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7 **Women's Experiences of Homelessness**

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11 Doctorate in Clinical Psychology

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62	Table of Contents	
63	<b>Introduction</b> .....	7
64	<b>Overview of the Thesis Chapters</b> .....	8
65	<b>References</b> .....	9
66	<b>Chapter 1: Examining experiences of women who have experienced homelessness using</b>	
67	<b>photovoice or photo-elicitation: A systemic review of qualitative literature</b> .....	11
68	<b>Abstract</b> .....	11
69	<b>Introduction</b> .....	12
70	<i>Homelessness and Mental Health</i> .....	13
71	<i>How can women’s views be brought into research?</i> .....	14
72	<b>Method</b> .....	16
73	<i>Search strategy</i> .....	16
74	<i>Eligibility Criteria</i> .....	16
75	<i>Study selection</i> .....	17
76	<i>Quality Assessment</i> .....	20
77	<i>Data extraction and synthesis</i> .....	20
78	<b>Results</b> .....	23
79	<i>Evaluation of quality</i> .....	23
80	<i>Thematic synthesis</i> .....	34
81	<b>Discussion</b> .....	39
82	<b>Strengths and limitations</b> .....	41
83	<b>Clinical relevance</b> .....	43
84	<b>Conclusions</b> .....	44
85	<b>Chapter 2: Women’s Experiences of Homelessness</b> .....	51
86	<b>Abstract</b> .....	51
87	<b>Introduction</b> .....	52
88	<b>Homelessness Legislation in the UK</b> .....	52
89	<b>Accessing Meaningful Help – Are We Still Failing?</b> .....	53
90	<b>Causes of Homelessness</b> .....	55
91	<b>Psycho-Ecological Systems Model</b> .....	56
92	<b>Women’s Experiences</b> .....	58
93	<b>Method</b> .....	58

94	<b>Co-researchers</b> .....	58
95	<b>The researcher</b> .....	60
96	<b>Conceptualisation</b> .....	60
97	<b>Inclusion criteria</b> .....	61
98	<b>Exclusion criteria</b> .....	62
99	<b>Ethical Considerations</b> .....	62
100	<b>Procedure</b> .....	63
101	<b>Measures</b> .....	64
102	<b>Data analysis</b> .....	65
103	<b>Service user consultation</b> .....	65
104	<b>Results</b> .....	66
105	<b>Table 1 –Themes and Subthemes</b> .....	66
106	<i>Theme 1. Surviving homelessness “the noises of the rats were horrific”</i> .....	66
107	<i>Theme 2. A Woman’s Need to Hide “I shut the door had the vodka had me dog and if I</i>	
108	<i>wanted a wee I would wee in the sink because I was too frightened to go out.”</i> .....	72
109	<i>Theme 3. Trauma “why do you got a broken nose again?”</i> .....	77
110	<i>Theme 4. A Woman’s Shame: “My children don't know the depths of where I went.”</i>	80
111	<i>Theme 5. Services “being able to trust them”</i> .....	82
112	<b>Discussion</b> .....	85
113	<b>Trauma and Homelessness: A Vicious Cycle?</b> .....	86
114	<b>Clinical Implications: Gender-Specific Trauma-Informed Care</b> .....	88
115	<b>Multilevel Interventions and the Role of Clinical Psychology</b> .....	90
116	<b>Strengths and limitations</b> .....	92
117	<b>Future research</b> .....	93
118	<b>Conclusion</b> .....	93
119	<b>References</b> .....	94
120	<b>Appendix A: Author Guidelines for the Journal of Community Psychology</b> .....	100
121	<b>Appendix B: Critical Appraisal Skills Programme (2018) quality assessment tool</b> .....	103
122	<b>Appendix C: Example of systematic review coding in NVivo</b> .....	110
123	<b>Appendix D: Recruitment Poster</b> .....	111
124	<b>Appendix E: Participant Information Sheet</b> .....	112
125	<b>Appendix F: Consent forms</b> .....	117
126	<b>Appendix G: Debrief Protocol</b> .....	118
127	<b>Appendix H: Ethics committee approval</b> .....	119

128	<b>Appendix I: Example of NVivo themes for empirical paper</b> .....	120
129	<b>Appendix J: Example of researcher journal</b> .....	121
130	<b>Appendix K: Prospero registration</b> .....	122
131		
132		
133		
134		
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## 212 **Introduction**

213 In the United Kingdom (UK), homelessness has continued to rise despite the  
214 Government making it a key priority (Homelessness Reduction Act, 2017). Bramley and  
215 Fitzpatrick (2018) estimated that up to 74% of homeless people are men, so many services  
216 across the UK have been developed or co-developed with this population in mind.

217 However, understanding homelessness statistics can be problematic, as they often do  
218 not include the "hidden homeless"(Reeve & Batty, 2011). The "Hidden homeless" is a term  
219 used to capture those who fall outside of the satisfactorily categorised definitions of  
220 homelessness and attempts to incorporate all those who are facing or experiencing  
221 homelessness (Hermans & Pleace, 2020). Types of "hidden homeless" can include sofa-  
222 surfing, staying with friends or family, sleeping in cars or abandoned buildings, living in  
223 unsuitable housing and staying within exploitive and abusive relationships (Reeve & Batty,  
224 2011). Gathering epidemiological data nationally and internationally is challenging, as there  
225 is no definitive definition of homelessness, and the number of 'hidden homeless' is difficult to  
226 estimate. The European Typology of Homelessness and Housing Exclusion defines  
227 homelessness as "*rooflessness, houselessness, insecurity, and inadequate housing.*" (Amore  
228 et al., 2011, p. 1). Any global count is likely underestimated due to under-reporting, as  
229 women often hide from public spaces (Bretherton & Pleace, 2018). The term "hidden  
230 homeless" has since been developed to include women who do not fall under these statistics  
231 because they fear losing their children or because they stay with friends and family (Allen &  
232 Vottero, 2020).

233 Domestic violence is becoming a growing factor leading women to become homeless  
234 (Clark et al., 2019), alongside experiences of abuse, substance use challenges, and low  
235 incomes. Homelessness has significant and often lasting effects on people that experience it  
236 (Seastres et al., 2020). Research has identified that it is related to poor physical and mental

237 health, employment difficulties and more frequent use of health, welfare and justice systems  
238 (Bassuk & Beardslee, 2014; Doran et al., 2014; Ferguson et al., 2015; Levine & Fritz, 2016).  
239 Not enough research has focused on understanding women’s experiences of homelessness, as  
240 there has been a tendency to focus on factors that have caused their route to homelessness  
241 (Aubry et al., 2016; Cherner et al., 2018; Phipps et al., 2019; Upshur et al., 2018))—  
242 indicating that there have been missed opportunities to learn about any gaps in service  
243 provision that can be used to inform policy and practice. This thesis explores women’s  
244 experience of homelessness using the participatory action research methodology, photo-  
245 elicitation.

## 246 **Overview of the Thesis Chapters**

247 Chapter 1 includes a systematic review that analysed qualitative research  
248 examining women’s experiences of homelessness using photovoice or photo-elicitation.  
249 Results offered insights into women’s experiences of trauma, finding safe places to stay, and  
250 the emotional impact of their experiences of homelessness. Findings also provided insight  
251 into how photovoice or photo-elicitation was used within the research.

252 The empirical paper (chapter 2) focused on the experiences of women who have  
253 experienced homelessness in Liverpool. Women were recruited through female-only hostels  
254 in Liverpool, Housing First and recovery services with support from the researcher’s primary  
255 and secondary supervisors and consultants, all of whom worked in the area of homelessness.  
256 Participatory action research methodologies were utilised to support data collection. Women  
257 who have participated in the project are known as co-researchers as their roles moved beyond  
258 being participants. Photo-elicitation interviews were used to enhance data collection and  
259 gather richer data. Thematic analysis was used to analyse data. Co-researchers also offered  
260 feedback on initial themes, and the researcher later developed these into final themes, which  
261 provided insight into women’s experiences of homelessness in Liverpool.



262 The target journal for the systematic review and empirical paper is the Journal of  
263 Community Psychology.

264

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331 **Chapter 1: Examining experiences of women who have experienced homelessness using**  
332 **photovoice or photo-elicitation: A systemic review of qualitative literature**

333 **Abstract**

334 **Background:** Homeless women are one of the most vulnerable populations in our society. The  
335 homeless population experienced levels of trauma and abuse compared with the general  
336 population. There is limited research examining women' s experiences of homelessness.  
337 Participatory methodologies such as photovoice and photo-elicitation have been used with  
338 marginalised populations to gather richer data.

339 **Objective:** This systematic review evaluates qualitative research using photovoice or photo-  
340 elicitation to examine women's experiences of homelessness.

341 **Methods:** Four electronic databases were searched (CINAHL, PsychINFO, Medline,  
342 PubMed).

343 **Results:** The CASP assessment tool was used to evaluate the nine articles derived from the  
344 searches. Four analytical themes were identified from a thematic synthesis: trauma: past and  
345 present, finding the right place, connected to disconnected and learning from the research.

346 **Conclusions:** Findings suggest that women experience significant trauma before becoming  
347 homeless and while experiencing homelessness. These experiences impact their emotional  
348 well-being and their ability to find safe places to stay. Findings also suggested that women  
349 needed more than just a 'roof over their head', such as support in finding and maintaining  
350 connections, building trust with services and support with mental health and addiction  
351 difficulties.

352 **Keywords:** 'women, 'homelessness, 'participatory action research', 'photovoice, 'photo-  
353 elicitation'

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## Introduction

The UK defines a person as homeless if they have no accommodation they can reasonably be expected to occupy (Busch-Geertsema et al., 2014). In the U.K., if someone has no legal rights to their housing, it is unsafe to live in, or it is unfit for habitation, they can be defined as homeless (Bretherton & Pleace, 2018). Understanding the extent of women’s homelessness in the U.K. and across Europe is challenging, as the evidence base is often unreliable as statistics are often based on using the ‘headcount’ measurement. There has not been enough research exploring women’s homelessness, and it has often involved small-scale qualitative studies (Mayock & Bretherton, 2016).

Existing research indicates that women often rely on support from friends, family and acquaintances, which means they fall within the “hidden homeless” (Baptista, 2010; Mayock & Bretherton, 2016). Women often avoid sleeping rough within public spaces, and many do not use domestic abuse services. Instead, they rely on support from friends and family (Baptista, 2010; Mayock et al., 2012). Women have reported that they often hid in backyard sheds or used public toilets and avoided public spaces to protect themselves from sexual abuse and violence (Bretherton & Pleace, 2018). Women have also suggested they find it challenging to access welfare systems when they have dependent children, as they fear being separated from their children if their housing difficulties are disclosed (Magnusson & Davidge, 2020). It is also understood that women do not reveal their homelessness due to feelings of shame (Thorn, 2001).

In England, it is estimated that only 11.1% of all providers offer women-only accommodation and that men are more likely to be offered male-only accommodation (Homeless Link, 2021). Mixed hostels are often male-dominated, which can inadvertently create environments that are threatening to women who have experienced abuse (Spotlight, 2018). Walsh et al. (2009) found an inequality of service provision between men and women,

380 suggesting that current services are not designed for women's needs. de Vet et al. (2019)  
381 found that homeless women are more likely to be younger than homeless men, are more  
382 likely to have children with them, have left education earlier, are unemployed, and have been  
383 abused and victimised by men. Ultimately meaning women avoid using homeless services.

#### 384 *Homelessness and Mental Health*

385         The relationship between homelessness and mental health has been studied in the UK  
386 for some time. For instance, 26% of homeless people cited their mental health difficulties as a  
387 reason for homelessness. This statistic is double the percentage of that in the rest of the  
388 European Union (Homeless Link, 2014). One in five adults who report a housing difficulty  
389 has seen it negatively affect their mental health (Shelter, 2017). Unsurprisingly, homelessness  
390 or the fear of becoming homeless exacerbates ill health and pre-existing conditions. Despite  
391 research finding that the longer a person is homeless, the more likely their health and  
392 emotional well-being will be at risk (Batchelor & Kingsland, 2020), rough sleepers with a  
393 mental health diagnosis typically spend longer on the streets, as they cannot access treatment  
394 from mental health services, often due to their housing difficulties (Public Health England,  
395 2018).

396         The rates of mental health difficulties among the homeless population are higher than  
397 the general population (Fazel et al., 2014; Fazel et al., 2008). Wilson and Barton (2020)  
398 reported that 45% of homeless people had a diagnosed mental health difficulty, compared to  
399 25% of the general population. Severe mental health difficulties (e.g. major depression,  
400 schizophrenia and bipolar) are reported to be experienced by 25-30% of homeless individuals  
401 rough sleeping and living in hostels (Perry & Craig, 2015). There are also higher rates of  
402 early adverse childhood experiences (ACEs) and attachment difficulties within the homeless  
403 population than in the general population. These experiences are consequentially linked with  
404 various mental health and personality difficulties (Bramley & Fitzpatrick, 2018; Campbell,

405 2006). It has often been understood that poor mental health results from experiences of  
406 homelessness; similarly, that substance dependency results from the impact of homelessness.  
407 However, evidence could suggest that it would be more appropriate to say that homelessness  
408 exacerbates pre-existing mental health difficulties (Cockersell, 2011).

409         Despite homeless women being widely considered a particularly marginalised,  
410 vulnerable group within the homeless population, there has been limited research to  
411 understand their experiences (Walsh et al., 2010). Tischler et al. (2007) interviewed mothers  
412 currently residing in hostels to understand their experiences of homelessness. They found that  
413 their experiences of homelessness were of profound stress but that it gave them respite from  
414 the violence and harassment they experienced before becoming homeless. Many women  
415 described poor mental health and associated this with hostel conditions and the previous  
416 traumas they experienced before becoming homeless. Women reported that hostels are often  
417 in poor physical conditions and are often based on dormitory-style accommodation (Busch-  
418 Geertsema & Sahlin, 2007). These conditions, paired with the lack of control over the  
419 environment (e.g., when meals are eaten and when bathrooms are available), could  
420 exacerbate feelings of fear and threat from other residents. Women highlighted the need for  
421 support in coping with stressful situations, such as homelessness and hostel conditions  
422 (Tischler et al., 2007).

### 423 *How can women's views be brought into research?*

424         Participatory methodologies have been previously used to understand experiences of  
425 homelessness (Grewal et al., 2021). Participatory methods can assist in developing change by  
426 providing space for community members to reflect critically on their experiences and  
427 knowledge (MacDonald, 2012). They can support in finding patterns within those  
428 experiences, identify and obtain new information or skills they may need, and plan for action.  
429 Photovoice is a participatory methodology used successfully in research with people who

430 have experienced trauma, extreme poverty, social exclusion, and homelessness (Cheezum et  
431 al., 2019; Pruitt et al., 2018). Photovoice has been used in various studies to enhance the  
432 voices of oppressed people (Campbell et al., 2021). Like photovoice, photo-elicitation uses  
433 photos as a source of material for illustrating and understanding participants' perspectives.

434 Many research studies have used photovoice or photo-elicitation within homeless  
435 research, as it attempts to delve deeper than interviews in understanding individuals'  
436 experiences and relationships with their situations (Radley & Taylor, 2003; Rowe & Wolch,  
437 1990). Photovoice and photo-elicitation involve both visual and spoken narratives, as it  
438 requires individuals to take pictures that they feel represent their lives and then be  
439 interviewed about these pictures. This enhances storytelling, allowing the individual and  
440 researcher to reflect and explore their reasons for taking a photo (Carlson et al., 2006; Wang  
441 & Burris, 1994).

442 It is likely that participatory methodologies within homelessness research, mainly  
443 focusing on women's experiences, might lead to enhanced understanding and knowledge  
444 regarding their experiences and gaps in service provision. This is the first systematic review  
445 to explore the evidence base within women's experiences of homelessness using photovoice  
446 or photo-elicitation techniques. These findings can widen the understanding of women's  
447 experiences, inform clinical practice and policy, and better support a 'hard to reach'  
448 population within the U.K.

449 It is also hoped that this review can share understandings and practicalities of how the  
450 methodologies have been used and implemented in practice. This systematic review could  
451 also highlight gaps in the evidence base and suggest future areas that warrant investigation.

452

## Method

### 453 *Search strategy*

454 The researcher used four electronic databases to conduct the systematic review. These  
 455 included PubMed, MEDline, PsychINFO and CINAHL PLUS. The researcher conducted  
 456 preliminary searches in April 2022, which were later finalised in November 2022. The table  
 457 below displays the search terms utilised for the systematic review. The researcher also  
 458 registered the systematic review on Prospero, which was later accepted.

459 **Table 1.** Search terms

Photovoice or photo-elicitation search terms	S1= (photovoice OR "photo voice" OR "photo elicitation" OR photoelicitation OR "photo-elicitation" OR "visual method*" OR "participatory photography")
Homeless search terms	S1 AND S2 = (homeless* OR "sofa surf*" OR "sofa-surf*" OR "insecure hous*" OR "hous* insecure" OR "home insecure" OR "insecure accommodation" OR "temporary accommodation" OR unsheltered OR "emergency shelter" OR "emergency accommodation" OR "emergency hous*" OR hostel* OR "rough sleep*" OR "sleep* rough" OR "homeless experience* person*" OR "homeless-experience* person*")

460

461 Once searches had been finalised and duplicates removed, the researcher screened the  
 462 full text of the remaining articles applying the inclusion and exclusion criteria.

### 463 *Eligibility Criteria*

464 The inclusion and exclusion criteria were developed with the research team and were  
 465 based on the research question, "How is photovoice or photo-elicitation used within research



466 conducted with women who have experienced homelessness and what is understood from  
467 their findings?”. For this review, photovoice or photo-elicitation will be defined as  
468 participants taking photos of their experience followed by an interview or focus group.  
469 Studies included for review were (1) studies that use photovoice or photo-elicitation as the  
470 only visual participatory action research method of data collection; (2) participants that  
471 identify as female only; (3) participants who have experienced homelessness; (4) peer-  
472 reviewed journals only.

473 Studies for exclusion were (1) those with quantitative methodologies; (2) studies in  
474 non-English language due to the researcher’s language limitations; (3) studies which included  
475 participants under the age of 18.

476 Grey literature was excluded due to potential bias. Many third-sector organisations  
477 often prompt governments to act through their reports and publications. While this is  
478 important in leading reform in government legislation, it was decided that there could be  
479 limited information from potential studies regarding specific details on their results or how  
480 their methodologies have been conducted.

#### 481 *Study selection*

482 The searches reported 183 articles from the four databases (PubMed 58, CINAHL  
483 PLUS 42; PsychINFO 42; MEDline 41). 92 duplicates were identified and removed, leaving  
484 91 articles to be reviewed. Once the inclusion and exclusion criteria were applied, nine  
485 studies were included in the review. The researcher reviewed all of the articles identified  
486 from the searches in full. To reduce bias, 40% of the 183 articles were checked by two  
487 independent reviewers (AC and EP) to ensure consistency in the applied inclusion and  
488 exclusion criteria. Initially, there were four conflicts, but after several discussions, all  
489 reviewers agreed. This confirmed the nine studies included. The researcher followed

490 PRISMA guidance to ensure a robust systematic approach was undertaken (Shamseer et al.,  
491 2015). The PRISMA flow diagram can be seen below.

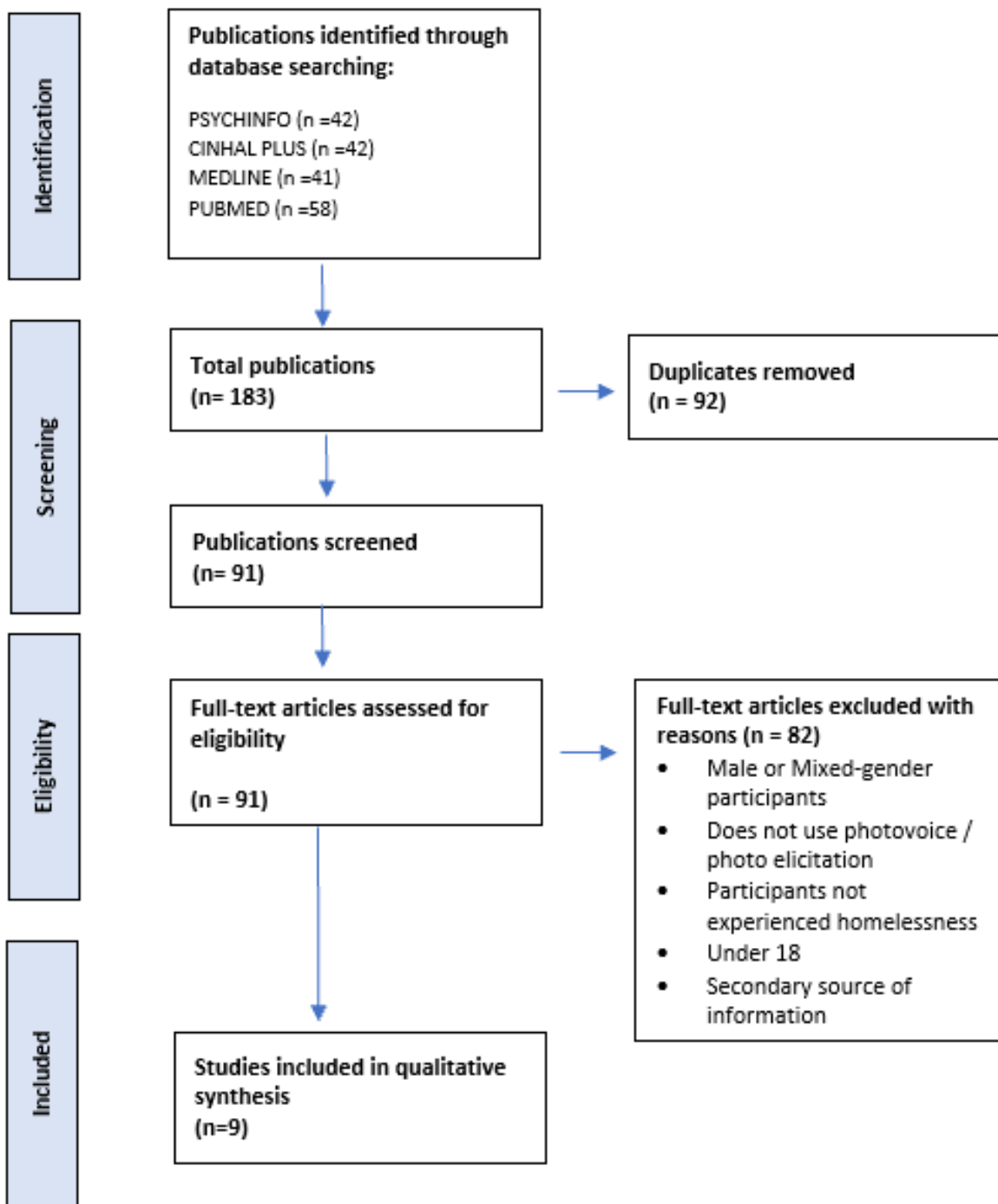
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496 *Figure 1 – PRISMA flow diagram*



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500 ***Quality Assessment***

501           The researcher used the Critical Appraisal Skills Programme (CASP, 2018)  
502 qualitative assessment tool. The CASP (2018) is an established assessment tool to understand  
503 the strengths and limitations of research studies. The CASP is a 10-item checklist tool to  
504 assess the quality of research articles (Long et al., 2020). This is displayed in full in  
505 Appendix A. Each item is assessed based on a widely accepted scoring system, such as item  
506 not met = 0, item partially met = 1, and item met =2, which gives an overall possible score of  
507 20. This scoring system was used in the quality assessment. The researcher applied the  
508 CASP qualitative tool to the nine studies identified for the review. The researcher and one  
509 independent reviewer (AC) reviewed all nine studies alongside the CASP quality tool to  
510 reduce bias. The researcher and the independent reviewer (AC) met to discuss their  
511 assessments, and following a meeting, a score for each paper was agreed upon. These scores  
512 are displayed in Table 2.

513 ***Data extraction and synthesis***

514           Information was extracted from the nine studies included in this review. This included  
515 information pertaining to the location and setting of the study, what methodology and  
516 analysis was used, the number of participants and the paper's findings, as per the guidance  
517 from Cruzes and Dyba (2011). This information can be seen below in Table 3. It was decided  
518 to use a thematic synthesis, as it was felt that this addresses the needs of the research  
519 question. Thematic synthesis is a flexible and transparent form of synthesis. The researcher  
520 followed Thomas and Harden (2008) guidelines by conducting line-by-line coding,  
521 developing these into descriptive themes and then generating analytical themes. The  
522 researcher read through each study and made notes regarding any reflections or first thoughts.  
523 The researcher used the software NVivo to code the data line by line. As the researcher  
524 coded each new study, the researcher could use codes developed from the first study and

525 create new codes to help translate ideas between studies. This involved quotes and the study's  
526 authors' interpretations and summaries of their findings. The researcher then re-read the data  
527 and reviewed the initial set of codes, looking for similarities and differences. New codes  
528 were then created to capture the meaning of groups of initial codes. Lastly, the researcher  
529 used the descriptive themes that emerged from the inductive analysis to answer the review  
530 question and devised final analytical themes.

531           Although the researcher did this alone, they were supported by a wider research team,  
532 who provided opportunities for reflection and discussion throughout the process.

Authors	Aims	Method	Design	Recruitment	Data collection	Researcher bias	Ethical issues	Data analysis	Findings	Valuable	Score /20 (Rating)
Posada-Abadía et al. (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	20 (High)
Bukowski and Buetow (2011)	Yes	Yes	Yes	Yes	Yes	Unsure	Yes	Yes	Yes	Yes	19 (High)
Phipps et al. (2022).	Yes	Yes	Yes	Yes	Yes	Unsure	Yes	Yes	Yes	Yes	19 (High)
Bassi et al. (2020).	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	18 (High)
Plane and Klodawsky (2013)	Yes	Yes	Yes	Yes	Yes	Unsure	Yes	Unsure	Yes	Yes	18 (High)
Klitzing (2004)	Yes	Yes	Yes	Yes	Yes	Unsure	Unsure	Yes	Yes	Yes	18 (High)
Oter-Quintana et al. (2017)	Yes	Yes	Yes	Yes	Yes	Unsure	Yes	Yes	Yes	Unsure	18 (High)
Phipps et al. (2021b).	Yes	Yes	Yes	Yes	Yes	No	Unsure	Yes	Yes	Yes	17 (Mod.)
Fortin et al. (2015).	Yes	Yes	Yes	Yes	Yes	No	Yes	Unsure	Yes	Yes	17 (Mod.)

534 **Table 2.** Critical Appraisal Skills Programme Checklist scores of each paper included (CASP, 2018)

## 537 **Results**

### 538 *Evaluation of quality*

539           The quality assessment conducted by the researcher and independent reviewer (AC)  
540 concluded that all articles appropriately presented their aims, methodology, and research  
541 design. This meant that a clear methodology for each paper could be identified as appropriate  
542 in addressing their research questions. The quality assessment also concluded that the papers  
543 appropriately discussed their recruitment and data collection methods. However, there was  
544 little information in the nine papers concerning researcher bias, apart from Posada-Abadía et  
545 al. (2021), which did discuss the researcher’s position and how this could affect findings. Five  
546 of the articles discussed research bias briefly but did not examine this enough in detail to  
547 determine whether results could have been affected (Bukowski & Buetow, 2011; Klitzing,  
548 2004; Oter-Quintana et al., 2017; Phipps et al., 2022; Plane & Klodawsky, 2013). Three articles  
549 did not discuss this (Bassi et al., 2020; Fortin et al., 2015; Phipps et al., 2021b). This is an  
550 important limitation to highlight, as qualitative research methods rely on the interpretation of  
551 the data. Therefore, researchers must consider their positions, experiences and bias that could  
552 affect these interpretations.

553           Another limitation the researcher and independent reviewer identified was that the two  
554 articles did not robustly discuss their ethical processes. Research in this population is important,  
555 but due to the vulnerability of participants and because they are a widely marginalised  
556 population, the researchers must discuss ethical processes to ensure transparency. It also allows  
557 future researchers to learn how to connect and reach a ‘hard to reach’ population while keeping  
558 the participants safe.

559           Additionally, two research articles could have discussed their analysis processes more  
560 adequately to ensure that the CASP (2018) data analysis component was met (Fortin et al.,  
561 2015; Klitzing, 2004). While it is important to discuss findings in full, it was considered that

562 Oter-Quintana et al. (2017) highlighted their difficulties in the research process, specifically  
563 relating to capturing the data. However, they documented what they had learned from the  
564 research process. Finally, while it was decided that all of the studies reported the value of their  
565 research appropriately, it was felt that more could be done to consider the implications of  
566 governments and wider policy.



567 **Table 3:** Data extraction of the included studies

568

Author	Location /setting	Data Collection/ Methodology	Analysis	Number of pps.	Master themes
Phipps et al. (2022).	Sydney, NSW, Australia	<p>Face-to-face photo-elicitation interviews using photographs to guide the discussion.</p> <p>Women took photographs in their own time. Once pictures had been taken, each woman participated in one face-to-face interview using the pictures to guide the discussion. For each photograph, the interviewer asked, ‘Can you tell me about this photo and what it represents’?</p>	Thematic Analysis	11	<p>Five subthemes emerged to inform the overarching finding for women's recovery from homelessness.</p> <ul style="list-style-type: none"> <li>• Finding the right house describes the experiences of finding a place that met their needs.</li> <li>• Making a house a home shows the women's need to create an environment that was more than just a roof over their heads.</li> <li>• Connection with others was important to the women.</li> <li>• Self-confidence</li> <li>• Helping others in situations of homelessness.</li> </ul>
Phipps et al. (2021b).	Sydney, NSW, Australia	<p>Photo-elicitation technique asks participants to take photographs representing different aspects of their lives (Pauwels, 2015).</p> <p>Each participant took part in one face-to-face interview.</p> <p>At the interview, the women described the photographic images</p>	Thematic Analysis	11	<p>The findings indicate five stages of resilience in homelessness.</p> <ul style="list-style-type: none"> <li>• The trauma of homelessness</li> <li>• Surviving homelessness with hope for the future.</li> <li>• Finding help and engaging with services.</li> <li>• Finding a connection with others.</li> <li>• Taking control to rebuild their lives.</li> </ul>

		they had selected and discussed associated emotions, memories, and meanings. The only guiding question was, “Can you tell me about this photo and what it represents?” and prompts from the researcher were kept to a minimum.			
Fortin et al. (2015).	Toronto Canada	<p>Photoblogging workshops.</p> <p>The photo-blogging workshop was based on Photovoice, a participatory research methodology developed in the early 1990s by Carolyn Wang and Mary Ann Burris.</p> <p>Three consecutive workshop sessions. The mothers discussed the photoblogs and placed them into themes.</p> <p>The purpose and analysis methods were discussed as a group and one-on-one over several workshop sessions.</p> <p>The first phase discussed the participants’ most significant photoblogs regarding the underlying problem, issue, or event photographed, the motivation for taking the photo, and what the photoblog represented.</p>	Not clear	5 (4 completed all parts)	<p>Participants developed nine themes from their analysis:</p> <ul style="list-style-type: none"> <li>• Family</li> <li>• Reality Check</li> <li>• Sacrifice for Positive Change</li> <li>• Support</li> <li>• Guidance</li> <li>• Transition</li> <li>• Proud of Becoming/Being a mother</li> <li>• Passing on/Teaching Values</li> <li>• Cherished Moments/Rewards for Being a mother</li> </ul>

		<p>The SHOWED technique was posed to the group as each participant took turns discussing their photoblogs. Participants were encouraged to share three to four favourite photoblogs with the group and personal reflections.</p>			
Oter-Quintana et al. (2017)	Madrid, Spain	<p>Photo-elicitation semi-structured interviews</p> <p>In their photographs, three women were asked to represent their experience of being homeless. They could take photos of objects, places, activities, etc., that they considered significant.</p> <p>The other two informants were asked to explain their experience living in the reception centre. No further instructions were given, and the women could take photographs as freely as possible.</p> <p>The images were taken before the interview with the women. The interviews with the women were planned between 2 and 3 weeks after the photographs were developed and seen by the research team.</p>	Grounded theory	5 (3 completed photos)	<p>The themes gained from photo-elicitation interviews:</p> <ul style="list-style-type: none"> <li>• The good professionals</li> <li>• The safe places in the street</li> <li>• The threats in the street</li> </ul>

Posada-Abadía et al. (2021)	Madrid, Spain	<p>The first stage consisted of conducting a semi-structured interview.</p> <p>In the second stage, it was explained to Maria could take pictures of things, objects, actions, places, or people (with their consent and without taking photos or capturing elements that might reveal the person’s identity) that she considered significant about her experience of recovery, coping, and resilience.</p> <p>Maria was also asked to write a brief comment on each photograph, briefly summarising why she took it and explaining its significance.</p> <p>Maria took the pictures over four weeks, which consisted of a total of 24 pictures.</p> <p>The second interview used the photographs as an “evocative element”; a script was made using one of the photographs. Two researchers designed the script.</p>	Grounded theory	1	<p>Themes from their experiences included:</p> <ul style="list-style-type: none"> <li>• Gender-based violence</li> <li>• Homelessness</li> <li>• The process of coping with vulnerability as a homeless woman.</li> </ul>
Bassi et al. (2020).	Ottawa, Canada	The first two meetings involved a neighbourhood walk-along interview	Community integration	16 (15 compl	<p>Themes identified:</p> <ul style="list-style-type: none"> <li>• Physical integration</li> <li>• Poverty</li> </ul>

	<p>followed 1–2 weeks later by a semi-structured photo-elicitation interview.</p> <p>Example questions during the walk-along interviews included: “Tell me about your impressions of this neighbourhood.” “Have you had the chance to explore and visit different places in your neighbourhood?” and “What are some of the areas that make you feel welcomed and not welcomed?”</p> <p>Semi-structured interview questions explored participants’ experiences and perceptions of neighbourhood transitions, representation of neighbourhoods in photographs, and linkages between photograph content and community integration (e.g., “Why did you take this photograph of this place/object/person?” “How does this picture represent your neighbourhood?” “Looking at this photograph, does it say anything about how attached you feel to this neighbourhood or the people who live in it?”).</p> <p>A third meeting was held six months later to re-examine participants’</p>	theory – coding	eted interviews)	<ul style="list-style-type: none"> <li>• Service inaccessibility</li> <li>• The lack of safety.</li> <li>• Social integration.</li> <li>• Psychological integration and belonging.</li> </ul> <p>Community integration at follow-up:</p> <ul style="list-style-type: none"> <li>• Varied experiences of changes in physical integration.</li> <li>• Women's increased knowledge and involvement in their communities.</li> <li>• Social network decay and instability.</li> <li>• Social isolation and loneliness.</li> <li>• Moving away intentions.</li> <li>• Women's desire to move to other communities where they can build connections.</li> </ul>
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		experiences and explore any changes in community integration.			
Plane and Klodawsky (2013)	Ottawa, Canada	<p>Photo-elicitation Semi-structured interviews using the SHOWeD technique.</p> <p>Stages involved in the Cornerstone photovoice project.</p> <p>Volunteering and obtaining approval for the project. The primary researcher volunteered with the residents weekly for several months before the project's initiation, assisting with meal preparation and social activities.</p> <p>The photography skills workshop supported the residents who attended. They were taught how to frame images and take pictures effectively (led by a professional photographer).</p> <p>The primary researcher verbally explained the photovoice and project details/goals.</p>	Nivo Codes	9	<p>The respondents identified four neighbourhood factors:</p> <ul style="list-style-type: none"> <li>• Access to the public, green spaces.</li> <li>• A respectful social environment.</li> <li>• Fear and safety concerns associated with public spaces.</li> <li>• Access to neighbourhood resources and institutions.</li> </ul>

		<p>Participants went out into the community to take photographs. Developed photographs were handed back for participants to review.</p> <p>Individual photo-elicitation interviews. Interviews were conducted, recorded, and transcribed by the primary researcher.</p> <p>Finally, eight women displayed two photographs in the building's common area, each accompanied by captions.</p>			
Bukowski and Buetow (2011)	Auckland, NZ	<p>Photo-elicitation semi-structured interviews.</p> <p>Beyond the stated purpose of the study and the ethical guidelines, no direction was given to the women regarding the specific content of what to photograph.</p> <p>Films were processed overnight so that interviews could be held the next day.</p> <p>Face-to-face semi-structured individual interviews explored the meaning and importance of their photos, their street lives, and the</p>	Unclear	6	<p>Four key themes emerged:</p> <ul style="list-style-type: none"> <li>• Threats to health (addiction).</li> <li>• Family support and protection.</li> <li>• Social services support.</li> <li>• Difficulty getting off the street.</li> </ul>

		<p>needs they created for their housing and health.</p> <p>They were asked to describe the content and context of each photo, explain why they took the individual images and then select the three to four most personally significant ones.</p>			
Klitzing (2004)	MiBetty eastern university city	<p>Photo-elicitation interviews Semi-structured.</p> <p>The data was collected through semi-structured interviews and photo elicitation.</p> <p>A semi-structured interview guide was constructed using a literature review to assist with the first interviews: "Tell me about yourself. Describe your life at the [shelter]. Have you ever felt stressed?" Probes included "What causes your stress?" and "What helps you cope with stress?"</p> <p>After the women took pictures, the researcher collected the cameras and developed the pictures.</p>	Unclear	11	<p>Themes derived from data collection include:</p> <ul style="list-style-type: none"> <li>• Experiencing stress</li> <li>• Coping with stress</li> <li>➤ Getting away</li> <li>➤ Social support</li> <li>➤ Strategies to cope with stress</li> </ul>



	<p>A second interview was scheduled with the women to discuss their pictures.</p> <p>During the second interview, each woman was asked to describe her pictures, including who was in the picture, where the photo was taken, and what was happening in the picture.</p> <p>Each woman was also asked to discuss pictures that she took with the camera but needed to be developed and to describe images she would like to have taken but was unable to do so due to the time limitations of the study or other restrictions.</p> <p>Finally, each woman was asked to select pictures from the developed, not developed, or not taken that could depict what helped her cope the most with stress.</p>			
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570 ***Thematic synthesis***

571 The results section is split into experiences and learning from the research papers. The  
572 analysis resulted in the identification of three themes regarding experiences of women's  
573 homelessness and one analytical theme learning from the research,

574 ***Experiences***

575 ***Analytic theme 1: Trauma: Past and Present***

576 The theme 'Trauma: past and present' captures the difficulties women have  
577 experienced leading to homelessness and their traumatic experiences while homeless. It was  
578 common for women to have experienced childhood trauma and gendered-based violence  
579 leading to their experience of homelessness. Many women described leaving abusive  
580 relationships before becoming homeless. Women also experienced challenges finding safe  
581 places to stay on the streets while homeless and experienced stigma and discrimination due to  
582 their circumstances. Women in eight studies reported negative responses to their experiences  
583 of homelessness.

584 Phipps et al. (2021b) found that all women had experienced adverse life events, many  
585 of which meant that women experienced abuse or trauma in their childhood. One woman  
586 explained, "*So, I may as well just say it, I'm a survivor of childhood sexual abuse*". Many  
587 women described abusive relationships, which they understood as the triggers for becoming  
588 homeless. "*He put a knife to my throat, he had tried to strangle me, he had taken all my*  
589 *funds, I was isolated. And he told me that if I ever left, he would hunt me down and shoot me*  
590 *like a dog*".

591 Posada-Abadía et al. (2021) reported on one woman's experiences where she  
592 described her childhood as neglect with no emotional ties or attachment relationships.  
593 "*Then... among the members of my family, everything was dirty because of drug trafficking,*  
594 *cocaine from drug trafficking; I was already being abused by my father, by my mother [...]. I*

595 *was sexually abused in my childhood repeatedly by the lovers my mother brought home!*  
596 *She'd sneak them into the house behind my father's back... I remember that they used to*  
597 *touch my legs, my privates... up here as well (touching her breasts) [...]. I was sexually*  
598 *abused many times in my childhood [...]. I do not have one nice memory”.*

599         Alongside coping with their adverse and traumatic life experiences before becoming  
600 homeless, many women reported the stress and trauma caused by living within homelessness.  
601 Phipps et al. (2021b) reported one woman's response as “*a living nightmare*”. Women  
602 described being homeless as “*disempowering*” and “*You can't see what your future is going*  
603 *to be, and that is more frightening than what people think*”.

604         Klitzing (2004) acknowledged that many women struggled with long-term or chronic  
605 stress relating to their past experiences and adverse life events while homeless. Women faced  
606 stressful and traumatic experiences in a multitude of dimensions. The majority of studies  
607 commented on women's concerns regarding personal safety. Bassi et al. (2020) reported  
608 feelings of uneasiness related to past abuse experiences. One woman described a sense of  
609 hypervigilance in public spaces. “*I'm always watching my back, you know? I'm always kind*  
610 *of looking around. I'll just stop, and I'll look around, then I'll walk again.*” (Bassi et al.,  
611 2020). This resulted in many women trying to stay inside, especially at night. “*After dark I*  
612 *don't go out, because you've got all of the people drinking and yelling and screaming*” (Plane  
613 & Klodawsky, 2013).

614         Klitzing (2004) understood that women found the shelters where they were placed  
615 exacerbated feelings of stress. For example, women would be placed with individuals they  
616 did not know. Women described finding it challenging to live within a set of rules and  
617 curfews organised by the service, as it reduced their sense of independence. Women often  
618 commented on the emotional impact of becoming homeless. Phipps et al. (2021b) reported  
619 that one woman's experience significantly reduced her mood. “*I'm not a depressive person—*

620 *but a very severe depression. It just comes with the territory*". Bukowski and Buetow (2011)  
621 also reported that women experienced several challenges related to their mental health and  
622 addiction difficulties due to their experiences of homelessness. *"I suffer with a mental illness*  
623 *..[and] 90 out of 100, the majority of us, really suffer with manic depression."*

#### 624 ***Analytic theme 2: Finding the right place***

625 This theme captures the understanding that finding the proper support is crucial. Often  
626 women found services difficult to access, and their challenges in trusting people meant  
627 forming relationships with services was problematic. Women reported feeling unsafe in any  
628 environment due to their previous traumatic experiences. *"I think when you've left a*  
629 *situation, everything feels unsafe and everyone feels unsafe"*. Women's criteria for what they  
630 needed, such as safety, security and location, were not necessarily the same criteria that  
631 housing services used. *"It was a hard fight to get it .... I had to reject a lot of properties ....*  
632 *and so you'd just walk in and go I can't live here. I literally cannot live here."* (Phipps et al.,  
633 2021a). Although women wanted to escape homelessness, they wanted to live in a space  
634 close to homeless services and their community. The most significant barrier to obtaining this  
635 was the lack of affordability (Bukowski & Buetow, 2011).

636 Many women spoke of needing more than just a physical space to stay in order to exit  
637 homelessness. Women described understanding the impact of trauma as pivotal in connecting  
638 with person-centred service providers. *"I was supported well by one family centre. They*  
639 *understood when someone needs to say you have done enough today now stop"* (Phipps et al.,  
640 2021b). Women reported the importance of supportive healthcare staff and developing these  
641 relationships. It was important for staff to take extra time to make them feel valued, offered  
642 choices, respected their decisions, and *'hit it off'* or *'clicked'* emotionally with them (Fortin et  
643 al., 2015).

644 Many studies discussed the importance of community and social integration alongside  
645 the right accommodation. If their accommodation was where they felt like they did not  
646 belong, it was more challenging for the women to make their new housing placements  
647 successful. Many women spoke about feeling alone after moving into their housing  
648 placements. Women described feeling “*socially isolated and separated from their support*  
649 *network, with limited means and resources*” and “*You go into a house, and then you are like*  
650 *ok, I don't know anyone here, I don't have anything, I'm on a pension so I don't have money*  
651 *to do things ... I remember that first 8 months were absolutely horrendous ... I'd just sit in*  
652 *my house, and whilst I was in an area where a lot of my supports were. You know, that's*  
653 *medical supports ... there was no friendship circle.*” (Phipps et al., 2021b).

### 654 ***Analytic theme 3: Connected to Disconnected***

655 This analytic theme captures women’s experiences of wanting social connections and  
656 support but how hard it was for women to feel safe and trust others.

657 Bukowski and Buetow (2011) found that some women saw their street community as  
658 family. It was understood that these relationships were very significant to the women because  
659 many women had reported no contact with their families due to experiences of abuse. For  
660 instance, Bukowski and Buetow (2011) found that older women protected the other women.  
661 “*She’s the biggest sister out of all of us. if any dudes pick on us girls, she’ll go and deal to*  
662 *them.*”.

663 Bassi et al. (2020) found that women did not feel like they belonged in their  
664 neighbourhoods. These feelings often derive from experiences of stigmatisation and the fear  
665 of being judged by community members. Fortin et al. (2015) discussed women’s fear of  
666 stigmatisation about motherhood. Women reported feelings of stigma from other individuals  
667 in their communities but also experienced this when trying to access services. “*From my*  
668 *personal experience, it is just about how I feel about being a mother. It bothers me what*

669 *other people think. I am trying really hard not to think about what other people think about*  
670 *my mothering. Do you know what I mean? ... Because everyone is telling us that we can't".*  
671 Phipps et al. (2021b) also found that women experienced stigmatisation, which increased  
672 feelings of isolation. *"And, you know if you are homeless you are homeless for a reason,*  
673 *because you are stupid and it's your fault. Yep. And don't tell people you are homeless".*

674 The majority of studies reported on women finding services challenging to access.  
675 However, some studies found that women found some connections through services. *"They*  
676 *didn't have anything practical to offer me but at least I felt like there was someone that was*  
677 *listening and understanding and believing me"* (Phipps et al., 2021b). One woman explained  
678 that they returned to the service that helped them when she was homeless. She described  
679 wanting to give back to the services that supported her and wanting to connect and support  
680 other women who have experienced similar traumatic events. *"Sometimes we come outside*  
681 *and start talking to someone who has just come in and I say you know just work with them."*  
682 (Phipps et al., 2021b).

683 Social connections were hard to find because women avoided interactions to protect  
684 their health and well-being, as well as the new lives they were rebuilding away from negative  
685 influences. *"I'm not into drugs anymore, so I don't want anybody at my house and I've made*  
686 *it clear to a lot of people I see on the street: Don't bother coming to my house."* (Bassi et al.,  
687 2020). Finding the right connections was also hard for women due to feelings of mistrust,  
688 often developed from years of past abuse and exploitation. *"I've isolated myself. I don't trust*  
689 *anybody. I think everybody out there wants something from me."* (Bassi et al., 2020).

## 690 ***Learning***

### 691 ***Analytic theme 4: Learning from the research***

692 Most studies met with their participants at least once before completing their photo-  
693 elicitation data collection methods and interviews. Many studies commented that this

694 technique had challenges due to meeting several times with a population struggling to trust  
695 services and form relationships. Some studies had participants that did not complete all  
696 elements of data collection due to the transient nature of homelessness and the specific needs  
697 of the women (e.g., substance use difficulties). Those studies that recorded stronger  
698 relationships with their participants tended to collect richer data and had a higher retention  
699 rate.

700 The most common methodology used was photo-elicitation interviews. The studies  
701 included in this synthesis implemented the methods differently. Two studies completed an  
702 interview before asking women to take pictures and then conducted a subsequent interview  
703 following the collection of pictures. All studies used photos to guide the interviews, although  
704 they used different techniques (e.g., the SHOWED technique or devising one or two broad  
705 questions to use).

706 Two of the studies organised workshops to discuss and support women using cameras  
707 to highlight their experiences. One of these studies incorporated workshops throughout the  
708 project to support the inclusion of women discussing their experiences of using photography  
709 and to generate initial themes from the photographs taken. In contrast, the other study used  
710 the workshop as a class to develop a shared understanding of how the cameras should be  
711 utilised within the study.

## 712 **Discussion**

713 This thematic synthesis has highlighted that women across various studies have often  
714 experienced significant trauma, leading them to homelessness. Experiences of trauma (past  
715 and present) were common for women. All of the studies reported women's previous  
716 experiences of abuse and trauma. Often women found it hard to find spaces they felt safe in,  
717 with many choosing to avoid being on the streets at night. Women often needed to manage  
718 their safety whilst homeless and navigate a complex system to get support.

719           The emotional impact caused by their traumatic experiences was another common  
720 experience consistent with previous studies of homeless populations (Hodgetts et al., 2007;  
721 Larsen et al., 2004; Padgett & Priyam, 2019). They reported that homelessness brought with  
722 it increased alcohol and substance difficulties. Mental health difficulties have been  
723 consistently shown to be a significant experience of women’s homelessness (Bretherton &  
724 Pleace, 2018). It is understood that mental health challenges may sometimes interact with  
725 other factors, such as poverty and addiction difficulties, to trigger homelessness (Draine et  
726 al., 2002). Therefore, these additional challenges may also impact a woman’s ability find a  
727 solution when threatened with homelessness (Bretherton, 2020). Consequently meaning that  
728 women with mental health challenges often experience long-term and repeated homelessness  
729 (Bretherton & Pleace, 2018).

730           This synthesis indicated that connection and social integration were as crucial as  
731 finding a place to stay. However, many women felt disconnected from their communities due  
732 to stigmatisation or fear for their safety. It was a common experience for women to find it  
733 difficult to form social connections due to their past experiences of trauma, which can include  
734 but is not limited to children being removed, mistrust in services, ongoing grief and trauma  
735 over the loss of their children, loss of identity of being a mother and experiencing abusive  
736 partners (Phipps et al., 2019). It could be considered that these factors can all contribute to  
737 disconnection and social exclusion (Plane & Klodawsky, 2013). There is evidence that being  
738 homeless further exacerbates disconnection from social supports and is a traumatic  
739 experience alone (Huey, 2012). Therefore, it is also important to recognise that factors such  
740 as mental and physical well-being, social inclusion and connection, and feeling connected  
741 and integrated into the community are just as important as finding housing when exiting  
742 homelessness (Johnson et al., 2012).



743 This indicates the importance of services and practitioners in understanding trauma  
744 and responding appropriately when working with women who have experienced  
745 homelessness. This synthesis suggests that women require gender-specific support  
746 underpinned by a trauma-informed lens. The themes above acknowledge that women often  
747 have challenges with alcohol, substances, and their mental well-being. However, women  
748 have difficulties accessing services due to their past experiences, which implies that services  
749 are not responsive to their needs. In the UK, many services are gender-neutral and therefore  
750 do not consider the experiences of women and the reasons why it is difficult to access  
751 services (Homeless Link, 2021).

## 752 **Strengths and limitations**

753 One major strength of this review is that it is the first to examine experiences of  
754 women's homelessness and the use of photovoice or photo-elicitation. It combines an  
755 exploration of the experiences of a marginalised population as well as the use of a  
756 participatory action methodology. A methodology that aims to increase participation within  
757 marginalised groups and gain access to deeper understandings of lived experiences.

758 The researcher followed a robust and systematic approach ensuring the registration of  
759 the review on Prospero and following PRISMA guidelines to ensure rigour in the reviews  
760 approach. The researcher worked alongside independent reviewers to reduce bias in the  
761 inclusion and exclusion criteria. An independent reviewer also assisted in ensuring  
762 consistency in evaluating the quality of the included papers. It is important to consider the  
763 location and settings of the articles contained in this review, which are limited to Spain,  
764 Canada, and Australia. While there will be some variety in the diversity of the participants  
765 included in these studies, it is hard to generalise findings. A report by Baptista et al. (2016)  
766 highlights the humanitarian crises that have occurred (and continue to occur), with millions of  
767 refugees and asylum seekers entering the European Union. The report recognises European

768 Union nations' challenges in sourcing accommodation for asylum seekers and refugees  
769 (Baptista et al., 2016). In the U.K., the Refugee Council (2023) reports that once someone  
770 receives a positive decision on their asylum, this is often when individuals can become  
771 homeless. It is, therefore, appropriate to consider these experiences and highlight that these  
772 are not represented within the nine articles included in this review, identifying that more  
773 research is needed to include these experiences. Another limitation is that the articles did not  
774 include whether the participants identified as cisgender women or transgender. This is an  
775 important distinction, as it is recognised that people identifying as transgender, gender fluid  
776 or non-binary are more likely to become homeless than cisgender individuals (Kattari &  
777 Begun, 2017).

778 Despite these limitations, this review highlights the benefit of using participatory  
779 methodologies such as photovoice or photo-elicitation when collaborating on research within  
780 a marginalised population. These methodologies gather rich data and provide opportunities  
781 for participants to gain photography and research data production skills. The articles  
782 included had small sample sizes, which could be due to the need for multiple contacts with  
783 participants to incorporate their pictures and lived experiences. There is also no denying the  
784 need for researchers to build trust with the participants to share their experiences, and it is  
785 important to note that this takes time. This means that the generalisability of their findings  
786 could be limited; however, these data methodologies aim to promote collaboration and  
787 encourage the participants to move beyond the role of participants as they contribute to data  
788 collection. Therefore, enabling marginalised and 'hard to reach' populations opportunities to  
789 share their lived experiences and stories.

## 790 791 **Future research**

792 This review provides gaps within the current evidence base that warrant further  
793 investigation. More research is needed focusing specifically on experiences of women's

794 homelessness. Future studies should also aim to recruit women who are refugees or asylum  
795 seekers from wider geographical locations. Given the small amount of research specifically  
796 focusing on women's experiences of homelessness and the potential benefits of highlighting  
797 gaps in service provision, more work is needed to understand how women could be supported  
798 to do this. This may involve increased use of participatory action research methodologies,  
799 which, although they have their challenges, appear to help the increased involvement of  
800 women, often falling within the 'hidden homeless' population and remaining one of the most  
801 vulnerable populations in society. These methods also encourage increased contact with  
802 participants to support relationship building to enable women to participate. It is also  
803 important for research to offer perspectives on the development of policies and inform  
804 clinical practice and service development. Participatory methodologies allow individuals to  
805 be included in developing services which can address the current inequalities.

#### 806 **Clinical relevance**

807         The findings from this review provide recommendations for services and clinicians  
808 working with women who have experienced homelessness. These could be mental health,  
809 social care, housing support or third-sector practitioners. This review further supports the need  
810 to develop gender-specific services to combat the gender inequality, disadvantage and service  
811 inequalities experienced by the female homeless population, the challenges women may face  
812 when accessing service, and what adjustments could be made to support engagement.

813         This synthesis further explains women's challenges when they become homeless. The  
814 findings clearly illustrate a need for improvement in broader gender-specific support. Services  
815 need create and provide safe women-only spaces for women. For services and practitioners to  
816 recognise and establish strong therapeutic relationships and for services to recognise the  
817 importance of building and establishing trust to support therapeutic engagement. Services  
818 should provide practitioners and services with greater training to recognise gender-based

819 violence and understand the effects of complex trauma. It recognises the diverse and gender-  
820 specific situation of women. It indicates that women should be offered support, without  
821 judgement or discrimination, around motherhood, reconnecting with their children, and support  
822 with mental health and substance use difficulties. It indicates that support should be accessible  
823 and flexible. Moreover, it indicates the importance of valuing the voice of women, e.g., in  
824 research, encouraging peer support and enabling their involvement in the design and delivery  
825 of services (FEANTSA, 2021).

## 826 **Conclusions**

827         The findings of this thematic synthesis examined women’s experiences of  
828 homelessness using photovoice or photo-elicitation. Analysis of the nine included papers  
829 resulted in three analytical themes concerning woman’s experiences of homelessness such as  
830 trauma (past and present), finding the right place, and connected to disconnected and one  
831 analytic theme of learning from the research. While this synthesis provides some clinical  
832 recommendations for practitioners and services, it has highlighted that more research needs to  
833 be conducted on women’s homelessness, particularly in the U.K., to explore any potential gaps  
834 in service provision to enhance support for a vulnerable population.

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1081 **Chapter 2: Women’s Experiences of Homelessness**

1082 **Abstract**

1083 **Background:** Homelessness has continued to rise in the U.K. and despite the introduction of  
1084 the Homelessness Reductionist Act (2017) individuals are still experiencing difficulty  
1085 accessing support and secure housing. Homeless women often fall within the “hidden  
1086 homeless” and are not captured in homelessness statistics. This means many services are not  
1087 designed to suit their needs.

1088 **Objective:** To explore women’s experiences of homelessness using photo-elicitation to inform  
1089 policy and practice.

1090 **Methods:** Recruitment via hostels and recovery services in Liverpool. Six co-researchers took  
1091 pictures of their experiences of homelessness and completed a semi-structured interview using  
1092 the SHOWeD technique (Wang & Burris, 1997). Interviews were analysed using thematic  
1093 analysis.

1094 **Results:** Five themes were developed: ‘surviving homelessness’, ‘a woman’s need to hide’,  
1095 ‘past trauma’, ‘a woman’s shame’, and ‘services. Findings supported previous research and are  
1096 discussed in relation to service development and clinical practice.

1097 **Conclusions:** Findings highlight the gendered experience of women experiencing  
1098 homelessness and emphasise the need for women-only trauma-informed care and support.

1099 **Keywords:** ‘women, ‘homelessness, ‘participatory action research’, ‘photovoice, ‘photo-  
1100 elicitation’

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## 1104 Introduction

1105 The United Nations (2023, p. para 1) have described homelessness “*as not having*  
1106 *stable, safe and adequate housing, nor the means and ability of obtaining it.*”

### 1107 Homelessness Legislation in the UK

1108 Within England, there are approximately 1500 services established to support people  
1109 who are homeless (Homeless Link, 2023). The government has produced several legislations  
1110 over the past two decades to help people experiencing homelessness and to reduce rough  
1111 sleeping (Department for Levelling Up, 2018). This began with amending homeless  
1112 legislation with the Homelessness Act (2002), which required local authorities to develop a  
1113 homelessness strategy. It extended priority need categories to 16- and 17-year-olds, care  
1114 leavers between 18 and 20; individuals who have spent time in care, the armed. forces;  
1115 individuals leaving prison or custody; and those who have fled their home because of  
1116 violence (Shelter, 2023).

1117 Homelessness continued to rise, and with the support and campaigning of third-sector  
1118 homelessness organisations, the government introduced the Homelessness Reduction Act  
1119 (2017). While the Homelessness Act (2002) focused on reducing rough sleeping, the  
1120 homelessness Act (2002) did not consider how to support individuals at risk of rough  
1121 sleeping, such as people within hostels, shelters, or those staying with friends and family. In  
1122 2014 Crisis published The Turned Away report (Dobie et al., 2014). The report showed that  
1123 individuals were failed at the point of access by their local authorities, denying them the  
1124 opportunity to explain their needs and access services. The report also revealed the stigma  
1125 people experiencing homelessness still received from local authority housing professionals.

1126 The Homelessness Reduction Act (2017) required local authorities to produce  
1127 preventative strategies within their areas. The legislation also wanted local authorities to  
1128 provide services to individuals without priority need categories. While homelessness

1129 continued to rise, campaigning and further information being shared within the public domain  
1130 have resulted in more individuals being recorded as homeless or at risk of homelessness  
1131 (Dobie et al., 2014).

1132 The Domestic Abuse Act (2021) strengthened the support available to victims of  
1133 domestic abuse following the Homelessness Act (2002) and The Homelessness Reduction  
1134 Act (2017). This extended ‘priority need’ to individuals who are homeless due to being a  
1135 victim of domestic abuse.

1136 Sadly, government legislation still argues that a person could be homeless  
1137 intentionally. The government has defined this as “*a consequence of a deliberate action or*  
1138 *omission by that person. A deliberate act might be a decision to leave the previous*  
1139 *accommodation even though it would have been reasonable for the person (and everyone in*  
1140 *the person’s household) to continue to live there. A deliberate omission might be non-*  
1141 *payment of rent that led to rent arrears and eviction despite the rent being affordable.”*  
1142 (Department for Levelling Up, 2018, p. 10). Within the governments guidance to local  
1143 authorities, a person who has priority need but is classed as intentionally homelessness should  
1144 still receive assistance to find secure accommodation (Department for Levelling Up, 2018).  
1145 However, families are put at risk of separation if homelessness continues despite assistance  
1146 from local authorities, in which case, any children could be referred to children social  
1147 services authorities under the Children Act (1989).

1148 While homeless policies and initiatives have led to further reform in the homelessness  
1149 sector, it shows the need for politicians to continue to make key decisions and listen to third-  
1150 sector organisations, which have often driven policy trends over time.

### 1151 **Accessing Meaningful Help – Are We Still Failing?**

1152 Shelter’s report Caught in the Act (Rich & Garvie, 2020) highlighted that some  
1153 individuals are still being wrongly declined assistance. Evidence shows that even where

1154 people can access help, they are not being helped to secure a home (Bretherton & Pleace,  
1155 2011; Cloke et al., 2000; Dwyer et al., 2015). Most of these households will likely be people  
1156 who could not previously access help. Shelter conducted survey interviews with staff  
1157 members and found that more than half of their advisors felt that councils could assist more  
1158 in supporting single homeless individuals find accommodation (Mitchell et al., 2023; Rich &  
1159 Garvie, 2020). The Homelessness Reduction Act (2017) is meant to ask individuals how they  
1160 can be supported rather than asking individuals to prove they need support. Rich and Garvie  
1161 (2020) identified that people are still experiencing barriers when asking for housing support.  
1162 These barriers include being unable to access social-rented housing because of chronic  
1163 shortages, accessing a private rental because of inadequate Local Housing Allowance rates,  
1164 and accessing a private rental because of discrimination (Harding, 2018; Rich & Garvie,  
1165 2020).

1166           While it can be understood that The Homelessness Reduction Act (2017) has  
1167 increased the number of individuals being assessed who are homeless or threatened with  
1168 homelessness, there are still problems with accessing long-term secure housing solutions.  
1169 ‘Single homeless’ people and ‘intentionally homeless’ families remain the most at risk, as  
1170 they were previously denied support. Consequently, this means that The Homelessness  
1171 Reduction Act (2017) has not reduced homelessness. Shelters report on the Homelessness  
1172 Reduction Act (2017) highlighted that this is due to limited access to suitable homes (Rich &  
1173 Garvie, 2020). Instead of being supported into a suitable secure home, individuals and  
1174 families are caught in the Acts processes (Harding, 2018; Rich & Garvie, 2020). This  
1175 suggests that there is a failure within national housing policy, as local housing authorities  
1176 continue to struggle to support people into suitable, affordable accommodation, as they have  
1177 limited access to housing (Rich & Garvie, 2020). Despite, The Homelessness Reduction Act  
1178 (2017) attempts to widen support, prioritise preventative and person-centred support, the

1179 outcome on reducing homelessness remains low (Bevan, 2022). Homelessness organisations  
1180 can only go so far as to provide support and attempt to highlight to the government's the need  
1181 to support housing authorities and those at risk of homelessness by providing options for  
1182 housing if they cannot access social housing or an affordable private rental (Crisis, 2023;  
1183 Harding, 2018; Rich & Garvie, 2020). This highlights that while homelessness assistance and  
1184 legislation are essential, there is nevertheless a deeper structural cause of homelessness.

### 1185 **Causes of Homelessness**

1186         There is evidence to suggest a strong link between people experiencing poverty and  
1187 an increased risk of experiencing homelessness. Recent evidence has highlighted the  
1188 connection between the risk of homelessness and experiences of childhood poverty (Downie,  
1189 2018; Johnsen & Watts, 2014). The U.K. has experienced several economic crises and rising  
1190 living costs within the last two decades. While unemployment rates are low within the U.K.,  
1191 the increased cost of living puts many at risk of homelessness (Haddad, 2012). However,  
1192 economic challenges are not the only factor to consider when understanding the causes of  
1193 homelessness.

1194         Several individual factors have been reported to trigger homelessness. Some of these  
1195 include relationship breakdown; mental health and addiction challenges; discharge from  
1196 prison; and leaving the care system. These causes of homelessness have remained consistent  
1197 over time (Wilson & Barton, 2020).

1198         Family breakdown is known to be a significant cause. This includes family or friends  
1199 no longer being able to provide informal accommodation support or individuals fleeing  
1200 domestic violence (Solace Women's Aid, 2022). A report by the charity Solace Women's  
1201 Aid (2022) regarded homelessness occurring from domestic violence as a priority. The report  
1202 showed an increase in survivors being helped into alternative accommodation. However,  
1203 despite domestic abuse survivors being considered a priority, the report evidenced the

1204 increased number of survivors being supported into temporary accommodation and that the  
1205 cost-of-living crisis is making it harder for those at risk to leave.

### 1206 **Psycho-Ecological Systems Model**

1207 Homelessness can be understood using the Psycho-Ecological Systems Model  
1208 (PESM) (Reeb & Folger, 2013). It integrates the ecological systems model (Bronfenbrenner,  
1209 1979), the biopsychosocial model (Kiesler, 2000), and the principle of reciprocal determinism  
1210 (Bandura, 1978).

1211 The PESH displays internal factors of the biopsychosocial model (vulnerabilities,  
1212 resiliency, and developmental period) within the person's microsystem but shows the external  
1213 aspects of the biopsychosocial model (e.g., risks and protective resources) across ecological  
1214 systems. The PESH utilises the ecological systems identified by Bronfenbrenner (1979), such  
1215 as the microsystem (e.g., homeless shelter), the mesosystem (e.g., relationships between  
1216 microsystems), the exosystem (e.g., local government), and the macrosystem (e.g., broader  
1217 sociopolitical movements). However, the PESH adds an additional layer that refers to  
1218 international conflicts or other global influences (e.g., climate change), the supra-  
1219 macrosystem (Reeb & Folger, 2013). Ecological Systems Theory understands that individuals  
1220 are products of their environment and describes a stable social and physical environment as  
1221 an essential factor in the well-being of an individual (Bitter, 2013).

1222 Internal and external factors continually interact throughout an individual's lifetime  
1223 and will affect different aspects of a person's life (e.g., health, quality of life, well-being). The  
1224 PESH uses Bandura's (1978) principle of reciprocal determinism to understand the  
1225 interrelationships between ecological systems. Research has highlighted that individuals who  
1226 have experienced homelessness have experienced higher levels of abuse and trauma and that  
1227 these can be exacerbated within homeless services. Earlier in this chapter, government  
1228 legislation, homeless services, and the impact of broader systemic economic and political



1229 movements were discussed. This suggests that there have been challenges and ruptures to an  
1230 individual's vulnerabilities and environments (both internally and externally) that have  
1231 affected their overall well-being and quality of life.

### 1232 **Trauma and Women's Needs**

1233         Trauma could be defined as the result of a "*psychological and psychosocial impacts*  
1234 *of major trauma, defined as any injury that has the potential to be life-threatening and/or life*  
1235 *changing, are common, far-reaching and often enduring*" (Olive et al., 2022, p. 1). In a  
1236 recent report by Oasis Community Housing (2021) it was reported that 45% of people  
1237 experiencing homelessness reported suffering trauma as a child. When considering childhood  
1238 trauma, we can also consider ACEs. Research has indicated that people experiencing  
1239 homelessness have endured four or more ACEs (Asmussen & McBride, 2021), which is  
1240 significantly higher than the general population. While relationship breakdowns are a known  
1241 factor of homelessness, a recent report showed that these relationship breakdowns were  
1242 entwined with other experiences of trauma and the impact of these. For Instance, the loss of  
1243 a parent could result in substance misuse challenges, alongside difficulties emotionally  
1244 regulating (Chamberlain & Johnson, 2013; Irving & Harding, 2022).

1245         When considering trauma and homelessness, literature has shown that trauma can  
1246 impact the complexity and length of homelessness (Irving & Harding, 2022; Macia et al.,  
1247 2020). Trauma has been seen to challenge individuals' ability to exit homelessness. This is  
1248 often due to unmet needs from the trauma experienced by individuals, such as outstanding  
1249 mental health needs, poor emotional regulation (sometimes resulting in challenging  
1250 behaviours) or difficulties in problem-solving, managing tenancies, and paying bills (Irving  
1251 & Harding, 2022; Neale et al., 2018).

1252         Research has long suggested that women experience higher levels of trauma (Browne,  
1253 1993; Milaney et al., 2020; Rodriguez-Moreno et al., 2021). Women can experience

1254 interpersonal violence, gender-based violence, sexual abuse and trauma associated with the  
1255 removal of their children (Irving & Harding, 2022; Oasis Community Housing, 2021).  
1256 Therefore, services must be mindful of the gendered nature of trauma and homelessness.

## 1257 **Women's Experiences**

1258 Chapter One highlighted women's experiences of homelessness and the gendered  
1259 difference that can be experienced. There has been an improvement in the number of  
1260 individuals able to access homelessness services. There are still challenges in broader  
1261 structural resources of services, limited availability of social housing, alongside adequate  
1262 support for vulnerable people who have experienced trauma. Discrimination and stigma are  
1263 still prevalent towards individuals trying to access support and qualify for homelessness  
1264 support (Rich & Garvie, 2020). When this is considered alongside the significant amount of  
1265 trauma women have experienced, it should not be difficult for women to access support and  
1266 should not be re-traumatising. Therefore, it is essential to continue developing research  
1267 within this marginalised population to support service development.

## 1268 **Rationale and Project Aim**

1269 The objective of this study is to understand women's experiences of homelessness in  
1270 Liverpool. To the researcher's knowledge, this is the first study to use photo-elicitation to  
1271 understand women's experiences of homelessness within the UK. It provides information on  
1272 the challenges experienced within Liverpool and how clinical psychology can support  
1273 change. The researcher aimed to listen, reflect, and attempt to understand their experiences  
1274 and collaboratively identify any unmet needs to inform policy and practice.

## 1275 **Method**

### 1276 **Co-researchers**

1277 Eight women were recruited from hostels and recovery services within the Liverpool  
1278 area (e.g., New Start Harm Reduction Service, Excel Housing, Recovery One and Wirral

1279 Ark) via advertisement (e.g., leaflets, posters) and direct visits to the hostels. Eight women  
1280 completed the photography stage of the study; however, due to the transient nature of  
1281 homelessness, six women completed all stages of the study. This is in concordance with  
1282 Braun and Clarke (2012) guidelines for thematic analysis.

1283         Women were recruited from different stages of their homelessness experience; one  
1284 woman had moved into long-term accommodation (supported by Housing First), one woman  
1285 was in a recovery house as part of her addiction recovery, and six women were staying in  
1286 hostels within Liverpool. The women who participated in this project were known as co-  
1287 researchers as they moved beyond the role of participants into that of research collaborators.  
1288 Through the process, the women took part in data production (e.g., providing pictures of their  
1289 experiences) and co-analysis (e.g., consultation on initial themes).

1290         The researcher worked hard to build relationships with women and made adaptations to  
1291 make women feel comfortable taking part in the project. The researcher contacted and met  
1292 with many homeless services across Liverpool and met various women to discuss the project.  
1293 It became clear that forming a trusting relationship with co-researchers was crucial for them  
1294 to feel comfortable participating in the project. The researcher recognised that the co-  
1295 researchers had experienced significant trauma and therefore emphasised the importance of  
1296 co-researchers only sharing information they felt comfortable with. The researcher  
1297 emphasised explaining and discussing this with co-researchers before interviews took place.  
1298 The researcher had a total of 40 contacts across the eight co-researchers.

1299         Information about participation and the nature of the research project was made  
1300 accessible within information sheets distributed to hostels. The researcher also made  
1301 themselves available to meet with staff and women to discuss the research project and answer  
1302 any questions. The researcher recognised that co-researchers would address sensitive issues;  
1303 therefore, signposting information regarding support services was provided, and the

1304 researcher remained available for any queries. All co-researchers who completed the study  
1305 were compensated for their time and travel.

### 1306 **The researcher**

1307         The researcher was a British/Irish white gay cis-gendered woman of 31 years of age.  
1308 They were interested in social justice, equality, trauma, and strengthening oppressed voices.  
1309 The researcher is a gay woman who experiences gender fluidity. The researcher was raised in  
1310 a middle-class household that expressed traditional Irish religious expression. The household  
1311 did experience domestic abuse and substance misuse challenges from one of the primary  
1312 caregivers. The researcher used a research journal and support from the research team to notice  
1313 and reflect on personal experiences of shame, guilt, and marginalisation. The researcher has  
1314 not experienced homelessness, and it was important to be aware of this difference. The  
1315 researcher was drawn to this project as they have a keen interest in social justice and research  
1316 looking into invisible and marginalised populations. When the researcher first started initial  
1317 searches into women’s experiences of homelessness it became clear that this was an area that  
1318 fit within their interests. Reflexivity process was enhanced by contact with an expert by  
1319 experience, a consultant working within the area of women’s homelessness, and the primary  
1320 supervisor. The student researcher was a Trainee Clinical Psychologist interested in models  
1321 and therapies such as narrative and systemic therapies.

### 1322 **Conceptualisation**

1323         Epistemology attempts to understand “what is knowledge, what counts as  
1324 knowledge?” (Ejnavarzala, 2019, p.94). This study derives from participatory action research  
1325 (PAR) principles and methodologies. PAR utilises collaboration at every point of the research  
1326 process. This means that knowledge production is a joint process and hopes to offer new  
1327 insights into the research population (Bergold & Thomas, 2012). PAR is often carried out in  
1328 democratic, social, and political contexts (Bergold & Thomas, 2012; Lucock et al., 2007).

1329 Reason (1994) has suggested that PAR follows an epistemology that knowledge is  
1330 relative and is generated from participant participation in the entire research process.  
1331 However, PAR moves beyond the search for knowledge and attempts to challenge attitudes,  
1332 values, and cultures (Fals-Borda, 2001). It attempts to challenge power dynamics between the  
1333 researcher and the researched and creates knowledge from everyone involved in the project  
1334 (Kindon, Pain, R., & Kesby, 2007).

1335 While this project attempts to utilise PAR principles, it is not an accurate PAR study.  
1336 Therefore, this study is thought to use an interpretivist position and that knowledge acquired  
1337 is socially constructed (Carson et al., 2001). The study attempts to adopt flexibility and  
1338 reflexivity to capture meaning from human and broader systemic interactions. The researcher  
1339 entered the process with some prior insight into the research context; however, they remained  
1340 open to new knowledge with the help of the co-researchers.

#### 1341 **Inclusion criteria**

1342 Women who have experienced homelessness after the age of 18 within Liverpool. For this  
1343 project, homelessness will be defined as per the S17 of (Housing Act, 1996) amended  
1344 Homelessness Reduction Act (2017):

1345 *“(1) A person is homeless if [they have] no accommodation available for [their] occupation,*  
1346 *in the United Kingdom or elsewhere, which [they]*

1347 *(a) [are] entitled to occupy by virtue of an interest in it or by virtue of an order of a court,*

1348 *(b) has an express or implied licence to occupy, or*

1349 *(c) occupies as a residence by virtue of any enactment or rule of law giving [them] the right*  
1350 *to remain in occupation or restricting the right of another person to recover possession.*

1351 *(2) A person is also homeless if [they have] accommodation but—*

1352 *(a) [they] cannot secure entry to it, or*

1353 *(b) it consists of a moveable structure, vehicle or vessel designed or adapted for human*  
1354 *habitation, and there is no place where [they are] entitled or permitted both to place it and to*  
1355 *reside in it.*

1356 *(3) A person shall not be treated as having accommodation unless it is accommodation which*  
1357 *it would be reasonable for [them] to continue to occupy.*

1358 *(4) A person is threatened with homelessness if it is likely that [they] will become homeless*  
1359 *within 56 days.*

1360 *(5) A person is also threatened with homelessness if—*

1361 *(a) a valid notice has been given to the person under section 21 of the Housing Act 1988*  
1362 *(orders for possession on expiry or termination of assured shorthold tenancy) in respect of*  
1363 *the only accommodation the person has that is available for the person's occupation, and*  
1364 *(b) that notice will expire within 56 days.”*

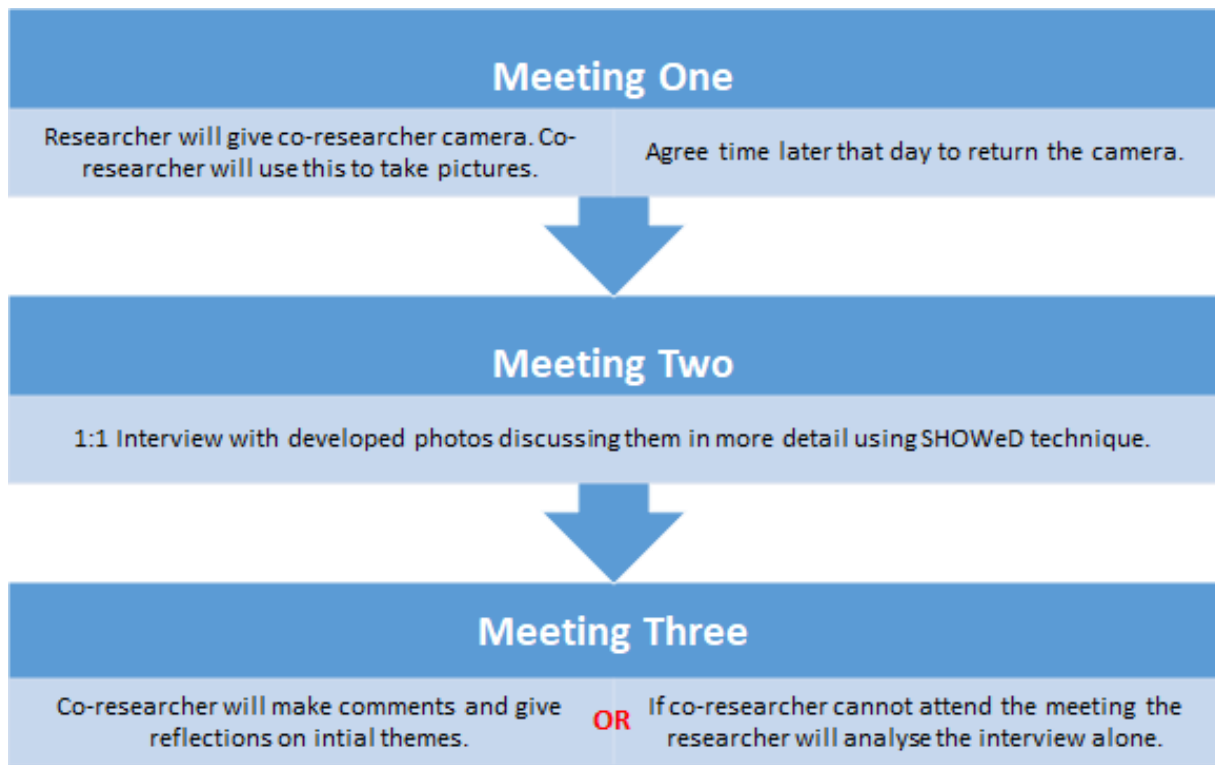
1365 **Exclusion criteria**

- 1366       • Women under the age of 18 years.
- 1367       • Women that do not speak English due to the researcher's language limitations.

1368 **Ethical Considerations**

1369 The University of Liverpool's research ethics committee (CORE) approved this research.

1370 **Procedure**



1371

1372 Diagram 1: Data production and analysis with co-researchers

1373 Initially, the researcher planned to meet with co-researchers three times, as shown in  
1374 Diagram 1. However, forming a trusting relationship, providing flexibility and adaptations for  
1375 the co-researchers became evidently imperative. Therefore, the researcher met with the co-  
1376 researchers between three and eight times to complete all stages, depending on the needs of  
1377 the co-researchers. The transient nature of homelessness meant that keeping to appointments  
1378 could be challenging for co-researchers and there were sometimes cancellations or difficulty  
1379 maintaining contact due to some co-researchers not having access to email or mobile phones.  
1380 Therefore, the researcher worked flexibly and offered more opportunities to meet so co-  
1381 researchers were able to participate in the study.

1382 During the initial meetings, the researcher explained the project's hopes and aims,  
1383 alongside the information and consent forms. Once co-researchers had consented to take part  
1384 in the study, the researcher gave the co-researcher a disposable camera. It was explained that

1385 the co-researchers were asked to take pictures of what they felt represented their experience  
1386 of homelessness. They were asked not to take photos identifying people's faces or identities.  
1387 The researcher went with two co-researchers while they took photos, as this was previously  
1388 agreed upon due to a relationship of trust being developed between the co-researchers and the  
1389 researcher. The researcher was led by the two co-researchers through Liverpool and did not  
1390 ask any questions relating to their experiences to enable the co-researcher to lead on their  
1391 data collection. With the other four co-researchers, the researcher agreed on a time to hand  
1392 back the camera. The researcher then developed the photos and arranged the next meeting  
1393 with the co-researcher.

1394         During the next meeting, the photos were discussed in detail by describing where and  
1395 when it was taken, why it is meaningful and what it represents. The SHOWeD technique  
1396 (Wang, 1999) guided questions in a semi-structured interview: What do you see here? What  
1397 is happening here? How does it relate to our lives? Why does this situation, concern or  
1398 strength exist? The SHOWeD technique was first integrated from (Shaffer, 1985) to facilitate  
1399 the discussion of photographs within photovoice methodologies (Wang & Burris, 1997). The  
1400 interviews were recorded and transcribed verbatim. All co-researchers opted to remain  
1401 anonymous throughout the research process and pseudonyms were agreed.

1402         Following this, the researcher generated an initial set of codes and continued to  
1403 develop these into initial themes and subthemes. Co-researchers were invited to attend a final  
1404 meeting where co-researchers would be presented with initial themes and subthemes. One co-  
1405 researcher attended the final meeting and shared comments and reflections on the discoveries.  
1406 Following this meeting, the researcher finalised themes and subthemes.

## 1407 **Measures**

- 1408         • SHOWeD principle to inform interview questions.
- 1409         • Distress Management Protocols.



1410 **Data analysis**

1411           Thematic analysis was used to identify themes from the interviews. The researcher  
1412 transcribed the interviews. The researcher became familiar with the transcribed interviews by  
1413 reading and re-reading responses while taking notes. The researcher identified, analysed, and  
1414 reported their key patterns drawing from Braun and Clarke (2006) approach. The researcher  
1415 generated an initial set of codes and further developed these into an initial set of themes and  
1416 subthemes. One co-researcher offered reflections and comments on the initial set of themes.  
1417 The researcher then reviewed the themes, comments, and reflections from the data set.  
1418 Finally, the themes were reviewed and refined into final themes. The transient nature of  
1419 homelessness meant that this was not possible for others to attend.

1420 **Service user consultation**

1421           Participatory methodologies such as photo-elicitation and co-analysis will be used  
1422 within this project. Consequently, the researcher recruited an Expert by Experience as an  
1423 advisor to the project (LM) and a consultant that worked with women who are homeless in a  
1424 psychologically informed service (MC). The researcher made links with hostels and services  
1425 within Liverpool to gain a more comprehensive understanding of homeless service providers  
1426 in Liverpool.

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## Results

1434

Five themes were identified from the analysis. Four themes had two subthemes associated, and one theme, ‘a woman’s shame,’ had no subthemes associated. These themes are presented in Table 1.

1436

1437

**Table 1 –Themes and Subthemes**

Themes	Sub-themes
1. <i>Surviving Homelessness</i>	Finding places to stay
	Grafting
2. <i>A Woman’s Need to Hide</i>	Living in fear
	The chaos
3. <i>Past Trauma</i>	Gender-based Violence
	Mental Health
4. <i>A Woman’s Shame</i>	
5. <i>Services</i>	Accessing services
	What needs to change?

1438

### ***Theme 1. Surviving homelessness “the noises of the rats were horrific”***

1439

Every co-researcher described ways in which they survived homelessness. This included finding places to stay, the conditions of places they could stay, what they needed to do to have access to money, and how they survived on the street.

1441

1442 **Subtheme 1: Finding places to stay**

1443 All the co-researchers described their struggles finding somewhere to stay and spoke  
1444 about where they slept in Liverpool. These often involved finding places to hide, and the co-  
1445 researchers all described finding these places alone and staying alone. Charlotte took three  
1446 pictures (displayed below) of the places she used to go: *“and that me favourite haunt where I*  
1447 *used to sleep all the time. It’s like a dominos, with the cardboard. you see someone’s been*  
1448 *there after... It's keeps you warm, but I used to barricade it up...the noises of the rats were*  
1449 *horrific, and I was terrified of them. That why I used to have cardboard at the front.”*  
1450



1451 *“And if I was lucky, I’d*  
1452 *have a tent but not very*  
1453 *often I had a tent because*  
1454 *you got to carry it all. I got*  
1455 *it donated yeah, but it’s*  
1456 *hard to keep hold of*  
1457 *because you’ve got to move*  
1458 *it everywhere. Yeah. And*  
1459 *you end up leaving it up or*



1460 *leaving it somewhere to go back and pick it up later...God people would just slap them. Just*  
1461 *selfish.”*

1462  
1463  
1464 *“That was a picture of the*  
1465 *car park because we used*  
1466 *to up on to steps and sleep*  
1467 *there.”*



1470  
1471 All the co-researchers described a routine of where they would go to find places to  
1472 stay. Anne took a picture of the local pub (displayed below) where she used to go to rest:  
1473 *“You have your ways that you go. So I would go that way. Yeah, always that like because*  
1474 *there was always people there. So you go where you know, you’re gonna see people or if you*  
1475 *want to avoid them, it’s kind of like, you have like... habit.... Yeah... or if I was looking for*

1476 *someone if it was like it was it's*  
1477 *just the way. It's terrible. I used*  
1478 *to sit there. Oh, if I wanted to*  
1479 *just see because I wasn't barred*  
1480 *or banned from anywhere. I used*  
1481 *to sit in there. I'd go in and I'd sit*  
1482 *in one of the booths. And I had*  
1483 *the money to buy a drink but sit*



1484 *there and just literally for hours. Yeah, I'd sleep there as well. But not sleep like I'd sleep like*  
1485 *this. I wouldn't sleep like that, but because a lot of them were barred because they used to*  
1486 *walk through Wetherspools and pick up people's drinks or bags. Yeah, so they pick up bags.*  
1487 *drinks or anything or and specially food if there was food leftover people eat the foods, but I*  
1488 *didn't do that. So yeah, but that's the Wetherspools where I would always stay in the booths.”*

1489 Another co-researcher, Betty, took a picture of some of the types of benches and  
1490 phone boxes she used to sleep on/or in and described how this felt. These are shown below.

1491 *“Yeah. Like, see the sick on the floor? They were Yeah, yeah. And like, that's what, that's*  
1492 *what you'd sleep on. I've slept on benches*  
1493 *like that many times... In the freezing cold.*  
1494 *You know, and that's what you've got to*  
1495 *like, degrade yourself to”*



1496  
1497





1498  
“Yeah. And I've also stayed in a phone box as well. Yeah. On me own as well for shelter. Cos they used to have the doors on as well.” –

1507

1508 Shannon also described having a routine of places where she used to go to find a place

1509 to stay: “Yeah and that's  
1510 where I slept with our [dog  
1511 name]. Just in the doorway.

1512 Just cuddle up with, or  
1513 whatever. And then down  
1514 the beach or in the park.

1515 Not all the time. That's why

1516 I used to drink because it

1517 used to make me sleepy. And put her lead on. And I'd put it through my hand and wrap it

1518 around. Yeah, so she can't go anywhere.”



1519 **Subtheme 2: Grafting**

1520 Three of the co-researchers described shoplifting and sex work to make money to be  
1521 able to have access to food. Charlotte took some pictures of the shop and street where she  
1522 used to work. These are displayed below. *“I think I would be working, getting calls and a bit  
1523 of money then go back to the doorway have a smoke and then walk back, normally used to get  
1524 there about six, seven to get your head down for a couple of hours before the shops opened  
1525 and then goes there, then they  
1526 move you on do you know what I  
1527 mean.”*

1528 *“And these are the shops where I  
1529 used to shoplift yeah and I was  
1530 already scared looking behind  
1531 me shoulder in case the police  
1532 grabbed me always on edge*



1533 *because I was homeless, so I wasn't very presentable to go in the shops to start with, was  
1534 hard to keep yourself clean. That was in [shop] and again I'd always stick me head to check.  
1535 That used to be my favourite shop at 8 o'clock... but it was constantly shoplifting trying to  
1536 make money means to get out and get money and just surviving every day.”*

1537 Two of the co-researchers also described using the money and drugs gained to enter  
1538 houses to sleep: *“well I used to be allowed in people's houses when I had money you know  
1539 just for a little bit... get on the sofa for a couple of hours but once the drugs were gone, you  
1540 were gone”*. Betty described *“I've sofa surfed when you go from house to house to house, and  
1541 you're having to go out shoplifting for like an entrance fee because all they're bothered with  
1542 was drugs, they're not bothered about you.”*

1543 Charlotte shared a picture of where she used to sex work. She described  
1544 feelings of desperation and that she felt like she had no other choice. Charlotte also  
1545 highlighted the effect of this on her mental wellbeing. *“Girls sometimes go out in twos so*

1546 *they can see who’s getting*  
1547 *picked up so they can see what*  
1548 *cars... I didn’t care. I thought*  
1549 *if anything did happen it'd be a*  
1550 *bonus. I was so down... then, I*  
1551 *got too bad I couldn’t go there*  
1552 *because i looked too rough you*  
1553 *know what I mean we've been*



1554 *on the streets really, going not getting picked up because I was unkempt, well people are not*  
1555 *going to want to pick you up are they.”*

1556 **Theme 2. A Woman’s Need to Hide** *“I shut the door had the vodka had me dog and if I*  
1557 *wanted a wee I would wee in the sink because I was too frightened to go out.”*

1558 All the co-researchers described being in dangerous situations and feeling unsafe due  
1559 to their disadvantage, the inequality, and the abuse they experienced as a woman. Many  
1560 shared feeling like they had limited options.

1561 **Subtheme 1: Living in fear**

1562 Co-researchers described the need to move frequently and go to places they knew  
1563 well. Shannon reported walking along the same streets *“well, I wasn't on the streets, as long*



1564 *as some people, I have been quite lucky really, but it was really scary. I used to speak to*  
1565 *other people, but I*  
1566 *never really got*  
1567 *friendly with them.*

1568 *Because I've never*  
1569 *been on the street*  
1570 *before and I was a bit*  
1571 *weary of*  
1572 *them...Because I was*



1573 *embarrassed in case anybody seen me who I knew, see me sitting you know, on, on floor. And*  
1574 *so, I used to keep moving as much as I could. People see us walking past back again. Must*  
1575 *have thought she's loopy her. It was scary though. It was horrible. I know it's horrible out*  
1576 *there for the woman if they're on the street”.*

1577       All of the co-researchers described having their belongings stolen, feeling powerless  
1578 in these situations and wanting to hide. Anne explained, “*I got robbed, everything. I mean*  
1579 *literally you just take everything cos they go on and on. Can I have? Can I have? And so, the*  
1580 *second day I went in they had taken everything I had left and so I just came back with small*  
1581 *bags of things. Because they literally stole everything. I shut the door, had the vodka, had me*  
1582 *dog, and if I wanted a wee I would wee in the sink because I was too frightened to go out.”*

1583           Some co-researchers described trying to stay in people’s houses to get off the streets,  
1584 as this was deemed safer from abuse on the streets. However, staying in these houses came  
1585 with their own dangers. Betty explained: *“you just know there's taking the piss out of you. But*  
1586 *you want to be in a house where you feel safe and, and you're looking at them... and mixing*  
1587 *with dealers, fucking*  
1588 *madness, put my life in*  
1589 *danger basically. Not*  
1590 *realizing it.”* She  
1591 described trying to stay  
1592 awake during the night to  
1593 walk, as it was safer to  
1594 sleep in the day. *“And*  
1595 *that one though, lying on*  
1596 *the bench watching people go by. Because sometimes used to be awake at night and sleep all*  
1597 *day because you felt safer as well. I've had a lot of people say that as well. And I've been*  
1598 *there. I've been so tired. Yeah. And you just fall asleep. And it's warmer during the day as*  
1599 *well.”*



1600           Alex described threats to her life from other people within her short-term tenancy: *“I*  
1601 *was basically kind of put here because there was nowhere else for my needs. So, it's one of*  
1602 *them where I kind of I shouldn't be here. Because there's nowhere else, I have to be here now.*  
1603 *I've kind of been put with these kinds of people. And I've had threats to my life and my dog's*  
1604 *life”*. In her previous short-term tenancy, she also described that she was placed in a disabled  
1605 toilet, as she felt like she couldn’t stay in a room with strangers in a mixed hostel due to her  
1606 past trauma. She described barricading herself *“in a disabled toilet because they had nowhere*  
1607 *to put me, so that was an experience, and I was shitting myself because there were people*

1608 *everywhere, yeah and because there was no way you're gonna put me in a room in a big*  
1609 *room with loads of people and the only reason they didn't do that was because of the dog and*  
1610 *not because it was kind of impact me even though it would with all the crap that I've been*  
1611 *through."*

1612 While Diane described being assaulted in a previous placement, which led to her  
1613 being moved to her current placement: *"Same type of place here except its men and women,*  
1614 *and I was sexually assaulted. And I was moved out of there."*

### 1615 **Subtheme 2: The Chaos**

1616 All the co-researchers described the chaos and the unpredictable nature of the  
1617 environments of some of the homelessness services they stayed in. How they affected their  
1618 ability to exit homelessness, and how these environments affected their mental health.

1619 Charlotte described one homelessness service: *"I went for a little spell in there, but it's just*

1620 *as chaotic as on the*

1621 *street, around the*

1622 *backyard. So, I*

1623 *didn't stay in there*

1624 *long, but it was just*

1625 *as chaotic. The*

1626 *druggies and the*

1627 *people that were*

1628 *staying there and*

1629 *everyone leaching*



1630 *everyone leeching on people that was making money, do you know what I mean? I got worse*

1631 *because I went there after I got out of style once, out of jail."*

1632 Anne took a  
1633 picture of where others  
1634 used to gain access to the  
1635 accommodation: “where  
1636 everyone used to climb  
1637 over. That's where we  
1638 used to climb in through  
1639 the windows and get back  
1640 in. And that's where I



1641 went back in after I got asked to leave. I went back into it for a couple of nights. So that's, I  
1642 think that's the back of the hostel. So, we'd literally run that, pull the bins over, and climb  
1643 over and get in through them.... That's it, the bottom of the bottom window, was like so  
1644 everyone climbed in through there.” She further described her experience of staying in a  
1645 room within this service as: “Knock knock knock on the door. Knock knock knock on the  
1646 door. Have you got a lighter? Have you got a tissue? Have you got this? Everything, they  
1647 were just knock knock knock on the door. And in the end I used to go into [my friend's room]  
1648 and lie on [his] bed with the quilt on top of my head and [my friend] would just be in the  
1649 middle of the floor with everyone taking drugs. “

1650 Alex described similar experiences in her homelessness service and explained that it  
1651 affected her mental health. “Windows left open all hours of the night. Stuff people drinking,  
1652 having parties, men coming in staying over, people's kids coming in...when they're not  
1653 allowed to do that at. All bottles left on the stairs. Drugs, everything and for somebody who  
1654 doesn't use, I don't like drink or whatever or do drugs, nothing. Being around that and  
1655 people who were people's boyfriends, who are kind selling drugs and stuff like that. I've been  
1656 offered drugs here. I've had people knocking on me door, outside my door, men”.

1657 Betty described the personalities of the different individuals staying within homeless  
1658 services as challenging and adding to the unpredictability of the environment and how it  
1659 affected her ability to access support for her addiction: *“yeah one person that’s all it takes.  
1660 And the house just goes crazy. Yeah. And at one point, there’s like four addicts in here. And  
1661 we were just up to like, we were just up to all sorts... someone knocks on your door who’s got  
1662 money to score, or I’ve got drugs here and it’s just the temptation because you seen it right  
1663 there. You know you’re not getting the help that you need. And yeah, it’s just chaotic. Yeah,  
1664 and I know, people who are in there at the moment. Yeah. And they’re all up to madness. So,  
1665 it’s like, everyone knows each other’s payday. And some people got bullied, you know? So,  
1666 you’ve got to put like, it’s called a jail head. You’ve got to put this persona on, like, you won’t  
1667 take no shit. And, yeah, because as soon as you let someone in, your vulnerability comes out  
1668 to the sharks.”*

1669 **Theme 3. Trauma** *“why do you got a broken nose again?”*

1670 All of the co-researchers described significant trauma prior to becoming homeless  
1671 including childhood sexual abuse, gender-based violence, and significant bereavements.

1672 **Subtheme1: Gender-Based violence**

1673 All of the co-researchers described significant trauma prior to becoming homeless,  
1674 with five sharing experiences of gender-based violence. Anne shared some of her experiences  
1675 of childhood sexual abuse and domestic violence and the effect this had on her mental health  
1676 and how this led to her experience of homelessness. *“I was like sexually abused. So, it’s kind  
1677 of like, no one was ever going to be near my children and my children were gonna be  
1678 everything that I wasn’t. Yeah, it kind of worked. But also, I was like pretty obsessed. And  
1679 then when they went yeah, that was okay and stuff. But I was completely lost.”* She shared that  
1680 this experience and her mental health meant that: *“I yearn to return to the streets. I yearn to  
1681 not care. I want that feeling back again.”*



1682 Anne took a picture  
1683 of where she met a  
1684 previous partner.  
1685 Shared here. And  
1686 explained: *“But I’d*  
1687 *wake up and he’d be*  
1688 *doing things to me. It*  
1689 *was like, it was sick*  
1690 *stuff do you know*



1691 *what I mean? He knew like at the time, it was like, do you know, like it wasn't get off now. I*  
1692 *think of it. I have flashbacks. I think of it. I think, and I think it reminds me of what happened*  
1693 *when I was younger. So, half of me wishes that the man that did all the horrible things had*  
1694 *actually killed me. So, this is the problem. It sounds like, I talk about it so calmly. Anne*  
1695 *describes going to hospital. “I went there because I thought I had broken my cheek. I had my*  
1696 *nose broken three places. do you know what I mean? It's like, why do you got a broken nose*  
1697 *again? Uh, well, I fell out of bed. Why did you fall out of bed? Because someone was hitting*  
1698 *me. You know? I wouldn't have broken me nose you know, if you hadn't gone, wow, across*  
1699 *the room. Anne is now receiving mental health support from services but has only recently*  
1700 *felt able to share her experiences.*

1701 Betty also shared her experiences of abuse and mental health challenges. *“Around 11,*  
1702 *started self-harm, Tried suicide. Well, things happened. I was abused. Yeah. And then I was*  
1703 *abused. When I was 13. My virginity was taken away from me. And I got pregnant. So, I had*  
1704 *to go for an abortion at 13. I don't think I ever got over that. Betty described limited support*  
1705 *available at this time:” It was just a quick rush into a private abortion clinic. Quick abortion*  
1706 *done. And it was never to be spoken of.”*

1707 Diane also shared experiences of domestic abuse and how social services had to  
1708 remove her from her domestic living situation and that this led to a series of short-term  
1709 accommodation tenancies. *“He used to be very forceful.... If he screwed up, it would*  
1710 *instantly be your fault. Right? He started messing with my mental, my mental what’s it called,*  
1711 *health. Social services got involved. Next time when he left for work because he worked*  
1712 *nights at the time, I packed up my stuff. Social worker came to pick me up.”*

1713 Alex described significant trauma received by a previous partner and family member,  
1714 which led to her current placement within a homelessness service. *“I have a brain injury...I*  
1715 *had to leave my kind of family home, due to an abusive [situation]. I’ve got like an older*  
1716 *brother who’s like abusive. So, I had to leave that because it was getting to the stage where it*  
1717 *was like, erm dangerous.”*

## 1718 **Subtheme 2: Mental health**

1719 Five of the co-researchers explained that they had mental health challenges due to  
1720 their past trauma and traumatic experiences while being homeless. Charlotte shared: *“just*  
1721 *remember when you’re on the streets and you got to walk about 24/7. And you not getting no*  
1722 *sleep your head starts playing tricks on ya, do you know what I mean? Your memory and*  
1723 *hallucinations... when you lost in the madness... my soul was dead at that point.”*

1724 Betty described having unmet mental health needs that led to her addiction *“But I’ve*  
1725 *also got mental health issues as well. Which don’t get dealt with. I’ve got ADHD. People*  
1726 *think I might be autistic as well. Yeah. Hence why they think, I’ve self-medicated over the*  
1727 *years on drugs. It’s like that vicious circle. If you’ve dealt with people with mental health.*  
1728 *Yeah. I don’t think there’d be as many addicts.”*

1729 Alex described the challenges of dealing with her past trauma while living within an  
1730 unpredictable environment, which led to further trauma and mental health challenges. *“It’s*  
1731 *just, yeah, a lot. It gets, it’s like, it gets to you kind of thing. Because [it’s] overwhelming to*

1732 *deal with that. And then it's, like, the head injury as well. Then here, the abuse from here and*  
1733 *the trauma from that."*

1734 **Theme 4. A Woman's Shame:** *"My children don't know the depths of where I went."*

1735 All co-researchers discussed the shame, embarrassment, and stigma they have felt and  
1736 experienced. Anne shared that she feels she can't communicate with her loved ones about her  
1737 experiences,

1738 particularly her

1739 children. This is a

1740 picture of a hotel that

1741 she used to stay in

1742 during her homeless

1743 experience. *"Hotels*

1744 *and hostels and hotels*

1745 *and hostel, it was*

1746 *more the fact of it was*



1747 *like, I could escape there kind of thing. And it was warm, and it was a toilet. It was just so...*

1748 *My children don't know the depths of where I went. No, no, they know something happened."*



1749 Betty shared the stigma and shame she experienced and took a picture of the prom to  
1750 show this. *“And people just walked past you and stare at you. Yeah. Like in disgust or pity....*

1751 *You just walk along the prom, and you just feel like it’s going on forever, like when you’re*  
1752 *gonna get help.*

1753 *You feel*

1754 *desperate,*

1755 *degraded. You*

1756 *walk along with*

1757 *trampy clothes*

1758 *on. You haven’t*

1759 *had a bath or*

1760 *shower, you*

1761 *know, and*



1762 *again, it's just the way people look at you there too quick to judge people.”*

1763 Betty also explained the stigma she has received from services. *“You go to the*

1764 *hospital and say hep c positive, like, some nurses will be like, and... the whispering and all*

1765 *that is, you know, you're on methadone...in the police station, you're like degraded in*

1766 *hospital, you feel degraded. You know when you're on the street, you feel degraded, even as*

1767 *an addict now. I've had all my bloody teeth taken out, and I didn't go back to the*

1768 *appointment, did I, you know, during covid, so I'm walking around with no teeth. And like,*

1769 *even though sometimes you walk well and that, as soon as people recognise your teeth, you*

1770 *see like the facial expressions change. And like you can tell the way they judge you then.”*

1771 Betty shared that these experiences, specifically the loss of her children, have led to

1772 feelings of guilt and shame. *“And you just get riddled with guilt. Then you use on guilt. Yeah,*

1773 *it's horrible. And again, it's that vicious circle. You've got low self-esteem, you don't want to*  
1774 *get help, you don't feel like you deserve help."*

1775 Shannon explained the challenges of trying to keep clean and use the toilet. "*The*  
1776 *horribliest part was because there's no public toilets anymore. When you're on the street, and*  
1777 *it's so degrading. It was horrible. It was it was harrowing. I was so embarrassed and*  
1778 *ashamed. It was horrible. I used to just wash my face in the toilet and do what I could. You*  
1779 *begin to lose a piece of yourself, and it's horrible. You've got to be harsh and harder. And I'm*  
1780 *not like."*

1781 **Theme 5. Services** "*being able to trust them*".

1782 Co-researchers all described difficulty accessing services and offered suggestions on  
1783 what they think can be done to improve services for women.

1784 **Subtheme 1: Access to services**

1785 All the co-researchers described challenges in accessing services. Charlotte reported

1786 the challenge in  
1787 accessing help  
1788 for her addiction.  
1789 "*If you weren't*  
1790 *on time, you'd*  
1791 *missed your*  
1792 *script. That was*  
1793 *it. You were out*  
1794 *of script, which*  
1795 *was a big*



1796 *hindrance on me because I was chaotic at that time in me life."*

1797 Other co-researchers described going to Accident and Emergency centres frequently  
1798 but being discharged to no fixed abode. Anne explained: *“I used to go in all the time when I*  
1799 *couldn't get the vodka down... I just felt cared for. Yeah, cared for.... I said about me going*  
1800 *to the hospital, and then me just literally being like that was it like bye. And no one followed*  
1801 *up on anything about it or anything.... And no, I'm not special or anything, but I was in that*  
1802 *hospital. How many... so I was in the hospital about eight or nine times. And then*  
1803 *discharged, [to] no fixed abode, and also, they look up my mom's address, see there off [to]*  
1804 *mom's address and they just think that I've got that to go to...they don't check. When you're*  
1805 *in my sort [of] situations, you just [go] as soon as you feel better, you stand up and walk out*  
1806 *the hospital, literally go, I'm fine.”*

1807 Betty described struggling to access support for her mental health and then struggling  
1808 to maintain contact with services while homeless. *“The Mental Health, the Mental Health*  
1809 *Service [in place] is crap. I've been waiting since 2017. Honest to God, and because I was on*  
1810 *the streets and they were trying to get in touch with me, and obviously, I had no contact*  
1811 *number. And then you go back on a waiting list. Yeah. You know, and, and again, you can go*  
1812 *on a waiting list and give them your first mobile number, but when you fucking on homeless*  
1813 *and you've got no access to no phone or no number. Exactly. So you're lost in this system.*  
1814 *Yeah. Yeah. And everything's a wait, a wait, a wait. You gotta have a lot of patience. Because*  
1815 *a lot of addicts go, do know what, fuck this? I'll go and stay at blah blahs. Yeah, I'm not*  
1816 *fucking paying this rent. Yeah, you have that attitude. “*

1817 Alex also described difficulties in accessing support to secure housing due to the  
1818 paperwork and liaison needed between services. *“It's just a nightmare as well. And there are*  
1819 *just loads of people when it's like if you don't hit the certain needs of the banding, then you*  
1820 *kind of stay one, and it's like, you don't progress. So I'm having to chase up everyone to say*  
1821 *the doctor stuff, whatever. I've had a letter from you, know what you said you were studying.*

1822 *I've had a letter from my one of them to say to say kind of what's been going on. And then I*  
1823 *was told that that would get me out of it. Still hasn't. I've got everything I need. I'm literally*  
1824 *like, just waiting for everyone else to do stuff, but that's...but you can't, I can't progress."*

## 1825 **Subtheme 2: What needs to change?**

1826 All co-researchers offered suggestions on how services could be changed. Co-  
1827 researchers found that patience and trust were important aspects that were missed in their  
1828 experiences. Charlotte reported, *"But then it's getting the trust....to them do you know what I*  
1829 *mean... just listen to you a bit more."* This was shared with other co-researchers; Betty  
1830 described *"being able to trust them. Yeah. Without like trust, social service, getting*  
1831 *involved."*

1832 Anne described the benefit of speaking openly about her experiences. She wondered  
1833 if having a keyworker or someone to offer different options of support to women  
1834 experiencing homelessness would be beneficial. *"When you're in the zone in the addiction,*  
1835 *you don't care about anything, but it would have been nice to be given a number [in the]*  
1836 *hostel or so when I was in the hostel, not one person asked if I was ok, not one member of*  
1837 *staff. So maybe if someone would've come and spoke to me in the hostel. And give me another*  
1838 *option."*

1839 Betty also shared the idea of having more professionals to speak with *"just kind of*  
1840 *[having] a friend just having like, you know, this like buddy things? Yeah, it was just maybe*  
1841 *someone who would say you know what, I'm here to talk to."* She also shared the importance  
1842 of having access to the right support: *"And then, yet, so it's hard even [to] think this was the*  
1843 *thing that is one of my main issues with my mental health, because I honestly think if I was on*  
1844 *the right meds, and I got the right help at the beginning."* And that there should be flexibility  
1845 within services to support access to appointments. *"If you're an addict? Make sure you're up*  
1846 *to date with the appointments with the drugs services if you're trying to do stuff".* Diane also

1847 wanted more access to staff to discuss her accommodation and health requirements: “*to be*  
1848 *here full time during the week. We need to have actual meetings.*”

1849 Alex shared that services should have specific support for specific needs “*Like*  
1850 *everything. I don't think it should be allowed to be where I am. Put in a category for mental*  
1851 *health, as well for me being here. Day in and day out, oh, you're part of them, I'm fucking*  
1852 *not. Do you know what I mean? I'm not. I've got nothing. I've got nothing against them...like*  
1853 *[they're] not well themselves and stuff like that.*”

## 1854 **Discussion**

1855 This study provides a unique exploration of women's experiences of homelessness in  
1856 Liverpool using photo-elicitation to understand women's experiences, attempting to  
1857 understand what needs to change to improve services for women. The findings from this  
1858 study were consistent with results from similar research projects highlighting the trauma, fear  
1859 and isolation experienced by women who are homeless.

1860 Co-researchers shared routines and habits of where they used to go to find shelter—  
1861 sharing that they often did this alone and hidden away from the public. This supports  
1862 previous research on women as an invisible population (Bretherton & Pleace, 2018).  
1863 Research has indicated that women are less likely to go to homelessness services (such as  
1864 shelters and hostels) and more likely to rely on social support networks such as sofa surfing,  
1865 staying with family or friends, or renting hotels and hostels (Bretherton, 2017).

1866 Co-researchers all shared extensive experiences of trauma, specifically gender-based  
1867 violence before becoming homeless, and undiagnosed mental health needs affecting  
1868 opportunities to access support for their difficulties. Previous research has highlighted that  
1869 many homeless women report violence and abuse, including childhood sexual abuse (Mayock  
1870 & Bretherton, 2016; Mayock et al., 2015; Reeve, 2018). Women are often victims or  
1871 survivors of gender-based violence, abuse, and exploitation on the street or within homeless

1872 services dominated by men (May et al., 2007; Mayock & Bretherton, 2016; Radley et al.,  
1873 2006; Smith, 1999). Co-researchers expressed increased experiences of fear and safety  
1874 relating to their homeless situations, whether in a homeless service or on the streets. This  
1875 study further supports that women who have experienced homelessness have historical  
1876 trauma, as well as trauma associated with their homelessness experience. It is, therefore,  
1877 crucial to understand these experiences, which are commonly rooted in male aggression and  
1878 gender inequality. Consequently, it is no surprise that women who experience homelessness  
1879 are in constant fear and often avoid public spaces and look to hide—ultimately highlighting  
1880 the gendered experience of homelessness and inequality within services.

### 1881 **Trauma and Homelessness: A Vicious Cycle?**

1882         Previous research has highlighted the impact of trauma on individuals' well-being,  
1883 mental health, and lives (Duncan et al., 2019; Goodman et al., 1991). It is recognised that  
1884 people who experience homelessness are likely to have experienced some form of trauma,  
1885 often in childhood (Sundin & Baguley, 2015). This study also indicates the stigma and shame  
1886 experienced, particularly guilt and shame about the co-researchers children and their ability  
1887 to parent. Co-researchers also described traumatic experiences happening during their time  
1888 being homeless. For example, co-researchers described being assaulted, and many felt  
1889 powerless and left with limited support options, e.g., being placed within services unable to  
1890 meet their needs (Everitt, 2021). Previously in this chapter, it was recognised that the  
1891 homeless population usually have a significant increase in the number of ACEs experienced,  
1892 which can have long-term health consequences (Asmussen & McBride, 2021). Existing  
1893 research has shown how trauma can be life-altering for people and that trauma symptoms  
1894 often continue into adulthood. The co-researchers described specific experiences of male  
1895 aggression, gender-based violence, and previous traumatic experiences.

1896            This study highlights the extensive trauma experienced by co-researchers and how  
1897 these experiences, alongside their unmet mental health needs and experiences of  
1898 homelessness, significantly affected their ability to seek support and access services. Co-  
1899 researchers often spoke about trying to survive, living in fear, and staying isolated to keep  
1900 themselves safe. Co-researchers also described that even if they could access services, these  
1901 were often chaotic, sometimes re-traumatising and described these as barriers to exiting  
1902 homelessness.

1903            A vicious cycle was highlighted with many of the co-researchers describing past  
1904 trauma often leading to homelessness, homelessness leading to living with their unmet mental  
1905 health needs, the fear and threats to their safety while homeless alongside the shame and  
1906 stigma experienced, which all affected their ability to access services and that more  
1907 importantly services often could not meet their needs. Below is a diagram describing this  
1908 process.

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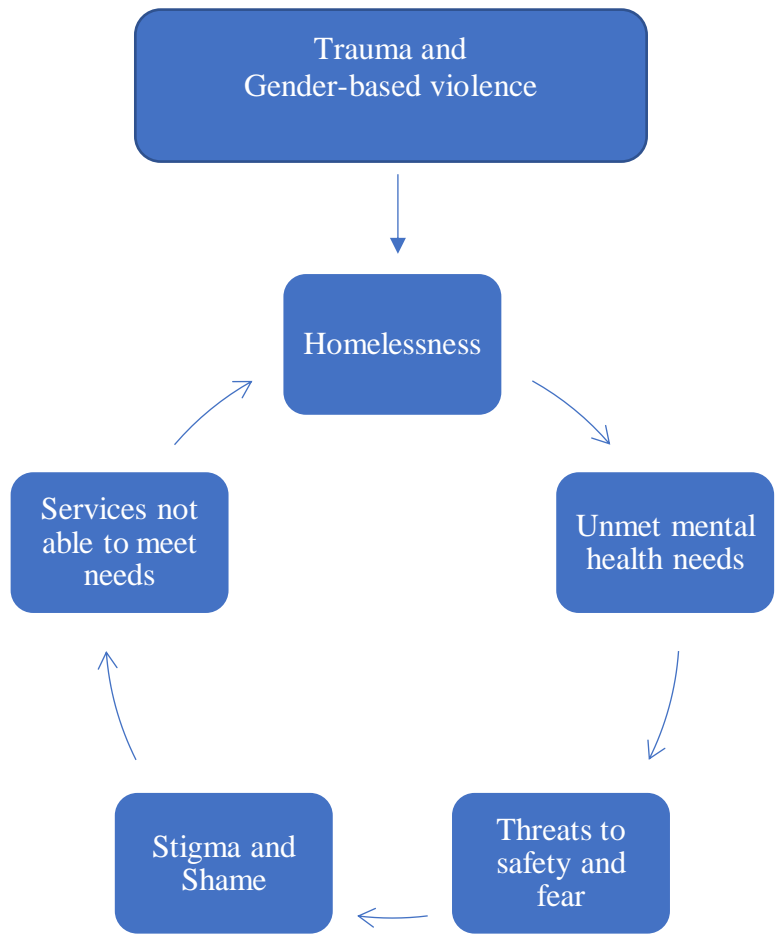


Diagram 2: A vicious cycle of trauma and homelessness

This study emphasises that the trauma experienced within the homeless population is often complex, and homelessness experiences often reinforce the relationship between trauma and homelessness.

### **Clinical Implications: Gender-Specific Trauma-Informed Care**

This study has several implications for clinical practice. Previous research has indicated a necessity of increased support regarding building trust with services, connection to communities and access to support for their mental and physical well-being, as well as housing support (Johnson et al., 2012). Co-researchers described a lack of gender-specific support within the services they have accessed.



1945            This study highlights the importance of clinicians understanding and being aware of  
1946 trauma. This includes homelessness services incorporating an understanding of trauma in  
1947 their work, specifically gender-based violence and the impact of male aggression and gender  
1948 inequality. This means that the services and their staff should be aware of various trauma  
1949 symptoms and behaviours associated with trauma and experiences of homelessness and  
1950 therefore make adaptations for these traumatic experiences. This should include staff training  
1951 and wider organisational structures specific to the disadvantages, inequalities, and gender-  
1952 specific trauma. For instance, providing screenings for traumatic histories and allowing time,  
1953 patience and flexibility while trying to understand these experiences. This also highlights the  
1954 importance of services providing care and assistance to its staff. Working with complex  
1955 trauma and homelessness can be challenging. Co-researchers described the need to build  
1956 trust, so organisations need to give staff permission to develop this while maintaining their  
1957 own well-being.

1958            Fear and safety were common experiences among co-researchers. Services and  
1959 clinicians should make this a key part of relationship building. Co-researchers described  
1960 some services as chaotic and unsafe, and this, paired with their previous trauma's meant that  
1961 women experiencing homelessness often feel unsafe. Services and clinicians need to build  
1962 relationships and environments that allow for emotional and physical safety. Clinicians and  
1963 services must be aware of organisational structures that can feel re-traumatising and work  
1964 with women to dismantle these.

1965            With this in mind, it could be argued that there is a necessity to have more gender-  
1966 specific services incorporating female-trauma-specific provisions that allow for safe  
1967 emotional and physical spaces to be developed. These services should be small and have a  
1968 large pools of staff to support women, with the option for women to have women-only  
1969 support. Women should have access to women-only bathrooms and have access to women-

1970 only safe sections. Research has highlighted that trauma survivors often need to rebuild  
1971 elements of control within their lives (Gwadz et al., 2007). Co-researchers described feeling  
1972 desperate with limited options for support or help. Therefore, clinicians and services should  
1973 remain flexible by offering different options and choices for women. Services and clinicians  
1974 should act with predictability to allow women to rebuild a sense of trust within services. This  
1975 should include offering women involvement in the design and evaluation of services.

1976 Finally, clinicians should aim for connection and relationship building. Co-  
1977 researchers described the desire for services to have more support and access to staff with  
1978 training to support them in making informed decisions about their care and exiting  
1979 homelessness. Co-researchers described having regular meetings with professionals and  
1980 being offered a keyworker or ‘buddy’ to meet with, whom they can speak and who can  
1981 provide options for exiting homelessness.

## 1982 **Multilevel Interventions and the Role of Clinical Psychology**

1983 This study has highlighted that homelessness is a complex challenge for women and  
1984 communities and that these challenges are multifactorial and multilayered. Some co-  
1985 researchers highlighted personal vulnerabilities such as unmet neurodiversity challenges,  
1986 predisposition to mental health challenges, and developmental trauma. The PESM model  
1987 (Reeb & Folger, 2013) displays how these personal vulnerabilities interact with external  
1988 environmental factors within each ecological system. This model shows the multilevel  
1989 breakdown that has impacted women experiencing homelessness. It discusses the risks and  
1990 resources experienced in an individual’s microsystem and exosystems alongside the  
1991 challenges that austerity, sociopolitical movements, cultural beliefs, societal stigma, and  
1992 economic demands have had on providing and accessing resources.

1993 When considering women's homelessness and the PESM, it could be argued that it is  
1994 necessary to provide a multilevel intervention that supports the internal and individual

1995 challenges and the external ecological factors. Chapter One highlighted that many women  
1996 who have experienced homelessness require more than just a place to stay but also need  
1997 community, peer support and health and social services for the placement to be successful. It  
1998 is therefore suggested that multi-disciplinary interventions, projects, and research are  
1999 recommended. Participatory community action research (PCAR) has often been suggested for  
2000 complex challenges involving marginalised populations (Minkler & Wallerstein, 2003).  
2001 PCAR projects focus on communities and require all stakeholders (e.g., local government,  
2002 commissioners, local NHS services, third sector organisations) to be involved in devising and  
2003 actioning change.

2004           Clinical psychology has many strengths in understanding complex and chronic  
2005 challenges and supporting systems (e.g., communities, organisations, and services) in  
2006 intervening and managing these. Clinical psychologists can formulate and intervene at  
2007 multiple levels by effectively communicating complex information to various audiences.  
2008 Clinical psychologists can share information, devise evidence-based interventions, and raise  
2009 awareness of relevant legislation around health, government policies, and social care  
2010 partnerships (Maguire, 2015). Therefore, clinical psychologists should be at the forefront of  
2011 addressing social exclusion and health inequalities and arguably have the skills to support and  
2012 lead multilevel interventions within local communities such as PCAR.

### 2013 **What Can Governments Do?**

2014           More is needed to support services in developing these gender-specific provisions.  
2015 Multi-agency approaches could be vital in helping the safeguarding of women and ensuring  
2016 no gaps in support.

2017           Specific gender-aware policies within services could be practical components of  
2018 increasing effective support (Solace et al., 2022). With this in mind, local authorities and  
2019 governments should ensure that gender and homelessness are kept on the agenda and that

2020 legislation is being reviewed and provided in collaboration with third-sector organisations to  
2021 ensure that effective support is offered to women who experience homelessness.

## 2022 **Strengths and limitations**

2023           This study provides rich, detailed considerations of challenges faced by women  
2024 experiencing homelessness and what adaptations could be made to services and policy. There  
2025 are various methodological limitations that should be considered. Whilst this study does not  
2026 give generalisability, it does provide a rich understanding and in-depth exploration of the lived  
2027 experience of women experiencing homelessness, a known marginalised population and  
2028 difficult population to reach within research.

2029           This study acknowledges participants as co-researchers, which aids in disrupting the  
2030 power dynamics within traditional forms of research. However, while this allows co-  
2031 researchers to develop skills and move away from researcher and researched, it did offer  
2032 dilemmas for the researcher to consider. For instance, it provided some timidity when  
2033 evaluating and interpreting findings. The researcher noticed that due to co-researchers being  
2034 involved in the data analysis, there was a tendency to limit the depth of the analysis, and the  
2035 researcher limited their interpretations of the data.

2036           Previous research acknowledges the significant amount of trauma experienced by  
2037 women who have experienced homelessness. Therefore, inclusion in this study inherently  
2038 implied some ethical dilemmas. This research excluded co-researchers who had ongoing  
2039 significant mental health challenges. In this case, co-researcher safety was prioritised, and the  
2040 researcher had multiple meetings with co-researchers to explain the study and potential risks  
2041 and offered a debriefing protocol.

2042           Research indicates that family rejection, abuse or being asked to leave home is a cause  
2043 of homelessness in the LBGT population (Ecker et al., 2019). Co-researchers in this project  
2044 were cis-gendered women; therefore, it did not consider the experiences of those who identify

2045 as transgender or non-binary. Thus, conducting further research to understand these  
2046 experiences would be beneficial.

### 2047 **Future research**

2048 This study has shown the power of implementing participatory methodologies in the  
2049 homeless population, specifically with women. It offers a deeper insight into their experiences,  
2050 the opportunity for engagement, and their unique perspective on what services can do to  
2051 support women's needs. Further research to expand on women's experiences of homelessness  
2052 is necessary to support the development of services and understand the interlink between past  
2053 trauma and the present trauma of homelessness. This study showed the breadth of services  
2054 wanting to engage in research, and more time should be spent on forging relationships between  
2055 commissioners, local authorities, and homelessness services to improve pathways for women.

### 2056 **Conclusion**

2057 The current study aimed to gain an in-depth understanding of women's experiences of  
2058 homelessness. Co-researchers took part in data collection, providing pictures of their  
2059 experiences, which later informed an interview. The analysis resulted in five themes: 'surviving  
2060 homelessness', 'a woman's need to hide', 'past trauma', 'a woman's shame', and 'services.  
2061 Results showed the complex intertwined experiences between trauma and homelessness from  
2062 a gendered experience. It highlights the inequality and disadvantage experienced by women  
2063 and offers recommendations for services and policymakers.

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2311 **Appendix A: Author Guidelines for the Journal of Community Psychology**

2312

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2331 The title page should contain:

- 2332 • (i) a short informative that contains the major key words. The title should not contain  
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- 2336 • (iv) the author's institutional affiliations at which the work was carried out;
- 2337 • (v) acknowledgments
- 2338 • (vi) three to four referees (see below).

2339 Authors will be required to include the names, institutions, e-mail addresses, and research  
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2342 made to obtain at least one referee from this list.

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2344 be supplied in a footnote.

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2346 **Authorship**

2347 Please refer to the journal's authorship policy the Editorial Policies and Ethical Considerations  
2348 section for details on eligibility for author listing.

2349 **Acknowledgments**

2350 Contributions from anyone who does not meet the criteria for authorship should be listed, with

2351 permission from the contributor, in an Acknowledgments section. Financial and material support  
2352 should also be mentioned. Thanks to anonymous reviewers are not appropriate.

2353 **Conflict of Interest Statement**

2354 You will be asked to provide a conflict of interest statement during the submission process. See  
2355 the section 'Conflict of Interest' in the Editorial Policies and Ethical Considerations section for  
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2357 agreement with the final statement.

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2366 figures), or with figures and tables provided as separate files. Should your manuscript reach  
2367 revision stage, figures and tables must be provided as separate files. The main manuscript file  
2368 can be submitted in Microsoft Word (.doc or .docx) format. As papers are double-blind peer  
2369 reviewed the main text file should not include any information that might identify the authors.

2370 Your main document file should include:

- 2371 • A short informative title containing the major key words. The title should not contain  
2372 abbreviations
- 2373 • Acknowledgments;
- 2374 • Abstract structured (aims/methods/results/conclusion)
- 2375 • Seven keywords;
- 2376 • Main body: formatted as introduction, materials & methods, results, discussion,  
2377 conclusion
- 2378 • References;
- 2379 • Tables (each table complete with title and footnotes);
- 2380 • Figures: Figure legends must be added beneath each individual image during upload  
2381 AND as a complete list in the text.

2382

2383 **Abstract**

2384 The Abstract should be divided into the following sections 'Aims', 'Methods, Results' and  
2385 'Conclusion'; it should not exceed 150 words for articles and brief reports.

2386 **Keywords**

2387 Please provide seven keywords. Keywords should be taken from those recommended by the US  
2388 National Library of Medicine's Medical Subject Headings (MeSH) browser list  
2389 at <https://www.nlm.nih.gov/mesh/>. REX will attempt to automatically extract keywords from the  
2390 manuscript.

2391 **Main text**

2392 As papers are double-blind peer reviewed the main text file should not include any information  
2393 that might identify the authors.

2394 The journal uses British/US spelling, however authors may submit using either option as spelling  
2395 of accepted papers is converted during the production process.

2396 Footnotes to the text are not allowed and any such material should be incorporated into the text  
2397 as parenthetical matter.

2398 **References**

2399 References should be prepared according to the *Publication Manual of the American*  
2400 *Psychological Association* (7th edition). This means in text citations should follow the author-date  
2401 method whereby the author's last name and the year of publication for the source should appear  
2402 in the text, for example, (Jones, 1998). The complete reference list should appear alphabetically  
2403 by name at the end of the paper.

2404  
2405 A sample of the most common entries in reference lists appears below. Please note that a DOI  
2406 should be provided for all references where available. For more information about APA  
2407 referencing style, please refer to the [APA FAQ](#). Please note that for journal articles, issue  
2408 numbers are not included unless each issue in the volume begins with page one.

2409 **Journal article**

2410 Beers, S. R. , & De Bellis, M. D. (2002). Neuropsychological function in children with  
2411 maltreatment-related posttraumatic stress disorder. *The American Journal of Psychiatry*, 159,  
2412 483–486. doi:10.1176/appi.ajp.159.3.483

2413 **Book**

2414 Bradley-Johnson, S. (1994). *Psychoeducational assessment of students who are visually*  
2415 *impaired or blind: Infancy through high school* (2nd ed.). Austin, TX: Pro-ed.

2416 **Internet Document**

2417 Norton, R. (2006, November 4). How to train a cat to operate a light switch [Video file]. Retrieved  
2418 from <http://www.youtube.com/watch?v=Vja83KLQXZs>

2419 **Endnotes**

2420 Endnotes should be placed as a list at the end of the paper only, not at the foot of each page.  
2421 They should be numbered in the list and referred to in the text with consecutive, superscript  
2422 Arabic numerals. Keep endnotes brief; they should contain only short comments tangential to the  
2423 main argument of the paper.

2424

2425 **Footnotes**

2426 Footnotes should be placed as a list at the end of the paper only, not at the foot of each page.  
2427 They should be numbered in the list and referred to in the text with consecutive, superscript  
2428 Arabic numerals. Keep footnotes brief: they should contain only short comments tangential to the  
2429 main argument of the paper and should not include references.

2430 **Tables**

2431 Tables should be self-contained and complement, but not duplicate, information contained in the  
2432 text. They should be supplied as editable files, not pasted as images. Legends should be concise  
2433 but comprehensive – the table, legend and footnotes must be understandable without reference  
2434 to the text. All abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be  
2435 used (in that order) and \*, \*\*, \*\*\* should be reserved for P-values. Statistical measures such as  
2436 SD or SEM should be identified in the headings.

2437 **Figure Legends**

2438 Legends should be concise but comprehensive – the figure and its legend must be  
2439 understandable without reference to the text. Include definitions of any symbols used and  
2440 define/explain all abbreviations and units of measurement.

2441 **Preparing Figures**

2442 Although we encourage authors to send us the highest-quality figures possible, for peer-review  
2443 purposes we are happy to accept a wide variety of formats, sizes, and resolutions.

2444

2445 [Click here](#) for the basic figure requirements for figures submitted with manuscripts for initial peer  
2446 review, as well as the more detailed post-acceptance figure requirements.

2447 ***Color figures***

2448 Figures submitted in color may be reproduced in color online free of charge. Please note,  
2449 however, that it is preferable that line figures (e.g. graphs and charts) are supplied in black and  
2450 white so that they are legible if printed by a reader in black and white.

2451 ***Appendices***

2452 Appendices will be published after the references. For submission they should be supplied as  
2453 separate files but referred to in the text.

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2461 **Appendix B: Critical Appraisal Skills Programme (2018) quality assessment tool**

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**CASP Checklist:** 10 questions to help you make sense of a **Qualitative** research

**How to use this appraisal tool:** Three broad issues need to be considered when appraising a qualitative study:

-  Are the results of the study valid? (Section A)
-  What are the results? (Section B)
-  Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

**About:** These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA ‘Users’ guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

**Referencing:** we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

©CASP this work is licensed under the Creative Commons Attribution – Non-Commercial-Share A like. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-sa/3.0/> [www.casp-uk.net](http://www.casp-uk.net)



Paper for appraisal and reference: .....

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input type="checkbox"/>	<p>HINT: Consider</p> <ul style="list-style-type: none"> <li>• what was the goal of the research</li> <li>• why it was thought important</li> <li>• its relevance</li> </ul>
Can't Tell	<input type="checkbox"/>	
No	<input type="checkbox"/>	

Comments:

2. Is a qualitative methodology appropriate?

Yes	<input type="checkbox"/>	<p>HINT: Consider</p> <ul style="list-style-type: none"> <li>• If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants</li> <li>• Is qualitative research the right methodology for addressing the research goal</li> </ul>
Can't Tell	<input type="checkbox"/>	
No	<input type="checkbox"/>	

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input type="checkbox"/>	<p>HINT: Consider</p> <ul style="list-style-type: none"> <li>• if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)</li> </ul>
Can't Tell	<input type="checkbox"/>	
No	<input type="checkbox"/>	

Comments:

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- 2466
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4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
  - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
  - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
    - If methods were modified during the study. If so, has the researcher explained how and why
  - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
    - If the researcher has discussed saturation of data

Comments:

6. Has the relationship between researcher and participants been adequately considered?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
  - If approval has been sought from the ethics committee

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8. Was the data analysis sufficiently rigorous?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
  - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

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Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature)
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

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2498 **Appendix C: Example of systematic review coding in NVivo**

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● Trauma Past and Present **X**

[<Files\\A qualitative exploration of women s resilience in the face of homelessness>](#) - 5 10 references coded [3.38% Coverage]

Reference 1 - 0.06% Coverage

So, I may as well just say it, I'm a survivor of childhood sexual abuse—Carla

Reference 2 - 0.23% Coverage

Other women described traumatic experiences of domestic violence and abusive relationships. He put a knife to my throat, he had tried to strangle me, he had taken all my funds, I was isolated. And he told me that if I ever left, he would hunt me down and shoot me like a dog—Hannah

Reference 3 - 0.30% Coverage

The women described various pathways into homelessness. Some made a conscious decision to leave abusive situations. That moment that I think I knew in my heart that I still tried everything else but it was like no, you are right, it's not what I was meant to be here for and it's not what's meant to happen and I just one day just said, I'm done. It's over—Violet

Reference 4 - 0.37% Coverage

Others suddenly found themselves with 'nowhere to go' (Anaela Zoe). Regardless of the lead up to

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# WOMEN'S EXPERIENCES OF HOMELESSNESS



1

We are looking for women who have experienced homelessness within Liverpool.

2

We are inviting women to take part in a study that will explore their experiences using photographs.

3

Participants will receive a £25 voucher for every meeting attended.

4

We hope to inform policy and practice to improve services for women.

5

You can take part if:

- You have experienced homelessness
- You are over the age of 18 years

FOR MORE INFORMATION ABOUT THE  
STUDY AND HOW TO TAKE PART,  
CONTACT:  
HANNAH.GREGORY@LIVERPOOL.AC.UK



UNIVERSITY OF  
LIVERPOOL



Version number & date: V2 13/04/2022

Research ethics approval number:

Name of researcher(s): Hannah Gregory, Dr Ste Weatherhead, Dr Louise Roper, Dr Kim Ozano, Monica Connolly and Laura Mulvaney

## Participant information Sheet

### **Title of study: Women's experiences of homelessness**

You are invited to take part in a research study attempting to understand women's experiences of homelessness in Liverpool.

This information sheet should give you all the information you need to be able to make an informed choice.

Please read it carefully, at a pace that suits you and don't be afraid to ask as many questions as you want.

You can read though and discuss this with someone you trust to help you decide whether to take part or not. It is your choice whether to take part in this research study.

### **Why are we doing this?**

Homeless women are amongst the most vulnerable in our society.

We believe services are not always person centred in relation to the specific needs of women.

We want to use photos to understand your experience of homelessness to inform policy and practice.

### **What does taking part involve?**

Hannah will meet with you four times.

#### **Meeting one:**

The researcher will explain the hopes and aims of the project, as well as the information and consent forms. If the co-researcher would like to continue, then they will be invited to Meeting Two. This is an opportunity to ask questions about the project.

#### **Meeting two:**

You will be given a disposable camera and asked to take pictures of what represents your experience of being homeless. You will agree a time later that day to return the camera.



Version number & date: V2 13/04/2022

Research ethics approval number:

Name of researcher(s): Hannah Gregory, Dr Ste Weatherhead, Dr Louise Roper, Dr Kim ~~Ozawa~~,  
Monica ~~Connolly~~ and Laura Mulvaney

### **Meeting three:**

Hannah will have developed the photos prior to this meeting. You will be invited to an interview where you will discuss your pictures in more detail.

The interviews will be face-to-face, following Covid-19 guidelines and using personal protective equipment (PPE) protocol.

The interview will last approximately 1 hour.

The interview will be recorded and transcribed. You will have the choice to remain anonymous through the process.

You can withdraw at any point during the data collection period. However, you will not be able to withdraw once the interviews have been transcribed.

### **Meeting four:**

You will be asked for your comments and reflections on the initial themes identified from the interview.

### **What are the benefits of taking part?**

You will be able to share your story of being homeless to help improve services for women.

You will be reimbursed for your time and travel.

### **What are the possible negatives of taking part?**

The interview may bring up some difficult feelings because it will talk about your experiences of being homeless.

You will be supported throughout the interview and will be able to stop at any point. You will be able to speak to the researcher, and the research team, who can offer support and guidance to services.

### **What will happen to the information I give?**

Your data will be ~~anonymised~~ and combined with data from other participants before it is ~~analysed~~. However, if you would like your name alongside your story then this can occur. The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of "advancing education, learning and research for the public benefit. Under



Version number & date: V2 13/04/2022

Research ethics approval number:

Name of researcher(s): Hannah Gregory, Dr Ste Weatherhead, Dr Louise Roper, Dr Kim ~~ORADO~~,  
Monica ~~CONNOLLY~~ and Laura Mulvaney

How will my data be destroyed?	Data will be permanently deleted after 10 years in line with the University of Liverpool's University's Data-Management Policy.
--------------------------------	---

### **How will this information be used?**

The research study will be written into a thesis which will be submitted to the University of Liverpool, in line with the [Doctorate of Clinical Psychology](#).

The stories and experiences shared, alongside your pictures, will be made into a visual piece of art that can be shared online to highlight unmet needs within services.

The results and recommendations will be made available to participants, local government, as well as being shared at future conferences. The results may also be used to write a paper which may be submitted for publication in a scientific journal. If published no participants will be identifiable, if you would like to receive a copy of the research once completed there will be an option for you to submit an email address that will be stored separately from your data.

You should now have all the information you need to decide whether you want to take part. If you have any questions don't be afraid to ask them.

### **This is what will happen next:**

If you decide to take part in the research study you will be asked to sign a consent form.

If you decide to take part you will be asked to meet with Hannah three times.

If you decide to take part then change your mind after already giving your information, it might not be possible to take out the things you said. This is because the researchers will have already started to look at the results.

You will have the option to remain anonymous, but if you want to, your name can be added alongside your story.

Version number & date: V2 13/04/2022

Research ethics approval number:

Name of researcher(s): Hannah Gregory, Dr Ste Weatherhead, Dr Louise Roper, Dr Kim Ozano, Monica Connolly and Laura Mulvaney

UK data protection legislation, the University acts as the Data Controller for data collected as part of the university's research.

The principal investigator acts as the Data Processor for this study, and any queries relating to the handling of data can be sent to Dr. Ste Weatherhead (email: ste@liverpool.ac.uk). Further information on how your data will be used can be found in the table below:

How will my data be collected?	Data will be collected through the use of disposable cameras and interviews using a Dictaphone.
How will my data be stored?	Data will be stored on a secure password protected network.
How long will my data be stored for?	Data will be stored for 10 years in line with the University of Liverpool's University Data management Policy.
What measures are in place to protect the security and confidentiality of my data?	All data will be anonymised and stored securely.
Will my data be anonymised?	Yes, we will not collect any personally identifiable information.
How will my data be used?	Your data will be analysed and form part of a research study that seeks to understand women's experiences of homelessness. This research study will also be submitted as a thesis as part of Doctorate in Clinical Psychology. Following the completion of the research, if there are opportunities to present the research, co-researchers will be invited to present their pictures from data collection to inform policy and practice.
Who will have access to my data?	The research team Hannah Gregory, Dr Ste Weatherhead, Dr Louise Roper, Dr Kim Ozano, Monica Connolly and Laura Mulvaney
Will my data be archived for use in other research projects in the future?	Yes, your anonymous data may be archived and made available consistent with best practices in Open Science. Nobody will be able to identify you from your responses.

Version number & date: V2 13/04/2022

Research ethics approval number:

Name of researcher(s): Hannah Gregory, Dr Ste Weatherhead, Dr Louise Roper, Dr Kim ~~Ozuna~~,  
Monica ~~Connolly~~ and Laura Mulvaney

### **Who can I speak to for further information?**

**Hannah Gregory**

Trainee Clinical Psychologist

**Dr Ste Weatherhead**

Primary Supervisor

**Dr Louise Roper**

Secondary Supervisor

**Monica Connolly**

Consultation

**Laura Mulvaney**

Consultation

**Dr Kim ~~Ozuna~~**

Secondary Supervisor

Email: [Hannah.gregory@liverpool.ac.uk](mailto:Hannah.gregory@liverpool.ac.uk) or [ste@liverpool.ac.uk](mailto:ste@liverpool.ac.uk)

### **What if I am unhappy or if there is a problem?**

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Dr Weatherhead (email: [ste@liverpool.ac.uk](mailto:ste@liverpool.ac.uk)) and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at [ethics@liv.ac.uk](mailto:ethics@liv.ac.uk). When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Thank you for taking the time to read this information sheet.



Version number & date: V2 13/04/2022  
Research ethics approval number:  
Name of researcher(s): Hannah Gregory, Dr Ste Weatherhead, Dr Louise Roper, Dr Kim ~~Ozard~~,  
Monica ~~Connolly~~ and Laura Mulvaney

### Participant Consent Form

Please tick the box

1. I confirm that I have read and **have** understood the information sheet dated 13/04/2022 for the above study. I have had the opportunity to consider the information, ask questions and **had** these answered satisfactorily if required.
2. I understand that taking part in the study requires meeting with Hannah four times, and these **meeting** involve taking photographs about my experiences of homelessness and taking part in an interview exploring these experiences further.
3. I understand that taking part in these meetings could cause some feelings of distress.
4. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions.
5. I understand that once completed **my** information will be anonymised, unless I state otherwise, and will not be able to be located or destroyed on request.
6. I understand that if there are opportunities to present the research, co-researchers will be invited to present their pictures from data collection to inform policy and practice.
7. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool and will be fully anonymised and then deposited in the archive for sharing and use by other authorised researchers to support other research in the future.
8. **I understand that my data will be retained on a secure network and will be stored by the principal investigator for a period of 10 years.**
9. I agree to take part in the above study.

Researcher:  
Signature:  
Date:

Participant:  
Signature:  
Date:

**Principal Investigator**  
Dr. Ste Weatherhead  
[ste@liverpool.ac.uk](mailto:ste@liverpool.ac.uk)

**Student Investigator**  
Hannah Gregory  
[Hannah.gregory@liverpool.ac.uk](mailto:Hannah.gregory@liverpool.ac.uk)



Version number & date: V2 13/04/2022  
 Research ethics approval number:  
 Name of researcher(s): Hannah Gregory, Dr Ste Weatherhead, Dr Louise Roper, Dr Kim ~~ORR~~,  
 Monica ~~CONNOLLY~~ and Laura Mulvaney

**Support services**

<b>Samaritans</b>	<p>freephone 116 123  <a href="https://www.samaritans.org">https://www.samaritans.org</a></p>
<b>Shout</b>	<p>Shout a crisis text support service for people in the military community who are struggling and need immediate support to get through a crisis. Text CONTACT to 85258.  <a href="https://giveusashout.org">https://giveusashout.org</a></p>
<b>NHS 111</b>	<p><u>NHS 111</u> – to access medical help fast but when it's not a 999 emergency, telephone 111 (available 24 hours).</p>
<b>Mind</b>	<p>Tel: 0300 123 3393  <a href="https://www.mind.org.uk/need-urgent-help/using-this-tool">https://www.mind.org.uk/need-urgent-help/using-this-tool</a></p>
<b>Liverpool City Council</b>	<p>Tel: 0151 233 3800 out of hours.          Visit: Housing Options, First Floor of St John's Market, Elliot Street, St John's Precinct, L1 1LR between 09:00 - 17:00 Monday - Friday.</p>
<b>Whitechapel Centre day hub service</b>	<p>Situated on Lansdale Street, Liverpool or via Always Room Inside          Tel: 0300 123 2041 24 hours a day delivered by Whitechapel's Rough Sleeper team.</p>
<b>Galop LGBT+ Domestic Abuse</b>	<p>Tel: <a href="tel:08009995428">0800 999 5428</a></p>
<b>Liverpool Domestic Abuse Services</b>	<p>Domestic abuse support Drop in, referral and outreach services          Tel: freephone - 0800 084 2744, office - 0151 263 7474, mobile/text for hard of hearing - 0756 201 3316</p>

**If you do not feel you can be supported by contacting one of these services call 999 or present to your local accident and emergency department.**





Central University Research Ethics Committee C

30 May 2022

Dear Dr Weatherhead

I am pleased to inform you that your application for research ethics approval has been approved. Application details and conditions of approval can be found below. Appendix A contains a list of documents approved by the Committee.

**Application Details**

Reference: 10808  
Project Title: Women's experiences of homelessness  
Principal Investigator/Supervisor: Dr Stephen Weatherhead  
Co-Investigator(s): Miss Hannah Gregory, Mrs Louise Roper  
Lead Student Investigator: -  
Department: Primary Care & Mental Health  
Approval Date: 30/05/2022  
Approval Expiry Date: Five years from the approval date listed above

The application was **APPROVED** subject to the following conditions:

**Conditions of approval**

**Please note:** Any research ethics approval granted will be subject to the University's Policies on research during the pandemic.

Please ensure you are familiar with the latest guidance on conducting research during the pandemic. The guidance is available on the [research ethics webpages](#).

- All serious adverse events must be reported to the Committee ([ethics@liverpool.ac.uk](mailto:ethics@liverpool.ac.uk)) in accordance with the procedure for reporting adverse events.
- If you wish to extend the duration of the study beyond the research ethics approval expiry date listed above, a new application should be submitted.
- If you wish to make an amendment to the study, please create and submit an amendment form using the research ethics system.
- If the named Principal Investigator or Supervisor changes, or leaves the employment of the University during the course of this approval, the approval will lapse. Therefore it will be necessary to create and submit an amendment form within the research ethics system.
- It is the responsibility of the Principal Investigator/Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Central University Research Ethics Committee C

[ethics@liverpool.ac.uk](mailto:ethics@liverpool.ac.uk)

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2528 **Appendix I: Example of NVivo themes for empirical paper**

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The screenshot shows the NVivo software interface. On the left, there is a 'Nodes' panel with a search bar and a table of nodes. The table has columns for 'Name', 'Files', and 'References'. The 'Mental Health' node is selected. On the right, the 'Mental Health' node is expanded, showing a list of references with their respective coverage percentages. The text of the references is visible, discussing mental health issues and experiences.

Name	Files	References
Surviving homelessness	6	62
Grafting	3	7
Finding places to stay	5	32
A womans needs to hide	6	61
Chaos	4	18
Fear	5	25
Trauma	6	48
Gender based violence	3	6
Mental Health	5	26
A womans shame	6	51
Services	6	42
What needs to change	5	8
Accessing services	6	34

Drag selection here to code to a new node

**Mental Health** [x]

<Files\Anne> - 8 references coded [4.45% Coverage]

Reference 1 - 1.40% Coverage

They're saying that alcohol isn't the main issue. Isn't the problem now that the underlying mental health, but if go to a meeting, they say, if you take your foot off the peddle now, I'm surrounded by drugs and alcohol and I don't want to. I don't want. You don't wait for that moment. I yearn to go back on the streets. That that's what the, that's what they coming for. Because they say, if you're going to have like another moment, they mean a breakdown. They don't actually call them breakdowns anymore. Yeah.

If it does happen. Because i say to them i yearn to be back on the streets. i yearn to not care.i want that feeling back again.

Reference 2 - 0.21% Coverage

Yeah, because last time I went on antidepressent was drinking either i did plan my whole funeral.

Reference 3 - 0.50% Coverage

They're worried that it's going to it's gonna happen again. Because when I said look, I did sleep witha man to not feel rejected. I mean, my children weren't allowed to touch toilet seats. I've got

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2553 Appendix J: Example of researcher journal

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Entry II 5 / 4 / 2003

3/1  
Just finished walk and photos with a researcher  
shared me where she slept, met someone she  
knew in the city  
Will places that I have been but never returned?  
almost parallel city? but ~~historical~~ ~~middle~~ to public?  
But so had not to work upstairs but would not  
see take lead. Did this make her content?  
feel very enclosed part walk and photos. it was hard to  
see.  
will check in with a researcher in a digital book  
make sure they're ok.  
initial thoughts: see some  
history. → 6<sup>th</sup> century?  
'help' data?  
Working to help others but never had  
the chance?  
Such limited options  
VISA as cycle of ~~time~~ ~~time~~ and  
hardness.  
Cherchez the egg?

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2560 **Appendix K: Prospero registration**  
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Register your review now

Edit your details

You have 1 records

### Records I'm working on

*These records are still being edited by you and have not been submitted for publication.*

ID	Title	Status	Last edited
CRD42022364744	Examining the use of photovoice or photo elicitation in research conducted with women who have experienced homelessness	Registered	19/06/2023  

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