



TAKING ACTION ON WOMEN'S HOMELESSNESS

# WOMEN'S EXPERIENCES OF HOUSING INSTABILITY & HOMELESSNESS IN ST. THOMAS-ELGIN

Literature Review and Community  
Survey Results

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## ACKNOWLEDGMENTS

The YWCA St. Thomas-Elgin would like to extend their appreciation to their community partners who participated in data collection with surveys and focus groups in an effort to better understand the realities of women experiencing homelessness. With a focus on data informed decision making, this report is essential to building our community's body of knowledge. The YWCA would also like to thank all the women that participated in courageous conversations about their experiences of housing instability and homelessness.

This report has been developed to support the work of Taking Action on Women's Homelessness Advisory Group who strive to address root causes of women's homelessness and eliminate experiences of women's homelessness and housing instability.

Taking Action on Women's Homelessness Advisory Group Members Include:

Addiction Services Thames Valley  
Assertive Community Treatment Team  
Canadian Mental Health Association Elgin  
Central Community Health Centre  
Elgin Middlesex Detention Centre  
Family and Children's Services of St. Thomas and Elgin  
Fresh Start Support Services  
Inn out of the Cold  
Ministry of Community, Safety and Correctional Services – Adult Probation & Parole  
Oneida Family Health Lodge  
Second Stage Housing  
Southwest Public Health  
St. Thomas-Elgin General Hospital  
St. Thomas-Elgin Rainbow Alliance  
St Thomas-Elgin Social Services  
YWCA St. Thomas-Elgin

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Status of Women  
Canada

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# CRACK THE CEILING, KEEP THE ROOF

## Background

With financial assistance from the Status of Women Canada in 2018, the St. Thomas-Elgin community partners embarked on a critical initiative designed to view the experience of housing instability and homelessness through a gender lens to identify, acknowledge and respond to the experiences of women (and female led families) through the homelessness and housing system currently operating in the region. As the lead agency for this project, the YWCA St. Thomas-Elgin contracted with OrgCode Consulting, Inc. to provide support and evaluation of their local realities and existing system barriers with the quest of improving the responses and service integration available to support women locally.

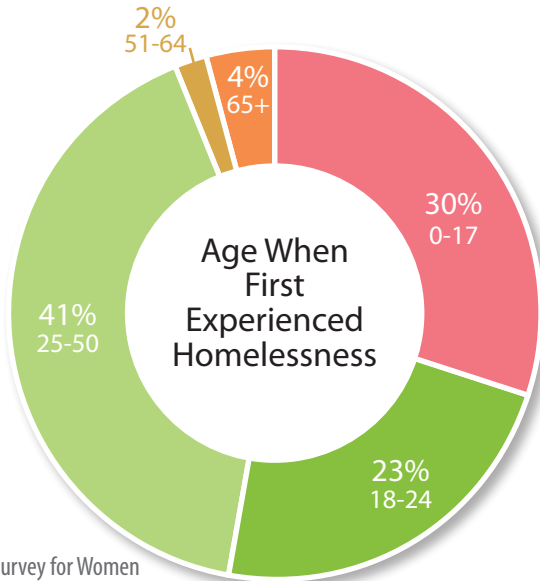
This project was designed to ensure that the voice of women with lived experience resonated through all components of this initiative. After completing an initial literature review related to women's homelessness, its prevalence, causes, responses, outcomes and opportunities, the local community partners embarked on a community engagement campaign designed to create a comprehensive view of the realities for women encountering housing instability. Together with a survey for women with lived experience (N=60), a service provider survey (N=24) identified the current resources as well as challenges created by systemic barriers, gaps in services and situational factors that amplify the trauma of homelessness, social exclusion and lack of safety for local women.

This report highlights the key insights and findings gleaned from both surveys and multiple focus groups hosted throughout the City and County by community partners to gather the critical narrative of the impact of housing instability on the lives of women.

“Women need housing to feel safe. Homelessness affects a woman in more ways than just the physical need for shelter. It affects her heart, her mental and emotional state, and her self esteem.”

## SUMMARY OF FINDINGS FROM WOMEN WITH LIVED EXPERIENCE SURVEY

As is the experience of women across Canada, lack of affordable housing, poverty, exposure to violence and unsafe spaces are the most common reasons for housing instability and homelessness in St. Thomas-Elgin. What is surprising within the St. Thomas-Elgin experience, however, is the young age of survey and focus group respondents when they first experienced homelessness. Almost 30% of the survey respondents identified that they were younger than 18 years of age when they first experienced homelessness. An additional 23% were between the ages of 18 and 24.



n=60, Survey for Women with Lived Experience

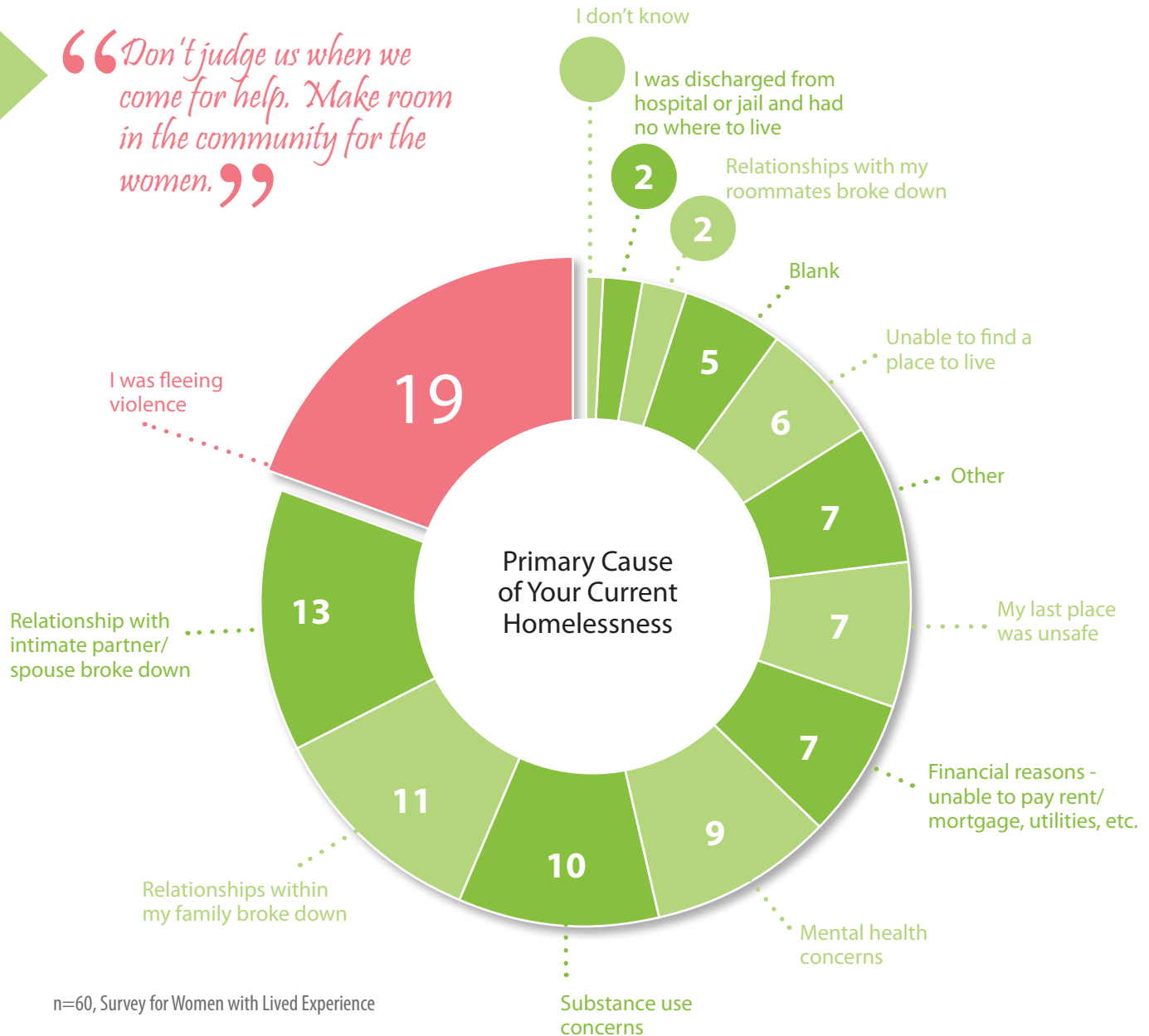
Of the 60 women with lived experience of housing instability and homelessness that completed the survey, 63% were currently homeless, 20% currently had children with them and 26% either did not have custody of their children or their children lived with family members. Of the respondents, approximately 40% identified normally staying in shelter, crisis beds, motel, vehicle or experiencing provisional accommodations in a health or corrections bed at night. When asked to identify the causes of their current homelessness, 38% of respondents were fleeing violence and an additional 7% left unsafe locations. Relationship breakdown within the family or with an intimate partner resulted in homelessness for 26% of the respondents. Lack of affordable housing and insufficient income for rent resulted in homelessness for 13% of survey respondents. Diminished health was also a common factor leading to homelessness for women respondents with 10% identifying mental health concerns, 11% identifying substance use issues and 2% identifying that they had been discharged from health facilities into homelessness.

In addition to violence and lack of safety being a primary driver of women's experience of homelessness in St. Thomas-Elgin, it must also be realized that exposure to violence continues to be a common experience during homelessness, with 57% of women reported being a victim of violence as they navigate homelessness locally. Of these women, over half, 53%, responded that the cause of their homelessness was fleeing violence or an unsafe place indicating weaknesses in the systems of care to stop the experience of victimization including physical, sexual, psychological or emotional violence or been the victim of a crime.

“It's not safe out here, especially when this is a new experience for you. Homelessness is a lonely and hopeless experience.”



*“Don't judge us when we come for help. Make room in the community for the women.”*



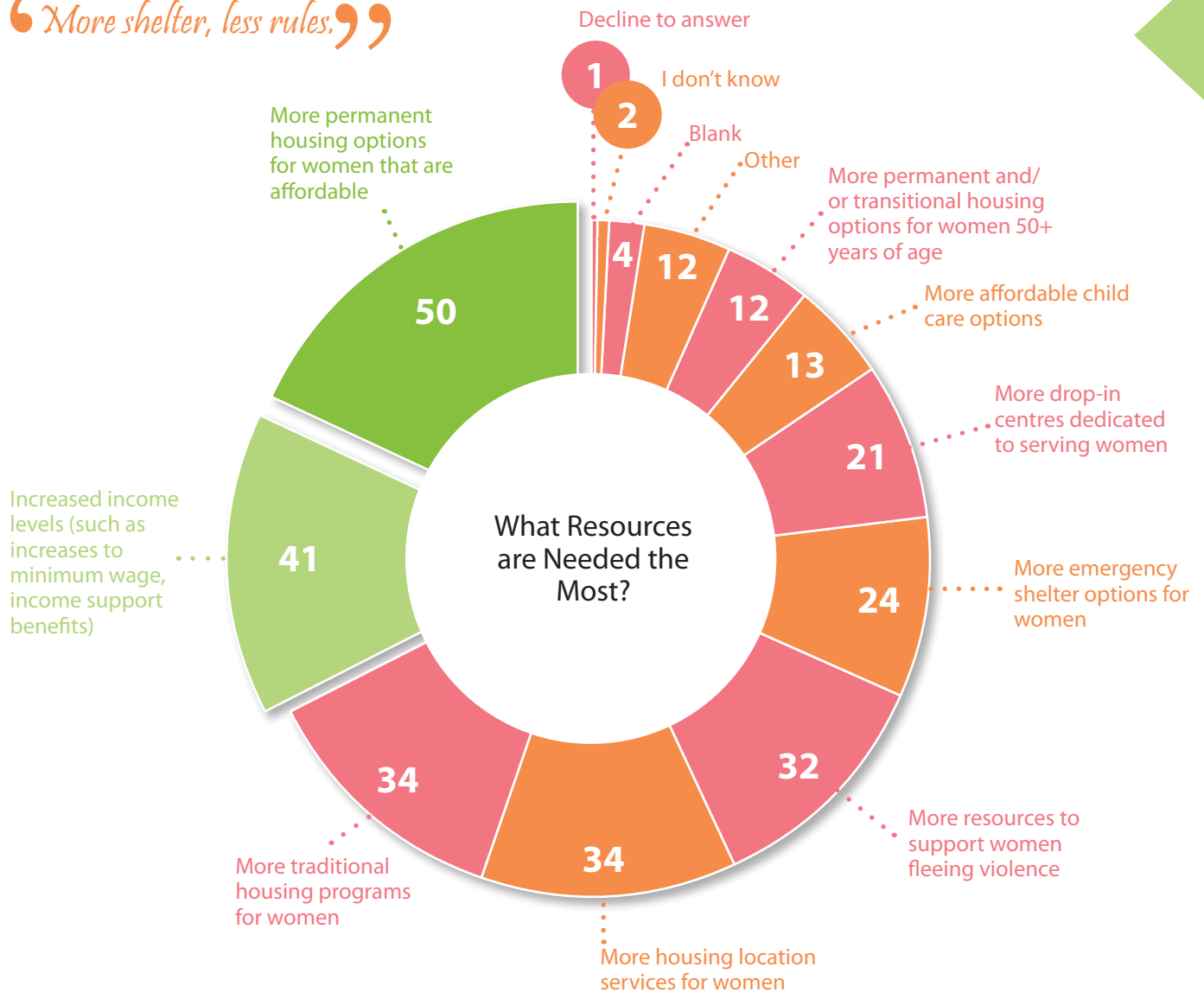
In terms of connecting with community services and programs, women tended to rely on agencies for meeting their basic needs with fewer options identified locally to assist them in finding and keeping housing. Of the 53 respondents to the question about services accessed to get their basic needs addressed, 49% identified Ontario Works (OW) or the OW Help Centre; 42% identified VAWSEC and 36% identified an emergency homeless shelter (Inn Out of the Cold, Youth Unlimited). Drop-In services and meal programs also provide a primary opportunity for women to gain access to such basic needs as food, hygiene products, etc.

When examining the biggest gap in service in getting their needs met during the experience of homelessness, women reiterated over and over that not having safe spaces for women experiencing homelessness, including emergency shelters and women-specific drop-ins created challenges for women and their children. The lack of affordable housing and housing supports to assist in the journey back to stability was also identified. Insufficient incomes, difficulties in accessing health supports and coaching was also identified as a challenge to maintaining stability and is an ongoing gap in the local service system.



“More shelter, less rules.”

3



n=60, Survey for Women with Lived Experience

Not surprisingly, the top priority identified to prevent and end homelessness in St. Thomas-Elgin was increased housing options that were safe and affordable, along with the assistance to access these options. Both permanent and transitional housing options were identified as important additions to the current system. The second priority was increased income levels and a reduction in poverty locally. The third priority identified by the women with lived experience was increased resources to support women fleeing violence and/or seeking safety, especially those women that may be struggling with mental health and substance use concerns. Currently, rules and expectations result in social exclusion of women experiencing and fleeing violence, thereby further enhancing their trauma and isolation.

## Chronic Homelessness

*“Homelessness is everywhere and it's up to the community leaders to come together to make it work.”*

Sixteen women (26%) that responded to the survey had been experiencing homelessness for six months or more, thereby meeting the federal definition of chronic homelessness. The majority of these women were staying with family/friends, in a shelter or in a transitional housing program. In fact, 69% of these women had stayed in an emergency shelter in the past year, reinforcing the importance that local shelters must see themselves as a connection to a permanent housing solution if women's homelessness is to be rare, brief and non-recurring in the area. Unsheltered homelessness appears to be uncommon for women experiencing homelessness in St. Thomas-Elgin. Only 2 of the 60 women surveyed indicated having stayed in a vehicle.

Exposure to violence was particularly evident for women experiencing chronic homelessness with 85% identifying that they had been victims of violence since becoming homeless. Mental health and/or substance use was also more prevalent for women experiencing chronic homelessness with 68% of respondents identifying these conditions as one of the causes of their current homelessness. Of the women experiencing chronic homelessness, 25% were Indigenous, 5 had their children with them and all these families were in shelter or in transitional living scenarios with community agencies.

## Indigenous Women

Although the proportion of Indigenous women experiencing housing instability or homelessness was identified as 16% of survey respondents, an examination of the population experiencing chronic homelessness demonstrates that Indigenous women are more likely to remain homeless for a longer period of time in St. Thomas-Elgin. Among Indigenous women, 75% responded they had been victims of violence since becoming homeless. Issues of safety, fleeing violence and abusive relationships were cited by 63% of Indigenous women as a primary cause of their homelessness. One woman expressed that some women feel blamed for their homelessness (“...if you didn't leave your partner you wouldn't be homeless”).

All Indigenous women expressed in the survey that increased income levels and income supports was the most important to prevent and end homelessness for women in St. Thomas-Elgin, followed by affordable permanent and transitional housing opportunities.

## In Their Own Words

To better capture the experiences of women experiencing housing instability and homelessness, the survey asked 'straight talk' questions of what they believed needed to happen immediately and stop immediately in order to prevent and end homelessness in St. Thomas-Elgin. The responses were organized by topic in order to understand issues that were top of mind for women.

Should Happen Immediately...	Mentions
More Supportive Services	18
More Housing	17
Improved Attitudes and Communication	10
More Shelters and Emergency Beds	9
Increased Income & Job Opportunities	6
Enhanced Safety from Fleeing Violence	3
Support & Housing for Children & Family	2

Should Stop Immediately...	Mentions
Lack of Affordable Housing	11
Negative Attitudes and Poor Communication	10
Lack of Safety and Need to Flee Violence	8
Lack of Supportive Services	2
Insufficient Shelters and Emergency Beds	1
Limited Income and Jobs	1
Drugs	1



Women indicated a strong need for mental health and addiction supports. Additionally, women expressed a need for more case management and counselling services. Women repeatedly stated an urgent need for rapid access and more options for affordable housing especially for families with children. Attitudes and communication concerns mentioned including the desire to make it easier to talk about the needs of women in a housing crisis and improved communication with and between agencies.

In discussions of housing, many women mentioned that the frequent rental increases needed to stop to prevent and end homelessness and something needed to be done about the long waiting lists for supportive and social housing. Attitudes that feed the stigma, discrimination and shame of the experiences of homelessness were of concern as well as improving communication, trust and confidentiality within agencies. Advocacy for victims and protection from abusers were expressed, including educating police on violence and for taking victims seriously.

In completing the survey, women were asked what they believed the community partners in St. Thomas-Elgin needed to hear about women's homelessness. Again, women expressed most frequently the limits of housing options and supportive care, the role of violence and how the lack of housing options influences their decision-making. Women expressed the desire that partners better understand the vulnerability of a woman's homelessness experience and how profoundly it impacts their well-being and self-esteem. Some of these are presented in the quotations presented throughout this report. In their own words they wanted partners to know the following:

- affordable housing
- build more housing
- conditions/trials/tribulations of those with experience with coordinated access
- don't judge them when they ask for help; make more room for the women to get in
- having access to lawyers to help keep or return children when taken by ex spouse
- homelessness is everywhere and its' up to the community leaders to come together to make it work
- it brings shame and humility
- income increases
- it causes depression, anxiety and creates poor self-esteem. I hate it! I miss my pets. I miss my independence. I miss my old, confident self. This has traumatized me.
- it has hurt my mental health a lot
- it's not our fault
- it's not that we want to be here...it's that we need help to help us move forward
- it's rough - homeless women are resilient
- lack of housing and financial help forcing women to return to abusive situations
- many times women go back to or stay because they have nowhere to go
- more resources, should be involved with each other to work together to help with women's homelessness and wold like to have some of these resources to stop blaming women for their homelessness (i.e. if you didn't leave your partner you wouldn't be homeless)
- more shelter beds, less rules
- more supports for women with mental health in subsidized housing
- more voices for women
- need more confidence, life skills, like at Oneida
- personal focus - build up other women
- pets must be accommodated for safety reasons
- senior assistance
- stay on absentee landlords, substandard housing and improve laws
- thank you for everything you are doing already, thank you for doing a survey to gain a new perspective
- the importance of placing women with addiction or mental health in separate location then women with children
- treatment centers for addictions accessible locally; make housing more affordable
- violence is most likely in the top reasons why women are fleeing their homes and often women stay in incredibly abusive situations because otherwise they would lose their income source or shelter. We need more shelter space and resources for those women.
- women need housing

## SUMMARY FINDINGS FROM SERVICE PROVIDER SURVEY

Twenty-five percent of the 24 survey respondents have worked in the human and social service sector in St. Thomas and Elgin County for over 16 years. Twenty percent have worked 11 – 15 years and 17% have worked in the field 7 – 10 years. In summary, at least 50% of respondents working in the field for a minimum of 7 years.

Primary Cause of their Current Experience of Homelessness (N=24, Service Provider Survey)		
Answer Choices	Responses	
Relationship with intimate partner/spouse broke down	74%	17
Fleeing violence	70%	16
Mental health conditions	65%	15
Substance use concerns	65%	15
Unable to find a place to live	57%	13
Unsafe housing conditions	57%	13
Financial Reasons - Unable to pay rent/mortgage, utilities, etc	52%	12
Relationships within family broke down	52%	12
Discharged from hospital or jail and had no where to live	48%	11
Relationships with roommates broke down	39%	9
Human trafficking	26%	6
Left foster care and had no where to live	22%	5
Other (please specify)	17%	4

Respondents could select multiple answers to the question regarding what they believed, based on their working experience, was the primary cause of women's homelessness. Despite selecting multiple causes from the 15 options, there were clear trends. The most responses of 17 were for *Relationship with intimate partner/spouse broke down* which reflects the data from the self-evaluations and also reflects that many of the surveyed providers serve persons *fleeing violence*. Not surprising, *fleeing violence* came in with the second highest responses at 16. *Mental Health and Substance Use* came next with 15 responses each. 13 responses for *unable to find a place to live*, 12 for *financial reasons* and *family relationship broke down*. The remaining options with under 10 responses each were *relationships with roommates broke down*, and *human trafficking*.

Do Women Experience  
Abuse or Victimization?

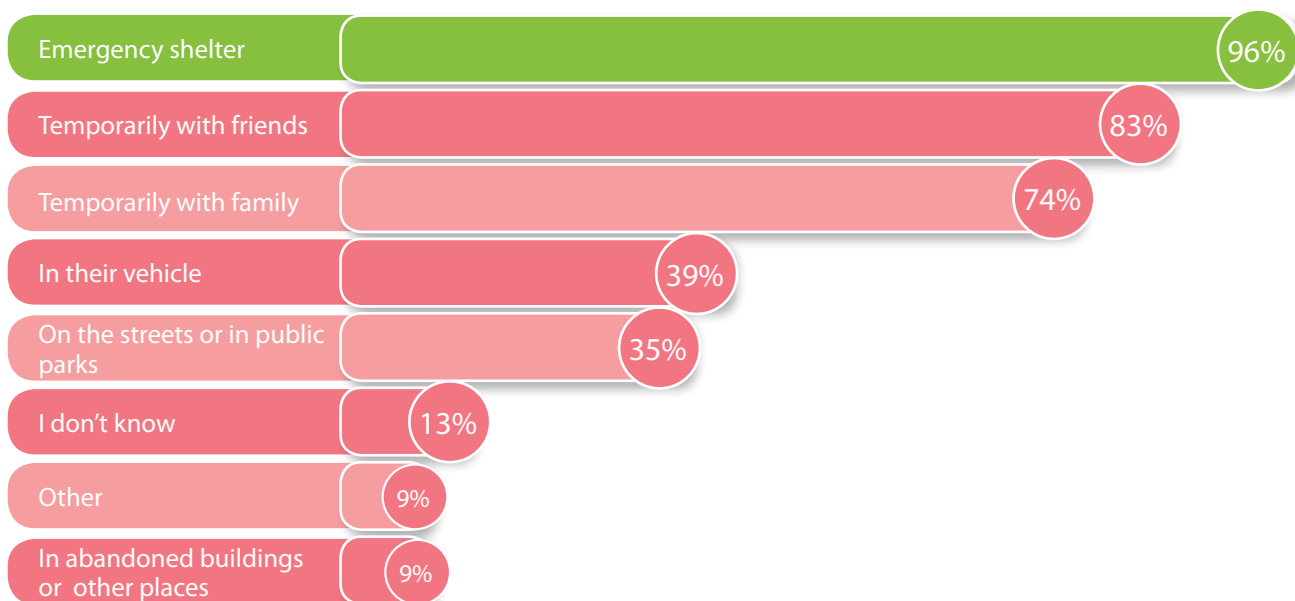
**96%** **4%**  
**YES** **NO**

n=24, Service Provider Survey

Providers were asked if they believe the women they served have experienced victimization such as physical, sexual, psychological, emotional violence, financial abuse, or become the victim of a crime. Nearly all, 95%, believed that this was true. This is a higher proportion compared to the self-report from the client survey, however, both inquiries support that women face extraordinary to near-certain risks of abuse and victimization when at risk of housing instability or experiencing homelessness.

When facing homelessness, providers were asked where women go when seeking a place to stay. All of respondents said women seek *emergency shelter*, 91% suggested *family or friends* where they may or may not be safe and 82% said *family or friends* where they know they can be safe. Providers were then asked where women most frequently stay when experiencing homelessness and 96% stated that women stay at emergency shelters. Other places included staying with friends temporarily and family temporarily.

## Where Most Women Experiencing Homelessness Stay (n=24, Service Provider Survey)



From both surveys, it is clear that women know about and access emergency shelter when staying with family or friends, even if unsafe, is not possible. Providers believed far more women were in unsheltered circumstances, such as vehicles or outdoors, than the 60 homeless women surveyed, where only two expressed staying in these types of unsheltered homeless locations. Both surveys revealed that many women stay with family and friends during a housing crisis. This points to the importance of completing a solution-focused shelter diversion discussions with women experiencing housing instability and homelessness.

In estimating where women go for services and supports to meet basic needs and to help find housing, providers identified over two dozen agencies across St. Thomas-Elgin. Each of these locations can represent access points for basic needs and connections toward housing supports. The table below demonstrates the differences in where service providers believe women go to seek housing assistance and where the women with lived experience surveyed identified they sought housing assistance. Where basic needs and housing assistance cross paths may represent an opportunity for service delivery collaboration and alignment.

“It's important for women with substance use and mental health issues to have a separate space from children.”

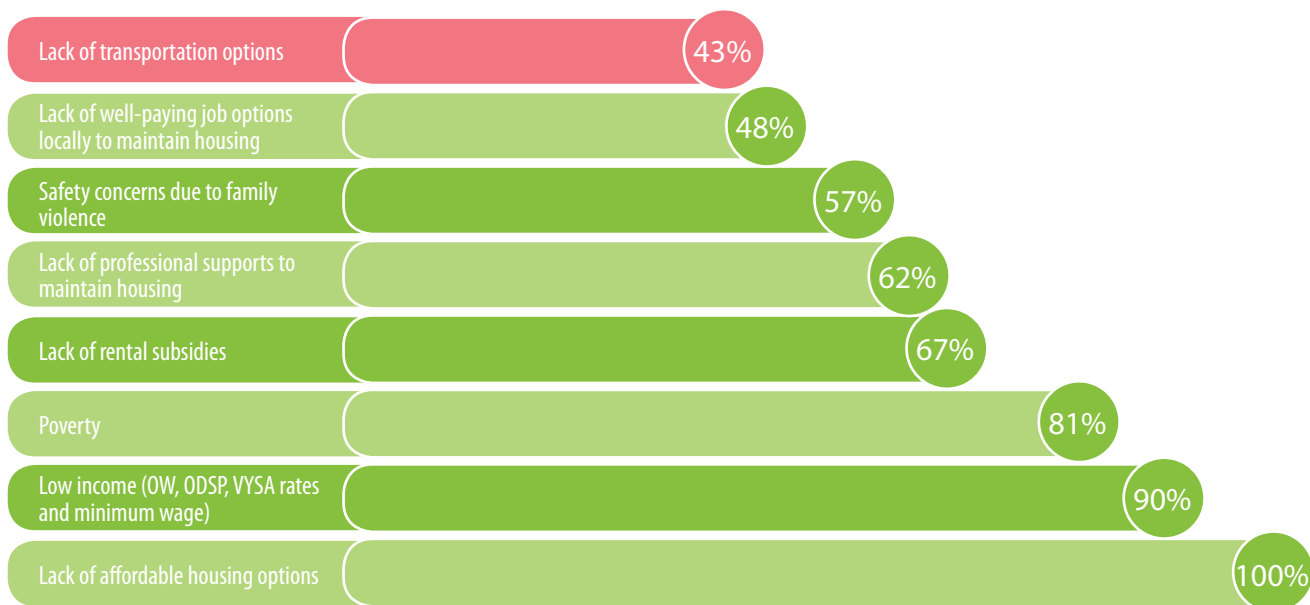


<b>Differences Between Service Provider Perception and Women's Reported Experiences</b> (N=24, Service Provider Survey and N=60, Survey for Women with Lived Experience)			
Agency	Provider Basic Needs	Provider Seek Housing	Women Seek Housing
Canadian Mental Health Association (CMHA) Elgin	65%	67%	24%
Central Community Health Centre	39%	14%	6%
Church groups	9%		
Drop-In services at PSNE	57%		
Drop-in services at Talbot House	26%		
Emergency Departments	13%		
Family & Children's Services St. Thomas-Elgin	17%	33%	4%
Food Bank	48%		
Inn Out of the Cold	91%	57%	16%
Library	26%		
Meal Program	4%		
Meal Program - Outreach Dinners	61%		
Meal Programs - Grace Café	70%		
Mennonite Community Services	0%		
Oneida Family Healing Lodge	35%	43%	6%
Ontario Disability Support Benefits (ODSP)	48%	5%	12%
Ontario Works	74%	57%	30%
Ontario Works HELP Program	26%		
Other	9%	5%	
Psychiatric Survivors Network Elgin (PSNE)	0%	33%	6%
St. Thomas-Elgin General Hospital	0%	5%	10%
St. Thomas-Elgin Second Stage Housing (STESSH)	39%	52%	18%
Talbot Teen Centre	9%		
The Salvation Army	30%	10%	
West Elgin Community Health Centre	13%		
Women's Emergency Shelter (VAWSEC)	74%	52%	18%
Youth Homelessness Protocol	57%	33%	2%
Youth or Adult Probation	13%	5%	2%
Youth Unlimited	17%		
YWCA St. Thomas-Elgin	78%	86%	24%

Service providers were asked what they believe to be the biggest barriers to finding and maintaining housing for women experiencing homelessness. All of the respondents said that the availability of affordable housing was the biggest barrier which aligns with what the women's survey reflected. Low income represented 90% of the provider responses. These indicators fall within a similar concept of housing being unaffordable in this community either due to limited or low financial supports or the availability of affordable units, or perhaps a combination. Interestingly, providers did not mention mental health or substance use as a barrier even though 34% of women mentioned these as contributing factors to their current experience of homelessness. This implies that women need affordable housing – housing first – coupled with holistic, wraparound services to help keep them housed and address substance use and mental health from the dignity of home.

## For Women Experiencing Homelessness, What Are the Biggest Barriers to Finding and Maintaining Housing?

(n=24, Service Provider Survey)



In gauging service provider understanding of how long women experience homelessness until returning to housing, **the results represented limitations on how the homeless response system functions around housing stability.** A majority of respondents (53%) stated they 'didn't know' how long women stayed homeless before returning to homelessness. In establishing a goal to make homelessness rare, brief and non-recurring, homeless response systems should establish basic performance metrics in which to gauge their effectiveness. Some of the most common include the number of unique persons experiencing homelessness (measuring for reductions year to year), the length of stay in homelessness from intake to exit to permanent housing (measuring shorter stays in homelessness year to year), and the number of persons that return to homelessness after a prior exit to permanent housing (measuring recidivism).

Providers were asked what resources, services and supports are needed the most in St. Thomas-Elgin to prevent and end homelessness for women. More permanent housing options for women that are affordable was cited by 100% of respondents. Second, 76%, believed increased income was critical. Both are consistent with the beliefs of the women experiencing homelessness.





## *In Their Own Words*

Providers were asked several questions on how to improve the system of care for women in St. Thomas-Elgin. To prevent and end women's homelessness, the four key themes to what needed to happen immediately were:

- Affordable housing
- 24-7 mental health
- Coordinated access and centralized wait lists
- Increase subsidies and supports

Key themes of what providers thought needed to stop immediately included:

- Barriers to services – being denied housing/services because of DV status, mental illness, substance use, etc.
- Discharge into homelessness
- Discrimination, stigma, transphobia
- Service integration

Providers were asked what they struggle with the most in partnering with other agencies, departments, etc. in supporting women experiencing homelessness. Topics commonly mentioned included:

- Women being denied because of inability to provide necessary documentation
- Lack of information, data
- Duplication of services, need coordinated access

To further gain insight on opportunities to improve the system of care for homeless women, providers were challenged in the survey that if they had the power and authority, what would they change about the housing and homelessness service system in St. Thomas-Elgin to prevent and end homelessness for women. Prominent themes for change included:

- Providing emergency shelter for 'high needs' women with mental health and substance use needs – no children
- More shelter/transitional housing spaces
- Affordable housing
- Coordinated access

As with the women experiencing homelessness surveyed, providers were also asked if there was anything else that local community partners in St. Thomas and Elgin County must hear about women's homelessness. Concerns communicated included:

- Stigma of women's homelessness
- Increasing need for elderly women and single parents / loss of custody
- Homelessness exists – it may be hidden (as evidenced by women staying in unsafe situations if necessary) but it is a real problem and the need is there

There was a great deal of commonality between the observations of homeless women and those of providers in talking openly about the needs and challenges facing women within St. Thomas-Elgin. Though homeless women may not have had the knowledge to **suggest a coordinated access process**, they recognized the system was complex and go through many doors seeking services. Both sectors recognize that **some women have greater needs than others surrounding mental health and addiction**. And both groups understand the **deep stigma and shame experienced by women and homelessness that must be confronted**.



## CONCLUSIONS AND OPPORTUNITIES MOVING FORWARD

The experience of fleeing violence and continued exposure to abuse, violence and victimization resound throughout the investigation surrounding women experiencing housing instability and homelessness. This represents an opportunity to **reinforce a trauma informed approach at all service/support engagement and access points**. Many communities are developing unique coordinated access entry points that address the identification protection and safety protocols of women fleeing violence from both housing and homelessness settings.

**Developing the system capacity to identify women who are experiencing episodic homelessness and continued instability but not presenting at an emergency shelter will improve efforts at diverting women and their families from shelter.** Improving the capacity and delivery of less intensive interventions while women are in or guided to a safe housing situation will reduce the traumatic impacts of lengthy housing instability or literal homelessness.

**Understanding the actual homelessness experience, vulnerabilities, service needs and housing barriers of women at risk of or experiencing homelessness can greatly enhance the effectiveness of a systems approach.** Using **uniform assessment tools** like the VI-SPDAT and SPDAT can assist programs and communities from using a one-size-fits-all or first-come-first-serve approach to ending homelessness. **There is a need to customize services/ supports, and better match persons to the appropriate housing programs based on a household's needs.** A woman that has been homeless since adolescence is likely to need a different approach than a household that has been homeless for three weeks due to fleeing violence and different still from a mother with children, struggling with behavioral health issues and facing a potential loss of custody.

**Efficient and effective systems operate from a common vision, principles and agreed policies, procedures and protocols.** System alignment can be operationalized through methods such as centralized resource information and referral, formalized community partnerships, developing clear pathways to services and supports and prioritizing resources based on needs and vulnerabilities. Together, these actions can significantly impact the efficiency and effectiveness St. Thomas-Elgin's ability to rapidly resolve housing crisis faced by women and their families.

Underneath all efforts to develop a more effective response to ending homelessness among women, should be **an effort to address the very personal experience of women expressed in this research involving blame, shaming, fear, battered self-esteem, distrust and disrespect.** Addressing attitudes and communication through training, dialogue and messaging, for front-line staff as well as provider leadership and the community must be considered to ensure that women believe they can come forward and seek assistance with confidence that partners will act in their interest and with the compassion, knowledge and skills necessary to rapidly resolve their housing crisis.



## Detailed Women with Live Experience Survey Results (n=60)

Note: The survey was given anonymously, and participants were guaranteed any personally identifying information would not be shared publicly. Therefore, some characteristics are aggregated or not a part of this reporting document.

How old are you?	Number Responding
Blank	0
N/A	0
c. decline to answer	1
Under 18 (0-17)	2
18-24	10
25-50	37
51-64	6
65 and older	4

How long have you been homeless this time?	
Blank	0
N/A	0
Less than 1 week	1
1- 2 weeks	2
More than 2 weeks but less than 1 month	6
2-3 months	12
More than 3 months but less than 6 months	5
6 months to 12 months	10
More than 12 months	9
Currently Housed/Not homeless	12
Other	1
I don't know	0
Decline to answer	2
Additional Information	
6 years	1

How old were you when you first experienced homelessness?	
Blank	2
N/A	0
I don't know	2
Decline to answer	3
Under 18 (0-17)	16
18-24	12
25-50	22
51-64	1
65 and over	2

Where do you normally stay at night?	
Blank	1
N/A	0
Public space (outdoors, parks, etc.)	0
Abandoned, vacant buildings	0
Jail, prison, remand centre	1
Foster care placement	1
I don't know	1
Motel/hotel	2
Youth group home	2
Vehicle	2
Decline to answer	2
Other, not listed	2
Hospital	3
At my family/parent's home	4
Women's Emergency Shelter (VAWSEC)	5
Own apartment/house through Private Market Rent	6
CMHA) Group home/crisis bed	6
Second Stage Housing	6
Own apartment/house through Social Housing	7
Inn out of the Cold/Youth Unlimited	8
YWCA Housing	9
At a friend's place	10
Additional Information	
Salvation Army London	1
Rent room	1
Fresh Start	1

### Where were you staying before moving/staying in your current location?

Blank	2
N/A	0
Own apartment/house through Social Housing	5
Own apartment/house through Private Market Rent	19
At my place that I own(ed)	3
At my family/parent's home	8
At a friend's place	4
Motel/hotel	1
Hospital	2
Jail, prison, remand centre	0
Foster care placement	4
Youth group home	0
Inn out of the Cold/Youth Unlimited	3
Women's Emergency Shelter (VAWSEC)	4
CMHA Group home/crisis bed	4
YWCA Housing	0
Second Stage Housing	1
Public space (outdoors, parks, etc.)	0
Vehicle	0
Abandoned, vacant buildings	0
I don't know	0
Decline to answer	1
Other, not listed	4

### Additional Information

Centre of Hope London	1
Group Home	1
Oneida Family Healing Lodge	1
Outside	1

### Have you stayed in an emergency shelter in St. Thomas – Elgin County in the past year?

Blank	1
N/A	0
Yes	29
No	27
I don't know	0
Decline to answer	3

### Have you stayed in an emergency shelter somewhere else in the province in the past year?

Blank	1
N/A	0
Yes	11
No	47
I don't know	0
Decline to answer	1

### Did you come to Canada as an immigrant, refugee or refugee claimant?

Blank	2
N/A	0
Yes	5
No	53
I don't know	0
Decline to answer	0

### If Yes, How Many Years? Additional Information

29 years	1
21 years	1

### Do you identify as Indigenous?

Blank	4
N/A	0
Yes	9
No	44
I don't know	3
Decline to answer	0

### If yes, what is your status? Additional Information

Non Status in process of getting it	1
Non Native Status looking for birth mother	1
First Nation	1
Native	1

### Since becoming homeless, have you been a victim of physical, sexual, psychological or emotional violence or been the victim of a crime?

Blank	4
N/A	0
Yes	32
No	20
I don't know	1
Decline to answer	3

While experiencing homelessness in St. Thomas and Elgin County, which services and supports have you accessed to meet your basic needs (food, place to stay, showers, hygiene products, money, etc.)?

Blank	5
N/A	2
Inn Out of the Cold	17
Youth Unlimited	2
Women's Emergency Shelter (VAWSEC)	22
St. Thomas Elgin Second Stage Housing (STESSH)	10
Oneida Family Healing Lodge	4
Drop-in services (i.e., PSNE, Talbot House). If yes, which centres	12
Meal programs (Grace Cafe). If yes, which ones	15
Food Banks, if yes, which communities	15
Ontario Works	21
Ontario Works HELP Program	5
Ontario Disability Support Benefits	9
Family and Children's Services St. Thomas-Elgin	6
Youth Homelessness Protocol	1
Youth or Adult Probation	0
Talbot Teen Centre	0
YWCA St Thomas-Elgin	9
The Salvation Army	4
CMHA Elgin	12
Mennonite Community Services	0
Central Community Health Centre	10
West Elgin Community Health Centre	0
Emergency Departments	8
Church groups	3
Library	9
Other	6
I don't know	0
Decline to answer	2

#### Additional Information

Grace Café	4
Harbor House	1
McDonalds	1
Tim Hortons	2
Walmart	1
Elgin Mental Health	1
Fresh Start	1
London Abused Women's Centre	1

Oneida Family Healing Lodge	1
PSNE	1
Public Health Worker	1
Talbot House	1

While experiencing homelessness in St. Thomas and Elgin County, which services and supports have you accessed to help you find housing?

Blank	8
N/A	2
Inn Out of the Cold	8
YWCA	12
Women's Emergency Shelter (VAWSEC)	9
CMHA Elgin	12
Psychiatric Survivors Network Elgin (PSNE)	3
Ontario Works (OW)	15
Ontario Disability Support Benefits	6
Youth Homelessness Protocol	1
Family and Children's services St. Thomas-Elgin	2
St. Thomas-Elgin Second Stage Housing (ST-ESSH)	9
Central Community Health Centre	3
Youth or Adult Probation	1
The Salvation Army	0
Oneida Family Healing Lodge	2
St. Thomas-Elgin General Hospital	4
Other	8
I don't know	2
Decline to answer	2

#### Additional Information

Hospital	1
CAS	1
Oneida Family Healing Lodge	1
I didn't know I could help because I work	1
Fresh Start	1
Myself	1
Family/friends, library	1

While experiencing homelessness in St. Thomas and Elgin County, were/are there any services and/or supports regarding basic needs and housing that you need/needed but couldn't access?

Blank	10
N/A	0
Yes	20
No	27
Decline to answer	1
Other	1

**If Yes, What were they? Additional Information**

VAWSEC	1
CMHA, hospital (addiction)	1
CMHA drop in not available enough	1
Shelter - full	1
Need more shelters	1
There were no beds available to my children and I in emergency housing when we left	1
Shelter for two women with kids	1
YWCA	1
Couldn't find housing	1
Housing	1
Lack of community housing	1
Housing/finances	1
Coaching, more involvement and support; all agencies should advertise on the same page	1
Emotional support	1
Updates support/therapy in moment without judgment	1
Everything!	1
Food	1

What resources, services and supports are needed the most in St. Thomas-Elgin to prevent and end homelessness for women? Select all that are important to you.

Blank	4
N/A	0
More permanent housing options for women that are affordable	50
More transitional housing programs for women	34
More permanent and/or transitional housing options for women 50 + years of age	12
More emergency shelter options for women	24
Increased income levels (such as increases to minimum wage, income support benefits for OW, ODSP, etc.)	41
More affordable childcare options	13
More resources to support women fleeing violence (physical, psychological, emotional, sexual)	32
More housing location services for women	34
More drop-in centres dedicated to serving women	21
Other: _____	12
I don't know	2
Decline to answer	1

**Additional Information**

More options for women who have not been abused or don't have children; takes a very long time to get housing	1
Housing for single women w/no staff	1
Having women with addiction or mental health issues placed in separate shelter than families and children	1
More resources to lift women out of poverty	1
Addictions support	1
Addiction support; mental health	1
Financial assistance	1
More awareness about programs that are available	1
Services connecting with each other	1
More staff and mental health beds	1
More supports for developmental	1

## Detailed Service Provider Survey Results (n=24)

How long have you been working in the human and social service sector in St. Thomas-Elgin County?

Answer Choices	Responses	
Less than 12 months	4%	1
1-3 years	8%	2
4-6 years	21%	5
7-10 years	17%	4
11-15 years	21%	5
16+ years	25%	6
Other (please specify)	4%	1

What population(s) does your agency/department serve?

Answer Choices	Responses	
Specialized Population: People fleeing Domestic and Intimate Partner Violence	67%	16
Single Adults	63%	15
Youth	54%	13
Families	42%	10
Specialized Population: LGBTQ2S+	38%	9
Specialized Population: Newcomers, Immigrants, Refugees	38%	9
Other (please specify)	38%	9
Specialized Population: Other. Please identify the population below.	25%	6

Please identify all of the services and programs that you provide to women and/or women and children. Select all that apply.

Answer Choices	Responses	
Housing plus housing supports	50%	12
Homelessness prevention services	50%	12
Housing location assistance	50%	12
Mental health services and supports	46%	11
Substance use/addiction services and supports	42%	10
Harm reduction services	38%	9
Family supports	38%	9
Emergency shelter	29%	7
Other (please specify)	29%	7
If yes to Housing, Transitional or time limited housing	25%	6
Health care services	25%	6
Education programming	25%	6

If yes to Housing, Permanent housing - communal living	21%	5
Drop in centre – access to basic needs; referrals to programs, etc.	21%	5
Income Support (OW, ODSP, VYSA, CPP, etc.)	21%	5
Employment services	13%	3
Meal program	13%	3
If yes to Housing, Permanent housing - scattered sites, independent units	8%	2
Child Protection Services	8%	2
If yes to Housing, Other type of housing. Identify below.	4%	1
Food bank	4%	1
Faith Based Group/Church/Ministry	4%	1

Based on your work with women experiencing homelessness, what was the primary cause of their current experience of homelessness

Answer Choices	Responses	
Relationship with intimate partner/ spouse broke down	74%	17
Fleeing violence	70%	16
Mental health conditions	65%	15
Substance use concerns	65%	15
Unable to find a place to live	57%	13
Unsafe housing conditions	57%	13
Financial Reasons - Unable to pay rent/ mortgage, utilities, etc	52%	12
Relationships within family broke down	52%	12
Discharged from hospital or jail and had no where to live	48%	11
Relationships with roommates broke down	39%	9
Human trafficking	26%	6
Left foster care and had no where to live	22%	5
Other (please specify)	17%	4
I don't know	0%	0
Decline to answer	0%	0



During homelessness, many of the women that you support experience physical, sexual, psychological, emotional violence, financial abuse, or become the victim of a crime?

Answer Choices	Responses	
Yes	96%	22
I don't know	4%	1
No	0%	0
Decline to answer	0%	0

Women experiencing homelessness in St. Thomas-Elgin access the following services/supports most frequently to find a place to stay:

Answer Choices	Responses	
Emergency Shelter in St. Thomas-Elgin	96%	22
Family or friends where they may or may not be safe	91%	20
Family or friends where they know they can be safe	82%	18
Emergency shelter in a different community	41%	9
Motel vouchers via Ontario Works or ODSP	23%	5
Motel vouchers via Faith Based Group	14%	3
Other (please specify)	14%	3
I don't know	0%	0
Decline to answer	0%	0

Most women experiencing homelessness in St. Thomas-Elgin stay in the following homeless location

Answer Choices	Responses	
Emergency shelter	96%	22
Temporarily with friends	83%	19
Temporarily with family	74%	17
In their vehicle	39%	9
On the streets or in public parks	35%	8
I don't know	13%	3
In abandoned buildings or other places not meant for human habitation	9%	2
Other (please specify)	9%	2
Decline to answer	0%	0

While experiencing homelessness in St. Thomas and Elgin County, which services and supports do women access to meet their basic needs everyday (food, place to stay, showers, hygiene products, money, etc.)?

Answer Choices	Responses	
Inn Out of the Cold	91%	21
YWCA St. Thomas-Elgin	78%	18
Ontario Works	74%	17
Women's Emergency Shelter (VAWSEC)	74%	17
Meal Programs - Grace Café	70%	16
Canadian Mental Health Association (CMHA) Elgin	65%	15
Meal Program - Outreach Dinners	61%	14
Drop-In services at PSNE	57%	13
Youth Homelessness Protocol	57%	13
Food Bank, please identify which one below	48%	11
Ontario Disability Support Benefits (ODSP)	48%	11
Central Community Health Centre	39%	9
St. Thomas-Elgin Second Stage Housing (STESSH)	39%	9
Oneida Family Healing Lodge	35%	8
The Salvation Army	30%	7
Drop-in services at Talbot House	26%	6
Library	26%	6
Ontario Works HELP Program	26%	6
Family & Children's Services St. Thomas-Elgin	17%	4
Youth Unlimited	17%	4
Emergency Departments	13%	3
West Elgin Community Health Centre	13%	3
Youth or Adult Probation	13%	3
Church groups	9%	2
Other (please specify)	9%	2
Talbot Teen Centre	9%	2
Meal Program - Other, please identify which one below	4%	1
Mennonite Community Services	0%	0

While experiencing homelessness in St. Thomas and Elgin County, which services and supports do women most commonly access to help them find housing?

Answer Choices	Responses	
YWCA	86%	18
Canadian Mental Health Association	67%	14
Inn Out of the Cold	57%	12
Ontario Works (OW)	57%	12
St. Thomas-Elgin Second Stage Housing (STESSH)	52%	11
Women's Emergency Shelter (VAWSEC)	52%	11
Oneida Family Healing Lodge	43%	9
Family & Children's Services St. Thomas-Elgin	33%	7
Psychiatric Survivors Network Elgin (PSNE)	33%	7
Youth Homelessness Protocol	33%	7
Central Community Health Centre	14%	3
The Salvation Army	10%	2
I don't know	5%	1
Ontario Disability Support Program (ODSP)	5%	1
Other (please specify)	5%	1
St. Thomas-Elgin General Hospital	5%	1
Youth or Adult Probation	5%	1

For women experiencing homelessness, what are the biggest barriers to finding and maintaining housing?

Answer Choices	Responses	
Lack of affordable housing options	100%	21
Low income, (OW, ODSP, VYSA rates and minimum wage)	90%	19
Poverty	81%	17
Lack of rental subsidies	67%	14
Lack of professional supports to maintain housing	62%	13
Safety concerns due to family violence	57%	12
Lack of well-paying job options locally to maintain housing	48%	10
Lack of transportation options	43%	9
I don't know	0%	0
Other (please specify)	0%	0

On average, how long do women experiencing homelessness in St. Thomas-Elgin stay homeless prior to returning to housing?

Answer Choices	Responses	
I don't know	52%	11
More than 3 months but less than 6 months	24%	5
More than 6 months but less than 9 months	14%	3
Less than 30 days	10%	2
More than 1 month but less than 3 months	0%	0
More than 9 months but less than 12 months	0%	0
1-2 years	0%	0
3 years+	0%	0

What resources, services and supports are needed the most in St. Thomas-Elgin to prevent and end homelessness for women? Select all that are important to you

Answer Choices	Responses	
More permanent housing options for women that are affordable	100%	21
Increased income levels (such as increases to minimum wage, income support benefits for OW, ODSP, etc.)	76%	16
More transitional housing programs for women	71%	15
More resources to support women fleeing violence	71%	15
More emergency shelter options for women	57%	12
More affordable childcare options	52%	11
More housing location services for women	48%	10
Increased child protection supports that focus on keeping families together	43%	9
More drop-in centres dedicated to serving women	43%	9
Other (please specify)	10%	2
I don't know	0%	0

# A LITERATURE REVIEW ON WOMEN'S HOMELESSNESS

## Introduction

This literature review aims to summarize a wide range of literatures that explore women's homelessness through different lenses, including youth, Indigenous women, and newcomers as well as women with and without children. The review focuses primarily on Canadian research and the experiences of women who are homeless in Canada, but relevant international research has also been included.

The scope of the available literature on women's homelessness includes qualitative studies that use ethnographic techniques such as interviewing with small populations, typically recruiting participants from a single community or program; quantitative analyses that draw from larger-scale datasets such as health research or homeless enumerations; and several substantial literature or scoping reviews. Important lines of inquiry into women's homelessness include research into interpersonal violence, women's mental health and substance use, and youth homelessness, as well as the experiences of Indigenous women and girls. A number of urban geographers have also studied women's homelessness through the gendered use of public and private spaces.

Research exploring the differences between women and men who become homeless dates back to at least the late 1980s (e.g. (Burt & Cohen, 1989). Novac, Bourbonnais and Brown (1996) suggest that recognition that women's homelessness was a distinct and new phenomenon began to emerge in the 1960s, but there was limited Canadian research until the 1980s. Although some studies from the 1980s and 1990s have been included to provide historical context and identify where there is consistency, the focus in this review is on evidence that has emerged in the past decade and a half. With numerous developments in public policy and service delivery approaches related to homelessness, as well as the growing awareness of issues such as the disproportionate number of Indigenous women and girls who are affected by homelessness, housing instability and violence and emerging issues such as irregular migration into Canada, it is important to highlight more recent evidence.

## Prevalence of Women's Homelessness

Most research into the demographics of homeless populations finds that the majority of individuals experiencing homelessness at any given time are male (Duchesne, 2015). Hwang (2001) found that across Canada, single men accounted for approximately 70 percent of the homeless population, while single women who were not accompanied by children represented approximately 25 percent. This difference has held true over time. Between 2005 and 2014, approximately 27 percent of shelter users in Canada were female, although this study did not include domestic violence shelters (Employment and Skills Development Canada, 2016). The estimated 70/30 split between male and female homeless populations holds true for those in emergency shelter and unsheltered populations. Approximately 26% of unsheltered survey participants and 34% of sheltered survey participants were women (Employment and Social Development Canada, 2017). The national findings in Canada are also consistent with international evidence. European studies typically find that women represent approximately 30 percent of overall homeless populations, and up to 20 percent of unsheltered populations (Baptista, 2010).

The way that a given community defines "homeless" and the study methodology has an impact on estimates of women's homelessness (Klodawsky, 2006). For example, research that draws on shelter or service use may be biased in jurisdictions where available services are primarily targeted at men. Research that uses a narrow definition of homelessness may also undercount women, as there is a tendency for homeless women to be "hidden" (Bretherton, 2017). The findings that women comprise approximately 30 percent of homeless populations should be interpreted cautiously in light of these concerns.

## Women's Homelessness is "Hidden"

There is broad agreement in the Canadian and international literature that women are often not visibly homeless - even when they are occupying public spaces (Bretherton, 2017). Several Canadian studies have found that women exhaust their informal supports before presenting for shelter or formal homelessness supports (Duchesne, 2015).

Women appear to use informal strategies such as staying with friends or family, or linking to housed men, to avoid both rough sleeping and emergency shelters (Klodawsky, 2006). There is often an implicit assumption that homeless women prefer to use either institutional spaces such as shelters or private spaces (e.g. couch surfing) as a strategy to stay safe. However, some evidence suggests that homeless women may perceive these spaces as less safe than being in public, although they may seek to be invisible (Casey, Goudie, & Reeve, 2008). Women who experience homelessness have two distinct reasons underpinning coping strategies: concern for their children, especially for newly homeless women and reducing

their vulnerability to physical and sexual assault, particularly for those that experience longer term homelessness (Johnson, Ribar, & Zhu, 2017).

Women with children may be inclined to avoid both emergency shelters and domestic violence shelters because of a perceived lack of safety, concern about the potential to disrupt their children's lives, and fear of stigmatization or being separated from their children due to their homelessness (Whitzman, 2010).

Homelessness statistics often do not include the informal locations where women are more likely stay, making it difficult to determine the true scale of women's homelessness (Fotheringham, Walsh, Burrowes, & McDonald, 2011). This omission may be due in part to the use of narrow definitions of "homelessness" in some communities and studies, which may result in under-counting women (Johnson, Ribar, & Zhu, 2017). In addition, it can be challenging for researchers and surveyors to locate people who use informal strategies such as couch surfing, doubling up or staying in motels even when they are counted as "homeless".

Although women are much less likely to be enumerated in unsheltered homeless counts than men (Employment and Social Development Canada, 2017) (Bowpitt, Dwyer, Sundin, & Weinstein, 2011) (Johnson, Ribar, & Zhu, 2017) (Reeve, 2018), there is evidence that many homeless women "sleep rough".

Bowpitt and colleagues (2011) found that among homeless men and women with complex needs related to mental health and addictions, while nearly all of the men reported rough sleeping at times, so had approximately 75 percent of the women. Another study found that women used public spaces for many different activities, including rough sleeping but also personal care, leisure (e.g. reading), charging phones, etc., but used a variety of strategies to either remain out of sight or "pass" as housed (Casey, Goudie, & Reeve, 2008). The discrepancy between self-reported rough-sleeping and enumeration findings suggests that women's homelessness may be hidden even when they are in plain sight (Reeve, 2018).

## Specialized Populations Among Homeless Women

Homeless women, like other population groups, are heterogeneous, and there are racialized, class- and age-specific dimensions to women's housing status and vulnerability to homelessness (Novac, Brown, & Bourbonnais, 1996) (Klodawsky, 2006). In the Canadian context, there is now a substantial body of research that examines Indigenous women's experience of homelessness, and several researchers have also explored homelessness among newcomers to Canada. Age is also a factor; female youth and older women may have different risks and vulnerabilities and face different challenges in returning to housing. Women who have children have different needs.

### Age Groups

The findings of the 2016 Homelessness Partnering Strategy (HPS) coordinated Point in Time Count indicated that males and females were equally represented among homeless children and youths, but women make up a smaller share of the adult homeless population (Employment and Social Development Canada, 2017). The national shelter use study also found that older women tended to use shelter less frequently (Employment and Skills Development Canada, 2016).

Young women and older women may have different pathways into homelessness. Young women and girls are most often evicted from a dysfunctional, abusive and impoverished home, rely on social networks to obtain shelter, and then become engaged in "street culture" (Van Berkum & Oudshoorn, 2015). Older women are more likely to become homeless as a result of financial instability, relationship breakdown, or loss of a spouse which can then be compounded by declining physical and mental health (ibid.).

### Indigenous Women

Indigenous women in Canada experience disproportionately high levels of homelessness and are more likely to sleep rough than other groups (Richter & Chaw-Kant, 2008) (Patrick, 2014) (Van Berkum & Oudshoorn, 2015) (Yerichuk, Johnson, Felix-Mah, & Hanson, 2016).

There is also now a substantial body of research that indicates that both racism and sexism contribute to Indigenous women's homelessness (Van Berkum & Oudshoorn, 2015) (Yerichuk, Johnson, Felix-Mah, & Hanson, 2016). One literature review identified Internalization of "toxic narratives of identity" as a result of persistent stereotyping and discrimination; economic marginalization and loss of home, identity and rights for Indigenous women due to sexism embedded in the Indian Act; and a lack of healthy relationship patterns to model due to repeated generations of child removal and loss of family and culture (Patrick, 2014).

## Newcomers to Canada

Newcomer women are more likely to experience challenges in obtaining employment and stable income, and as a result are more likely to be economically dependent on a spouse or partner, which in turn increases vulnerability to abuse (Walsh, Hanley, Ives, & Hordyk, 2016). This greater vulnerability is most significant for refugees and asylum seekers, who may feel less able to assert their legal rights and face more difficulties in securing income and housing (Paradis, Novac, Sarty, & Hulchanski, 2009) (Walsh, Hanley, Ives, & Hordyk, 2016). This finding is consistent with international research into the experiences of homeless migrant women (Mayock, Sheridan, & Parker, 2012).

Newcomer women who experience homelessness, particularly racialized women, also report that discrimination impacts their ability to obtain housing (Paradis, Novac, Sarty, & Hulchanski, 2009). Newcomer women use many of the same strategies to avoid emergency shelter as Canadian-born women, including shared residences with family or community members, and may also search for live-in caregiver positions (Walsh, Hanley, Ives, & Hordyk, 2016). Walsh and colleagues (2016) identify a need for specific training for settlement workers and social services, a wraparound approach to health, housing and settlement services, and transitional housing that caters specifically to newcomer women's needs.

## Family Homelessness

Family homelessness is highly gendered. Although families with children comprise only 14 percent of the overall homeless population in Canada, more than 90 percent of families accessing shelters in Canada are headed by a lone female parent (Employment and Skills Development Canada, 2016) (Employment and Social Development Canada, 2017). An Australian review of international evidence found that women and girls make up 60% of people in homeless families (Johnson, Ribar, & Zhu, 2017). Family homelessness appears to be primarily driven by economic issues such as low income and lack of affordable housing and child care, and people in homeless families are less likely to report problematic substance use or serious mental health issues when compared with single homeless people (Gultekin & Brush, 2017).

However, even if it is primarily caused by economic factors, family homelessness is associated with poor health and mental health outcomes. Children in homeless families may experience health and mental health consequences as a result, which is also challenging for parents who may feel inadequate because they cannot provide the safety and stability that they want for their children (Novac, Brown, & Bourbonnais, 1996) (Paradis, Novac, Sarty, & Hulchanski, 2009) (Shier, Jones, & Graham, 2011). In addition, there is evidence that the experience of homelessness as a child, particularly if it is sustained, can be traumatic and may contribute to behaviours and coping mechanisms that can lead to homelessness as an adult (Rattelade, Farrell, Aubry, & Klodawsky, 2014). Family homelessness thus not only disproportionately affects women, but also has ripple effects that continue beyond an individual.

## Factors that Contribute to Women's Homelessness

Women's homelessness is multi-dimensional, and many studies identify multiple, intersecting reasons for homelessness. Fotheringham et al (2011) cite the multiple reasons given by women for their pathways into homelessness, including poverty, domestic violence, immigration, addiction and the intergenerational trauma that affects Indigenous communities in particular.

Women who experience homelessness identify causes including: sexual abuse; neglect, abandonment and other family problems; loss of children; experience of violence; and bereavement (Casey, Goudie, & Reeve, 2008) (Duchesne, 2015) (Novac, Brown, & Bourbonnais, 1996).

There are gendered differences in the events or situations that can trigger loss of housing, experiences while homeless and services that aid in the return to housing. Homeless men and women share many similarities in terms of life experiences and background factors such as family breakdown and trauma, poverty, lack of affordable housing, mental health and substance abuse issues that can both increase the likelihood of a trigger event that results in homelessness and reduces capacity to manage such events (Bowpitt, Dwyer, Sundin, & Weinstein, 2011). While these factors are not specific to women, they are gendered in that they are more commonly experienced by women or experienced differently, and have potentially different impact given women's greater dependence on others for their housing (Reeve, 2018).

Women are more likely to have unstable or precarious employment, and if they are on social assistance, have very low incomes that make it difficult to pay for housing (Callaghan, Farha, & Porter, 2002). Women are also more likely to experience poverty as a result of a relationship breakdown, which is compounded by the shortage of affordable housing in many Canadian cities (Duchesne, 2015) (Callaghan, Farha, & Porter, 2002). Long waiting lists for subsidized housing mean that young mothers and newcomers are at a significant disadvantage to obtaining affordable housing (Callaghan, Farha, & Porter, 2002) (Paradis, Novac, Sarty, & Hulchanski, 2009).

Economic factors, including low income, evictions, high rents, and insufficient subsidized housing, are often identified as the primary drivers of homelessness, particularly family homelessness (Richter & Chaw-Kant, 2008) (Paradis, Novac, Sarty, &



Hulchanski, 2009) (Tessler, Rosenheck, & Gamache, 2001). Economic vulnerability and dependence on others to maintain housing also increases the risk of physical or sexual assault for women (Novac, Brown, & Bourbonnais, 1996).

## The Experiences of Homeless Women

This section of the literature review explores a number of factors that can affect a woman's trajectory into homelessness as well as her life experiences while homeless. In many cases, there appears to be a "vicious cycle", in that the factors that can trigger an episode of homelessness are also exacerbated by it. Common themes that emerge in the literature include:

- Health
- Mental health and substance use
- Stigma and discrimination
- Interpersonal violence and trauma
- Children and parenting
- Involvement in high risk activities

These factors are interrelated and can be difficult to tease apart; for example, "having children" can lead to discrimination by landlords and contribute to economic vulnerability if there is a lack of affordable child care. Women who have experienced trauma due to interpersonal violence are more likely to experience compromised mental health and problematic substance use, and as a result, have difficulty in maintaining employment and paying rent..

Homelessness is intertwined with the consequences of trauma such as substance use, mental health and poverty, which can form a vicious cycle as the experience of homelessness itself can be traumatic (Van Berkum & Oudshoorn, 2015). These observations have led to the experience of homelessness for women being described as a series of vicious circles (Schmidt, Hrenchuk, Bopp, & Poole, 2015)

## Health

Homeless women appear to be more likely than men to have serious physical health issues or have received a mental health diagnosis, and to have poor access to health care (Khandor & Mason, 2008). They are also significantly more likely to have been hospitalized within the past year when compared to the general population (Gelberg, et al., 2009) and have a significantly higher risk of death, particularly for those aged 18-44, with the most common reasons being overdose and HIV/AIDS (Cheung & Hwang, 2004). Women are significantly more likely to be assaulted while homeless (Khandor & Mason, 2008). There is a range of physical and mental health consequences for homeless women in Canada which are linked to the nutritional deficiencies, lack of access to services and basic hygiene products, and insufficient sleep that result from homelessness (Whitzman, 2010). Women living in more rural or remote communities, away from big cities, may be especially vulnerable to health consequences as well as more inclined to double up or live in unsafe situations because of the lack of local, easily accessible services (Whitzman, 2010).

## Mental Health and Substance Use

Novac, Bourbonnais and Brown (1996) cite research from the United States and Canada showing that while single men are more likely to have had treatment for alcohol or drug dependency, homeless single women were more likely to have been hospitalized as a result of mental illness, and more often have a history of alcoholism or schizophrenia. Other studies have also found that problematic substance use and mental health concerns are prevalent among homeless women, although estimates vary widely and it is not always clear whether homelessness is a cause or a consequence (Duchesne, 2015).

Tessler, Rosenheck and Gamache (2001) found that an overall sample of men and women most frequently identified mental health problems, interpersonal conflict, and alcohol/drug problems as the reasons for homelessness. Men were more likely to see alcohol/drug use or mental health as the primary reason for their homelessness, while women identified interpersonal factors such as relationship breakdown and violence (Tessler, Rosenheck, & Gamache, 2001).

However, there is evidence that there is a reciprocal relationship between homelessness, mental health and traumatic experiences, including witnessing and experiencing violence, unhealthy relationship patterns and substance use to cope with stress (Rattelade, Farrell, Aubry, & Klodawsky, 2014) (Recker Rayburn, Wenzel, Elliott, Hambarsoomians, Marshall, & Tucker, 2005) (Schmidt, Hrenchuk, Bopp, & Poole, 2015). Shier and colleagues (2011) also describe how homeless women report that their self-esteem and behaviours are affected by internalized negative discourse.



## Stigma and Discrimination

The sense of stigma and shame associated with homelessness, as well as stereotypes, are significant (Fotheringham, Walsh, Burrowes, & McDonald, 2011), and it can be exacerbated by other factors, such as Indigenous women who also experience discrimination, or women with mental illness (Montgomery, Benbow, Hall, Newton-Mathur, Forchuk, & Mossey, 2014). Feelings of social exclusion appear to be common for women while they are homeless, with many women reporting that they feel they do not belong in Canadian society and feeling discriminated against even after becoming housed (Paradis, Novac, Sarty, & Hulchanski, 2009) (Shier, Jones, & Graham, 2011). Stigmatization and discrimination can make it more difficult to access housing and services on one hand, and can also undermine women's sense of wellbeing (Shier, Jones, & Graham, 2011) (Van Berkum & Oudshoorn, 2015).

## Interpersonal Violence and Trauma

Although it can be difficult to quantify because some jurisdictions do not count women fleeing domestic violence as "homeless" (Bretherton, 2017), there is a clear link between interpersonal violence and homelessness for women (Casey, Goudie, & Reeve, 2008) (Tessler, Rosenheck, & Gamache, 2001) (Duchesne, 2015). Homeless women are significantly more likely to have experienced traumatic childhood experiences involving abuse or separation when compared to housed women (Novac, Brown, & Bourbonnais, 1996). Richter and Chaw-Kant (2008) found that approximately 35 percent of homeless women in Calgary had experienced interpersonal violence at some time in their lives, and it was a frequent reason for admission to shelter. Women also identify sexual abuse, childhood neglect and abandonment as causes of homelessness, and women who experience childhood abuse appear to be more likely to become homeless as both youth and adults (Casey, Goudie, & Reeve, 2008), (Rattelade, Farrell, Aubry, & Klodawsky, 2014).

Interpersonal violence is also linked to economic vulnerability. Domestic violence is more likely to trigger an episode of homelessness for a woman who is economically dependent on a partner, compared to women with well-paid employment and access to affordable housing and child care (Reeve, 2018).

Those who have well-paid employment, savings (over which they have control) and access to affordable child care (and housing) are less vulnerable to becoming homeless. In this view, the ultimate cause of women's homelessness is the greater likelihood of being in lower-paid, less stable employment and the need for child care (Reeve, 2018). Furthermore, inadequate housing and employment prospects expose women to a continuing risk of abuse and sexual exploitation (Paradis, Novac, Sarty, & Hulchanski, 2009). Female newcomers were twice as likely to cite domestic abuse as a contributing factor to their homelessness (40 percent versus 22%) (Employment and Social Development Canada, 2017).

## Children and Parenting

Homeless women who have children face unique vulnerabilities. Younger women who are lone parents are disproportionately affected, and it is closely linked to domestic violence and economic marginalization, but is not as associated with mental illness, drug use and health as well as criminal justice system involvement (Bretherton, 2017). Women may experience feelings of inadequacy and stigma if they are unable to meet their children's needs while

they are homeless (Novac, Brown, & Bourbonnais, 1996) (Shier, Jones, & Graham, 2011). Because homelessness impacts the ability to care for children, in addition to the factors that may have contributed to homelessness, many women who present for services as single may be mothers whose children are living elsewhere (Novac, Brown, & Bourbonnais, 1996). The apprehension or surrender of a child into custody can also trigger crises such as a relapse for women who are already engaged in substance use (Shier, Jones, & Graham, 2011).

## High Risk Activities

Women may be more likely to engage in high-risk activities, including unsafe drug use, drug soliciting, or survival sex work, when they are homeless.

Homelessness among street-based sex workers is associated with high-risk situations including crack use, violence, and exchanging sex outdoors (Duff, Deering, Gibson, Tyndall, & Shannon, 2011). The risks can be exacerbated by program rules, such as curfews or guest policies, that create barriers for women involved in street-based sex work and may induce them to take riskier clients in order to meet target income without losing access to a place to stay (Lazarus, Chettiar, Deering, Nabess, & Shannon, 2011). In addition, women who are involved in sex work, use substances or who have criminal records may face discrimination by landlords, particularly if landlords use background checks (McAleese & Schick, 2018).

## Services That Can End Women's Homelessness

The majority of the research examined for this review emphasized that just as the lack of affordable housing is a significant driver of women's homelessness, access to stable and affordable housing is critical to ending it. Permanent housing was identified with privacy, independence, safety and security, regaining of roles and identity, services, space and time, and self-esteem and hope (Fotheringham, Walsh, Burrowes, & McDonald, 2011). However, there is also widespread recognition in the literature that many women will benefit from tailored support services that address the diversity of experiences for women who become homeless, including violence and trauma, mental health and addictions, criminalization and poverty (McAleese & Schick, 2018). Services identified in this literature review included:

- Access to counselling support that respects the dignity of each individual and provide authentic connection between the woman and a service provider can help address feelings of social exclusion, which may be especially valuable for Indigenous women and women dealing with mental health issues (Fotheringham, Walsh, Burrowes, & McDonald, 2011) (Montgomery, Benbow, Hall, Newton-Mathur, Forchuk, & Mossey, 2014).
- Services that are responsive to a wide range of spiritual, cultural and identity needs (McAleese & Schick, 2018).
- Peer support provided by "a community of women" (Fotheringham, Walsh, Burrowes, & McDonald, 2011).
- Flexible program rules that incorporate a harm reduction approach and are empowering (McAleese & Schick, 2018). Women are more likely to support rules that are related to safety and security (Novac, Brown, & Bourbonnais, 1996), but rigid program rules can put women who are involved in sex work or substance abuse at greater risk (Lazarus, Chettiar, Deering, Nabess, & Shannon, 2011).
- Trauma-informed care. While this approach is critical for both men and women who are homeless, women are disproportionately affected by trauma (Van Berkum & Oudshoum, 2015)
- Access to coordinated health care and follow up (Whitzman, 2010).

Support services can be provided in a variety of housing settings, depending on the needs of the specific population. Given the way homelessness exacerbates violence and sex/drug related risk, there is a need for affordable housing that is accessible and safe for women in high-risk activities such as street-based sex work (Duff, Deering, Gibson, Tyndall, & Shannon, 2011). McAleese and Schick (2018) emphasize the need for housing programs that acknowledge the totality of women's lives, which includes low-barrier, supportive/transitional housing that does not require sobriety or medication compliance as well as options for women who are striving to regain or maintain a relationship with their adult or minor children.

There are some groups, including younger women, women exiting the corrections system, and women who have experienced interpersonal violence or trafficking, who may prefer congregate housing with onsite support services and security features, at least initially (Van Berkum & Oudshoum, 2015).

However, women who have experienced homelessness prefer to have access to a private bedroom and bathroom at a minimum (Novac, Brown, & Bourbonnais, 1996). Older women are also more likely to want independent, permanent supportive housing with access to individualized support services (Van Berkum & Oudshoum, 2015).

Housing First approaches for chronically homeless women are supported by effectiveness studies from the US that compared outcomes for male and female clients of three programs; while women were more likely to temporarily depart from program housing, they were also more likely to remain engaged with the program than male clients (Pearson, Locke, Montgomery, & Buron, 2007) (Pearson, Locke, & Montgomery, 2009). An interim evaluation of a Housing First program in Massachusetts for women and men found that hospitalizations and use of psychiatric facilities decreased for both sexes (Meschede, 2007). Housing First approaches have also been recommended for women through attempts to theorise and classify the specific needs preferences of women who are experiencing or who have experience with homelessness. For example, one study found that homeless women had the resilience and adaptability to live independently, but needed social supports that would help them to access stable, permanent housing (Bukowski & Buetow, 2011).

While some researchers have found that women participating in site-based transitional housing programs felt that they benefited from access to peer support, mentorship and skill-building opportunities, they also report dissatisfaction with the rules and congregate living environments (Fotheringham, Walsh, Burrowes, & McDonald, 2011) (Novac, Brown, & Bourbonnais, 2009) (Van Berkum & Oudshoum, 2015). In addition, because participants are required to move out after a certain period of time, the relationships and support networks that they have built are disrupted (McAleese & Schick, 2018) (Novac, Brown, & Bourbonnais, 2009). Affordable permanent housing options are also lacking in many communities, but are critical for long-term success after leaving a transitional housing program (Novac, Brown, & Bourbonnais, 2009).

## Conclusions

Women's homelessness is a complex issue that can be examined from many different perspectives. Many women cite multiple causes for homelessness, and homelessness impacts every dimension of women's lives.

Overall, the literature suggests that there is a need for tailored supports that take into account the distinct vulnerabilities experienced by women who become homeless. It is essential to address the structural factors that contribute to women's homelessness, such as the need for adequate income and permanent, affordable housing (Novac, Brown, & Bourbonnais, 2009) (Van Berkum & Oudshoum, 2015). However, social services also need capacity to respond to sociocultural factors such as stereotyping and discrimination, as well as take into account individual life circumstances in order to support women on their journeys out of homelessness (Shier, Jones, & Graham, 2011). Services for women experiencing homelessness also need to account for the physical safety risks that women face, as well as the need of many women for shelter that can accommodate their children (Busch-Geertsema, Edgar, O'Sullivan, & Pleace, 2010) (Van Berkum & Oudshoum, 2015).

Taken together, the research findings suggest that women may benefit from support services that are sensitive to the intersection between gender, housing instability and homelessness. While service delivery models such as Housing First and Rapid Rehousing already involve individualized case management, there may be a need to build capacity to support women when dealing with structural barriers.

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