



Examining peer mentoring with women who experience multiple and complex disadvantage: a feminist ethical model of practice

Item Type	Article (Published Version)
UoW Affiliated Authors	Gilbert, Beverley
Full Citation	Gilbert, Beverley (2025) Examining peer mentoring with women who experience multiple and complex disadvantage: a feminist ethical model of practice. <i>Journal of Gender Studies</i> . pp. 1-14. ISSN Print: 0958-9236 Electronic: 1465-3869
DOI/ISBN	https://doi.org/10.1080/09589236.2025.2450649
Journal/Publisher	<i>Journal of Gender Studies</i> Taylor & Francis Online
Rights/Publisher Set Statement	© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.
Item License	CC BY 4.0
Link to item	https://www.tandfonline.com/doi/full/10.1080/09589236.2025.2450649

For more information, please contact wrapteam@worc.ac.uk



Examining peer mentoring with women who experience multiple and complex disadvantage: a feminist ethical model of practice

Beverley Gilbert

To cite this article: Beverley Gilbert (18 Jan 2025): Examining peer mentoring with women who experience multiple and complex disadvantage: a feminist ethical model of practice, Journal of Gender Studies, DOI: [10.1080/09589236.2025.2450649](https://doi.org/10.1080/09589236.2025.2450649)

To link to this article: <https://doi.org/10.1080/09589236.2025.2450649>



© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.



Published online: 18 Jan 2025.



Submit your article to this journal [↗](#)



Article views: 110



View related articles [↗](#)



View Crossmark data [↗](#)

RESEARCH ARTICLE



Examining peer mentoring with women who experience multiple and complex disadvantage: a feminist ethical model of practice

Beverley Gilbert 

Department of Violence Prevention, Trauma & Criminology, School of Psychology, University of Worcester, Worcester, UK

ABSTRACT

Despite the recognized strengths and benefits of peer mentoring as a process, this practice remains an underexplored area for women in communities who experience multiple and complex disadvantage linked to trauma. This article explores the perspectives of those who deliver and receive peer mentoring, with the aim of building a more comprehensive understanding of such practice in developing a model of peer mentoring based on feminist ethics of care. Three women's organizations located in England participated in this study and in-depth, semi-structured interviews were undertaken with decision makers ($n = 5$), peer mentors ($n = 11$) and mentees ($n = 8$). This research is framed within feminist qualitative research where reflexive thematic analysis considered the findings from the data collected from 24 interviews (Braun & Clarke, 2022). The findings from this study identify that peer mentoring is a complex form of community level support that provides a welcome approach from the more formal, statutory, community provision many women with multiple and complex disadvantage experience. A feminist ethical model of delivery is devised within this article to be considered within women's sector community practice. The elements of the model being: community strength, meeting expressed need and having clear feminist ethical foundations of trust and care.

ARTICLE HISTORY

Received 31 May 2024
Accepted 2 January 2025

KEYWORDS

Peer mentoring; women; feminist ethics; community; complex disadvantage

SUSTAINABLE DEVELOPMENT GOALS

SDG 3: Good health and well-being; SDG 5: Gender equality; SDG 10: Reduced inequalities

Introduction

There is a significant population of women in society who experience overlapping complex disadvantage. For example, over one million women in England alone have experienced physical and sexual abuse in both childhood and as an adult (Scott & McManus, 2016). Many such women subsequently or concurrently experience other disadvantages such as homelessness, addiction, imprisonment, or experience mental health conditions (Anderson, 2011; Holly, 2017; McNeish & Scott, 2014). The combination of these factors can create a life limiting and confusing array of issues that are interconnected and difficult to address, both for the woman and for her children or wider family. Addressing such complexities and disadvantages is further hindered by the structuring of services that largely respond to single issues, which further compounds access to holistic support to meet the needs of the woman (Rosengard et al., 2007). Barriers to accessing support can also include geographical location, lack of female only

CONTACT Beverley Gilbert  b.gilbert@worc.ac.uk  University of Worcester, Worcester WR2 6AJ, UK

© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

spaces and limited opening hours (Hodges & Burch, 2019). This lack in holistic and trauma responsive support for such women is a problem. Peer support and one to one peer mentoring offering one way of closing the gap for women in finding services inaccessible or where services seem unable to manage more than one issue concurrently. The notion of being trauma responsive is important in this context, enabling women experiencing a range of disadvantages to find supportive community environments that facilitate healing and resilience.

The distinction between trauma informed and trauma responsive practices is nuanced yet significant. Trauma responsive practice being essential for organizations aiming to create a culture that not only recognizes trauma, but also actively works to mitigate its effects through responsive support (Muskett, 2013).

Trauma responsive practice takes trauma informed practice further by focusing on the implementation of practice, to specifically meet the needs of individuals affected by trauma through the ways services are delivered. An organization or a project within a service designed to support community members can be considered as trauma informed when it sets the framework for understanding by acknowledging the symptoms of trauma of service users and is responsive by integrating that knowledge of trauma into the resulting policy and practice and into all aspects of service delivery to reduce the risk of re-traumatization (Roberts et al., 2023; Sweeney et al., 2018). This approach emphasizes creating an environment for individuals who have experienced trauma with six overarching principles including safety, trustworthiness, peer support, collaboration, empowerment and cultural, historical and gender issues that should be embedded into practice (SAMSA, 2014). These principles link in well with feminist approaches to peer mentoring with women who experience multiple and complex disadvantage.

There is a recognition for the need to provide longer term, trauma responsive support for women to recover beyond any crisis stage and to find her self-confidence and sense of independence. Commissioning practices and neo-liberal austerity cuts imposed by the UK Government since 2011 (Hall, 2022; Walsh et al., 2022) have had a significant impact on the Voluntary, Community and Social Enterprise (VCSE) sector and on smaller domestic abuse services for example, resulting in a geographic lottery of service provision and interventions, especially for the diversity of need, including long-term support needs of women's organizations who work alongside women with multiple and complex disadvantage (Domestic Abuse Commissioner, 2022; Turgoose, 2016). Support services for women have experienced a 70% cut to funding compared to a 29% for larger non specialist services (Walby and Towers, 2012) and only 1.8% of funding in England goes to women's organizations (ROSA, 2023, p. 59). This necessitates women's organizations having to apply to multiple sources to secure relatively small amounts of money. Securing funding being a time consuming, demotivating activity that precludes full energy being afforded to development of services, such as peer mentoring for example (Braidwood, 2023; Howard, 2010; Turgoose, 2016). More than that, it means that women's organizations continue to run their support service without dedicated funding and eventually this can force closure (Turgoose, 2012: 117), or force organizations into partnership arrangements with large formal agencies where the ethical values, marketized models and political commitments of the organization can be compromised (Cooper & Mansfield, 2020; Elfleet, 2022). Increasingly scarce or rationed resources allocated according to assessment of need mean that a woman within the context of complexity of need may not find a suitable support service to support her multiple areas of disadvantage as there will be no straightforward single service solution (Parton, 2017). The social and gendered impacts of austerity are deepening levels of inequality (Greer-Murphy, 2017), with the day-to-day impact of intersecting social inequality felt by women and marginalized groups (Hall, 2022).

Feminist ethics of care articulate the values involved in caring practice, such as that seen within peer mentoring. Such practices can exist within unjust and inequitable social and political conditions that require ‘fundamental restructuring’ (Held, 2010, p. 17) and can be an antidote to practice that has boundaries, is controlled and designed around patriarchal notions of practice (Pettersen, 2008). Furthermore, feminist ethics of care involves taking the perspectives of another person, ‘when we care, we consider the other’s point of view’ (Noddings, 1984, p. 24). This ethical basis sits well within the practice of peer support and peer mentoring within women’s groups and is linked to women’s peer mentoring with women experiencing disadvantage in several ways through this study, adding a valuable contribution to knowledge. From this study, there appears to be potential for one-to-one peer mentoring to be used to help women with multiple and complex disadvantage access support in the community in a more effective and positive way as both a witness and personal advocate. Definitions of peer mentoring can range from being very specific or being very wide in scope (Thomas et al., 2015). In general terms, mentoring describes a relationship between two individuals where an area of knowledge or support is afforded to the mentee by the mentor (Kali & Malka, 2023). The definition of peer mentoring in the context of this study is: an individual with some shared, lived experience, providing one-to-one practical guidance and support to another individual. The shared, lived experience should relate to experience rather than simply being of the same sex (Gilbert, 2023b).

This study is important as it adds new knowledge to the understanding of one-to-one peer mentoring specifically when working supportively, in a trauma responsive way, in the community, with women who experience multiple and complex disadvantage. Whilst research has been undertaken regarding one-to-one peer mentoring with women within business and educational settings, and within mental health treatment in relation to peer support (Boyce, 2016; Harvey et al., 2009; Moulding et al., 2022; Rockinson-Szapiw & Wendt, 2021), little has been undertaken specifically regarding one-to-one peer mentoring with women who experience multiple and complex disadvantage. This article responds to a gap in knowledge around women’s community peer mentoring practice.

Method

The methodological approach to this research was informed by a qualitative feminist research design, using a feminist ethical lens to examine peer mentoring with women who experience multiple and complex disadvantage.

The research aims of this study were to:

- Examine the use of peer mentoring with women with multiple and complex disadvantage in England.
- To consider a feminist qualitative research approach when investigating what works for women peer mentors and mentees and to identify potential areas of difficulty in peer mentoring practice.
- To advance the stories of women participating in peer mentoring, creating a space where they can give voice to their own experiences.

Participants

A feminist paradigm of enquiry using in depth, qualitative, semi-structured interviews took place with women decision makers, peer mentors and mentees at three different women’s organizations located in England. Each organization was located in distinctively different geographical areas, one in relatively deprived coastal area, one in a large, well-established inner-city location and another in an area that encompasses both city and rural landscapes.

Organisation	Decision Makers	Peer Mentors	Mentees
One (Coastal area east of England)	1	3	2
Two (large city area, Midlands)	1	4	2
Three (city and rural area, South West)	3	4	4
Total interviews (24)	5	11	8

Diagram 1: Participating organisations and research participants

Some 24 women contributed to the study by way of one-to-one interviews, decision makers ($n = 5$), peer mentors ($n = 11$) and mentees ($n = 8$). The benefits of peer mentoring along with the challenges were discussed and examined to provide an in depth understanding of peer mentoring with women who experience multiple and complex disadvantage. This was considered at an organizational decision maker level and with the peer mentors and mentees involved in the activity at all three organizations.

Ethical research practice with women

A prioritization was given to ensure participation in the research was a safe and friendly experience, with the feminist commitment to hearing the voice of participants and therefore, involving participants in the production of knowledge. Also, of vital importance was to conduct the research in a sensitive, trauma responsive way that sets out to reduce power imbalance, minimize any potential distress and ensured that each woman feels that she was contributing to collective production of knowledge. These are all important principles within feminist research practice. A feminist ethical stance of care and empathy were afforded to each research participant, putting their comfort, trust, and wellbeing ahead of the needs of the research itself (Koehn, 1998). Whilst acknowledging the potential to cause harm, it is essential that women have agency and voice in influencing research, policy, practice, and the future direction of community service provision (Downes et al., 2014), and that researchers do not presume that survivors of abuse, do not have capacity or are unable to voice their opinions and experiences. When undertaking research with women who have multiple and complex disadvantage, care must be taken when assuming vulnerability. Downes and colleagues consider the knowledge base and ability of survivors of abuse to make appropriate decisions about participation in research,

Situating vulnerability as an inherent and shared property or static category of personhood is problematic for social research, not least since it includes a potential for 'othering' participants. Little thought would be given, for example, to the fact that those who have already experienced harm and/or exploitation might be more alert to its potential, thereby more able to make decisions about participation. (Downes et al., 2014, p. 24)

Feminist research is concerned that designating all participants with lived experience as being 'vulnerable' could create risk averse research governance decisions that preclude projects that explore in-depth examination of violence and abuse and the impact and meaning for those experiencing it (*ibid.*,13). Thereby, restricting our knowledge, understanding and potentially our interventions and mitigations around abuse and complex personal issues. In this context, and where services for domestic abuse for example, are being increasingly professionalized, arguably, the voice and stories of individual women have become further marginalized from the practice of care (Farhall et al., 2022; Held, 2010). Therefore, women's voices within this study have been prioritized and brought to the fore. Research participants in this study are considered as women with strength, voice and opinions of value.

Confidentiality is linked to trust and as such was respected within the research process. Care was taken to ensure that participants could not be identified from within anonymized interview comments. All interview participants chose their own pseudonyms. Pseudonyms rather than allocation of numbers were selected as this felt dehumanizing and inappropriate for feminist research practice.

Data analysis

Interviews were conducted by way of video link or telephone, according to the preference of the interview participant. This preference was a way to be responsive to any trauma or anxiety experienced by interview participants in permitting choice and agency in how interviews could be conducted during Covid-19. Interviews were audio recorded, transcribed, and analysed using the guidelines and approaches from reflexive thematic analysis (Braun & Clarke, 2022). The initial level of analysis began through the immersive transcription and reading process. Prior to deleting the audio tape recordings, each interview was listened to repeatedly together with the written transcripts where field notes were made in a separate document regarding the tone of the interview. Any nuances that were not captured by the audio recording, and the feelings and observations I had during the interview, were compared with field notes made after each interview took place. Any reticence to respond by interview participants was noted as well as any pauses and spaces for emotional connection with the interview as it progressed. This process enhanced my connection as researcher with the interview transcripts and the voice of the women I interviewed. The second stage of the thematic analysis involved assembly of the codes from the transcripts, systematically highlighting the excerpts of the data and associating these with codes, or nodes in NVivo, and this was then subsequently replicated by hand due to my own personal preferences and thoroughness. The third stage of thematic analysis involved a search for key themes within the codes (Braun & Clarke, 2006). Where relationships appeared to be shared within codes, these were mapped as patterns through the data collated. This mapping was applied to analyse the data, following the six step Braun and Clarke approach (*ibid.*), and the guidelines and approaches from Braun and Clarke in terms of reflexive thematic analysis (2022).

Findings: locating women's peer mentoring in women's organizations

The findings presented in this study identified that peer mentoring is a complex form of community level support that provides a very welcome but singular type of approach from the more formal, time limited, statutory community provision many women experience in their communities. Women felt that peer mentoring created strength, to draw something positive from the shattering experiences of abuse as peer mentors. In helping other women through peer mentoring, it added to their own sense of wellbeing. For women receiving peer mentoring, they felt that it added to their lives in ways that they had not experienced by agencies and organizations previously, in giving a sense of hope and positivity within a feminist ethical approach of trust and care.

Irrespective of how long women's organizations had been using peer mentoring within this study, this practice was described by organizational decision makers as being in its development. This was due largely to short term, precarity of funding to further develop this side of women's organizational functions. All decision makers within this study recognized this about their projects and organization, in that to give women the time they need, that may be at the detriment of financial considerations and funding determinates.

Of course, you know, to the detriment of our finances in a sense, we always give women time. And, you know, that's not a cheap model, is it? And we're struggling to fund the work that we're doing. You know, that is what I find so incredible, is why as an organisation we're really struggling to find funding for these pieces of work when we're an established charity that has been doing work for the last 20 years? Astrid, Decision Maker, Organisation Three

However, despite this financial position, there was a belief that peer mentoring offers something uniquely positive in terms of reaching women who survive abuse and who experience multiple and complex disadvantage. The interview participants within this study identified the special nature of having ‘walked in the shoes’ of the woman mentee and that peer mentoring creates a level of empathy, care, and trust that support workers without lived experience are not felt to have. There was something special also regarding undertaking peer mentoring without receiving payment. Kaye considered both issues within her comment,

But with her it's like I knew that she cared and that was a big thing to me, like, knowing she wasn't there just because she's getting paid for it, it was, she was there because she gave a shit. Do you know what I mean? Kaye, Mentee, Organisation Three

An important research finding relates to the peer mentors themselves who were survivors of abuse or other disadvantages. They were able to make something positive from their lived experience, seemingly impossible given the nature and extent of their trauma. Yet, in undertaking peer mentoring, this inspired them to offer a hand of support to other women. This then offered hope and inspiration to women that there is a future and a level of good recovery to make a life after abuse.

[Peer mentoring] was always to be an example to any new woman that attended the centre that there is light at the end of the tunnel and this is what it looks like, and I can say it, or a member of staff can say it, but it doesn't come across and it doesn't resonate unless you can actually see it and know that somebody has been through the same thing. Louise, Decision Maker, Organisation Two

This role modelling of recovery and determination was thought by all interview participants to be very special in terms of generating strength, optimism, and hope. Whilst peer mentoring is usually a voluntary role, there are recompenses that are valued by peer mentors linked to being purposeful as well as the acquisition of training and vocational learning. These aspects of peer mentoring involvement raised the self-confidence and wellbeing levels for the women undertaking the role of peer mentoring. Being something designed for women by women with lived experience was appreciated and seen as unique within the communities where women lived.

It [peer mentoring] differs in that it's been designed by women for women, I've never had this sort of help. I've dealt with [another service] before but that's a very different, that's a very specified issue. Whereas this, was a general broad kind of thing that was at times even helping on a day-to-day basis. That's something I've never received before. You are speaking to somebody who isn't like working out of a textbook. It's somebody who has been there, a lived experience that somebody has been through it and you can relate to them on more of a level. Bella, Mentee, Organisation Three

In terms of complexity, this study highlighted the positioning of peer mentoring when connected to boundaries and purpose. There are difficulties as peer mentoring is a unique position in community support practice. Peer mentors are not positioned within a professional practice role, yet they are not located within a friendship-based relationship either.

The challenge is the boundaries. It is. The women, despite doing the training, despite being told why they're there, erm, not all of them have kept boundaries and I think that is the challenge. Even now, there's a situation where the peer mentors have said 'I know that we've said this, but we want to do this, and this is the reason why'. And I get the reason why and I know that if I say no, they're going to do it as friends anyway, I get that. Louise, Decision Maker, Organisation Two

Ruby gave a good example around developing peer mentoring from the pre-existing peer support groups and was finding this a challenge to navigate when attempting to partner up peer mentor with mentee. This was because the relational boundaries had already been formed by women as friendships were developed within the group,

The problem with that is they're already friends. They've already added each other to Facebook, they're already talking like they know each other and then we're trying to put this other role in. So, I need to step right back from that. Ruby, Decision Maker, Organisation One

This clearly causes some tensions in safe delivery of peer mentoring connected to boundaries and role and in the professionalization and subsequent risk aversion of women's organizations. Noddings (1984) writes that there is a quasi-impersonal concern rooted in earning a living rather than in simply care, that the financial transaction interferes with the voluntary aspect of supportive caring for another woman. Also, that boundaries and rules can be a problem for this ethic of care, 'by and large we do not say with any conviction that a person cares if that person acts routinely according to some fixed rule' (Noddings, 1984, p. 13). Peer mentoring would benefit then from being located away from the professionalized role favoured by commissioned or statutory services if the boundary issue was to be considered less strictly and with more fluidity.

Despite the need and preferences of women with complex disadvantage, the women's organizations within this study found peer mentoring difficult to sustain operationally. Even with voluntary offered hours by peer mentors, there are support and supervision costs required to safely deliver peer mentoring. The precarity of women's sector funding adds a restriction in the development of peer mentoring as a long term operational function of the organizations. Yet, there was a knowledge that peer mentoring does offer something valuable and restorative for women experiencing multiple and complex disadvantage in communities, and therefore, needs to be understood and delivered properly to better understand both the challenges and benefits of peer mentoring. All three women's organizations in this study wanted to further develop and expand one-to-one peer mentoring but were aware that this depended on stability of future funding.

Diluting the values of peer mentoring when combined with more formal agencies

An interesting finding within this study was the use of peer mentoring combined with the more formal statutory commissioned services and the ethical dilemmas and potential conflict presenting within this. Decision makers, for example, were aware of the central desire to incorporate peer support and peer mentoring within criminal justice services. They were asked about the efficacy of that approach and what their opinions were around this area of work being embedded within probation organizations rather than within independent women's organizations. An area that was explored in the interviews was whether peer mentoring might ever sit comfortably within a statutory agency given the differing ethos and purpose of such agencies.

No, and I hear, you know, probation saying 'we want a peer mentoring programme' blah, blah, blah. And I just think, ugh, you're just going to slaughter that. It's going to be awful, erm, you know. No, I don't think you can. Because it's about time and working with the individual. One coat does not fit all, it's impossible. Astrid, Decision Maker, Organisation Three

Lilly was particularly wary about Social Services and the safeguarding principle that her peer mentor had to comply with when considering information sharing, her children, and her care of the children. This aspect of, as she put it, 'telling on you', felt like a breach of trust and a compromise to the peer mentoring relationship between the women. This is indicative of a clear conflict with principles of trauma informed and trauma responsive support. Louise, the decision maker at Organization Two, felt strongly that women who had been directed to them from the criminal justice system were labelled and continually treated with disrespect and mistrust by professionals and the formal systems put in place to monitor and control individuals under probation supervision. She felt that these statutory, formal systems were not supportive, did not recognize the capacity of the women under supervision and were unhelpful in assisting women to move forward in their lives without stigma or barriers. She felt that probation, police, and other agencies did not show in any way that they believed in an individual's capacity to lead a non-offending lifestyle and that this was a constant demonstration to the women service users, to the peer mentors and to the voluntary sector organization. She could see the conflict in peer mentoring and working alongside other agencies,

But again, it goes back to what we were saying earlier; it's about how much do people trust the rehabilitation process? And the answer is they don't. Because anyone with a criminal record is constantly reminded. Constantly. Louise, Decision Maker, Organisation Two

Louise intimated that whilst she and her peer mentoring approach within a women's organization was motivational to women attending the service, some of that was lost in being a service commissioned by the criminal justice system. Again, the comment about judgement and rigidity when connecting to peer mentoring and women was voiced by decision makers and that this reduced some of what was special about the relaxation and responsivity of peer mentoring as a concept. Ruby's comment here relates to criminal justice provision being insufficient to meet the needs of women, and might just as well be, as she described, a 'fairground' for all the commissioners were concerned,

Nothing was about the women and their journey and how they got there and how do we stop them getting there again, and that is exactly what we wanted to do. That's why we do it on our own. Ruby, Decision Maker, Organisation One

Ruby felt that given her previous experience of running peer mentoring within the criminal justice system, that is probation, peer mentoring could never ethically be located within that for women experiencing multiple and complex disadvantage.

Model of practice: peer mentoring with women

A feminist model of strength based on ethics of trust and care

Drawing together the findings of this study, the following model has been developed to create a summary of the essential aspects of peer mentoring for this group of women in our community, women who experience multiple and complex disadvantage. All three elements of this model are equally important to ensure that the model of delivery is effective: Strength, Meeting Expressed

Women's Peer Mentoring: Multiple and complex disadvantage

A feminist model of strength based on ethics of trust and care

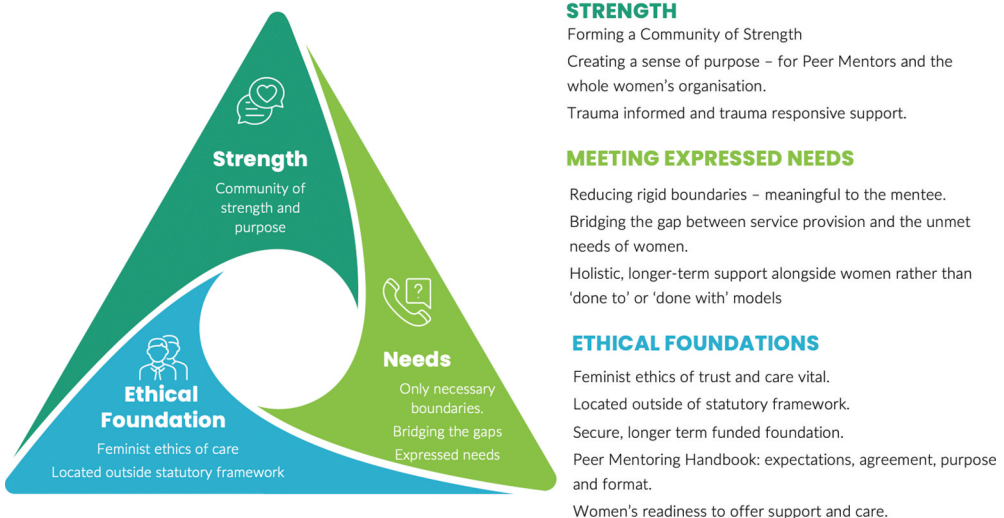


Diagram 2: Women's peer mentoring: multiple and complex disadvantage (Gilbert 2023b: 268).

Needs and Ethical Foundations. These elements should be intertwined together to ensure maximum efficacy of the model. This model of one-to-one peer mentoring practice has been discussed within a group setting with women from organization one to establish its validity and appropriateness in one-to-one peer mentoring practice.

Element 1 - Strength

This research-based model recognizes the importance of community and collective action. It positions peer mentoring within women's community peer support and contributes to the literature surrounding the creation of activist communities of strength (Russell, 2020). The research undertaken for this study highlights a more specific understanding of the connections between peer mentor and mentee, the frustrations with existing community support and the importance of developing a community of strength between women with shared experiences in the community. This notion of creating a community of strength, a community of women with shared lived experience came through as a strong theme in this study when assisting women holistically. The isolation experienced by women with multiple and complex disadvantage can be as harmful as recognized life limiting factors such as smoking, substance use or obesity (Meyer et al., 2019; Stacey et al., 2022; Vidra et al., 2019), and can diminish self-esteem and confidence (Mund & Johnson, 2021). This connection with each other within a peer support setting is vitally important when peers come together in a mutually supportive community of individuals (Boyce, 2016). As Russell outlines in his work related to asset-based community development, living a healthy and well life,

is inextricably linked to the domains of community and associational life; relies for its strength on intimate, soft, human contact in addition to more distant, cold, professional services; can call on an abundance of untapped, local-based care and, with greater intentionality by policy makers and practitioners, can lead to better physical and mental health outcomes. (Russell, 2011, p. 96)

Though some women may gain sufficiently in confidence and strength to live their lives with disadvantage, many more will need some support whilst they navigate the issues they face and locate the areas of specialist support needed to thrive in their own community. This may be particularly so after experiencing of domestic abuse and the range of associated disadvantages commonly experienced following on from this (Abrahams, 2010). A peer mentoring model where strong social support and social networks are created may positively influence health both directly and indirectly by increasing coping and community resources; decreasing levels of stress; and improving mental, physical, and social health (Heaney & Israel, 2008). In many respects this will require practical support, advocacy, and a calming hand of reassurance, all suited to the role of a peer mentor within a women's organization, all appropriate to practice based on a trauma responsive model of support. Given the damaging effects abuse often has on women's self-belief and confidence, this peer mentoring relationship could be a process that takes time, time that a more formal agency or professional relationship may struggle to accommodate (Gilbert & O'Dowd, 2019). In this respect, the special nature of a peer mentor acts as a conduit between the woman and the services available in her immediate location, thereby offering a substantial connection to community.

Connected to creating a community of strength, an important finding in this study, relates to the peer mentors themselves, women who may be survivors of abuse or another complex area of disadvantage. Peer mentors highlighted that they were able to make something positive from their lived experiences, including and especially those that had been difficult and often dreadful. In undertaking the role of a peer mentoring, this inspired peer mentors to offer a hand of support to other women and offered hope and inspiration to women that there is a positive future and a level of good recovery can be achieved. This role modelling of recovery and determination is thought by interview participants to be very special in terms of creating hope and optimism. This notion of

strength then is a vitally important aspect of the peer mentoring model for women who experience multiple and complex disadvantage.

Element 2 - Meeting expressed needs

Through all interviews in this study, with decision makers, peer mentors or mentees, there was an identification that most more formal organizations, such as social services, police, probation and local authorities, including commissioned organizations and large charities, were failing to meet the needs of a significant group of women in the community. Interview participants within this study felt that multiple issues in a woman's life were not being addressed holistically within their communities, not in a trauma responsive way, and not in the way that might be most effective in the woman's life, that is, according to her wishes and expressed needs. Even where there were services available, the perception of professional judgement was commonly cited as a source of frustration for peer mentors and mentees irrespective of the diverse geographical areas each women's organization was located in. Astrid, Decision Maker from organization three spoke about the traumatization of women from their experiences with services. She commented on professional judgement and failure to consider the expressed needs of the woman and her life, she felt that peer mentoring supported meeting the expressed needs of women,

In order to have empathy with somebody's situation, you know, you need to listen, and you need to believe and you need to see things from their perspective, not your perspective of how you think their experience fits. I think peer mentoring is very unique, you know in terms of that.

A contributing factor to this is that many community services are commissioned to offer single issue support such as domestic abuse crisis support or substance misuse support but are not necessarily compatible with the more complex issues faced by their women service users, who present for support in a range of issues following the abuse experienced in their lives. A more holistic approach for the whole woman is needed (Schofield, 2021). Women surviving abuse require multifaceted complex care due to the interwoven issues familial and partner abuse causes. An infusion or interdisciplinary systems-based, inter-agency and intra agency framework is not provided to women within this study, and this is considered as essential according to Haeseler (2013). The women participants in this study agreed that holistic spaces for women to seek support in complex areas of disadvantage are needed and for them, the peer mentoring provision allowed this depth of responsive work to be undertaken.

When considering domestic abuse support organizations for example, services are not automatically considered to be working with multiple issues, but with the specific issue of experience of domestic abuse, and generally only the immediacy of the crisis stage of support rather than being able to provide holistic, longer-term support. Interview participants within this study often experienced a disjoint between support for mental ill health and addictions, or for safe accommodation and criminality for example. Helen, Decision Maker at organization three spoke about 'becoming a bridge' to a range of largely single issue services and to navigate the service provision with the complex needs of a woman mentee. Covington calls for the need for trauma healing to take place within a social context, within a community-based setting (Covington, 2002, p. 14). This fits well with the findings of this research, where women's organizations are located within communities, and how they deliver support in a holistic way according to the wishes and needs of each woman.

Element 3 - Ethical foundations: trust and care

Within this research, feminist ethics of care and trust are intrinsically linked to the practice of one to one peer mentoring. This encompasses trauma informed and responsive services to reduce the likelihood of revictimization and to create specific environments where healing and recovery from experiences are more likely to be achieved (Sweet, 2021). It necessitates that relationships within

these women's spaces are encompassing mutual respect, empathy and compassion (Bradley et al., 2021; Covington, 2008). This study also strongly advises that peer mentoring should be located outside of statutory commissioned frameworks since this has a detrimental and restrictive impact on the benefits of women offering peer mentoring to other women with shared lived experience. This research examines the difficulties and barriers for women's organizations to incorporate peer mentoring within their operations, particularly where this forms part of a commissioned service provision for a more formal, statutory, or punitive agency in the community. The conflict between feminist ethical principles of trust and care clash with the ethical delivery of one-to-one peer mentoring where women experience multiple and complex disadvantage. The practice of taking time to hear the woman's voice, to build up trust through offering time, and then to care enough to offer a trauma responsive response is vital for the peer mentoring model to function well according to feminist principles (Noddings, 1984).

The peer mentoring model requires secure, longer-term funding to establish and to be able to offer women mentees the time and space that they need as individuals to move forward in their lives. It therefore, may not fit comfortably within a financially constrained, commissioned, and in effect, a time rationed model of service delivery. The interviews with decision makers within this research advise that to deliver peer mentoring well involves an organizational investment of both time and money. This is not what women's organizations and women's groups necessarily have, due to limitations in funding or to time limited or strictly commissioned service funding arrangements (Women's Budget Group, 2020). This then adds an ethical constraint to the development of peer mentoring as an operational function of the organization. This may be why all three organizations in my study describe their one-to-one peer mentoring work as being in a developmental phase, despite the time delivering this within peer mentoring models. This study recognizes the importance of feminist ethics of trust and care when linked with the systematic inequalities and power imbalances that affect women's lives. Investment is needed urgently to ensure women's communities of strength can continue, and can flourish, where there is great need connected to multiple disadvantages after surviving abuse and trauma.

Another ethical issue of difficulty connected with women's organizations is the potential conflict between the traditionally activist role of women's organizations and the bodies who fund their work. The work of women's organizations is de facto emotive as it concerns the acknowledgement of gendered abuse and inequality. This might prove difficult within women's organizations who are funded by sectors who may not appreciate any direct or implied criticism of the government or of the statutory sector. There may therefore be conflicting priorities between those funding services and those participating in them, that is, peer mentors and mentees. The diplomatic silence of organizations based on who is funding them could be seen to restrict the voice of women who have multiple and complex disadvantage. When considering the practice of women's organizations and the use of voluntary team members, we may encounter a move away from feminist ethics of care, from aims and what might be termed 'mission drift'. This is a large price to pay for temporary security of funding for a small amount of time, as it potentially erodes the ethics and strength of the organization. This then causes damage to the ethical and practical delivery of peer mentoring to women who experience multiple and complex disadvantage. The organization then becomes another part of the system it seeks to address. This has implications for the organization, the volunteers working within it and the women using or being part of the organization.

Summary

There is a strength and enthusiasm within the interview participants of this study to collectively support each other and to advocate for women with outside agencies and organizations, thereby bridging the divide between women and services. So too, to undertake one to one peer mentoring with women coming to community women's organizations for support. For peer mentors, being able

to offer one to one peer mentoring helps them to make meaning to their own experience of trauma and disadvantage, enhancing their own healing and recovery process.

The voice of the women within this study suggests that peer mentoring should ideally be delivered from a feminist ethical perspective of trust and care, with women engaging in it voluntarily and openly, without the coercive and restrictive consequences and rigid boundaries imposed in the name of professionalism. Concerns regarding risk of too close a relationship between peer mentor and mentee contribute as a relational barrier. This barrier impacts the development of peer mentoring and there appears a resistance from women's organizations to embrace the approach wholeheartedly, such is organizational aversion to any risk or lack of perceived professional practice (Gilbert, 2023a). This then diminishes the power of the reciprocal relationship between peer mentor and mentee.

Women experiencing multiple and complex disadvantage, those recovering from abuse, and those who feel isolated and lost within society need a safe, women's space to heal and to seek care and support. Especially vital as they become involved with statutory agencies and before they feel so hopeless and invisible as a mandated case within a statutory system. It is therefore essential that government, health commissioners, charitable funders, and local authorities invest in women's organizations as independent, valuable, and essential community assets. Women's organizations are essential to community wellbeing and could, if funded appropriately, offer a sustainable, cost effective response to supporting women and their children who experience multiple and complex disadvantage. Returning to the quote by Covington (2002), p. 14) 'social wounds require social healing', the solution to multiple disadvantage lies within our communities, women have always known this, and we must harness the desire to reach out and to support each other.

There have been no previous studies specifically examining one to one peer mentoring with women who experience multiple and complex disadvantage in England. Therefore, this study adds a unique contribution to literature, offering a feminist model of practice that encompasses strength, meeting expressed needs of women, based on ethics of trust and care. This study highlights the continued need to practice in ways that are trauma responsive and that reflect feminist ethics of care. This maximizes the efficacy of community based peer mentoring with women who experience multiple and complex disadvantage and helps meet the expressed needs of women who are neglected in our communities, being unable to access time rationed and piecemeal services designed with the funder or services in mind rather than the women they are commissioned to support.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributor

Beverley Gilbert Research interests include - Peer mentoring with women who experience multiple and complex disadvantage, women surviving abuse, creating community inclusion and communities of strength based on lived experience, working with perpetrators of abuse and desistance from crime.

Beverley successfully completed her PhD thesis at Anglia Ruskin University, Cambridge in February 2024. Research study - Examining peer mentoring with women who experience multiple and complex disadvantage.

Beverley is Founder and Operations and Risk Director for Queens Award winning organisation Cohort 4, a peer led 'by and for' support and peer mentoring women's community in North Warwickshire, UK.

ORCID

Beverley Gilbert  <http://orcid.org/0000-0001-6288-2019>

References

- Abrahams, H. (2010). *Rebuilding lives after domestic violence: Understanding long-term outcomes*. Jessica Kingsley.
- Anderson, S. (2011). A way through the woods: Opening pathways to mental health care for women with multiple needs. *Advances in Dual Diagnosis*, 4(2), 63–74. <https://doi.org/10.1108/17570971111162993>
- Boyce, M. (2016). *It's a safe space: The role of self-Harm/mutual aid groups* [Doctoral Thesis]. Anglia Ruskin University.
- Bradley, A., Day, K., & Mahon, R. (2021). Exploring shame, love and healing within women's recovery: An analysis of a trauma-specific intervention. In I. Masson, L. Baldwin, & N. Booth (Eds.), *Critical reflections on women, family, crime and justice*. pp. 57-80. Policy Press.
- Braidwood, E. (2023). 'Research reveals bureaucratic nightmare as charities fight for grants: Multiple funders and small sums handed out are among the biggest problems', ThirdSector. Accessed July 1, 2024. [https://www.thirdsector.co.uk/research-reveals-bureaucratic-nightmare-charities-fight-grants/social-enterprise/article/1828169?bulletin=thirdsectorweekly&utm_medium=EMAIL&utm_campaign=eNews%20Bulletin&utm_source=20230630&utm_content=Third%20Sector%20Weekly%20\(21\)::&email_hash=](https://www.thirdsector.co.uk/research-reveals-bureaucratic-nightmare-charities-fight-grants/social-enterprise/article/1828169?bulletin=thirdsectorweekly&utm_medium=EMAIL&utm_campaign=eNews%20Bulletin&utm_source=20230630&utm_content=Third%20Sector%20Weekly%20(21)::&email_hash=)
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.
- Cooper, V., & Mansfield, M. (2020). Marketisation of women's organisations in the criminal justice sector. In K. Albertson, M. Corcoran, & J. Phillips (Eds.) *Marketisation and privatisation in criminal justice*. pp. 203-219. Policy Press.
- Covington, S. (2002). Helping women recover: Creating gender-responsive treatment. In L. Straussner & S. Brown (Eds.), *Handbook of Women's addictions treatment*. pp. 52-72. Jossey-Bass.
- Covington, S. (2008). Women and addiction: A trauma informed approach. *Journal of Psychoactive Drugs*, 40(5), 377–385. <https://doi.org/10.1080/02791072.2008.10400665>
- Domestic Abuse Commissioner (2022). Exclusive new mapping data reveals a postcode lottery and patchwork of provision. Accessed April 2, <https://domesticabusecommissioner.uk/exclusive-new-mapping-data-reveals-a-postcode-lottery-and-patchwork-of-provision/>
- Downes, J., Kelly, L., & Westmarland, N. (2014). Ethics in violence and abuse research - A positive empowerment approach. *Sociological Research Online*, 19(1), 29–41. <https://doi.org/10.5153/sro.3140>
- Elfleet, H. (2022). Neoliberal feminised governmentality: The role and function of a post corston report (2007) women's centre in the north-west of England. *British Journal of Community Justice*, 18(1), 36–58.
- Farhall, K., Quek, K., & McVey, L. (2022). Reimagining organisational responses to domestic and family violence: Applying a feminist ethics of care to the work–violence interface in non-metropolitan Victoria, Australia. *Australia, Labour and Industry*, 32(4), 380–403. <https://doi.org/10.1080/10301763.2022.2137548>
- Gilbert, B. (2023a). Support worker's experiences of self-disclosure within domestic abuse support services and women's Voluntary, Community, and Social Enterprise (VCSE) organizations: A qualitative enquiry. *Journal of Gender Studies*, 33(3), 299–310. <https://doi.org/10.1080/09589236.2023.2277447>
- Gilbert, B. (2023b). *Peer mentoring women who experience multiple and complex disadvantage* [Thesis]. Anglia Ruskin University.
- Gilbert, B., & O'Dowd, K. (2019). Emotion, time and the voice of women affected by the criminal justice process: Corston and the female offender strategy. *British Journal of Community Justice*, 15(1), 19–30.
- Greer-Murphy, A. (2017). Austerity in the United Kingdom: The intersections of spatial and gendered inequalities. *Area*, 49(1), 122–124. <https://doi.org/10.1111/area.12281>
- Haeseler, L. A. (2013). Improving service practices: Collaborative care for women of abuse. *Journal of Evidence-Based Social Work*, 10(1), 10–18. <https://doi.org/10.1080/19371918.2011.597301>
- Hall, S. M. (2022). For feminist geographies of austerity. *Progress in Human Geography*, 46(2), 299–318. <https://doi.org/10.1177/03091325211065118>
- Harvey, M., McIntyre, N., Thompson Heames, J., & Moeller, M. (2009). Mentoring global female managers in the global marketplace: Traditional, reverse, and reciprocal mentoring. *International Journal of Human Resource Management*, 20(6), 1344–1361. <https://doi.org/10.1080/09585190902909863>
- Heaney, A., & Israel, A. (2008). Social networks and social support. In K. Glanz & B. K. Rimer, K. Vismanath (Eds.), *Health behavior and health education*. pp.189-210. (4th ed.). Jossey-Bass.
- Held, V. (2010). Can the ethics of care handle violence? *Ethics and Social Welfare*, 4(2), 115–129. <https://doi.org/10.1080/17496535.2010.484256>
- Hodges, K., & Burch, S. (2019). Multiple and intersecting experiences of women in prostitution: Improving access to helping services. *Dignity: A Journal of Analysis of Exploitation and Violence*, 4(2), Article 3. <https://doi.org/10.23860/dignity.2019.04.02.03>
- Holly, J. (2017). *Mapping the maze: Services for women experiencing multiple disadvantage in England and Wales*. Agenda & AVA.
- Howard, J. E. (2010). The beauty of reflection and the beast of multi-agency cooperation. In A. Pycroft & D. Gough (Eds.), *Multi-agency working in criminal justice: Control and care in contemporary correctional practice*. Bristol: Policy Press.

- Kali, S. A., & Malka, M. (2023). It's not just me, It's us, together: The embodied of the wounded healer in the role of sex trade survival mentors—A critical mentoring perspective. *International Journal of Environment Research & Public Health*, 20(5), 4089. <https://doi.org/10.3390/ijerph20054089>
- Koehn, D. (1998). *Rethinking Feminist Ethics: care, trust and empathy*. London: Routledge.
- McNeish, D., & Scott, S. (2014). *Women and girls at risk: Evidence across the life course*. DMSS Research.
- Meyer, J. M., Isaacs, K., El-Shahawy, O., Burley, A. K., & Wechsberg, W. (2019). Research on women with substance use disorders: Reviewing progress and developing a research and implementation roadmap. *Drug & Alcohol Dependence*, 197, 158–163. <https://doi.org/10.1016/j.drugalcdep.2019.01.017>
- Moulding, N., Jarldorn, M., & Deuter, K. (2022). What do young women want? Using a qualitative survey to explore the potential for feminist-informed mental health peer support. *Qualitative Social Work*, 1–18.
- Mund, M., & Johnson, M. D. (2021). Lonely me, lonely you: Loneliness and the longitudinal course of relationship satisfaction. *Journal of Happiness Studies*, 22(2), 575–597. <https://doi.org/10.1007/s10902-020-00241-9>
- Muskett, C. (2013). Trauma-informed care in inpatient mental health settings: A review of the literature. *International Journal of Mental Health Nursing*, 23(1), 51–59. <https://doi.org/10.1111/inm.12012>
- Noddings, N. (1984). *Caring: A feminine approach to ethics and moral education*. University of California Press.
- Parton, N. (2017). Post-theories for practice: Challenging the dogmas. In P. Leonard (Ed.), *Social work in a corporate era, in Davies, L. social work in a corporate era*.pp. 31-44. Routledge.
- Pettersen, T. (2008). *Comprehending care: Problems and possibilities in the ethics of care*. Plymouth: Rowman and Littlefield.
- Roberts, G., Halstead, S., Pepper, R., & McDonnell, L. (2023). Social care professionals' perceived barriers to implementing attachment and trauma-informed care training in their practice. *Development Child Welfare*, 5(1), 3–20. <https://doi.org/10.1177/25161032231153643>
- Rockinson-Szapiw, A., & Wendt, J. L. (2021). The benefits and challenges of a blended peer mentoring program for women peer mentors in Science, Technology, Engineering and Mathematics (STEM). *International Journal of Mentoring & Coaching in Education*, 10(1), 1–16. <https://doi.org/10.1108/IJMCE-03-2020-0011>
- ROSA. (2023). *Mapping the UK women and Girl's sector and its funding: Where does the money go?* Retrieved September 15, 2024, from <https://rosauk.org/wp-content/uploads/2023/04/Women-and-Girls-Sector-Research-Mapping-Report-Amended.pdf>
- Rosengard, A., Laing, I., Ridley, J., & Hunter, S. (2007). *A literature review on multiple and complex needs*. Retrieved June 23, 2022, from www.scotland.gov.uk/socialresearch
- Russell, C. (2011). Pulling back from the edge: An asset-based approach to ageing well. *Working with Older People*, 15(3), 96–105. <https://doi.org/10.1108/13663661011176642>
- Russell, C. (2020). *Rekindling democracy: A Professional's guide to working in citizen space*. Cascade Books.
- SAMSA. (2014). *Samhsa's concept of trauma and guidance for a trauma-informed approach*. Retrieved September 15, 2024, from <https://store.samhsa.gov/product/samhsas-concept-trauma-and-guidance-trauma-informed-approach/sma14-4884>
- Schofield, M. (2021). *Fobbed Off: The barriers preventing women accessing housing and homelessness support, and the women-centred approach needed to overcome them*. London: Shelter.
- Scott, S., & McManus, S. (2016). *Hidden hurt: Violence, abuse and disadvantage in the lives of women*. DMSS research for Agenda.
- Stacey, T., Samples, H., Leadley, C., Akester, L., & Jenney, A. (2022). 'I don't need you to criticise me, I need you to support me'. A qualitative study of women's experiences of and attitudes to smoking cessation during pregnancy. *Women & Birth*, 35(6), e549–e555. <https://doi.org/10.1016/j.wombi.2022.01.010>
- Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: Relationships in trauma-informed mental health services. *British Journal Psychological Advances*, 24(5), 319–333. <https://doi.org/10.1192/bja.2018.29>
- Sweet, P. L. (2021). *The politics of surviving: How women navigate domestic violence and its aftermath*. Oakland Press.
- Thomas, N., Bystydziński, J., & Desai, A. (2015). Changing institutional culture through peer mentoring of women STEM faculty. *Innovative Higher Education*, 40(2), 143–157. <https://doi.org/10.1007/s10755-014-9300-9>
- Turgoose, D. (2016). Victim support services and the world of commissioning. In S. Hilder & V. Bettinson (Eds.), *Domestic violence*. p. 7-130. Palgrave Macmillan.
- Vidra, N., Trias-Llimos, S., & Janssen, F. (2019). Impact of obesity on life expectancy among different European countries: Secondary analysis of population-level data over the 1975–2012 period. *BMJ Open*, 9(7), e029096. <https://bmjopen.bmj.com/content/bmjopen/9/7/e028086.full.pdf>
- Walby, S. and Towers, J. (2012). *Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls*. Lancaster: University of Lancaster.
- Walsh, D., Wyper, G., & McCartney, G. (2022). Trends in healthy life expectancy in the age of austerity. *Journal of Epidemiology & Community Health*, 76(8), 743–745. <https://doi.org/10.1136/jech-2022-219011>
- Women's Budget Group. (2020). *The case for sustainable funding for women's centres: A report from the UK Women's budget group*. Retrieved February 6, 2023, from <https://wbg.org.uk/wp-content/uploads/2020/10/WBG-15-Womens-Centres-Report-v4.pdf>