

An approach to group intervention with women experiencing homelessness: an intersectional and gender-based perspective

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Received: 01/10/24. Reviewed: 09/12/24. Accepted: 10/01/25

For citation: Sánchez Ponce, Lucía; Hernández Martín, Jennifer and Díaz González, José Manuel. (2025). An approach to group intervention with women experiencing homelessness: an intersectional and gender-based perspective. *Revista de Treball Social*, 228, 1-27. <https://doi.org/10.32061/RTS2025.228.07>

Abstract

This study explores group intervention with women experiencing homelessness through the project *El Patio de mi Casa*, implemented by the Comprehensive Service for Homeless People in Santa Cruz de Tenerife. The primary objective is to structure this methodology, which complements individual intervention, and to evaluate its relevance and areas for improvement. To this end, a qualitative study was conducted based on interviews with ten professionals from the centre who provided direct insights into the delivery of the project. The results show that group intervention has fostered the establishment of support networks while promoting solidarity and sisterhood among participants, enhancing their empowerment and

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helping them overcome situations of vulnerability. Through this intervention, women develop skills such as conflict resolution and strengthen their autonomy. Additionally, the participatory methodology enables women to make decisions in relation to the issues to be addressed, encouraging their active involvement in the intervention process. Challenges in implementation were also identified, including the need for adequate spaces and irregular attendance, which affects the sense of belonging. Furthermore, the absence of systematic assessments on the impact of group interventions was highlighted, hindering a clear demonstration of their effectiveness. Lastly, the study underscores the importance of an intersectional and gender-sensitive approach, essential for addressing the multiple dimensions of female homelessness, as well as the need for further research on these interventions in similar contexts.

Keywords: Homeless woman, social exclusion, group intervention, social support, gender perspective

1. Introduction

1.1. The phenomenon of homelessness

Understanding homelessness requires a clear and systematic definition. The sociologist Avramov (1995) defines homeless individuals as all those who:

Are unable to access or retain an adequate dwelling, appropriate to their personal circumstances, permanent and providing a stable framework for cohabitation, whether due to financial constraints or other social barriers, or because they experience personal difficulties in leading an autonomous life (p. 71).

Homelessness arises from a complex interplay of multiple factors (Matulič et al., 2024), with no single cause fully explaining its emergence. Individual causes, such as addictions (alcoholism and drug dependence), physical illnesses, and psychological or psychiatric disorders, play a critical role in predisposing individuals to social and residential exclusion. In addition, breakdowns in family and social ties, often exacerbated by experiences of violence, further increase the risk of homelessness. The loss of support and social protection demonstrates how support networks can act as a buffer against exclusion, and their failure can precipitate the descent into housing instability (Cabrera and Rubio, 2008). However, this does not mean that all people experiencing homelessness (hereinafter PEH) are affected by the aforementioned situations. There are causes beyond the personal and social aspects stated. In this regard, institutional factors are increasingly relevant: the lack of adequate social policies, poor inter-institutional coordination, assistance-based approaches, limited institutional capacity and shortages in both material and human resources all contribute. Structural issues such as limited access to decent housing and the restructuring of the labour market also impact PEH (Cabrera and Rubio, 2008).

The study by Kuhn and Culhane (1998) marked a milestone in the understanding of homelessness by identifying three distinct patterns among homeless populations: transitional, episodic and chronic. Of these, the episodic group was characterised by repeated episodes of homelessness. These individuals were generally younger than those in the chronic category but faced comparable physical and mental health challenges, including substance misuse. This classification underscores the diversity within homelessness and the need for tailored responses to each pattern. The complexity of the phenomenon led to the development of the ETHOS typology (European Typology on Homelessness), created by FEANTSA in 2005. This framework provides a detailed classification into four main conceptual categories, subdivided into 13 operational categories, reflecting various housing situations. The ETHOS typology serves as both a conceptual and operational tool essential for understanding homelessness as a

process of residential exclusion with varying degrees of severity, thereby informing more effective policy and intervention strategies.

Table 1. ETHOS typology

General category	Operational category
1. Rooflessness	1.1. Living in public spaces (outdoors). 1.2. Sleeping in night shelters and/or spending several hours per day in public spaces.
2. Houselessness	2.1. Living in shelters and hostels for homeless people. 2.2. Living in women's shelters. 2.3. Living in accommodation centres for asylum seekers and migrants. 2.4. Due to be discharged within a set period from residential and detention facilities. 2.5. Living in supported accommodation due to homelessness.
3. Insecure housing	3.1. Living under insecure tenancy agreements, e.g., without a rental contract. 3.2. Living under threat of eviction. 3.3. Living under threat of domestic or family violence.
4. Inadequate housing	4.1. Living in temporary or unconventional structures. 4.2. Living in unfit accommodation. 4.3. Living in conditions of severe overcrowding.

Source: FEANTSA, 2017.

1.2. Women experiencing homelessness

The percentage of women experiencing homelessness is lower in comparison to men (Cáritas, 2022; FEANTSA, 2022). However, this is largely due to the fact that the forms of exclusion typically experienced by women often remain hidden or confined to the private sphere. These experiences include informal housing arrangements, precarious living conditions, and repeated movement in and out of temporary housing services (Matulić et al., 2019).

1.2.1. Triple discrimination: being a woman, homeless and a victim of gender-based violence

It is important to underline the fact that women experiencing homelessness face a “triple invisibility”, reflecting the way they are overlooked in three fundamental respects: as women, as homeless individuals, and as victims of gender-based violence (Herrero, 2003). This combination

contributes to their marginalisation and social exclusion, making it more difficult for them to access support services and the resources needed to escape vulnerability (Matulić et al., 2019). In Spain, women face significant vulnerability due to economic inequality, illustrated by the gender pay gap and labour market marginalisation—factors that are further exacerbated by gender-based violence (Alonso et al., 2020). Rates of violence against women and housing instability are significantly higher than in the general population and surpass those reported among other homeless populations (Riley et al., 2020). Most European and international analyses indicate that domestic abuse and gender-based violence are among the leading causes of homelessness (Bretherton and Mayock, 2021).

It is essential to acknowledge that although gender-based violence is a significant factor in female homelessness (Bretherton and Mayock, 2021; FEANTSA, 2016a; Moss and Singh, 2015), it is not the sole cause, nor does it always point to housing loss. According to FEANTSA (2022), gender-based violence occurs on a broader scale than the various forms of homelessness, indicating a complex and multidimensional intersection (Mayock et al., 2016). It can be both a cause and a consequence of homelessness (Pleace et al., 2008; Reeve et al., 2006). Many women leave their homes to escape abuse, only to face homelessness due to the lack of safe and affordable alternatives. Conversely, the vulnerability associated with homelessness further exposes women to increased risks of abuse, both prior to and after losing their homes (FEANTSA, 2016a; Moss and Singh, 2015).

Women at risk of residential exclusion often employ different survival strategies than men, such as resorting to temporary or overcrowded housing, staying with violent partners or exchanging sex for shelter (Bretherton and Mayock, 2021). Shelters for victims of gender-based violence are often excluded from official homelessness counts. Living in mainstream homelessness services—typically male-dominated, under-resourced, and underfunded—or on the streets increases women's exposure to violence (Cáritas, 2022; Schwan et al., 2020, cited in Yakubovich and Maki, 2022). Violence against women obstructs equality, development and peace. It also undermines women's human rights, often driving them into homelessness (FEANTSA, 2007). The imminent forms of violence they face include: physical violence, sexual violence, exploitation and trafficking, emotional and psychological abuse, gender-based violence, and institutional violence (Cáritas, 2022).

Furthermore, there are distinct groups of women with shared characteristics who are more likely to experience residential exclusion. These include undocumented women living on the streets, squatting in buildings, or residing in camps (Bretherton and Mayock, 2021; FEANTSA, 2007); women who have experienced domestic violence while using general homelessness services (FEANTSA, 2007); young women who experienced family breakdowns during childhood (Bretherton and Mayock, 2021; De Vet et al., 2019; FEANTSA, 2016b); and single mothers at the head of single-parent families (De Vet et al., 2019). Additionally, despite the presence

of pension and social protection systems, older women living alone face risks such as energy or fuel poverty and food insecurity (Bretherton and Mayock, 2021). Lastly, mental health is also a factor contributing to the persistence of homelessness, particularly among women (Duke and Searby, 2019; Rodríguez et al., 2020), who often live in precarious conditions, are more vulnerable, and experience significant decline in their physical and mental health (Rodríguez et al., 2020).

It is further noted that women experiencing homelessness who also face additional challenges, such as mental health issues or problematic substance use, often have less access to specialised services that adequately address gender-based violence and the trauma associated with it. This gap highlights a significant shortfall in the support systems required to enable their recovery and social reintegration (FEANTSA, 2022). While men are more likely to experience alcohol-related problems, women at high risk of mental illness face particularly acute vulnerability (Reitzel et al., 2020). Women experiencing homelessness often encounter residential exclusion from an early age and are exposed to more stressful life events. Compared with those who are not at high risk of mental health issues, they tend to have poorer physical health, lower levels of happiness, less social support and increased loneliness (Rodríguez et al., 2020).

The lived realities of women experiencing homelessness are marked by a higher prevalence of stressful life events compared to men, including childhood sexual violence (FEANTSA, 2022; Vázquez and Panadero, 2019), adult sexual abuse (Moss and Singh, 2015), and abuse from intimate partners. These experiences underscore the reality for many women experiencing homelessness, whose lives have been shaped by gender-based violence (Johnson et al., 2017). In contrast, men tend to have higher rates of alcoholism, police involvement, arrest and imprisonment. This contrast highlights the differing causes and circumstances of homelessness among men and women, as well as the distinct support needs required for effective intervention (Rodríguez et al., 2020).

1.2.2. Intervention with women experiencing homelessness

Research on social intervention with women experiencing homelessness remains limited (Galán et al., 2022). As a result, services for homeless people often exhibit an androcentric bias, focusing on men's needs and rendering women invisible, which negatively impacts the design and implementation of intervention strategies (FEANTSA, 2016b; Fernández-Rasines and Gámez-Ramos, 2013). Shifting towards a gender-sensitive approach is essential for developing more inclusive and equitable models of intervention (FEANTSA, 2016b; Fernández-Rasines and Gámez-Ramos, 2013; Galán et al., 2022; Matulić et al., 2019). Programmes such as Housing First offer more suitable residential solutions for women, facilitating rapid access to safe and stable housing, along with tailored professional support (FEANTSA, 2022). Navarro (2014) identifies several key aspects for working with groups experiencing social exclusion. These include regaining control

over one's life, forming social connections beyond the exclusionary environment, establishing meaningful routines that give life purpose, setting long-term personal goals and playing an active role in society in order to combat stigma.

Support from professionals is crucial in safeguarding homeless women during periods of social exclusion (Matulić et al., 2019). Several authors highlight the fact that when women feel listened to and valued by professionals, they experience greater empowerment and wellbeing, and report high levels of satisfaction with the support received (Andermann et al., 2021; Bretherton and Mayock, 2021). During interventions, it is vital to forge a safe and trusting environment, to foster autonomy and to respect women's views. Coordinating resources and disseminating appropriate information is also paramount in order to overcome prejudice and facilitate access to help, since some women are unaware of or have misgivings about the support centres available to them (Galán et al., 2022).

Group intervention programmes targeting victims of gender-based violence can be an effective option for women experiencing homelessness (Llulluma, 2016). These women, often deeply traumatised by violence and abuse, require support to address their situations (FEANTSA, 2007). A study focusing on group intervention to improve the self-esteem of women who have experienced gender-based violence presents this methodology as a preventive tool, equipping women with the ability to assert their rights, express themselves confidently, solve problems and make autonomous choices. Additionally, it helps to break the cycle of abuse that many have experienced as a recurring behavioural pattern (Santandreu et al., 2014).

Group interventions play a key role in restoring social connections for homeless individuals, helping to counteract isolation and stigma. Support groups foster positive and trusting relationships, which are critical for social reintegration and protection (Peña, 2023). A study in Italy involving 13 women in a shelter found that they no longer felt isolated or rejected, viewed the shelter as a safe space and valued the social connections formed there. These women now perceive their homelessness as a temporary situation and are motivated to set more secure goals (Marzana et al., 2023). There is also evidence of a range of physical activity-based interventions designed specifically for women experiencing homelessness (Dawes et al., 2019; Norton et al., 2020), which have proven beneficial for both physical and mental health (Dawes et al., 2023).

Sherwin (2021) determined that services for women experiencing homelessness must be safe and women-only, with integrated outreach and early intervention teams. In addition, they must offer specialised resources addressing employment, substance abuse, mental health, and gender-based violence. It is crucial to provide follow-up support after women leave these services to prevent relapse into homelessness (Galán et al., 2022; Sherwin, 2021). The importance of reinforcing women's autonomy during interventions is also highlighted in order to avoid dependency and promote full integration (Galán et al., 2022).

It is important to acknowledge both the shared experiences and the heterogeneity among women experiencing homelessness (Galán et al., 2022). An intersectional approach makes it possible to address multiple layers of disadvantage, such as discrimination based on gender, race, sexual orientation or disability, enabling interventions to be tailored to their specific needs (Valderrama, 2023). This is essential for achieving meaningful outcomes, offering emotional support and strengthening resilience, thereby empowering women to build healthier, more fulfilling lives (Matulić et al., 2024). Identifying protective factors in vulnerable contexts is essential for effective strategies, despite the limited research on the dynamics between professionals and service users (Matulić et al., 2019). These strategies may particularly include group intervention initiatives aimed at women experiencing homelessness as a growing area of interest in the field of social intervention.

Despite the practical experience of many professionals suggesting multiple benefits of group interventions, there is a notable lack of systematic evaluation and comprehensive analysis regarding their actual impact (Díaz et al., 2023). This shortcoming makes it difficult to fully understand how these initiatives contribute to the wellbeing and empowerment of women experiencing homelessness. The Comprehensive Service for Homeless People in Santa Cruz de Tenerife has implemented group interventions targeting this population, yet it lacks a thorough evaluation documenting the benefits of these practices. The absence of systematic assessment limits not only recognition of the value of such interventions, but also the possibility of improving and adapting them to the specific needs of women in these circumstances. Consequently, conducting detailed studies to better understand and systematically map this experience would enhance the body of knowledge available on effective interventions for women experiencing homelessness, providing empirical evidence to steer future initiatives.

2. Objectives

The aim of this research is to systematically detail the group intervention process implemented by the Comprehensive Service for Homeless People in Santa Cruz de Tenerife, focusing on women experiencing homelessness. Specifically, the study sets out to:

- Describe the group intervention methodology developed by professionals working with women experiencing homelessness.
- Demonstrate the relevance of group intervention as a complement to individualised approaches.
- Identify areas for improvement in the implementation of group intervention practices.

3. Methodology

3.1. Design

A pre-experimental, qualitative approach with exploratory and descriptive objectives was adopted, based on the need to gain a deeper understanding of the experiences and perspectives of the professionals involved in group interventions with women experiencing homelessness—a complex and under-researched phenomenon. According to Creswell (2014), qualitative designs are well suited to exploratory research that seeks to identify patterns and meanings within specific contexts. This cross-disciplinary study is based on interviews conducted at a single point in time with the aim of capturing the participants' experiences and perceptions. Data were analysed using thematic analysis (Braun and Clarke, 2023), a method that enables the organisation and interpretation of qualitative data through the identification of recurring themes emerging from participants' narratives. Originally proposed by Braun and Clarke (2006), this method supports in-depth exploration of the perceived benefits and lived experiences of group interventions from multiple perspectives, by identifying and analysing patterns and recurrent themes within the accounts of the professionals involved. Thematic analysis is particularly well aligned with the aim of systematising intervention practices and exploring areas for improvement in group work. Its applicability in exploratory and descriptive research makes it especially relevant to this study.

3.2. Participants

The population group consists of professionals from the Comprehensive Service for Homeless People (SIAPSH) in Santa Cruz de Tenerife, who work directly with women experiencing homelessness. Although a comprehensive register of this population is not available, it is estimated to include around 30 individuals, comprising social workers, social integration specialists, psychologists, social educators and other related professional profiles. The participants chosen in the sample were selected through convenience sampling, based on their availability, willingness to participate and direct relevance to the study's objectives. This approach ensures alignment between participants' professional experience and the study's aims, in line with best practices for ensuring validity in the findings revealed in qualitative research (Patton, 2015).

To be precise, a total of 10 professionals from SIAPSH were selected, all of whom work directly with the homeless women participating in the group intervention project *El Patio de mi Casa*. Inclusion criteria required participants to hold either a professional qualification in social integration or a university degree in social work, social education, psychology or a related field, and to be working in a professional role that reflects this quali-

fication. Additionally, participants were required to have a minimum of one year's professional experience in the field of homelessness intervention.

The table below sets out the characteristics of the professionals interviewed:

Table 2. Characteristics of the professionals interviewed

Code	Age	Profession	Years of experience	Years of experience with PEH	Years at SIAPSH
Professional 1	48	Social worker	More than 20 years	8-10 years	8-10 years
Professional 2	43	Social integration specialist	5-10 years	5-7 years	5-7 years
Professional 3	45	Social worker	More than 20 years	11-13 years	5-7 years
Professional 4	47	Social worker	More than 20 years	11-13 years	11-13 years
Professional 5	35	Social worker	10 - 15 years	5-7 years	5-7 years
Professional 6	31	Social integration specialist	10 - 15 years	2-4 years	2-4 years
Professional 7	50	Social worker	More than 20 years	8-10 years	8-10 years
Professional 8	31	Social integration specialist	5 - 10 years	8-10 years	8-10 years
Professional 9	38	Social worker	15- 20 years	8-10 years	8-10 years
Professional 10	42	Social worker	10 - 15 years	11-13 years	8-10 years

Source: compiled by the authors.

The sample includes seven social workers and three social integration specialists. The average age of participants is 41 years, with a standard deviation of 6.93. Over half of the social workers have more than 20 years of overall professional experience. Regarding their work with people experiencing homelessness (PEH), the average experience is approximately 10 years. Consistent with the above, more than half of the professionals (57.1%) have between 8 and 10 years of experience at the SIAPSH. Additionally, more than half of the social integration specialists (66.7%) have between 5 and 10 years of professional experience. Overall, experience both with PEH and within the SIAPSH ranges between 2 and 10 years.

The number of participants (10 professionals) was justified using the principle of theoretical saturation—a common strategy in qualitative

studies—which is reached when the collection of new data no longer yields relevant information in relation to the study objectives. Given that this research focuses on professionals directly involved in group intervention with women experiencing homelessness, the sample size was selected to allow for a detailed and in-depth analysis of their experiences and perspectives within this specific context.

3.3. Instruments

Data were collected using the semi-structured interview technique, selected for its capacity to combine pre-defined questions with the flexibility to explore emerging topics, thus capturing the complexity of the professionals' experiences and perspectives (Kvale, 1996). A total of 10 interviews were conducted, designed to ensure comprehensive data collection, covering both sociodemographic characteristics and detailed insights into the methodology applied in the group intervention. The interview guide was developed following a review of relevant literature and was validated by subject-matter experts, ensuring its relevance and appropriateness to the research context.

The interviews were organised into two blocks according to the study objectives. The first compiled sociodemographic characteristics and insights into the professional experience of participants. The second block addressed the methodology applied in group interventions, assessing its relevance compared to other conventional approaches, along with potential scope for improvement. All interviews were conducted face-to-face at the SIAPSH facilities and lasted an average of 34 minutes.

3.4. Procedure

Formal authorisation was sought in writing from the Municipal Institute for Social Care of Santa Cruz de Tenerife City Council. A meeting was later held with the Administrative Officer of the Reception Unit, the centre coordinator and the social worker responsible for the *El Patio de mi Casa* project to explain the nature of the study and agree upon suitable dates for conducting the interviews. The interview guide was then developed based on the available literature and it was submitted for review by two PhD holders with expertise in the field, as well as by two SIAPSH professionals, to ensure it was as closely aligned as possible with the specific circumstances and the research aims. Following this, professionals who were either directly involved in or familiar with the *El Patio de mi Casa* project were selected to take part.

Once the interviews were completed, the analysis and interpretation of the findings began, following the thematic analysis framework developed by Braun and Clarke (2023) and using the Atlas.ti software. The thematic analysis was carried out in six phases. First, familiarisation with the data was achieved through initial and repeated readings of the transcripts to identify preliminary patterns. Next, systematic coding of the

data was undertaken to generate initial codes representing meaningful units of information. These codes were then grouped into potential themes to identify important patterns. Subsequently, the themes were refined and named in a way that reflected their essence and their connection to the data. The themes identified include: “the evolution of a gender-sensitive intervention approach”, “the creation of support networks and sisterhood among participants”, “the benefits and challenges of the participatory methodology in group intervention”, “the influence of structural conditions on the implementation of interventions”, and “the need for systematic evaluation of group intervention impact”. Lastly, a report was drawn up in order to set out the themes and their interrelations, supported by data excerpts that illustrate each theme. This was followed by a critical reflection phase, integrating the research findings with insights drawn from existing literature.

3.5. Ethical considerations

The research was strictly conducted in keeping with applicable ethical principles. All participants were fully informed about the aims of the study, the procedures involved, and the voluntary nature of their participation. Written informed consent was secured, assuring that participants understood their right to withdraw at any time. Moreover, all necessary measures were taken to safeguard confidentiality and anonymity. Codes were used in place of real names for all information collected. After reviews were undertaken by its ethics committee and legal advisory department, and indeed by the service provider organisation, approval was secured for the study from the administration responsible.

4. Results

Professionals emphasise that there has been an evolution in the approach adopted for working with women experiencing homelessness. Specifically, prior to the implementation of *El Patio de mi Casa*, no distinction was made in how interventions were carried out with men and women. Indeed, as one professional remarks:

[...] there wasn't a specific approach as such for working directly with women (Professional 5, personal interview, May 2024).

Moreover, all professionals assert that the intervention had previously been focused solely on the individual as one confirms:

[...] the intervention was only carried out on an individual basis [...] it involved the consultation and trying to build an intervention plan with the woman to help her reverse her situation (Professional 7, personal interview, April 2024).

However, two professionals recall that group interventions were occasionally conducted:

[...] occasional workshops, but it was mostly on an individual basis (Professional 2, personal interview, May 2024).

The reasons for introducing group intervention as a complement to individual work were varied, but sought to enable a broader response to needs and to improve effectiveness. Eight of the interviewed professionals agree that one of the main motivations was the creation of a support group among the women. One professional notes:

[...] we saw that it was much more rewarding when there had been some form of encounter among them, and we believe that group integration can be very effective [...] (Professional 10, personal interview, April 2024).

Similarly, four of the professionals emphasise the importance of support groups, noting changes in the way women live together and relate to one another:

[...] we have several accommodation units and one is specifically for women [...] it has historically been the module with the most conflicts [...] integration and cohabitation are more difficult [...] (Professional 4, personal interview, April 2024).

Regarding the aims of group intervention, the professional responsible for its implementation refers to the objectives that have been developed to guide actions towards achieving specific outcomes:

[...] for them to be able to empower themselves [...] to understand the issues facing women experiencing homelessness [...] a connection with the community via local authorities and available resources [...] with the aim of contributing to social transformation (Professional 7, personal interview, April 2024).

In addition, she highlights more specific goals:

[...] to share an experience in living together, to promote autonomy, independence and responsibility (Professional 7, personal interview, April 2024).

The same professional explains that the cross-cutting objective is:

[...] the gender perspective, the fight against gender-based violence (Professional 7, personal interview, April 2024).

Regarding the methodology of the intervention, the professional responsible outlines the process in phases:

[...] we hold classroom-based group sessions and Patio group sessions. When we need to be more formal and include all the content we believe is necessary for the project, or that they themselves request [...] training on gender, equality, gender-based violence, health topics [...] (Professional 7, personal interview, April 2024).

She also reveals that a follow-up procedure, referred to as *amarre*—an anchoring process—is applied during the training sessions:

[...] each formal session results in a commitment [...] for example, if a gynaecologist has come in [...] the following day we meet, and we set a date to follow up with each woman for a check-up [...] (Professional 7, personal interview, April 2024).

In relation to the second strand of intervention, the professional explains:

[...] the other strand of the Patio sessions is simply about sharing and having a coffee. It's planned, but the plan is: today we'll do nothing (Professional 7, personal interview, April 2024).

Nevertheless, she does emphasise the importance of these sessions:

[...] they are among the most meaningful [...] stories are shared, experiences are exchanged—often positive—and they frequently support each other. They feel that there is someone else who has been through the same [...] (Professional 7, personal interview, April 2024).

At the end of each session, the professional notes:

[...] I write down everything that has been identified, whether the objective has been met or not [...] I record what has been identified because that always leads to a thread for a future session (Professional 7, personal interview, April 2024).

She also states that the methodology is participatory, as other professionals similarly point out:

[...] it's a methodology that is centred on them; they are the ones who decide, who talk about whatever they want to address [...] (Professional 5, personal interview, May 2024).

Furthermore, she mentions the importance of the role of the person leading the sessions, in this case, a professional from the field of social work:

[...] the role of the social worker is to observe [...] to mediate (Professional 7, personal interview, April 2024).

One of the professionals highlights some key elements of the group intervention:

[...] they had a kind of toy; a dinosaur [...] you open the door for them with a little garden, a coffee, flowers [...] they hear the birds and they can express themselves and breathe, to regain their strength [...] (Professional 3, personal interview, May 2024).

To date, a comprehensive evaluation using specific instruments for group intervention has not been implemented. However, alternative methods such as direct observation and the use of unstructured interviews have been adopted. These are not approached from a research perspective, but rather aim to understand how the women perceive the intervention and the benefits it brings them, in order to guide the intervention. The purpose is to observe how participants move forward. One professional explains:

[...] observation to identify the level of participation, the level of enthusiasm for the activities, the level of engagement [...] (Professional 7, personal interview, April 2024).

In addition, all professionals report collecting feedback from the participants to identify areas for improvement:

[...] it's their decision [...] when discussing a topic that may be very specific or sensitive, it's the women who lead [...] the discussion (Professional 5, personal interview, April 2024).

They also take into consideration the feedback received from the organisations and/or places they visit:

[...] every time we go somewhere I always ask for feedback [...] all of that is then shared with the woman [...] (Professional 7, personal interview, April 2024).

During technical meetings held to follow up on the centre's cases, professionals have noted significant improvements among the participants—an observation supported by collective agreement. One professional explains:

[...] all the professionals meet [...] we look at whether the women are meeting the objectives in their individual intervention plans [...] following the group intervention [...] (Professional 10, personal interview, April 2024).

All the information collected is recorded in a custom-prepared case management application.

All professionals agree that the effectiveness of group intervention is intrinsically linked to the training and professional development of the

team delivering it. One professional emphasises the importance of the facilitator's profile:

[...] it has to be someone who is committed, who values group intervention as a suitable methodology [...] because if you bring in someone with a different professional profile, they might disrupt the group [...] (Professional 4, personal interview, April 2024).

Additionally, two of the professionals stress the importance of on-going training:

[...] it would be important to receive specific training on intervention [...] on the use of tools [...] on how to measure each of the actions they implement [...] (Professional 10, personal interview, April 2024).

4.1. Pertinence of group intervention as a complement to individual work

Professionals emphasise that group intervention offers clear advantages over other structured group methodologies, as well as complementary benefits to individual intervention. These advantages are attributed to its flexibility and capacity to adapt progressively to the specific needs and circumstances of women experiencing homelessness, and to the fact that these spaces enable support networks that go beyond what can be achieved through individual intervention alone. All professionals affirm the innovative nature of the group methodology when compared to individual approaches. One attributes this to elements that are absent in one-on-one settings:

[...] elements such as the shared space and communication between them are made much easier [...] it's not the same as individual intervention [...] in an office where there's no privacy to talk about their experiences [...] (Professional 4, personal interview, April 2024).

Another highlights the development of skills that would be difficult to address in individual work:

[...] giving them tools to be able to resolve a conflict, to know how to mediate when there is a dispute and to avoid fights [...] (Professional 5, personal interview, May 2024).

Half of the professionals note that this type of methodology makes it easier to form bonds and support networks:

[...] that space where they can be themselves, creating bonds and support networks that they may not have in their usual environment [...] friendships have developed that provide them with support [...] (Professional 4, personal interview, April 2024).

Four other professionals describe the opportunity to address topics that are typically not covered in individual interventions as a further advantage of the group format. One explains:

[...] there are things you just can't address on an individual level [...] the social worker isn't your friend either—you don't see her as someone you can really open up to (Professional 2, personal interview, May 2024).

Another professional points to the enrichment that emerges from the exchange between women:

[...] there's greater enrichment because there are more opinions, more people listening [...] there's more solidarity among them [...] (Professional 9, personal interview, April 2024).

One professional notes that group sessions have led to improvements in communal living:

[...] we have several housing units, and one of them is for women [...] many of the women in that unit attend the Patio [...] it helps with shared accommodation dynamics [...] (Professional 6, personal interview, May 2024).

With regard to how group intervention responds to individual and diverse needs, eight professionals mention that women often share concerns in group sessions that they had never mentioned during individual ones. Indeed, one professional states:

[...] it's a space that facilitates communication and participation, even if it's on a group level, but it also helps to move forward with each woman's individual process [...] (Professional 4, personal interview, April 2024).

One professional also highlights the existence of shared concerns that can be addressed collectively:

[...] it's true that each person has specific needs, but there's also a common demand, which is being a woman, or a shared characteristic [...] first we need to work on that collectively, and then move on to the specific issues [...] (Professional 1, personal interview, May 2024).

It is important to underscore the compatibility of group and individual intervention. In this regard, all professionals assert that the two approaches are compatible. One professional explains:

[...] those of us who lived through the period before the Patio and the period after are in a position to say that individual intervention is definitely enhanced by the group work (Professional 7, personal interview, May 2024).

When asked for testimonies about the positive impact of combining group and individual interventions, all professionals shared examples from

current and former service users at the centre who had addressed their difficulties using as a basis the support of both approaches.

4.2. Modifications during the implementation of group intervention

The professional in charge describes key moments in the lives of the women involved in the group, during which modifications were introduced to ensure continuity of the sessions:

[...] during the pandemic [...] you couldn't hold formal sessions, or find professionals who were willing to come in [...] we had to readjust the entire methodology [...] the objectives and the approach [...] (Professional 7, personal interview, April 2024).

Furthermore, during the sessions themselves, the methodology had to be adapted to accommodate the sensitive situations faced by women experiencing homelessness, including bereavement due to the death of group members in light of the vulnerability and risk to which these women were exposed. The professional adapted the sessions to address the grieving process:

[...] many of the women were going through an especially difficult time [...] I didn't want the Patio to be associated with that pain [...] the centre gave us access to another patio [...] so for grieving we moved to the other patio (Professional 7, personal interview, April 2024).

The professional goes on to explain how the original methodology for the intervention was changed in response to the women's strong engagement with the project. The initial plan included a closure followed by a second phase, but it became clear that ending the first stage at that point would have been detrimental for those women:

[...] my primary idea was to bring this to a close and then start a second part [...] which would be a guest speaker cycle [...] for me it was a second project [...] (Professional 7, personal interview, April 2024).

She outlines her reasoning behind this shift, stressing that closing the programme and reopening it a few months later would have had a negative effect. Instead, the intervention was adjusted as it progressed:

[...] it would've been like closing the Patio and reopening it three months later. That would have been damaging. So it was restructured [...] (Professional 7, personal interview, April 2024).

She also notes how strongly the women identified with the name of the project, and that changing it would have affected their sense of

belonging. As a result, the name was retained and the intervention was adapted to their needs by incorporating new lines of action:

[...] they really identified with the name [...] the Patio was important to them—it was part of their everyday lives. What we needed to do was introduce new intervention strands within the Patio [...] (Professional 7, personal interview, April 2024).

4.3. Areas for improvement in the implementation of group intervention

Professionals report that the spaces where group intervention is carried out are not adequate, primarily due to the structural limitations of the centre. Two professionals agree that one area for improvement is the physical environment in which the intervention unfolds:

[...] we adapt according to the weather: if it rains, we can't hold the session [...] the other day we had a guest, it rained, and we had to change everything [...] we had to do it just outside the unit, and that changes the whole methodology [...] (Professional 7, personal interview, April 2024).

Another professional identifies group composition as a challenge, particularly the changing nature of the participants:

[...] it's never the same group of people, or you might have one group that's been there for years and another that's just arrived [...] (Professional 7, personal interview, April 2024).

Three other professionals note the lack of research on group intervention with this type of population as a limitation:

[...] it would be helpful to raise awareness of the methodology [...] so we can understand what to take into account and what steps are involved, especially since it could later be replicated elsewhere [...] (Professional 3, personal interview, May 2024).

Given the nature of the centre, where new participants may join daily or unexpected situations can arise due to the changing needs affecting the women taking part, unforeseen circumstances often require adjustments to be incorporated into the group intervention methodology. One professional reflects on this:

[...] sometimes something comes up that changes the plan, but that's nothing unusual when working in a group setting [...] (Professional 1, personal interview, May 2024).

In addition, two professionals observe that this type of methodology can sometimes lead to tension with the men who also reside at the centre:

[...] the men feel a bit left out [...] because they see that the women have their own space together [...] (Professional 9, personal interview, April 2024).

In this respect, one professional further proposes a possible solution to this issue:

[...] perhaps it could become a project idea so that they can participate as well [...] so they too have a space to come together [...] (Professional 4, personal interview, April 2024).

Another professional suggests extending this kind of initiative to another group also living at the centre:

[...] I'd love to be able to do something like this, for example, with the LGBT community [...] (Professional 5, personal interview, April 2024).

5. Discussion

The experience of *El Patio de mi Casa* offers a concrete example of how to effectively implement a gender-sensitive approach, contributing to the development of more inclusive and equitable intervention models. This approach challenges the androcentric bias that still prevails in many current services (FEANTSA, 2016b; Fernández-Rasines and Gámez-Ramos, 2013; Galán et al., 2022; Matulić et al., 2019). Previously, intervention efforts focused exclusively on the individual and were carried out on a one-to-one basis, with group sessions only taking place occasionally. While women do require personalised support tailored to their specific desires and needs, professionals consider that group intervention has a positive and complementary effect on individual work. Adopting an intersectional approach enables the development of solutions that are more precisely tailored to the specific needs of each woman while simultaneously providing emotional support through group-based activities (Matulić et al., 2024; Valderrama, 2023). Professionals point out that the creation of *El Patio de mi Casa* stemmed from the need for a support group among the women themselves. The transition to a group-based format enabled the formation of informal support networks, which are essential for the protection and social reintegration of people experiencing residential exclusion, an idea reinforced in the studies by Marzana et al. (2023) and Valderrama (2023).

A participatory and women-centred methodology was employed, allowing participants to decide which topics they wished to address, and incorporating the input of professionals from specialised fields such as gender-based violence and mental health. This approach aligns with the criteria identified by Sherwin (2021) for services tailored to the specific needs of women in these circumstances. The presence of a professional figure is essential to the success of the intervention, as they provide the necessary support to guide the group and facilitate an atmosphere of attentive listening and mutual support, highlighting the central role

of professionals in this type of programme (Galán et al., 2022; Sherwin, 2021). However, professionals acknowledge that there has not yet been a comprehensive evaluation of the group intervention, revealing a notable lack of systematisation and thorough analysis regarding its actual impact (Díaz et al., 2023).

Group intervention not only provides a safe space for women to express their experiences and difficulties, it also promotes the development of specific, attainable goals. This form of intervention has enabled participants to imagine and pursue plans and projects that they had previously deemed unattainable. The atmosphere of mutual support within the group has played a key role in this empowerment process, allowing the women to build the confidence necessary to take on new challenges and objectives (Marzana et al., 2023). This, in turn, fosters a positive sense of belonging, encouraging women to continue engaging with the group intervention even after they have reintegrated into society (Galán et al., 2022; Sherwin, 2021). At the same time, women experiencing homelessness who also face mental health issues or addictions encounter significant barriers when it comes to accessing specialised services (FEANTSA, 2022; Matulić et al., 2024), making the documentation and analysis of these experiences particularly relevant.

El Patio de mi Casa not only addresses individual needs, it also fosters a sense of solidarity and belonging among participants—one of the key elements highlighted by Marzana et al. (2023) in their study. Lastly, professionals note that this type of intervention could also benefit other groups of vulnerable women, particularly by working to challenge stigmatisation and prejudice, which they regard as a valuable opportunity. This observation aligns with research suggesting that group intervention programmes designed for women who are victims of gender-based violence may also be suitable for women experiencing homelessness (Llulluma, 2016).

5.1. Limitations and future lines of research

The main limitation of this study lies in the lack of detailed and up-to-date information regarding group intervention with this population, which restricts both the depth of the analysis and the scope of the conclusions. Moreover, the absence of data on the evaluation of the group intervention hindered the ability to accurately determine its effectiveness. Nevertheless, this study offers a valuable insight into a scarcely explored group intervention methodology with this population group. Its findings are relevant for professionals working with homeless women, providing useful information that may guide future research and contribute to the improvement of intervention practices.

6. Conclusions

Regarding the first specific objective, the professionals point to an evolution in the approach: whereas interventions previously did not distinguish between men and women and were predominantly individualised, the introduction of support groups among participants has proven beneficial. This has led to the integration of group intervention as a means of addressing diverse needs and improving communal living. *El Patio de mi Casa* includes both educational and relational group sessions focused on empowerment, self-awareness, solidarity, and access to available resources. The methodology is participatory and flexible, enabling women to choose the topics they wish to explore, thereby fostering an atmosphere of mutual support. Although validated tools for formal evaluation have not been implemented, alternative methods—such as direct observation, technical team meetings, and unstructured interviews—have been employed to monitor participants' progress. Similarly, feedback from both the women and the collaborating organisations plays a key role in adjusting and improving the interventions. The success of the group intervention is attributed to the professional training and development of the teams involved, who are committed and recognise the value of the group-based methodology. The importance of ongoing training is also emphasised to ensure the effective application of the strategies developed.

As for the second specific objective, the professionals affirm that group intervention indeed enhances individual work and offers clear advantages over other methodologies, particularly in its capacity to better adapt to the specific needs of these women. It facilitates communication and supports the development of skills such as conflict resolution, as well as the creation of bonds and support networks that are often unattainable through individual intervention alone. This made it possible to address shared concerns that are sometimes absent from discussions in individual sessions, thereby complementing and reinforcing this approach. The group space encourages the formation of support groups, enhances communal living, and provides a rich environment thanks to the diversity of opinions and experiences shared.

With respect to the third specific objective, the project was initially intended to be implemented in phases—with a closure followed by a reopening—but it was ultimately decided to maintain it as a continuous programme in order to avoid negative impacts on participants. The methodology was adapted in response to critical events, such as the death of group members or the challenges posed by the COVID-19 pandemic. The areas for improvement identified include the need to adapt the physical spaces where the intervention is carried out and to encourage the regular attendance of participants because irregular participation acts as a barrier to the development of a sense of belonging. This research also highlights the scarce body of studies on group intervention with this population, and the need for ongoing methodological adjustments in response to the

women's evolving needs and unforeseen situations within the centre. Additionally, the intervention has generated a sense of exclusion among the men living in the centre. This has prompted professionals to recommend setting up similar spaces for them and for other groups, such as the LGT-BQI+ community.

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