

Precarious capital: A qualitative study investigating the role of relationships when women navigate experiences of homelessness and violence

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Background - Nottingham

- Rising numbers of homelessness
- Nottingham City Council declared itself 'bankrupt'
 - Cuts of £8.4m to housing related support budgets 40% increase of number of households presenting to the housing authority seeking housing support (2019-2024)
 - 231% increase in households being placed in temporary accommodation, Bed and Breakfast or emergency hotel rooms (2018-2023)
 - Highest number of drug-related overdoses in Nottingham City (and rising) and “*rampant mental ill-health*”
 - Record numbers of people sleeping rough in the city (headcount June 24: 42 men, 9 women)
 - quicker move-on options to reduce hotel payments
 - more 'rigid' application of rules, e.g. one housing offer or discharged duty; proof of Domestic Violence and local connection
 - Dispersal orders (which can be particularly challenging for women, lack of CCTV)
- However, **severe and multiple disadvantage (SMD) and Homelessness often mentioned as priority across local policy papers**

Background – Women & Homelessness

- Changes to UK housing policy (Domestic Abuse Act 2021); Perceptions of “vulnerability”
 - Increasing interest in gendered experiences of homelessness
- Prevalence of violence and domestic abuse before and during homelessness
 - 20% of women who had experienced violence became homeless, compared to less than 1% of women who had not experienced violence (National Data in Bimpson et al., 2021)
 - Experiences of violence are intersectional
 - Visibility?
- Women potentially more likely to exhaust informal options before seeking formal support

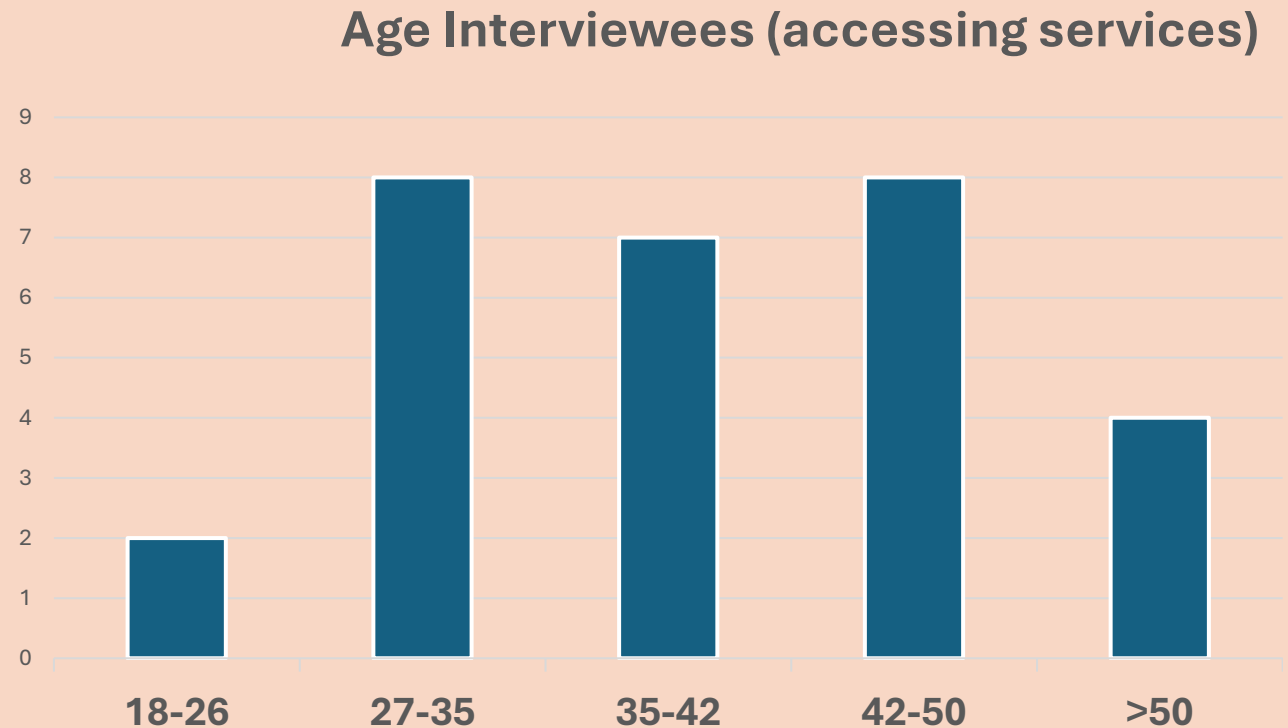
→ *PhD: Investigating women's access to support and care*

- **The processes behind barriers**, such as housing insecurity and homelessness, mental ill-health, offending, substance misuse, domestic abuse and violence, **and their interaction with intersectional, place-based, and structural dimensions**, such as being a migrant, (lone) parent, from an ethnic minority group, living with a disability or long-term condition, living in poverty, **when seeking help and support**. How do these dimensions shape available opportunities and capability (in)equality among and within different demographic groups of women experiencing housing exclusion.
- **Method**: Participant observations (voluntary & statutory services; drop-ins, shadowing, attending case conference meetings), informal conversations, semi-structured qualitative interviews (and follow-up interviews after 6 months)

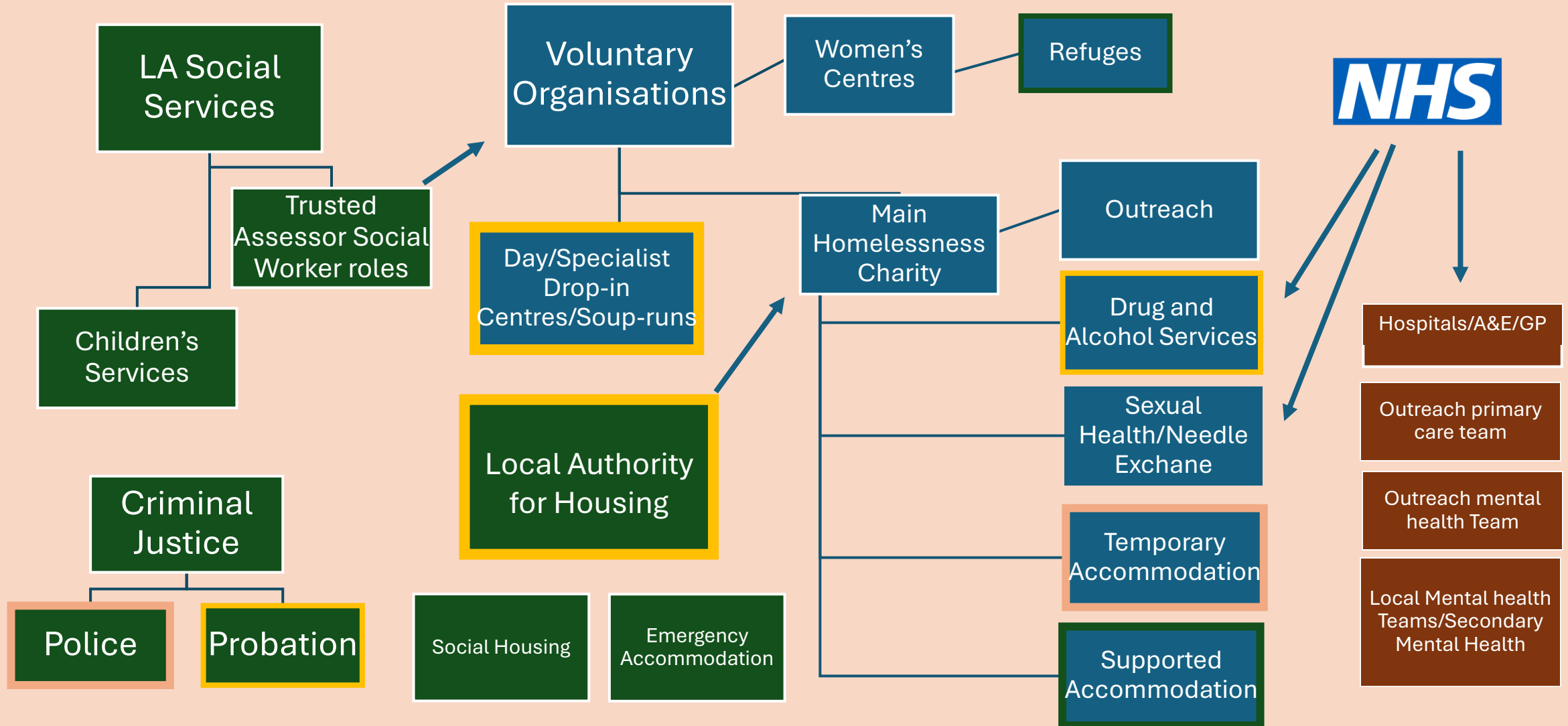
People interviewed

- **15 staff** (drop-in/day centre frontline staff, hostel manager, Police Community Support Officer (PCSO), mental health support worker, nurses (outreach mental health team; sexual health), social worker)
- **40 participants using services**
(37 cis-women, 2 trans women, 1 non-binary)

Median: 40 Years old.
Youngest: 22; Oldest: 60



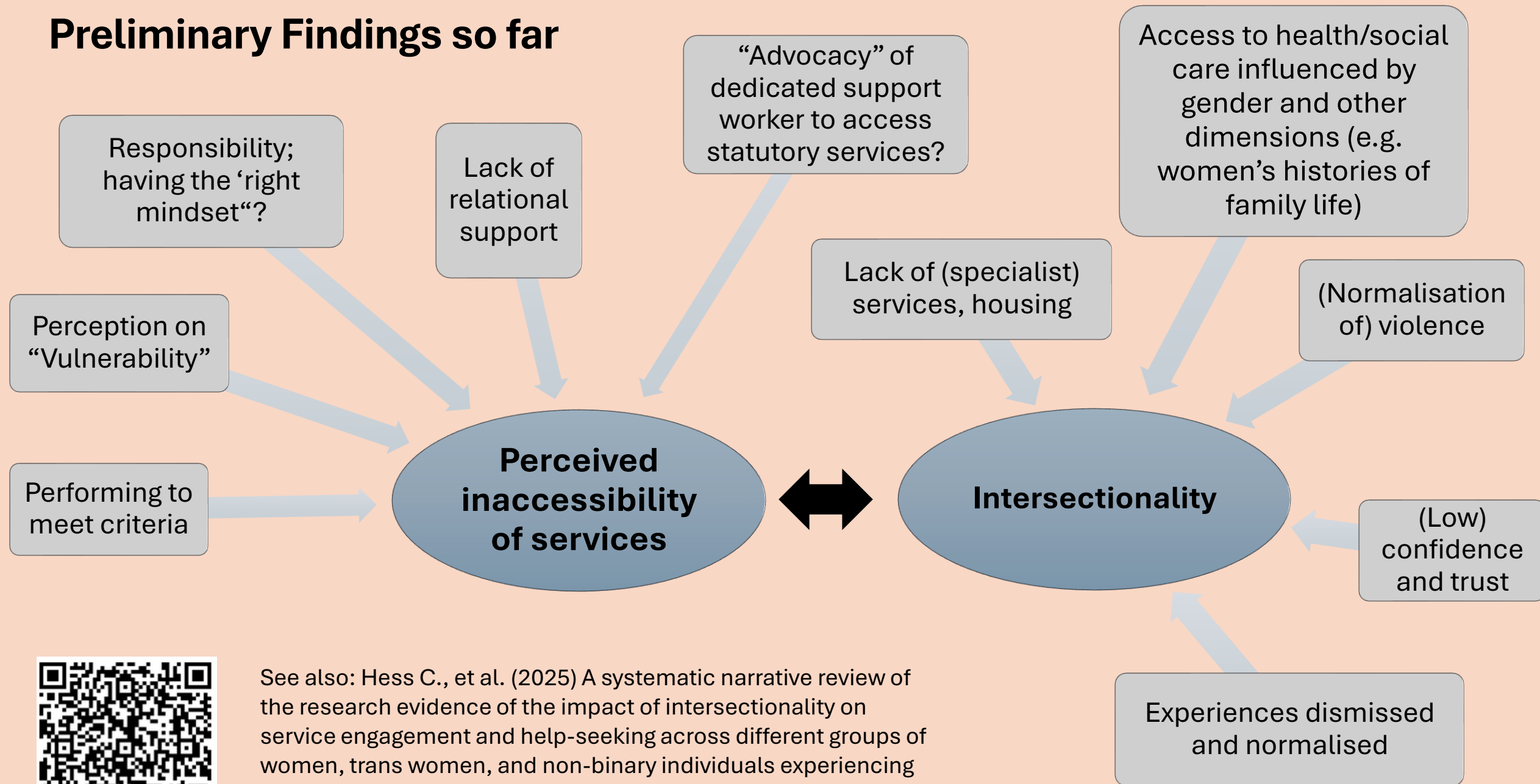
Agencies and Services accessed by participants



Mentioned routes into homelessness

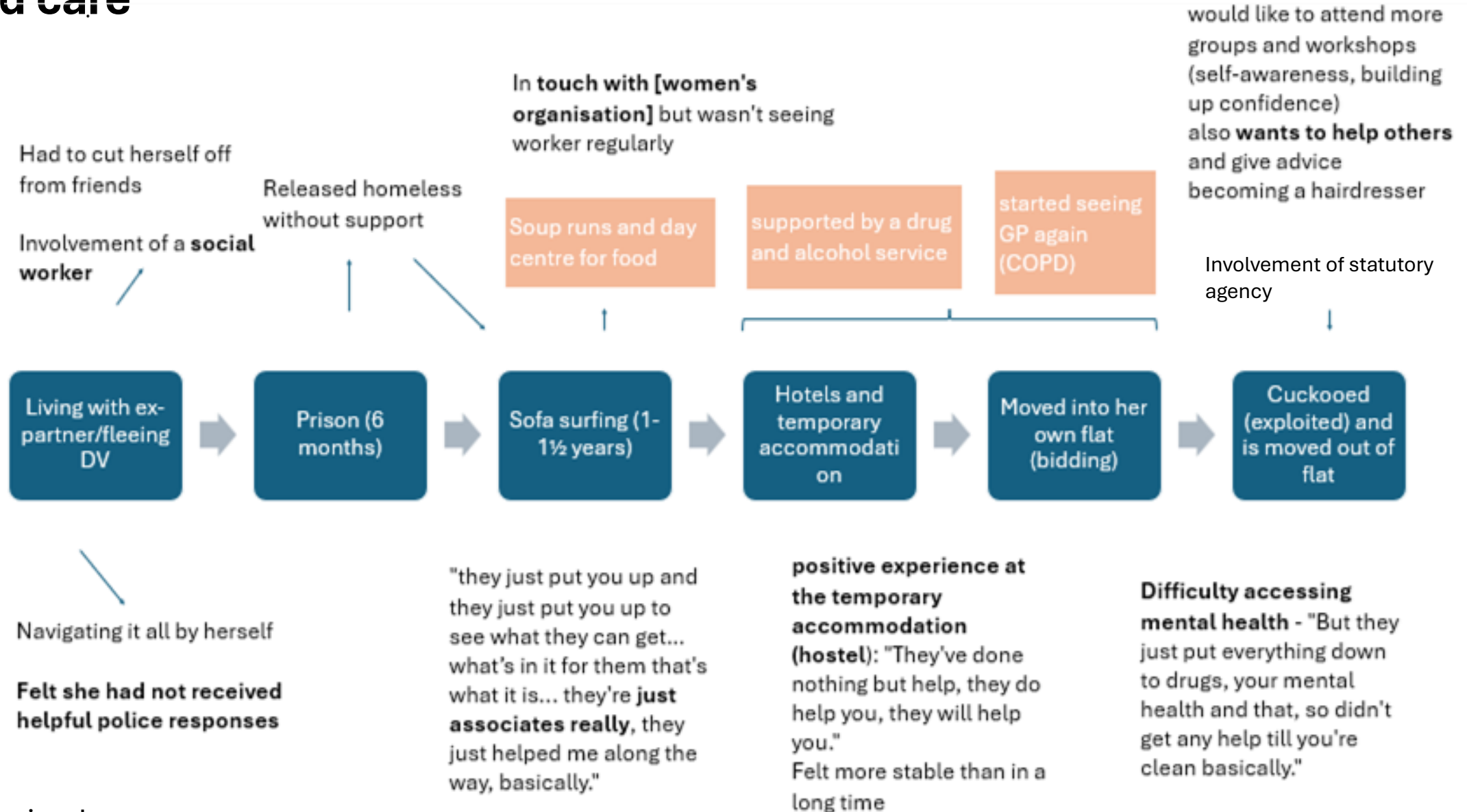
- Asylum support discontinuation
- Hospital discharge
- Landlord eviction/ unsuitable private renting
- (Childhood) trauma
- Fleeing Domestic Violence
- Prison discharge (generally in conjunction with one of the above)
- Following/joining partner into homelessness
- In some cases, housing authority discharged duty (no longer legally required to assist)
 - 'Intentionally' homeless (e.g. eviction, rent arrears, refusing an offer)
 - Missing local connection (no proof of domestic violence)
 - Not attending housing appointment/ cooperating with support plan

Preliminary Findings so far



See also: Hess C., et al. (2025) A systematic narrative review of the research evidence of the impact of intersectionality on service engagement and help-seeking across different groups of women, trans women, and non-binary individuals experiencing homelessness and housing exclusion. PLOS ONE 20(4): e0321300. <https://doi.org/10.1371/journal.pone.0321300>

Kelly*'s journey through homelessness, navigating access to support and care



*anonymised



Aims of the study

Providing a more dynamic understanding of women's homelessness trajectories and pathways out of homelessness by **examining the impact of violence they experienced and the relational impact this may have had** on how they sought help and accessed formal support.

How do women survive and navigate gendered responsibility to minimise risks of violence and homelessness and build resilience by using social relationship 'capital'?

Conceptual Framework

- Bourdieus 'social capital' framework as a lens to analyse the relational dynamics between social structures, subjectivity and the intersectional inequalities of gender, class, and ethnicity that may emerge (Skeggs, 2004).
 - Social support as buffer against homelessness, mitigating risk and adversity (e.g., Vinson, 2004).
 - Informal survival strategies can lead to further to sexual and economic exploitation and violence (Watson, 2016).
- Framework offers more analytical and context-sensitive understanding of
 - how a sample of women made decisions about survival and support
 - how their context (in which positive 'choices' are compromised) rendered them more vulnerable to further exploitation and harm

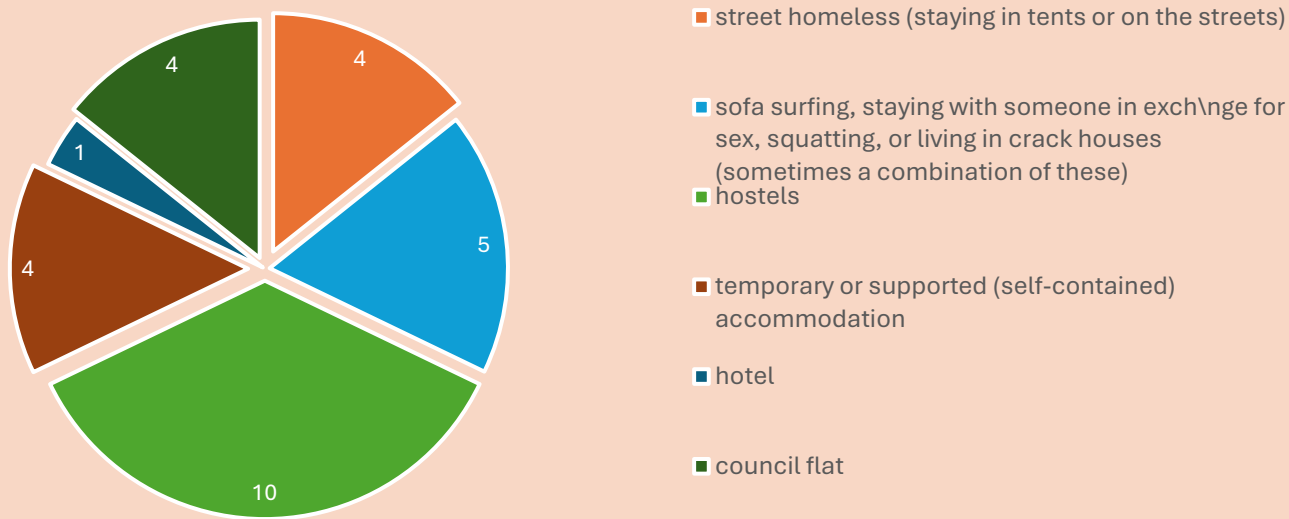
Methods

- Sample of 28 women with homelessness experience at ‘high risk’ of exploitation, due to multiple needs (including substance use, motherhood, and sex work) and experiences of gender-based violence (sexual, domestic, institutional)
- Sample drawn from doctoral project integrating ethnographic methods based on observations, participant observation, informal chats, semi-structured interviews and participatory methods (Fieldwork from June 2024-March 2025)
 - Recruited from seven (statutory and voluntary) services assisting people experiencing, or at risk, of homelessness, including hostels, (sex-worker/women’s) drop-ins, and day centres
- 14 practitioners (including a nurse, social worker, police community support worker, drug and alcohol frontline staff, day centre staff, hostel staff (frontline and management), cultural-specific support worker, outreach worker, and mental health practitioner)

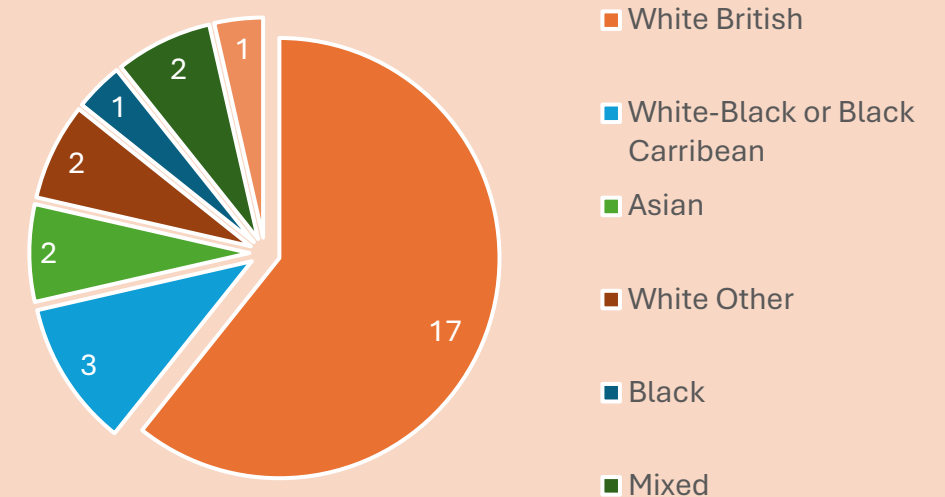
Demographics

- Women were between 22 and 51 years of age (Median = 40).

Housing at the time of interview



Ethnicity



- ~90% reported mental health (including depression, anxiety, bipolar, personality disorders, PTSD, schizophrenia) or physical health needs (broken backs, autoimmune and trauma related illnesses, arthritis, and visual impairment)
- ~14% reported diagnosed or suspected autism/ADHD.
- ~70% were currently or historically using substances
- ~70% had children, although only four (14%) women had children currently in their care, one woman was pregnant at time of interview

Findings

a) The normalisation of violence

b) Leveraging relationships to deal with violence, exploitation and trauma

The complexity of family/romantic relationships:

Protection, control, and exploitation

Friendships, Associates, Communities

Practitioners as “bridging capital”

a) Normalisation of violence

- Experiences of sexual, domestic, and physical violence during childhood and/or adulthood recurring and cyclical, leading to entrenched vulnerability to exploitation and a deterioration of their situation.
- Normalisation of experiences
- Under-reporting of ‘everyday violence’; being subjected to disbelief, stigma and scrutiny for their experiences of violence:

“There was two police officers present at my house, and my husband was pulling my children from me, he pulled my daughter, and I said to the police officer [...] ‘he's a wanted man’, they said ‘oh, your lot have domestic problems all the time, you need some legal advice’, and they let him take her.” (Saira)

“I was currently in a relationship, fleeing domestic violence and I was in a mother and baby placement, my child got took from me, got given to my [child]’s dad, and then I came here [hostel] after being kicked out [of the mother and baby placement]. [...] There was evidence of domestic violence, I was going to Women's Aid, but none of that went against him [in court], because he hasn't got mental health [problems].” (Helen)

→ amplified the responsibility women felt for navigating homelessness and violence on their own as they did not trust services to properly support them

Reclaiming agency, ...

“Sometimes I get paranoid that people are tricking me and that, that make me not gonna go.... That make me not wanna ... engage, yeah. I feel like I'm being tricked all the time, not proper being understood, do you know what I mean?” (Chloe)

“I just was embarrassed to admit [to service] that I was sex working again, because I stopped doing it. I was raped by like 10 guys. So, I was like if I'm gonna keep getting raped, I may as well get paid for it.” (Emily)

→ Making choices about ‘speaking out’; greater reliance on informal networks

“My problems are my problems, that's how I look at it. I know everybody says a problem shared is a problem halved and all that, but I'm not one of them, it's mine, it's happened to me, it's my problem, why would I want to sit and tell somebody else about it, so they can either judge me or just walk away and forget about it? Why waste my time?” (Samantha)

b) ... Leveraging relationships

- Family networks marked by instability or (spatial, emotional) absence
- Romantic relationships as a way to stay safe and navigate homelessness
- *“90 percent of the time they end up in a relationship with a male that's street homeless.”* (staff)
- *“I stay [with abusive partner] because it's better to be stuck with one person than being passed around and getting STDs [sexually transmitted diseases] all the time, it is more predictable with just one. So, it is the most control I could have in the situation.”* (Evie, paraphrased, interview not recorded)
- *“[Partner] taught me quite a few things, what to do when I'm on the street, so... what to watch out for, who to trust, who not to trust, where you're sleeping, because you don't tell anyone that where you're sleeping because otherwise your things go missing.”* (Betty)

→ However, romantic relationships were often volatile, violent, and exploitative

- *“I couldn't engage, he wouldn't let me engage, so... people have tried before but not been able to get through because of the situation that I was in because I was very frightened and that, a lot of people didn't know what was going on. [...] I didn't use [day centres] because I was frightened people find out where I was.”*
(Chloe)

Friendships, Associates, Communities

- Many of the women felt isolated and lonely
 - *“I'm on my own babe.”* (Fiona) and *“Just keep myself to myself”* (Betty)
- However, women were helped and helped each other, sometimes to the detriment of their own safety: *“She wasn't meant to [stay in hostel room with her] but.... She made it off the streets last night, she keeps getting men... trying it, so I got her off the street last night, stay out the way”* (Daisy)
- While generally short-lived, importance of ‘weaker’ ties to everyday survival (Granovetter, 1983), helped to access information, complex services, and sometimes provided short-term relief and accommodation, at times providing more support than close relationships.

- Distinction between friendships (positive) and associates (often negatively perceived)
- *“A friend's someone who's there for you, doesn't want anything from you, doesn't abuse you, hasn't got an ulterior motive” (Anna)*
- *“It's like a fake friendship, you all sit there together, you all smoke drugs, do this, do that, because you're going through the same kind of situation, so it kind of makes you feel worse, you're not doing what you're supposed to do, you're not accessing the support that you're supposed to.” (Alice)*

- Sharing trauma often felt inappropriate, or even dangerous, or added to the stigma some of the women experienced: *“I have some friend, but sometimes, I'm afraid to tell them my details. I don't want them to know about my personal stuff. [...] They came from my country, that's why I don't want to tell them.”* (Amal)
- *“I have only one mate now, because others, when I called them and I said what happened, I never heard from them again.”* (Magda)
- → limited to leverage more structural changes and sometimes exploited women further, financially, emotionally or sexually, leading to further stigmatisation, judgment, and withdrawal from social connection

Practitioners as “bridging capital”?

- Homelessness services providing access to basic support, such as day centres, food banks, soup runs, and outreach programmes, as well as pathways to access statutory services for housing and healthcare.
- Tension between care and control or surveillance functions of many these services (Benbow et al., 2019; Parsell, 2016).
 - “[Support worker] has done it all. [...] [She] got me in there [supported accommodation], just giving me time, and showing me like... positive things like you can do it, do you know what I mean, just basically supporting me, believing in me and making me believe in myself. Like, she won't do things for me, but she'll help me do it, if that makes sense.”
(Chloe)
 - “Information's been passed on to me from other workers in here and I've got to see certain people's information, and it's just... you don't have any privacy whatsoever. When you want to try and do something, that help's not available, so you give up, right...”
(Tamara)
- Limited time for building relationships; having to go “*above and beyond*.”
- Building trusting relationships can have adverse effects

- Gendered expectations can intersect with notions of self-sufficiency and obscure 'needs'
- *“People look at me and think, she must be alright because I put on a smile and I'm quite happy-go-lucky, but it's all a façade, in a way, it is, so... because I don't like to make people feel... if I was down, it's gonna make other people feel down, so I try and bring that nice character in me to make people feel at ease.”* (Vanessa)

Conclusions

- Violence not just a trigger but also a constant risk during homelessness
 - Relational coping mechanisms developed in response to trauma and normalisation of violence
 - Inappropriate criminal justice responses and scarcity of housing options (particularly when needs intersect) which may increase exposure to gender-based violence; lack of mental health/trauma support
- Complexity of social relationships; structural power dynamics that can provide short-term relief but often further entrench marginalisation and risk of exploitation (layers of abuse, compound trauma, economic deprivation, and institutional barriers); limited in transforming participants' structural realities

- Resilience to adapt and shift interactions dependent on external support and circumstances. Yes, external resources were often constrained and depleted by histories of abuse and structural disadvantage and even options perceived as ‘safer’ were often exploitative and unsafe.
 - Majority of the women in the sample never had access to adequate support; responses to violence were dismissed and normalised by intersecting forms of stigma about their gender, sex, ethnicity/race or sexuality.
 - Low confidence, isolation, neglect
 - Exclusion of couples “undermine one of the few forms of social capital that may be available to them” (Stevenson & Neale, 2012, p.242) and disregards context
- Pathways out of homelessness often accompanied by relational component

Recommendations?

- Appropriate crisis interventions from police and domestic/sexual abuse agencies when reporting violence
- Gender-appropriate housing options and choices (e.g. refuges, sanctuaries and quicker access to these
 - Accessible to those from ethnic minority backgrounds, LGBTQ+, and women with additional needs, when using substances, experiencing mental health problems, or being disabled
 - Low-level support that is more accessible to women in coercive relationships
- Relational (multi-disciplinary) responses to homelessness
 - Lower caseloads; navigator roles?
 - Empathetic responses
 - Housing options for couples and services working with couples
 - E.g. connecting people (Webber) – identifying opportunities for new social engagement; social prescribing
 - Peer mentoring and support

Thank you.

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