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Introduction

On the basis of its work with women who have convictions for criminal offences, the Aurora Project was invited to join a European research collaboration under Daphne III, the European Commission programme that aims to protect women and children against violence (http://ec.europa.eu/justice/grants/programmes/daphne/index_en.htm). Aurora's contribution constitutes a focus on women with a criminal background, and during Aurora's project period we have so far been in contact with more than 80 women. According to statistics, in addition to having previous convictions this group has also experienced numerous different challenges regarding their life circumstances: substance abuse, bad socio-economic conditions and poor physical and/or mental health, inadequate, non-existent or unsuitable housing, and vulnerability to exposure to violence and abuse. Using interviews to map their situation we have drawn up statistics on the additional challenges these women face, and in general terms we can say that we found that 30 were homeless while 75 have or have had a drug-related problem. Several of the women told us about violence, but this has not been a dimension we have specifically investigated. Nonetheless, based on conversations we have had with the participants in the project during the past four years, we can support the findings of Marie-Lisbeth Amundsen of 2010 which revealed that four out of ten female inmates in Norwegian prisons had been exposed to sexual abuse at an early age, and six out of ten as adults. The recommendations we present in this report have been made on the basis of interviews with the women and the 'stakeholders', in addition to the experience we have gained through the Aurora Project.

The Aurora Project

The Aurora Project is a collaboration project between ALF AS (the Bergen centre for training for employment) and Bergen prison. During the project period the project has acquired several collaboration partners, but administratively and financially it has reported to ALF AS with salaries paid by government and municipal bodies (the Norwegian Directorate of Health, the Ministry of Justice and Public Security, the municipality of Bergen and the Norwegian State Housing Bank).

The main focus of the project is women and crime, which in 90 per cent of the cases refers to problems of substance abuse, poor mental and physical health and social housing issues. The services we have developed and provide, focus on monitoring individuals before they serve their sentences and planning for the custodial period, and on the various challenges that arise on completion of the sentence. Our mandate was initially to work with female prison inmates domiciled in Bergen municipality before, during and after the service of a term of imprisonment. As the project has proceeded, this has changed to include other forms of sentences such as community punishment and the court-supervised rehabilitation programme. Our work has been directed towards finding and introducing network locations and to ensuring that the women can make use of existing options and can navigate in society while feeling that they are able to cope with their lives and substance abuse.

The thread that runs from the planning of the custodial period to the goal-oriented follow-up care is our strength and the core of our work, and we base our activities on research that shows the positive results of such a far-reaching method of work (see for example the Centre for Interdisciplinary

Addiction Research's study *Female drug users in European prisons – best practice for relapse prevention and reintegration* from 2004, and the *Handbook for prison managers and policymakers on Women and Imprisonment*, UN Office on Drugs and Crime, chapter 2.8 - 2.9).

Summary

Our interviews with representatives from the system who were to assist us or help the residents and even out differences in life circumstances (Bergen municipality, Bergen police authorities, Bergen prison, and service providers in housing and/or social services) have led us to believe that there is a lack of knowledge, competence and recognition of violence as a dimension of the diversity of offensive behaviour or life circumstance challenges that this group live with. The examples below will provide a background for this statement:

- The police family violence coordinator points out that those in this group are seldom referred to her since family violence is described as violence between cohabitants. Homeless women in the substance abuse environment who experience violence from men in their close circle end up in the general section under the classification of assault. In this environment there is a high threshold for involving the police and little faith in the help obtained from them. The women rarely decide to make a formal complaint, and those who do have had negative experiences.
- The various divisions of the municipal department of social affairs, housing and local development show little familiarity with or focus on the violence these women are exposed to as a factor in social housing work. This is illustrated by the fact that the measures or services they purchase or develop do not address violence and protection.
- The crisis centre in Bergen has neither the capacity nor the financial means to enable it to help this group. Nor does it possess the expertise required to take care of the women from the group who seek them out. It has also emerged in conversations with those in other initiatives who encounter this group that the crisis centre seldom or never contacts them to refer the women they have had to reject to other types of overnight accommodation or housing provisions. This indicates poor collaboration between the initiatives in Bergen municipality.
- Other parts of the system that are in contact with women who are active substance abusers (the Norwegian Labour and Welfare Service (NAV), the Directorate of Norwegian Correctional Service, non-profit relief measures, substance abuse treatment and rehabilitation programmes) do not normally map violence against this group. This is a subject they are reluctant to take up – perhaps because there are no functioning relief measures to refer the women to.
- Women who live with complex challenges, where crime and substance abuse form part of the general picture, have experienced violence and offensive behaviour more often than average in both childhood and adulthood. In such cases socio-economic aspects are also an important indicator of their vulnerability.

- The Directorate of Norwegian Correctional Service, which does in fact come into contact with many women in the target group, has few or no initiatives directed towards violence. In addition, little research has been conducted into this target group.

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Definitions and limitations

The point of departure for this European collaboration is women with complex or multiple challenges: substance abuse, crime, poor mental and physical health, homelessness, prostitution and/or experience of human trafficking, as well as contact with child welfare services due to permanent care orders. The objective is to identify good examples of social housing initiatives that help the women to break out of the spiral of violence in which they often find themselves, or where they are at risk of ending up. The European partners have focused on different groups. In the Aurora Project, in addition to the 80 participant narratives already mentioned, Norway has also held in-depth interviews with eight women. These informants have several things in common: they have been under the correctional service, they have or have had various substance abuse challenges and other additional problems, and they all define themselves as victims of violence – to various degrees and in various forms – from someone with whom they have had a close relationship.

In this report, social housing instruments are understood in a broad sense as “work on complex challenges with its base in temporary or permanent accommodation”, and they thus extend over the range of relief services and provisions in Bergen. This is a conscious choice – partly because our informants come from diverse backgrounds and have different experience of physical homelessness, and partly because we wanted to examine the opportunities offered by an expanded notion of both the concept of safe housing and the services that are associated with this. Temporary housing and provisions within institutions offering rehabilitation programmes are also encompassed by our definition of social housing work as long as the institutions work on assisting women who face the challenges of being housed safely.

The definition of violence in close relationships that we apply will be different from that used in surveys and policy documents on violence. Although this is one of the strengths of this study, it is also a weakness. Violence in close relationships is defined in the Norwegian General Civil Penal Code as:

Section 219 of the General Civil Penal Code:

Any person who by threats, duress, deprivation of liberty, violence or any other wrong grossly or repeatedly maltreats

- a) his or her former or present spouse,*
- b) his or her former or present spouse’s kin in direct line of descent,*
- c) his or her kin in direct line of ascent,*
- d) any person in his or her household, or*
- e) any person in his or her care*

shall be liable to imprisonment for a term not exceeding four years.

If the maltreatment is gross or the aggrieved person dies or sustains considerable harm to body or health as a result of the treatment, the penalty shall be imprisonment for a term not exceeding six years.

The text of the law limits violence in close relationships to apply to cohabitants or spouses, i.e. those who have a place to live and/or have a formal marriage contract. At the time they are exposed to violence, few of our informants have a roof over their head where they were registered as cohabiting or are married to the perpetrator of the violence. However, they have all been in a close relationship with the perpetrator, most of them in a relationship of dependence of one form or another (roof over their head, protection, financial help/intoxicants etc).

The documents on which we have based our examination of government work on violence include the national guidelines for the development of municipal action plans. These refer to the fact that violence in close relationships is often termed family violence or domestic violence, and that this type of violence is normally perceived as partner violence, violence against children and children who live with violence in the family. In addition they specify that the term has gradually been extended to encompass violence between persons who know each other and are close to each other, or to those involved in a relationship of dependence.¹ No further definition is given.

The Norwegian white paper *Preventing and combating violence in intimate relationships* is delimited so that it does **not** include the above examples of private violence, even though it states that violence and abuse in arenas other than those we traditionally include in the term “intimate relationships” will have certain similar features (page 14). In their action plan against violence in close relationships, Bergen municipality has also chosen to make similar limitations.²

A clear limitation has also been made regarding those who constitute the target group for initiatives in action plans against violence, and this limitation contains a hidden discrimination of one group. This group consists of those who are recognised at the outset as being more exposed to violence: *women with complex challenges* (low socio-economic life circumstances, exposure to violence and failure of care in childhood, attachment disorders, substance abuse and contact with criminal environments, homelessness and lack of confidence in the social support network). It is a paradox that the Government Action Plan against Domestic Violence from 2012 (the Ministry of Justice and Public Security) has so little focus on this group when their 23 measures are divided among the following five areas of priority:

- 1) Awareness-raising and prevention
- 2) Assistance and protection
- 3) Detection and prosecution
- 4) Cooperation and coordination
- 5) Knowledge and competence

¹ This is described as private violence and can for example be physical or mental violence (bullying) between friends and schoolmates/colleagues, or violence in the nursing and care sector against the elderly or persons with functional impairments.

² Bergen municipality, Action plan against violence in close relationships 2013-2017, page 4.

Based on our experience, the statements of the informants and the research we have found in this field, we will argue in the following that none of the five points above apply to women with complex challenges.

Methods for acquiring information and knowledge

Those employed in the Aurora Project have applied several methods to obtain information and to acquire knowledge about the measures that are available for women in the substance abuse and criminal environment who are exposed to violence.

Literature searches

We have been in contact with researchers from different parts of the field and have read reports and articles addressing women in prison and the issue of violence, and the social housing challenges of female substance abusers, violence assessments and the mapping of homeless people. Little of the literature has focused on the point of intersection between substance abuse/crime and vulnerability to violence, and consequently we have had to combine findings from various publications and studies. The picture we have formed has been diversified by the legislation in the field, by guidance from the Ministry of Justice and Public Security and the Ministry of Children, Equality and Social Inclusion, and by parliamentary reports, strategies and plans for the two fields of housing and violence.

Interviews with civil servants, advisers and service providers

In Bergen municipality we have interviewed those who shape policies, their advisers and others who set the requirements for such work. We have also talked to service providers and 'foot soldiers' in both the private and public sectors. A complete list of informants is attached as Appendix 1.

Interviews with women in the target group

The Aurora Project's target group is women who are or who have been in contact with the correctional service. Women who have also had experience of violence and housing problems have been asked if they would consent to being interviewed. In total we have carried out eight interviews with the target group, although it has been difficult to get women to agree to an interview with us. At the outset we thought this would be easier due to the work accomplished in the Aurora Project so far and the relationships we have formed with the participants. Our impression is that part of the reason for the difficulty in getting women to participate in interviews has been that many of them live a chaotic life. The term 'chaotic' encompasses substance abuse, homelessness and crime. Many have also said that they are more than willing to talk about problems concerning homelessness, social support networks and substance abuse, but when it comes to violence this is a subject they do not want to take up.

The informants have been made anonymous and given a number that refers to when the interview was held. Demographic features of the informants will be presented in Appendix 2 based on a common set of features that all the five European partners have registered to describe their informants.

For more information on the findings from the other countries, the vision document and the final document for EU, visit <http://www.streettohome.eu>. The findings will be presented at national

seminars and at a large concluding seminar in Bergamo, Italy, 23-25 October, under the auspices of the European Federation of National Organizations Working with the Homeless (FEANTSA).

Crime, substance abuse and psychiatry – the triangle where violence disappears

“It was me and him – and what happened.” Informant interview no. 6

The concept of non-deserving victims

In our conversations with participants in the Aurora Project we often find that they trivialise the violence to which they have been subjected. The response is frequently “I gave as good as I got”. They choose not to define themselves as victims – perhaps because they do not see themselves as completely innocent. The key features of the ideal or non-deserving victim are that they are “free of blame and unable to stop the progress of the incident”.³ Seeing oneself as ‘party to’ the victimisation means that the victim is reluctant to report the incident and to seek help.⁴ Another reason for this reluctance to view oneself as a victim can be the environment the victim belongs to. Life is hard, and being regarded as weak would make things even worse. Staying in the situation and tolerating the violence one is exposed to thus becomes a coping strategy.

“I’ve always been a person who shuts up about things when they get so damn heavy. I don’t run to people and say I need help and so on. I sort of manage on my own.” Informant interview no. 1.

According to the ‘hierarchy of victimisation’, some victims have a higher status than others depending on the values and convictions in society at a given point in time.⁵ The view during the positivistic victimology trend from the 1940s to the 1970s was that many victims of crime were themselves party to their own victimisation, either through inviting the criminal actions or provoking them.⁶ On the basis of a controversial study of rape cases, Amir created a typology scale for victims in 1971 that ranged from ‘the accidental victim’ to ‘the consciously or the subconsciously seductive victim’ (Ibid). On the basis of his study Amir believed he had found that 19 per cent of the victims of these cases had themselves initiated the rape or were the reason it had happened. These and other theories of the victim’s guilt or participation in the criminal acts they were exposed to generated a discussion on what could be regarded as the correct behaviour of a victim. This created stereotypes that distinguished between deserving and non-deserving victims (Ibid). This in turn resulted in the concept we know as

³ Red. Haaland, T., Clausen, S.E., and Schei, B. (2005). *Vold i parforhold - ulike perspektiver* (Violence in partner relationships – various perspectives). Report from the Norwegian Institute for Urban and Regional Research, 2005:3, page.96.

⁴ H. Pape and Stefansen, K. (2004). *Den skjulte volden? En undersøkelse av Oslobefolkningens utsatthet for trusler, vold og seksuelle overgrep* (Hidden violence? A study of the Oslo population’s vulnerability to threats, violence and sexual abuse). Report 1/2004, Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS), page 115.

⁵ Carrabine, E., Iganski, P., Lee, M., Plummer, K. & South, N. (2004). *Criminology: a sociological introduction*. London: Routledge.

⁶ Walklate. S (2004). *Gender, Crime and Criminal Justice*. Devon: Willan Publishing.

the “ideal victim”: a person or category of victim that is regarded as completely innocent of the reason for his or her role of victim.

‘Us’ and ‘them’

The women we focus on in this project live on the margin of society. They are associated with crime, they often have substance abuse problems, they are often mentally ill, and they frequently live chaotic lives with no permanent housing. They are under-users of social support networks.⁷

“These are women who often come into contact with social support rather late They don’t easily seek treatment.” Stakeholder interview no. 1

This is the group ‘we are distanced from’. The social gap between ‘us’ and ‘them’ is so wide that their stories are those we close our eyes to. When these women become victims, they are seldom regarded as non-deserving victims by either society or themselves. They therefore often stand outside the system that is intended to protect us.

“Essentially the criminal justice process should play a crucial role in restoring the tarnished beliefs of victims, by acknowledging the importance of their role and validating this through recognition, participation and respect.”⁸

In spite of the fact that we as a society believe we treat all victims of crime equally – regardless of the victim’s personal characteristics and qualities and exclusively on the basis of the criminal acts they have been victims of, in this report we dare to claim that this does not apply to all social groups. We are of the view that the group of women we focus on in the project are still measured against the concept of the ideal victim, i.e. they are assessed on the basis of what we as a society regard as sensible and rational behaviour prior to violence and the victim’s reactions to violence. This in turn affects the degree of attention that we as a society choose to give this group of women and the problems they face. Those in the actual target group may incorporate these attitudes into their own beliefs and, as the manager of a temporary overnight accommodation service in Bergen points out, this duality can be difficult:

“But quite clearly, as long as they’re associated with criminal offences (read substance abuse) then it’s really a matter of what’s the difference between the perpetrator and the victim. When it comes to the police, they think the police can either be on their side or will just slam the door in their faces. That duality is difficult too.” Stakeholder interview no. 5

The total lack of research into violence in close relationships among women with a background of substance abuse/mental illness/crime, and a lack of knowledge about this field means that after this project we are left with a picture of a group of women who have been forgotten in most arenas. When they are first mentioned, it is as an extremely demanding and chaotic group:

⁷ See also Lockus, N. (2004). *Women in Prison*. I: Mc. Ivor Gill (ed.), *Women who offend*, 2004:142-159.

⁸ Tapley, J. (2007). *Victimology: Victims of crime and the Criminal Justice Process*. Portsmouth: University of Portsmouth.

“You don’t get much out of your investment in this group. You don’t get many happy endings. But what are we measuring results against? If you abuse intoxicants, but abuse them less, life becomes more worthwhile. Quality of life can improve. And that’s a sign of success, too. But in this country we must always measure results against those who don’t have a substance abuse problem and are successful, and in fact that’s just not possible for everyone.” Stakeholder no. 2

Normalising the abnormal

In our conversations with those employed on one of the substance abuse treatment programmes in Bergen we were told that the female drug users talk surprisingly little about the violence they are victims of compared with the actual amount of violence that is perpetrated. One employee thought part of the reason could in fact be their shame at not being completely innocent and their fear of not being taken seriously.

“They’re ashamed of it, so this is one such subject – shame and how they blame themselves and things like that. And they’re almost certainly used to not being taken seriously when these things happen to them. And the fact that they don’t get any help. ... To be quite honest I don’t think very many of these women ask for help.” Stakeholder no. 3

Most of the women who have taken part in the Aurora project live in tough environments (substance abuse/crime) where the chance of being exposed to violence is greater than that in other environments. The women are often at the bottom of the social ladder and are thus frequently victims of extremely offensive incidents.

“This is all about old-fashioned gender-role patterns. I know some women who are on the street and their boyfriend’s a pimp. He takes all the money. There are lots of women in the drug environment who in a way are sold by their own partners. ... One of the men I’ve given guidance to for many years said to me, very proudly, “You know what, Turid, I’ve never made my woman sell sex!” That was really something, yes, because it’s quite simply very unusual.” Stakeholder no. 3.

Very many of these women are homeless and have no opportunity to acquire safe housing. They thus often find themselves in a situation where they have to stay in this type of relationship, and with a poorly developed social network due to a lifestyle of substance abuse/crime it is difficult to have to ask for help to extract yourself from a difficult situation.

One of our informants says this about living with violence:

“Things get more and more normalised.”

And she continues:

“When you use drugs you believe you deserve it. It becomes the norm.” Informant interview no. 3

And gradually violence also becomes a normal dimension of life:

“It got to the point where ... I’ve taught myself the pain thing, about me just sort of leaving my body. It’s more the mental part... The fear was whether I’d survive the day.” Informant interview no. 6

And she continues:

“But all the same it just wasn’t possible to live like that. Actually I didn’t live at all. I was smoking myself to death, I was on another planet... I sold my bed and my fridge and everything... And in the end I was so tired that I didn’t give a damn.”

In another interview a woman in her forties says she has recently heard the definition of rape, and her first thought was:

“Bloody hell, then I’ve been raped a lot. And in fact nobody’s ever told me.” Informant interview no. 8

Another says something similar:

“I’ll soon be 40 and I’ve certainly been raped 40 times in all... I think it’s really strange that I’ve thought it was quite natural just to accept it. There’ve been so many crazy things and situations... ” Informant interview no. 6

How did these women become part of the crime statistics?

Women still make up only a small percentage of prison populations on a global basis. Minimal research has been conducted into this area, and we therefore know little about what characterises the group. However, we believe we can see some similarities with regard to background and problem areas among the women who end up in the category of criminals. If we examine the findings that have emerged regarding female prison inmates, we can see that they show the same life circumstance issues, regardless of country and cultures. And we find this again in the groups of women that the Daphne project focuses on.

Studies that have been conducted among prison populations in various countries, including Norway, show that a large percentage of female inmates have substance abuse problems (Amundsen, Fristad and Skog-Hansen⁹ etc.) This correlates with the figures for 2014 from the Aurora Project which reveal that 74 out of 82 participants had substance abuse problems. Such abuse plays a relatively major role in much of the crime that is committed, but in the case of women criminals, substance abuse involvement is disproportionately high (Aurora 2013, p.23).

In criminology theory, conditions in childhood and adolescence have been a major factor when assessing the risk of marginalisation in adulthood. Research has revealed that there are correlations between problems while growing up and subsequent criminality.¹⁰ If we look at the findings in the 2014 report from the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) on violence and rape in Norway,¹¹ a national study, these show a connection between exposure to violence at a young age and exposure to violence as an adult – also called re-victimisation. To qualify as a respondent in this study, participants had to have a registered address in order to receive a questionnaire, and a telephone to enable them to be contacted. We found it very surprising that a report that in its title claims to be national demonstrated so little sensitivity in its selection of

⁹ Friestad, C. and I. L. Skog-Hansen (2004). *Levekår blant innsatte* (Living conditions among prison inmates), Fafo report 429.

¹⁰ Ibid

¹¹ Thoresen, S., and Hjemdal, O.K.(ed.) (2014). *Vold og voldtekt i Norge En nasjonal forekomststudie av vold i et livsløpsperspektiv* (Violence and rape in Norway. A national study of violence in a life-cycle perspective). Report 1/2014. NKVTS.

respondents. The form of recruitment used totally excluded a group that according to previous national and international reports is more exposed to violence than other groups and is extremely vulnerable:

“In its report the Commission on Violence against Women points out that female substance addicts who are abused have a higher number of and more complex issues they need help with than women who are not under such strain. They often have considerable health and psychosocial problems as well.”
(Norwegian Official Report 2003: 31)¹² (Authors’ translation)

In addition, the NKVTS report starts with the insight that combating violence and sexual abuse:

“...demands good knowledge of how widespread violence is in society, of who is affected, and of the consequences of the abuse. Knowledge of the prevalence of violence and abuse can also help to raise awareness of violence, and thus provide the inspiration required to implement necessary measures.”
(page 29, NKVTS Rapport 1/2014) (Authors’ translation)

The report from NKVTS will also:

“..provide new updated knowledge about the scope of violence in close relationships and rape in Norway.” (Authors’ translation)

and..

“Studies on the scope of violence in close relationships will be conducted every fifth year. Using the 2013 study of the scope and its collection of data, the Norwegian Centre for Violence and Traumatic Stress Studies is commissioned to carry out supplementary studies on certain groups about which we particularly lack knowledge – for example those with an immigrant background, lhbt, and those with functional impairments.” (lhbt stands for lesbian, homosexual, bisexual and transsexual persons.)
(Authors’ translation)

Thus the supplementary report does not even mention one of the groups that is described as most vulnerable – a group that we in fact have least knowledge about with regard to violence. The conclusion of the report recommends that provisions be made for a research design that is adapted to the groups that are difficult to reach, and also mentions prison inmates, persons with severe mental problems and substance abusers.

Our figures from the the Aurora Project report, as well as the research mentioned above,¹³ show that it can be logical to draw parallels between exposure to violence/sexual abuse, failure of care when young and substance abuse/criminal conduct in adulthood. In contrast to NKTVS, when gathering information for his doctoral thesis *Childhood Trauma and Mental Health Problems in Adult Life*,¹⁴ Dovran chose to focus on the group he believed would have a high prevalence of abuse in childhood: male prison inmates, and women and men undergoing treatment for problems of substance abuse and mental health. The results from this research showed that a large percentage of the participants had

¹² Norwegian Official Report 2003:31. *Retten til et liv uten vold. Menns vold mot kvinner i nære relasjoner* (The right to a life without violence. Men’s violence against women in close relationships).

¹³ Marie Lisbeth Amundsen (2010), *Levekårsundersøkelsen fra 2004* (Living conditions survey from 2004), Trickett et al. 2011 and Dovran 2013.

¹⁴ Dovran, A. (2013). *Childhood Trauma and Mental Health Problems in Adult Life*.

been the subject of abuse in childhood. The more severe the abuse, the greater the degree of post-traumatic stress illness and general mental disorders they suffered as adults. In addition they found that women gained a significantly higher score for emotional and sexual abuse.¹⁵ It would also have been interesting to look at female prisoners to discover if they would have the same score when it comes to previous experience of childhood abuse. In their report on violence and abuse against children and adolescents (2007),¹⁶ Mossig and Stefansen found that there is a particularly high risk of re-victimisation in adulthood if a person has been exposed to abuse before the age of 13. According to attachment theories, those exposed to abuse and other types of traumatic incidents in childhood show a significant lack of the ability to become attached to others or to establish trust in others as adults. This again increases the risk of becoming involved in relationships that lead to exposure to new abuse. The American researcher Judith Herman is quoted as follows in a Norwegian journal that addresses substance abuse and addiction:

“Violence in childhood teaches submission. The most important thing is to behave in a way that creates reasonable safety in the surroundings, in spite of the violence. Women have always been used to putting their own needs aside, to taking care of their husband or partner, and to neutralising or trivialising the offensive behavior they are subject to. They have lost their self-confidence, and the alternatives seem impossible or risky. A coping strategy among many is to turn to intoxicants in order to cope with anxiety, unrest and anger.” Jensen, I, *Rus og avhengighet* (Substance abuse and addiction), 2001:6, page 33. (Authors’ translation)

In addition, the socio-economic background that many of these women come from – low education or none at all, a poor financial situation and insecure or no housing – indicates a greater risk of being the subject of violence.¹⁷ Trickett et al. 2011¹⁸ conducted a longitudinal study over 23 years that revealed the same results as the research mentioned above: there is a strong connection between traumatic events in childhood and intoxication, crime and self-injury in the form of violent relationships in adulthood.¹⁹ Traumatization also appears to be the best predictor for substance abuse among women (Putnam 2004).

In one of our conversations with stakeholder no. 1 we asked what they had experienced with regard to the residents’ backgrounds and how well the residents managed in their encounter with a life without crime and substance abuse:

“It depends what baggage they brought with them when they came. Those who have been well brought up and have done a lot with their lives – it’s easier for them to get back to something than it is for those who in a way are crushed from the start. And perhaps most of them fall into the latter category.”

¹⁵ Ibid

¹⁶ Mossige, S., and Stefansen, K. (2007). *Vold og overgrep mot barn og unge. En selvrporteringsstudie blant avgangselever i videregående skole* (Violence and abuse against children and adolescents. A self-reporting study among school leavers from upper secondary schools). Report 20/07.

¹⁷ Norwegian Official Report 2012: 15 *Policy for equality*.

<http://www.regjeringen.no/pages/38055324/PDFS/NOU201220120015000DDDPDFS.pdf>

¹⁸ P. K. Trickett, J. G. Noll, and F. W. Putnam (2011). *The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study*. In: *Dev Psychopathol.* May 2011; 23(2): 453-476.

¹⁹ <http://www.regjeringen.no/nb/dep/bld/dok/nouer/2012/nou-2012-5/19/3.html?id=671719>.

All the research mentioned above refers to the vulnerability to and the risk of exposure to violence of the group of women we focus on. Everything affects this vulnerability – the environment they spend their time in as adults and the conditions they come from. Bergen municipality's action plan against violence in close relationships, 2014-2017, takes up this very subject:

"The prevalence study shows that those who find themselves in a marginal financial situation are more exposed to violence than others. The prevalence of the use of power in relationships between couples is more than twice as high among the groups who state they 'are much worse off than most others' or who have received social benefits during the past year. The incidence of the use of power from a partner among those on social security or without employment is also higher than that in the rest of the sample. A low level of education appears to be connected to greater vulnerability for violence." (Norwegian Official Reports 2012:15, page 6)

The report also states:

"White paper no.15 refers to the fact that mentally ill women and women who are substance abusers may have a higher risk of exposure to violence and be more vulnerable to such abuse than other women. A survey of the experience of violence among people undergoing treatment for addiction to intoxicants showed that 21 out of 26 women had been exposed to violence in a close relationship. In addition, several had experienced sexual, mental and/or physical violence while growing up." Page 8 (Authors' translations)

To enable these women to break out of this pattern, violence must be defined and they must be made fully aware of the psychological mechanisms that are initiated and how these should be changed.

"Nobody has defined violence for them! You don't just fall into a violent relationship. It has often recurred throughout your life.... We must dare to ask, dare to listen!" Stakeholder no. 2

Several of the informants reflected on their childhood and adolescence and on their own experience of violence. One of the women says:

"I grew up in a home that...or a home that isn't...what's it called when it isn't like stable...a sort of disturbed home, I don't know what to call it..."

She continues:

"I've gathered that this is how it works, and if you've grown up with it then it's easier to end up in the same situations." Informant interview no. 8

Another woman comments:

"I've experienced quite a lot of violence."

and

"My father was violent towards me when I was growing up. Then I had a very violent boyfriend from the age of 13 to 17." Informant interview no. 7

If we examine the findings of Friestad and Skog-Hansen in the report from the Fafo Institute for Labour and Social Research (2004) on living conditions among prison inmates, there is a clear correlation between crime and factors such as financial difficulties, a problematic childhood and adolescence,

little or no education and unemployment. The proportion of individuals with these problems in Norwegian prisons is considerably higher than that in the rest of the population. One can well ask what came first, but the fact that the correlation exists cannot be denied.

Since it has also been established that women (and men) with poor living conditions are more familiar with the use of force and violence than others in the population,²⁰ and that women with substance abuse and mental problems are over-represented with regard to exposure to violence,²¹ we can fully agree with Pape and Stefansen's conclusion that domestic violence is not evenly distributed in society:

"There were pronounced differences between groups with diverse socio-economic status, differences that applied across both gender and age." (Authors' translation)

They also draw attention to the fact that identical findings have been reported in the UK, Denmark, Finland and the USA.

Trust in the police contra protection from substance abuse environment

Employees in the Aurora Project have on several occasions met women who have been subject to violence and rape but who for various reasons dare not report this to the police. Some of the women want to hide something and are therefore unwilling to involve the police, while others have experienced that their stories have not been believed and thus see no point in filing a complaint. When one of our informants is asked whom she contacted to get away from a violent partner when she was also part of the substance abuse environment, the response came promptly:

"It's something deep inside us. You just don't talk to the police."

This informant is now clean and has left substance abuse environment, and we ask her whether the police help if they are in fact contacted.

"To some extent. When I go to them and explain my circumstances and put in an appearance, then they take me very seriously. But not when I ring from the place I live because then they think..." Informant interview no. 3

Our experience is that many of the women we talk to have a complicated attitude to the help they think they could get from the police. The rest of the population should be able to expect that:

*"Anyone who is exposed to violence and threats of violence in a close relationship has the right to assistance and protection as well as to good and efficient treatment from the police and the legal system."*²² (Authors' translation)

However, the women in this group have often experienced different treatment in their encounter with the police. In addition they fear reprisals if they involve the police – reprisals that can range from being

²⁰ Norwegian Institute of Urban and Regional Research, 2005:3.

²¹ Harm reduction international 2013

²² Action plan against violence in close relationships 2014-2017. *Et liv uten vold* (A life without violence).

labelled an informer, and thus risk tough retaliation from the drug environment, to gross violence or genuine murder threats.

“They don’t particularly trust the police. They’ve had bad experience with them. And they hear stories and then they think that there’s just no point. And then what can they do? They’re afraid of reprisals. Even if the rapist was to end up in prison he still has mates on the outside.” Stakeholder no. 3

The women we work with have no safe places to escape to if they report the perpetrator of the violence to the police. The crisis centre does not admit women with substance abuse/mental problems, and currently no similar initiatives exist for this group of women.

“One of the women (she was on a rehabilitation programme) had been in several violent relationships – with mental, physical and sexual violence. She wanted to be admitted to the crisis centre. We tried to help her and looked at what could be done, and we were told that since she had a substance dependence then unfortunately they couldn’t help. They advised us to file a complaint, but she didn’t dare to since she was very vulnerable. She wasn’t actually on the street, but she lived in Møllendalsveien. And yes, I’m sure I could have broken open one of the doors with a butter knife. Very, very unsafe, and she...yes...So it was a long time before we saw her again. She went underground I think. She got absolutely no help that we know about from the system.” Stakeholder no. 3

As shown above, getting temporary shelter in a hostel or the like is a poor alternative since such places offer minimal protection and are full of people who leak information to the substance abuse environment.

“...when you stay at a hostel you go round all the time scared to death without realising it.” Informant interview no. 3

And as another informant puts it:

“So if you’re in your right senses in Møllendalsveien you daren’t even go out of the door.” Informant interview no. 4.

All the women we have talked to about violence and abuse through the Aurora Project have asked us not to involve the police, and they are careful not to let other parts of the system (rape reception centres, emergency medical services etc.) hear about their experiences due to the duty to report. Some describe filing a complaint and not being believed or taken seriously as a considerable extra strain, while others choose to get their own back themselves instead. On this subject stakeholder no. 3 says:

“It becomes a sub-culture where they fix things themselves. They get some men they know, boyfriends or suchlike, to put things straight.”

One of our informants tells us this about retaliating:

“I’ve got a network that’s wide enough for me to feel safe...I’ve been in this milieu for quite a long time now, so of course I have my contacts...I know I’ve got nothing to fear.” Informant interview no. 4

About a previously rather violent boyfriend the informant says:

"We can fight as much as we want between ourselves, but if anything happened to me he... then he'd have..."

When asked directly about whether she has been the subject of violence the answer is:

"...well, a couple of broken ribs and a broken nose twice...like...but I'm damn quick-tempered myself as well!"

Has she ever asked for help? Was she afraid?

"Not at the time, it's more afterwards when you imagine what could have happened."

Has she considered reporting someone to the police?

"Well, first of all, if I'd reported anyone, they wouldn't have cared. The police don't always....well, they don't give a damn about drug addicts or criminals."

"I'd rather get my own back afterwards myself. What's the worst thing that can happen? That they get a fine or a smack on the wrist."

Another informant is very dissatisfied with police efforts in this area:

"I feel the police are directly...they're just like – oh I'm so mad at them because... I've had bad experience with them before. They start with "Well, are you sure you haven't provoked this yourself?" Then I just shut up and leave. I can't even be bothered to answer. I simply can't believe it when it happens to me. It's happened with both rape and violence. I had surely provoked the violence myself!" Informant interview no. 8.

She says the following about reporting something to the police:

"Then they start interrogating me at the counter... Lots of people can hear what I say... You never know who's sitting there. And then you have to sort of tell them things that aren't really very pleasant."

"I've never experienced being taken seriously. Not by the police anyway."

In one of the conversations with stakeholder no. 4 we asked about her perception of how this group of women experienced contacting the police:

"They're extremely sceptical about the police. They feel they're under suspicion, and particularly if they were intoxicated at the time. They've experienced that when they go and ask to file a complaint, the police question it and ask "Is that a good idea?" about whether they should do it or not. That's been their experience."

Another informant, no. 6, tells us that after a long period of gross violence she was taken to the emergency medical services, who in turn took her to the police to report the matter. She had been beaten up and was covered with blood, and she was taken behind the first counter at the police station.

"And then this idiot in plain clothes arrived, came round to me and I just stood there sniffing and was going to explain, and then he bends over me and says, "We're just so fed up of listening to your pathetic stories." And a few days before I'd heard on the radio that if you're the victim of violence you must tell someone and it's important to report it."

Talking about the future she says:

“And so you report it, and then you’re told to stay hidden for three weeks, so I stayed hidden at X’s place (a relative) and I was afraid because you know what it’s like – he’d get a letter in the post to tell him that a complaint had been filed, and then I’d be dead. If he found me. So I withdrew the complaint after two weeks, but by then he’d got it.”

“So the next time I met him it was just awful...”

This insecurity and lack of trust in the police affects these women’s choice of boyfriends. In one interview stakeholder no. 3 made a point about protection:

“We’ve talked a bit beforehand about how these women choose men who are the most violent and the most dangerous as their protectors. Then they’re protected against the environment. But they’re not protected themselves, even though it also gives them some status.”

Several of the women we encounter often choose “tough” men as partners in the hope that this may protect them against the rest of substance abuse environment. The consequence of this is that they themselves often end up at the receiving end of this toughness. Stakeholder no. 1 talks about the women’s shelter they run, about the challenges of the women who live there and the balance between individual rights and the common good:

“It’s these women who have problems being alone, need someone. When we talk about getting attention, it doesn’t matter who it is as long as it’s someone.”

“Clearly for the other women this should be a women’s shelter and they should be safe... there were violent episodes among the residents there. We couldn’t allow that.”

Temporary housing: hell or a life-saver?

We know that one-third of the inmates in Norwegian prisons are homeless when they start their term of imprisonment, and two-thirds are homeless on their release. Of the women Aurora has been in contact with, many have been released to temporary housing or fictitious addresses. Safe, permanent or temporary housing/addresses are vital to resolve many of the problems we discuss here at our meetings. As we shall see in this report, although the municipalities give some priority to permanent housing, they place little focus on either security or safe emergency alternatives for the target group. Many of our informants name the Norwegian Church City Mission’s overnight accommodation for women in Bergen – the Base – as a good alternative when it is difficult to be at home.

“I was there a lot the years I was homeless. The women who work there are so nice...and they’re like...the women who work there know how bad it is.” Informant interview no. 8

When we ask whether the Base feels like home, another informant says:

“Yes and no. It feels like home because those who work there really try to include everyone. They see you as a person and they’re understanding, and I know they’ll let me sleep there when I want to. It doesn’t feel like home because they open very late, ten at night, and it’s not always possible for me to be there when I want to...” Informant interview no. 5

Yet another informant points out why the Base has felt like home during her past two years of homelessness:

"Very OK people working there. I have only positive things to say about the place. Nice and clean and you can shower and wash your clothes. It's a very good service." Informant interview no. 7

She says the Base is different from other temporary or emergency alternatives because it is far more homely, so she chooses the Base rather than more 'stable' alternatives such as a hostel. The problem is that there are a limited number of beds – both there and at the Bakkegaten shelter, which is the next best alternative:

"...so worst case is that you risk having to spend a whole night on the street, or sleep at the places of people you really can't trust. They often charge more than it would've cost to spend the night at the SAS hotel, whether they demand it or steal it or whatever..."

She continues by telling us what happened on one of the two nights during the past year that the Base was closed:

"... I was raped. The Base was closed on just that night so I had no place to sleep. And there were two of them who said I could sleep at their place..."

The consequences of this rape were considerable, both mentally and physically.

"...it made me throw up every day for more than six months, and I lost a lot of weight. I threw up Methadone so I had to buy dope to keep myself going because no medication-assisted programmes took me seriously."

Did she report the rape?

"Yes, but the case was dropped because they couldn't be identified, even though the police managed to recognise where they lived and everything. But it would certainly have been a tough court case, especially when I had met them near Nygårds park, so it wouldn't have gone in my favour anyway..."

"It's a bit like what they say about girls who dress too skimpily...it comes in the same category."

This woman was referred first to a personal crisis help team and then to the Centre against Incest and Sexual Abuse because she took up the problem of incest in her childhood, but she did not feel welcome because of the substance abuse. Nonetheless she has chosen to be open about the event, because as she says:

"I never felt it was my fault, like. I certainly didn't ask for it!"

However, safe overnight accommodation is not only important for the homeless. The previous manager of the Base tells us:

"Several of those who come here have their own place...and we have to ask them in a way why... because we are really an emergency overnight service... and it's the safety and being with others.... Like home."

Stakeholder no. 5 supports her on this:

"...a safe, orderly milieu!"

The informant quoted above tells us why the Base suits her so well:

“Since I’m struggling with anxiety and the like I think it’s great there where there are only women. They’re not so violent... You feel safe when you come through the door there – at least safe from the environment.”

Making sure a place functions for this target group where:

“...there’s active intoxication, there’s crime, there’s violence – the whole package..”

requires good staff and clear house rules:

“We were thinking specifically of women, so the preparation had to be much more professional.”
Stakeholder no.5

In a report from the Uni Research Rokkan Centre on the life of groups like our target group and their constant shuttling between institutions and housing alternatives, one informant says the following about sheltered overnight accommodation for women:

[...]“But I know, the only thing I can say that happened, let’s say that you’re on the street and something happens to you – a rape, one thing or another, it happens daily. So being able to go to the night shelter for women...you’ll meet girls who understand you, who’ve been in the same situation and the like. [...] That’s the only reason, sort of, I can give for the girls wanting to be alone. Then you’ve got all those girls who aren’t on the street (...) a lot of them have been mistreated, there’s a lot of that. And some of them just think it’s good to get some peace from their men for a while.”(Taksdal et al. 2006, page 92).

The argument mentioned above is also the reason given by the municipal department of social affairs, housing and local development for why they wanted to set up special sheltered temporary housing services for women. In an interview with stakeholder no. 14 he says the following:

“The idea was actually that women in the substance abuse environment...it was particularly that environment we were thinking about, if we consider that it can at times be brutal...so a woman will be in a more vulnerable position.... In order to...you see it’s about threats, it can be about violence or other forms of finding yourself in a position as underdog or as the victim of offensive behaviour in one sense or another.”

Gender-specific vulnerability in the form of threats of violence and the need for recognition give men the power that stakeholder no.6 defines as problematic for women in this environment. Stakeholder no. 5 supports this view:

“...and in a way how women...well, the least problematic aspect...that they always take on the role of carer where in a way they’re going to save the world before they try to save themselves.”

One of our female informants who has lived in recurring violent relationships says:

“I’ve always looked after people. It’s something that’s completely natural for me to do. I’m not so good at looking after myself, but I’m happy when I’m helping others. It’s always been like that.” Informant interview no. 3

When women who have a history of being subject to abuse or offensive behaviour have to live with men in temporary housing, things can occasionally go wrong. Stakeholder no. 5 tells us:

"...Just once it's happened that the women have actually said 'that man there, we're scared of him'... He was the sort who just knocked on the door, like, and then just..."

In addition, in some temporary housing initiatives there are challenges regarding how they can/should set limits for people in their own home:

"In the past few years we've had some women who sell themselves, and that's a problem... There's nothing in our house rules that says that selling sex isn't allowed." Stakeholder no. 5

Stakeholder no. 6 adds:

"They're very uncritical, many of them become so and expose themselves to considerable danger."

Stakeholder no. 5 confirms this:

"...particularly when they're high!"

The Bergen Base for women has continuously focused on providing shelter for women only. At the outset even the address was going to be secret, rather like a crisis centre. When we ask the women we have interviewed about the strengths of this overnight shelter, they emphasise its safety. Most of them mention the Base before they mention the crisis centre.

The crisis centre

The Norwegian Crisis Centre Act came into force in June 2010. The Act transfers the responsibility for violence in close relationships from non-profit organisations to the municipalities. This also entails the obligation to design the centres as universal initiatives so that everyone can make use of the service (regardless of gender, age, disabilities or other types of vulnerability). On commission from the Government's Action Plan against Domestic Violence 2008-2011, the south Norway Regional Resource Centre for Violence, Traumatic Stress and Suicide Prevention (RVTS Sør) produced a handbook for the inclusion of women with mental problems and substance abuse in the crisis centre service. In summer 2010 the Ministry of Children, Equality and Social Inclusion also sent a circular to the municipalities on how they should carry out internal control of this new assignment. The RVTS report indicates that collaboration between the crisis centres and other types of social support initiatives is somewhat inadequate. Our interviews with various initiatives in Bergen targeted at homeless women with substance abuse reveals that they have little or no contact with the crisis centre, in spite of the fact that section 4 of the 2012 Crisis Centre Act stipulates that the municipalities must:

".....ensure that women, men and children who are subjected to domestic violence or threats of such violence are provided with comprehensive follow-up by coordinating the assistance provided by the crisis centre service with assistance provided by other parts of the public service system."

The crisis centres often have good contact with the police (which also emerges in our interview with Bergen crisis centre), but with regard to other services offered in treatment programmes, psychiatric help and temporary/emergency housing (e.g. hostels, overnight shelters), the contact tends to be dependent on the persons involved. Bergen municipality's Action Plan against Violence in Close Relationships (2014 – 2017) refers to White Paper no. 15 which states that the challenges are

associated with the quality of the services within the structures that already exist, and precisely the challenges of collaboration and coordination within and between the services.

In 2003 Jonassen and Stefansen²³ mapped the services offered to women faced with violence and substance abuse challenges, and they conclude:

“The fact that these groups of women are not covered by the operations of the crisis centre may appear paradoxical when we know that they are groups that are probably over-represented in the violence statistics.

Having said that, it is not certain that the crisis centres represent the best option for women with supplementary problems. Nonetheless it is odd that the women who particularly need emergency assistance in practice don't have a service that is specifically targeted to remedying problems associated with the violence they are exposed to.” (Authors' translation)

In Bergen there is thus no specially designed emergency and sheltered round-the-clock service today for women who are active substance abusers and who are on the run from violence. They are denied admittance to the crisis centre out of consideration for children and other residents. Women who use intoxicating substances and who are unable to take responsibility for their own lives cannot stay at the crisis centre since the centre must give priority to consideration for children,²⁴ and the crisis centre's ideology concerning self-help conflicts at times with the lack of self-care. The emergency alternative for this group of women is temporary housing, i.e. either hostels shared with men and without any form of professional follow-up and safety, or overnight shelters with occupational therapists and with limited opening hours (from 10 at night to 10 in the morning). The latter option is reserved for women but is difficult to rely on: it is open only at night, and places are allocated from one night to the next (by queuing up and hoping for a place). One of the women we interviewed told us a little about her experience of staying at a mixed hostel, or in shared housing as she called it:

“Housing is Alpha and Omega. I've stayed in shared housing and it's been ghastly. There were substance abusers, there was noise, there was commotion, you had to share the shower...” Informant interview no.

1

In 2012 Bergen municipality invited new tenders to put in place temporary housing with a quality agreement for women only, but no service providers wanted to submit a bid. Those we talked to in this sector told us that the tender was not particularly interesting since the target group is difficult to work with and there were no financial frameworks in the tender for staffing, which is perceived as necessary when working with this group.²⁵

²³ Jonassen, W., and Stefansen, K. (2003) En statusrapport om krisesentrene, NKVTS (A status report on the crisis centre, the Norwegian Centre for Violence and Traumatic Stress Studies – NKVTS).

²⁴After the incorporation of the UN Convention on the Rights of the Child into Norwegian law, children's rights have been strengthened and consideration of their welfare comes first.

²⁵ For further information see questions and answers in the tender round at <https://www.doffin.no/Notice/Details/2013-328805>.

A challenging group!

The majority of the service providers and civil servants share a common view of the group, which is also the case in the reports of the crisis centre's staff: chaos, uncontrolled behaviour, a lack of residential skills, little trust in the system and the assistance one could expect, little interest in filing formal complaints because of previous experiences and/or fear and few self-mastery resources to build on, as well as frightening behaviour when intoxicated. Several of those we interviewed have pointed out that the women's state of chaos and their feeling of lacking inherent worth are difficult to deal with.

In the case of women who have experienced violence and abuse in early childhood, their ability to establish relationships in adulthood is affected and this in turn influences their relationship to the social support services and how they are perceived by these services:

"What's the reason for not being able to live your life? Mostly it's because you're emotionally damaged by previous relationships: you're at war with the world, you don't trust anyone. You're accustomed to being abused and harmed in close relationships. So when you're offered any kind of closeness you automatically become suspicious. If you think about it in terms of relationships, this is completely logical." Stakeholder no. 4

Gendered strategies for survival are perceived as easier to manage in cases in which the victim of violence shows "natural reactions to unnatural circumstances" than in cases where women show different reactions (lack of anxiety or fear, other definitions of violence and other tolerance limits, other types of relationships to the perpetrator, symptoms of re-victimisation related to abuse in childhood etc.).

As helpers we have a conception of how a woman who has been the victim of violence should react and behave. One of our informants reflected on how she best could communicate her story:

"At the same time I've noticed that there can be too many tears... I had problems presenting my case (to her lawyer) because I started crying the whole time. And that quite simply became a handicap. I wasn't able to present it in a proper way – I kept breaking down and that was no help because then he didn't get the information he needed." Informant interview no. 8

At the same time she says that she knows how society would like victims of violence to react:

"It's like they should go around saying 'Sorry I exist' every five minutes."

In interviews with some users of the women's shelters carried out by the Regional Resource Centre for Violence, Traumatic Stress and Suicide Prevention (RVTS) (2001) attitudes such as "she's not one of us" emerged, and the staff's attitude was sometimes: "drug addicts and prostitutes don't belong here"(RVTS, 2001). We can find the same attitudes expressed by our informants in relation to the users of the crisis centre.

"I hear about these womenfolk of course, even if they've only been slapped around a bit... If only they knew..." Informant interview no. 8

Even after the Crisis Centre Act gave the municipalities responsibility for also providing a service for female drug addicts escaping from violence, not a single complaint has been submitted to the county governor regarding breaches of this right from women with substance problems.²⁶ Our informants refer again to the lack of trust in the system. They do not visit the crisis centre because they know they will be turned away, or they have never been referred to it by other bodies (the police, personal crisis support team, the social support services, the child welfare service).

“I’ve been in touch with them (the crisis centre). That was because I was having a really difficult time with the guy I lived with earlier. I wanted to go there but the woman who worked there said that it didn’t sound as though I was in a dangerous situation. And I wasn’t, it was more that he...it was mental violence. She said I could ring if it got worse.” Informant interview no. 5

Another informant had been at the centre once, but says now that:

“I would almost certainly not be admitted to the crisis centre again because they exclude substance abusers and people on medication-assisted programmes. It’s absolutely crazy. They should have their own shelters because the worst stories I’ve ever heard about violent abuse are very often related by girls who’ve turned to prostitution, and yes, they’re also substance abusers. It’s the people who need help most who get least.” Informant interview no. 7

The same informant had tried to attend a Hieronimus course for women who wanted to get out of a violent relationship. The answer she was given was:

“She just said that you can always come back next year when you’re drug free.”

Several of the service providers we have been in contact with have also confirmed what informant no. 7 says about the need for a separate crisis centre for this group of women:

“Some of these women are difficult to help. Some of them often have considerable mental problems. Then it’s difficult to find a home for them. There should be a separate initiative where they aren’t met with prejudice.” Stakeholder no. 3

Institutions as alternative refuges

In 2006 the Rokkan Centre submitted a report, funded by four different ministries, summarising knowledge acquired about the lives of these women and the constant shuttling between the psychiatric services, the substance abuse treatment programmes, the street, hostels and their own homes that often characterises our target group. Their findings concur with ours in respect of the frame of reference of women subject to violence: break-ups as a norm when growing up, institutional stays as a “time-out” from their chaotic lives and the perception of being “a difficult person”. Marginalisation, social rejection mechanisms and experiences from recurring offensive behaviour contribute to the inability of many to tackle a “straight life” in their own, safe home. Their nomadic existence, always keeping under the radar of the support services, constitutes a kind of predictability if nothing else for some of them. If they do not get peace at home, or if they do not have a home, the

²⁶ E-mail from the office of the country governor about the supervision.

institutions provide an alternative to a temporary and often unsafe home. The use of institutions as a “time-out” from substance abuse and violence is often mentioned as a strategy:

“ [...] so we discharged ourselves, went back to drugs again and it was sheer hell when I was out, drinking and fighting, and even mental harm, threats ...and then I found out that I just had to get away otherwise I would end up in the gutter. Then it was straight to the emergency outpatient clinic [...]”
(Taksdal et al. 2006, page 88)

We have frequently observed the use of institutions as a “time-out” in our work with women. Both short prison stays and detoxification give them time to get a good rest and to get away from a violent partner and a harmful intoxication pattern. If the support services suggest continued substance abuse treatment or a stay at a psychiatric clinic in order to bring about permanent life changes, many of them say they are not motivated for this, nor do they need it. So it is straight back to their old life, a nomadic wandering between different places to stay and a high tolerance for violence and threats in exchange for comparative freedom and access to drugs and alcohol. In our interview with stakeholder no. 4 she points to the same experiences:

“It’s so difficult and so awful out there that they get themselves admitted.”

At the same time she emphasises that:

“Every time you’re admitted for substance treatment you increase your chance of succeeding the next time you’re in treatment. So you have to have several rounds. And these aren’t people who abuse the treatment system, they don’t use it enough.”

This indicates the importance of having a treatment system that is inclusive and where there is room for trial and error. As mentioned, there is a strong likelihood that after some attempts the client will be able to make use of the treatment on offer.

Some of those we have talked to in the support services tell stories about women who have been rejected because they did not show the proper motivation for treatment. The use of the word ‘motivated’ was mentioned in several of the interviews as a negative word, a word that has been misused and has lost its meaning. How can you measure motivation? And whose motivation should be the starting point – the support services’ motivation to help or the patient’s motivation to accept help? If you do not agree with the wishes of the support services, you are by definition not motivated:

“...She’s one of those who are most noticeable in the town today, a woman in her forties. The NAV case officer and myself had spent about two years trying to get her into a treatment institution for the first time. Just getting her in, that she made an appearance... what with alcohol and being the victim of serious daily abuse, yes she was at a low point. And the case officer accompanied her to the interview at the treatment institution and she was asked – this is about three years ago – “How motivated are you?” – that was the question. She wasn’t motivated at all. “Right, then there’s nothing for you here.” Stakeholder no. 7

Stakeholder no. 12 also refers to the difficult aspects of working with different definitions of motivation, regarding both time and place:

“We’re there when things are important for them – not for us and not for the support services.”

and

"The day after tomorrow they're somewhere very different..."

"They almost build up resistance while they're waiting."

One of the women we interviewed had repeatedly turned to psychiatric hospitals as a 'place of refuge':

"Purely and simply in order to survive." Informant interview no. 8

The woman had lived in hostels for many years at this point of time. She said herself that it was because she had no energy to apply for a municipal flat.

"When I was doing drugs I never had time – I chose to believe that I didn't even have time to put in an application for municipal housing."

"It was so bad... I would have given my right arm just to have a room with a door that I could shut behind me..."

Another informant uses the services of the emergency outpatient clinic for substance abuse in times of difficulty:

"Now and again it feels good that someone sees that there's something or other wrong." Informant interview no. 5

Substance abuse and violence: a summary

While the crisis centres report a lack of competence in substance abuse and psychiatry, the substance arena generally shows too little knowledge about violence. In mapping women who 'qualify' in several of the risk categories for exposure to violence (see the five categories identified in the Action Plan against Domestic Violence), violence is not a dimension. Interviews we have conducted with social service employees, as well as reviews of the forms and routines of the social support services locally, show a systematic disregard of violence and threats as a dimension of social housing policy. Some possible causes identified by informants from the system are the lack of knowledge, the view of what a 'typical' and 'non-deserving' victim of violence is, attitudes towards blame and responsibility, as well as the lack of good solutions to help this group. Surprisingly many people in the support services were unable to understand gendered needs in connection with safety and protection. The constantly recurring theme was that these lives (i.e. substance abusers' lives) are hard regardless of whether you are male or female.

Acknowledging the need for alternatives to crisis centres or other safe sheltered housing for this target group will require the support services to begin to recognise and map the spiral of violence to which this group is exposed. In addition to this, there should be a new definition of domestic violence, possibly along the lines of the definition of private violence mentioned in the introduction.

Social housing initiatives: housing as a basis of social work

In the social housing area, just as in the efforts to help women exposed to violence, reports indicate a lack of formal collaboration routines. Agencies and other bodies generally adopt different approaches,

and since many of the initiatives are also time-limited or subject to annual grants, the users who need security often find them unreliable.

"It's the Alpha and Omega. Security." Informant interview no. 2

When it comes to the design of temporary housing for women, an adviser from the agency for social services points out that official statistics show that 70 per cent of the homeless are men, while only 30 per cent are women, thus comprising a minority in the first instance. Since many of the women in the substance abuse environment perhaps have a relationship with a man, a large number will undoubtedly "live in some flat or other, at the mercy of a man" and will then in reality make up only 10 per cent of those who are registered as living in temporary accommodation.

Pursuant to the Act relating to Social Services, the social services are required to find temporary accommodation for those who are unable to do so themselves. The target group we have observed are often in this situation, and therefore receive assistance to find and pay for temporary accommodation – or if appropriate to apply for municipal housing. The form used to map the situation for the homeless, which in turn triggers the right to help to acquire housing, contains questions about income and alternative accommodation arrangements, but no questions about the cause of the homelessness. Many of our informants have pointed out that it has emerged fairly clearly in contact with the social support services that these women live in difficult conditions but that violence or dependence on abusive men has not been addressed in the efforts to find alternative accommodation.

"NAV should recognise this kind of thing in the process and treat it seriously because who says 'No, now you have to listen, this is what my situation is like'...yes, because you're in contact with them either because you need a new place to live or you need a guarantee or you need a means of subsistence ... and I honestly think they should take this a bit more seriously. Because there's some kind of pattern here, isn't there...?" Informant interview no. 3

At the last inspection of the social support services, service deficiencies were noted at some offices because they had no offer of emergency accommodation for homeless women with substance abuse challenges, since there is minimal provision of housing for this group and what there exists is quickly filled. There is even less focus on matching overnight accommodation and the homeless since frequently no more is known about their problems than their visible addiction.

Women and housing or just housing?

"I could never be dependent on anyone in that way, and not have a place to go to and be dependent on a boyfriend or anything, and as for moving in with them ... If anyone is moving in, it would be someone moving in with me so I myself was the one in charge and no mistake." Informant interview no. 2

Secure/temporary housing is a recurring topic in our interviews and in the literature we have studied. As previously mentioned, after the completion of the Homelessness Project in 2004 Bergen municipality's efforts have not been characterised by a positive approach in respect of defining safety from violence as a dimension in finding housing for women. This is despite the fact that the relevant literature points to an over-representation of exposure to violence among women with a low socio-economic status, substance dependency, a childhood and adolescence characterised by violence and abuse, as well as contact with criminal environments. In interviews with representatives of the social

support services or Housing First, housing was defined as a universal need, but there was no focus on gendered needs/qualities that make it possible to live there. Commenting on the new Housing First project in Bergen, stakeholder no. 4 remarks:

“If you get a roof over your head and cannot manage to pay the rent or anything else, what will happen is that you will lose the roof over your head after a period of time. And it’s strange that those who work with these women are not aware of the pathology, of just how damaged the women are.”

We find a different focus in an interview with the former project manager of the Homelessness Project and the women’s shelters in the city district of Bergenshus. The housing of women in the period 2000/2004 focused on a group with a background from prostitution and substance abuse, and the stated goal was therefore to take security seriously. Entry phones, extra insulation, a manned base, knowledge of coping strategies and recruitment of professional competence related to other challenges for the target group resulted in three well-reputed women’s shelters in Bergenshus city district. In the reports from Stubbs Gate, Vestre Holberg and Sandviksveien you can read about minimal turnover, improved residential skills and longer periods of residence than the women had ever experienced in their lives. In turn this required great flexibility and patience from the teams assigned to the shelters, and acknowledgement that people have different attitudes towards the way they live. The former project manager of the Homelessness Project says:

“It’s about more in a way ...than just living, so to speak.”

“Entry phones and peepholes in doors, and secure doors of course; things like doors not opening inwards – at Stubbsgate we took all these kinds of things into account.”

In one of the interviews with stakeholder no. 3, one of the women’s shelters from the Homelessness Project was specifically mentioned as a good example of a successful initiative:

“It turned out that as soon as the women were housed, they were much easier to come in contact with and to help. They were probably still working (prostitution) but they got in touch with the support services through those who were on the staff at Stubbsgate.”

At Stubbsgate and the other housing units the focus was on mastery, respect and quality of life, as well as how to act in the neighbourhood so that being different did not become a problem for any of the parties. Perhaps the most important aspect was the focus on gender as a dimension in the social housing work. This focus gradually disappeared towards the end of the project, as was mentioned by an adviser from the social support services:

“So the question is how good we’ve actually been at incorporating the information or knowledge into the whole picture, and making it a topic of discussion. I don’t think we’ve been good enoughThere’s been no special focus. It’s there, and you’re working on it, but it’s not given special focus. Meeting a client is meeting a client.”

Talking about the women’s shelters and experiences with these, the manager of the Homelessness Project says:

“The fact that they were kind of able to have a home, where they were shielded from all this, that meant an awful lot...they could go out, out into the world and live their lives ...they are nomads, they have a nomadic life style, but that doesn’t mean that they don’t need a secure base.”

“It wasn’t that they weren’t allowed to have men there, it wasn’t that we went around checking, but on the other hand you have to remember the neighbours, and that there can’t be a big racket and that kind of thing of course.”

Bridging and/or bonding?

The publication of the IRIS research institute from 2012, “Rumours reveal where you live”, addresses issues related to allocating housing to people with active dependency problems based on the continuum between concentrated housing and dispersed municipal housing. The discussion of integration and exclusion here is based on Putnam’s paired concepts, ‘bonding’ versus ‘bridging’. After the downsizing of institutional care, Norwegian housing policies have been based on the idea that the dispersion of municipal flats will lead to a ‘normalisation’ since alcohol and drug addicts ‘bridge’ – create new relationships to the ‘normal residents’. This is juxtaposed with the benefits and drawbacks of ‘bonding’ among substance abusers who live in municipal housing, particularly in densely built-up areas. The feeling of normality can be greater if you resemble your neighbours, while housing density further strengthens stigmas and differences between ‘us’ and ‘them’, causing segmentation because of one’s identity as a substance user.

In our view this is an interesting discussion because the report itself also discusses the challenges that arise when living in urban areas in relation to unwanted visits and problems with bartering between intoxication/shelter/services. When there is a concentration of many people from the alcohol and drug environment it is more of a challenge to ‘protect’ or hide your address, and additional issues arise that are relevant for our focus: women go along with or offer the use of their bodies and sexuality in exchange for temporary accommodation.

“They willingly pay for a place on the sofa with sex. Or if they’re suffering withdrawal symptoms, they will pay for dope with sex. It’s an item for barter.” Stakeholder no. 3

One of the women we interviewed described how difficult it was to hide from a man in the alcohol and drug environment:

“If you see the wrong person visiting someone, then yes... people talk an awful lot.”

Informant interview no. 2

“And in my case at least, since I’ve been raped, then of course I would never want him to know where I’m staying.”

One of the conclusions reached by Vassenden et al. is that homelessness is the cause of many of the problems in municipal housing environments. Homeless acquaintances exchange drugs and alcohol for shelter, and many repay debts to friends who have housed them previously by allowing their own accommodation to be used for administering intoxicants. With dispersed housing it is more difficult to identify ‘acquaintances’ from the environment; you get fewer people hanging around and ringing doorbells and asking for shelter when they “just happen to be in the neighbourhood” where buying and selling illegal substances is common (ibid). Due to the lack of secure temporary accommodation many of the women on their release from prison end up on the sofa of an acquaintance with a

municipal flat, and are exposed to the challenges previously mentioned. Speaking out about violence or exploitation when you are dependent on the person you are staying with becomes very difficult:

"[...] It's another kind of prostitution, quite frankly (...) Yes, there's an awful lot of girls who live like that, just to have a roof over their heads and access to drugs. So they almost don't care about those closest to them, love and the like are irrelevant. It's just a matter of surviving." (Taksdal et al. 2006, page 88)
(Authors' translation)

Talking about what people in the drugs and alcohol environment have to do to acquire intoxicants and/or a roof over their heads, stakeholder no. 14 reflects that:

"For example more men commit crimes, while women are maybe in an inferior or underdog position by being in a relationship with a man who exploits them one way or another. In short, it's like the way you acquire things is different for women than for men."

Here we will underline that the stakeholder himself says that although this is a distorted picture and that of course men are also victims and women commit crimes, this is the general situation.

Experience from the women's shelters in the Homelessness Project is that:

"Prostitution declined and substance use declined ... If you don't have a place to live, no safe haven, if you have to share your drugs to get a place to sleep, or if you are living temporarily with someone who can take your drugs away from you, then you have to inject the whole lot at the same time. These are completely natural mechanisms."

"During my career the biggest thing that happened was the Homelessness Project. But if you remember the time before that, people actually slept rough, they slept on the grating outside the swimming pool facility, the women did business on the docks and then went home with their last customer. That's how it was." Former project manager of the Homelessness Project

When your past comes back to haunt you

Another issue addressed by an informant is relationships from the past, which are often the reason for women losing their municipal housing, or even more usual, their privately rented accommodation. Partners or former partners come visiting and create a disturbance that results in police raids. They smash things and create havoc and cause domestic disputes at night – partners who are not welcome but are impossible to get rid of.

"You shouldn't be judged because you've been subjected to something you haven't chosen or asked for!"

"My kid's father, who broke in that time, he's done the same almost every place I've stayed and I've actually lost flats because of him," and

"And then they get away without any kind of punishment, and you lose both the flat and...yes..."

Informant interview no. 7

One informant says everything got easier when she got her own, municipal flat.

"At the hostel the problem was – and it meant I could never get rid of him – that when I tried to do that, neighbours opened the outside entrance door for him." Informant interview no. 8

Another person has chosen not to tell anyone where her new, privately rented flat is situated:

"I feel so safe here, you see...no one knows where I live!" Informant interview no. 2

Informant no. 7, who has finally got municipal housing and who is struggling with anxiety and depression after being homeless for many years and after being raped recently, says:

"I really think it will be better for me mentally when I can live in a flat and find stability and security and ...all that." Informant interview no.7

Department of social affairs, housing and local development

Bergen municipality's new department of social affairs, housing and local development incorporates the agency for housing with the aim of securing better follow-up of the homeless. The amalgamation of social support services and the responsibility for municipal housing in the same department should lead to better collaboration, and the work on allocating both temporary and permanent housing will be more keyed to individual needs. The intention is that housing should be allocated based on homelessness, and residential skills will be improved since the range of services will be legally secured and will be linked to the individual rather than to the actual housing. The head of the housing section is a member of most of the housing allocation teams together with representatives of the social support services and/or the staff of the housing section if there is a manned base or residential follow-up.

In answer to the question of why women's shelters were originally established, mention was made of a need identified by the social support services in the district. Bergenhus, for example, offers low-threshold housing for men. The idea was that women should be given greater protection when they live on their own. This can also be seen in the flats for those with dual diagnoses (Kringsjåveien) where it was decided to have a separate floor for women with a protected entrance. At present, universal needs decide the acquisition and design of housing units rather than dimensions such as gender. As stakeholder no. 12 points out, it would be wise to adopt a different pathway:

"They have to think about their clients, and then build the housing, not the other way round with the housing coming first..."

In general, gender is not a dimension in the allocation of municipal housing. The exception is, for example, the period prior to the closure of Bergenshjemmet, where it was found on inspection that the hostel had defied the political decision that women should not live there. When the hostel was vacated, the municipality offered the women relocation to municipal housing for men, as long as they satisfied the requirements for classification as being in difficult circumstances.

One of our informants has observed a change in recent years in how the waiting list for municipal housing functions in that she progresses faster than male friends. She points out that this is rather unfair while at the same time she is aware that it is to her own advantage. Speculating about the reason she says:

"Maybe it's because women are a bit more vulnerable..." Informant interview no. 2

Regarding the prioritisation on the allocation list, stakeholder no. 8 says:

“There’s just no one about whom we can say, ‘No, there’s no real need to feel sorry for him’. It’s obvious when you haven’t had a place to stay for years, it’s really a terrible problem for everyone. No matter what. I can see that it can be more difficult for those who’re exposed to violence, because then there’s no security to be found anywhere, right, but there’s none for the men either in a way, when they’re living rough or in a hostel – it’s undignified for anyone to have to live like that.”

The hostels have generally been a problem for the housing section because it is difficult to find housing for the group that traditionally live there. Stakeholder no. 8 was in favour of municipal hostels along the lines of the Bakkegaten residential care centre, for example, which provides care and help in addition to a partial check of visitors that makes it safe to live there. In the case of secure temporary accommodation for women with active substance dependency who want to get out of violent relationships, she suggests examining alternatives such as the provision for men at the crisis centre – separate flats offered by Bergen municipality to groups who cannot live at the centre itself because of the women there and their children. The final chapter on recommendations provides additional information about how those of us working in the field view such an initiative.

Last year’s reorganisation involving the transfer of housing from the department of finance to the department of social affairs, housing and local development has met some opposition, but however this was part of policy efforts to integrate the fields of housing and social affairs. At the same time, some temporary housing facilities were shut down, quality agreements were made with some of the remainder, and co-located housing was also built to remedy the housing shortage. This came in addition to an ambitious housing programme with a target of 400 new dwellings dispersed in the city districts that score above the lowest score in the living conditions assessment. Regarding the co-located blocks of flats the head of the residential skills training service says:

“So if we relied on empirical data, we wouldn’t even try at all.” Stakeholder interview no. 7

Measures to reduce the potentially challenging negative impacts of co-location include contracts with requirements for residential skills follow-up, staffed bases at housing units, and a differentiation of the various, sheltered sections of the housing. Stakeholder no. 1 has experience of the type of housing (one-room flats) that Bjørnsonsgate for example will be converted into. In the interview she voices her clear opinion that this methodology functions poorly for the group for whom this initiative is intended:

“A block of one-room flats for socially challenged 40-year olds is such a wrong way of thinking.... Who other than substance abusers would be offered such living conditions? No one!You won’t be very inspired to go the extra mile to change things.But quantity wins over quality because that’s what people see.”

Nevertheless, trials with co-location and a staffed base flat have functioned very well in some areas as evidenced by the women’s shelters. These are inspiring examples to incorporate into the work to potentially establish a new women’s shelter as envisaged in Bergen municipality’s new report on housing.

Another strategy adopted in Bergen municipality to meet the challenges involved in coping with social and residential challenges is Housing First.²⁷ In an interview with project management we note that gender is not initially a dimension, and that violence has not been an issue addressed in the work of providing housing:

“We haven’t thought so much about women or men; we know that there are 70 per cent men and 30 per cent women in this group... So our intention is to include women as well if we think that’s appropriate. And they’ll be welcomed in the same way. In Housing First it’s the needs of the participants that are in focus.”

“User-oriented control is perhaps also a choice of pathway that we see is not satisfactory. And it’s not our way. Going back to the start if we see that things aren’t working out.” Project manager in Housing First

Nevertheless, we note a focus on interdisciplinary cooperation and coordination that has been lacking in the field of focus:

“Housing First is really also...is also about changing specific thought processes from a bit here and a bit there, so this is more a matter of combining our efforts. ..We have to look at this from an interdisciplinary standpoint. If you believe that close follow-up in connection with housing can reduce the number of custodial sentences, and it can reduce hospital admissions, overdoses, treatment places...”
Stakeholder no. 9

The main focus is on tailor-made initiatives based on any specific wishes identified by the person who is to be housed there. Targeting housing as a basic requirement and a right has received little attention since the Homelessness Project because in the last decades there has been greater focus on a stepwise model with qualification for housing and assessment of residential skills. The focus on housing as a right has made a welcome return.

At the same time a completely non-gendered approach to housing as a universal need in line with our goals will obscure the structural problems that violence brings to social housing initiatives for women.

Conclusion

Housing + social aspects = social housing initiatives?

“You don’t get stability until you have a place to call your own, a place to call home.” Informant interview no. 2

We have seen willingness on the part of the municipality to make the best provision possible on the housing market for the group of those in difficult circumstances. Women with multiple problems belong to this category but, as we have observed, they face a number of additional gendered challenges that are not captured by the formula above. Writing this report has given us an insight into what causes obstacles and into the thoughts and attitudes prevalent in the support network in the social housing area, as well as greater awareness of the opinions and feelings of the women themselves. These experiences form the basis of the recommendations that follow.

²⁷ Based on a model from New York and Tsemberis Pathways to Housing.

Our recommendations

Rehabilitation programmes and serving sentences

The women participating in the Aurora Project shared a common feature: criminality. A custodial sentence can be used to strengthen their resources through access to treatment, programmes, school and work training. This will give them a stronger platform when they are released. Such reinforcement also requires that the integration process begins in good time before the woman's release and continues afterwards. The provision of safe housing and employment/treatment/school and follow-up in relation to socialisation are of key importance in enabling the women to keep to the straight and narrow path on their release from prison.

"A kind of halfway station...from the sentence you've served and back into the system again, that's brilliant. All the things in between, they're the ones that work, and they're the ones there are fewest of."
Informant interview no. 3

"Because you can't manage to deal with it yourself, in the end you get so fed up and then you don't trust the system, and you kind of need to distance yourself from it."

And this results in the system becoming in the end:

"...an enemy, causing quite simply a feeling of powerlessness." Informant interview no. 8

A large percentage of women in prison with known substance abuse problems are in danger of becoming part of the recidivism statistics, partly because of a lack of programmes targeting women while serving their sentence and a lack of follow-up after release. In general there are few initiatives for women in Norwegian prisons in respect of tailor-made programmes and facilities that take into account gender-specific needs (Aurora Report 2013). The main reason for this is that women comprise a very small group in Norwegian prisons (and in prisons the world over), and the prison system operates with gender blindness even though it has been stated that women often have other and greater challenges when they have their first contact with the correctional service.²⁸ Amundsen (2010) found in her study that only two out of ten women had received an offer of substance abuse treatment during their time in prison. This was also something we experienced in the Aurora Project. Although much of the problem lies in short prison sentences that can make it difficult to start up good programmes, we have also experienced that good planning of the sentence with ensuing follow-up services/treatment outside the prison can function extremely well.

Informant interview no. 1, talking about the follow-up she received from Aurora before, during and after the execution of her sentence says:

"If it hadn't been for that little slip of paper in the letter when I was to serve my sentence, if that hadn't been included in the sentence plan, then I don't think I'd have met up. It would've gone a different way."
Informant interview no.1

"Just now I'm very happy with the help I'm given, and that's mainly because of the community sentence," says informant no. 5, while informant no. 6 has this conclusion:

²⁸ Friestad and Skog-Hansen, 2004.

“Things started to go well when I encountered the probation service. Before that I was really lonely, and then I started to understand how fantastic it was to be part of society.”

When you consider the findings on exposure to violence for women in criminal environments, it should also be logical to initiate measures during the term of imprisonment that take this into account. Bredtvedt Prison in Oslo has had a very successful cooperation with the Oslo Crisis Centre. A pilot project that was started in 2005 achieved excellent results, and further funding was granted for an employment position for 2008-2009. The aim of the prison project was:

“...to develop measures that could help women serving their sentences to depart from the role of victim, and also to prevent violence against women. The women should be able to understand that they had been subjected to violence and should learn how to protect themselves against violence in a relationship.” (Prison project 2009) (Authors’ translation)

The tools used consisted of psychoeducational courses, dialogue groups, individual conversations and social training. The purpose is to help women to verbalise or define violence. In addition competence-enhancing initiatives were introduced for the staff. A story related in an interview with stakeholder no. 2 refers to the importance for these women of verbalising the violence:

“This story is from a conversation with a woman who has been married since 1961 and has been subjected to violence from day one: ‘No one has ever defined what I’ve been exposed to as mental violence, or as physical violence, sexual violence or rape. No one has defined it for me and put it into words at any time. What people have said to me is ‘Why don’t you just move out?’”

In interviews with stakeholders 10 and 11, both answer the question of what constitutes good follow-up of criminal women by saying that a female-only prison should be established in Bergen. Stakeholder 10 would like to see a prison unit that functions more along the lines of a policlinical institution with a broadly composed expert group that can assist inmates to achieve a seamless transfer to their release, plus further treatment if necessary. He wants it to be a more open prison where other experts and those in the field can offer their services, and with more staff to ensure a greater number of temporary absences (accompanied leave from prison) in order to attend a house viewing, job interview etc. Another wish is for NAV to have an office in the prison that can follow up the inmate throughout the entire procedure.

The importance of female-only prisons and a gender-differentiated service is underlined by stakeholder no. 11:

“Because in spite of everything there are a number of female inmates in Bergen prison who are being exploited there, and in all sorts of ways. Both when it comes to drugs and sexually. And we’re sitting there having to look on, and partly accept that that’s just how it is. And gradually I have come to realize that it’s increasingly the case that we accept that they’re treated like rubbish. Because we don’t know what we can do about it. The solution is a female-only prison.”

Substance abuse and psychiatric services

In our conversation with clinic director Kari Lossius of the Bergen Clinics Foundation she describes the very successful mentalisation-based therapy (MBT) programme. This programme has been aimed at the most badly affected patients who have usually had the greatest problem completing treatment.

However, in spite of this they now have a high completion rate. She emphasises that the women need time to make the changes, adding that it takes at least two years for the women to manage to change their thought processes. This is confirmed by stakeholder no. 1 who talks of the importance of creating secure relationships with these women in order to be in a position to bring about change:

“You must manage to attach them to you. They must understand that they can gain something from this. They find it difficult to trust anyone. For some of them it takes two years before they’re able to get attached.”

The result of the MBT project was that:

“We’ve experienced that patients with poor prognoses have received intensive and well-structured psychological treatment. They have reduced their substance use considerably and have become more psychologically robust. They report better control of their feelings, they have an improved understanding of themselves and others, they’re more independent and cope better with communal life so they’re better protected against traumas and mental disorders as well as substance dependency. Unrealistic thinking, misunderstandings and dysfunctional emotional reactions no longer dominate the patients’ lives. Crisis plans and mentalisation-inspired case formulation have to a considerable degree prevented the specific emotionally unstable dynamics that often lead to a breakdown in treatment. Thus therapists and patients have been much less ‘surprised’ by the various problems that arise in the treatment period.”

Based on the results of the MBT project, on the interviews we have conducted in the Daphne Project and on our experience from the Aurora Project, we see a clear need for treatment that allows long-term, close follow-up. The follow-up must be interdisciplinary, requiring collaboration between the various services and treatment options. At present there is too little collaboration between these kinds of services, and the existing collaboration is often very person dependent. A greater number of treatment options of the MBT type in the probation service as well would be extremely useful.

This is a process where people will experience relapses, and it therefore important to allow leeway for this. You cannot operate the service on the basis of the philosophy “three strikes and you’re out”. Women in this group often lose their patient rights because they do not want to accept the treatment options they are offered, either because they are in a situation where they are not capable of fulfilling the treatment and would end up losing out or because they have been admitted to the facility previously and know that they have derived little or no benefit from the treatment there. As stakeholder no. 1 points out, it is problematic that there is no funding to carry out the long-term treatment/follow-up that is actually needed despite the fact that such relationships are the most important tool available.

“It’s up to NAV to assess whether they feel that people need further follow-up. It’s become more difficult. We see that NAV is making sweeping cuts just about everywhere. If we were given a couple more years, we might actually manage to make independent people out of them – individuals who wouldn’t need more follow-up, because the goal is that people should manage themselves. But this is not NAV’s policy – they often think ‘No, now the residential follow-up service can take over’, or ‘Now it’s going so well that they don’t need any more help’. I think many social workers can see how useful or important it would be but their boss won’t sign. And this is a challenge for us at present. The people we spend a long, long time on, and those who in a way distance themselves after we let them go, they’re the ones that are most successful.”

As stakeholder no. 4 says, you have to turn the issue round: do not look at what the women do that makes them unable to derive benefit from the services offered, but look at the quality of the services they are given. Are they really adapted so that the patient can benefit from them? At the Bergen Clinics Foundation the therapist accompanies the patient through all parts of the system. They believe in attachment and continuity of treatment. As mentioned previously, several rounds of treatment may be required to achieve this.

An informant who had lived at a residential skills training centre as a transitional stage between the substance treatment institution and municipal housing focused on the security provided by support over time:

"I think I needed a firm foundation because I'd been insecure for so many years."

About getting help after the time spent at the residential skills training centre she says:

"So that was a huge help, all the support I got there – it meant that I could live there (in the flat)."

The women in the group in our focus live at the intersection of substance abuse, crime and the psychiatric services. They seldom have positive experience of being in challenging or long-term rehabilitation programmes, and many are sceptical to the system because of earlier experiences of loss. As mentioned in the chapter on how women become part of the criminal statistics, the majority of the women we meet in our work have problems related to relationship building – problems that have been seen as originating from traumatic experiences such as violence and abuse in childhood. As evidenced in several research reports this often leads to a spiral of revictimisation and an increased number of harmful relationships, and it is therefore essential to establish stable and predictable relationships over time in the work with this group. In our Aurora Project we have discovered that individually adapted follow-up has proved to give the best results. You must circumvent the substance abuse so that you can get to the heart of the problem, and that requires trust.

In conversations with stakeholder no. 2, substance abuse was discussed as an overshadowing dimension that obstructs the work on violence:

"Substance abuse has always been the main focus.... Therefore we need to direct more focus towards violence. Acknowledge the violence they've been exposed to and put it into perspective...The substance abuse should be sidelined. The most important preventive work we carry out is eliciting the women's stories. Daring to ask, daring to listen – that's maybe what's most important."

Substance abuse must be sidelined, and we must elicit the women's stories. Intoxication is a symptom of a life characterised by difficulties. These women need help to verbalise and to define the actual problems that are the underlying cause of the substance abuse. In all the interviews with service providers regarding the question of what is important for the functioning of the treatment and social support initiatives, the same reply was given: the system must be flexible, there must be room for trial and error and trying again. Good relationships and trust must be strived for, and that demands time.

"It takes a long time to build up a good relationship with substance abusers. It requires close follow-up. You have to show them that you're there for them." Stakeholder no. 7

A number of the women we have interviewed have also mentioned that building relationships and trust are the key factors in remaining on a treatment programme. One woman said the following about her participation in one of Aurora's dialogue groups:

"What is extremely important is that I have full trust, I trust you, I know what it is I'm going to and I can relax completely." Informant interview no. 1

The police and the judicial system

*"In December 2009 the National Police Directorate issued a special handbook for the police's handling of cases involving family violence. The handbook is a tool that is intended to help the individual police officer to deal with violence and abuse in a satisfactory manner. It gives guidance on the subject area, case processing and various measures that can be implemented, as well as providing practical examples of sound methods of dealing with the tasks."*²⁹ (Authors' translation)

It is extremely positive that the police and the judiciary choose to focus on violence in close relationships and on how best to ensure that victims receive protection and help. Nonetheless we feel the need for a handbook describing how the police can best deal with women with active substance use and with a criminal background who are exposed to violence. In such work it will be appropriate to use the definition of private violence rather than that of violence in close relationships since this definition does not exclude the victims of violence on the basis of their civil or residential status. As mentioned in the introduction to this report, these women are seldom or never subject to the attention of the family violence coordinator, nor is it their experience that the police look after their interests if they do choose to report the violence they have been subjected to. This has resulted in their having little confidence in the ability or the desire of the police to help them in such cases, but when:

*"A prerequisite for combating violence in close relationships is that the person exposed to the violence trusts that the police and the prosecution authorities are able to provide protection against new abuse and offensive behaviour from the perpetrator."*³⁰ (Authors' translation)

we should also scrutinise how the police deal with these cases. Measure 30 in the Action Plan against Domestic Violence 2014-2017, *A life without violence*, states that an expert group shall meet annually to discuss the subject of violence in close relationships. We propose that some of these expert group meetings take up the practices of the police in helping this group of women. Measures 32, 33 and 34 also deal with the follow-up of these women.

Social housing instruments

Our recommendations concur with those put forward in Jonassen and Stefansen's report from the Commission on Violence against Women in 2003.

²⁹ Action Plan against Domestic Violence: 2014-2017, *A life without violence*.

³⁰ Ibid

“The Commission recommends that at least one emergency service be established in every region for women with substance abuse problems. Such a service must offer competence in both substance abuse and violence against women, and should have a formal cooperation with the crisis centres in the region as well as with other actors and bodies whose work targets women subjected to violence in close relationships.” (Jonassen and Stefansen 2003: A status report on the crisis centres, page 83). (Authors’ translation)

Gendered vulnerability and strategies are areas of expertise that need to be strengthened in the social support network, and likewise competence in substance abuse and psychiatric measures in crisis centres.

Violence as a dimension in mapping, matching and initiatives

In general, the mapping of violence in most social support initiatives is poor, including in the public sector health system and social services. Measures 16 and 20 of the new Action Plan against Domestic Violence: 2014-2017, *A life without violence*, state that there are plans to include a mapping of NAV and municipal health and care services in relation to how they approach and are involved in cases involving domestic violence. We hope that this will result in NAV and the municipal health and care services also initiating a mapping of their users regarding exposure to violence. The purpose is to attempt to identify how many people are in fact subjected to violence and to use this information in further prevention efforts. NAV and other health services are those most frequently in contact with the group we have focused on. This also applies to women serving sentences, where they are most frequently in contact with their social worker/case officer at NAV and the health service in the prison.

We also recommend that other first-line services used by this group of women attempt to map the violence the women are victims of. The planned mapping tool for emergency/temporary accommodation for women could for example also include a mapping of violence and trauma. If we can acquire an overview of the scope of this, it will be easier to set requirements to the municipality and the government as to what should be done to actuate social support initiatives for this group regarding the prevention and combating of violence. After all, one of the main recommendations in the action plans against domestic violence, both locally and nationally, is to acquire greater knowledge and improved services also for vulnerable groups.

In 2010 the European Federation of National Organizations Working with the Homeless (FEANTSA) provided a contribution to the consultation on EU strategy 2011-2013 for combating violence against women. This includes the following remarks:³¹

- While homelessness is often perceived as affecting mostly men, research has shown that the typical form of homelessness among women appears to be “hidden homelessness”. The majority of people sleeping rough are men, while women are more likely to try and find coping strategies to avoid ending up in the street, including staying at family and friends or enduring unacceptable situations of domestic violence.
(Page 3 of the contribution to the consultation).

³¹ <http://www.feantsa.org/spip.php?article395&lang=en>

- If gender still appears to be a lesser explored area of both homelessness related research and policies, the experience, causes and consequences of homelessness and housing exclusion can vary considerably when analysed through a gendered lens. Knowing that homelessness is usually the result of a complex combination of factors, it is important to highlight in the context of the present contribution that for a significant proportion of women, domestic violence is a pathway into homelessness.³² (Page 3 *ibid*)

Initiatives for the homeless that fail to take into account the reasons for homelessness thus disregard the special needs of women subjected to sexual violence. In contrast, measures targeting women who are first and foremost defined as exposed to violence treat the importance of social housing initiatives seriously. If surveys and initiatives for the homeless do not take violence into account as a factor in homelessness, this will make the provision of targeted and effective help more difficult. In turn this can lead to the homelessness assuming a more permanent form, which may be difficult to rectify using only social housing instruments, and then homelessness will instead be classified as a social policy category, an identity.

Further research in the field

As previously mentioned, it has been a challenge to find literature on the interaction between violence/crime/substance abuse that provides insight into the situation of the victim. At the same time much is known about risk groups, risk situations or positions, and also symptoms and coping strategies. Further research on women prisoners and exposure to violence is essential in order to put in place knowledge-based measures that can assist women to break out of the spiral of violence and offensive behaviour they are subjected to. It is important to include the gender perspective in this research. The bulk of the research conducted on women serving prison sentences shows that they have different, more complex needs than male inmates, which in turn entails a need for different types of treatment services.

In the social housing field there has been too little focus on violence as a dimension in the design of the housing, and on the ability of those living there to retain their accommodation. Violence as a dimension should be mapped in all the work on temporary and permanent housing and would constitute a platform for more knowledge-based social housing initiatives for the target group as a result. Here we must also look at the differences between differentiated and non-differentiated measures in order to identify what is best suited to helping people in a vulnerable situation to achieve a more secure life.

One of our findings in this work is that there are groups in our society that are almost invisible: they live in a grey zone between different social support initiatives and do not fit in anywhere. It is essential that we see this group of women and make efforts to put services and treatment in place that can help them to lead more secure, more stable and more dignified lives.

³² See for example Kesia Reeve, Rosalind Goudie and Rionach Casey, *Homeless Women: Homelessness Careers, Homelessness Landscapes*, 2007, Crisis, UK:
http://www.crisis.org.uk/data/files/publications/Homeless_Women_Landscapes_Aug07.pdf

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Appendix 1 Stakeholders

1. Siv Myking, head of the residential skills training centre at Gyldenpris
2. Helga Hauge, former acting head of the Bergen crisis centre
3. Turid Borge Steen, employee at the Strax centre
4. Kari Lossius, clinic director at the Bergen Clinics Foundation
5. Solveig Nilsen, head of Bakkegaten residential care centre
6. Rikke Nordal, former head of the Base shelter
7. Ingvald Jordal, head of department at the residential follow-up service in Arna
8. Siv Tønjum, head of section at the housing agency, Bergen municipality
9. Elisabeth Franzen, Housing First project manager
10. Pål Skogen, senior prison officer in Department C, Bergen Prison
11. Asle Tonstad, coordinator for the reinclusion of drug addicts in Hordaland
12. Annette Kahn, employee at the residential skills training centre, section: Stubbs gate
13. Berit, head of department at NAV Bergenhus
14. Rune Tjøsvold, adviser in the agency for social services

TRANSLATOR'S NOTE: No. 12 above – name of second employee is missing

No. 13 above – surname is missing

Overview of initiatives and services we have been in contact with:

Bakkegaten residential care centre:

Bakkegaten offers temporary accommodation and has 24 overnight places and 6 emergency places.

Gyldenpris residential skills training centre:

The residential skills training centre is a follow-up measure for those with substance dependency challenges. It offers services city-wide and consists of three departments for three different target groups.

Stubbgate is a women-only shelter that is administrated by the skills training centre.

The residential follow-up service is a social housing instrument under NAV. Each district has its own service that assists those in difficult circumstances vis-à-vis the housing market to help them to acquire housing and retain it. This service is subject to an individual administrative decision.

Housing First:

Housing First is a project that has been started up in Bergen and is intended to provide housing to approximately 50 people who are homeless and in difficult circumstances as the first step on their way towards achieving a better life. For more information about this, see:

<https://www.bergen.kommune.no/aktuelt/tema/housing-first>

Bergen Crisis Centre:

The crisis centre for Bergen and surroundings is a low-threshold service for people subjected to domestic violence who need protection or guidance. The centre has been in existence since 1981.

The Base shelter – overnight accommodation for women:

The Base shelter offers overnight accommodation in Bergen city centre for women in the substance abuse and prostitution environment. It is a low-threshold option that remains open every night throughout the year from 22.00 to 09.30. It has six beds and two emergency places, and also offers a drop-in facility for women who do not want to spend the night. In addition to a bed to sleep in, the Base offers meals and a shower, someone to talk to, use of a washing machine and other kinds of equipment.

The Base is run by the Norwegian Church City Mission, which is a private foundation under the auspices of the Norwegian Church. The City Mission in Bergen offers diaconal services for people in most age groups.

See <http://www.bymisjon.no/Virksomheter/Omsorgsbaser-for-kvinner/>

The Bergen Clinics Foundation:

The Bergen Clinics Foundation was established in 1991. It is an independent, neutral, non-profit foundation. The Bergen Clinics Foundation is engaged in prevention, treatment, training and research linked to coping with substance abuse problems, health, life style and dependency. See

<http://bergensklinikkene.no/om-oss/>

Appendix 2

No	Exposed to violence	Experience of homelessness	Type of accommodation at the time of the interview	Income/benefits	Contact with the social support network	Health situation/challenges	Previous convictions?	Previous/current substance abuse
1	Yes	Yes	Private flat	Social benefit	NAV, Aurora, ALF	Physical	Yes	Yes/No
2	Yes	Yes	Private flat	AAP	AFR*, LAR*, psychologist, NAV	Mental	Yes	Yes/LAR
3	Yes	Yes	Municipal flat	AAP	Residential skills training centre, NAV	AD/HD	Yes	Yes/No
4	Yes	Yes	Municipal flat	Social assistance	Residential skills training centre, NAV	AD/HD	Yes	Yes/Yes
5	Yes	Yes	Private flat	AAP	PUT, NAV, Outreach contact	Mental	Yes	Yes/Yes
6	Yes	No	Private flat	Social benefit	Psychologist, ALF, NAV	Mental	Yes	Yes/No
7	Yes	Yes	Municipal flat	Social assistance	AFR, NAV, residential follow-up	Mental	Yes	Yes/LAR
8	Yes	Yes	Municipal flat	Social benefit	Residential follow-up, NAV	Mental	Yes	Yes/LAR

*NAV = Norwegian Labour and Welfare Service

*AAP = Work assessment allowance

*ALF = Centre for training for employment

*AFR = Department for Addiction Medicine

*LAR = Medication-assisted programme

*PUT = Adolescent mental health team