



Best Practice Guideline for Ending Women's and Girl's Homelessness

Prepared on behalf of: All Our Sisters

Authors

Amy Van Berkum, RN, MN (2015)

Dr. Abe Oudshoorn, RN, PhD

In partnership with Women's Community House

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1. Executive Summary

This guideline was designed to synthesize existing literature in an effort to develop best practices for ending women's and girl's homelessness. Women, girls, and their children are experiencing homelessness at alarming rates,¹ however this global issue remains largely concealed as the majority of women and girls experiencing homelessness are among those deemed the 'hidden homeless'.

Common Recommendations for Ending Women and Girls Homelessness

Despite unique differences in particular population's experiences of homelessness and housing, the following are common considerations for all women and girls: the hidden nature of homelessness, trauma and violence, challenges to mental health, substance use/addiction, and poverty.

These characteristics influence pathways into homelessness and create barriers to exiting it. Poor social capital, inadequate social services, and constraining and oppressive social policies similarly influence one's experience of homelessness. There is no consensus on the specific types of independent accommodations women and girls require in successfully exiting homelessness, but for all women housing is the only true, long-term solution.^{2,3} Transitional housing has been extensively studied as an effective means of assisting those women and girls with high support needs. Housing characteristics noted across several particular populations include: safe, secure, affordable, permanent, accessible, adequate, and supported. Women and girls have identified the need for assistance in obtaining housing, feeling a sense of community, having flexibility in housing programs, and having options and choice in housing selection.

Population Specific Recommendations for Ending Women and Girls Homelessness

Each of the following particular populations of women and girls were reviewed in respect to their pathways into homelessness, barriers to exiting homelessness, housing and service preferences, and suggestions, future recommendations, and research opportunities.

Women and Girls with Children: The most common pathway into homelessness for women and girls with children is interpersonal violence. Barriers to exiting homelessness are often centered on services and housing that is not safe or supportive to women-led families. The most important considerations in housing and service provision are safety and support to ensure the wellbeing of mothers and their children. Subsidized, supportive housing programs were most commonly cited as needs and preferences for housing. Education, employment, and spirituality were identified as important to facilitating a pathway out of homelessness.

Young Women and Girls: Most young women and girls leave or are evicted from dysfunctional, abusive, and impoverished home. They often rely on social supports to obtain shelter and once this is exhausted, they are absorbed into the street culture. Many are forced to engage in acts of survival (e.g. survival sex, drug soliciting) in order to meet basic needs. Young females identify privacy, safety, independence, and social support as priorities in their housing. The majority prefer independent, congregate living situations where organizations and supports are available if needed. Positive adult mentorship and supportive programs that

develop life skills and independence to obtain employment have been suggested to enhance housing stability.

Older Women: Older women often experience homelessness due to financial instability, relationship breakdown or spousal death, frequently compounding a history of painful lifetime experiences. Life changes, and declining mental and physical health also contribute to homelessness and serve as barriers to exiting it. Older women identify independent supportive housing as important, with a dry, congregate setting if experiencing addiction. Services need to be accessible and supportive while providing individualized care to help women maintain housing.

Women and Girls Engaged in Survival Sex: Many females who are engaged in survival sex exit home at a young age and engage in this activity in order to meet basic needs. Significant barriers in exiting homelessness in this context include complex trauma and the criminalization of this activity. Housing suggestions include female-only, clustered or congregate, supportive housing with a private room. Addiction, and mental and physical health services are required to support housing.

Women and Girls who have been trafficked: Women and girls often become victims of human trafficking and homelessness at a young age as a result of family disruption, involvement in child welfare services, or forced migration from another country. Complex trauma and the fear of criminal consequences are salient barriers to housing and service access. Immediate housing with supports that is located in a safe area unknown to the trafficker is recommended. Early identification and legal, addiction, and physical and mental health services are identified as important to assist women and girls in exiting homelessness and maintaining housing.

Women and Girls Involved in the Judicial System: Women and girls often experience a cyclical pattern of recidivism between custodial settings and homelessness. Women and girls identified receiving little support in custodial settings and inadequate exit plans to prevent discharge to homelessness. A supportive and comprehensive discharge plan that houses women in safe, private, and independent accommodations with supports to develop independent living skills is suggested. Others prefer supportive, congregate housing that is low threshold with structured programs. A focus on treating substance use and increasing education, job related, and other life skills are identified as important.

Women and Girls Who Identify as LGBTQIP2SAA: The majority of the literature that relates to sexual minority females is based on young women who are LGBTQ. These women often become homeless due to familial rejection or leaving home to seek independence or services that will meet their unique needs. Females of sexual minority experience heightened rates of stigmatization and discrimination, which impact their ability to utilize services and obtain housing. There is limited discussion of housing preferences, although sexual minority females identified safe and rapid housing in an area tolerant of differences as a priority. Furthermore, there is an emphasis on physical and mental health care provision for this particular population.

Indigenous Women and Girls: Components culture on reservation and the pervasive and lingering effects of colonialism often facilitate pathways into homelessness. Social exclusion, racism, discrimination, and oppression often influence one's ability to obtain housing. Congregate style accommodation that is linked to social services, provides adequate living

conditions, and supports cultural practices is recommended. Culturally appropriate services that provide continuity of care are necessary. There is also an emphasis on substance use and mental health services for Indigenous women.

Newcomer Women and Girls: Newcomer women and girls often become homeless as a result of migration, and the outcomes of the stress that can accompany it (e.g. interpersonal violence). Language and cultural barriers as well as unfamiliarity with the landed country create barriers to accessing services and housing. Foremost, newcomer women and girls identify a need for independent and safe housing with supports that is within a community of other newcomers to preserve cultural practices. Employment and education are important in allowing women and girls to gain independence.

Rural/ Remote Women and Girls: The rural context contributes to significant poverty for women and girls due to a lack of employment. Furthermore, geographic distance between services, a lack of transportation, the high cost of basic needs, and the decision to migrate to a more urban community facilitate pathways into homelessness and barriers from exiting it. Improving the critical lack of housing, providing options (i.e. supportive and transitional housing), and accommodating women and girls in close proximity to services is suggested. Improving service integration and accessibility are important to maintaining housing.

Women Who Have Served in the Military: Exiting the military can be a pivotal point for women in their pathway to homelessness. Women may exit the military due to a traumatic experiences (e.g. military sexual trauma) or as a result of being prematurely discharged, and they rarely have an appropriate exit plan in place. Women report that services do not accommodate their unique needs. Apart from improved housing plans upon exit from the military, women require several different options for housing. Employment, supports addressing trauma, and assistance with obtaining military benefits are important suggestions to enhance housing stability.

Conclusion

Ultimately, housing and service provision must be individualized to the unique needs of women and girls.^{4,5} This is necessary, as women often experience multiple compounding and intersecting issues, which contribute to their pathway into homelessness, and likewise the barriers they face in exiting it. Recognizing which issues are in the foreground for women and girls can assist providers in connecting them to the appropriate services and housing.⁶ In addition, understanding which issues are in the background can aid providers in supporting women and girls through the transitional stages of exiting homelessness.⁶ Acknowledging that women occupy multiple social locations simultaneously, different components of this guideline can be used accordingly in reference to how women and girls identify themselves or their priority concerns.

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2. Background

There is no simple answer to a complex social problem such as homelessness with a vastly diverse population. However, by taking a fresh look at an old problem¹ and engaging a dedicated audience with a renewed sense of hope, ending women's and girl's homelessness is possible. Homelessness, a deprivation of a basic human right,² and the experience of being female are two compounding layers of marginalization in today's society. These can have devastating effects for women and girls and can cause enormous challenge in exiting homelessness. It is apparent that gender intersects with social locations class, race, ethnicity, dis/ability, health status, age, and sexuality,³ creating a complex and interconnected social issue that must consider the relationships amongst these many dimensions. These relational elements of the social experience have been considered "structures of constraint"⁴ (p. 644) as they restrict the choices and access for women and girls experiencing homelessness.

Women and girls are often left out of considerations of homelessness, and yet a recent estimate of 30% of the 15, 000- 30, 000 Canadian's experiencing homelessness are female.^{5,6} These estimates however, do not represent the women of reduced visibility (i.e. hidden homelessness), which has been estimated at three and a half times the number of those counted in current shelter-focused surveys.⁵ The staggering numbers however, do not tell the whole story. Women and girls are amongst the most vulnerable populations of those experiencing homelessness⁷ and they often face unimaginable trauma. The necessity to end homelessness for women and girls is an obligation of human rights.



"...a woman's experience is very different, and just as profound and absolute as that of men on the streets or in shelters"⁸ (Homes for Women, 2010, p. 5.).

This guideline aims to illuminate the unique experiences of many particular sub-populations of women and girls experiencing homelessness, departing from traditional views of ‘the homeless’ as a homogenous group.^{9, 10, 11, 12} Diversity exists among all populations of women and girls, and it is important that the many unique factors that shape their experiences of homelessness are explored. Consequently, there is no simple strategy or solution to end homelessness for women and girls. Rather, this compilation of the voices of women and girls with lived experience, researchers, service providers, and experts in the realm of female homelessness aims to act as a guideline to help facilitate addressing this social crisis one woman at a time.

This report is both necessary and timely, as this heterogeneous group of women is among the fastest growing¹³ and at-risk⁷ cohorts of the homeless population. The creation of this guideline corresponds with the Canadian Alliance to End Homelessness (CAEH) ten-year plan, as it outlines the necessity of research to identify established best practices.¹

“If you want to move forward, you need to understand the problem”¹

(Canadian Alliance to End Homelessness, 2012, p. 4).

This problem- the gendered experience of homelessness- can no longer be underestimated, overlooked, or ignored.⁵ Research related to homelessness has historically focused on men,¹⁴ or neglected to examine gendered differences. Women and girls have vastly different ways of knowing and experiences¹⁵ throughout the diversity of their lives. As we appreciate the gendered differences amongst the homeless population, we illuminate the bigger picture from which we can draw effective solutions which are so desperately needed.

This guideline begins by presenting definitions that will be used within the document, and introducing two models of care: Housing First and Trauma Informed Care. Following is an overview of commonalities noted amongst several particular populations of women experiencing homelessness.



Particular populations are then examined in relation to their pathways into homelessness, barriers in exiting homelessness, housing preferences and suggestions, service preferences and suggestions, and research and recommendations for the future. A consideration of the applicability of Housing First and Trauma Informed Care is woven throughout this document, as there has been demonstrated efficacy of their use.¹⁶

Furthermore, housing initiatives and services that have demonstrated effectiveness are incorporated within the document, appended after the particular population to which they apply.

Definitions

HOMELESSNESS

There is currently no standardized definition of homelessness in Canada¹⁷. The following definition will be utilized throughout this document, as it encompasses the broad experience of insecure housing:



“Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means, and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual / household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination.”¹⁸

Homelessness can also be understood as multi-faceted, encompassing the following characteristics:

Relative homelessness: insecure, inappropriate, inadequate or unstable housing^{19, 20} (e.g. couch surfing, short term rentals, and staying with friends or family)

Absolute homelessness: complete lack of long-term shelter¹⁹

Hidden homelessness: those who do not utilize social services or public places in their experience of homelessness²¹

TRAUMA

Is the perception or experience of a stressful event as life threatening and overwhelming. Trauma compromises one’s ordinary adaptation by potentially limiting one’s control and power.²² Trauma can stem from medical interventions, war and other forms of violence, childhood abuse or neglect, physical, sexual or emotional abuse, grief and loss, accidents and natural disasters, witnessing acts of violence, and cultural, intergenerational, and historical trauma.²³

SERVICES

Facilities, programs, and social systems that comprise community infrastructure and aim to improve quality of life for individuals, families, and communities.²⁴

Housing First

Housing First is a program model and philosophy that emphasizes the importance of stable, permanent housing as a strategy to help end homelessness.^{25, 26} The premise of Housing First is that housing is a basic human right, and is fundamental to addressing any other barriers one may face in life, including addiction and mental health concerns.²⁶ The focus of a Housing First initiative is to provide rapid and direct access to permanent housing without the individual having to meet preconditions or graduate through a series of steps or programs to be considered housing ready.^{26, 27, 28}

Providing individualized services and supports to help sustain housing stability and well-being is the chief focus after housing is achieved.^{25, 28} Supports and services are to be client-driven and may include: assistance with housing placement, resource acquisition, and case management.^{28, 29} Housing First is based on the desires and needs of those with lived experience²⁵ and

emphasizes community and social integration, consumer choice, and self-determination^{27, 28} to help meet the individualized needs of those experiencing homelessness.

Core principles of Housing First ²⁷

1. Consumer choice and self determination
2. Immediate access to permanent housing with the support necessary to sustain it
3. Housing is not conditional on sobriety or program participation
4. Social inclusion, self sufficiency, and improved quality of life and health

As a more recent strategy to help prevent and eliminate homelessness, a Housing First approach has demonstrated significant success at placing and retaining women and girls in housing.¹⁶ However there remains concern regarding the gender gaps in research for Housing First models, with suggestion that this approach may be more effective for some sub-populations of women and girls than for others.^{5, 8} In order to ensure effectiveness, Housing First models must reflect the gendered nature and experiences of homelessness.⁸

Trauma Informed Care

A Trauma Informed Care (TIC) philosophy is gaining momentum in service delivery.³⁰ The need for TIC became evident as a growing body of research identified the vast prevalence of trauma in the lives of individuals who are living and coping with challenging life sequelae as a result of a traumatic experience. For example, approximately 90% of individuals in mental health and substance use services have a history of trauma.³¹ Similarly, 90% of homeless mothers report having experienced severe physical or sexual assault during their lifetime.³² Due to the novelty of TIC, its effectiveness has not been extensively explored,³¹ however, success has been noted in integrating this model at the service level.^{30, 33, 34} Although there lacks a broad consensus of the definition of TIC, a 2010 literature review³⁰ that examined multiple studies and cross cutting themes identified the following definition:

Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment³⁰ (Hopper, Bassuk & Olivet, 2010, p. 82).

Principles of Trauma Informed Care³⁵

1. Mutuality and collaboration
2. Historical, cultural and gender issues
3. Safety
4. Trust and transparency
5. Empowerment, voice and choice
6. Peer support

Many people's experiences of homelessness are intertwined with consequences of trauma (e.g. mental illness, substance use, and poverty). Additionally, homelessness itself can be viewed as

a traumatic experience, and being homeless increases the risk of further victimization and retraumatization.³⁰ As such, homelessness cannot be resolved without addressing the underlying issues of trauma.³⁰ Furthermore, the acknowledgement of trauma in the lives of women is essential, as women are disproportionately affected by it³⁶ (B.D. Williams, personal communication, March 10, 2015). Forms of oppression may be overt and distinct or subtle and insidious, and include gender based violence, political and economic disadvantage, body oppression, gender role expectations, ageism, racism, and other systemic disadvantages.^{37, 38}

As previously mentioned, strategies for homelessness remain inadequately explored for many particular populations of women. Recognizably, existing service approaches do not serve all women as well as they may be able to.³⁹ This is especially true for women who experience multiple issues (e.g. substance use and mental illness) as service provision is often compartmentalized.⁴⁰ It has become evident however, that trauma is a useful concept for weaving together all women's experiences, services, and systems.³⁹ This should be considered as an element to facilitate and improve the integration of services- a well identified need throughout the literature.

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3. Methodology

A scoping review of select nursing and allied health, humanities, and social science databases was conducted. Scoping reviews entail broad based inquiry, accommodate grey literature, produce accounts of the current state of knowledge, and can serve to support future policy and practice recommendations.¹ This research was guided by the five part framework for scoping reviews set out by Arksey & O'Malley (2005).²

All literature published between the years 1995-2015, of English language, and within a westernized context was considered for possible inclusion. Furthermore, the literature had to meet any of the following criteria: 1) exclusive to homeless women or girls; 2) include specific information in reference to women or girls experiencing homelessness; or 3) involve/include a gendered-analysis comparing homeless males and females. These limitations seek to ensure that women and girls' ways of knowing and experiences are documented exclusively. This is important, as there is a significant body of literature that does not examine gender-related differences and yet, generalizes findings to women.³ Traditional research has not adequately captured the content and quality of women's lives and experiences.⁴

To supplement this search and add insight into areas with a less developed body of research, grey literature was examined from a number of sources, including organization-based research, outlines of service provision, guidelines, reports, and news and media sources. Literature was also obtained from those who have significant knowledge and expertise in the field.

Examination of titles and abstracts of all articles identified in the search process was completed, obtaining full text for those deemed relevant by the reviewer based on the afore-mentioned criteria.

In the *Population Specific Recommendations for Ending Women's and Girl's Homelessness* section, when information was common to multiple references, a maximum of five were cited in text. These references were selected to represent a variety of voices, aligning with the theoretical importance of a feminist approach to research.⁵ An example of this may include a foundational study, an expert author, qualitative literature, and news or media sources that incorporate the voices of women and girls experiencing homelessness.

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4. Common Recommendations for Ending Women’s and Girl’s Homelessness

Particular populations of women and girls experience unique journeys into and out of homelessness. Despite individual experiences many themes are common to women and girls. The following is an overview of what is *common to multiple populations* in relation to: pathways into homelessness, barriers to exiting homelessness, identified housing needs or preferences, suggestions for housing, identified service needs or preferences, suggestions for services, and future research and recommendations. An overview of unique characteristics is presented for particular populations in the following section of the guideline, entitled, *Population Specific Recommendations for Ending Women’s and Girl’s Homelessness*.

Foremost, it is important to note that many of the homeless experiences of women and girls are complex, intersecting, and overlapping. To help illustrate this, consider the experiences of a woman fleeing her home with her children due to domestic violence. Having no safe place of her own to call home, she and her children are now experiencing homelessness. Without access to any of her finances or social supports, she soon finds herself mentally unwell. She does not seek social services for the fear of her children being apprehended. Feeling like an inadequate caregiver to her children and trying to cope with her own traumatic experience of violence, soon draws her out of hiding into a street culture that introduces her to substance use. As this example illuminates, many experiences of homelessness for women and girls are challenged with compounding, and co-occurring elements. Furthermore, certain factors (e.g. mental illness or substance use) can serve as both antecedents of homelessness and barriers to exiting it.

An overview of common themes and how they shape the experience of homelessness is presented below.

a) Hidden Homelessness

The term, *hidden homelessness* is used to represent those who do not widely utilize social services or public places in their experience of homelessness.¹ Hidden homelessness has many faces for women, including overcrowding, engaging in relationships to maintain housing, living in unsuitable or violent situations to maintain custody of one's children, and paying high rents that make other necessities- like food- unaffordable.²

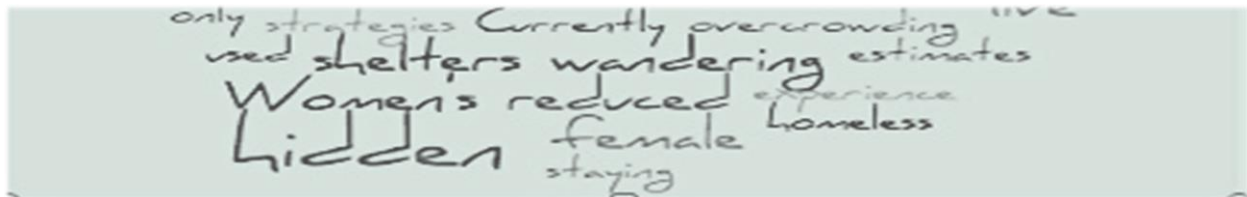
*I lived in motels; I lived in shelters; I lived in vans; I actually had no place to live. I lived in some homes that weren't where I should have been, and kind of wandering a lot, wandering around, but here I am*³ (Milligan, 2012, p. 88).

An outcome of this reduced visibility is the difficulty of producing accurate estimates of the number of women and girls experiencing homelessness, as only a small portion of women and girls live on the street or in shelters at any given time.^{4, 5} The most reliable estimate of hidden homelessness comes from a single Canadian study in Vancouver⁶ that demonstrated a ratio of

three and a half people considered to be the hidden homeless for every one person who is enumerated as sheltered or unsheltered. Hidden from public awareness, the experiences of unstable housing for females is often not recognized as homelessness.²

One such reason for women's and girl's reduced visibility in the experience of homelessness is the masculinization of streets and public areas.⁷ Visible forms of homelessness present unique challenges for women and girls, such as greater vulnerability to sexual harassment and abuse, as well as challenges related to cleanliness and menstruation.⁸ To avoid these outcomes, women and girls are more likely to employ informal strategies, such as staying with family or friends⁹ or engaging in relationships with housed men, in order to avoid being on the street or in shelter.^{7, 10}

Ending hidden homeless for women and girls is in its infancy. The majority of discussion is relative to raising awareness of the issue and developing interventions to reduce women's and girl's invisibility. While Housing First has been suggested as a tool to end homelessness, further research needs to be done to broaden this strategy and understand its efficacy in meeting the needs of the hidden homeless female population.^{2, 11} Currently, many women experiencing hidden homelessness are left out of consideration,² however the reduced visibility of women's homelessness needs to underpin all strategies and models for ending female homelessness.¹²



b) Trauma and Violence

The experience of trauma in the lives of women and girls experiencing homelessness permeates the literature.¹³ Women and girls speak to experiences of violence, including physical, sexual, verbal, and emotional abuse throughout all stages of their lives.¹⁴ Despite the reduced visibility (i.e. hidden homelessness) of women and girls who have experienced trauma,^{12, 15} researchers note staggering statistics and service providers identify trauma as a priority in the care of women and girls. Homelessness, a traumatic experience in and of itself,¹⁶ compounds past trauma and creates a cyclical, unrelenting cycle of re-traumatization for women and girls.

Homelessness deprives individuals of... basic needs, exposing them to risky, unpredictable environments. In short, homelessness is more than the absence of physical shelter, it is a stress-filled, dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of violent events¹⁷ (Fitzpatrick, 1999).

One of the most common risk factors for homelessness in the lives of women is interpersonal violence (or domestic violence). Women, girls, and their children are uprooted from their homes in an attempt to escape violence and seek safety.



Adapted from Noble, A. (2015) ¹⁸

Providing secure housing and financial support for women and children escaping violence has been identified as a key component to helping them rebuild their lives. ^{19, 20} With a history of trauma, ensuring safety and preventing re-traumatization must be a guiding consideration throughout all service provision and housing strategies. ^{12, 15} Recognition that some particular populations of women and girls (i.e. LGBTQQIPSA, ²¹ rural women, ¹⁸ and newcomers²²) may be at a heightened risk for violence is essential to prevention initiatives and service and housing provision.

Trauma Informed Care¹⁶ and **Housing First**²³ have demonstrated effectiveness for women and girls who have experienced violence and are suggested philosophies to underpin care provision. Some, however, have presented caution for the use of Housing First. ^{12, 24} As with all populations, assessing unique housing and service needs is essential.

c) Challenges to Mental Health

Those who are living with a mental illness are increasingly susceptible to poverty, disaffiliation, and personal vulnerability- all of which can facilitate pathways into homelessness.²⁵ Poor mental health can contribute to challenges finding or maintaining employment, and can cause disruption in one's social support network.²⁵ Furthermore, judgment may be clouded, causing individuals to have challenges in effectively coping with negative experiences, such as homelessness.²⁵ Stigmatization, social isolation, and services and housing that do not adequately accommodate those with a mental illness further alienate them from supports and resources to improve one's circumstances.^{26, 27} The experience of homelessness also has the potential to disrupt or amplify poor mental health, and exposes individuals to circumstances that can be traumatizing. ^{16, 25}

"You know, me being on the streets, it made it worse. And I know I have mental illness. Well that probably is one of the main things that kept me on the negative side, never on the positive" ²⁷ ("The Second Thing," p. 830).

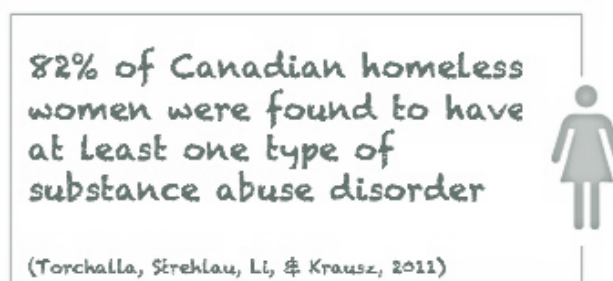
It is estimated that over 50% of all women experiencing homelessness that use single adult shelters or meal programs in Toronto, Canada have been diagnosed with a mental illness.²⁸ This is likely an under-estimation of the prevalence of mental illness in women experiencing

homelessness, however, as this estimate does not capture those who do not have a formal diagnosis, and is not inclusive of the hidden homeless. It is well understood however, that women and girls experiencing homelessness experience disproportionately high rates of mental illness, particularly depression, post-traumatic stress disorder, and substance use when compared to housed, low income women.²⁹ Furthermore, women experiencing homelessness with a serious mental illness are at a greater risk of suicide³⁰ and other forms of mortality when compared to those who are housed.³¹

Women face myriad challenges in accessing mental health care services and there remain insufficient supports upon exit from psychiatric care.³² One suggestion to prevent homelessness is to discharge individuals from a psychiatric facility into housing, rather than to the streets.³³ It has been acknowledged that housing this particular population will require an integrated and holistic approach that addresses broader systemic issues (e.g. substance use, violence).³⁴ Reiterated in the literature, is the need for social supports and comprehensive mental health services to be integrated into housing program models, such as a Housing First approach.³⁵

d) Substance Use/ Addiction

Substance use and addiction are serious health concerns amongst women and girls experiencing homelessness. For women and girls who are experiencing homelessness and use substances, the most common stated cause is to manage the impact of past and current trauma.³⁶ In other circumstances, and especially amongst younger women, substances are forced upon them for the purpose of exploitation.³⁷ Concurrent disorders (i.e. mental illness and addiction) are common for women and girls experiencing homelessness, coinciding with high rates of poor physical and mental health.³⁸ The prevalence of substance use, although overestimated in this study due to counting lifetime occurrence and sampling from urban Vancouver, speaks to its importance:



A growing body of research has illuminated the gendered differences in substance use for the homeless population.³⁸ Although men report more substance use, women and girls are far more likely to experience PTSD-related substance use.³⁹ Compounding substance use with homelessness and being a woman creates a harrowing experience of stigmatization:

Yep, we are people too. We have a disease. It is not our fault. We don't want to be doing this. We didn't choose this. We didn't say OK I'm going to be homeless today. And have nothing to eat and no place to go. Sticking needles in my arm⁴⁰ (Neal, 2004, p. 9).

Despite the prevalence and impact of substance use, there remains a shortage in specialized rehabilitation centers dedicated to women and girls experiencing homelessness⁴⁰ as well as a lack of clarity in reference to treatment and housing practices. In spite of Housing First including clear principles of harm reduction, there continues to be debate over the need for ‘treatment first’ interventions in which women work through stepwise interventions to reduce substance use and mental illness before securing long term stable housing⁴². Further evaluative research focused on Housing First programs for women perhaps can finally put this debate to rest.

“When women violate gender norms by using illicit drugs, they are represented as spectacular failures—callously abandoning babies or becoming bad mothers, worse wives, or delinquent daughters”⁴¹ (Campbell, 2000. p. 3).

e) Poverty

Poverty deprives women and girls of their basic needs, and stands alone as a traumatic experience. Poverty is defined as both economic and material deprivation.⁴³ Although there is no official measure of poverty in Canada, it has been understood as families who spend disproportionate amounts of money on basic needs, such as food, clothing, and shelter.⁴⁴ It is associated with downstream risk factors and social impacts such as high stress, pervasive powerlessness, poor physical health, social isolation and exclusion, emotional distress, and depression.⁴³ Poor mental health and its sequelae, coupled with limited financial, formal and informal supports have the potential to create a bottomless pathway into homelessness for women and girls.⁴⁵

[Poverty causes] “... a daily grind that leave women with scant energy to contemplate the possibility of transforming their conditions” (Murray & Ferguson, 2001, p. 12).

Women make up a disproportionate number of low income Canadians, and are at a heightened risk for poverty.⁴⁷ Some of this is attributed to gender roles and gender discrimination in the paid labour market, however poverty is often an outcome of an accumulation of lifetime disadvantage.⁴⁰ Poverty has been named the single leading cause of homelessness, with a lack of income or high



Adapted from Sekharan, V. (2015).⁵⁰

housing costs most often cited as contributing factors.^{48, 49} Trapped in a cycle of poverty, women and girls are forced to engage in acts of survival (e.g. sex, drug soliciting) to obtain income.

Countries need to enlist a national housing policy that is coupled with a poverty reduction strategy and re-entrance into the housing market to create and preserve safe, affordable housing, including giving priority to women at high risk.⁴⁷

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f) Common Recommendations

Common Pathways into Homelessness for Women and Girl's

a) Trauma

- Past or present violence or abuse^{1, 2, 3, 4, 5}
- Fleeing violence^{3, 6, 7, 8, 9}
- Past or present family adversity, dysfunction, discord, or breakdown in relationships^{3, 7, 10, 11, 12}
- Marital disruption^{13, 14, 15, 16, 17}
- Loss (e.g. death, culture, privacy, children)^{18, 19, 20, 21, 22}

b) Poverty

- Inability to afford rent due to low wage structures^{21, 23, 24, 25, 26}
- Inadequate social assistance & barriers to receiving social assistance^{12, 21, 27, 28, 29}
- Systematic and individual inequality (e.g. visible minority, unequal pay for males and females, rate of pay for “unskilled” workers)^{12, 13, 30, 31, 32}
- Limited employment opportunities or unemployment^{7, 33, 34, 35, 36}
- Limited job skills/limited work experience^{21, 28, 36, 37, 38}
- Low level of education^{39, 40, 41, 42, 43}
- Poor health (i.e. financial depletion due to health care costs, inability to work, disability, unable to afford medical coverage or cover the cost of prescriptions)^{8, 21, 24, 44, 45}

c) Lack of social support, exhaustion of social networks, or social isolation^{34, 35, 46, 47, 48}

d) Mental Illness^{11, 21, 30, 45, 49}

e) Substance use/ Addiction^{30, 38, 49, 50, 51}

e) Unstable housing

- Eviction^{22, 24, 45, 48, 52}
- Condemned or foreclosure^{22, 53, 54, 55, 56}

f) Inaccessible and inadequate social services, including:

- Strict eligibility criteria for service access^{21, 30, 53, 57, 58}
- Deinstitutionalization from custodial setting or mental or physical care health^{12, 35, 38, 59, 60}

As previously mentioned, many of the personal and structural elements that constitute pathways into homelessness also have the potential to serve as barriers to exiting homelessness. Presented below are commonly identified barriers to exiting homelessness:

Common Barriers to Exiting Homelessness

a) Traumatization from the Experience of Homelessness

- Impaired mental wellness^{61, 62, 63, 64, 65}
- Substance use/ addiction^{63, 64, 66, 67, 68}
- Fear of, or experience of re-traumatization (i.e. violence, shaming, lack of empathy)^{63, 68, 69, 70, 71}
- Deprivation of basic needs (e.g. sleep, food insecurity)^{12, 18, 21, 62, 72} and engaging in acts of survival (e.g. sex, soliciting drugs)^{36, 63, 68, 73, 74, 75}
- Stigmatization and discrimination^{19, 21, 30, 53, 63}
- Social isolation or exclusion^{21, 63, 65, 76, 77}
- Heightened stress^{21, 37, 65, 78, 79}

b) Hidden Homelessness^{19, 21, 45, 73, 80}

c) Lack of Affordable, Safe, Accessible, Adequate, Stable, and Supportive Housing

- Lack of housing (i.e. decrease in low income/subsidized housing stock, lack of options)^{21, 36, 81, 82, 83}
- Long wait lists^{53, 84, 85, 86, 87}
- Unaffordability (i.e. high rent, cost of housing)^{48, 82, 83, 88, 89}
- Unsafe^{53, 54, 76, 86, 90}
- Location (inaccessible to services)^{17, 21, 54, 91}
- Unfair or biased distribution of housing^{21, 76, 82, 86, 92}
- Non accommodating (e.g. disability, children)^{38, 53, 76, 92, 93}
- Uninhabitable or substandard housing^{53, 58, 64, 88, 94}
- Housing that prioritizes specific sub populations of women (e.g. pregnant, those with children)^{21, 22, 95, 96, 97}

d) Housing Policies/ Landlords

- Housing policies (e.g. payments to secure housing, damage debts, damaged credit, rental arrears)^{22, 24, 30, 97, 98}
- Judgment or discrimination, exploitation, abuse, disputes with landlords leading to eviction^{21, 24, 48, 53, 99}

e) Barriers to Exiting Poverty

- Lack of employment^{7, 21, 28, 100, 101}
- Inadequate income (i.e. does not meet basic needs)^{17, 21, 49, 76, 102}
- Refused, cut off from, inadequate, or ineligible for income assistance^{2, 4, 30, 53, 103}
- Lack of job training or life skills training^{21, 28, 36, 37, 38}
- Low educational level^{39, 40, 41, 42, 43}

- Systematic and individual inequality (e.g. visible minority, unequal pay for males and females, rate of pay for “unskilled” workers)^{12, 13, 30, 31, 32}

f) Service Related Barriers

- Lack of gendered services (e.g. do not accommodate children/grandchildren)^{20, 76, 94, 97, 100}
- Lack of educational opportunities^{2, 4, 21, 48, 104}
- Lack of employment opportunities^{2, 17, 21, 100, 105}
- Lack of information or knowledge of services^{30, 47, 76, 106, 107}
- Lack of, inaccessible, or unaffordable transportation^{53, 88, 106, 108, 109}
- Strict rules or eligibility criteria (e.g. no fixed address, sobriety before qualification, challenging paperwork)^{24, 30, 53, 54, 76}
- Discriminatory attitudes, lack of sensitivity, or unsupportive staff^{30, 69, 70, 110, 111}
- Fear of child apprehension^{19, 38, 53, 92, 112}
- Lack of integrated service models (i.e. service coordination)^{17, 30, 47, 99, 113}
- Fear of re-victimization in services (e.g. abuse in shelters)^{24, 30, 47, 71, 107}
- Unsupportive, un-protective or distrust of law enforcement^{48, 72, 114, 115, 116}
- Services are at capacity/ long wait lists^{2, 24, 30, 92, 110}
- Restrictive hours of services^{21, 86, 106, 108, 117}
- Lack of or inaccessible mental health^{48, 54, 118, 119, 120} physical health^{24, 48, 65, 87, 109} or addiction services^{1, 24, 48, 121, 122}
- Lack of services that meet basic needs^{8, 20, 105, 123, 124}
- Lack of services that meet the unique needs of the population^{21, 47, 82, 125, 126}

Common Housing Needs and Preferences

- Housing that addresses particular population needs (e.g. including gender specific, increased safety levels, accommodating children, location)^{17, 30, 94, 106, 127}
- Safe (including location)^{6, 17, 66, 69, 128}
- Secure^{17, 66, 81, 129, 130}
- Affordable (subsidized/social)^{125, 131, 132, 133, 134}
- Stable, long term or permanent^{2, 17, 69, 135, 136}
- Accessible (i.e. on public transit routes, close to services, and amenities)^{53, 83, 92, 131, 132}
- Adequate (i.e. eliminate sub-standard housing)^{51, 70, 125, 137, 138}
- Feeling of community^{6, 24, 82, 125, 139}
- Options or choice (e.g. shelter, transitional housing, different types of permanent housing)^{17, 81, 123, 125, 140}
- Flexibility in housing programs (i.e. less restrictive)^{24, 93, 125, 141, 142}
- Supportive housing^{83, 86, 125, 132, 143}
- Assistance with obtaining housing (e.g. intensive case management)^{30, 54, 125, 144, 145}

Common Suggestions for Housing Women and Girls

- Assess women individually and have options to accommodate individual needs (e.g. level of support required)^{48, 86, 125, 143, 146}
- Improved availability of affordable, safe housing (including private and subsidized)^{17, 24, 94, 125, 147}
- Be geographically close to services (i.e. including social supports)^{21, 22, 24, 125, 138}
- Provide more funding for housing^{30, 86, 125, 148, 149}
- Shelter and transitional housing available for those with high support needs^{6, 24, 45, 64, 150}
- Create rent controls, graduated municipal tax rate increases, rent subsidies, and rental assistance programs (e.g. start up funds, moving assistance, utility deposits)^{81, 138, 151, 152, 153}
- Prioritize housing for women and girls^{21, 24, 48, 64, 142}
- Make use of a Housing First model^{92, 116, 120, 129, 154}

Common Needs, Preferences, and Suggestions for Services

Broad

- Customized services that meet particular population needs (e.g. child services)^{21, 24, 30, 110, 155}
- Feel safe when accessing services^{1, 30, 66, 73, 92}
- Gendered services: Gender sensitive^{21, 30, 45, 59, 160} or gender specific^{19, 130, 157, 158, 159}
- Cultural sensitivity and competency^{21, 79, 99, 141, 161}
- Increase flexibility (e.g. rules, hours of operation)^{21, 38, 70, 106, 141}
- Improved social funding for services^{17, 24, 72, 110, 125}
- Improved information about services^{17, 21, 51, 136, 162}
- Inclusive (i.e. revision of eligibility criteria)^{63, 86, 106, 126, 143}
- Integrated and comprehensive (i.e. multiple services in one location)^{17, 24, 84, 118, 143}
- Improve collaboration and coordination amongst services (e.g. multi-agency context or networked)^{17, 21, 48, 58, 117}
- Democratic and open process that includes full participation of women in service design^{24, 28, 30, 163, 164}
- Welcoming environment that is individualized to the particular population and that has a sense of community^{57, 58, 86, 124, 163}
- Help to reduce isolation, stigmatization, and discrimination to create an anti-oppressive environment^{21, 53, 86, 165, 166}
- Awareness of, or attending to the presence of trauma^{22, 45, 58, 167, 168}

Service Providers

- Build trust^{62, 63, 168, 169, 170}
- Respect the rights, choices, and dignity of each individual (i.e. individualized, gendered care)^{51, 136, 162, 171, 172}
- Are nonjudgmental^{30, 141, 162, 173, 174}
- Ensure confidentiality and privacy^{162, 169, 174, 175}
- Provide respectful and equitable care that does not discriminate^{81, 138, 151, 152, 162}
- Make sure that women feel heard and understood^{70, 126, 176, 177, 178}
- Practice with sensitivity^{8, 70, 79, 168, 174}

- Advocate^{17, 21, 38, 136, 179}
- Are culturally competent^{21, 30, 51, 79, 180}
- Aware of resources and referral provision for particular populations^{21, 63, 99, 113, 135}
- Staff training to have the knowledge and skills to work with particular populations^{21, 26, 48, 54, 181}
- Use an empowerment and strengths based approach^{92, 113, 117, 150, 168}

Case Management

- Housing assistance and addiction support^{17, 54, 84, 179, 182}

Outreach

- Navigate services and provide assistance (e.g. wellness checks)^{17, 65, 84, 168, 183}

Physical Health

- Access to primary care provider and health care services^{1, 28, 30, 168, 184}
- Improve mobile/traveling/online clinic which provide holistic health services and meet women and girls in their locations^{20, 30, 79, 140, 183}

Mental Health

- Improved access to mental health services^{7, 61, 63, 150, 185}
- Counseling with trained counselors to meet particular population needs^{1, 17, 21, 30, 186}

Substance use/ Addiction

- Improved access to addiction services^{1, 7, 125, 151, 187}

Social Services

Income.

- Adequate social assistance (i.e. living wage)^{21, 99, 152, 188, 189}
- Improve minimum wage levels to support basic needs^{17, 21, 24, 28, 70}

Childcare.

- Affordable, quality and accessible childcare^{17, 21, 38, 53, 107}

Basic needs.

- Access to food^{30, 51, 83, 86, 110}
- Bathing facilities^{2, 8, 30, 86, 125, 129}
- Clothing^{83, 107, 125, 128, 190}

Transportation.

- Access to reliable and affordable transportation^{21, 53, 140, 191}

Emergency services.

- Supportive emergency services^{17, 21, 116, 192, 193}

Shelters

- Women only and improved security^{21, 30, 53, 70, 86}
- Improve access to information and link to other services^{21, 30, 32, 83, 194}
- Inclusive (i.e. less restrictive criteria/low barrier)^{2, 21, 24, 152, 194}

Employment

- Secure employment^{17, 21, 132, 151, 195}
- Job training^{1, 21, 28, 185, 196}
- Assistance with finding employment^{28, 58, 108, 135, 152}

Education

- Improve access to education^{21, 53, 152, 192, 197}
- Life skills training (e.g. financial planning, parenting, stress management, self care)^{53, 117, 125, 152, 168, 185}

Women and Girls Community Services

Support groups.^{24, 30, 120, 136, and 198}

Peer support.^{12, 51, and 70, 113, 150}

Faith/ Spiritual.^{12, 38, 70, 107, 168}

Social Support

- Familial and peer supports^{67, 130, 151, 199, 200}

Common Recommendations

- Increase awareness^{21, 24, 36, 125, 201}
- Prevention: focus on structural causes of homelessness, barriers to long term housing, and homelessness prevention (e.g. poverty reduction)^{21, 82, 86, 101, 202}

- Solutions: systemic level changes which shift the way in which social policies and programs are developed and implemented^{17, 21, 24, 30, 99}
- Creating solutions: top-down^{26, 33, 53, 86} and bottom up approach^{28, 86, 106, 140, 203} to help reform laws and policies to address inequalities and structural barriers and yield holistic solutions
- Address and eliminate the underlying factors that contribute to gender based oppression^{26, 70, 86, 203, 204}
- Housing: long term national housing plan, funding, and support that is inclusive of diverse and socially excluded groups to address the housing shortage^{24, 45, 53, 133, 205}

Common Suggestions for Research

- Increased qualitative research of particular populations of females experiencing homelessness^{4, 83, 107, 202, 206}
- More epidemiological and ethnographic data^{15, 36, 97, 103, 165}
- Feminist research to examine oppressive practices and policies that further marginalize females^{22, 47, 73, 86, 98}
- Evaluation of the effectiveness of housing strategies and service provision to create housing based solutions^{36, 54, 146, 201, 207}

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5. Population Specific Recommendations for Ending Women's and Girl's Homelessness

Please note that this list is not all-inclusive, however it aims to capture the broad majority of women and girls who are experiencing homelessness. Many of these particular populations overlap, as women and girls may have many simultaneous, and intersecting social locations that contribute to their experience of homelessness. Furthermore, it is important to consider that each woman and girl has differing personal experiences.

Recommendations are as follows:

- a) Women and girls with children;
- b) Young women and girls;
- c) Older women;
- d) Women and girls engaged in survival sex;
- e) Women and girls who have been trafficked;
- f) Women and girls involved in the judicial system;
- g) Women and girls who identify as LGBTQQQIP2SAA;
- h) Indigenous women and girls;
- i) Newcomer women and girls;
- j) Rural/remote women and girls;
- k) Women who have served in the military.

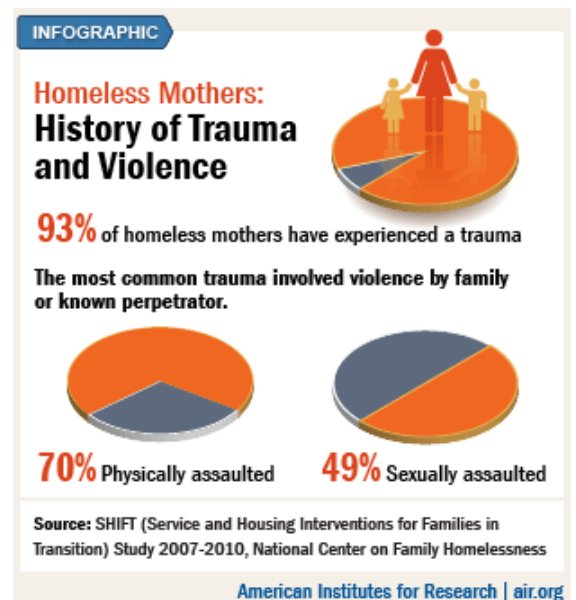
a) Women and Girls With Children

Motherhood has been identified as an encouragement, source of hope, and means to persevere in the lives of many women and girls experiencing homelessness.^{1,2} However, it is clear that the presence of children does not protect a woman or girl from becoming and remaining homeless. In one study, homelessness was identified as the most important predictor of mothers being separated from their children.³ Homeless families account for 34% of the entire homeless population,⁴ with at least 84% of these families composed of a single mother and her children.⁴ These mothers are more often younger than those of other homeless sub-groups, unmarried, of minority status (i.e. Blacks and Hispanics)⁵ and with more than one child.⁶

In addition to families that remain together in the experience of homelessness, it appears that the majority of women who are experiencing homelessness are mothers.⁷ Many do not live with their children. In an effort to protect the children they love, many women opt to place their children in the custody of others to shield them from the danger and trauma associated with homelessness and the shelter environment. Alternatively, many homeless women lose their children to state care in spite of all attempts otherwise.

While she was sleeping she was kind of whimpering. I thought she was dreaming, but she was actually freezing to death, so I reached over and touched her hand, and her hand was icy cold, so I had to remove her from the bus stop, and we went and laid the rest of the night at the grocery store doorway, because there was kind of warm heat coming through the bottom of the door, and I couldn't drift off to sleep (Milligan, 2012, p. 85).⁹⁷

The rates of traumatization, interpersonal violence, and poor physical and mental health are substantial for both mothers and their children^{8, 9} during experiences of homelessness. The most common pathway into homelessness for women with children is when women flee from abusive partners, with their children in tow.^{10,11, 12} Coupled with the devastating consequences of homelessness, mothers experience higher rates of substance use and poor mental health (particularly depression) than other women or the general homeless population.^{10, 13, 14, 15, 16} Many women do not seek help for these issues, and mothers and their children are becoming a large proportion of the hidden homeless population.^{17, 18, 19} Family homelessness has received significantly more attention in the literature, when compared to other particular populations of women experiencing homelessness. In addition to common considerations for all women and girls, the following presents an overview of what is unique to women with children who are experiencing homelessness.



Pathways into Homelessness

- Provincial (Ontario) and federal (Canada) social assistance cut backs in 1996^{8, 20, 21}
- Foster care as a child^{2, 22, 23}
- Recent migration (e.g. moving to a bigger city)²²
- Cycling in and out of abusive relationships²²
- Doubling up with other families or friends in the same residence^{15, 24, 25, 26}
- Loss of employment when tending to childcare needs²⁷
- Pregnancy^{2, 28}
- Incarceration²⁹
- Parenting challenges (juggling multiple roles)^{1, 2}
- Harassment from neighbors¹⁹
- Destruction of possessions or home (e.g. fire)^{1, 30}
- Lack of rent control²

Doubled-up housing:

Sharing housing with other families or individuals because of a loss of housing or other similar involuntary situation

(Stewart B. McKinney Homeless Assistance Act, 1987)

Barriers from Exiting Homelessness

Structural

- Lack of a system or framework that appropriately houses families post homelessness²⁵
- Lack of housing to appropriately accommodate families^{31, 32}
- For women and children fleeing violence, housing is often provided geographically removed from the family's previous address. This disrupts service provision and social support networks³³

Political

- Lack of public awareness about homeless mothers and children³²
- Lack of a federal, standardized definition of homelessness³²
- Exclusion from the federal definition of chronic homelessness and subsequent ineligibility for several federally funded services³⁴
- Several policies which prevent women from contacting or reunifying with children³⁵
- No local data³²
- Criminalization of drug use³⁶

Service

- Heightened emphasis on service avoidance due to the fear of child apprehension^{13, 22, 37, 38, 39}
- Unable to access prenatal care⁴⁰
- Unsafe location of services^{11, 31}
- Interpersonal conflict with others in shelter^{2, 41}
- Distrusting of staff⁴² and conflict with case managers^{2, 5}

- Systems feel punitive, rather than helpful (e.g. high expectations and restrictions),^{1, 28, 31, 38, 43} focusing on individual/ behavioral needs rather than social/structural concerns²
- Service related time constraints or deadlines (e.g. one year for reunification with children after child services apprehension)^{44, 45}
- High demands of social services (e.g. paperwork)²
- Lack of childcare while searching for employment and housing²
- Reprimanded by staff in front of their children (i.e. diminished parental authority)^{27, 38, 46, 47}
- Staff involving themselves in parenting^{27, 38, 43, 46}
- Programs/ shelters being faith based³²
- Perceptions of middle class values being implemented on those who are low income (e.g. parenting)^{32, 48}
- Women felt too sick to access health care⁴⁹, or lacked medical insurance^{49, 50}
- Histories of trauma are minimized and not adequately considered^{28, 29, 51}
- Services may be ineffective in providing housing obtainment support²
- Non-dignity persevering services³⁸
- Fewer services for women of minority⁵²

Personal/Psychological

- Criminal record or poor credit history which impair access to federal funding and causes discrimination from landlords^{25, 49}
- Feelings of anger, shame, or impatience^{11, 19, 41, 53, 54}
- Helplessness^{44, 45, 46} and hopelessness^{45, 46}
- Separation from children.^{41, 55}
- Social exclusion^{19, 56}
- Unable to visualize a strategy to exiting homelessness⁴⁴
- Worry about their children being in the care of others^{41, 57}
- Lack of social support (loneliness) once housed⁴¹
- Negatively influenced by others in housing or services³²
- Developmental delays³²
- Unresolved trauma³²
- Ill prepared to work³²

Housing Needs/Preferences

- Heightened emphasis on safety (i.e. housing, services, supports)^{2, 31, 46, 58, 59}
- Independent/ private housing^{2, 36}
- Housing options that enable women to maintain/re-establish relationship with children (e.g. proximity to schooling for children)^{8, 18, 22, 38, 55}
- Ample space in home so that children of opposite genders do not need to share rooms³¹
- Longer access to intensive supports if required (rather than time limited, i.e. not discontinuing services after graduation from a program)^{25, 31, 46}
- Feel proud of their home and their surroundings⁵⁶
- Housing programs that are linked to employment, training initiatives, childcare and transportation²

- Housing choice voucher program (Section 8)²
- Income support for those families that are doubled up⁶⁰
- Housing/ services within one's own community¹⁸
- Privacy¹¹

Suggestions for Housing

- Offer choice^{18, 61}
- Housing First^{2, 18, 31, 62} initiatives which can intervene when family is at imminent risk/ experiencing homelessness to help prevent family separation, and provide client oriented time frames for intensive supports and follow up services after graduation^{9, 31}
- Subsidized, supportive housing programs^{2, 20, 24, 33, 60}
- Temporary housing shelters⁵⁶
- Staffed Halfway Houses for women and children rather than child placement in foster care, in which child and mother nurturing, parental training, and safety monitoring can occur²⁸
- Continued support and services after securing permanent housing (i.e. follow up programs)^{46, 61} for entire family⁹
- Housing Coordinator⁵² or case management for service coordination, system brokering, and advocacy once housed^{52, 60}
- Work with landlords to negotiate payment plans and prevent evictions³⁸
- Tenant meetings³⁸ and services that provide tenancy support⁶¹

Needs, Preferences, and Suggestions for Services

Broad Recommendations

Personal.

- Create opportunities for empowerment, self-sufficiency, and rebuilding self esteem^{18, 28, 38, 41,}
- Address stress, powerlessness, social isolation, and exclusion^{63, 64}
- Enhanced support while children are in foster care (i.e. parent groups, faith)⁵⁷

Relational.

- Support contact with children³⁵
- Help women to rebuild relationships or rebuild social connection (i.e. friends, family, workers)^{38, 41, 64, 65, 66}

Service processes.

- Routine screening regarding housing status to identify those at risk and link them to appropriate resources^{9, 46}
- Unified data sharing system with a central intake that has a common assessment, triaging, and referral processes^{32, 67}

Programming.

- Meet basic needs as a priority before other interventions^{43, 49, 68}
- Ongoing staff training and support⁹
- Counselors or program leaders to perform outreach and develop rapport⁶⁹
- Offer respite care⁴²
- Attend to the diversity of parenting aspirations³⁵
- Respond to the needs of children (i.e. trauma, opportunities for recreation, supporting school attendance)^{10, 11, 22, 70} and the mother together⁷¹
- Engage in efforts to strengthen the resiliency of the family⁶⁷
- Working collaboratively with families to develop plans for housing⁶⁷
- Consider motivational interventions, or explore treatment desires to engage women in treatment⁷²

Model of service provision.

- Anti-oppressive¹⁸
- Harm reduction^{18, 73, 74}
- Caring, stable, empowering^{28, 65} and strengths-based^{38, 60, 67, 75, 76}
- Holistic⁷⁷
- Continuity of care⁶⁷
- Client-centered⁶⁷
- Trauma informed^{9, 18, 22, 37, 67}
- Rapid and responsive⁷⁸

Service Providers

- Integrate policy advocacy and research into practice⁶⁰
- Improve understanding of the lived experience to enhance understanding and advocacy^{43, 44}
- Work to respectfully navigate the barriers that may have been put up by mothers (i.e. prideful, tough love, resistance to change) to help them become accepting to help³⁸
- Assist women in building interpersonal skills⁶⁸
- Respect for a woman's pursuit of autonomy and independence⁶⁷
- Teach service providers how to effectively utilize humor⁵
- Balance a mother's independence and need for assistance⁴⁹
- Ability to refer directly to housing programs and temporary shelters⁷⁹
- Improved information about social inequalities⁴⁸
- Offer additional time in appointments¹²
- Breakdown therapeutic goals into smaller, manageable steps with realistic time frames⁴⁹
- Work through conflict/ negative experiences with women⁴⁹

Case Management

- Frequent in-house meetings with case workers³⁸
- Flexibility³⁸
- Develop a peer-like relationship characterized by friendliness and trust⁷⁴

- Attend meetings with landlords to support the tenant⁴⁹
- Link women to rent and utility payment programs and create plans for missed payment⁴⁹
- Help reframe subsidized housing as an opportunity rather than a failure⁴⁹
- Provide transportation for women to appointments⁴⁹
- Provide more frequent support at first (daily visit), and taper off over time (two calls/ week)⁴⁹

Outreach

- Psychiatric outreach model^{37, 80}

Physical Health

- Link women to needed services³¹ and provide on-site mental health support⁵¹
- Anticipatory guidance in relation to discipline and child development⁴⁶
- Prenatal substance use exposure prevention⁸¹
- Increase resources to ensure prenatal visits, care, and education^{52, 65, 82, 83} as well as antenatal care that involves screening for depression and debriefing^{12, 65, 71, 84}
- Enhanced prenatal and postnatal needs for women experiencing violence⁸⁴
- Wellness³⁸ and nutritional programming⁶⁵
- Information and counseling about reproductive health^{45, 85}
- Integrate risk reduction and violence intervention strategies⁸⁵
- Reframe traditional medical treatment adherence in the context of building safe and sustaining social support, including that in the formal provider–patient relationship⁵¹
- Help identify strategies for medication compliance and discuss fears about medications⁴⁹

Mental Health

- Treatment for traumatic stress^{10, 22}
- Monitor readiness for therapy related to trauma (i.e. stabilization in other areas of life)⁷²
- Residential services (outpatient therapy) following discharge from psychiatric inpatient treatment^{20, 41}
- Counseling for complex family situations³⁸ and couples counseling for interpersonal violence²⁸
- Awareness of high rates of post-partum depression^{84, 86}
- Assistance in coping with violent relationships¹⁰
- Encourage therapeutic activities (e.g. writing, reading)^{41, 47}
- Psychotherapy⁴¹ and psychoeducation⁹
- Outreach mental health services⁸⁷
- Consider spirituality in one’s mental health⁸⁸
- Recognize the chaos in women’s lives and organize goals into those that are manageable⁴⁹
- Priority interventions for those who are suicidal⁶⁸
- Reframe traditional mental health treatment adherence in the context of building safe and sustaining social support, including that in the formal provider–patient relationship⁵¹
- Mediation and conflict resolution⁶⁶

Substance use/Addiction

- Substance use self-help groups (e.g. Alcoholics or Narcotics Anonymous) ^{41, 89}
- Long-term, live-in, residential programs without formal length of stay restrictions and internal supports prior to transition into independent, affordable housing with ongoing supports⁸⁹
- Addiction counseling³⁰
- Create individualized plans between case managers and addiction treatment staff for pregnant/ mothers⁷⁴ (e.g. using harm reduction model) and allow women and girls to set their own goals⁸⁹
- Link chemically dependent women with community services to work on other issues apart from just substance use issues (comprehensive treatment approach) ⁷⁸
- Focus on healing the individual and the family⁷⁴
- Employment can help to support recovery³⁹

Child Related Services

- Improve the number of services for children^{11, 52}
- Reduced cost^{74, 90} or publically fund quality childcare^{60, 85}
- Flexible childcare hours to accommodate work schedules²
- Parenting classes/ support^{9, 25, 45, 46, 47}
- Supportive services to assist with disrupting the cycle of homelessness (e.g. intergenerational poverty) ³⁸
- Mental health services (e.g. counseling) for children^{18, 27, 36, 52, 67}
- Support from children's school systems^{2, 67, 91}
- After school programs and community based groups which promote affiliation and modeling (e.g. Big Brothers, theater arts groups) ⁴¹
- Head Start/ Early Start programs^{9, 60}
- Medical care for children (e.g. immunizations, monitor growth and development) ^{7, 52}
- Once housed, children require child centered spaces and developmental services⁹

Social Services

Social funding.

- Improved/ more spousal support⁹⁰
- Improved, less punitive social assistance (e.g. financial aid, welfare) ^{20, 38, 55, 90}
- Improved number of social services⁹⁰
- Expand health care coverage²⁰
- Clear, accessible information of available financial benefits⁴³

Basic needs.

- Telephone⁵³
- Furniture³⁸
- Hygienic items for infants (e.g. diapers) ⁷

Emergency services.

Police.

- Incorporate mental health services for victims of violence⁸⁰

Shelters

- Improve shelter culture (i.e. empowering, therapeutic)²
- Improved relationship with shelter staff⁶⁸
- Private living space^{11, 60}
- Mothers require small periods of time to have privacy from their children in order to grieve and not expose children to this emotional distress⁴⁶
- Safety for children⁴⁶ and child appropriate areas⁶⁸
- Opportunities to connect with social network⁶⁰
- Ability to exercise autonomy,⁶⁰ parental authority, and discipline⁴⁴
- Supportive services available at shelters (e.g. mental health services, case management, support groups, detox, medical clinic)^{41, 44, 57, 72}
- Eliminate rigid rules to help support women and family cohesion^{5, 7, 35, 38, 45} and prevent eviction⁵²
- Accommodate individual and personal needs (e.g. more frequent meals due to diabetes, child on tube feeds)³⁸
- Encourage women living in shelter to provide feedback about in-house programs^{2, 47}
- Provide opportunities for women to talk about the conflicts that arise in communal living situations^{2, 47}
- Encourage supportive relationships amongst those living in shelter⁵⁷
- Coordinated housing programs and intensive case management in shelters²
- Orientation to those new mothers who arrive with teaching regarding maintaining files and documents, maintaining appointments and applications for social assistance²

Employment

- Opportunities to gain work experience⁹²
- Collaborative decision making about schedules²
- Support and goal setting, access to resources to achieve goals³⁸

Volunteerism

- More opportunities to volunteer at the services that assisted them out of homelessness⁴¹

Education

- Schools should incorporate mental health services for victims of violence⁸⁰
- Efforts to promote the completion of high school and delay pregnancy⁹³
- Child care at secondary schools²

Women's Community Services

Peer support.

- Buddy arrangement with peers to seek housing and employment⁴⁴
- Peer community workers⁸³
- Include in-services to help mobilize women (i.e. success stories)⁴¹

Faith/ spiritual.

- Address the spiritual needs of women as appropriate⁵
- Spirituality may be an important coping strategy^{5, 38, 44}
- Spiritual practices (e.g. prayer, church)^{41, 46, 47, 67, 94}
- Spiritual related groups⁴¹
- Churches can offer basic needs provision (e.g. food, clothing)⁵⁷
- Linking a residential treatment facility to a church congregation to reduce social isolation⁶⁴

Social Support

- May want reunification with family^{30, 95}
- May require parental support^{51, 80}

Judicial

- Improved coordination between courts and services³⁰

Other

- Consider novel ways to help ensure safety for women and their children (e.g. SOS application launched by the Ending Violence Association of BC)¹⁸
- Family advocacy programs^{51, 67}
- Small acts of kindness⁴¹
- Humor⁵
- Programs that offer lightly used furniture⁴⁹
- Consider programs with aggression reduction strategies and using nonviolent means to discuss issues to reduce violence⁵⁸

Housing First

Support for a Housing First initiative was cited several times throughout the literature.^{2, 9, 39, 62} Program examples can be found in Appendix A.



Housing First program example:

- SHIFT: Service and Housing Interventions for Families in Transition



Supportive housing programs:

- The Mother's Project⁷⁰
- Thresholds³⁹

Trauma Informed Care

Trauma Informed Care was identified and recommended as a service model/ philosophy several times throughout the literature.^{9, 18, 22, 37, 67} The following example of a trauma informed care model and guidelines for service implementation can be found in Appendix A.



Trauma Informed Care service model:

- Vincentian House
- Guidelines for implementing Trauma Informed Care

Recommendations

Macro Level

- Urgent action to gauge the extent of this problem from a national perspective, gathering data from stakeholders and identifying partner agencies that are willing to collaborate on addressing this problem¹⁴
- Lobby the government for increased individual and organizational support to create tailored, appropriate services⁵⁶
- Systems based response that addresses gaps and lack of coordination in services³¹
- Homelessness prevention services (i.e. interim mortgage payments, emergency rent, security deposits, utility assistance)⁶⁰
- Work to end intergenerational violence and poverty³⁸
- Increase collaboration among researchers, activists, policy makers, academics³² and homeless families by instituting roundtable discussions as a standard part of shelter programs⁴⁷
- Improve services, benefits and community level changes⁶⁰
- Address funding for family homelessness³²
- Increased accessibility to human rights legislation, procedures and advocates⁵⁶
- Explore the perspectives and values of current elected officials and political stakeholders/ decision makers³²
- Explore the barriers as perceived by local public policy makers in implementing federal mandates³²

- Policy should be developed to reflect that treatment and recovery are lifelong processes that require careful planning and service integration²⁵
- Mental health and substance use support should be a priority for this particular population⁹⁶
- Extend Child Protective Services deadlines (greater than one year)²⁸

Meso Level

- Improve awareness to develop a shared vision and community-wide effort (i.e. broad dissemination)³²
- Improved communication, review of reunification goals, and positive visitation between child protective services, mothers, and foster parents⁴¹
- Document and encourage women to discuss their experiences of interpersonal discrimination and share their respective strategies for coping⁴⁷
- Creative ways to utilize limited resources³²
- Revisit community plans to end homelessness and assess its vision, goals, strategies, and priorities in light of the current social and political environment³²

Research

Methodology

- Participatory action research as highly recommended³²
- Incorporate the views of formerly homeless women and children⁶¹
- Research groups with the multiple perspectives of housing administrators, providers, and workers, child protective services, shelter workers, and homeless families²
- Creation of conceptual and methodological frameworks appropriate for women³⁸

Housing

- Further exploration of child safety with parents using substances in Housing First models³¹
- Longitudinal examination of the transition from shelter to independent housing and family reunification⁴¹
- Test whether longer term support services are associated with greater housing stability as well as improved substance use outcomes⁶²
- Longitudinal research to identify whether a lack of social support is a cause or consequence of homelessness,⁵⁷ as well as the different nature of social support that is received by housed and homeless families⁵⁷
- More research in reference to service-enriched or rapid re-housing²

Services

- Assess burnout amongst service providers¹³
- Examine service providers' perceptions of mothers experiencing homelessness and their beliefs about service delivery¹³
- How schools can best identify and intervene with children experiencing homelessness³²

- How to improve stable employment and eliminate intimate partner violence³⁹

Population

- Parenting skills⁷² and strategies for homeless females with children⁹⁰
- Studies with those who have cognitive impairment (e.g. mental illness, disability)⁴¹
- Relationship between creative expression, spirituality and relapse prevention⁴¹
- Qualitative studies that further understand the racial, ethnic, and cultural barriers in exiting homelessness^{32, 42, 61}
- Grounded theory studies with populations with disabled children, and residing in different climates²⁴
- Relationship between spirituality and mental health⁷⁵
- Further research within the framework of stress and coping^{71, 94}
- Current management of health problems and clinical interventions to improve the management of health problems⁴²
- Explore reasoning that women have for little desire for treatment⁷²

Reflection

- Study samples are often recruited from services and likely do not represent those families that are part of the hidden homeless population
- Several of the studies that referenced spirituality were majority African American samples; reiterating the potential importance of this for this particular population

Summary

Women and their children are not immune to homelessness. Interpersonal violence is the most common pathway into homelessness, with other potential causes including social support cutbacks, living (or doubling up) with other families, destruction of one's home, recent migration, loss of employment to tend to children, incarceration, and conflict within one's current living situation. For young mothers, becoming pregnant or leaving foster care are common pathways into homelessness.

Several structural, political, service and personal barriers exist to prevent one from exiting homelessness. More prominent barriers include: a lack of housing suitable for female-led families; punitive, rather than supportive, policies in services mothers and their children; services that do not accommodate children, or provide opportunities for social engagement and autonomous parenting; and feelings of shame, helplessness and social exclusion.

Due to the high incidence of violence in the lives of mothers, there is a heightened emphasis on the need for safe housing. Women and girls with children also identified the importance of housing that accommodates and supports the wellbeing of their children. For example, housing that is close to one's school, is in a safe location, and has ample space so children of opposite genders have separate bedrooms. Mothers identified the importance of housing programs that

are linked to supports, with a heightened emphasis on the need for employment, childcare, and transportation.

There is significant mention of utilizing a Housing First model for this particular population, with some evidence of its efficacy. Subsidized, supportive housing programs were also suggested several times in the literature. For particular populations of mothers, (i.e. post incarceration, or those with a mental illness) transitional housing with supports was identified. Temporary housing shelters and halfway houses for women, girls, and their children were suggested to support the prevention of child apprehension by providing short-term, interim housing prior to permanent housing placement. Housing coordinators and case managers were identified as integral to women with children to help them navigate the system and obtain housing.

Mothers need services that are supportive of their efforts to be parents, recognize their strengths and resiliency, and support and assist them in achieving their goals. Services need to accommodate and attend to the needs of children, and provide integrated, coordinated service provision that attends to physical and mental health needs (including addiction). Women need basic needs provision, social funding, supportive and conducive shelter environments, and opportunities to improve their education level and employment skills. Spirituality and social support were paramount in supporting women out of homelessness. Trauma informed care was suggested several times throughout the literature as an important model for services to adopt.

Acknowledgment and commitment at both a national and community level is essential to effectively intervene and prevent woman-led family homelessness. Further evaluation of housing and supportive services, as well as participatory and phenomenological research to effectively provide for this particular population has been suggested.

Appendix A

Housing First program example: SHIFT

The National Center on Family Homelessness. (2015). *SHIFT- Service and housing interventions for families in transition*. Retrieved from the American Institutes for Research website: <http://www.familyhomelessness.org/shift.php?p=sm>

Trauma Informed Care service model: Vincentian House

Mercy Foundation. (n.d.) *Women trauma and homelessness*. Retrieved from <http://www.mercyfoundation.com.au/site/index.cfm?loadref=142>

Guidelines for implementing Trauma Informed Care

Prescott, L., Soares, P., Konnath, K., & Bassuk, E. (2008). *A long journey home: A guide for generating trauma-informed services for mothers and children experiencing homelessness*. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; and the Daniels Fund; National Child Traumatic Stress Network; and the W.K. Kellogg Foundation: Rockville, MD.

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b) Young Women and Girls

Young women and girls (12-25 years old) may experience homelessness and although it is unknown how many are in this situation,¹ by way of example the young female homeless population in Vancouver grew from 21-27% between the years 2008 and 2011.² It is estimated that between one third and one half of the urban street youth population is female.³ It has also been identified that the age in which all youth are becoming homeless is decreasing.¹ Young women and girls experiencing homelessness represent a group that has been under-researched⁴ and considered difficult to contact for researchers,^{5, 6, 7, 8} due to a pursuit for safety and self-preservation (i.e. both hidden and transient).^{9, 10, 11}

Most young women enter homelessness as a result of a disruptive childhood.¹² For example, one study noted that 70 % of girls living on the streets had left home due to violence.¹³ This was a common theme throughout the literature, with early sexual violation frequently discussed as preceding further sexual victimization and engagement in survival sex in young adulthood.^{6, 10, 13, 14, 15} This violation of a girl's body taught them early on that by virtue of being female, their body was a sexual object to be used and abused.¹³ Violence becomes normalized for many young women, shaping their understanding of the female identity and heightening their vulnerability to harm as they grow and mature into adults.

I thought it was the way life was. Because in the neighbourhood I grew up in, it was nothing to see a woman dragged, knocked down, stomped, and beat. And there was no safe house, there was no shelter that a wife or woman could run to and be protected. So, many women, including my mother—they stood there and they took it. But I saw a lot of women die as a result of being abused. I would tell my mother, he's killing her over there, Ma. And she'd say, leave it alone. So I took on that generational trait. You were just supposed to take it (Wesely, 2009, p. 97).

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Young women are in a unique phase of their lives as they confront emerging adulthood^{3, 16} and transitions that bring about several hardships.¹² High levels of cumulative victimization³ and adversity 'pile up' in adolescence and impair developing identities.¹² Furthermore, girls and young women experiencing homelessness may confront: being systematically denied access to basic determinants of food, shelter and safety;¹⁷ becoming pregnant at a young age;^{6, 12, 18} and being subject to ongoing victimization¹⁹ which can gravely affect the healthy development into adulthood.^{12, 20}

This review of the literature identified significant intersection with those women who are engaged in survival sex, have experienced trafficking, and are of a sexual minority, as many of these experiences are common to young women and girls. Significant emphasis on sexual health and the experience of young motherhood was also noted. As such, there is potential for overlap amongst mothers who are experiencing homelessness. In addition to what is common amongst multiple populations, the following presents an overview of what is unique to young women and girls who are experiencing homelessness:

Pathways into Homelessness

Personal

- Heightened emphasis on leaving home due to a dysfunctional^{3, 4, 7, 19} abusive,^{4, 10, 18, 21, 22} impoverished upbringing^{4, 12, 13}
- Parental neglect^{11, 23}
- Parental influence on negative behaviors¹³
- Children's reports of abuse being discounted or not believed¹³
- One or both parents having a mental illness or addiction^{4, 12, 13, 24}
- Feeling a sense of disconnection from family, culture or community⁴
- Eviction from home due to unplanned pregnancy or behaviour^{3, 6, 18, 19, 23}
- Frequent family moves or residential instability (i.e. accustomed to displacement)^{4, 12, 23, 24, 25}
- Prematurely exiting high school^{12, 19, 26}

Structural

- Exit from child welfare system (i.e. foster care, group homes) due to strict regulations, substandard living conditions, discrimination, and risk of re-victimization^{12, 23, 27}
- Abuse in state run facilities such as youth prisons and child welfare agencies²⁷
- Removal from child welfare services at age 16 years old and ineligibility for adult welfare services until the age of 18²⁷
- Escaping abusive intimate-partner relationships^{2, 13, 19, 23, 24}
- Lack of transition housing for girls who are homeless and escaping violence²⁷

Barriers from Exiting Homelessness

Service

- Non-dignity preserving services⁸
- Age of/confusion about consent^{28, 29}
- Strict housing programs which do not allow flexibility (e.g. accommodating employment)¹⁶

Personal/ Psychological

- Do not identify oneself as being homeless³
- Inability to maintain service connections due to frequent mobility¹¹
- Premature exit from high school^{6, 23, 25}
- Few opportunities to develop life skills and transition into adulthood when homeless (including parenting skills)^{6, 11}
- Dependent living situations with older males⁸
- Over-confidence in domestic abilities which can lead to unsuccessful tenancies³⁰

Structural

- Restricted access to safer, public spaces (e.g. eviction from parks, malls)¹⁰

- Youth street culture^{10, 27}
- Involvement in criminal activity^{3, 12, 20, 31} or being a victim of crime^{4, 10, 14}
- Criminalization of acts of survival (e.g. survival sex)^{2, 8, 27}
- Inability to access services, health or other identification cards due to no fixed address^{7, 9, 29}
- Age related restrictions in obtaining housing¹⁰, social funding or services (e.g. shelters)^{3, 27}
- Emphasis on the inability to obtain employment due to age, lack of references, unable to look presentable or be well rested^{6, 10, 12, 25, 32}
- Inability to access computers or the Internet (i.e. information poverty, social exclusion, digital divide)⁷
- Child welfare system imposing white, middle-class values on families struggling in poverty (i.e. taken into services for neglect, rather than acknowledging poverty)²⁷
- Gap between child and adult welfare services in Canada for those between 16- 18 years old^{3, 23}

Political

- No national anti-homelessness strategy that recognizes gender²⁷
- Federal funding for programs is often short-term²⁷

Housing Needs/Preferences

- Social support while trying to find housing¹⁹
- Most homeless youth want self-contained units where adult supervision is not imposed, but where relationships with supportive individuals and organizations are available³
- Transitional housing for trust development³³ and for those who require more stability or have higher needs³
- Transitional safe houses as the emergency response for girls escaping violence²⁷
- Separate housing for young women living with addictions and those who do not use substances²⁷
- For young women with addictions, housing should use a harm reduction model and facilitate access to treatment²⁷
- Need safe and stable housing and services to ameliorate mental health issues⁶
- Housing managers and staff who are trained to effectively prevent the dynamics of suppressive gender relations³
- Near family if desired³⁴ and near frequently utilized services³

Suggestions for Housing

- An adult mentor was considered helpful in rehousing female youth³⁵
- Short-term safe houses for girls³⁶
- Supportive life skills programs to improve young women's eligibility for an independent living program¹¹
- Advice about their tenancy conditions and rent obligations³⁰

- Employment and transitional assistance to low income young people setting up households for the first time³

Successful housing programs entail: ³⁷

- Client involvement (i.e. offering personal control)
- Facilitate and acknowledge cultural relevance
- Interagency collaboration for consistent protocols and resource sharing
- High quality staff that are trained and enjoy working with young people



See Appendix B for a roadmap for creating a girl's feminist housing strategy in one's community,²⁷ and an extensive overview of current youth housing programs,³ service and housing suggestions.

Needs, Preferences, and Suggestions for Services

- Safe spaces- both physical and virtual where they can talk openly and honestly^{4, 7}
- Continuity of care and the development of long term, caring relationships⁷
- Better access to computers and internet to participate in online communities^{7, 8} and access information^{7, 31}
- Female only²⁷
- Hire more diverse groups of women²⁷
- Understand the importance of peer accompaniment to appointments^{29, 38, 39}
- Promote employment and education⁶
- Help to foster resilience¹²
- Attention to developing healthy identities for girls and women¹³
- Long term services (two-three years) that combine housing provision, with health, mental health and educational services to help whether the transition to adulthood³
- Supports and interventions developed to reflect cumulative violence exposure and victimization, pregnancy, and homelessness¹⁹
- Better models to help improve service engagement²⁴

Service Providers

- Trained in general knowledge of the health of homeless youth²⁸
- Positive role models⁸
- Help to foster self-awareness, pride, agency, and a sense of spirituality³¹
- Strength based perspective/ model,^{11, 15, 40} which emphasizes positive goals and protective mechanisms¹²
- Treat young women as autonomous and capable, recognizing their self-efficacy and status as independent young adults^{8, 15, 41}
- Provide parenting support, guidance, and link to parenting classes²³

Physical Health

- Quality⁸, private⁸, and consistent health care¹⁵
- Trusting provider-patient relationship¹⁵
- Cleanliness of physical care spaces⁸
- Innovative models of care that are youth focused¹⁵
- Websites that are easily accessible and provide reliable information⁸
- Want to be treated like adults by health care professionals⁸
- Female health care providers¹⁵
- Treated as experts on their own bodies and lives^{8, 41}
- Treat women based on life course stage, not maturity level¹⁵
- Stop, listen to, and believe young women^{15, 41}
- Engage in general health teaching (i.e. empowerment)⁴¹
- Validate that young women understood what was discussed²⁹
- Take into account that this population prefers self care¹⁵

Sexual health care.

- Need more sexual education,⁸ sexual health programs,⁶ and sexual health services that are attuned to their life context¹⁵
- Sex-positive counselling or informal care provider-patient relationships²⁸
- More information to make smart and informed decisions about sexual behaviors based on one's own preferences and desires¹⁵
- Teach skills about negotiating sexual encounters safely and with agency⁴²
- Interventions that aim at increasing assertive communication skills, paired with consistent social support¹⁵
- Offer street and shelter based self-care education seminars⁴³
- Access to contraceptives^{14, 18}, lubricant¹⁴, and pregnancy tests.⁶ It is suggested that pregnancy tests be available at drop in centers and shelters free of charge.⁶
- Birth control options that accommodate the challenges of homelessness^{39, 41}

Maternal care.

- Increased, population specific, prenatal care⁴⁴ with access to required nutrition⁶
- Discussion of woman's relationship with father and stresses while providing prenatal care¹⁸
- Provision of support and resources for men and women during prenatal experience¹⁸
- Deeper understanding of the challenges young mothers experiencing homelessness may face (e.g. substance abuse, poor mental health, violence)¹⁸
- Safe, free abortion services¹⁷
- Deliver non-judgmental, honest and supportive counseling on termination options¹⁷
- Screen for mental health concerns and housing status²³
- Interdisciplinary home visitation teams for young mothers²³
- May need an increased amount of support when compared to adult mothers²³
- Ongoing support to help balance multiple roles²³

Mental Health

- Services to address emotional health⁴⁵

- Mental health services for mother and child⁴⁶
- Group counseling⁴⁶
- Assistance with coping with parental divorce where required¹²

Substance use/Addiction

- Voluntary detox services and residential and non-residential addiction treatment programs specifically for teenage girls²⁷
- Services provided by community and health agencies²⁷
- Holistic: respond to the multiple issues that girls face (e.g. violence) ²⁷

Street Outreach

- Provide resources about services¹⁴
- Should occur in multiple settings (i.e. not just high risk areas for sexual exploitation) ¹⁴

Social Services

Social funding.

- Immediate referral to existing social funding support⁶

Childcare.

- Respite services for children (including those with special needs) ^{31, 47}
- Assistance from family where appropriate²³

Basic needs.

- Hygiene supplies¹⁴ and feminine hygiene products^{14, 39, 41}
- First aid kits¹⁴

Shelters

- Screen for mental health concerns²³
- Provide housing support, job training, practical life skills¹²
- Many young women prefer to align with young men more than adult women in shelter due to a strong peer orientation and distrust of adults³
- Gender and culture sensitive²⁷

Education

- Alternative educational programs designed specifically for homeless girls^{23, 27}
- Training for teachers, school administrators and personnel in relation to issues of poverty sexism, racism, and homophobia²⁷

- Shift from employment training focus to that of education²⁷

Social Support

- Positive and supportive role model⁸
- Encourage and support girls relationships with their mothers and female family members²⁷
- Parental support^{18, 31}
- Attention to repairing mother-daughter relationships⁴⁴

Judicial

- Restorative justice²⁰

Other

- Programs for parenting skills³¹
- Mentoring programs to bring together older women and pregnant young women who are/have been homeless⁶
- Life skills programs in which young women can engage in role play to problem solve in a safe environment with an adult. This is followed up by simulation in the real world¹¹ (i.e. banking)
- Safe spaces where women can express themselves (i.e. art, music, literature and dance)⁸
- Women's groups which respond and be active in the fight for girls equality²⁷
- Community projects to recruit feminist foster moms²⁷

Housing First



In this review of the literature there was no mention of the use of a Housing First intervention specifically for young females who are experiencing homelessness. That being said, there are Housing First initiatives for women that are inclusive of those 19 years or older (see Appendix B: The Vivian). However, identified housing suggestions that align with Housing First principles include:

2. Immediate access to permanent housing with supports: The need safe and stable housing and services to help ameliorate mental health issues⁶; an adult mentor³⁵

4. Social inclusion, self sufficiency and improved quality of life and health: Supportive life skills programs to improve young women's eligibility for an independent living program¹¹; given advice about their tenancy conditions and rent obligations³⁰; employment and transitional assistance to low income young people setting up households for the first time³

Trauma Informed Care

Beyond the recognition of the likelihood of severe and pervasive trauma in girls and young women experiencing homelessness, there was no identified mention of utilizing a Trauma

Informed Care Model for this particular population. Suggestions and guidelines, that are not gender specific are listed below, and may be useful in helping to inform strategies (Appendix B).



- Trauma Informed Care service models for homeless youth⁴⁸
- Trauma Informed Care for child welfare and youth residential facilities⁴⁹

Some of the suggestions and preferences identified throughout the literature that would support a Trauma Informed Care approach include:

3. Safety: Create both physical and virtual safe spaces where young women and girls can talk openly and honestly^{4, 7}

5. Empowerment, voice, and choice: Acknowledge that this population prefers self care and provide teaching in order for them to make autonomous decisions¹⁵

6. Peer support: Understand the importance of peer support in accompaniment to appointments^{29, 38, 39}

Recommendations

- Apply an obligatory perspective (owing justice to disadvantaged populations)²⁰
- Appropriate legislative, administrative, social and educational measures to protect young girls from all forms of violence; supports for the child and those in care of the child who has experienced violence; appropriate measures for identification, reporting, referral, investigation, treatment and follow up.²⁰
- Girl specific homelessness action/ protocol²⁷
- Development of a homeless girls specific convention²⁷
- Recognition of girls rights in international law³⁶ and funding for girl specific advocacy²⁷
- During public safety debates, it should be asked: To what degree are street youth conceptualized as part of the community or as citizens and worthy of public safety measures¹⁰
- Gender specific youth homelessness policy²⁷
- Decriminalization of survival acts and institutionalization for street based protection²⁷
- Consider the role of non-parental relationships in bolstering the social capital of young people⁷
- Create strategies for the inclusion of the very young, the hidden homeless population, and those with serious mental health deficiencies.⁷
- A Special Rapporteur on the Rights of the Girl Child must be appointed by the United Nations to guarantee that there is a mechanism for challenging breaches of girls' human rights at the international level²⁷
- For those who have been abused: consider the need for additional supports such as; more in-depth assessment, treatment, and placement services through multiagency coordination of case management; services that are flexible and forgiving in their assistance with education and employment programs; living arrangements that are different from the group homes they may have run from⁵⁰
- Strengthening the relationship between vulnerable groups and the wider community²⁰

- Strategies for the inclusion of the very young, the hidden homeless population, and those with serious mental health deficiencies in research.⁷

Research

- Capture the narratives of those service providers working with this population and those within the population to help bridge this gap and create better services⁷
- Compare and contrast the needs of adult and young mothers so that services can better accommodate both of these populations²³
- Further explore developmental issues of young mothers²³
- Examine both the rates of violence exposure and homelessness among pregnant and parenting adolescents, and the relationships between violence exposure, homelessness, school and resilience in order to better design services¹⁹
- How to avoid tactics that intensify the experience of social exclusion such as criminalizing homelessness¹⁰
- Public safety strategies that consider the safety of all citizens¹⁰

Reflection

- Limited evaluation of housing or service initiatives, and therefore multiple suggestions exist with limited understanding of effectiveness
- Vast majority of the literature grouped young male and females, as ‘youth’ with no gendered analysis

Summary

Unquestionably, young women and girls most often find themselves homeless as a result of leaving or being evicted from a dysfunctional, abusive, and/or impoverished family. Family strife can occur for a number of reasons, but most commonly discussed in the literature are the loss of a family member, insecure finances leading to residential instability, mental illness, and addiction. For young women and girls, being subject to abuse, experiencing an unplanned pregnancy, and prematurely exiting school are also common pathways into homelessness. For girls and young women in the custody of the child welfare system (i.e. group homes, foster care), it is not uncommon for them to flee what can be a substandard, discriminatory, and dysfunctional setting in order to seek refuge on the streets.

An extensive number of barriers were identified for young women and girls in trying to exit homelessness. Young women and girls are frequently part of the hidden homeless, relying on social networks to obtain shelter. Avoidance of services is a common experience for young women. Perhaps most salient however, is the weak social capital and exclusion that is a risk for women. Without supportive others, employment, or the life skills to assist them out of homelessness, young women and girls may become absorbed into the youth street culture. Here, being a victim of crime and engaging in illegal activities of survival (e.g. survival sex, panhandling, squeegeeing, drug exchange) are common, and further distance young females

from exiting homelessness. Several funding policies and laws also exacerbate inequities for youth experiencing homelessness.

Apart from what is noted across multiple populations, young women and girls experiencing homelessness identified safety as the priority in their housing needs. A focus on both privacy and independence, as well as peer support and gaining social capital is very important for young females experiencing homelessness. The majority of youth prefer self-contained units where adult supervision is not imposed, but where relationships with supportive others and organizations are available. There is a divide in preference for co-ed or gender specific housing. Transitional housing has also been identified as important for this population.

Common to most females experiencing homelessness is a lack of program evaluation, and therefore, limited housing-focused suggestions exist. The following were noted however to help support young females in successful housing: safe houses, adult mentorship, supportive programs that help develop life skills and independence, information provision, employment, and financial assistance.

An emphasis on sexual and prenatal health care was evident in service needs. Young females need positive, supportive service workers who use a strength-based approach and value their autonomy and knowledge as young adults. Furthermore, parenting, life skills, education, and employment were listed as important services for young females experiencing homelessness.

Limited discussion of Housing First or Trauma Informed Care service models were identified in the literature for this particular population. Recommendations are centered on homelessness prevention, improving services, advocacy, and eliminating unjust policies that act as barriers for young women and girls in exiting homelessness. Identified considerations for further research are vastly related to service needs and social inclusion.

Appendix B

The Vivian

Scott, F. (2013). Vancouver british columbia: The vivian. In S. Gaetx, F. Scott, & T. Gulliver (Eds.), *Housing first in canada: Supporting research network communities to end homelessness*. Retrieved from http://www.homelesshub.ca/sites/default/files/Vancouver_HFCaseStudyFinal.pdf

Trauma Informed Care service models for homeless youth

The National Child Traumatic Stress Network. (n.d.). *The community trauma treatment center for runaway and homeless youth, children's hospital los angeles*. Retrieved from <http://www.nctsnet.org/about-us/network-members/community-trauma-treatment-center-runaway-and-homeless-youth>

Trauma Informed Care for child welfare and youth residential facilities

California Center of Excellence for Trauma Informed Care. (n.d.) *Resources*. Retrieved from <http://www.trauma-informed-california.org/resources/>

Housing initiatives that have demonstrated success with evaluative reports

Medeiros & Vaulton, 2010. *Strengthening at-risk and homeless young mothers and children*. Retrieved from <http://www.familyhomelessness.org/youngmothers.php?p=ss>

Foundational documents

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c) Older Women

Older women who are homeless are relatively invisible on the streets and in the research literature.^{1, 2, 3} Due to the limited amount of literature, the characteristics and needs of older people experiencing homelessness have been vastly overlooked.^{2, 3} There is an even smaller body of literature that discusses how this population has successfully exited homelessness and obtained housing.^{4, 5} Similar to other particular populations of females experiencing homelessness, this deficit in research has been associated with the hidden nature of women's experiences of homelessness.^{4, 5} Hiding from the street culture, services, and supports in place for those experiencing homelessness has become a means of self-preservation and survival for many.⁷ Older women have also echoed a parallel self-perception of the hidden nature of their lives, cast from society and forced into reduced visibility:

"I became an invisible person before I got to the shelter... but now I'm completely invisible. I no longer have a worthy place in society. I am invisible" (Hightower, 2010, p. 103).⁴³

Like their younger counterparts, older women are largely a part of the hidden homeless population due to a fear of re-victimization.⁸ Being female, homeless, and of older age, constitute associations of being in the margins of society.⁸ Furthermore, high rates of poverty, mental illness,^{3, 9, 10} being a victim of violence,^{3, 7, 11, 12} and having physical health issues further jeopardize older women as others perceive them as being easy and non-threatening targets of crime and victimization.⁸ Although older women's pathways into homelessness and experiences while homeless may be similar to those of younger women, their needs are different.¹³ Apart from reduced visibility and the lack of a standardized definition of homelessness, there remains debate over the age limit used to describe the elderly homeless.² These factors make prevalence markers significantly challenging to obtain.²

The commonly accepted definition of senior or older adult in the homelessness literature is an adult over the age of 50 years old.¹⁴ The majority of the literature in this review utilizes this age cut off, however one study utilizing a sample of those aged 45-65 years old was included due to its rich contribution.⁵ This age cut off has been supported, as the older population experiencing homelessness ages at a faster rate and experiences more health comorbidities than similarly aged adults in the general population.¹

Research has reported that women comprise approximately 20% of the nation's older homeless population.¹⁶ Although the elderly constitute a small percentage of the total homeless population in North America, their absolute homeless numbers are increasing.¹⁵ This has been the topic of significant concern for the future, as the baby boomer generation ages and their needs for financial support and health care increase.^{1, 10, 17} As such, the proportion of elderly experiencing homelessness is expected to rise.¹³ Similar to other particular populations of females experiencing homelessness, the literature has grouped older women's experiences of homelessness with that of males, and as such, several studies of the homeless 'elderly' exist, without a gendered analysis. Only the experiences of women were included in the overview below.

In addition to what is common amongst multiple populations, the following presents an overview of what is unique to older women who are experiencing homelessness:

Pathways into Homelessness

The great majority of homeless older adults have not had an easy life. Their lives have often been punishing and painful. They came into homelessness by many different paths, almost all of which, one way or another, stem from being poor and marginalized (The Greater Vancouver Shelter Strategy, 2013, p. 7).⁴⁴

- Relationship breakdown in older age (i.e. separated, divorced or widowed)^{9, 17, 18, 19, 20}
- Substance use with a heightened focus on alcoholism^{5, 9, 10, 13}
- Mental illness, including dementia and memory issues^{5, 9, 10, 17, 19}
- Heightened emphasis on health deterioration due to aging^{17, 20, 21, 22}
- Difficulty maintaining the home environment or housing accidents (i.e. deterioration of housing conditions)^{5, 10, 22}
- Forced retirement,^{5, 18} limited workforce participation during adulthood (i.e. few resources),^{20,} ²³ outliving limited pensions and retirement savings,^{3, 18, 20} and ageism in the workforce^{3, 5, 20}
- Financial vulnerability (e.g. minimal income assistance between the ages of 50-62 years for women in the United States)^{3, 5, 17, 20, 24}
- Increasing cost of living, diminished community resources, and reductions in retirement benefits²⁵
- Lack of coping skills to adjust to life changes (i.e. stressors)^{3, 5, 19, 21}
- Disputes with roommates or roommates who are a negative influence in shared living accommodations⁵

Barriers from Exiting Homelessness

Personal/Psychological

- Victim of crime or traumatic injury⁸
- Less likely to report domestic violence related to learned behavior of silence (i.e. suffering in silence), or the consequences of doing so (e.g. financial insecurity, fear of isolation, caregiver responsibilities, estrangement from children)¹²
- Confusion between elder abuse and domestic violence¹²
- Mental illness (including dementia or presence of psychotic symptoms)^{9, 10}
- Lack knowledge of the law and the entitlements available^{26, 27}
- Inability to reconcile credit problems²¹
- Apathetic, discouraged, and demoralized due to several housing losses²⁸
- Difficult transition from chronic homelessness to housing because of acclimation to condition
- Declining mental health once housed (i.e. resurfacing trauma)⁵
- Developed a sense of loneliness, disconnection, and an inability to trust and build relationships as a result of homelessness³⁰

Structural

- Few residential options for older women with a mental illness¹⁰
- Agencies are ineffective in providing housing support¹⁰
- Rejecting shared housing or shelter due to fear of stigmatization, perceptions of danger (fear of younger residents) and restrictive criteria^{10, 31}
- Resistance to accepting healthcare and services^{12, 19, 32}
- Patchwork system of health care services²⁹ and lack of specialist care³³
- Disability or health concern that renders one unable to work²¹
- Lack of employment or job training programs that meet the needs of older women³⁴
- Services are inaccessible due to disability³¹ or inappropriate (i.e. noisy, crowded)¹²
- Staff shortage¹⁰
- Service models that are designed as 'one off' services to encourage independence⁴
- Not receiving adequate interventions and support when housed¹⁹
- Ineffective in providing housing obtainment support¹⁰
- Unsupportive housing²⁹

Housing Needs/Preferences

- Independent arrangements¹⁰
- Linked to community social services⁵
- Housing that can accommodate medical care (i.e. home care support) and support women with daily needs (i.e. laundry, meal preparation)²⁹
- Older women with addiction find it challenging to maintain sobriety while living with others who are using substances⁵
- Supportive housing facility with other women demonstrated reduced level of substance dependency and increase women's perceptions of support⁵
- Privacy³⁵

Suggestions for Housing

- Develop an affordable housing strategy for older women³⁵
- Improve social housing for seniors (i.e. federal responsibility)³⁵
- Carefully listen to women's needs and strengthen their resolve to emerge from homelessness (i.e. individualized)²¹
- Encourage full participation and make the entire process of finding housing person centered. Help to mobilize the strengths that make women resilient and bolster cognitive focus²⁰
- Remain considerate of social stratification and its relationship to power when designing housing interventions for older homeless women¹⁷
- In transitioning to housing, assess: beliefs and outlooks, motivation and readiness, plan of action, degree of personal support, personal internal resources, perceived barriers, degree of action employed to move out of homelessness, and the outcomes and progress realized from pursuing effective strategies of assistance²¹

- A supportive community that receives them and is responsive to their needs to help stabilize their situation and maintain tenancy²¹



Examples of effective housing programs for older women are included in Appendix C.

Needs, Preferences, and Suggestions for Services

- Free community services to help women meet basic needs (i.e. food, clothing, healthcare)⁵
- Simplified applications for services³⁶
- Ensure that services are accessible to older women¹²

Service Providers

- Routine screening for intimate partner violence and referral to violence programs that consider the unique needs of this population³⁷
- Assess disruptions in one's social stability network¹⁸
- Assess faith and spirituality²⁵
- Assess strengths and needs²⁰
- Appreciate the issues that each woman prioritizes as important²¹

Case Management

- Available for each woman²⁹
- Better trained in issues related to the aging process³⁶ and how to work better alongside older adults³⁶
- Comprehensive and intensive^{5, 10, 29, 36}

Physical Health

- Respite care for those not sick enough to be in hospital, but too sick for shelter²⁹
- Bringing health care to the population (i.e. outreach, congregated areas)²⁹ with routine health visits¹¹
- Link shelters to local hospitals for primary and specialty care²⁹
- Working in interprofessional teams²⁹
- Consistency, continuity and respect²⁹
- Improved coordination: shared patient information between services²⁹
- Free or subsidized medications¹³
- Mobile services (i.e. clinics) or transportation to health care services^{5, 13}
- Sexual education (e.g. HIV, contraception)³⁷
- National health care system in the United States²⁹

Mental Health

- Family counseling³⁶

Social Services

Food.

- Meals on wheels, meal programs, or food banks^{5, 13}
- Food preparation²⁹
- Attention to nutritional needs^{5, 41}

Shelters

- Shelters that accommodate older women and not just families³⁸
- Women-only³⁶
- Safe for older women³
- Provide comprehensive support services designed to foster independent living skills³
- Assist with drug treatment⁵

Education

- Diet and nutrition teaching¹¹

Women's Community Services

Leaving domestic violence.

- Further education and program adaptation to attend to the unique needs of midlife and older women³⁹

Support groups.

- Quilting with other older women experiencing homelessness (i.e. cathartic, space for voices, strengthened interpersonal ties)⁴⁰

Faith/ Spiritual.

- Spiritual support²¹
- Maintaining spiritual and faith based practice^{20, 25}
- Utilize spiritual resources to help women cope with demands of homelessness, challenges of transition, and recovery from trauma²⁵

Social Support

- Interconnected social networks¹⁰
- Some women do not want support from family²¹

Other

- Programs that foster physical activity¹¹
- Arts based programs²⁰
- Interventions to help women develop skills in building social relationships (e.g. group work) and increasing personal control²⁴

Housing First

Despite no mention of Housing First initiatives in this literature review for this particular population, some of the suggested strategies for housing align with Housing First principles, including:

2. Immediate access to permanent housing with the support necessary to sustain it:

Supportive housing^{5, 29}

4. Social inclusion, self-sufficiency and improved quality of life and health: Supportive community;²¹ mobilizing women's strengths²⁰ and building confidence²⁴



The Leaving Homelessness Intervention Research Project aims to help older women emerge from homelessness and maintain housing. Principles of Housing First are included in this project (i.e. rapid, permanent housing) (See Appendix C).

Trauma Informed Care

Currently, the literature that relates to Trauma Informed Care for older women experiencing homelessness is in reference to those who have served in the military. Recognition of previous and current trauma in the lives of older women experiencing homelessness was present in this review of the literature. Furthermore, principles of Trauma Informed Care were evident in the literature, for example:

1. Mutuality and collaboration: Full participation and make the entire process of finding housing²⁰

3. Safety: Routine screening for intimate partner violence³⁷

5. Empowerment, voice and choice: Need to strengthen the women's self efficacy to help offset trauma²¹

Recommendations

- Respite care as a viable and less expensive alternative to prolonged hospital stays for older women who are homeless²⁹
- Revision of benefits for older adults,²⁰ including simplifying the application process³⁶
- Study the gendered causes of poverty among older women³⁵
- Raise income assistance and old age security rates³⁵

- Rescind plans to raise old age security eligibility age³⁵
- Law against evicting people over the age of 65³⁵

Research

- Detect the hidden homeless in order to obtain more accurate estimates of elderly homeless⁴²
- Give voice to older women experiencing homelessness and depression, as well as other health problems¹
- Better understand the housing careers of this group⁴
- Development of best practice models³
- Flexibility, frequency, and cooperation to meet the needs of participants, staff members, and facility criteria may be necessary to successfully engage this particular population in research²²

Reflection

- Majority of the literature examines pathways into homelessness and the barriers to emerging from it.
- Limited evaluation of current housing programs
- The service most commonly noted by this hidden population is that of food access.³ This should be considered in terms of outreach and collecting epidemiological data.
- Further study of a harm reduction approach in both independent and shared housing is needed to clarify how this would benefit older women with addictions
- Older women experience significant rates of mental illness (including dementia) and alcohol addiction and there was little mention of their service needs, or suggestions to improve their wellness, mental wellbeing, and substance use behaviour

Summary

Older women who are experiencing homelessness are often burdened with a lifetime of difficult and traumatic experiences. This population is vastly hidden, often refraining from accessing services and relying on social supports for shelter. Older women face financial instability due to ageism in the workforce, forced retirement, limited workforce participation, and outliving pension supports. For many, having relied on one's partner for income throughout one's lifetime can also cause financial strife when relationship breakdown or spousal death occurs in older age. Older women tend to have higher rates of mental illness amongst the homeless population, as well as substance use (i.e. alcoholism) and declining physical health. Some women find themselves confronted with life changes, heightened stress, poor coping skills, and a lack of social support, all which lead to difficulties in maintaining one's housing. There are a disproportionate number of African American older women experiencing homelessness in U.S. research.

Older women face many barriers to exiting homelessness. Not only are older women likely to be a victim to crime, injury or domestic violence, but they also face barriers such as a limited number of services that specifically meet the needs of older women. Older women can

experience internalized stigma, feelings of apathy, a sense of acclimation to a life without a home, and a sense of loneliness and disconnection- all of which may further prevent older women from accessing services. Finally, older women are confronted with restrictive income policies and little knowledge of their legal rights and entitlements. Mental illness and substance use can further impair one's ability to emerge from homelessness.

Older women without addiction need independent, private housing arrangements that have rent control, are supportive, and linked to community social services. Older women living with an addiction find it challenging to maintain sobriety while living in areas of substance use. Shared housing arrangements that can accommodate medical needs and provide support with daily needs are suggested.

Aside from housing suggestions noted across multiple populations, needs specific to older women must be carefully listened to in order to resolve the underlying causes of their homelessness. Using both a participatory and strength-based approach is important in uncovering readiness for housing. Older women require intensive case management, advocates, and supports in order to maintain tenancy.

Services need to be accessible to older women and assist in meeting basic needs. There was a focus on declining physical health in the literature, and thus several suggestions for services were in reference to physical health care. Improving shelters to adapt to older women's needs, attention to one's spirituality, and social supports were also important to older women. Service providers can have an influential role in assisting older women out of homelessness.

Despite no mention of Housing First or Trauma Informed Care models utilized in care for this particular population, housing and service needs and suggestions align with many of these initiative's principles. Addressing old age income, and further understanding the lived experience of homelessness for older women are important initiatives moving forward.

Appendix C

Examples of Effective Housing Programs for Older Women

Ama House

Building on promising practices across Canada for housing older women experiencing abuse. (2011). Retrieved from Atira Women's Resource Society website:
<http://www.atira.bc.ca/building-promising-practices-across-canada-housing-older-women-experiencing-abuse>

Osceola Villas in Florida

Washington, O., Moxley, P., Garriott, L., & Crystal, J. (2009). Building a responsive network of support and advocacy for older African American women through developmental action research. *Contemporary Nurse*, 33(2), 140-160.

Leaving Homelessness Intervention Research Project

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d) Women and Girls Engaged in Survival Sex

Survival sex involves those who have traded sex acts without the force, coercion or fraud of a trafficker¹ in order to meet basic needs, such as food, shelter, and clothing^{2, 3, 4, 5, 6} (i.e. material support), physical protection,⁷ and emotional security and stability.^{6, 7, 8} Survival sex is a very specific definition and is not synonymous with ‘prostitution’ or ‘sex work’ as women and girls do not *choose* to engage in this behaviour, but rather do so in order to meet basic needs and survive.⁹ Engaging in survival sex is often entangled with poverty¹⁰ and homelessness,^{7, 11, 12, 13} as a lack of income or safe and secure housing can act as a route into survival sex for women and girls, and they can be evicted for soliciting sex from their homes.^{14, 15} Just as no woman or girl chooses to be homeless, no one chooses to engage in survival sex.⁹ Many women and girls have courageously shared the unimaginable they have experienced in engagement in street level sex, and report pervasive feelings of regret and shame.⁵

“It is internally damaging. You become in your own mind what these people do and say with you. You wonder how could you let yourself do this and why do these people want to do this to you?” (Farley, 2003, p. 267)³⁶

Together with the risk of being female and homeless, survival sex increases women’s and girl’s risk for victimization, mental distress, substance use, and altered health and safety.^{10, 16} Furthermore, these women and girls are at high risk for loss of social services and social support structures.¹⁶ All of these factors leave women and girls engaged in survival sex and experiencing homelessness in states of extreme vulnerability.⁵

To date, the majority of research related to survival sex has focused on social risk factors and health outcomes (i.e. sexually transmitted infections [STI’s] and HIV).^{4, 7} Additionally, ‘survival sex,’ ‘sex work,’ and ‘prostitution’ are not well described, or consistently defined in the literature. Often, terms are used interchangeably. Literature included in this review was selected based on alignment with the aforementioned definition of survival sex. However, due to the limited amount of literature, those works that did not differentiate between these concepts were not excluded. The lack of literature has been attributed to the this particular population being increasingly difficult to access, due to their highly reduced visibility and the nocturnal nature of their work.⁴

A 2005 study suggests that upwards of 86% of women and girls engaged in survival sex are experiencing homelessness.¹⁷ When compared to housed women, trends from the last decade have demonstrated that women and girls who are experiencing homelessness and engaging in survival sex are more likely to be younger,^{12, 17} experience sexual violence by a non-commercial partner, engage in substance use,^{3, 4, 16, 18} have higher volumes of weekly clients, and more often engage in sex in outdoor spaces.¹² This demonstrates that one’s housing status can contribute to or exacerbate violence, or sexual and drug related risks and point towards the need for safer environmental interventions that mitigate homelessness and associated risks¹² (i.e. being housed).

In addition to characteristics common to all women, the following are unique to women and girls who are experiencing homelessness and engage in survival sex:

Pathways into Homelessness

- Exiting home at a young age (also known as being ‘runaway’)¹⁹
- Geographical region of housing- related to the woman’s proximity to the survival sex work culture (i.e. ‘slums’ or in downtown cores)¹⁵
- Eviction due to engaging in survival sex work as a means to obtain income^{14, 15}

Pathways into Survival Sex

- Meet basic needs (e.g. food, shelter, clothes due to homelessness and poverty)^{2, 3, 4, 5, 6}
- Being “scared” into sex (i.e. safety threatened if they do not engage in sex)²⁰
- Protection on the street (i.e. being associated with a male)⁷
- Seeking emotional security and stability^{6, 7, 8}
- Exposure to the survival sex street culture^{7, 21}
- Peer influence⁵
- Gendered expectations of homelessness and feeling a sense of personal responsibility for managing homelessness⁷
- Engaging in survival sex (agreeing to exchange) to avoid the perception of being raped⁷

Barriers to Exiting Homelessness

Structural

- Lack of harm reduction services available²²
- Lack of flexibility in service appointments⁸
- Excluded from services due to nocturnal lifestyle⁸
- Do not prefer to access services that do not permit drug or alcohol use as sobriety can trigger poor mental health⁸

Socio-political

- Heightened emphasis on prostitution laws and police discrimination (i.e. fear of law enforcement) as barriers to service and housing access^{12, 16, 23, 24, 25}
- Stigmatization of engaging in survival sex^{7, 16, 21, 25, 26}

Personal/Psychological

- Fear, shame, and guilt^{26, 27}
- Feel at fault for one’s situation³
- Disempowered and worthless³ (feel their needs are inconsiderable)
- Learn to normalize their conditions³
- Do not have life skills and resources to effect change³
- Feel too overwhelmed to access services after periods of crisis⁸

- Leaving behind a network of familiarity – women and girls develop relationships, routines and status and feel connected to their social and spatial environment⁸

Housing

- Feeling lonely, isolated, and bored without employment when housed⁸
- Women and girls in temporary housing with other females who exchange sex felt it was a challenge to leave this network or culture⁸
- One's own housing can act as a magnet for criminals or manipulators (e.g. drug users taking over accommodation once housed)⁸
- Housing has the potential to feel overwhelming as they face challenges with their role, self-worth, and identity⁸
- Being evicted from housing accommodation or being discharged from supports because of an inability to meet rigid rules¹⁰

Housing Needs/ Preferences

- Youth and gender specific supportive housing models²⁴
- Do not want to live by oneself until they consider themselves stable⁸
- Transitional housing to help establish trust²⁸
- Women-only single room occupancies (independence with support networks)^{15, 27}
- Revise curfews and guest policies¹⁵
- Adequate and secure foundation before one can address interrelated issues⁸ (e.g. mental illness or substance use)
- Housing support workers²⁹
- Harm reduction in housing programs (e.g. Housing First)²⁹

Suggestions for Housing

- Attend to the individual's definition of home (e.g. safety, freedom, personal space) and their needs in terms of intimate relationships⁷
- Variable housing options: ranging from low threshold transitional shelters to support housing models¹²
- Drug free area without other women engaged in survival sex with increased attention to social supports and interpersonal changes (e.g. solutions to address feeling of isolation or boredom, address uncertainty of identity, role, self esteem)⁸
- Providing money for material items and supports for emotional needs⁸
- Collaboration between public policy makers, health professionals, and urban planners to develop long-term, non-exploitive housing options¹⁵

Needs, Preferences, and Suggestions for Services

- Integrated, multi-agency services with specialists in the area of survival sex^{4, 9, 10, 27}
- Ensure services promote healthy engagement and relationships with adults³⁰

- Understanding of the shame and guilt women and girls experience³⁰
- Early intervention for women and girls on the street³¹
- Aim to increase women's empowerment and reduce social marginalization²⁶
- Efforts to address the lack of social support in each intervention¹⁶
- Screen regularly for housing status and associated risks¹⁰
- Take small steps of change to make transitions⁸

Service Providers

- Health care provider's (HCP's) need increased training regarding asking questions about and responding to disclosure of survival sex, and the practice of self-induced abortions³⁰
- Awareness of the internal and external resources to developing viable alternatives to survival sex³⁰
- Assist women and girls with applying for government subsidies¹⁰
- Employ service providers who reflect the ethnic, cultural, and linguistic diversity of the women and girls being served¹⁰
- Workers need to listen carefully for subtle disclosures and requests³²

Suggestions for working with girls who have been sexually exploited: ³³

- Approach women slowly and carefully in building relationships with them and talking about violence
- Focus first on building trust
- Respond to the social and economic conditions that force women into survival sex
- Respond to survival sex as a form of violence against women
- Careful, patient, flexible, age appropriate and feminist approach
- Help girls imagine life beyond survival sex and sexual abuse
- Encourage (re)admission to a girl's transition house
- Advocate for girls and challenge the many institutions that have failed them

Case Management

- Accompaniment to appointments at the onset of service provision to assist with transportation and act as an advocate^{10, 29}
- Suggestions for intensive case management for this particular population can be found in Appendix D.

Physical Health

- Emphasis on physical health care needs in the literature due to women's sexual risk factors^{17, 24, 26}
- Improved access to contraceptives^{10, 15} and information about safer sex practices²¹
- Teaching negotiation skills to help women and girls convince men to wear contraceptive³⁴
- Reliable transportation for health care appointments¹⁶
- Attention to physical health care needs of this population (i.e. prenatal care, sexually transmitted, infections, HIV/AIDS, skin related infections, malnutrition)³⁰

- Access to safe, legal abortions³⁰
- Dental care²¹
- Health promotion and risk reduction¹⁶
- Reminder notices and follow up after every health encounter¹⁰
- Consider psychosocial needs, and allow them to take precedence over physical needs¹⁰

Mental Health

- Attention to the mental health needs of this population (i.e. screening for and treating anxiety, depression, and issues with sexual identity)¹⁰
- Mental health care providers should avoid pathologizing women and girls³⁰
- Need assistance in developing a healthy sense of self³⁰
- Crisis intervention²⁶

Substance use/Addiction

- Strong emphasis of addiction support (e.g. detoxification) as this is deeply intertwined with survival sex^{9, 16, 18, 29, 31}
- Harm reduction services¹⁰

Outreach

- Outreach workers are considering novel venues and Internet outreach as strategies for connecting with this population³²
- Peer led outreach strategies¹²

Social Services

Social funding.

- Secure income, or social funding²⁴

Basic needs.

- Healthier food²¹ (i.e. less sugar and starch)
- Fresh water²⁶

Emergency services.

Police.

- Programs that help reconcile incongruences between women and girls engaged in survival sex and police beliefs and practices²⁵

Volunteerism

- Acting as a peer support is of interest in terms of volunteer work²⁹

Women's Community Services

Peer support.

- Peer counseling^{16, 29}
- Learn from others who have lived experience²⁶
- Expand opportunities for women and girls to engage with one another in group settings²⁹

Social Support

- Ask women and girls to identify who is their support system²

Judicial

- Decriminalize survival sex^{8, 12, 24}
- Access to legal services²⁶
- Programs for those women and girls to understand their constitutional rights as citizens entitled to equal protection under the law when confronted with police maltreatment²⁵

Other

- Self-defense training^{17, 29}
- Sexual abuse prevention services³⁰
- Assistance with dealing with relationships²⁹
- Agencies which advocate for those engaged in survival sex¹⁰

Housing First



One Housing First program that has demonstrated effectiveness (i.e. women in program subjectively rated the program 9.5/10) is Edmonton's E4C Housing First program²⁹ designed for chronically homeless women and girls who have been sexually exploited. Important considerations and findings related to this Housing First initiative include:

- Intensive case management service delivery approach is effective and highly appreciated by women
- Women appreciate having choice in housing and services
- Housing has a positive impact on women's quality of life and sense of wellbeing
- Harm reduction philosophy
- Women expressed a desire for connection with peers who have had similar life experiences. Staff suggested more group programming.
- Continued income support and rental supplements are required for women to maintain their housing, despite a potential income increase

- Require ongoing opportunities to raise awareness of the Housing First program's approach and impact due to continued discrimination from service providers
- Housing stability did not appear to be related to substance use involvement and high-risk behaviour.
- Suggested intake screening programs to identify women's unique needs in order to match those with higher needs to more supportive housing programs
- Staff emphasized the importance of relationship building with women
- Staff felt caseloads were very heavy
- Staff suggested a third party to whom they could talk to, to help receive support
- Classes that help teach life skills and promote socialization (e.g. cooking, safety classes)
- Improved counseling
- Women require greater access to information about the program (written program orientation document)

Although there was no other mention of Housing First initiatives, some of the suggestions that support a Housing First philosophy in the literature include:

2. Immediate access to permanent housing with the support necessary to sustain it:

Supportive housing^{8, 24}

4. Social inclusion, self sufficiency, and improved quality of life and health: Adequate and stable foundation prior to addressing other issues such as mental illness or addiction⁸

Trauma Informed Care

There was no distinct mention of implementing a Trauma Informed Care approach with this particular population in this literature review, however indirect references to components of Trauma Informed Care were mentioned, for example:

3. Safety: Female care providers for women and girls with a history of trauma¹⁰

6. Peer support: Women and girls would like to offer, and receive peer support²⁸

Recommendations

- Education and awareness about survival sex¹⁷
- New approaches to addressing survival sex with an ethic of care⁸
- Effective interventions to address survival sex¹⁷
- Decriminalizing survival sex^{2, 8, 12, 24, 25}
- Harm reduction for sex exchange (i.e. reducing the visibility of survival sex by providing locations for this activity)^{2, 10}
- Provision of more earning potential and the formal and informal street economy so that survival sex work is not the only option³⁵

Research

- Improved understanding of the relationships young women have with their peers on the streets, as peers often influence women and girls into survival sex⁵ and can act as perpetrators of sexual violence³¹
- Improved understanding of how the survival sex cultural environment both produces, and results from, particular normative practices that reflect deeper gendered realities²⁵
- Women engaged in survival sex only housing options need to be piloted and evaluated to reduce exposure to violence by intimate partners and strangers as well as to mitigate sexual risks among street based females engaged in survival sex (i.e. harm reduction)¹²
- Better understand the transitions women and girls engaged in survival sex make in exiting this form of sexual exchange and exiting homelessness⁸
- Deeper understanding of the multiple factors that lead to conflicts with landlords or neighbors and ultimately result in evictions²⁹

Summary

Survival sex is a means to obtain basic needs, physical protection, and emotional security and stability for women and girls who are experiencing homelessness.

Some of the most common barriers to exiting homelessness for women and girls who are engaged in survival sex are: avoiding services due to the criminalized nature of survival sex; exclusion from services; deeply ingrained feelings of assimilation into the survival sex culture with an inability to feel capable of a life outside of it; economic considerations and cost of basic needs; and profound feelings of shame, stigmatization, and guilt.

Women and girls prefer female-only, clustered or multiple occupancy supportive housing, with their own single room. In this sense they are able to have some level of privacy and independence while maintaining social support opportunities. Women and girls feel as though they need some stability before entering into housing, and need to be in an area removed from other survival sex workers and the broader survival sex culture.

To effectively house women and girls engaged in survival sex it is important to consider their unique personal preferences, as well as material and emotional needs.

Service provision emphasizes the need to address psychosocial, addiction, and physical health concerns specific to women and girls engaged in survival sex. A coordinated effort to improve holistic well-being is necessary- beginning with prevention, early intervention, and flexible, accepting, non-discriminatory, caring service provision. Integral to this particular population is the need to attend to building healthy social relationships, and empowering women and girls to reconnect to a life outside of survival work (i.e. attending to feelings of worthlessness, blame, guilt, and a lost identity).

Further exploration of a Housing First and Trauma Informed Care model are required, however there is evidence in the literature that components of these models are effective for this population.

It is necessary to improve the economic status of women and girls so that they do not have to engage in survival sex in order to meet their basic needs, such as food and shelter. Harm reduction models for sex exchange and drug use are suggested, as well as the decriminalization of women and girls involved in survival sex.

Further critical, feminist, ethnographic investigation of female survival sex work is required. There is also a need for further testing and evaluation of housing strategies for this particular population.

Appendix D

Case management

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e) Women and Girls Who Have Been Trafficked

Experiences of homelessness put women and girls at risk of human trafficking, and many women trafficked into Canada enter into homelessness. It has been estimated that approximately 800 people are trafficked into Canada each year, with another 1,200 to 1,500 trafficked through Canada.¹ The United Nations (2000) defines human trafficking as: the recruitment, transportation, transfer, harboring, or receipt of persons, by means of threat, force, coercion, abduction, fraud, deception, abuse of power or a position of vulnerability, or the exchange of payments or benefits based on someone's exploitation² Exploitation includes the forced labor of services, slavery or practices similar to slavery, servitude, the removal of organs, prostitution, or sexual exploitation.² A person of any age, race, or gender can be a victim of human trafficking.^{3, 4, 5}

Despite common perceptions of human trafficking as the migration of people between cities and countries, human trafficking does not have to incorporate movement. Rather, a substantial number of victims being forced into human trafficking rarely travel any distance or cross any borders.^{4, 6, 7} Women and girls experiencing homelessness are preyed on by traffickers^{4, 8, 9, 10} and deceptively and violently recruited into trafficking¹¹, regardless of whether or not they already engage in survival sex.¹⁰ Human trafficking has been considered one of the world's fastest growing criminal industries¹⁰, with its biggest market in young, underage, 'runaway' girls.^{4, 10, 12, 13} More recently, it has been referred to as "modern day slavery" (p.1).¹²

If we want to end the exploitation and slavery of our most vulnerable youth, we have to dig deeper - we have to provide the necessary resources, shelter, and services for these young people so they realize someone out there does care about them and they do not have to give themselves to a life of being someone else's property⁹ (Heitkamp, 2014).

Like women and girls engaged in survival sex, those who are victim to human trafficking are similarly very difficult to access with supports due to reduced visibility.⁴ Women and girls who are victim to trafficking are part of the hidden homeless, often having nocturnal lifestyles; being held captive by their traffickers; experiencing overwhelming shame⁴; and having little capacity to seek refuge due to extreme and repeated experiences of forced substance use, violence, and cruelty.⁴ The nature of these circumstances contributes to the lack of research related to women and girls experiencing homelessness and human trafficking.

Similar to other populations, the literature often groups victims of human trafficking (e.g. "victims" or "youth"), without specifying any gendered differences. Due to the limited nature of literature surrounding trafficked homeless women, discretion was used, and those presumed to be discussing females were included in this overview. Additionally, mixed gender qualitative studies were read and only the data relevant to female participants were interpreted and utilized in this overview.

In addition to what is common to all women, the following presents an overview of what is unique to women and girls who are experiencing homelessness and human trafficking:

Pathways into Homelessness

- Being kicked out of one's family home^{10, 12}
- Running away from one's family home (i.e. 'runaway girl')^{10, 12, 13}
- Child welfare involvement and out of home foster care placement as a child^{12, 13}
- Being displaced from one's home and taken to unfamiliar areas (i.e. kidnapped or abducted) for the purpose of sexual exploitation⁴
- Leaving home seeking the promise of love or companionship^{8, 10}
- Provider (or home owner) becoming involved with the criminal justice system¹⁰
- Lack of adult guidance for young women and girls¹⁰
- Migration from another country^{4, 11}

Pathways into Human Trafficking

- Vulnerability due to homelessness¹⁴
- Being lured, charmed, manipulated, or involuntarily addicted to drugs (i.e. being groomed) by traffickers^{4, 10, 11}
- Someone known to the female becomes a trafficker (i.e. abuse of trust)¹⁰
- Traffickers forcing girls to recruit other girls¹⁵
- Engagement in survival sex¹⁰
- Feeling drawn, or pulled into a family or friend's illegal activity¹⁰
- Substance dependency¹³
- Living in an impoverished community¹³
- Disconnection from the education system¹³
- Outcome of sexual abuse (i.e. conditioned to expect something in return for sex)¹⁰

Barriers from Exiting Homelessness

Socio-political

- Lack of awareness about the true nature of trafficking (e.g. existing within North America, and it not being a 'choice to partake in prostitution')¹⁴
- Strict eligibility criteria, and lack of sufficient social funding for women and girls who have been trafficked^{10, 11}
- Inability to obtain employment (income) due to age, and lack of address¹⁰

Personal/Psychological

- Face physical health problems associated with malnutrition, violence and reproductive health¹⁵
- Loss of family support⁸
- Lack of self-esteem and distrust of others¹¹
- Difficulty reintegrating into mainstream society after escape from trafficking¹⁰

- Women and girls may have low levels of education and health literacy¹⁶

Service

- Non-dignity preserving services¹⁷
- Lack of long term psychological services¹¹
- No central system that can identify and count victims of trafficking, which leaves inaccurate data to inform budgeting and public policies¹⁰

Outcomes of Trafficking

- Caught up in a chaotic lifestyle (e.g. nocturnal, addiction, controlled by trafficker etc.)¹⁸
- Heightened emphasis on the fear of law enforcement^{8, 10, 11, 16, 19} and police abuse¹⁹
- Debts imposed upon trafficked women and girls by their traffickers^{11, 16}
- For those who have migrated to another country they may face barriers such as: a lack of services while in transit, lack of knowledge about the language or culture, and no access to identification documents^{11, 16}

Housing Needs/Preferences

- Immediate access to housing as well as medical and legal services¹⁶
- Housing locations unknown to traffickers¹⁵ and removed from addiction precursors¹⁸
- Improved flexibility and variety in housing provision¹⁸
- Shelters and foster homes are not necessarily appropriate settings; rather specialized settings that offer physical and mental health care, and support to be set on a pathway to a healthy, self-sufficient life²⁰

Suggestions for Housing

There is very little mention of strategies to assist housing women and girls who are victims of trafficking. Housing with supports was the only identified suggestion for transitioning individuals out of human trafficking.³ Some components of well-established housing programs are listed below (Appendix E).

“ If someone would have said to me, ‘I can make sure you are safe. You don’t have to do this. There is a place that is safe where you can stay;’ I would have left immediately.”¹⁰ (Gilbert, 2014, p.13).

Needs, Preferences, and Suggestions for Services

- Heightened need for safety and security¹⁵, which offers protection from traffickers¹⁴
- Demonstrate to women and girls that it is safe to leave their traffickers⁴
- Work to increase engagement with services¹⁸

- Screening tool for social services to help identify victims of trafficking¹⁰
- Access women and girls in safe and appropriate ways¹¹
- Partner with local survivors who can help tailor services to individual needs¹⁷
- Help women and girls set personal and tangible goals¹¹
- Work to assuage guilt and shame¹¹
- Improve coordination among service providers and create specific case management protocols (e.g. crisis intervention plans, health and safety protocols)^{11, 16}
- Strategies to help address frequent mobility¹¹
- Establish a trafficking experts database including consultants with hands on experience with victim services²¹
- Holistic care to help meet multidimensional service needs¹¹
- Strategies to overcome language and cultural barriers if applicable¹¹

Service Providers

- Use language that embodies dignity and respect (e.g. victims of trafficking)¹²
- Need to be highly knowledgeable about trafficking¹⁵
- Accompaniment to appointments to provide emotional support¹¹
- Patience²²
- Provide information in a way that each trafficked person can understand (linguistically and age appropriate)^{22, 23}
- Avoid contacting authorities without consent²³
- Regular support for service providers¹¹

Physical Health

- Long term physical health support²⁴

Mental Health

- Long term mental health support²⁴

Substance use/Addiction

- Heightened emphasis on addiction services for this population, as unique pathways into it exist (i.e. being forced to engage in substance use, or groomed)^{15, 24}
- Long term addiction support²⁴

Social Services

Emergency services.

Police.

- Training for law enforcement⁴
- Fund and develop victim sensitive procedures for police¹¹

Education

- Begin educating young males and females in elementary and secondary school about this issue⁸
- Schools can collaborate with human trafficking task forces in community to learn how to identify victims and how to connect them to resources⁸

Judicial

- Improve access to legal services^{12, 14, 16, 25}
- Ensure that prosecutors have the proper tools to protect minors and ensure that they receive adequate support and are treated as victims rather than criminals⁹
- Screen anyone arrested for survival sex for trafficking victimization¹⁰
- Witness protection programs¹⁶

Other

- Family reunification services¹⁵
- Youth development programs¹⁵
- Advocacy groups¹⁹
- Education programs for young men⁸

Housing First

No direct references to Housing First models were identified in the literature review for female victims of trafficking experiencing homelessness. However mention of Housing First principles and a review of well-established organizations with housing strategies include:

2. Immediate access to permanent housing with the support necessary to sustain it: immediate access to housing with supports³



Girls Educational and Mentoring Service (GEMS): designed for female youth (12-24 years old) and offers: short term and crisis care; court advocacy; transitional independent living and supportive housing; and holistic care management (i.e. mental health, counseling, health care, acquiring identification or benefits, educational needs, family intervention and assistance with employment)³ (Appendix E).

Trauma Informed Care

There was no identified mention of utilizing a Trauma Informed Care approach within review of the scholarly literature, however mentions of trauma and well established programs that utilize components of Trauma Informed Care were evident:

- Acknowledgement that trafficking presents a unique experience of trauma^{16, 17, 20}



Looking Glass Youth and Family Services: first priority is to immediately meet basic needs and build trust with women and girls who are victims of trafficking. There is recognition of the commitment it may take to build trust in a relationship due to the trauma that is involved in the female's life.⁴

Examples of suggestions in the literature that demonstrate support for Trauma Informed Care include:

- 1. Mutuality and collaboration:** Heightened feelings of a lack of control in which HCP's need to restore decision making power as quickly as possible, and provide ongoing information in reference to medical examinations^{22, 23} ongoing explanation of rights²² and principles of empowerment.²²
- 2. Historical, cultural, and gender issues:** Consideration of cultural norms, age, gender, language, and personal histories (e.g. use of creative/alternative therapies)²³
- 3. Safety:** Awareness of one's hypervigilance around being medically examined, mistrust of health care providers, anxiety about sitting in a waiting room with others, and fear of medical procedures²³



The Salvation Army Safe House for Trafficked Women: provides supported accommodation and comprehensive casework support for the full spectrum of one's needs while utilizing a model of Trauma Informed Care (Appendix E).

Recommendations

- Decriminalize survival sex^{8, 10, 17, 19}
- Widen eligibility for services and income assistance¹⁸
- Improve awareness^{6, 10, 11} of and education about trafficking¹⁷
- Strategies for trafficking prevention¹⁰ and intervention¹¹
- Equal legal protections for women who are no longer minors⁸
- Support for policy change (i.e. Victims of Trafficking Act of 2015, Through Trafficking Act of 2015)²⁶

Research

- Perceptions study about the relationship between street based sex and stigmatization¹⁸
- Formulate a translated document for migrant women and girls to inform them of information about health and trafficking, and investigate how to disseminate this¹¹
- Effective outreach¹¹
- Range of health outcomes that occur among trafficked women and girls¹¹
- Process of integration and reintegration amongst trafficked women and girls¹¹
- Procedures and guidelines for law enforcement¹

Reflection

- The majority of the literature is related to young women, and thus adult women were largely excluded from this overview

Summary

Human trafficking is strongly related to the experience of homelessness and most often begins during childhood, and young adulthood for women and girls.

The pathways by which women and girls become homeless and involved in human trafficking often occur as a result of family disruption (i.e. being forced to leave one's home, or fleeing from one's home), involvement in child welfare services, and forced migration from another country. Women and girls who are perceived as vulnerable are preyed upon by traffickers and are often forced, manipulated, coerced or 'groomed' into human trafficking.

Women and girls who are victims of human trafficking face many barriers to exiting homelessness. Similar to those engaged in survival sex, is the presence of complex trauma, and its effects on one's self esteem, identity, and feelings of worth. Women and girls may feel helpless and unaware of services, or fear making contact with them because of potential criminal consequences. Furthermore, they may find it challenging to reintegrate into society, due to discrimination and little financial or service-related support for them in exiting. For women and girls who have been subject to migration, this challenge is compounded with language and cultural barriers.

In reference to housing, women and girls who are victims of human trafficking require immediate housing with supports that is located in areas unknown to and distanced from traffickers. Female victims of trafficking also require housing that is located in proximity to trafficking specific services, and yet away from areas that may facilitate substance use (e.g. downtown areas).

From a service standpoint, women and girls most saliently require services that can assure safety and protection from traffickers. Services must work to demonstrate to females that it is safe to leave their traffickers to help improve service engagement. Furthermore, screening tools are suggested to help services identify who has been subject to human trafficking. Services must be sensitive to the unique needs of trafficked women and girls, which can be facilitated by listening to experts in the field and those with lived experience. Working to ameliorate feelings of guilt, shame, and stigmatization is a highly important component of care. There is emphasis on the need for legal and addiction services, as well as mental and physical health care that are culturally sensitive and help women to achieve their goals in moving forward. There is some evidence of the use of Housing First and Trauma Informed Care models in practice, both identified within the grey literature.

Important recommendations for the future include reevaluation of justice services and the decriminalization of survival sex. Improving awareness, prevention, and necessary intervention

for human trafficking is an important consideration moving forward, which funding, policy, and research can help to facilitate.

Appendix E

Examples of programs for housing victims of trafficking

Eaves- Putting Women First. (n.d.) *Eaves poppy project*. Retrieved from <http://www.eavesforwomen.org.uk/about-eaves/our-projects/the-poppy-project>

Covenant House. (2015). *New housing programs in toronto for sex-trafficked victims*. Retrieved from <https://www.covenanthouse.org/homeless-youth-news/new-housing-program-toronto-sex-trafficked-victims>

The Salvation Army safe house for trafficked women

The Salvation Army. (2013). *9. Human trafficking and slavery*. Retrieved from <http://www.salvationarmy.org.au/en/Who-We-Are/Publications-reports-submissions/Reports--Submissions/Statements-for-the-Federal-Election-2013/9-Human-Trafficking-and-Slavery/>

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f) Women and Girls Involved in the Judicial System

Women involved in the criminal justice system only emerged in the research literature in the 1980's. Prior to this time, there was a strong stereotype that those who were incarcerated were single males. Today, however, despite a decreasing overall crime rate, there are an increasing number of women in the judicial system. For example, as of June 2006, there were 203,100 women incarcerated in jails and prisons—nearly 10% of the total U.S. prison and jail population.¹ Women in the custodial environment (i.e. prison or parole facilities) are likely to be younger, single, and of a minority (i.e. Aboriginal)^{2,3} or visible minority.^{2,4} Furthermore, the rate of recidivism amongst women involved in the criminal justice system is increasing. Between 1997 and 2007 the rate of re-offense increased from 19% to 33%.⁵

Every time I have been released I have always started out on the street. Being left on the street it's easy to fall back into the street life. No place [to live] means back on drugs and do crime to support it—it's a vicious cycle
(Martin, Buxton, Smith, & Hislop, 2012).⁵⁰

Highly related to recidivism is one's experience of homelessness. Many of those released from prison end up experiencing homelessness, and inversely, many of those experiencing homelessness enter the custodial environment.⁶ Many women are inadequately prepared for independent living upon leaving the custodial setting, and without adequate supports such as income, housing, or social services, they are left to engage in criminal activity (e.g. survival sex, drug soliciting) as a last resort to meet basic needs.⁷ Women in jail are more likely to be homeless than men⁸ and approximately 76% of incarcerated women are known to have concurrent disorders⁹ amongst significant histories of abuse,^{3,10,11} and poor physical health.^{3,11} With little or sub-standard health related treatment in the custodial environment, few social supports, and the punishment and hardship that homelessness creates, it is of no surprise that the most salient factor for recidivism is related to drug use.^{11,12,13,14} For women specifically, the provision of housing post-release can reduce recidivism rates by 83%.¹⁵

Without housing upon exit from the custodial setting, criminalized women blend into the community's 'hidden homeless'.^{2,13} They rely on social support; couch surfing² and substandard living conditions- areas that are unsafe, unhealthy, and vastly unseen.^{3,10} Similar to other women who experience reduced visibility as a symptom of homelessness, there is limited research about women involved in the justice system.² One reason for this is that the majority of research being conducted is in federal prisons where women reside less often.³ Furthermore, there has been very little qualitative research in regards to their experience of reintegration back into the community¹⁶ and a dearth of evidence based (i.e. evaluative) studies in reference to effective housing models for this particular population.² Current literature has focused on pathways into homelessness and the judicial system and the barriers to obtaining housing. Little has been done in regards to resolving such issues.² As with the majority of populations examined in this guideline, a significant majority of literature groups the experiences of males and females involved in the criminal justice system, with limited gendered analysis.

In addition to what is common to multiple populations, the following presents an overview of what is unique to women and girls who are involved in the criminal justice system and experiencing homelessness:

Pathways into the Judicial System (or Recidivism)

- Homelessness^{17, 18, 19, 20, 21}
- Previous incarceration¹⁰
- Poor service provision in custodial environment²⁰
- Isolation, loneliness, and despair about the entrapment of poverty upon release^{3, 4, 10, 20}
- Social exclusion and internal stigmatization¹⁰
- Intentionally committing crime for re-entry into custodial environment to meet basic needs^{10, 22}
- Heightened emphasis on the criminalization of survival strategies (i.e. survival sex, drug soliciting, gang involvement, pimping others)^{17, 23, 24, 25, 26}
- Heightened emphasis of substance use and mental illness resulting from trauma as causes for recidivism^{2, 13, 19, 20, 25, 27}
- Separation from children (i.e. losing hope, feeling guilt, remorse, and shame)^{13, 28}
- Housing after release from custodial environment is typically in a low-income context that leads to potential re-offense¹³ or a rural area that creates challenges in fulfilling parole requirements²

“At least when you are in jail you get three meals a day and comfortable bed and don’t have to be on the street...People change on their own when they’ve got a little bit of self-respect and a place to be, to live. They don’t act badly just because they like it” (Neal, 2004, p. 4).⁵¹

Pathways into Homelessness (From Judicial System)

- Prior homelessness¹⁷
- Improper discharge planning, including being released without adequate housing^{2, 10, 13, 17} income^{17, 20} or connections to community services (e.g. healthcare)^{4, 10, 20, 21, 27}
- Ineffective custodial programs or services, including programs that were superficial and did not meet deep rooted needs⁴
- Limited ability to plan for housing (e.g. unable to call landlords, no housing workers)^{2, 13}
- Current interventions in custodial settings are not designed for the complex needs of women (i.e. housing, substance use, mental illness and history of trauma)²⁹
- Feelings of despair, powerlessness, remorse, and guilt in breaking the cycle between homelessness and involvement in the judicial system^{10, 11, 13}
- Trauma as a result of involvement in the judicial system³⁰

- Custodial environment experience fosters dependency and infantilization where women have few life skills, education, or employment skills to support themselves upon release^{2, 10}
- Exiting custodial environments without identification^{3, 4, 10}
- Little choice in housing arrangements^{2, 10}
- Kicked out of housing programs¹⁰
- Social support (e.g. OW/ ODSP) cut off while in prison which can lead to arrears on rent/ mortgage, debt, or eviction²
- Lack of knowledge about legal rights (e.g. housing, child protective services)¹³

Barriers from Exiting Homelessness

- Criminal record (either personal, or family member)⁴
- Few housing resources in the community for women exiting prison¹⁰
- Too few staff and volunteers available to escort women on passes into the community to help them make connections with existing services¹⁰
- Inadequate liaison between justice system, service providers, and policy makers^{2, 10}
- Few housing choices for women exiting prison¹⁰
- Stigmatization and discrimination (e.g. community services unwilling to come to custodial environment)^{4, 10}
- Heightened emphasis on distrust of services/authority due to negative experiences in custodial environment (including police)^{2, 17, 31}
- Limited access to harm-reduction¹⁷ and sobriety supporting services⁴
- Limited housing evaluation, including that of supportive housing models²
- Inability to obtain social assistance (e.g. ODSP/ OW) while in half- way house²
- Too few services for women of minority⁴

Housing Needs/Preferences

Broad

- Appropriate screening process to determine who needs a higher level of support¹⁰
- Housing plan that supports women in regaining access to the community^{2, 4, 11}
- Programs that facilitate access to the private housing market²
- Privacy (i.e. own room and bathroom)^{2, 3, 10}
- Independence, responsibility, feeling trusted, and being self sufficient^{2, 10}
- Safe places that are free of negativity⁴ where women can heal, learn, grow, and develop the life skills that they will need when they leave^{2, 10}
- Low threshold, low barrier, low demand models of housing²
- On site counseling and peer support¹⁰ that is voluntary³
- Stable resident population^{2, 10}
- 34% requested relocation to another city upon release²³
- 83% preferred housing exclusively for formerly imprisoned women¹⁸
- As women view home as relational, women want an area they can be proud of; an area that can be furnished and decorated²

Types of Housing

- Congregate/clustered and scattered transitional housing (i.e. staged housing)^{11, 23} that is flexible,^{3, 23} with appropriate management and systems², and accepting and supportive staff³ while women stabilize themselves².
- Women most commonly cited unstaffed private residence, however some preferred supportive housing with structured programs, flexibility, and few rules (i.e. low threshold), and others requested shared living where residents make decisions about chores and rules^{2, 10} Greater number of half way houses and the opportunity to opt for alternatives (i.e. with family, supported lodgings or home placements) to support immediate transition out of the institution^{2, 10}
- Satellite, low-cost or co-operative housing available to women coming out of houses or prison on full parole or mandatory supervision¹⁰
- Residential addiction treatment¹⁰ as a first step post release³² that entails four to five people transition groups¹⁰ and is clean and sober.^{3, 4, 33} Other women suggested housing that facilitates women who are still using.⁴

Particular Population Needs

- Mothers: safe, violence and drug free environment²; apartment²
- Aboriginal women: provide housing in remote, northern communities:¹⁰ scattered site model²
- Women with high support needs: congregate living²
- Maintain a focus on transwomen²

Suggestions for Housing Women

Broad

- Located out of dangerous areas, but close enough that women can stay in touch with their geographical and social community¹⁰
- Home support worker to assist high-need/high risk women¹⁰
- Develop a direct referral relationship between services and housing providers²
- Develop relationships with private market landlords²
- Develop safe beds for criminalized women with mental health organizations (e.g. CAMH)²
- Low threshold, low barrier, low demand models of housing supports²
- Provide housing support in areas that are not well served²
- Transitional housing for women in unsafe situations who do not have children/ for those who do not meet exiting criteria¹⁰. Program support and counseling in transitional housing.^{3, 11}
- Residential Centre to support the first stage of gradual re-entry into the community¹⁰



Housing programs for women who have left custodial settings can be found in Appendix F.

Needs, Preferences and Suggestions for Services

- Community based programs that assist neighborhoods to work with this particular population and to connect them with needed services¹³
- Direct involvement of criminalized women who can provide them with realistic expectations and practical support upon release (i.e. peer support)¹⁰
- Need for a continuum of treatment with follow-up after-care in the community, including improving the communication between custodial services and community services¹⁰
- Due to the complexity and social exclusion of the lives of criminalized women, interventions must include a range of integrated services^{4, 13}
- To help improve coordination of services: interministerial committee, ongoing liaison, community advocacy for supportive housing for formerly imprisoned women¹⁰
- Services should be provided through a trauma informed lens which recognizes the unique trauma of being in jail and incarcerated^{2, 33}
- Focus on health promotion²⁰
- Utilize an engagement/relationship mode²
- Engage women in decision making²
- Treatments developed with gender sensitive issues in mind, for example: Beyond Trauma³⁴, Seeking Safety³⁵ and a trauma recovery and empowerment model^{19, 36}

Service Providers

- Pro-active help to access educational upgrading and job skills training¹⁰
- Help women build self-esteem by setting and achieving small goals¹⁰
- Use multidisciplinary, trauma informed, harm reduction and case management approaches²
- Responsive and flexible²

Case Management

- More staff resources¹⁰
- Individualized, wrap around, integrated case management support for women leaving the custodial environment^{19, 27, 37}
- Need to address that survival sex workers use their home for their business and address this in planning (e.g. safety)²
- Well trained case managers and housing workers who have experience with mental health, addictions, and criminalization²

Housing Workers

- Dedicated need for housing workers to work with women in custodial environments and to build trusting relationships to help support them on release²
- Transition with women into the community and help provide linkages between other supports²
- Meet weekly with women for 2-3 years²

- Provide education regarding housing rights and options² education, tenant rights, and responsibilities²
- Assist with developing unique, long term housing plans (reflecting the optimal housing plan for each woman)²
- Assistance with form filling and monitoring²

Outreach

- More outreach workers who have similar lived experience of homelessness²

Physical Health

- Need access upon release from custodial environment to deal with long term impacts of substance use (e.g. chronic poor nutrition, dental problems)^{2, 11}
- Continuity of health care from community to custodial environment and back¹⁷
- Align custodial health care services with those of their general population³⁸
- Health insurance at discharge²⁰

Mental Health

- Voluntary participation in counseling and healing circles¹⁰
- Not defining women by their experience of abuse³⁹
- PTSD/ mental health services after exiting custodial environment²
- Trauma informed counseling in housing and mental health services²
- Community mental health centers which liaise with custodial settings to provide in reach or translational services geared towards co-occurring disorders⁴⁰
- Mental health screening and immediate referral to treatment upon entry to institution⁴¹
- Draw on current strategies used to improve mental health outcomes in the general population⁴

Substance use/ Addiction

- Holistic and flexible programs that address underlying issues¹⁰
- Working with the parole board to have them understand that relapse is a stepping stone, rather than criminal behaviour¹⁰
- Address underlying trauma that leads to substance use¹⁰
- Dual diagnosis treatment within jails which provide support for community re-entry¹⁹
- Safe area post-release⁴

Social Services

Child welfare agencies.

- Hire workers to specifically work with criminalized women¹³

Transportation.

- Transportation to medical services^{3, 10}

Employment

- Programs that support access to employment for those with a criminal record²
- Access to skilled employment workers who know the needs of criminalized women²

Volunteerism

- Develop or bridge women to meaningful volunteer work experiences²

Education

- Educational upgrading programs³
- Flexible education programming²

Peer Support

- Emphasis on peer support due to the isolation of the experience in the custodial environment^{2, 10} to help develop life skills²
- Peer support pre-release and post release¹⁰
- Peer support team: coordinator, volunteers, and team training¹⁰
- Integrate peer support into housing programs and services²
- Peer support group thirty days prior to discharge⁴

Social Support

- Stay connected or re-unite with^{2, 4} and improve relationships with families¹⁷

Judicial

- Jail diversion forensic assertive community teams (FACT)⁴²
- Drug courts can present an opportunity to connect women to resources⁴³

Within custodial environment.

- Enhanced discharge planning^{27, 44} that is meaningful⁴ and links women to community service providers that can help support their needs after release⁴
- More opportunities to take pre-release courses¹⁰ and work release programs^{13, 44}
- Mental health and addiction support^{13, 44}
- Greater availability of information and legal support¹⁰
- Greater encouragement of responsibility and self-determination¹⁰
- Greater flexibility in the application of the release process¹⁰
- Emphasis on life skills teaching for independent living¹⁰
- Expansion of infant and mother health initiatives^{4, 17}

- Aboriginal women require support for substance use, connection to culture, healing from trauma and support with motherhood issues⁴⁵

Other

- More post release life skills and job training programs^{10, 13}
- Post release programs to facilitate support during transitional period¹⁰
- Access to recreation, sports and crafts³
- Gang intervention programs which address childhood abuse and ongoing risks of violence²⁶
- Parenting classes¹³

Housing First

There is currently a lack of evidence supporting or refuting the use of Housing First models with women and girls involved in the justice system as, unlike chronically homeless individuals, women are coming from custodial settings which are highly structured environments.² The literature currently suggests that transitional, housing-ready models may be most effective for women with a history of conflict with the law and substance use problems.² However, some women suggested a preference for a Housing First approach to housing upon discharge from custodial setting to help them get settled.² Evaluation of a Housing First program developed for this particular population will help validate whether or not it is effective.

Both studies listed in Appendix F examine the application of Housing First models for those involved in the justice system. Neither are female specific services and thus findings should be used with caution in their application to a female population.

Trauma Informed Care

In this review of the literature, there were no studies that focused on the delivery on Trauma Informed Care services for women involved in the criminal justice system. Suggestions to use this approach for criminalized women and youth were identified³³ (See Appendix F), however further evaluative study would need to support its effectiveness with a homeless population. Some of the suggestions that align with Trauma Informed Care principles include:

- 3. Safety:** Hiring workers that are uniquely trained to work with this particular population¹³
- 5. Empowerment, voice and choice:** Engaging women in participatory action research and the creation of a housing proposal²³
- 6. Peer support:** Highly emphasized due to isolation in the custodial context²

Recommendations

- Strengthen the participation of governments and community resources in the resettlement of newly released women¹⁰
- Introduce peer support workers to help narrow the gap between jail and the community¹⁰

- New partnerships between government and communities to help support the unique needs of women exiting prison¹⁰
- Advocate for alternatives to incarceration such as house arrest with support services²
- Launch campaigns to reduce the intersecting stigmas of drug use, incarceration, gender, and race/ethnicity⁴
- Leverage existing assets²
- Re-assess the current zero-tolerance approach to drugs²⁰
- Address the lack of available and effective mental health services²⁵
- Redirect the financial resources devoted to arresting, sentencing and incarcerating women to community supportive housing services¹⁰
- Work to disrupt the trauma-substance use cycle⁴⁶
- Outline service provider advocacy in addressing issues of race, class, and gender in relation to criminal justice involvement²⁷

Research

- Engage in participatory research and allow women to use the findings to create a housing proposal and resource database²³
- Best practice guidelines created by a group of female service providers^{2, 23}
- Understanding gender differences in order to tailor jail-based services for women^{27, 47}
- Better understanding of women's successful recovery paths²⁷
- Greater understanding of services ability to meet the particular needs of this population (e.g. sexual assault center)^{14, 48}
- Further research on trauma and its related psychopathology in women who have a history of heavy drug use⁴³
- Systematically examine the ways in which stigmatization exacerbates the problems women face after release, as well as the constraints and opportunities available to them⁴
- Role of gender in predicting violent crime in mentally ill populations⁴⁹
- Study how stigmatization may be internalized, exacerbate mental health problems and contribute to drug relapse⁴
- Further study and attention in evaluating the success of drug policies, weighing the harm and good in women's lives¹³
- Examine the implications of the child welfare custody time frames in relation to sentencing policies and family preservation and reunification¹³
- Pilot an initiative to attach a housing case manager directly with women upon leaving courthouse²
- Two year minimum pilot projects with sufficient funding and evaluation for different types of housing¹⁰

Reflection

- Recommendations to bring together service providers to develop best practices, however the inclusion of women in a participatory process is important (only addressed by one study)

- Lack of evidence about the need for/ efficacy of Trauma Informed or Housing First service models for this particular population

Summary

Although each woman has her own unique story about her pathway into homelessness and the judicial system, the one thing that women in custodial settings share is their invisibility.¹³ There is little research that is specific to women in the criminal justice system, and even less of a qualitative nature. Women frequently become (re) involved in the judicial system as a result of traumatization, homelessness, substance use, mental illness, and engagement in criminalized activities to meet basic needs. Women are ill prepared to leave the judicial system and wind up in a cyclical pattern of homelessness and recidivism into custodial settings.

Involvement in the criminal justice system adds a new layer of barriers for women trying to exit homelessness. In addition to an already limited market for housing and employment, women who have exited the custodial setting experience discrimination due to a criminal record, social isolation, and poor preparation to live an independent and healthy life. Women are rarely well prepared at time of discharge and have fragmented and incomplete exit plans with few connections to community resources.

In addition to those housing preferences common to the majority of women, those leaving the custodial setting identified the importance of privacy, and independence. However women also indicated a preference for housing in which they can continue to heal, learn, grow and develop the necessary skills to live independently. A supportive and comprehensive housing discharge plan created in combination with case management is important to facilitate an effective housing strategy for women.

Similar to many populations of women, those who have been involved in the criminal justice system have varying preferences, meaning there is no one size fits all type of accommodation requested.^{17, 18} While some preferred independent, unstaffed residence, others desired supportive, congregate housing with structured programs and few rules (i.e. low threshold). Some women want to be relocated to a different city while others want to stay in close proximity to the social community they had prior to entering the custodial setting. Many of the current housing programs created for this particular population utilize a transitional housing model (both congregate, clustered, and scattered site) that includes connection to staff, programming, and community supports. There is anecdotal evidence that these are effective, however little evaluative and comparative research exists. Residential addiction treatments are identified as important first steps for women who are exiting a custodial setting with a history of substance use. It is debated as to whether or not a Housing First model is appropriate for this particular population, and further examination of this is important for future research.

In relation to services, women require comprehensive service support that focuses on facilitating their recovery and reintegration into the community. This particular population requires an increased focus on improving life skills, work related skills, and education in order to become an active member of society. Efforts need to be made to eliminate stigmatization and improve social inclusion. Case management and housing workers can be of great assistance to this population. Attention to addiction services and physical and mental health care is required. There is mention of the importance of utilizing a Trauma Informed Care approach, however little

research has been done in this regard. Improved, integrated models to support women at time of discharge are necessary. Further gendered, qualitative research is also required.

Appendix F

Housing programs for women who have left custodial settings

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Housing First Program findings for individuals leaving jail

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g) Women and Girls who Identify as LGBTQQIP2SAA

It is well known that systematic marginalization exists for those who do not fall within social norms of heteronormativity or heterosexuality.¹ Being a female who identifies as a sexual minority (i.e. lesbian, gay, bisexual, transsexual, queer or questioning, intersex, pansexual, 2-spirited, allies, asexual [LGBTQQIP2SAA] or other) and is experiencing homelessness adds compounding layers of marginalization for this particular population. It is understood in the literature that housing instability among those of sexual minority youth is a complex, and contemporary social issue.¹

While the recognition of ‘runaway’ and homeless youth gained federal attention in the 1970’s, it is only within the last decade that the overrepresentation of sexual minority youth in the young homeless population has been acknowledged.² There remain only estimates of the number of homeless individuals who identify as a sexual minority. One study³ estimates that approximately 20% of homeless youth identify as lesbian, gay, bisexual, transsexual or queer. As it stands, there remains very little, descriptive, research specific to females or homeless adults who identify as LGBTQQIP2SAA. This may be explained by the reduced visibility of this population, due to a lack of engagement with, or data collection within services⁴ and high rates of victimization^{5, 6}, discrimination⁷; and engagement in survival sex.^{4, 6, 8}

Similar to women and girls experiencing homelessness who have been trafficked or are engaged in survival sex, a significant amount of the literature for those who identify with a non-conforming sexual or gender identity is related to sexual health⁹ (i.e. HIV and STI’s). Despite knowledge of engagement in risky sexual behaviour¹⁰ (; Cochran et al., 2002 in L23) it appears that the vast amount of literature related to homelessness, females, and sexuality is pathologized.⁹ What is known however, is that young women who identify as LGBTQQIP2SAA are often thrown out of their homes and face high levels of discrimination in seeking employment, which forces them into survival sex in order to meet basic needs.⁸ Furthermore, youth of sexual minority also experience high rates of mental illness, victimization, and substance use.^{6, 10, 11} Despite these dire circumstances, it has been recognized that young females experiencing homelessness¹², including those of sexual minority¹³ tend to experience a form of refuge and social connectedness despite being uprooted from one’s home. This may illuminate this calamitous home life that females of sexual minority explain as they are rejected by their families and thrown out of their homes.

And my grandmothers just kicked me out. She didn’t want me there. My mother didn’t want me at home. I didn’t have no family here in New York City. Didn’t have nowhere to go. I didn’t know anybody. And I didn’t know any organizations. I didn’t know this existed. I didn’t know [name of LGBTQ youth shelter] existed. I didn’t know there was men’s shelters. I didn’t know there was women’s shelters. I didn’t know anything. Um..... so..... that was the most vulnerable point in my life” (Shelton, 2013, p. 107).³⁶

In addition to what is common to multiple populations of females, the following presents an overview of what is unique to women and girls who identify as LGBTQQIP2SAA and are experiencing homelessness. There is some overlap in the literature, with young women engaged in survival sex.

Pathways into Homelessness

- Stigmatization/discrimination (including heterosexism, transphobia, homophobia etc.)^{1, 7, 14, 15, 16}
- Family rejection^{1, 6, 15, 16, 17, 18} and being forced out^{6, 7, 16, 19} or running from one's home^{19, 20}
- Aging out of, or fleeing from foster care system^{4, 21}
- Lack of social support¹⁴
- Leave home in order to seek independence and opportunity¹
- Migrating to find services that cater to their sexual or gender identity⁴

Barriers from Exiting Homelessness

Structural

- Stigmatization/ discrimination (including heterosexism, transphobia, homophobia etc.)^{1, 6, 14, 17, 20}
- Loss of family support²²
- Use of costly, illegal,¹⁴ and potentially health impairing hormones⁶
- Lack access to supportive social spaces²³
- Lack of legal¹⁴ and nondiscriminatory employment opportunities^{1, 14, 24}
- Homophobic court system in which same-sex domestic battery is treated differently from heterosexual domestic battery, and can include the removal of children, humiliation and degradation , or denial of personal experiences¹⁸

Service

- Health care providers who assume heteronormativity or who are themselves ill-informed about the sexual health needs of sexually diverse youth^{6, 13}
- Afraid of shelters²⁵ due to humiliation or physical or sexual victimization^{6, 26}
- If HIV positive, sexual minority females in shelter worry about disclosing HIV status for fear they may lose welfare benefits, their children will be apprehended, or that they will be asked to leave shelter⁹

Housing Needs/Preferences

- Feel safe, in an area with tolerance and respect for differences²⁵

Housing Suggestions

- Evidence of a successful intervention which links LGBTQ youth to adult mentors when housed²⁷

Needs, Preferences, and Suggestions for Services

Broad

- Validation¹
- Emotional and physical safety^{1, 13}
- Allow those of sexual minority to choose service providers¹³

Service Providers

- More education and training related to working alongside those of sexual minority^{13, 22}
- Treated as equals¹³
- Understanding¹³
- Framework to help service providers understand the circumstances and common problems facing women who are subject to violence from a female partner¹⁸
- In-services/ training regarding sexual minority domestic violence¹⁸

Physical Health

- Sexual health interventions that are both gender and sexual orientation specific⁸
- Learning about safe sex negotiation^{6, 8, 29, 30, 31} and HIV risk^{6, 17, 30}
- Promotion of HIV testing¹⁷
- Consider how to utilize the network amongst sexual minority sex workers to help promote health and prevent HIV infection¹⁷
- In assessing for HIV/AIDS/STI's- inquire about sexual behaviour rather than sexual orientation, as these do not always align⁹

Mental Health

- Mental health counseling^{32, 33}

Shelters

- Attend shelters according to gender identity²⁵ (not birth gender)
- Some transgender women reported a preference for separate shelters, while others report it adds to further segregation²⁵
- Peer education program in shelters for health related concepts⁹



Sprott House: First known shelter exclusive to LGBTQ youth. This Toronto shelter will have twenty five beds and aims to open in 2015.²⁶ See Appendix G for more information.

Social Support

- Family support¹
- Feel a sense of family¹
- Find or create sources of community¹⁷

Other

- Youth programs⁷
- Innovative youth-friendly programs that address survival sex related vulnerabilities and are inclusive to all sexual and gender identities³⁰

Housing First

In this review of the literature there was very little mention of the use of a Housing First intervention specifically for LGBTQQIP2SAA females who are experiencing homelessness. That being said, Housing First initiatives for women often include being “LGBTQ friendly” (see Appendix G: The Vivian). Housing related suggestions that align with Housing First principles include:

- 1. Consumer choice:** Give those of a sexual minority housing priority¹³
- 2. Immediate access to housing:** Give those who are sexual minority adult mentors when housed²⁷



Suggestions for housing and social support:

Special focus on transwomen and Aboriginal women (Appendix G)

Trauma Informed Care

Beyond the recognition of the likelihood of trauma in females who identify as LGBTQQIP2SAA, there was no identified mention of utilizing a trauma informed care model for this particular population. Several suggestions however, align with principles of Trauma Informed Care. Examples of these include:

- 1. Mutuality and collaboration:** Treated as equals¹³

2. Historical, cultural, and gender issues: Attend shelters according to gender identity,²⁵ and health care that is gender and sexual orientation specific²⁸

5. Empowerment, voice and choice: Empowerment oriented service provision¹³

Recommendations

- Revision of age restrictions in shelters¹
- Include those of sexual minority women in policy development¹³
- Equal access for transgender peoples in homeless shelters³⁴
- Call for access to shelter and programs to be based on a person's self-identified gender³⁴

Research

- Create safe sex literature for all types of identifiable sexual preferences²²
- Lack of research related to male to female transgender persons⁶

Reflection

- Sexual orientation aside from LGBTQ was not mentioned in this literature review (i.e. QIP2SAA)
- Important to consider the fluidity that exists among gender³⁵ and sexual orientation and that individuals cannot always be categorized into one of the following: LGBTQQIP2SAA. Furthermore, despite how women and girls who are experiencing homelessness identify, their particular needs must be identified and addressed⁶
- No identified discussion of safe interventions for hormone administration
- Discussion of street family being important¹³, but no reference towards how this should be incorporated in relation to housing
- Little research in regards to sexual minority females or adults experiencing homelessness⁶
- No mention of Housing First or Trauma Informed Service Models identified for this particular population in this review

Summary

There are a growing number of LGBTQQIP2SAA youth experiencing homelessness. Female youth of sexual minority often experience homelessness due to rejection from one's family, seeking independence, or migrating to seek services to assist their unique needs. Once homeless, LGBTQQIP2SAA female youth are frequently involved in substance use, survival sex, and unsafe sexual practices. They are increasingly vulnerable to victimization.

Perhaps most salient for women experiencing homelessness is the experience of stigmatization and discrimination (including transphobia, homophobia, and heterosexism) due to one's sexual or gender identity. Not only can stigmatization and discrimination facilitate a pathway into homelessness for this particular population, but also can considerably marginalize

LGBTQQIP2SAA women's social experience. As such, many within this particular population voiced a lack of supportive, sensitive, and equitable services. Furthermore, LGBTQQIP2SAA women experiencing homelessness fear accessing services due to the potential for discrimination.

There is very limited discussion of housing needs, preferences, and strategies for this particular population. Priority in housing when needed, and safe areas that are tolerant of differences were mentioned. There is also evidence that an adult mentor (support) may be helpful to newly housed LGBTQQIP2SAA youth. Housing with support, and hastened access to housing are principles of Housing First, although there was no mention of a Housing First model utilized with this particular population. Discussion of shelter requirements was commonplace for this population, with some individuals preferring separate shelters for LGBTQQIP2SAA youth, while others felt this might affect further social segregation. Agreed upon however, was that this particular population would like to access gender specific services with the gender in which they identify, rather than their birth gender.

The literature demonstrates an emphasis on sexual health for this particular population, more specifically facilitating the negotiation of safe sex practices and sexual health promotion. Service providers can act as barriers to sexual minority females accessing health care, and thus several suggestions in relation to facilitating and training for LGBTQQIP2SAA sensitive care provision were mentioned. Mental health related counseling and social support were also identified as important services for LGBTQQIP2SAA females. In this literature search, there was no identified mention of utilizing a Trauma Informed Care approach to service provision.

Recommendations focus on equity and inclusiveness of policy and services. There is a significant research deficit in relation to female and adult sexual minority populations. Furthermore, no mention of females that identify as intersex, pansexual, 2 spirited, asexual or allies who are experiencing homelessness were identified.

Finally, overlap amongst this particular population, young women, and women and girls engaged in survival sex were noted. It also must be acknowledged that the experience of gender transition or being of a sexual minority can be fluid, and it is not always possible, or just to categorize individuals. Further exploration of safe interventions for hormone administration and the importance of social support in the lives of this particular population should be conducted.

Appendix G

Sprott House

Cohen, S. (2015, March 18). Toronto shelter for sexual-minority youth to open this summer. Thestar.com. Retrieved from <http://www.thestar.com/news/gta/2015/03/18/toronto-shelter-for-sexual-minority-youth-to-open-this-summer.html>

The Vivian

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Suggestions for housing and social support

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h) Indigenous Women and Girls

For the purpose of this overview it is important to acknowledge that Indigenous women's homelessness is vastly under researched¹ and therefore, the majority of the literature discussing indigenous homelessness is in relation to Aboriginal women² (i.e. Métis, Inuit, and First Nations) and indigenous women of the Oceania region (i.e. Māori). *Indigenous* is a term used to describe people who are descendants of those who inhabited a country or geographical region and practice unique traditions; retaining social, cultural, economic and political characteristics that are distinct from those of the dominant societies in which they live.³

Indigenous women and girls in Canada are overrepresented in the homeless female population.^{4, 5, 6} They experience significant rates of domestic violence and re-victimization⁴, evidenced by a five-fold increase in the possibility of lifetime murder for Indigenous women and girls experiencing homelessness.^{7, 8} Furthermore, Aboriginal women and girls experience unique forms of intergenerational transmission of historical trauma.⁹ European settlement, the Indian Act, residential school system, and child welfare legislation have had insidious, lasting, and devastating effects. These effects, including maladaptive social and behavioural patterns have caused a breakdown in social functioning, resulting in a culture of disempowerment and deprivation⁻¹⁰ to extremes where Indigenous women and girls have taken upon it themselves to advocate for their basic human rights:

We are Aboriginal Women. Givers of life. We are mothers, sisters, daughters, aunties and grandmothers. Not just prostitutes and drug addicts. Not welfare cheats. We stand on our mother earth and we demand respect. We are not there to be beaten, abused, murdered, ignored (Flyer, as cited in Culhane, 2003).²⁸

Furthermore, significant socio-environmental barriers exist for women and girls attempting to exit homelessness.¹¹ Aside from those noted across multiple populations of women and girls, a more detailed list of these barriers is presented below. However, it is noteworthy to mention the presence of substandard living conditions that do not meet basic human needs, such as overcrowding, lack of sanitation, and inadequate food storage. Less than a decade ago, the Ontario Human Rights Commission¹² identified Aboriginal households and women as two of the five populations most in need of adequate housing.¹³

It is also important to illuminate unique cultural differences in relation to the concept of homelessness. Many indigenous peoples relate *home* to a spiritual and physical dimension and do not consider themselves *homeless* if they do not have shelter while these other dimensions are intact.¹⁴ Furthermore, sleeping outdoors is not always a symptom of homelessness, but rather can be a traditional practice.¹⁵ Lastly, migration amongst different residences can be a spiritual practice, in which Indigenous people move to live where they feel *at home*.¹⁶ Therefore, in order to align with literary suggestions, '*houselessness*' will be used to reference homelessness for this particular population.^{5, 16}

Apart from what is common across multiple populations, an overview of unique characteristics related to houselessness for Indigenous women and girls are presented below. As many

indigenous peoples live in rural or remote geographical regions, there is potential for overlap and intersection amongst these particular populations.

Pathways into Houselessness

Structural

- Emphasis on substandard living conditions (i.e. overcrowding, lack of sanitation, condemnation, or demolition of housing)^{5, 16, 17}

Sociopolitical

- Lack of matrimonial property law (i.e. women have no possession over property)^{9, 18}

Personal/ Psychological

- Migration and mobility which can cause one to lose social support from Band government, or a lack social support in a new context^{1, 9, 16, 18, 19}
- Heightened emphasis on the fear of losing, separation from, or loss of children (as it relates to child welfare services in Aboriginal communities)^{9, 20, 21}
- Mental impairment (i.e. Fetal Alcohol Syndrome)¹⁹

Cultural

- Reserve culture (i.e. substance use, lateral violence^{18, 21}, and self harm¹⁸)^{9, 18}
- Male dominance (i.e. services geared towards men, male dominated leadership)^{5, 22}
- Displacement and uprooting in childhood (i.e. “sixties scoop”)^{1, 23, 24}
- Intergenerational transmission of historical trauma (i.e. colonization, Indian Act, residential schools, child welfare system) causing detachment from cultural identity, land, and components of home^{1, 8, 9, 20, 24}
- Neo-colonial processes⁹
- Distrust of justice services^{9, 16}
- Eviction due to cultural practices (e.g. number of visitors in house)²⁵
- Reliance on intergenerational income support²⁶

Barriers to Exiting Houselessness

Structural

- Increased emphasis on substandard housing within this population^{16, 27}

Sociopolitical

- Heightened emphasis on oppression, racism, and discrimination in attempting to obtain housing (especially in the private market)^{16, 18, 23, 28, 29}

- Lack of reliable demographic and ethnographic data that offers insight into the prevalence, needs, and strategies of housing Indigenous women and girls²⁸

Personal/ Psychological

- Lack of home management and urban living skills (e.g. budgeting)¹⁶
- Lack of knowledge, literacy, or language skills³⁰ to access housing services³¹
- Disempowerment or lack of confidence^{1, 16}

Service

- Denied from mainstream social services off reserve⁹
- Mobility/ migration and the challenges it presents in accessing housing and other social services⁹
- Lack of gender or culture specific services⁹
- Staff shortage (e.g. case management only allocated to highest risk women)⁹

Housing Needs/ Preferences

- Access to emergency funding for housing⁹
- Housing in areas with similar cultural backgrounds¹⁸ and that supports cultural practices¹⁶
- Housing that remains close to one's social network from the streets²⁵
- Housing that can accommodate pets²⁵
- Adequate housing (i.e. waste removal, food storage, hygiene)^{5, 16}
- Housing that facilitates community (i.e. rooming homes)³²
- Private living quarters (single room occupancy)^{21, 32}
- Transitional housing for those Indigenous women and girls who need particular attention to building trust and those seeking to escape survival sex^{33, 34, 35}

Suggestions for Housing

- Sectorial housing strategies for Inuit, First Nations, Metis and urban Aboriginal women, with development led by their organizations¹¹
- Increase the amount of housing available on reserve³⁶
- Improve substandard living conditions³⁶
- Federal funding for repair and maintenance of current Indigenous housing^{5, 37}
- Collective home building with culturally rooted, self-determined, support frameworks²⁰
- Assessment and understanding of what one's *home space* entails²¹
- Resolve the lack of matrimonial property protections for Aboriginal women living on reserve⁵ and revise property acts so that women can qualify for their own housing³⁶
- Twelve month outreach service to provide follow up after housing is achieved to help support the stability of these tenancies¹⁷

Needs, Preferences, and Suggestions for Services

Broad

- Stability and consistency of service provision¹⁸
- Created with decolonizing perspective and methodologies^{24, 35}
- Aboriginal led service initiatives^{23, 24}
- Improve integration between Aboriginal specific and mainstream services¹⁶
- Advocacy for indigenous women engaged in survival sex³⁵
- Improved staffing levels³⁸

Culturally Appropriate and Sensitive

- Heightened emphasis on culturally appropriate and sensitive services^{9, 16, 21, 35, 36}
- Recognize the role of family- can be supportive or perpetuate abuse by discouraging disclosure.³⁹ Because of strong family relationships, safety-planning, where required needs to take into account not only the abuser, but the abuser's family as well.¹¹
- Acknowledge that the experience or cultural differences of Indigenous women in rural and urban contexts can be variable⁹
- Acknowledgement that evidence based practice is not necessarily best practice for this population (e.g. cultural ceremonies that assist with healing) and that mainstream solutions cannot be forced^{16, 21}
- Assess one's cultural connection⁴⁰
- Assistance with reconnection to culture if applicable^{21, 35}

Service Providers

- Heightened emphasis on cultural awareness training^{30, 38} and cultural sensitivity⁹
- Obtain service providers that are Aboriginal^{9, 17, 38, 41} and have a feminist, socio-ecological perspective³⁸
- Acknowledgement and recognition of the sexism and racism Indigenous women and girls experience⁴
- Facilitate connection with guardian or spiritual helper and female role models²¹
- Recognize the overlapping dynamics of racism, cultural values, and pressure to remain silent or endure abuse in the community.¹¹
- Enhance communication with service providers (i.e. free voicemail system)⁹
- Strength-oriented rather than punitive⁴²

Physical Health

- Facilitate accompaniment to appointments⁹
- Equal access to health care²⁴
- Health teaching: Sexually Transmitted Infection (STI) and HIV prevention strategies for Indigenous women^{16, 24}

- Culturally relevant and appropriate interventions that align with Indigenous concepts of health (i.e. holism)^{21, 35, 43}

Mental Health

- Counseling related to historical trauma and current Indigenous issues¹⁸
- Psychologist access¹⁷
- Stress reduction²¹

Substance use/ Addiction

- Develop more detox locations that are exclusive to Indigenous women⁹
- Long term alcohol treatment and a network of coordinated alcohol strategies¹⁶
- Addiction support after leaving detox (e.g. drop in, or outreach services)⁹
- Separate program for solvent abuse⁹
- Acceptable drinking venues with drinking free days¹⁶

Social Services

Social funding.

- Eliminate jurisdictional issues for women trying to access income support (i.e. off reserve)³⁶
- Address income inequality⁸
- Clear, accessible information of available financial benefits⁸
- Find a solution for the requirement of an address to obtain social assistance where these requirements exist⁹

Children related.

- Safe places for children to engage in play⁴⁴
- Respite care for disabled/special needs children²¹

Basic Needs.

- Services that offer Indigenous foods (e.g. soup kitchen/ food bank)⁴¹
- Affordable food in rural contexts⁴⁴
- Access to telephone¹⁶

Emergency services.

Police.

- Local and Band police forces that focus on the safety of Aboriginal women foremost, and consider serving Emergency Protection Orders as needed¹¹
- Service staff and police trained to know signs and symptoms of abuse and that educate and encourage women to seek help^{11, 16}

- Equality in the treatment of Indigenous women and girls⁴
- Consider alternate forms of community policing (i.e. employ trained and trusted security from the neighborhood)^{9, 16}

Transportation.

- Improved access to transportation in rural contexts⁴⁴

Shelters

- Accommodation of pets²⁵
- More shelter in remote areas: Violence Against Women (VAW) shelters are scarce and women often have to be flown out to a larger center¹¹
- Strong referral services, drop-in availability, facilitate cultural and intergenerational connections including community reconnection and healing ceremonies⁹
- Facilities to keep their personal items safe⁹
- Follow a harm reduction model⁹
- More support at shelters⁹

Employment

- Support in goal setting and access to resources to achieve goals⁹
- Role for unions in providing outreach to Indigenous women and girls⁷
- Union can discuss the impact of colonization and discrimination to break down barriers in workplaces⁸

Education

- Teach financial counseling¹⁶
- Assertiveness training¹⁶
- Health education¹⁶

Women's Community Services

Leaving domestic violence.

- Support women individuality in their decisions regarding domestic violence¹⁶

Support groups.

- Connectivity with culture and peers in support groups^{18, 40, 42}

Faith/ Spiritual.

- Spirituality, faith, God, Creator, and prayer were listed as helpful for some in exiting houselessness²¹
- Spiritual services run by Indigenous organizations⁹

Community centers.

- Areas and programs for women to engage in activities^{9, 16} (i.e. deter from substance use [diversionary activities], and warm areas when shelters are closed)

Social Support

- Help raise awareness of services⁸

Judicial

- Access to fair justice services⁹

Housing First

Despite no direct reference to a Housing First model within the literature review for Indigenous women and girls experiencing homelessness, components of a Housing First model were identified as important;

1. Consumer choice and self determination: Private living quarters²¹ or transitional housing for those with specific needs^{34, 35}

2. Immediate access to permanent housing with the support necessary to sustain it: Social services linked to housing programs and a twelve month outreach service to provide follow-up after housing is achieved¹⁷

Trauma Informed Care

Similarly, there was no identified mention of utilizing a Trauma Informed Care approach with Indigenous women experiencing homelessness within this review of the literature. However mention of components of Trauma Informed Care were included, for example:

1. Mutuality and collaboration: Improve integration between Aboriginal specific and mainstream services¹⁶

2. Historical, cultural and gender issues: Consideration of unique forms of trauma (i.e. residential schools, child welfare services, colonization, Indian Act)^{9, 24}

6. Peer support: Housing that remains close to one's social network from the streets²⁵

Recommendations

Macro

- Coordinated, national responses must address the lives of aboriginal women in both northern areas and rapidly expanding urban communities.¹¹

- Women as full and equal partners in economic, political, and spiritual spheres of their communities⁹
- De-colonizing agenda to address contemporary colonial practices and their expressions in Indigenous peoples' lives²⁰
- Address the issue of status and address exclusionary Band membership codes⁹
- Reform the matrimonial property codes and consider aspects of family law⁹

Meso

- Encourage collective responsibility and problem solving of issues at a local level⁹
- Opportunities for women and girls to reconnect with culture and restore identities, developing narratives of pride and hope which allow them to move forward²¹
- Focus on socially inclusive community development¹⁶
- Target social supports to help support hidden women and girls⁹

Research

- More research on Indigenous women experiencing homelessness⁹
- Pilot study of a Housing First initiative with Indigenous women²⁵
- More studies that include Indigenous families²¹
- Exploration of young Aboriginal women who are not affected by historical trauma²¹
- Improved funding for Aboriginal groups research initiatives⁵
- Improve research related to Aboriginal women's housing access on reserve and experiences with homelessness in rural communities⁵

Reflection

- Since this literature was published, matrimonial rights have improved for women⁴⁵

Summary

For Indigenous women and girls (namely those of whom are Aboriginal), aspects of the reserve culture, effects of colonialism and neo-colonialism, and the persistence of historical trauma across generations have created environments of oppression that have facilitated pathways into homelessness.

Similar to other particular populations, a lack of reliable research data serves as a barrier to creating strategies to help end Indigenous women's and girl's homelessness. Furthermore, social exclusion, disempowerment, oppression, racism, and discrimination affect service availability, provision, and delivery. This is made evident as Indigenous women and girls face discrimination from the private housing sector, are forced to live in substandard housing, and seek help in mainstream services which are neither gender nor culture sensitive.

Indigenous women and girls have identified housing needs as: being adequate (i.e. meeting basic needs), permitting cultural practices, and located in areas with others of a similar cultural

background. Also mentioned were rooming homes with private rooms, and transitional housing for those who may require more time to build trust due to previous experiences. Other housing needs that were identified include: permitting the accommodation of pets, being close to one's former social street network, and linked to social services.

Strategies to facilitate housing Indigenous women and girls include: recognition of one's unique cultural interpretation of home; the development of housing programs led by Indigenous organizations; increasing the amount of, and adequacy of housing; increasing Indigenous women's rights to housing; and the provision of outreach services to support Indigenous women in their tenancy.

Service needs were identified in the literature as: improved funding for Indigenous specific services; stable and consistent services that are created with gendered and decolonizing perspectives; culturally appropriate and sensitive; and facilitating the inclusion of Indigenous service providers. Furthermore, Indigenous led development of services is important, with an understanding that mainstream services may not align with unique population needs.

In terms of specific service provision, there is an emphasis on the need for addiction and mental health services. All services need to be culturally appropriate and relevant, and there should be increased attention to improving the relationships between Indigenous people and law enforcement. Considerations of rural women populations intersect with Indigenous populations, as many Indigenous peoples are located in remote areas. As such, access to basic needs and an increased number of services are fundamental.

Elements of Trauma Informed Care and Housing First initiatives were present in the literature, however further investigation of their usefulness and effectiveness for this particular population is required. Eliminating oppression, and aiming to facilitate decolonization are important recommendations for this population. A vast amount of preliminary ethnographic and exploratory research is needed.

Appendix H

Foundational documents

Cooper, L. & Morris, M. (2005). Sustainable tenancy for indigenous families: What services and policy supports are needed? Melbourne: Australian Housing and Urban Research Institute. Retrieved from <http://apo.org.au/node/1097>

Wesley-Esquimaux, C. C., Smolewski, M., & Aboriginal Healing Foundation. (2004). *Historic trauma and aboriginal healing*. Retrieved from Aboriginal Healing Foundation: <http://www.ahf.ca/downloads/historic-trauma.pdf>

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i) Newcomer Women and Girls

Women and girls who are newcomers to a country face some of the same experiences as their native counterparts, however migration presents several unique challenges. These may include language barriers, little knowledge of the landed country's system, limited support systems, and differing cultural beliefs and family structures.^{1, 2} Each of these challenges has the potential to influence women's and girl's pathways into homelessness, and the barriers they face in exiting it. For the purpose of this overview, the term *newcomers* will be used to represent those who are immigrants, refugees or seeking asylum.

The importance of homelessness for newcomer women and girls applies to countries worldwide, as, "...global conflict, religious, ethnic and racial persecution, tyranny, war, and economic uncertainty have all combined to leave no continent without immigrants and refugees" (p. 419).³ Within the last decade, it has been estimated that there are approximately 32 million refugees, displaced persons, and asylum seekers worldwide.⁴ There is, however, very little research (including epidemiological data) about newcomer women and girls and their experiences of homelessness.⁵ Similar to other particular populations of women experiencing homelessness, one cause for this may be their reduced visibility.^{1, 6} On numerous accounts, women made reference to their feelings of worthlessness and invisibility:

"But when I came here...no English, about the worse thing is that I felt very insecure and very bad...they don't respect me very well because...I'm not a citizen. I'm less than a person." (Mlligan, 2007, p. 104)³⁵

One of the most common pathways into homelessness for newcomer women is the experience of violence.^{1, 7, 8, 9, 10} This may begin pre-migration or while settling in a landed country.¹ Violence is often of an interpersonal nature, however unique forms of violence such as social isolation, financial control, and threatening sponsorship status are also common to newcomer women.^{1, 10} The interplay between culture, violence, and a lack of social support often facilitates a cyclical, or episodic pattern of homelessness for this particular population.¹¹ The experience of violence overlaps with many other particular populations of women, however it is important to consider the uniqueness of the individual and her migration experience.¹² Furthermore, the literature often groups male and female newcomers, and does not consider the unique issues relative to women and girls.

IMMIGRANT

Persons residing in a country that were born outside the country, excluding temporary foreign workers, citizens born outside of the country, and those with student or working visas.

¹³

ASYLUM SEEKER

Someone who has fled his or her country and applied for asylum in another country. If asylum claims are successful, he/she is granted indefinite or exceptional leave to remain in the landed country.¹⁴

REFUGEE

Proven a well founded fear of persecution and have been given indefinite leave to remain in the landed country.¹⁴

In addition to what is common to multiple populations, the following presents an overview of what is unique to newcomer women and girls who are experiencing homelessness:

Pathways into Homelessness

Pathways Into Migration

- Escaping war, violence, abuse, and political or religious persecution^{2, 15, 16}
- Oppressive environments¹⁵
- Motivated by opportunities for employment and education¹⁵
- Human trafficking^{2, 17}

Socio-Political

- Lack of rent control^{1, 18, 19}
- Social funding cutbacks (services and housing)²⁰
- Loss of social status upon migration²¹
- Unrecognized credentials (e.g. education)^{21, 22}
- Limited access to services based on migration status^{21, 23}
- Inability to work with forms of temporary visa's⁷

Structural

- Poor working conditions²¹
- Wage inequality⁶
- Unexpected crises¹⁸
- Lack of property rights²³
- Doubling up with other families²⁴
- Leaving foster home early, or few supports upon exit¹⁶

Biopsychosocial

- Lack knowledge of the landed country (e.g. currency, rights) ^{10, 15, 21, 25}
- Attempting to juggle several roles²¹
- Grieving¹
- Stress of migration and settlement ²¹
- Difficult adjustment to the country's culture²⁵
- Cultural factors, such as community rejection after leaving a spouse²³

Unique Forms of Abuse

- Abuse from a spouse's family²¹
- Social abuse: social isolation, or control of social contact^{8, 21}
- Spiritual abuse: restricting access to religious services²¹
- Controlled by threat of sponsorship status (i.e. deported) ^{2, 21, 25}
- Misinformed about legal rights (including fear of losing children) ^{21, 25}
- Financial dependence on abuser/ lack of financial control^{21, 22, 24}



Guideline:

An intersectional approach to improving services for newcomer women who have experienced violence (Appendix I).

Barriers to Exiting Homelessness

Structural

- Lack choice in housing^{21, 24}
- Strict time limits for asylum seekers to transition from emergency shelter to independent housing²⁴
- Only one service provider for newcomers in a community (i.e. safety concerns as it is accessible to both genders) ²³

Service

- Heightened emphasis on the lack of awareness about services^{2, 10, 15, 21}
- Inaccessibility of services: cultural competency^{9, 18, 21}, language barrier^{7, 18, 21, 23, 25}
- Women's homelessness services struggling to sustain funding⁶
- Fear of other women's behaviour in shelter²⁰
- Lack of childcare²⁶
- Fewer services for women of minority²¹

Biopsychosocial

- Embedded cultural identity (e.g. unable to disclose interpersonal violence or leave the marital home, feelings of shame) ^{7, 8, 21, 23}
- Being taken advantage of or exploited^{27, 28}
- Fear losing family (including children) or social networks by seeking services ^{7, 10, 29}
- Concern that services will not meet spiritual or cultural needs^{7, 10}
- Concern about living independently (i.e. life skills) ^{7, 10, 15, 21}

Sociopolitical and Migration Challenges

- Fear being deported or losing sponsorship by seeking services^{2, 7, 10, 23, 30}
- Lack a rental history or references⁷
- Heightened emphasis on having few or no established social supports^{8, 21, 25, 31}
- Precarious citizenship status (e.g. dependent on marriage) ^{10, 23}
- Majority of funding has gone to transitional housing and shelters, as opposed to supporting independent housing²³

Housing Needs/Preferences

- Heightened emphasis on the need for safety in housing^{6, 8, 15, 21, 23}
- Independent housing^{2, 15}
- Housing with supports^{2, 24}

Suggestions for Housing

- Resettling newcomers in communities with other newcomers as a means to preserve cultural practices³²
- Working relationships between violence against women (VAW) shelters and housing authorities can make the transition to subsidized housing easier for women⁸
- Housing agencies²¹
- Demonstrated efficacy of housing with supports¹⁹

Needs, Preferences, and Suggestions for Services

- Heightened emphasis on cultural competency (including language capacity) ^{2, 8, 10, 21, 33}
- Accessible (i.e. close to where women live) ²¹
- Services that give abused women priority²¹
- Follow up with women and families along the pathway through migration and settlement²¹
- Provide services and activities at varying times to accommodate work or school schedules²¹
- Focus on empowerment and improving independence^{8, 15, 21}
- Framework to help provide women with direct consultation with specialized services which they require⁶
- Reactive and proactive to changing demographics of newcomer females²¹

- Demonstrate support regardless of a woman's decisions²
- Improve staffing levels²¹

Service Providers

- Well educated (i.e. ask the right questions, know policies)²¹
- Hire those with lived experience^{18, 21}

Mental Health

- Crisis intervention counseling (e.g. when leaving abusive situations), with varying time limits, dependent on independent living skills^{2, 21}

Social Services

Childcare.

- Flexible child care hours²¹

Emergency services.

Police.

- Officers trained in family violence²¹
- Willing to transfer women to shelter at a safe time and not just when violence is occurring³³

Shelters

- Needed for crisis intervention²
- More and longer term shelter beds and improved access to services for women experiencing violence²¹
- Gender and culture sensitive²¹

Example of a shelter that serves newcomer women escaping violence:



Carol's House²⁵ (Appendix I)

Employment

- Generate more employment opportunities¹⁵

Education

- Receive information about national laws and services early in the migration process^{2, 6, 21}
- Improved language training^{2, 21, 22, 24}

Women's Community Services

Leaving domestic violence.

- Specialized services for survivors of gender based violence^{6, 22}

Support groups.

- Women need to connect and empower one another to become part of the community and build a social network with one another^{8, 34}

Peer support.

- Female peer supports linked through services¹⁵

Social Support

- Link social support to women in settlement phase to help facilitate access to service information^{19, 21, 22}
- Family serves as an important support and resource¹⁵

Judicial

- Access to specialized legal services^{2, 15, 22, 24}

Housing First

There was no identified mention of a Housing First initiative for female newcomers in this review of the literature. However, suggestions and preferences that align with a Housing First model include:

1. Consumer choice and self determination: A lack of housing choice was recognized as a barrier to housing^{21, 24}

2. Immediate access to permanent housing with the support necessary to sustain it: Housing with supports^{2, 19, 24}

4. Social inclusion, self-sufficiency and improved quality of life: Housing in areas with other newcomers;³² improve independence^{24, 32}

Discussion of a Housing First model for several subpopulations of women and girls (including newcomers) who have experienced violence is included in Appendix I.

Trauma Informed Care

Apart from acknowledging the presence of trauma in the lives of newcomer women, there was no identified mention of utilizing a Trauma Informed Care philosophy or model in this particular literature review. Some of the suggestions and preferences that support a Trauma Informed Care model include:

- 2. Historical, cultural, and gender issues:** Cultural competency^{2, 8, 21, 33}
- 3. Safety:** Priority in housing and service provision
- 5. Empowerment, voice, and choice:** Involvement in participatory action research^{18, 19} ; empowered^{8, 15, 21, 34}
- 6. Peer support**¹⁵

One Trauma Informed Care guideline for displaced populations (Appendix I) was located, and despite no specific gendered recommendations, it may serve to inform practice with women.

Recommendations

Macro

- Improved government assistance in breaking the cycle of violence²¹
- Immigration authorities being accountable to enforce an abusive sponsor to pay for alternate living costs and arrangements²¹
- Allow sponsored immigrants to access subsidized housing, social assistance, and other services- especially in relation to family violence²¹
- Funding available for those on temporary visas who need to seek refuge from interpersonal violence^{7, 10}
- Remove policies that place restrictions on the legal status and freedom of women (e.g. family sponsorship)^{8, 15}
- Address legal employment standards for newcomer women who want to participate actively in the economy¹⁵
- Recognize the cost of homelessness and the need for ongoing comprehensive supports⁶
- Fair and transparent housing allocation policies to ensure equal access²⁴
- Remove immigration laws which may disqualify women from accessing social services and income security³³
- Provision of information about national laws, fundamental rights of women, and social service information to newcomers^{2, 8, 21, 28, 33}
- Information for men in reference to types and consequences of abuse^{8, 21}
- Provision of realistic information about job availability to potential immigrants²¹
- Improved information to services providers and public about newcomer policies²¹
- Consider allotting funds for secondary migration, so that all money isn't presented at initial point of entry²¹
- Increased funding for population specific services²¹
- Accept international educational credentials and experience²¹

- Enforce and educate about labor standards²¹
- Employers who attract immigrants to fill gaps in labor market should also provide settlement assistance²¹
- Regulations for landlords that are consistent with good housing practice⁶

Meso

- Guidebook of available services related to immigration, abuse, and housing^{8, 21}
- Community development initiatives²¹
- Utilize community events and public campaigns to disseminate information about interpersonal violence⁷
- Opportunities for organizational networking¹⁵
- Improve access to women who are “hidden” or being isolated³³
- Work with mainstream and cultural communities to prevent violence²¹
- Advocate for a women’s only resource and service center ²²

Research

- Participatory action research, or research methods that allow women to express themselves (e.g. poetry)^{18, 19}
- Clear definition and understanding of women’s housing needs⁶
- Clearly defined methods to improve access to housing⁶

Conclusion/ Gaps

- Evaluate whether shelters are meeting the needs of newcomer women²⁰
- Spirituality was mentioned as an important feature of newcomer’s experience, however discussion of spiritual services, spiritual networking or spiritual related considerations for interventions in the landed country was scarce.
- Several of the study samples were recruited from services. Due to the heightened emphasis of newcomer women and girls being isolated by their abusers, and avoiding services, it is likely that a large portion of this population (i.e. hidden homeless newcomer females) have not been well studied.

Summary

Newcomer women and girls face unique experiences of migration and homelessness. Along with their families, they often flee a violent or oppressive environment, with hopes to seek refuge in another country. The stress of the migration experience and the settlement phase often puts women and girls at risk for interpersonal violence. Additionally, unique forms of violence related to intra-familial control and manipulation are often present. Apart from what is common to most women, other pathways into homelessness include: doubling up with friends or family; social funding cutbacks; unrecognized credentials or social status; limited, unsafe options for employment; and lack of knowledge about, or difficulty adjusting to a new culture.

Barriers that are unique to exiting homelessness for newcomer women and girls include: legal constraints related to citizenship status; cultural values; having no grounded social network; and a lack of knowledge about, or inaccessible (i.e. language, culture) services. There is an emphasis on a lack of affordable housing and social cutbacks that gravely impact the already impoverished lives of newcomer women and girls.

Women discuss a need for independent, safe, housing with supports. It is suggested that settling newcomer women and girls within close proximity to one another would support the preservation of cultural practices. Housing agencies and improved coordination between Violence Against Women (VAW) shelters and housing authorities can help effectively link newcomer women and girls to supportive housing.

Service intervention throughout the migration and settlement phase are very important. Furthermore, services must be culturally competent, and have access to language and translation service providers. Services need to accommodate the unique needs of newcomer women, and remain empowering and supportive, regardless of women's and girl's choices. Culturally competent service providers who are aware of policies, resources and referral processes are very important. As violence against women shelters often serve as refuge for newcomer women, improving the number of beds, and accessibility is necessary. Employment and education were identified as top priorities for women and girls, in order for them to improve their ability to be independent in the landed country. Peer and social support, as well as access to specialized legal services were also cited several times throughout the literature.

There was no identified mention of Housing First or Trauma Informed Care service models specifically for newcomer women and girls experiencing homelessness, however housing and service preferences and suggestions offer support to the use of these models. These service models would help address the multiple and compounding experiences of trauma and necessity of preventing re-victimization in the lives of newcomer women and girls.

There are several federal and policy level suggestions for preventing and resolving homelessness for newcomer women and girls. Some of these include addressing restrictive and unsupportive policies that leave women in precarious states of citizenship, reliant on sponsors or marital status. Improved funding, legal employment opportunities, and transparency in policies are essential to improving the lives and wellbeing of newcomer women and girls. It is also suggested that communities work together to improve the visibility of this particular population. Participatory action research and evaluation of services and housing models are identified as important research initiatives for the future.

Appendix I

Guideline: An intersectional approach to improving services for newcomer women who have experienced violence

Springtide Resources. (n.d.). *Taking an intersectional approach: How we can improve services for newcomers experiencing violence*. Retrieved from <http://www.springtideresources.org/sites/all/files/IRWP%20Needs%20Assessment%20Summary%20Report.pdf>

Shelter example: Carol's house

Community Resource Center. (n.d.). *Emergency shelter- Carol's house*. Retrieved from <http://crcncc.org/what-we-do/domestic-violence-services/emergency-shelter/>

Example of resources and services geared to helping newcomers find housing

Hamilton Housing Help Centre. (n.d.). Retrieved from <http://www.housinghelpcentre.ca>

Housing newcomers (not gender specific)

Wayland, S. V. (2007). *The housing needs of immigrants and refugees in Canada*. Retrieved from http://www.homelesshub.ca/ResourceFiles/FinalReport_CHRAImmigrationHousing_June_2007.pdf

Housing First for several subpopulations of women (including newcomers)

Weeks & Iberin, 2004. *Women's refugee's, shelters, outreach services, and support services in Australia: From Sydney squat to complex services*. Retrieved from https://www.dss.gov.au/sites/default/files/documents/05_2012/synthesis_report2008.pdf

Trauma Informed Care guidelines for displaced populations (non-gender specific)

Clervil, R., Guarino, K., DeCandia, C.J., & Beach, C.A. (2013). *Trauma-Informed Care for displaced populations: A guide for community-based service providers*. Retrieved from The National Center on Family Homelessness, a practice area of American Institutes for Research Health and Social Development Program website: <http://www.familyhomelessness.org/media/405.pdf>

Foundational document

Thurston, W. E., Clow, B., Este, D., Gordey, T., Haworth-Brockman, M., McCoy, L., Rapaport Beck, R.....Smith, J. (2006). *Immigrant women, family violence, and pathways out of homelessness*. Retrieved from <http://www.pwhce.ca/immigrantWomenFamilyviolence.htm>

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j) Rural/ Remote Women and Girls

Although homelessness is a global concern, women and girls living in remote, rural, or northern areas face unique challenges that call for different solutions.¹ Despite the ubiquitous nature of hidden homelessness for women and girls, those in a rural context, are particularly less visible than those in urban areas.^{2, 3, 4, 5} A harsh climate in northern areas,²⁴ lack of social services^{1, 2, 3} and women's and girl's strategies to prevent being absolutely homeless (i.e. heavy reliance on social support)^{1, 3} render this population unseen.^{1, 5} For this reason, there only remain estimates of the number of women and girls that are experiencing homelessness in rural areas.^{6, 7}

Without visibility, rural women and girls who are experiencing homelessness have received limited attention.^{7, 8} Research has focused on women and girls experiencing homelessness in urban populations⁸ and as a result, the voices of women and girls in rural areas have been largely unheard.^{3, 6, 8} Subsequently, very few service and housing interventions have been created and tailored to the specific needs of women and girls experiencing homelessness in rural contexts.^{1, 3} This does not mean however, that housing and services are not important. Housing was listed as a priority for women and girls experiencing homelessness, along with poverty, violence against women, and addiction services.²⁵ Furthermore, to offer insight into the importance of housing, one woman participating in an art program for rural women experiencing homelessness focused the entirety of her artwork on the solidity of having a home:

"...finally realizing that her home was who she was, not what she had" (Harding, 2010, p. 68).³⁰

Rural areas illuminate a different picture of poverty for females than urban areas. It is increasingly difficult to access and afford the provisions of basic needs (e.g. shelter, food, hygiene products).⁹ Without significant economic development, and a concentration of industrial, trade, and labor related jobs, females have little opportunity for employment, and rather, fulfill the role as the family caregiver.¹⁰ This context is one that breeds powerlessness and vulnerability for women in rural contexts.¹

Despite unknown statistics about the prevalence of women and girls experiencing homelessness in rural areas, it is understood that women, girls and their children are disproportionately represented in the rural homeless population.⁶ Furthermore, many of the women and girls who are experiencing homelessness in rural areas are Aboriginal, or non-status residents. Therefore, many of these recommendations intersect with those of women who are Aboriginal or non-status residents. Lastly, for the purpose of this review, the term *rural* will be used to represent rural, remote, and northern contexts.

In addition to what is common amongst multiple populations, the following presents an overview of what is unique to women and girls who are experiencing homelessness in a rural context:

Pathways into Homelessness

- Rural conditions (i.e. harsh climate, small population base, high cost of living, growing private business sector, limited employment, lack of transportation, high costs of labor and materials to supply housing, and inadequate access to services)^{1, 11}
- Emphasis on the critical lack of affordable, accessible, and appropriate housing^{2, 4, 11, 12}
- Exit substandard living conditions (e.g. overcrowding, mould, and no electricity or heat) in efforts to prevent physical illness and seek an area of greater safety for themselves and their children^{2, 6}
- Condemned housing⁶
- Migrate to neighbouring, more populated cities in hopes of finding adequate housing, supports, and employment¹³
- Increased financial dependency on a male partner due to male dominated workforce^{10, 14} and an inability to work in industrial jobs that may be present (e.g. mines and camps)^{14, 15}
- Intergenerational income dependency¹

Barriers from Exiting Homelessness

- Heightened scarcity of resources^{1, 5} and services³
- Services are short term, unsustainable² and have limited follow up¹³
- Geographically dispersed services² and high cost of transportation to access them^{1, 16}
- High cost of living^{1, 17}
- Many of the job opportunities for women are seasonal¹³
- If children are apprehended in a rural environment, housing that is conditional on family status is withdrawn¹⁴
- Women migrate to seek access to their children (post apprehension) in more populated communities and find there are no employment or housing opportunities in the new community^{13, 14}
- Avoid accessing needed health care due to not having a permanent address or area to store medication¹⁶ and avoid residential mental health and substance use services due to a lack of income support while in treatment¹
- Regress from transitional housing back to shelter in order to qualify for public housing^{1, 11}

Housing Needs/Preferences

- Women need to be housed in a safe neighbourhood^{4, 9, 17} that has well maintained properties⁵ and is drug free¹⁷

Note: all other preferences and needs listed, were those listed in the section entitled, *Common Considerations for Ending Women and Girls Homelessness*.

But it's got me thinking. Why not have a little community of women, where they can have their own little space, where they can protect and support each other? You'd think the Government could invest in something like that. It only makes sense, with so many women just needing a little help to make it (Four Worlds Centre for Development Learning, 2007, p. 71).³¹

Housing Strategies

- Housing options that are flexible and facilitate integration into the community¹
- Suggestions for transitional housing include; being long term, service intensive, private, child friendly, and engaged in gender and cultural sensitivity¹
- An identified strategy to help provide support in rural areas is to provide in-home computers for women and girls and Internet access to allow for video conversations with staff¹⁸
- Program suggestions include those that work with landlords to eliminate discrimination and promote equity,⁴ and those that provide tools and resources to improve advocacy and access to advocates as needed⁵

Preferences, Needs, and Suggestions for Services

- Assistance with complicated instructions⁷
- Integrating physical, mental, emotional, and spiritual needs in a holistic model of care¹⁹
- More informal, relational systems and services for women and girls who tend to prefer these to formal agency based systems and services⁶
- Aim to form strong working relationships between formal and informal helping networks, to create a connected community of strength⁶
- Flexible services²⁰
- Provide an honest environment for communication³
- Services that do not have an alternate agenda (e.g. religion) ³
- Services which collect, interpret, and share information amongst one another to help track outcomes and indicators, funding needs, and support service modification (i.e. integration)¹
- Increasing the number of services targeted to youth³
- Supplement family support as to not cause dissidence within families¹⁶
- Development of community networks¹
- Focus on long term solutions and systematic change^{1, 6}

Service Providers

- Address feelings of stigmatization¹⁷
- Take time to thoroughly assess the issues and concerns of each individual⁶ and be sensitive and responsive in return²
- Increase social awareness of issues for rural women, girls and their children²¹ and become more active in seeking out those that require immediate assistance (e.g. nurses identifying high risk families)²²

Physical Health

- Consider nutritional deficiencies, exposure to pollutants and extreme temperatures, a lack of money for basic hygiene products, insufficient sleep, and other by-products of extreme poverty and lack of stable housing¹⁷
- Use of video conversations on the computer to provide health services¹⁸

Mental Health

- A mental health program that addresses trauma related concerns^{13, 14} and is rooted in local culture with options for women in where they want to seek counselling¹⁴
- Clinical nursing interventions to help address shame and fear²³
- Assistance with managing burnout and stress, and managing a hectic schedule⁷
- Help them feel empowered, assist to gain control over their lives¹⁰
- Increasing the number of culturally relevant mental health services¹³
- Access to mediation/ conflict resolution³
- Trauma related programs at individual, family, and community levels¹⁴ and work to build on women's and girl's existing coping strategies²

Substance use/ Addiction

- Greater number of culturally relevant addiction services established in rural areas¹³
- Aside from acute, short-term addiction programs (e.g. detox), it is suggested that long-term addiction supports (i.e. community based resources) are implemented to help individuals maintain sobriety¹³
- Screening for substance use upon entering services, with a policy in place to respond to this concern⁷

Social Services

Social funding.

- Address income inequality⁴

Children related.

- Child education¹⁶ and development^{7, 16}
- Safe areas for play¹⁶
- Counseling for children's mental wellness^{3, 17}
- Improved child protection services⁹

Food.

- Improved access to affordable food³
- Increased availability of food stamps where utilized²

Shelters

- Shelters that serve women³ or youth^{3,9} exclusively or offer service provision to families^{2, 11}
- Service models that are sensitive to culture and gender¹
- Shelters are not exclusive to women who have experienced domestic violence, but rather, are inclusive to women and girls experiencing chronic homelessness as well¹
- Young women identified the importance of female and youth specific shelters that attends to the needs and wants of the population³
- Well equipped with community service information, or have services on site⁷

Employment

- Employment that promotes gender¹⁰ and income equality⁴
- Greater economic development in areas lacking employment opportunities for women and girls^{1,8}

Education

- Life skill related courses in secondary school, including a focus on money management, how to find a home, and how to avoid being taken advantage of³

Women's Community Services

Leaving domestic violence.

- Safe homes provided by rural families (i.e. community volunteers), for those females that have experienced violence for 1-7 day use. In this time they can make travel arrangements to the nearest violence against women (VAW) shelter. Families of safe homes should be trained to provide emotional support and safety.²⁴

Support groups.

- Informal, relational systems and services (e.g. women's community group)⁶

Faith/ Spiritual.

- Emotional support and prayer in church related groups^{6, 14}
- Bible study groups⁶
- Churches which provide basic needs⁶

Art.

- Art services which incorporate: voluntary participation; are open to children and abstract creativity; and have service providers who participate in services, see the women, and listen to their stories²⁵

Social Support

- Peers^{1,20}

- Find ways to strengthen family ties⁶

Housing First

Despite no mention of Housing First initiatives in this literature review, some of the suggested strategies for housing align with Housing First principles, including:

- 1. Consumer choice and self-determination:** Consumer choice¹
- 2. Immediate access to permanent housing with the support necessary to sustain it:** Provision of rapid rehousing;^{2, 17} increasing the number of supportive housing options depending on individual needs^{1, 3, 20}

There is some discussion however, about the effectiveness of a Housing First approach in a rural context. Despite some authors supporting this,¹⁸ others question its pragmatism at the current point in time.²⁶ There is concern that there is simply not enough housing and services in areas such as Canada's North in order to successfully implement Housing First initiatives.²⁶ In order for Housing First initiatives to work, they will need to be tailored to the unique context of rural areas.²⁷

Trauma Informed Care



Discussion of Trauma Informed Care for women and girls in rural areas experiencing homelessness was identified in one dissertation. The purpose of this dissertation is curriculum development for Trauma Informed Care for case managers in shelters (See Appendix J). It is supported with pragmatic suggestions for application of Trauma Informed Care. A limitation of this, however, is that it is directed solely towards case managers working in shelter services, and therefore its applicability to other social services and service providers is unknown.⁷ However, suggestions that are applicable to all service providers in a rural area are:

- Knowledge of the client, oneself, and the community in which one works⁷
- Attend to the well-being of service providers who are often stretched thin due to limited services and workers in rural areas⁷

Examples of preferences and suggestions for service provision that align with the principles of Trauma Informed Care include:

- 1. Mutuality and collaboration:** Involving those who will utilize the services in defining and developing interventions and services^{1, 3}
- 2. Historical, cultural and gender Issues:** Trauma related programs be rooted in local cultures¹⁴
- 5. Empowerment voice and choice:** Women and girls want to feel that their needs are listened to;²⁵ options for women and girls to choose where they want to seek counseling.¹⁴

Recommendations

Macro

- Engage the public further in garnering support to raise both voices, and funds, to increase the amount of affordable housing for women, girls, and their children in rural contexts^{1, 3, 20}
- State and local child welfare leaders should clarify definitions of child neglect and send clear messages to social service agencies, health care and school staff about approaches child welfare systems will take in working with homeless families so they are better informed²

Policy

- Policies that attend to removing the unique barriers and incorporating the needs¹ identified by women and girls in rural contexts
- Reforming the landlord and tenant act, which may have the potential to shift landlords from being part of the problem to part of the solution in terms of homelessness¹
- Public housing policy and landlord and tenant regulations and enforcement need to undergo revision with a gendered lens, considering the unique needs of women and girls residing in rural contexts^{1, 9, 11}
- Improve government acknowledgment⁵ and create housing policies that remove barriers and apply a cultural and gendered lens in policy analysis, are measurable, and hold agencies accountable upon evaluation¹
- Policies should be based on qualitative and quantitative research⁸
- Social welfare policies should be broad and flexible, aimed towards creating safety and economic security^{10, 28}
- Until appropriate and safe shelters and housing exist for women, policy needs to support mitigation across territories for women and girls if that is what is required to ensure safety¹¹
- National policy needs to support women and girls from shelter to transitional housing, to public housing, in this order¹¹

Meso

- Focus on protective and recovery factors⁸ and build on the strengths of women, girls, and their families²⁹
- It is important to also focus on improving nearby urban centers to which many migrate in hopes of accessing housing, employment and services¹³
- Economic development initiatives^{1, 8}

Research

- The combination of informal and formal social support networks in moving women and girls into and out of homelessness¹⁰
- Studying the prevalence of homeless amongst women and girls in rural contexts³
- Understanding the perspectives of landlords and property managers⁴
- Study the intergenerational effects of homelessness in rural contexts¹⁵

Reflection

- Despite mention of significant issues with law enforcement, there was little discussion of initiatives to improve this service
- There is potential for a Trauma Informed Care approach to be a successful model of care for women and girls in rural areas as each of the principles was identified as important in service provision throughout this review. Further exploration and evaluation of such an initiative is needed.

Summary

For women and girls living in a rural context, pathways into homelessness can emanate from unique socio-environmental characteristics. Women and girls are increasingly subject to poverty due to income dependency on their male counterparts, as sparse economic development and employment for women exist. With few opportunities for employment, job training, or education, when a breakdown in relationship occurs women and girls are often left homeless with their children. The rural climate, a lack of transportation, services and the high cost of meeting basic needs present significant economic strife. Furthermore, coupled with the critical lack of housing in rural areas, substandard living conditions, unsupportive landlords, and condemned housing can act as entry points into homelessness. Lastly, when rural women decide to migrate to a nearby, more urbanized community either in hopes for more opportunity, or to be closer to their children, they often find these communities have little more to offer than the rural community that they left.

Women and girls in rural areas face many barriers to exiting homelessness. Most salient is the lack of, and geographical dispersal of services. Women and girls discussed being unable to afford transportation between services, and having to walk hours a day just to access them. Furthermore, services were often avoided because of stigmatization, discrimination, strict criteria, and a perception that without income support while in services, or follow up thereafter; there was little point in accessing them at all. Landlord and housing authority discrimination as well as feeling unsupported by law enforcement were also considerations that prevented women and girls from being safely housed.

In terms of housing, the importance of its geographical location was mentioned. This included its proximity to transportation and services, as well as being located in safe and maintained neighborhoods. It was also mentioned that supports were important in both accessing and maintaining housing.

Strategies for housing women and girls in rural contexts include: improving the critical shortage of housing; having options for available housing (including supportive and transitional housing); working to eliminate housing discrimination and promoting equity in its access; and considering the use of technology in order to improve women and girls access to supports while housed.

With regards to services, improving service accessibility and integration were the most salient themes for rural living women and girls. It was identified that women and girls have preference for

informal, relational services as opposed to formal agency based services. It was voiced that services should be responsive to diverse and dynamic needs of women and girls and provide environments of safety, honesty, and inclusivity.

Apart from what is common across multiple populations, service providers must address women's and girl's feelings of stigmatization, facilitate access to services, and act as advocates to illuminate the issues that being female, homeless, and living in a rural context can create. As with many other populations, physical and mental health care and addiction services were identified as very important. Also mentioned was a need for services that protect and support the wellbeing of children. Emergency, Violence Against Women (VAW) and safe house forms of shelter were also noted as being significant to this population. There is controversy surrounding the pragmatism of a Housing First model in a rural context. Little is known about a Trauma Informed Care service model, however there is evidence that it has potential for efficacy. Recommendations for the future focus on awareness, prevention, housing interventions, and policy revision.

Appendix J

Trauma Informed Care dissertation

Keck Betru, Y. (2013). *Supporting transitionally homeless women in rural regions: The need for trauma-informed case management* (Doctoral dissertation). Retrieved from http://repository.upenn.edu/cgi/viewcontent.cgi?article=1045&context=edissertations_sp2

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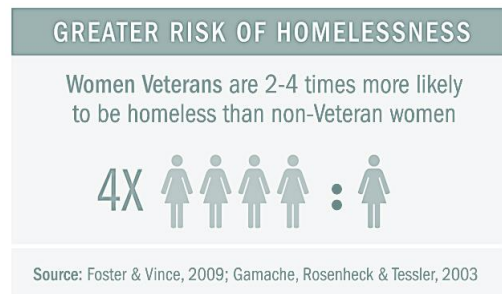
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k) Women Who Have Served in the Military

Contrary to the beliefs of many, women who have served in the military confront significant challenges despite less exposure to combat.¹ Women experience high rates of sexual harassment, sexual assault, and interpersonal stressors such as a lack of social support.¹ Many women also face hardships when they return to civilian life after deployment.^{2,3} The psychological toll of their experiences while in the military and the complexities of returning to a changed social and family environment² can lead to feelings of estrangement and disconnection⁴ from what was once ordinary civilian life.

A pivotal point of vulnerability for women who have served in the military is upon exit, or discharge from military services. One reason for this is that women experience staggering rates of Military Sexual Trauma (MST) (i.e. sexual assault and harassment)^{2,5} and feel like there is no one they can tell.⁶ As a result, one often leaves her career to protect herself from future victimization.⁷

In 2009, women comprised 8% of the total United States military population. Rates of women with military involvement are expected to increase to 15% of the total military population by the year 2035.⁸ Women veterans are 2-4 times more likely to be homeless, and approximately two thirds of those who have served in the military and are experiencing homelessness are unsheltered.⁹



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Women who have served in the military and are experiencing homelessness are a distinct group that exhibits unique pathways into becoming homeless.¹⁰ Women in the military have been suggested to be exposed to a double jeopardy of danger as they not only confront death and injury from the enemy, but also possible rape and assault from their male co-workers.¹¹ Fifty three percent of homeless women reported sexual assault during military service.¹² Military trauma is highly unique to this particular population, and has serious sequela, including poor mental and physical health and substance use¹³, which can lead to a downward spiral into homelessness. As women do not always identify with being called a veteran,^{3, 14, 15} the phrase *served in the military* will be utilized to identify this particular population. There is noted overlap amongst those involved in the criminal justice system and older women.

In addition to what is common to multiple populations, the following presents an overview of what is unique to women who have served in the military and are experiencing homelessness:

Pathways into Homelessness

Exiting Military Service

- Punitive or premature discharge from service¹⁶
- Exiting the military due to poor career advancement opportunity⁵
- Inadequate health care while in service¹⁷
- Inadequate opportunity to balance military and family life¹⁷

- Misinformed or uninformed about access to retirement income⁴
- No provision of community resources upon exit from military^{17, 18, 19}
- Returning to an abusive situation they fled when entering the military¹⁸

Outcomes of Military Service

- Military sexual trauma^{19, 20}
- High rates of revictimization upon return home (e.g. domestic violence)¹⁹
- Service substance use¹⁹, or substance use upon return home^{16, 19, 21}
- Poor mental health leading to increased risk of criminal involvement²² and desensitization to potentially dangerous situations²²
- Poor health and/or physical disability^{19, 22, 23}

Altered Civilian Life

- Inadequate dwelling time between deployments leading to disrupted social networks⁵

Service Provision

- Services which have misconceptions about women who have served in the military (i.e. undermining presence of traumatization, as they perceive women have been less exposed to combat or kept out of harm's way)²⁴
- Feeling isolated or abandoned in the experience of seeking services²⁵
- Feel services are uncomfortable or inappropriate²⁵

Barriers from Exiting Homelessness

- Ineligibility to meet criteria for housing programs^{2, 25}
- Lack of housing for transition from residential programs²⁵

Service

- Lack of military exit interviews for women to screen for service needs²⁵
- Shelter staff neglecting to write referrals for temporary housing²⁶
- Few Trauma Informed Care services for females³
- Safety concerns in mixed gender programs²⁵
- Limited options for those without a mental illness or substance use issue²⁵
- Lack of services related to family prevention²⁷

Personal/Psychological

- Feeling disempowered and lacking social and human capital⁴
- Feeling punished, ignored²², stigmatized or harassed²⁵ when reporting MST²²
- Military culture: being discouraged from reporting abuse or violence in service²⁵

- Refraining from employment if it means working for a male supervisor, in a male dominated professional setting, or in male/female co-located military services²
- Feeling isolated, abandoned²⁵ in their search for services, and guilt and shame in requesting services^{2, 26, 28}
- Perception that military specific services are unwelcoming and do not provide adequate safety, privacy and access to child care^{5, 28}
- Women do not associate themselves with being a *veteran* and therefore, do not seek services that identify as such (e.g. Veterans Affairs)^{3, 14, 15, 26}

Housing Needs/Preferences

- Preference and effectiveness of transitional housing^{23, 25, 30}
- Residential programs^{25, 31, 32}
- Congregate living³²
- Gender specific services⁴
- Independent, permanent^{4, 32} supportive housing^{2, 16, 32}
- Intensive case management^{2, 12, 32}
- Necessary time to make arrangements for housing upon exit from service¹⁶
- Secure employment prior to housing in order to make rent payments [Note: This conflicts with principles of Housing First, and speaks rather to affordability component of re-housing]²

Strategies for Housing

- Programs that provide housing, offer employment, and provide treatment³³
- Rapid rehousing, case management, employment support services and access to military specific services and benefits²
- Early and rapid intervention that capitalizes on women's strengths³²
- Assistance with application to military specific benefits¹⁶
- Address trauma as a first priority²
- Housing First strategy³¹



- Mary E Walker Home
- The Renew Program
- New Directions

Preferences, Needs, and Suggestions for Services

- Emphasis on the preference for female specific services^{1, 4, 5, 22, 34}
- Mixed gender programs need to be tailored to address safety concerns of women²⁵
- Information^{2, 25} about and access to military benefits,^{16, 25, 35, 36} income¹⁶ and employment¹⁶ upon exiting military service
- Early service intervention upon returning to civilian life¹⁸

- Greater number of resources located within accessible distances²
- Recognition that women are in different phases of homelessness when they present to services³⁷
- Utilize more inclusive language (i.e. “women who have served in the military”) ²⁶
- Outreach campaigns to improve awareness of military services^{12, 26}
- Embrace a service and organizational culture of Trauma Informed Care^{2, 3, 18, 22} and holism^{2, 18}; maintain an awareness of trauma without minimizing the experience or the effects²² screening for MST^{18, 22}, risk of homelessness, and other forms of violence^{3, 12, 22} and consider the impact of MST on body image¹⁷
- Engage in community meetings to help increase sensitivity to the needs and experiences of women who have served in the military ² and expand homelessness prevention programs¹⁴
- Offer choice about service use³

Military Specific Services

- Address women’s potential misconception that they will not receive gender appropriate care, in order to educate otherwise and improve access to services³⁸
- Help facilitate the transition of women returning to civilian life upon exiting the military with mandatory debriefing, and regular check-ins¹⁵
- Be prepared to deal with poor mental health and trauma³⁹
- Prepared to adapt to the growing population of military women in the near future^{4, 24, 33, 39} being proactive in preparing mental health services and providers for this future²⁴

Military sexual trauma.

- Focus on the prevention of MST¹³
- Assess those at risk of (re) victimization by assessing for a history of abuse and/ or homelessness during military intake interviews¹⁸
- Assess for trauma after time spent in military,^{7, 18} in order to provide early intervention¹⁸
- Build and implement strategies to help women boost their resiliency¹⁸
- Consider the presence of MST and its effects on work functioning prior to inappropriate discharge from services⁶
- Review military assault procedures to ensure women are not penalized for reporting a crime and have access to immediate psychological services¹⁸
- Encourage and assist women in the process of reporting MST and in asking for help⁶
- Facilitating anonymous reporting or use of a MST questionnaire⁵
- Referral to provider who specializes in MST and can offer the required mental health care⁴⁰

Service Providers

- Those who are female^{16, 22} and have also served in the military²⁵
- Approach women with compassion, sensitivity and awareness of the stigmatization often associated with sexual victimization (e.g. do not use words such as “rape” and “sexual harassment,” and ask questions in a descriptive, non-judgmental way)⁷
- Ability to choose between co-ed or women only services or programs²⁵
- Holistic approach to help enable women to address their many roles²

- Tailor language used in conversations based on cues from women²
- Respond to disclosure in a trauma informed manner: empathy and validation of the experience; establish rapport, trust, and a space of emotional safety for the woman; and engage the woman in treatment, connecting her with appropriate trauma treatment services²²
- Carefully listen to women's pathways into homelessness to address the underlying issues²⁰
- Incorporate a family approach (e.g. children present during mother's appointments) ⁴

Case Management

- Focus on housing stability, understanding trauma related issues (e.g. MST) and its impact on women's ability to obtain and maintain housing, healthy relationships, and employment¹²
- Navigate the system⁴¹ and link to services²⁵
- Help women develop self-help skills and advocacy²⁵

Outreach

- Seek areas where this particular population gathers²
- Partner with community resources to enhance outreach efforts²

Physical Health

- Continual screening for history of trauma¹⁸ and homelessness³²
- Incorporate mental health care into primary care services³⁰
- Properly sized (i.e. tailored to gender) joint replacements for injuries sustained in service³⁵

Mental Health

- Attend to trauma and utilize a Trauma Informed Care Approach^{3, 12}
- Increased clinical attention and screening for Post Traumatic Stress Disorder⁴² and other anxiety related issues³⁰
- Female specific counseling for MST^{12, 35} and non-combat trauma³²
- Consider unique individual needs to improve mental wellness (e.g. pets, therapy, relaxation)⁶
- Help improve self-esteem, depression and social support⁴³
- Address body image issues after MST, amputation or disfigurement¹⁷
- Include family mental health services due to their potential exposure to trauma²²
- Work to dismantle counterproductive notions that increase feelings of isolation and poor self-esteem where they exist¹⁸
- Have or link women to twenty-four hour accessible outreach services⁶
- Address relationship issues and substance use¹⁸



Program Example:

Seeking Safety Residential Program^{39, 44}

Substance use/ Addiction

- Offer individual and group treatments that address both recent and residual trauma²⁸
- Assist women to address current negative relationships where they exist, or help women form new one's²⁸

Social Services

Social funding.

- Disability or pension benefits⁴²
- Information on available financial benefits³⁶
- Secure income, or social assistance¹⁶

Childcare.

- Childcare options for when women are deployed on short notice²⁴

Life skills.

- Assistance with money management⁴⁵
- Home management activities⁴⁵
- Self-care⁴⁵
- Managing stress⁴⁵
- Parenting skills^{17, 45}

Food.

- Increase access to food stamps where utilized¹⁶
- Nutritional program for women, children and infants

Shelters

- Restricted to females^{1, 5}
- Accommodate women-led families² and families that include men²²
- Ability to be accommodated in the same shelter with a same-sex partner who has not served in the military²⁵

Employment

- Employment First philosophy [Note: Again, this is in conflict with Housing First]²

- Informed, committed mentors to position and assist women in finding employment, hone in on their career goals and package their military skills and experience towards meaningful civilian jobs¹⁹
- Workplaces that consider making adaptations to better accommodate a woman's experience of trauma (e.g. female supervisor), or support women in attaining skills to acclimate to workplace situations²
- Supporting goal setting and access to resources to achieve goals²

Education

- Schools offer campus groups that are specific to women who have served in the military²

Women's Community Services

Support groups.

- Trauma informed support groups³

Peer support.

- Offer opportunities for women to return to services as volunteers and peer mentors⁴⁶
- Provide opportunities for cohesion and support with other veterans^{2, 3, 4, 6} (i.e. peer support)

Social Support

- Family therapy²⁰
- Facilitate friendships and bonds with other veterans⁴
- Increase the number of services that help to improve social networks⁴³

Judicial

- Effective community re-entry plan/ programs for those exiting custodial settings⁴
- Referral made to a military specific representative²⁵, and comprehensive case manager upon exit from custodial care⁴
- Outreach, treatment, and evaluation of programs^{4, 18}
- Intensive follow-up, advocacy and support⁴
- Assistance with life skills⁴ and utilizing available resources and programs⁴

Housing First

There is mention of a Housing First strategy for this particular population³¹, however the studies used to support this finding are not specific to this particular population. However, several housing preferences or recommendations also align with Housing First principles including:

1. Consumer choice and self determination: Providing options in consideration of each women's individual needs²

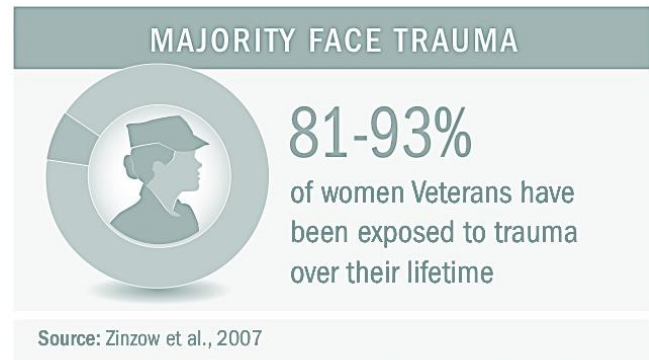
2. Immediate access to permanent housing with the support necessary to sustain it:

Rapid, supportive, permanent re-housing^{2, 4} with intensive case management¹²,

4. Social inclusion, self-sufficiency, and improved quality of life and health: Employment services^{2, 33}

Trauma Informed Care

Despite Trauma Informed Care being identified as in its infancy for women who have served in the military,⁴⁸ the sheer prevalence of trauma (i.e. 81-93%)^{2, 18, 39} has motivated many services to incorporate aspects of Trauma Informed Care in service provision. One example of this that was mentioned several times throughout the literature review is routine screening for trauma.^{18, 22}



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Trauma Informed Care guidelines for women who have served in the military were created in 2011 by the United States Department of Labor.^{3, 48}

The key components of trauma informed care for women veterans include:

- Training all staff on trauma and its impact and the core principles of Trauma Informed Care
- Creating safe and supportive environments
- Providing comprehensive assessments that consider history of trauma, including trauma prior to, during, and after military service
- Providing trauma specific mental health services
- Involving military women in all aspects of program development
- Adapting policies to support trauma informed culture and practice and to avoid causing additional trauma
- Offering specific services for the children of women who have served in the military

Recommendations

- Modifying criteria for housing programs¹²
- Improving referral processes to facilitate access to housing or housing programs out of shelter²⁶
- Ensure shelter while women are awaiting housing²⁶
- Improve transitional housing for women and children²⁶
- Develop strong partnerships of communities, employers, and providers to develop a safety net to support women who have served in the military to acquire sustained housing and employment²

Research

- Further examine the needs of particular populations of women who have served in the military and are experiencing homelessness (i.e. LGBTQ and minority women) ¹⁷
- Statistical data in regards to the number of women who have served in the military and are in custodial settings⁴
- Cost efficiency and overall effectiveness of services, programs and interventions³⁰, as well as their adherence to safety and security standards²⁶
- Benefits of children’s presence during mother’s treatment³⁹
- Relationship of trauma exposure and its effects in this particular population to help inform Trauma Informed Care¹

Reflections

- Few evaluative studies of housing and program interventions ³⁹
- Limited research related to military trauma, that is not specific to military sexual trauma
- Discussion of social service was often grouped (i.e. “social services”) rather than described in service specific detail
- Majority of the literature that refers to veteran specific services is related to Veterans Affairs in the United States

Summary

Exiting the military can be a pivotal point for women in their pathway into homelessness. Some women are discharged prematurely or punitively without appropriate exit plans, leaving them ill-prepared for civilian life. Other women leave the military prematurely due to high rates of victimization (e.g. military trauma) and its consequential poor mental and physical health. Services often do not meet the unique needs of this particular population- ignoring the presence of traumatization and lacking gender specific programs. Other barriers that prevent women from utilizing services for assistance include feeling disempowered with little social or human capital, feeling stigmatized and ignored when reporting episodes of trauma, and conforming with a military culture that discourages reporting violence or abuse.

Similar to other particular populations, women who have served in the military have individualized housing needs and preferences. The literature identified transitional housing, residential programs, congregate living, and independent, permanent, supportive housing as options for housing this particular population. Women also identified needing improved housing plans upon exit from the military and the supportive personnel to assist with this (e.g. case managers). There is also support for a Housing First strategy.

Many military-involved women identified the importance of employment in order to become self-sufficient and remain housed. Other strategies for housing women who have served in the military include the provision of female identified services and supports, providing case management, rapid rehousing, addressing trauma, and assistance with application to military benefits.

Women require early service intervention upon exiting the military, access to benefits and income, and improved information about available services and supports. As with other populations, improved coordination and integration of services that utilize a Trauma Informed approach has also been suggested. Services need to address, and treat military trauma appropriately, ensuring that referral is made to appropriate services if they are ill equipped to provide necessary treatment. It appears that military women tend to prefer female specific services and service providers. Women require service workers who are compassionate, sensitive to their unique needs, and have been trained to work with this particular population.

There is an emphasis on assisting military women in their process of reintegration into civilian life, and the need for mental health care due to the heightened prevalence of trauma to which they are subjected. For military women who have become involved in the criminal justice system, appropriate exit plans that are sensitive to their needs are highly important to successful community reentry.

As with other populations, improving current housing and housing programs to accommodate the individualized needs of this particular population is recommended. Improving coordination amongst services to prevent absolute homelessness was also identified. Further research is needed to understand the impact of trauma and the effectiveness of housing and service interventions.

Appendix K

Exemplar programs

Mary E Walker Home

<http://www.vmcenter.org/index.php/services/homeless-veteran-services/the-mary-e-walker-house>

The Renew Program

<http://link.springer.com/article/10.1007%2Fs10879-014-9263-2>

New Directions

http://www.newdirectionsinc.org/about_womens_program.html

Seeking Safety residential program

Byrne, T., Montgomery, A. E., & Dichter, M. E. (2013). Homelessness among female veterans: A systematic review of the literature. *Women & Health, 53*(6), 572-596.

doi:10.1080/03630242.2013.817504

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Trauma Informed Care guideline

Women's Bureau U.S. Department of Labor. (2010). Trauma informed care for women veterans experiencing homelessness: A guide for service providers. Retrieved from

<http://www.dol.gov/wb/trauma/>

Foundational document

Institute for Veterans and military families (2013). *Lessons learned from the US department of labor grantees: Homeless female veterans & homeless veterans with families*. Retrieved from http://vets.syr.edu/wp-content/uploads/2013/11/NVTAC.Issue-Brief.FINAL_Electronic.pdf

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6. Limitations

Foremost, not all of the recommendations listed in this guideline have been rigorously evaluated, and therefore should be utilized with caution. Rather, many of the suggestions are an outcome of qualitative research that captures the preferences and suggestions of women, girls, service providers, stakeholders, and academics.

Another challenge that has been well cited in the literature is that there remains no standardized definition of homelessness within Canada.^{1,2} Therefore, sub-populations of homeless women and girls may not be equally represented in this review, as many researchers utilize a sample of the visibly homeless. Furthermore, some particular populations of women and girls experiencing homelessness have been extensively more researched, and therefore there is a greater depth of information relevant to their experience.

Search strategies did not include service specific searches (e.g. health care, case management, shelters) as that was not the focus of this review. Furthermore, the literature utilized in this review focused specifically on particular populations of women and girls. As a result, literature that broadly addressed women and girls homelessness was not extensively reviewed. Lastly, literature dated prior to the year 1995 was not included, as it did not meet pre-determined search criteria.

Although women and girls experiencing homelessness are confronted with many compounding and intersecting issues, they were categorized for the purpose of this review in order to illuminate their unique experience. Furthermore, some particular populations of women and girls experiencing homelessness may not have been included within this review. It should be noted, however, that all women and girls have different levels of mental and physical ability, which strategies for exiting homelessness must accommodate.

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7. Conclusion

Women and girls experiencing homelessness face tremendous challenges and demonstrate significant resilience in spite of them. Particular populations of women and girls share many common experiences, such as: hidden homelessness, trauma, poor mental health, substance use, and poverty. These experiences influence their pathways into homelessness, and the barriers they confront in exiting it. There is no consensus to the specific types of independent accommodations women and girls require in successfully exiting homelessness.^{1, 2} Transitional housing, however, was identified as being historically important to those women and girls with increased support needs. Housing characteristics noted across several particular populations include: safe, secure, affordable, permanent, accessible, adequate, and supportive housing. Women and girls also identified the need for assistance in obtaining housing, feeling a sense of community, flexibility in housing programs, and having options and choice in housing selection.

Women and girls require services and housing that meet their unique needs and preferences.² Despite categorically analyzing particular populations in this review, it must be acknowledged that women and girls have many compounding and intersecting experiences of homelessness. Recognizing and appreciating which issues are in the foreground for women and girls (e.g. mental illness) can assist providers in connecting them to the appropriate services and housing.³ Further, understanding which issues are in the background can assist providers in supporting women and girls through the different stages of their journey out of homelessness.³

Moving forward, it is necessary to effectively measure and evaluate services and housing outcomes.⁴ In doing so, effective program models and practices can be implemented to help disrupt the steady rise in female homelessness. There is no simple answer to a complex social problem with a vastly diverse population. However, Housing First and Trauma Informed Care appear to be two developing models that address the needs of women and girls. By taking a fresh look at an old problem⁴ and engaging a dedicated audience with a renewed sense of hope, ending women and girls homelessness is possible.



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