing with active outreach, offering a greater sense of independence and stability for young women. This housing provides a stable base to engage in education, employment, childcare support, trauma therapy, and so on.
- Independent housing. This housing is rented or owned by young women once recovery and stability has been achieved.

Using complementary safety-first and modified housing-first approaches requires:

- Organisations/agencies and workers having a shared vision and commitment to understanding trauma caused by violence and abuse across young women's life courses.
- Strong and stable leadership from executive and management in driving a trauma-informed approach to service delivery.
- Organisational commitment to collaborate with key partners such as DFV specialist agencies, rape and sexual assault agencies, and trauma therapists, across service systems.
- Initial and ongoing training and education on gender-based violence including intergenerational family violence and child sexual abuse, domestic violence, rape and sexual assault.
- Initial and ongoing training and education on the impacts of being exposed to gender-based violence on children and young people including mental health issues, fear and emotional/developmental consequences.
- Organisations/agencies and practitioners committing to culturally safe practices.
- The development and promotion of a coherent evidence-based lifetime trauma-informed practice framework that provides practitioners with resources, guidance and shared language to engage and respond to young women in a gender-sensitive manner to build trust, and to ensure safety.
- Organisations and agencies promoting empowerment, that is, acknowledging young women as people with specific desires and identities and the capacity for autonomy and agency to enable long-term rapport and necessary foundations for determining supports.

The following practices would further support the alignment of safety-first and modified housing-first approaches:

- Safety for young women requires attention to emotional, social and physical safety across the domains of relationships, dwellings and neighbourhoods.
- Organisations should acknowledge that young women value and respond to workers who promote authentic, respectful and personalised relationships and service supports within services.
- Services should respond to young women's desire for flexible services that focus on maintenance of stable housing, not punitive, coercive services whereby eviction is threatened.
- Young women should be encouraged to access longer-term supports addressing parenting and life skills, broader information, and social and practical skills.

- A database should be established to support the brokerage and access to multiple services beyond the limits of historical or personal networks.

Young women survive violence, abuse and homelessness in many complex ways. Their behaviours and choices are survival strategies. A trauma-informed approach has particular strengths in supporting the alignment of safety-first and modified housing-first approaches. A trauma-informed approach is different from trauma-centred or trauma-focused therapies. Trauma-centred or trauma-focused approaches address the underlying trauma (e.g. effects of past childhood abuse), with an extensive, detailed immersion in the trauma. This will not necessarily be appropriate for housing and safety response services.

A trauma-informed response to young women recognises the pervasiveness of violence and abuse in their short lives and the impacts of such trauma on their current circumstances and potentially beyond. It recognises the responsibilities of community and government to support the healing of women from gender-based violence through principles of respect, dignity, empowerment and connection. Central to a trauma-informed lens is the perspective of “What happened to you?” rather than “What’s wrong with you?” (Warshaw et al. 2013).

A trauma-informed approach has four key principles:

- normalising and validating clients’ feelings and experiences;
- assisting them in understanding the past and its emotional impact;
- empowering survivors to better manage their current lives; and
- helping them understand current challenges in light of the past victimisation (Knight 2015).

These principles are expressed in the following practices:

- Practitioners are sensitive to the ways in which young women’s current problems can be understood in the context of past victimisation (Knight 2015).
- Practitioners acknowledge the trauma directly and responding empathically, but in ways that are consistent with their professional role (Knight 2015).
- Practitioners recognise that young women may not be willing or able to enter into a working alliance because of trauma, e.g. they present as hostile, have difficulties in forming positive attachments, or are not trusting (Knight 2015).
- Practitioners understand and appropriately respond to trauma reactions in the longer term. These responses sometimes manifest after initial housing stability is attained. Without knowledgeable and supportive practitioners available to young women to help them through this crisis, their housing can be jeopardised (Sullivan & Olsen 2016).
- Practitioners work long term to develop young women’s capacities for managing distress and achieving greater capacity for effective functioning (Knight 2015).
- Practitioners adopt a holistic focus, beyond only housing or safety needs, acknowledging the journey of the young woman (where she has been; where she hopes to be) (Sullivan & Olsen 2016).
- Practitioners enable a range of safety plans that include responding to the immediate risk associated with the present violence and abuse, and the risk associated with perpetrators, and also support young women with their own challenges to coping that may be putting their housing and safety at risk (Sullivan & Olsen 2016).
- Services offer assertive, active and flexible engagement to maximise the likelihood that young women maintain housing and are supported in a range of additional issues – for example, paying bills, transport, rental assistance and so on (Sullivan & Olsen 2016).

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