

Voices Project: Homelessness Resource

Health Trends:

On average, the incidence and prevalence of most chronic conditions is higher among homeless people than among people in the general population. Specifically, homeless women experience higher incidence and prevalence of respiratory illnesses such as tuberculosis, emphysema, chronic bronchitis and asthma. The living conditions under which these women sometime abide also result in health problems related to cold injury and sleep deprivation as well as skin conditions and parasitic infections.

Homeless women, as well as homeless men, experience high rates of other chronic conditions such as mental illness, addictions, arthritis, allergies, hypertension, diabetes, heart disease and stroke. Moreover, these women are twice as likely to experience problems related to lack of adequate dental care than housed women.

On average, homeless women use less contraceptives than housed women for reasons of affordability, access to health care providers and issues of property safety. As a group, they also have more abnormal PAP smears, reproductive and genitourinary problems than housed women.

Pregnancy presents a unique set of health concerns for homeless women who typically receive little or no prenatal care as well as inadequate nutrition. These circumstances

often result in low birth weight babies and infant mortality rates two times higher than in the general population.

Homeless women face a much higher risk of contracting sexually transmitted infections than

other women. For those women who work in the sex trade or for those who are intravenous drug users, or both, the risk of HIV transmission is significant.

The strain of economic disadvantage, dependent children and social isolation leaves homeless women especially vulnerable to depression. The unfortunate consequence of this vulnerability is an increased risk of suicidality.

Health Determinants:

In 1994, between 250,000 and three million North Americans were homeless; approximately 28% of whom are women. Homelessness takes different forms in men and women and is largely dependent on an individual's relation to the labor market. The factors that precede homelessness in women include: lack of affordable housing, family difficulties, drug or alcohol dependence, de-institutionalization, urban migration, unemployment, and refugee status.

The withdrawal of federal funds in Canada's north has resulted in many Aboriginal families being forced to "double-up." In fact, this situation represents the primary form of

homelessness among Native people in many small, northern communities.

Women of racial minority or of immigrant status represent a disproportionately large population of people who use shelters. This over-representation reflects issues of racial discrimination that often precede homelessness for these women. Consequently, Black, Aboriginal and Immigrant women face unique, and often formidable, barriers to attaining good physical, emotional and spiritual health. In fact, these disenfranchised women often represent the most defenseless group in most communities.

The association between trauma, homelessness and health is complicated, particularly when applied to women. Canadian statistics report that 50% of homeless women have been physically or sexually assaulted at least once since the age of 16; the vast majority of their abusers were male partners. Not surprisingly, homeless women report higher rates of lifetime abuse and/or childhood abuse than do housed women. In the case of homeless women with serious mental illness, 97% report physical or sexual abuse, often in its most severe form.

Women tend to fear homelessness more than men because it leaves them vulnerable to violence and victimization. Consequently, many women disguise their gender or seek a protector who is often abusive.

Accessibility to health care services is an ongoing issue for homeless women in Canada as well as in the US and Britain. In many cases, with no fixed address, these women are essentially shut out of the mainstream health care system. Furthermore, according to many homeless

women, health care professionals are often reluctant to provide them with care or may practice a “fast food” approach to caring for homeless people.

Research:

Presently, there is a growing awareness of the reciprocal relationship between homelessness and mental health problems. However, the emphasis on individual dysfunction, evident in most current literature on homeless women’s mental health, can be described as tantamount to victim blaming. Indeed, contemporary research related to mental health issues often neglects the more pervasive and systemic economic and social determinants of homelessness. Even though homeless women experience increased incidence of various mental health illnesses such as schizophrenia and antisocial personality disorder, current psychiatric research and practice, essentially neglects the needs of this group of women.

Most literature on homelessness originates in the US. Critics of this research site a lack of racial analysis as well as insufficient examination of issues related to the health consequences of a patriarchal and capitalist culture. The bulk of Canadian and international research on homeless women’s health, focuses narrowly on the individual origin and treatment of mental illness. A major gap exists in the literature with respect to studies that explore the social determinants of health among women in this disenfranchised group. In fact, an ideological debate is currently raging about whether research should continue to focus on individual precursors of homelessness (ie: mental illness). The consensus among most Canadian

researchers is that the origin of homelessness is, by and large, structural and typically associated with women from disenfranchised groups.

One of the fundamental drawbacks in research applied to homelessness, begins with methodological issues related to identifying homeless women. The concept of homelessness is frequently contingent on individual researchers' constructions. Consequently, most studies examine the experience of people who live on the street or in shelters. As a result, many homeless women remain hidden from researchers because they work hard at maintaining the appearance of being housed.