

Homelessness – a hidden problem for women in New Zealand. Debbie Hager. Homeworks Trust, Auckland. September, 2007

It is difficult to quantify the number of women who are homeless in New Zealand. Homelessness means much more than just living on the street – it can mean being unsafe, having insecure tenancy, being inadequately or inappropriately housed or having nowhere to call your own. Hidden homelessness is often ignored as a problem because of this difficulty. However, it is the temporary or long term situation for many women.

What is homelessness?

One definition of a 'home', (Anitra, 2007), tells us that a home is where we:

- may not have a whole house or a whole apartment or even a whole room, but we have our own space.
- know where we are going to sleep tonight - and other nights -in the same place;
- are sheltered from rain and cold.
- have means to warm ourselves
- have a bed
- have a way to store and prepare food. We expect that our food will be there when we want it.
- have hot and cold running water, a toilet, and a shower or bathtub to wash ourselves and they are private and safe.

As well, although safety cannot be guaranteed, we should have a way to lock our home, to control who comes in when we are there and when we aren't. We can leave our belongings at home and have a reasonable expectation of finding them safe when we get back.

Someone is 'homeless' when they do not have these things - when they don't have a home.

The obvious 'homeless people' are those who are sleeping on the street, in doorways on park benches or behind bushes. Yet, someone staying in a homeless shelter, a tent, an abandoned building, or in an institution is still homeless. Staying with a series of friends or family may qualify as homelessness if you have no choice, no privacy, no place that is 'yours', or if you're uncertain how long each couch is available.

Even a woman living in her own home can be considered homeless if she is constantly afraid and is mentally, sexually and physically abused by the person or people she is living with.

An Australian definition (1995) characterised 'serious housing disadvantage' as:

- Trapped in situations of domestic violence or sexual abuse, with few alternative housing options available
- A tendency to become involved in unsuitable domestic relationships in order to gain shelter
- Denial of choice in, and control over, one's housing

- Frequent relocation which denies women opportunities to improve their economic prospects
- Living in seriously sub-standard or over-crowded housing where no affordable options are available

Most of these situations are hidden from housing and related agencies and researchers.

How do women become hidden?

There is very little research about housing that addresses issues specific to women. The research may talk about men and women - but it tends not to interpret data by gender or to explore issues specific to women. Even the common sources of data - for example, that produced by Statistics NZ - has very little gender specific data about housing, home ownership and affordability.

When researchers are investigating homelessness, women are often invisible in the statistics and research because they are not present in the environments that are being measured. If homeless women are not present in public spaces then they will not get counted and documented. Homeless women generally only get noticed and labelled when they are a stereotype - for example, a bag lady or an alcoholic rough sleeper. Therefore, if they don't fit the stereotype, they're not identified as homeless. Instead, women are living in insecure, short term, stress inducing and often physically, sexually and emotionally dangerous situations that render them invisible to the researchers and official housing agencies.

Cost.

When we consider general housing affordability we must recognise that women are still disadvantaged – overall, women still earn less than men. Women are far more likely to work in lower paid jobs or to work part time. Seventy five percent of the people working part time are women. These figures are influenced by the fact that women still have primary responsibility for childcare and housework. For example, eighty one percent of one parent families are headed by women. (Statistics NZ, 2005) Sole parents are known to be one of the poorest groups in our community. This all means that it is significantly more difficult for women to buy houses and to afford market rents

Three case studies of homelessness.

1) Domestic and family violence

Intimate partner violence, child abuse, sibling violence and elder abuse create situations where people live in fear. For children and the elderly – those who are dependant - there is often nowhere safe to go. Living in fear is being homeless – it's about having nowhere safe to go.

Many women who experience intimate partner violence have the option to move to refuge. A refuge provides a place of safety and support. However, eventually, women must move on from refuge. Some women find secure housing. Many however, resort to motels, back-packers, caravan parks or staying with family or friends. Not finding safe, secure, affordable accommodation is one reason that women return to abusive situations.

There are a number of women who find it difficult or impossible to access refuge services. These are women:

- with mental health problems
- who abuse drugs and alcohol
- with a physical disability
- without dependant children

Refuges find it more difficult to accommodate these women, all of whom have needs which are more demanding than usual – or, in the case of women without dependant children, are seen to be of lower priority.

Over a 6 month period in 2006, 257 women were either moved out of refuge, or refused access to a refuge, because of mental health or substance abuse problems. (Hager, 2006)

There is currently no research about the numbers of women with disabilities trying to access refuge.

2) Mental Illness

Mental illness causes homelessness in a variety of ways. Some women end up on the street. Other women live in short term accommodation, moving between, for example, residential services, caravan parks or boarding houses.

Women lose their houses and possessions when they go into inpatient units - it's difficult to sustain housing with periods of illness, when the rent is unpaid. Landlords don't understand, or are afraid of tenants with mental illness, and throw out their possessions. Women come back to a few boxes and no home.

Others move because of the stress of their environments - a whole range of circumstances can put women at risk. Living alone can be very lonely and isolating, meaning that women can become more ill while also struggling to pay rent and other bills on a disability benefit. Living with others means that there are all the stresses of interpersonal relationships. Often these people are also ill or marginalised - frequently less socialised and/or men who are volatile and potentially violent. The stigma of mental illness means that it is difficult to find accommodation with 'normal people'.

Another approach is to live with unsuitable people for the sake of shelter and companionship. Women will often live with a man who is also ill and/or violent and abusive rather than put up with the terrible loneliness that living alone can mean.

The stress related to all of these things leads to worsening mental health. Women with mental health problems require support, security, intellectual stimulation, convivial company - and a home - just like you and I do.

3) Boarding houses

The women who live in boarding houses are a diverse population. Many of them have problems with mental health, some are borderline intellectually disabled, others are living - for a range of reasons - relatively chaotic, unstructured lives. This causes difficulty with more structured living situations where, for example, rent, power and phone may have to be budgeted and paid for separately. Boarding houses also offer a sense of impermanence that may appeal to some women - for example, if things get too difficult they can move on as there are no bonds, no legal requirements for giving notice etc. This creates an illusion of safety and choice.

In 1996 Terry Baxter interviewed 12 women who lived, or had lived, in a commercial boarding house. The majority of the women had lived in boarding houses for two or more years. The main reasons given for moving into a boarding house were:

- Leaving an unsatisfactory situation - relationship breakdown; fear of violence; didn't like the people they were living with.
- Leaving an institution

These relate directly to the previous two case studies - women were getting away from abuse or were having to find alternative accommodation after being in an institution.

Women's concerns about the houses were overwhelmingly related to the shared areas - the bathrooms, kitchen and lounges. This was because of the behaviour of the other residents, mainly the men. There was a strong risk of violence in the shared areas - between men - but also the women talked about constant sexual harassment and intimidation. The bathrooms were feared because they were shared with men, had inadequate locks and men urinated on toilet floors. They were particularly afraid of using the toilets at night, as the lighting was also bad. Women couldn't keep food in the communal cooking areas - the fridge or the cupboards - because it would be stolen, which meant they had to keep it in their rooms or they had to shop every day. These women also talked about "heaps of drugs, alcohol and prostitution." Women spoke about coming back to their rooms and finding their belongings stolen, or men (past residents) in their rooms, sitting on their beds.

Complaining wasn't an option, as staff were frequently as or more abusive than the residents.

Is homelessness a choice?

Some women may choose to live outside of the usual housing options. However, even if they are currently unable to manage long term safe housing, most women want a safe, secure, aesthetically pleasing, warm and private environment to live in.

From my public health perspective, safe, secure, affordable housing is a primary determinant of mental and physical health and wellbeing. Gender analysis and gender specific responses are a key precondition for this to be achieved.

References

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