

A Case Study: Retrospective Analysis of Homeless Women in a Canadian City

Magdalena Solina Richter¹, University of Alberta
Jean Chaw-Kant, University of Alberta

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A retrospective study was performed using the case files of women shelter users to profile and describe the factors that are associated with homelessness in the women population in Edmonton, Alberta, Canada. Case files (660) were extracted by selecting every fifth file in each group (one group per year) beginning in 1985. Of all the files examined, the mean age was 34 years. Fifty three percent were single women and half were Aboriginal. Main reasons given for using the shelters were housing problems and involvement in abusive relationships. Thirty eight percent of women used shelters only once, while 25.6 % were considered chronic users. Establishing the profile of homeless women proved difficult because of the lack of usable data. What is urgently needed for women shelters is the creation of a standardized admission form that incorporates sensitivity and flexibility for each shelter admission.

The number of women experiencing homelessness has been steadily increasing over the past decade. Many societal factors, none of which are unique to any country, contribute to these increasing rates of homelessness in the women population. They include: lack of affordable housing, decreases in availability of rent subsidies, reduction in public welfare programs, migration from locales of low paying jobs to centres of economic growth, deinstitutionalization of the mentally ill, lack of education and training and unemployment. Personal and family level factors include separation and divorce of couples, domestic and family violence, substance abuse and physical and mental disease. This study will provide a retrospective profile of homeless women and the factors that are associated with homelessness in the inner city center of Edmonton, Alberta, Canada. Homeless women in this study refer to both single homeless women and homeless women with children. A better understanding of these factors should assist service providers with designing appropriate intervention programs with or for this vulnerable population.

WOMEN'S HOMELESSNESS

In major urban centers such as Vancouver, Edmonton and Toronto, homeless women are becoming more visible on the streets

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(Edmonton Joint Planning Committee 2004; 2006; Toronto, 2003). Homeless women without children account for about one quarter of the homeless population in Canada and they differ from homeless women with children by being more chronically homeless, older and having a higher incidence of substance abuse and mental illness (Hwang, 2001). Homeless women without children again are more likely to use homeless shelters in inner city neighborhoods. However, homeless women with children find it more difficult to find appropriate housing during transition phases. Shelters are not these women's first choice. Shelters are often criticized as being overcrowded, noisy, unsafe, unclean and not suitable for children.

When women become homeless, the use of homeless shelters is often their last resort. Researchers term these women who use services such as women's shelters as the 'visible homeless' (Neal, 2004). Very few women end up visibly homeless without first experiencing 'hidden' homelessness. The word 'homeless' has also been applied to those women who 'have roofs over their heads' as temporary as they may be (Kappel Ramji Consulting Group, 2002). The number of vulnerable women who are experiencing homelessness and are at risk of spiraling into visible homelessness is greatly underestimated in Canada (Frankish et al., 2005; Kappel Ramji Consulting Group, 2002). What is needed is a better understanding of the nature of women's homelessness.

Many homeless families are headed by single women with children. Characteristics of these women include growing up in poverty and having experienced domestic and family violence. They have often lost their jobs or fled from violence and ended up on the streets (Neal, 2004; Novac, Brown & Bourbonnais, 1996). Although women fled their homes to escape the violence, they remain the major caregiver and part of this escaping also includes finding a safe place for them and their children (Sev'er, 2002). Their living arrangements alternate between moving in with a relative or partner and sharing a room or apartment, prior to becoming homeless (Kappel Ramji Consulting Group, 2002).

In many cases these women have not completed high school, often dropping out because of pregnancy (Novac, et al., 1996). Research also shows that these women have at least one child suffering from a chronic health problem and other children they have trouble enrolling or keeping in school. (Da Costa Nunez & Caruso, 2003; Frankish, Hwang & Quantz, 2005). Bassuk et al. (1997) says minority status, recent moves, eviction, interpersonal conflict, alcohol and heroin use and hospitalization for mental illness in the women population add to the risk factors of becoming homeless. Anderson and Rayens (2004) added that homeless women often lack the ability to develop and access support from social networks due to a difficulty in forming and maintaining relationships.

We need to report and describe the individual level risk factors

that create and maintain the conditions of homelessness. By identifying the factors associated with a high risk of homelessness in the women population, it will be more practical to develop homeless prevention and intervention programs specific for this vulnerable population.

For this project, accessing information on homeless women has been challenging, however, since April 2001, the new Health Information Act came into effect in Alberta, Canada (R.S.A., 2000). This Act required that all health service providers, social service agencies, workers and volunteers record health information about their clientele. Thus information concerning the health of shelter users after 2001 might be easier to obtain. The analysis of information obtained from shelter user files collected over the years is the basis for this retrospective study. Valuable information resides in the files of these women shelter users.

The purpose of the case study was to profile and describe the factors that are associated with homelessness in the women population and the use of women's shelters in the inner city center of Edmonton, Alberta, Canada.

METHOD

Design

A retrospective study design was used. The study collected information related to the prevalence and distribution of homelessness and the interrelationship of variables within this population. This retrospective design enabled the researchers to develop a profile of homeless women and the individual level risk factors that are associated with this vulnerable population, over the last 20 years. Recently, others (Hanrahan et al., 2005; Little et al., 2005; Pasic, Russo & RoyByrne, 2005; Podymow, Turnbull & Coyle, 2006) have successfully employed a retrospective design to study the homeless population. One challenge is ensuring that appropriate and consistent data exist in files to support the analysis.

Setting & Sampling

Data was collected at two shelters in the inner city of Edmonton that offer short-term emergency housing to homeless and transient women who have little or no income. . A registered non-profit charitable organization is responsible for the operation of these shelters. These two shelters were purposely chosen for this study as they are the largest emergency shelters for women without children in Edmonton. One shelter provides emergency accommodation for all women older than 18 years in the form of free semi-private rooms, meals and clothing to women-in-need 24-hours-a-day, 365 days per year. The other shelter in the study is a second stage housing for homeless women without children who are

actively looking for work. They can only be admitted to this shelter through a referral from the first shelter

Prior to starting the data collection, the study was approved by the Health Research Ethics Board at the University of Alberta. Every fifth file in every group (one group per year) beginning in 1985 was chosen for data extraction at the shelters located in the inner city centre of Edmonton. The sampling protocol was consistently applied. Data extractions were performed locally in the shelters. All demographic information such as client names and previous addresses that could link the data to the shelter users was omitted. The researcher developed and used a data extraction form during the data collection phase to obtain information from the case files from 1985 to 2004. This tool was developed by the researcher and research team based on published criteria and their research experience. Six hundred and sixty data extraction forms were completed between February and August of 2005.

Verifying the Data

A system of cross checking was used to verify the data. Information from one in 20 files was independently extracted by both the researcher and the research assistant to determine the reliability of information extracted.

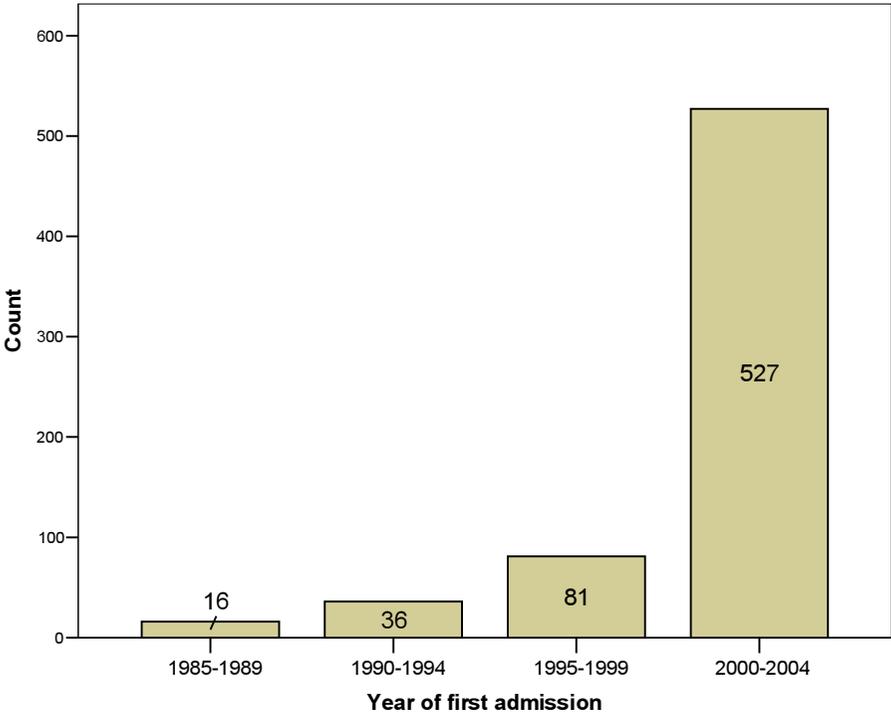
Data Analysis & Interpretation of Results

The data from all the data extraction forms were statistically analyzed using the Statistical Package for Social Science Research (SPSS) for quantitative data analysis. Descriptive information about the demographics of the women shelter users was extracted from the collected data including their health profile and risk factors associated with becoming homeless. Evaluation of the relationship between categorical variables was performed by using one way ANOVA and chi square analysis. If significance was ($p < 0.05$) detected, a post hoc analysis using Tukey's test was performed.

FINDINGS & DISCUSSION

Shelter Use

There is an apparent increase in the number of case files extracted in the 2000-2004 time period (Figure 1). This increase may be attributed to a number of societal, personal and family level factors and also to changes in service delivery to this vulnerable population over time. According to the Edmonton Homeless Count of 2004, there has been a two and half fold increase of visible homeless persons in Edmonton alone since 2000. Of those counted, it was reported that 27% were women (Edmonton Joint Planning Committee on Housing, 2004). From the statis-



* 1 in every 5 case files were extracted for analysis.
 Figure 1. Frequency of case files from 1985-2004

tics alone, one cannot determine who are the hidden or visible homeless women or those who have used or not used shelters.

Included in the various socioeconomic factors that may account for increased shelter use after the year 2000 are Alberta’s unprecedented strong economic growth in the last few years and an influx of migrant workers seeking jobs from other provinces. Alberta’s population has grown faster than any other province in Canada every year since 1996 (Statistics Canada, 2006). A huge housing shortage has resulted and subsequently the lack of affordable housing for low income families has contributed to the already over burdened network of homeless shelters and other service delivery agencies.

Age of Homeless Women

The age of the woman shelter user increased ($p < 0.01$) over the 20 year period from an average of 27 to 34 years (Table I). Since Alberta has the youngest as well as the fastest growing adult population, with 57% of people in Alberta less than 45 years old (Statistics Canada, 2006), we expected the age of shelter users to drop mainly because migrants tended to be relatively young. Brown, Richter and Chaw-Kant (2006) have found

in their integrative review of studies on homeless youth in Canada that users of shelters, social service agencies and health and outreach centers for the youth are typically between the ages of 12 and 25 years. A possible explanation to the increasing age in this current study is that younger homeless women (<25 years) are being referred to shelters that accommodate youth (both male and female). Novac, et al. (1996),

Table I. Characteristics of Homeless Women Shelter Users Over 20 Years

Variable	Year of admission to the shelter								Total N	P
	1985-1989		1990-1994		1995- 1999		2000-2004			
	N or mean	%	N or mean	%	N or mean	%	N or mean	%		
Case files extracted¹ (unique individual shelter user)	16		36		81		527		660	
Age (± SD years)	27 ^b ± 8.9		27 ^b ± 8.6		32 ^{ab} ± 10.4		34 ^a ± 1.5			p<0.01
Ethnicity² N=380										
Caucasian	8		10		30		143		191	
Aboriginal	7		19		35		125		186	
Asian	0		0		0		3		3	
Reasons for admission² N=377										
Housing related problems	10		16		38		163		227	
Abuse/ Relationship problems	5		12		25		102		144	
Physical/mental health issues	0		1		2		3		6	

¹ 1 in every 5 cases, files were extracted for analysis

² of reported cases ^{ab} Means with the same letter are not significantly different at p<0.05.

suggested that younger women generally prefer to align with younger men more than with adult women and to use the services of youth shelters.

Ethnicity

Except for the year groups between 1990-1994, where there were almost double the number of Aboriginal woman shelter users compared to Caucasian, Aboriginal women made up almost half the population of shelter users over each year group overall (Table I). The term Aboriginal as used in this study includes individuals who identify themselves as Métis, First Nation or Inuit regardless of treaty status (Public Health Agency of Canada, 2001). Since only five percent of the Edmonton population is identified as having an Aboriginal identity (Statistics Canada, 2003), Aboriginal women are substantially over represented in the shelter population. Lenon (2000) explained that racial minority women experi-

ence the effects of both sexism and racism within a predominantly profit-driven housing system, particularly in terms of access. Their lower incomes and lack of affordable housing choices puts them at risk of homelessness. Lenon (2000) continues to say that relations of power based on race are rarely put forth as a factor responsible for homelessness in Canada. Racism as a reason for Aboriginal women's housing instability must be addressed together with homelessness prevention strategies.

Reasons for Using the Shelter

Housing-related problems such as rental issues, financial difficulty, eviction, hospital discharge, being new to the city and no money to go home were among the main reasons given by women for going to the shelter. Abuse and relationship problems and problems getting along with family were reasons for admission. Thirty five percent noted they were involved in an abusive relationship. Having abusive relationships and housing problems (62.3%) were the main reasons why women had come to the shelter (Table II). Housing issues remained the predominant reason why women were admitted to the shelter over the 20 year period. Homelessness caused by social relationships and family issues involving abuse was prominent in homeless women. Others (Anderson & Rayens, 2004; Bassuk et al., 1997; Hanrahan et al., 2005; Neal, 2004; Novac et al., 1996; Pasic et al., 2005) have documented that risk of homelessness for women stem from childhood abuse, drug abuse, marital breakdown, fleeing abusive relationships and lack of family support.

There are other factors identified with women's homelessness. The erosion of the income of those who already hold marginal jobs and the economic insecurity of women are significant factors making women vulnerable to becoming homeless. Physical and mental illness such as having asthma, cancer and depression were also noted as reasons for admission to the shelters.

Frequency of Shelter Use

Thirty eight percent of the women used the shelter only once whereas 25.6% were considered chronic users with more than five admissions to the shelter between 1985–2004 (Table II). Similar to the present study, Goering, Tolomiczenko, Sheldon, Boydell & Wasylenki (2002) found that two fifths of their study participants were homeless for the first time and represented a sizable proportion of the overall population of homeless shelter users but cautions the assumptions that first time homeless persons may only be temporarily dislocated and unlikely to return to shelters. Goering, et al. (2002) stated that first time homeless persons have multiple indicators of serious problems and were similar to those who used shelters chronically.

Family Status, Health & Other Related Characteristics of Homeless Women

A third (31.1%) of the homeless women were married or in a common law relationship, 0.8% were widowed and 9.8% said they were single parents with children (Table II). As reported in the case files, twenty five

Table II. Demographics of Homeless Women Shelter Users in Edmonton, Canada.

Variable ¹ N=660 (unique individuals shelter user)	N or mean	%
Age (Mean \pm SD years)	34 \pm 11.4	
Family status		
Single	348	52.7
Married/common law	205	31.1
Widowed	5	0.8
Single parent with children (children separated from them)	65	9.8
	228	34.5
Involved in abusive relationship		
Number of times admitted to shelter		
Once	253	38.3
2 - 5 times	213	32.3
More than 5 times	169	25.6

¹ Certain variables do not add up to 100% as only some sub -variables are shown. Many variables have missing data due to blanks in the case files therefore the data set N differs for some variables shown as it shows only those case files that have reported data.

percent (25.5%) of shelter users were diagnosed with a mental illness such as depression, schizophrenia, bipolar disorder and fetal alcohol syndrome, while 18.5% claimed to have physical illnesses such as cancer, asthma, seizures and diabetes (Table III). Addiction to alcohol was reported in 21.1% of the case files, with a small percentage of women reported as using cocaine (4.8%) and prescription drugs (3.8%). Goering et al. (2002) had interviewed shelter users and reported higher incidences of mental, physical illness and drug addictions. Related to these addiction factors, 9% of the study case files of women shelter users indicated involvement with prostitution and 11.5% were involved in criminal activity and/or had jail time.

Missing Data

In 87% of the case files, the information concerning the educational level of the women was missing. Self reporting and/or willingness to disclose information by the shelter user in addition to inconsistent information gathered by staff limited the findings and interpretation of the present study data. We attempted to collect data on the types of life skills training and support programs received or used by the women, but missing data (more than 75% of case files reviewed) made it unfeasible to statistically

analyze this information. The retrospective design in the present study required laborious and intensive data collection that proved difficult to analyze. Future research to gather demographic information about homeless women shelter users may be more efficiently and accurately gathered by administering a standardized admission form over a period of time and conducting focus groups or personal interviews with willing shelter staff and shelter users.

Table III. Health & Other Related Characteristics of Homeless Women Shelter Users

Variable¹ N=660	N	%
Mental illness	168	25.5
Physical illness e.g. cancer asthma	122	18.5
Addictions	227	34.4
Alcohol	139	21.1
Cocaine	32	4.8
Prescription drugs	25	3.8
Involvement in prostitution	61	9.2
Legal involvement/jail time	76	11.5

¹ of reported cases

The Health Information Act in Alberta has made documentation of health information on clients mandatory and service agencies such as homeless shelters are incorporating the health information of shelter users as best as they can. This Act has enabled the implementation of better reporting and tracking of practices in homeless shelters.

Recommendations

Based on the researcher's experience with a lack of usable or reliable data in the homeless shelter's case files, one recommendation is the development of a standardized admission form that asks basic demographic information and other health and related social information/assessments from shelter users. This admission form used by shelter workers to collect information must be administered with sensitivity and flexibility given the state of physical and mental stress of the women who use these services. Collecting data on homeless women users is not an easy task given that collecting the information may further stigmatize or depersonalize already marginalized women. An open approach that is non judgmental is also needed with this population. Shelter staff should be educated on the importance of recording information accurately and consistently.

Although the need for affordable housing in Canada is a pressing issue, paring down the meaning of homelessness to simply one of physi-

cal housing obscures the relations of power that contribute to housing insecurity (Lenon, 2000). The dark side of a booming economy such as the one currently existing in Alberta is the lack of affordable housing for women leaving abusive relationships (Kleiss, 2006). Prevention programs that target homeless women need to address not only affordable housing but address societal and individual risk factors that spiral them into homelessness.

The context concerning women becoming homeless is complex and in flux, not only in Alberta but every where and this context is not easily explained as part of the discourse of homelessness. Addressing root causes of homelessness albeit not new topics such as poverty, education, childhood abuse, family conflict, violence, racism in society and physical and mental health are paramount and needs reemphasizing to stakeholders. Ignoring the root causes of homelessness will force already marginalized women to be susceptible to a series of negative events that force them to seek homeless shelters as a last resort.

We can ask ourselves how all the findings in this study relate back to the health of homeless women. Homelessness affects many women and has important health implications. The findings concerning the health of the homeless women in this study proved not to be different from findings in other studies. Violence against women is shown as one of the main reasons why women in this study use shelters. Sev'er (2002) stated that partner abuse has "complex, personal, social, structural and economic consequences for woman, her children as well as for her family and friends" (p.320). Except for the psychological effect it also has an effect on her physical health. In a study being conducted by Crowe and Hardill (1993), 21% of the homeless women reported being raped the previous year. Sexual and reproductive health is a major issue for homeless women and sexually transmitted diseases are widespread (Hwang, 2001).

What can we do? The impact of homelessness on the women's social functioning and health status should be raised at the community level by health care workers such as community nurses. Nurses should be involved in much needed services such as mental health counseling and substance abuse treatment in the homeless women population. Nurses can be instrumental as change agents by influencing the community's definition of public interest (O'Sullivan & Lussier-Duynstee, 2006) to include homeless populations. Advocacy and engaging the public in homeless discussions about the political and social discourse of homelessness and about the reality of homelessness in women is needed.

CONCLUSION

This study emphasizes the need to address the factors which perpetuate homelessness in vulnerable women. Profiling homeless shelter users is an essential first step for the development of effective interventions for this group. Edmonton is one of many cities in Canada where the issues concerning vulnerable and homeless women have become the

focus of attention in the past five to ten years. The information from this study will be significant to policy and program decision makers in the City of Edmonton as well as for other jurisdictions across Canada. The nature of women's homelessness and homeless women in Edmonton may be similar to other Canadian cities, therefore further research comparing the profiles of homeless shelter users across Canada is warranted.

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