

Changing Street Corners: The Intersection Between Older Women and Homelessness

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Background

On October 5, 2006, nine women gathered for dinner to discuss the challenges of homelessness. These women passed many of their displaced neighbors on the streets every day, and it was becoming increasingly clear that providing a few dollars or a meal were only temporarily helpful. They desired a tangible way to restore basic dignity to these individuals and understood that their unhoused neighbors were citizens too. That night, the group of young female professionals decided to call themselves Girls Think Tank. In December 2015, Girls Think Tank rebranded, in an effort to better reflect their inclusiveness, to Think Dignity.

Think Dignity (TD) was founded by innovative people committed to finding community-based solutions for issues related to homelessness, such as access to water and sanitation. Since its inception, TD has become the go-to group for homeless advocacy and we work closely with other non-profits, agencies, businesses, and the displaced population to identify priority issues impacting basic dignity in San Diego. Through our collaborations and community partnerships we work diligently to craft solutions that work for everyone.

At the start of 2016, TD's Board of Directors determined that an area of specific and focused concentration, beginning this year, would be to direct efforts in gaining a better understanding of the plight of women experiencing homelessness. A sub-committee was formed and numerous members of the community joined forces to take a more in-depth look at the issues that were directly effecting the women in the homeless community. The sub-committee is comprised of community members, Think Dignity staff, homeless women, and service providers.

The research being done is an attempt to:

- Understand the pathways to homelessness experienced by women
- Assess the appropriateness of the current support system for women
- Create policy recommendations for future advocacy

This is the first of the reports to be published with the TD Women's Sub-Committee findings and is being publicized in December 2016.

San Diego Homelessness in Context

There are 8,692 homeless individuals in San Diego County – the fourth largest homeless population in the United States. Nearly 60% of our local homeless individuals are unsheltered – an increase of 18.9% from 2015. Of those living on the street, over 70% reported that they became homeless while living in San Diego¹. This estimate is considered to be vastly underreported. These numbers are based on those that are living in the streets and in shelters and do not account for those that are living in their cars, hotels, or are finding shelter with acquaintances, friends and/or family members. Women are less likely

¹ <http://www.rtfhsd.org/wp/wp-content/uploads/2016/06/Comprehensive-Report-2016-final.pdf>, 2016 We All Count Results, Regional Task Force on the Homeless

to be counted in efforts like the “Point-In-Time” report and therefore are directly related to those underrepresented in the county’s homeless population. Women frequently seek alternative refuge for themselves (and their children) and will not be found in a shelter or on the street.² The lack of appropriate recognition of homeless women is another reason that this sub-committee was prompted into existence.

For the context of this report we consider “older women” any one over the age of 50. This is due to the fact that there are very limited services available for people who are over the age of 50 yet under the age of 65.³ Many services directed towards older adults begin when a person turns 63 or 65 years of age. In the interim, there is a population of aging individuals that are being relatively ignored by social services and aging agencies.

Population

For this report, we sampled narratives from older women living on the streets of San Diego, those living in their cars and some who found themselves in shelters. We also consulted numerous scholarly articles written on the subject and deemed whether the literature was applicable to our local population.

What We Found

Pay Inequality & Lack of Employment Opportunities

Seemingly unrelated, the very real wage gap that exists, where women do not make the same salaries as their male counterparts, creates an inequity that increases the likelihood of homelessness later in life.⁴ When women are not given the education or opportunity to reach higher levels of leadership within organizations, it sets them up for an unsure future.⁵ With no 401ks or pension plans, as are so common with male dominant professions, there is no safety net for which to fall back on if a woman needs it as an older adult.⁶ The most serious consequence of the gender gap in retirement savings is the likelihood of poverty for women once they retire.⁷ In addition, there are many women who become divorced and must rely on themselves as the sole bread winner of their home. Many times, because of the gendered economic disadvantage that females have encountered for years they cannot afford the cost of living once older and alone.

Couple the above with the fact that many women, in the past and present day, have lost their jobs due to raising a family or staying at home (while, conversely, men get promoted) and it is obvious that gender discrimination in the workforce consequently has caused for women to have less of a reserve or have limited means by which to live off as an older individual.⁸

² <http://www.voiceofsandiego.org/topics/news/comes-counting-homeless-women-children-last/>, *When it Comes to Counting the Homeless, It's Women and Children Last*, Maria Duran, 2016

³ <https://opentextbc.ca/introductiontosociology/chapter/chapter13-aging-and-the-elderly/>, *Aging and the Elderly*

⁴ <http://www.iwpr.org/initiatives/pay-equity-and-discrimination>, *Institute for Women's Policy Research*

⁵ <https://hbr.org/2007/09/women-and-the-labyrinth-of-leadership>, *Women and the Labyrinth of Leadership*, Harvard Business Review, Alice Eagly and Linda Carli, 2007

⁶ <http://time.com/money/4167025/why-401k-plans-unfair-to-women/>, *Why 401k Plans Are Unfair to Women*, Ruth Davis Konisberg, 2016

⁷ <http://www.chicagotribune.com/news/nationworld/ct-retirement-poverty-for-women-20160710-story.html>, *Women more likely than men to face poverty during retirement*, Chicago Tribune, 2016

⁸ <https://hbr.org/2007/09/women-and-the-labyrinth-of-leadership>, *Women and the Labyrinth of Leadership*, Harvard Business Review, Alice Eagly and Linda Carli, 2007

There is also the issue of ageism that rears its head when speaking of employment opportunities for older women. For some employers, it may be believed that an older woman does not have any value added to the organization or her experience is not relevant to that of the agency. Statistically, if you're a woman over the age of 50, finding work has gotten harder since 2008.⁹

Pay inequity creates a labyrinth of issues for aging women, and for some, it becomes insurmountable.

Sexual Assault and Domestic Violence (including co-ed shelters, and survival sex)

It is estimated that upwards of 50% of the women who are homeless now, have suffered domestic violence and/or sexual assault.¹⁰ To date, the most comprehensive and rigorous studies on homeless women conducted continue to note the extraordinarily high levels of abuse and victimization that homeless women endure before, during, and after periods of homelessness.¹¹ This is such a prevalent issue that TD's women's subcommittee will dedicate future research on a detailed look at victimization within homeless women to better understand the correlation between interpersonal violence and homelessness. For now, it is noted that older women are suffering from a victimization that occurred anywhere from years ago to much more recently. The trauma sustained at the hands of the abuse leads directly to homelessness when they fled homes that were abusive and ultimately ended up on the streets. It becomes aggravated when the abuse occurs once again to women once they are living on the dangerous streets. All the narratives we captured from women living on the streets were in-line with the statistical data collected in reports of the population.

Through narratives with older women we recognize that for many, co-ed shelters are a place to fear. Shelters in general feel wildly unsafe to women who have been victimized. If the woman has a partner, the partner may not be allowed in a gender specific shelter; so, they do not go in if they are not married to their partner. If they are in a same-sex relationship, they still may choose not to go into a shelter with their partner because they believe the shelter may not be culturally sensitive to their needs. Instead, many homeless women prefer to stay out of shelters; which consequently means they receive less services and hence have less probability of becoming housed again- therefore leading to an increased risk of victimization.

In addition, the homeless women we spoke with acknowledge that when they were younger, many women participate(d) in survival sex in order to stay off the streets. As the woman becomes older her desirability *and* desire to participate in survival sex becomes lessens. For instance, in the past a woman may have participated in survival sex to keep herself off the street, but as she aged she found that there were less opportunities to participate in that activity. Moreover, the women we spoke with willingly gave up survival sex after realizing that it was particularly risky behavior and could lead to possible violence. The women themselves decided that they no longer could jeopardize their physical health at an older age and would prefer to sleep in their cars or on the streets than with a male companion. Older

⁹ <http://www.pbs.org/newshour/making-sense/women-over-50-face-cant-find-jobs/>, *Why women over 50 can't find jobs*, Teresa Ghilarducci, 2016

¹⁰ <http://www.nationalhomeless.org/publications/facts/domestic.pdf>, *Domestic Violence and Homelessness*, National Coalition for the Homeless,

¹¹ http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=558, *No Safe Place: Sexual Assault in the Lives of Homeless Women*, Lisa A. Goodman, Ph.D., Katya Fels, & Catherine Glenn, M.A. With contributions from Judy Benitez

women are more likely to be unhoused because they no longer are trying to stay indoors in exchange for sex.

Again, the issue of interpersonal violence is one that is deeply rooted in the understanding of homelessness as it pertains to women. Some statistics estimate that as much as 85% of the women who are unhoused have been effected by violence perpetrated against them. This violence creates further issues when it instills fear and distrust of service providers that may be able to move women off the streets and into safer spaces.

Mobility Issues and Disability (including incontinence)

Older women suffer more from mobility issues and disability, as does anyone who is an aging adult. What we found while doing research for this article is that those issues are not taken into consideration within programs that offer services to the homeless.

A case example would be Think Dignity's Transitional Storage Center.¹² As a location that offers 400 storage containers a day to the homeless so that they may safeguard their belongings, it wasn't until this research began that it was realized there were no policies or procedures in place to make sure that elderly adults and/or those with mobility issues were being sensitively addressed. If someone on the wait list received a locker that was on the upper level, there were no accommodations in place if the person could not access the locker. The Transitional Storage Center is a textbook case study because reviewing the numbers of incoming participants, on average about 60% of individuals over the age of 50 are entering the program. There is a huge influx of older adult women who need services and are not being adequately prepared for. The Transitional Storage Center has successfully transitioned over a hundred people from the streets into permanent housing or employment, however, if a service like this cannot be offered to older women with disability or mobility issues it perpetuates the cycle of homelessness.

In addition, we would be remiss not to discuss the issue of incontinence when speaking of health issues that older women face. Not having enough public restrooms where women can use a safe space for urinating may lead to serious health complications. Urinary incontinence occurs much more frequently in women,¹³ and generally manifests at an earlier age in those who are homeless.¹⁴ Just as the inability to obtain feminine hygiene products can lead to a higher risk of health problems, lack of access to incontinence products is likely to produce similar outcomes, such as urinary tract infections (UTIs). Untreated UTIs can cause urinary incontinence and present dementia-like symptoms in older women.¹⁵ Women suffering from incontinence and related diagnosable medical issues may also suffer from related emotional, social, and psychological issues that affect their ability to complete normal daily

¹² www.thinkdignity.org, Think Dignity, 2016

¹³ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1476070>, *The Prevalence of Urinary Incontinence*, U.S. National Library of Medicine National Institutes of Health, Victor W Nitti, MD, 2001

¹⁴ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4520328>, *The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations*, U.S. National Library of Medicine National Institutes of Health, Prof Seena Fazel, MD, Prof John R Geddes, MD, and Prof Margot Kushel, MD, 2014

¹⁵ https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1777, *Urinary tract infections (UTIs) and dementia*, Alzheimer's Association

activities.¹⁶ The inability to complete these activities – such as attend an appointment or maintain employment – because of incontinence is a burden that exacerbates negative health outcomes for those who may already be suffering from poor mental or physical health due to their life on the streets. This lack of access to incontinence products strips women of their basic dignity and the ability to function in society, and we argue that access to incontinence products, much like access to feminine hygiene products for younger women, is a right rather than a privilege.

Mental Health Challenges

For many women, there is an additional challenge of being dually diagnosed—where they are combatting both a mental health disorder and a substance abuse addiction. This significant challenge facing homeless women makes it near impossible for them to reach accessible services. There are very few shelters that offer treatment for both mental health disorders and for substance abuse concurrently. Instead, shelters place requirements on the women trying to access services that they must be clean and sober. For instance, a requirement for local domestic violence shelters is that the person seeking shelter must not have ingested a substance in the last 24 hours, which consequently prohibits women who are battling addiction from reaching much needed resources to prevent abusive situations. Studies have shown again and again that women need a substantially different treatment plan than men, however, they are infrequently available at emergency or interim shelters in San Diego.¹⁷

It is also worth noting that often those suffering from dual diagnosis are women who are veterans. They have experienced events leading to Post Traumatic Stress Disorders (PTSD) and self-medicate with street drugs once they find themselves homeless. Statistics show us that women veterans living in poverty are nearly three times more likely to be homeless than non-veteran women living in poverty.¹⁸ There is a heightened risk of women veterans becoming homeless because of the interconnectedness of mental health and substance abuse.

In a profound captured narrative one woman interviewed said: “If you did not have a mental health issue when you became homeless, you have one now.” This statement references the extremely high volume of trauma experienced when homeless and how that can lead to significant mental health problems for women living on the street.

What is Being Done

Currently, there are not enough supportive services to address the growing numbers of older homeless women.

For instance, Adult Protective Services (APS) in San Diego County is inundated with reports of elder abuse and/or neglect affecting housed older individuals. These reports are then investigated usually

¹⁶ <http://www.urologyhealth.org/urologic-conditions/urinary-incontinence>, *What is Urinary Incontinence*, Urology Care Foundation

¹⁷ <https://www.ncbi.nlm.nih.gov/pubmed/9398929>, *Differences between men and women in dual-diagnosis treatment*, Westreich L1, Guedj P, Galanter M, Baird D, 1997.

¹⁸ *Helping the Homeless and dually diagnosed: Meeting the Challenge*, Power Point, Cheryl Gonzales-Nolas MD, James A. Haley VA Hospital, Tampa, FL

with the participation of the older adult. In the instance of a homeless person being abused or neglected—which can be arguably any older adult living on the streets—it becomes so difficult to reach the older adult to assist in the investigation. Furthermore, APS does not have the resources to try and find alleged instances of abuse with the homeless population because the older adult is not typically reachable through phone or at a physical address. Hence, any resources that the social worker could have provided the homeless older woman is lost.

In San Diego, there are very few shelters that are dedicated solely to women. It is imperative that we as a community recognize the importance of having flexible and understanding shelters that cater to the unique trauma experienced by women. In addition, we encourage all to support local women’s shelters and advocate for further funding that will help the 25% homeless individuals that are women.

We applaud local efforts that focus on older adults and women and advocate for their continued funding and support. We are excited that there is potential growth opportunity for local nonprofits, government and community groups to form an alliance dedicated to addressing the issues mentioned in this article.

What We Want

There are several points that Think Dignity is advocating for:

1. Fair and equitable wages across gender lines
2. Culturally sensitive programs that focus on the unique issues facing homeless women; we would especially like to see providers trained in sexual assault and domestic violence trauma
3. Programs that are open to older homeless women must take into consideration mobility issues and support those that may have a need for accommodations
4. Integrated programs that address both mental health issues and substance abuse disorders with trained mental health professionals
5. Awareness and visibility on this issue: we encourage discussions and forums that include members of the homeless population to join in the talk of how to best service older women who are homeless

What We Will Do

Beginning immediately:

1. Think Dignity will continue to follow a non-discriminatory wage practices and implement a mentorship program directed towards the retention and promotion of women within the agency
2. Think Dignity will encourage staff members to train on trauma experienced by homeless women, with special attention to forming and cultivating relationships with our local rape crisis centers and local domestic violence resources
3. Our Transitional Storage Center will change policy so that all those receiving a locker or a bin understand that at any time their locker may be moved to accommodate those with limited mobility
4. Our Transitional Storage Center will implement a policy that allows for the site manager to use their discretion to allow older adults to check in remotely or through another individual while on the wait-list

5. Our Fresh Start Shower program will place hand rails on the sides of our shower to allow guests greater stability when using the trailer
6. Think Dignity will have resources available through all programs for mental health professionals to serve our clients suffering from dual diagnosis disorders
7. Think Dignity will make public and disseminate the information we found through this research at a public forum where people from the homeless community will be present and encouraged to provide feedback

This is the first of many issues Think Dignity will be researching to better understand the particular issues facing homeless women. We thank you for your interest in this and invite you to join the discussion at our Basic Dignity Coalition Meetings. More information can be found on our website at: www.thinkdignity.org.