**A Study of Women Rough Sleepers in Four European Countries**

ABSTRACT

This paper details the findings of a two year empirical study, funded by the Daphne III Programme of the European Commission, which investigated the issue of women's rough sleeping in four EU countries. The objectives of the research were to increase the knowledge base relating specifically to women rough sleepers who had suffered domestic abuse and to enhance knowledge and expertise in this field, thus informing future pan European policy. The research revealed specific findings about the context and nature of women's homelessness, including the fact that many of the current issues that prevail in relation to this social problem have common themes across Europe.

Key Words: Homelessness Women Europe Policy

I INTRODUCTION

For more than a decade, research has consistently demonstrated that women's rough sleeping is a persistent social problem that has received no gendered policy response (O'Connell & Robinson 2017)[1]. This is in spite of the fact that it is now fairly well accepted that women's rough sleeping and homelessness is in many ways quite different to that of men's (Moss & Singh 2016)[2]. The limited information available about rough sleeping tends to focus on the problem as experienced by men, as opposed to women (Singh & Southern 2009)[3]. The hidden nature of women's homelessness can often result in their needs being overlooked (Cabrera 1999)[4] since many homeless women spend time living with friends or relatives, often with

[1] Dagnija O'Connell and Tristy Robinson, *Female Long Term Rough Sleepers.* A Project for Central and NW London NHS Foundation Trust (2017) http://www.cnwl.nhs.uk/female-long-term-rough-sleeper-project-success/ accessed 6 June 2018

[2] Kate Moss and Paramjit Singh, *Women Rough Sleepers in Europe: Homelessness and Victims of Domestic Abuse* (Policy Press 2015)

[3] Paramjit Singh and Elizabeth Southern, *A Study of Women Rough Sleepers in Shrewsbury.* University of Wolverhampton Report for Shrewsbury Homeless Service Providers (2009)

[4] Pedro Jose Cabrera, *Homeless Women in Spain.* National Report for FEANTSA (Universidad Pontificia Comillas de Madrid, May 2000)

periods of sleeping rough in between (Casey et al. 2008)[5]. Previous research has also shown that women do not appear to access homeless services. This may either be due to a lack of awareness of the services available to them, or due to a lack of suitable provision (Grenier 1996)[6]. Added to the problem of the lack of detailed and realistic information about homelessness in general across Europe, this problem is more acute in the case of women's homelessness because very small proportions engage with street outreach teams (Crisis UK 2011)[7]. Many become homeless to escape violence from a partner or someone they know and this raises a strong case for further research in this area to highlight women's support needs specifically. This research is also crucial because rough sleeping is a major issue across European countries and is especially problematic within the current economic climate. This has been established inter alia by Bakos (2008), Beijer (2001), Muñoz et al. (2003), Reeve et al. (2006) and Rosengren (2003)[8]. The diversity of women rough sleepers means the target group can include immigrant groups, sex workers and women in unstable jobs; something which is not always taken into account currently by agencies. Within the UK research by Singh & Southern (2009)[9] demonstrated the special vulnerability of these women arising from family conflict with 40% presenting as victims of physical or sexual abuse.

## II METHODOLOGY

The research was conducted in the UK (West Midlands region) in the Andalusian

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[5] Louise Casey et al, Homeless Women in Public Spaces: Strategies of Resistance [2008] *Housing Studies*, 23, 6, 899-916.

[6] Paola Grenier, *Still Dying for a Home*. *Update Crisis Investigation into the Links between Homelessness, Health and Mortality* (Crisis 1996)

[7] Crisis UK (2011) *Rough Sleeping: About Homelessness*, http://www.crisis.org.uk/pages/rough-sleeping.html accessed 17 March 2017

[8] Peter Bakos, FEANTSA Annual Theme 2008, *Housing and Homelessness – National Report* (July 2008)
Ulle Beijer, Gender, Hospitalization and Mental Disorders among Homeless People compared with the General Population in Stockholm. *European Journal of Public Health* [2010] 20 (5) 511-516.
Manuel Muñoz et al, *The Limits of Exclusion: A Study of the Economic, Psychosocial and Health Factors which affect Homeless people in Madrid* (Témpora 2003)
Kesia Reeve et al, *Homeless Women: Still being Failed yet Striving to Survive*, (Crisis 2006)
Anders Rosengren, *Mellan ilska och hopp: om hemlöshet, droger och kvinnor Between Anger and Hope: About Homelessness, Drugs and Women* (Stockholm Carlsson Bokförlag 2003)

[9] Paramjit Singh and Elizabeth Southern, *A Study of Women Rough Sleepers in Shrewsbury.* (University of Wolverhampton Report for Shrewsbury Homeless Service Providers 2009)

region of Spain, in Budapest, Hungary and in Malmo, Sweden. The aim of the project was to conduct 20 interviews with women rough sleepers and 20 interviews with agencies working with them, in each country (N=160). The objectives of the research were to assess the characteristics and needs of women rough sleepers, and also current service provision, policy and practice and to contextualise this against the background of a grounded theory approach postulated by Glaser & Strauss (1967)[10] supported by realistic evaluation approach (Pawson & Tilley 1997)[11]. This combination gave us the methodological framework within which to place our formative and summative research questions. These mechanisms are particularly useful when undertaking qualitative interviews with vulnerable individuals where it is necessary to take a reflexive stance to try to ensure that the interpretation of any findings represents the reality of the interviewees' world and also minimises the influence of the research situation.

Grounded theory methods are appropriate since they consist of flexible strategies for focusing and expediting qualitative data collection and analysis. This approach provided us with a set of steps that enabled us to move from specific observations to broader generalisations in order to render a conceptual understanding of them. This approach has also helped us to develop theories from the qualitative data we collected and thus assisted in the conceptualization of that qualitative data, as well as demonstrating the relationships between the conceptual categories within the research and the conditions under which theoretical relationships emerged. Using this approach we were able to provide the appropriate level of in-depth analysis and reflection that was required. This is because the origins of grounded theory also lie in a paradigm called 'symbolic interactionism' and the work of American sociologist Cooley (1902)[12] – whose most famous contribution was 'the looking glass self' - and American philosopher Mead (1934)[13] who pioneered the development of the symbolic interaction perspective. Grounded theory provides a more rigorous and

[10] Barney Glaser and Anselm Strauss, *The Discovery of Grounded Theory: Strategies for Qualitative Research* (Aldine Transaction 1967)
[11] Ron Pawson and Nick Tilley, *Realistic Evaluation* (Thousand Oaks Sage 1997)
[12] Charles Horton Cooley, *Human Nature and the Social Order* (New York: Charles Scribner's Sons 1902 revised edition 1922)
[13] George Herbert Mead, *Mind, Self and Society*, (University of Chicago Press 1934)

systematic approach to the collection and analysis of qualitative data, which can enhance understandings of and provide explanation for, psychological or sociological phenomena. Rather than starting out with a theory, Strauss & Corbin (1994)[14] suggest that the grounded approach posits a possible explanation(s) for the phenomena that are being studied, thus allowing for the construction and development of a range of alternative explanations in relation to areas of under researched topics. Therefore, the idea is to build a theory in relation to an area of study where there may be little existing information, utilising multiple sources of data, including observation, interviewing, case studies and focus groups. However, whatever methods are employed by the researcher, it is important that the research remains fairly unstructured so that the chance of influencing the data or findings from any preconceived ideologies of the researcher is minimized.

In order to carry out this specific form of in-depth analysis, a researcher must be experienced enough to have 'theoretical sensitivity' in relation to being able to understand the meaning and sensitivity of the data. When one is dealing with emotive issues involved in women's homelessness - issues of co-morbidity, substance misuse, domestic and sexual abuse and mental health for example - there can be extremely sensitive issues at play and even traumatizing accounts of experiences. The way the researcher applies theoretical sensitivity to the data allows the researcher to delve more deeply into issues that present themselves as the research plays out. For example if we discovered in the course of interviews that particular types of abuse were more prevalent, we might develop that particular line of questioning, thus producing a continuous interplay between the collection of the data and its ongoing analysis, which in cases like this, is actually partially being analysed during its collection. This process is known as 'theoretical sampling' and basically means that the sampling may at times be driven by emerging theories to a point of saturation where it is perhaps no longer possible to learn anything more.

[14] Anselm Strauss and Juliet Corbin, Grounded Theory Methodology: An Overview in Norman Denzin and Yvonne Lincoln (eds) *Handbook of Qualitative Research* (Thousand Oaks Sage 1994)

The first activity undertaken with regard to the methodology was the design and implementation of the qualitative methodology. This involved the design of semi-structured interviews for the samples of women rough sleepers and agency workers within each country. Each interview took approximately 60 minutes to complete and they were then transcribed and subject to (individual) thematic analysis by members of the lead project research team, followed by joint team discussion of the issues raised to ensure that robust findings emerged from the research process. The research instruments were translated into Spanish, Swedish and Hungarian. It is important to note that an in depth discussion between the partners took place before these research instruments were drafted. In particular agreement had to be sought about the definition of homelessness/rough sleeping/ rooflessness/ domestic or intimate partner violence that the research team wished to adopt. This was a very important aspect of the research in the sense that it was agreed that the definition of this should be kept as broad as possible to reflect all possible definitions of homelessness /rooflessness and domestic abuse / gender violence. As a result of collaboration between all the partners the following working definitions were adopted for the purposes of the study.

*a) Houselessness / Homelessness*

Women in refuges, shelters or other ad hoc or temporary accommodation

- Women who remain in accommodation but are in an abusive situation
- Women who do not have a private / safe place for social relations
- Women who do not have legal title / exclusive possession to a safe home whether temporary or not
- Women who are excluded socially or legally but not necessarily physically
- Women in "Roving" accommodation

*b) Rooflessness*

- Sleeping or bedded down in the open air (for example; streets, doorways, parks, bus shelters)
- Staying or sleeping in a place not designed for regular sleeping accommodation for human beings / human habitation

- Not having a registered address
- European ETHOS typology “triple exclusion” ie; social / legal / physical
- Women in “roving” accommodation

*c) Domestic Violence / Abuse; Intimate Partner Violence / Gender Based Violence / Abuse*

- Partners decided to use whatever terminology they felt was most appropriate to their jurisdiction

*d) Violence / Abuse*

- Physical, social, psychological, honour related, sexual, economic, and financial.

*e) Intimate Partner / Gender Based Abuse*

- Occurring within a family
- Inter familial – that is, occurring within a group of peers or within a family type situation
- Within an intimate partner context.

A mapping and gapping exercise of provision available in all partner countries to support women rough sleepers provided an invaluable source of reference for both the researchers and the organisations involved in the study. This gave a clear representation of what services existed, who accessed these services and what kinds of support was available.

The semi-structured face-to-face interviews took place through a process of snowballing samples of women. This was accomplished in partnership with agencies whose workers were best placed to identify those women who are known to sleep rough, where they slept in public places and any ‘squats’ that were used as well as those women who had previously slept rough but were now in hostel or other accommodation. It should be noted that this was an extremely difficult aspect of the research in each country that took part in the study. Clearly, not all women were willing to participate in the study, but a sample size of 20 women was actively sought

from each country. The interviews adopted a sensitive 'life story' approach which has proved to work well in terms of empowering research with vulnerable women.

To assist in the analysis of the data the questions for women rough sleepers were précis into the following categories since the women represented in these samples were both hard to reach, often unable to concentrate for long periods of time and often confused or inconsistent. In order to elucidate the sensitive life stories in each of these interviews, each transcript was analysed according to the following major headings.

*About you*

The women interviewed in this sample were asked a range of questions relating to their demographic characteristics, education, children and experience of education work or training.

*Your Situation*

In this section women were asked questions about why and for how long they slept rough; what their life was like before they slept rough; relationships within the home and with partners; alcohol and drug abuse by family or partners; resultant abusive behaviour; the effects this had on them and any contact with the police, prison service or other organisations.

*Life on the Street*

In this section of the interview, women were asked questions about where they slept when roofless; what happened to children; the worst things about sleeping rough; use of alcohol or drugs; sex work or sexual threats and how the RS came to an end.

*Your Health*

In this section women were asked about their general health, current treatment; issues linked to rough sleeping specifically; attendance at hospital or A&E; mental health issues and use of services in relation to any of these problems; drug or alcohol use; medication or intervention for drug problems

*Access to Services*

In this section women were asked about the types of support they may have received and from which agencies; whether they had directly accessed services for rough sleepers; if problems been treated seriously by those agencies. They were also asked for their opinion on women only services for women rough sleepers.

*General Issues*

Women were asked if they wanted to comment on their hopes for the future, what they thought could be done to stop women sleeping rough and if there was anything else they wanted to add.

It is also important to note that the design and conduct of the project was fully approved and monitored in accordance with the lead partner's ethics procedures and complied with the Data Protection Act. The design and conduct of the research was underpinned by the lead partners Equal Opportunities policy as well as the Social Research Association Ethical Guidelines (2003:14)[15] specifically the obligation that;

'*Social Researchers must strive to protect subjects from undue harm arising as a consequence of their participation in research. This requires that subjects' participation should be voluntary and as fully informed as possible and no group should be disadvantaged by routinely being excluded from consideration'*

Individual interviews were conducted in conditions of strictest confidentiality and care was taken to reassure interviewees of this and that they could terminate the interview at any point. They were asked to sign an informed consent form detailing the nature of the work and had interviewees displayed any signs of distress, the interview would have been terminated and the interviewee assisted in finding appropriate assistance and support.

[15] Social Research Association, *Ethical Guidelines* (London: The SRA 2003)

An important but rarely discussed aspect of carrying out qualitative research within groups of vulnerable and hard to reach individuals is the impact that this can have. In particular, it is important to remember that qualitative inquiry of this type often has auto ethnographic dimensions, which are largely ignored. It is important for researchers to acknowledge the emotional investment that is often required of ethnographic fieldworkers studying what Jewkes (2012:6)[16] describes as "stigmatized and/or vulnerable "others" in settings where differential indices of power, authority, vulnerability, and despair are felt more keenly than most." Often, the emotional investment employed in adopting the qualitative, ethnographic story telling approach to research is largely obliterated by a focus on findings, outcomes and analysis. However, this misses the depth of understanding which can be gained from a more detailed discussion about the process of doing that research, including experiences of working in the field, the emotional investment involved in personal encounters that can affect methodological and theoretical orientations and discussion about the effect of this on the validity of social research.

A quantitative analysis of the relevant data from the qualitative interviews from each partner country plus a thematic analysis of all primary and secondary data collected during the course of the study was also undertaken.

## III RESEARCH FINDINGS FROM THE KEY AGENCY INTERVIEWS

Figure 1 demonstrates the types of service provision organisations that were accessed by researchers for the purposes of the study. In the UK, the majority of agencies interviewed had good local knowledge about women rough sleepers but thought the problem was much bigger than their knowledge extended to. In Hungary there is no official system of counting homelessness or rough sleeping but it was felt that the problem had been exacerbated by the Hungarian Social Act 2011 (repealed in 2012) which sought to eliminate colonies of rough sleepers from woods and the

[16] Yvonne Jewkes, Auto-ethnography and Emotion as Intellectual Resources, *Qualitative Inquiry* [2012] 18, 1, 63-75.

streets.[17] Sweden has an annual homeless people count but as many women rough sleepers are not visible service providers felt it was a 'guessing game.' In Spain, a senior council figure in Malaga commented that;

*"[Knowledge about women rough sleepers] is wholly inadequate; I think triple or quadruple the number of women suffer discrimination. They are invisible women; they may have addiction problems, they can be victims of domestic violence and about all of this nothing is known."*

UK service providers commented that there was a need for more emergency accommodation; there were limited women only services and housing for women with complex needs, poor arrangements for women on release from custody and Local Authority housing strategies did not mention women rough sleepers specifically. In Hungary, hostels were too expensive; there was cultural dismissal of the abuse of women by the authorities including the police, limited provision for older women and women with children and/or pets and no women only night shelters. There is no social housing provision whatsoever in Hungary at the present time. In Sweden, one of the main problems is that there is very limited housing of all types. Added to this there is insufficient street outreach and very few shelters or crisis centres and too few places in existing shelters or crisis centres. In Spain whilst there are shelters, and resources that provide information, counselling and legal support for homeless women who are victims of gender violence, in Seville, agencies reported that more crisis accommodation was required.

In the UK there is no specific mention of homeless women or women rough sleepers in existing legislation – it is all generalised under rough sleeping. In Hungary rough sleeping was made illegal under the Hungarian Social Act 2011 and latterly the Hungarian Petty Offences Act 2013. Added to this there are no laws that currently protect women from abuse. To access housing or work, Hungarian women require a

[17] In October 2013 the Hungarian Parliament passed a law allowing Local Government to designate areas as being 'homeless free.' Since this time, being homeless in any of these areas has been a criminal offence. This is a process of social clearance identical to that contained previously in the Hungarian Social Act 2011.

valid ID but to have an ID they need a legal address. Hungarian homeless agencies do not have any general guidelines but some work to their own protocols. In Sweden 35% of service providers said they did not work to specific guidelines but some had internal ethical protocols. In Spain service providers reported that there were equality and domestic violence laws but felt they were not adequate and more legislation was required to protect vulnerable women.

Multi agency working appeared to be significant in the UK, but it tended not to be gender specific. There are also numerous forums dealing with homeless issues but these do not have a gender lens. In Hungary there is homeless agencies are very reluctance to work with the police or other criminal justice agencies in part because they felt that the courts and police were slow to react to, or intervene in cases of domestic abuse. There was evidence of some co-operation between hostels and night shelters, but no exchange of data between agencies, and often no formal data kept on rough sleepers. In Sweden the majority of service providers (85%) reported that there was 'some' multi agency working. In Spain, service providers reported that a significant amount of multi agency working went on between the public and private sectors and between residential resources belonging to religious institutions and other shelters.

Overall, service providers across the four countries in the study shared many characteristics and problems. In general it is possible to say that service providers are well intentioned and committed but uncertain of the extent of the problem they are dealing with, with regard to women. Many service providers were busy trying to secure funding to implement outreach, education, training and rehabilitation programmes and within the current economic climates funding cuts or simple lack of funding has exacerbated this. In the main, providers were working in cooperation with other agencies or alongside other agencies but were lacking in specific training relating to women rough sleepers. As a result, they were creative with few resources but also lacking the time to listen to customers more to provide a more personalised service. On the whole service providers were frustrated by the lack of funding to

improve services and implement projects and tended to be professionals who learnt by experience rather than through specific training programmes.

## IV RESEARCH FINDINGS FROM INTERVIEWS WITH WOMEN ROUGH SLEEPERS

All partner countries aimed to interview 20 women rough sleepers but because this group are very hard to reach, in some cases the full 20 interviews were not undertaken. Most of the data collected was qualitative. However, some of the data has been tabulated for ease of comparison. What follows is a combination of that tabulated quantitative data plus findings of a more qualitative nature. I have also included some of the comments from women who were interviewed to convey the sensitive, life story nature of the data that was gathered. Within this context the interviews with women are a rich source of data and it is appropriate to directly convey some of the comments that were made during the interviews. Each partner countries findings are discussed individually before being compared. Although all the samples in the study were random, it is important to point out that we cannot generalise these findings to a wider population. For ease of explanation, and due to the amount of qualitative data produced by the study, this section will highlight the findings from these interviews by country.

### *a) UK Women Rough Sleepers*

Within the UK sample, the average age of the women in the study was just under 34 years; the majority were British Caucasian. Obviously because of the hard to reach nature of this group we could not choose whom to interview. Although the sample was random, it is fair to say that within the West Midlands, it does not reflect other cultures or communities that are involved in rough sleeping – such as the white Eastern European and Asian communities. Sixty five per cent of UK women rough sleepers had children but the majority were not living with them. Children had been taken away shortly after birth, put into care, fostered or adopted and this was a source of great distress to the women that were interviewed.

*I lost my 2 children 4 years ago because of my drug abuse and homelessness. They have now been adopted but I send cards to them and I hope they will look for me when they are older.*

Seventy per cent of UK women in the sample had experienced abuse from a partner, all of whom reported that this was what led them ultimately to become homeless. Forty per cent also said that they had previously experienced abuse within the family home.

*I needed to get out of the house because of sexual abuse by my father. He sexually abused all his daughters including me. I think my mother knew but did nothing about it. I left my husband who also abused me physically and slept rough for years.*

*My partner physically abused me and I decided to leave him and the children. I didn't see them again until they were teenagers.*

*I got abused by my Dad, my Granddad and my Uncle and my Mum used to beat the crap out of me so it was always there.... get married or stay in that situation what would you do? We've got to try and stop that, there's got to be a way of stopping that before it gets that far."*

Forty five per cent of UK women rough sleepers reported having mental health issues.

*I was sectioned a few times but now I've learnt not to volunteer myself into the mental health sector.*

*Even now I still suffer from depression because of the sleeping rough and the sexual abuse and stuff. I self harm and I've done drugs…so I've damaged myself really.*

Admissions of sex work were relatively low – this may be due to underreporting or stigma surrounding this. Drug and alcohol abuse were also fairly significant, 50% and 55% respectively. Forty per cent of women rough sleepers reported being abused previously within inter familial situations. Almost half the sample reported sleeping rough more than 5 times.

*b) Hungarian Women Rough Sleepers*

The average age of Hungarian rough sleepers was higher than that of the UK at 47 years; their ethnicity was mainly white Eastern European but included a small proportion of Romanian women. Both the women and the service providers reported that there were cultural problems for Romany's who were the subject of stigma and racial abuse. The prevalence of these within the sample may also be underrepresented as with the Eastern European and other cultures in the UK sample. Seventy five per cent had children – a slightly higher proportion than the UK.

*My husband left and my children went into state care from age of 12 as I fell ill and could not look after them… then they went into foster care. Nobody helped me look after the children.... or keep them with me.*

Fifty per cent of Hungarian women rough sleepers reported partner abuse – 20% less than is reported in the UK; 30% also reported family abuse. A significant number of women reported that it was not necessarily abuse that led to their homelessness but husbands walking out on them or losing their jobs which then resulted in them becoming homeless since they could not pay rent or bills and there is no social housing in Hungary.

*The main reason [for my homelessness] was that I lost my job. If one loses their job they cannot pay their bills, cannot eat and so on.*

*I was raised in state care. I lived in a group home for 3 years and then I was placed with a foster family. I stayed with the foster family until I was about 20 then I left. I don't want to say why. I have been homeless ever since.*

*At the age of 14 my father told my elder sister and me that he did not have to support us and he put us on the street.*

*We lived in my husband's house. He used to beat me up so bad. Once he even tried to stab me. I tried getting help from the Police, but they told me they would not intervene unless there was blood. They did not even write down my complaint.*

Forty five per cent of Hungarian women rough sleepers reported mental health issues – the same figure as that reported in the UK.

*I am declared unable to work on the basis of my schizophrenia, I have to take medicine regularly, I have to get an injection every 14 days. My illness began following death of my husband in 2003; after this I became homeless.*

*I was 14 when four men raped me. The Professor in the hospital sat on my bed in the hospital and said you cannot ever have kids; we had to remove your insides. These men stuck a stick inside me. I don't know how I survived...I had been tortured. I received no help to deal with this afterwards. I came to the homeless shelter. I slept rough sometimes. When I drank more than could be accepted they sent me away from the shelter. I do not drink for the taste, but because I cannot handle the situation.*

An interesting feature was that there was much less drug and alcohol abuse or dependence reported by Hungarian women rough sleepers – at just 5% and 10%, and no reports of sex work. Just over half reported sleeping rough more than 5 times. This is a similar profile to the UK.

c) *Spanish Women Rough Sleepers*

The average age of Spanish women rough sleepers in the sample was just under 38 years; just over 68% described themselves as Spanish but other nationalities were represented in the sample. Just under 90% of the Spanish women rough sleepers in the sample had children – a much greater number than either the UK or Hungary. 100% reported partner abuse and 36.8% family abuse. Some of the women reported that partner abuse was perceived as a normal occurrence and that in the villages, this view prevailed more. The levels and nature of abuse that was reported by Spanish women was severe. For example, being beaten with belts and sticks, burnt with cigarettes, beaten up whilst pregnant, being beaten up in front of their children, being handcuffed, sexually abused, forced to have sex (in other words raped), and being tied to chairs.

*In the villages the men hit women…..it's like a very normal thing.*

*I have raised five children; I have worked hard… but my husband beat me, abused me physically, everything. I had to be obedient and if I was, I did not get beaten.*

Just under 74% reported mental health issues (compared with 45% in the UK and Hungary).

*I'm very depressed; I remember my son and I mourn, listen to music or something and I collapse. All I have is depression… nothing else.*

One hundred per cent of Spanish women rough sleepers reported that they only slept rough once but the length of their reported rough sleeping appeared to be far in excess of that experienced by UK or Hungarian women.

*I'm beside the river in a tent, for almost ten years.*

*I was in the hostel but was robbed and prefer to sleep on the roof where I am now. I've been here for seven years.*

*d) Swedish Women Rough Sleepers*

The average age of women rough sleepers in the Swedish sample was 47.7 years; 71.4% were Swedish, 14.3% Danish, 7.14% Indian and 7.14% Iranian.

Just over 21% of Swedish women rough sleepers reported being the victims of family abuse leading to them leaving home; 92.8% were victims of partner abuse leading to homelessness. This is a higher figure than the UK or Hungary. 57.1% had children and 35.7% had some qualifications or training. 64.5% of WRS in the sample reported that they had abused drugs, whilst 42.8% had problems with alcohol abuse; 14.3% mentioned sex work.

*I have been married 3 times and all my partners were addicts. The first one beat me regularly, even whilst sleeping. I had my hair pulled and was once dragged to the cemetery where I had to dig my own grave.... he was described as 'completely insane.*

*My partner expected me to obey him. When he went out he would lock the door behind him so I could not go out the house and he did not provide me with a key to the house. He expected me to sit at home, cook, clean, wash his clothes...he wanted me to always serve*

*and obey him. I wasn't even allowed to speak to the neighbours and he did not trust me when speaking on the phone and would listen in on the conversations.*

*I currently live in a shelter. The worst thing about it is that there is so much alcohol and drug use in the place – both inside and outside – and fights break out. I am not popular in the shelter because I don't engage with drinking or drugs. In order to avoid being heard and noticed I have to tiptoe around the place.....it is a tough environment to live in.*

64.3% reported problems with mental health and 57.1% reported sleeping rough more than 5 times. There were also women in the sample who were long term rough sleepers and reported being on the street for between 7 and 16 years; this equates to 21.4% of the total sample. In Sweden one of the problems appeared to be the lack of places in existing shelters for women.

V COMPARISON OF THE INTERVIEWS WITH WOMEN ROUGH SLEEPERS

There are similarities in the age of women rough sleepers in the UK and Spain but those in Hungary and Sweden were slightly older by comparison. In Hungary this appears to reflect the women's reports of their homelessness being a result not only of domestic abuse but also other issues such as husbands deserting them or the death of a partner and not having economic independence. Added to this the economic situation in Hungary makes it very difficult to find work and thus pay rent or bills and the absence of social housing makes rough sleeping a reality for many Hungarian women.

Figure 2 demonstrates the overall data from all countries in relation to the variety of locations where women in our samples reported that they either slept, or spent time at night. Women reported that they normally did not sleep at night as a result of fear, and thus would spend this time walking the streets and sleeping in hidden places during the day, or would frequent the types of places indicated in this chart. Thus, the research confirmed the view that in most cases, women's homelessness is 'invisible' because they do not appear in the places where counts are done and they do not routinely engage with street outreach services.

Figure 3 shows the overall percentages of women in each country sample with disconnected children and also the actual numbers of children involved here. The samples of women numbered 78 in total. So for 78 women, 139 children were either in care, fostered, adopted or being brought up by other family members. This is a large number of children considering the relatively small sample size. The figures that we have cannot be generalised to a wider population however, this data has to be contextualised against the fact that we do not know the true numbers of women that are homeless and therefore do not know the true figures for children who are correspondingly affected by this. The true numbers of children affected are likely to be much greater due to the invisibility of women's homelessness and there will clearly be negative implications for the children of these rough sleeping women in terms of education, stability, health and mental health.

Figures 4 and 5 demonstrate a number of issues including the overall number of women whose homelessness is directly attributable to partner abuse. The figures here speak for themselves. 100% of Spanish women rough sleepers reported that they had been abused compared with 92.8% in Sweden; 70% in the UK and 50% in Hungary. Drug and alcohol abuse or dependence are more significant in the UK, whilst mental health issues are more significant in Spain.

Figure 6 shows the number of times and the duration of rough sleeping for the women in the samples. In the UK, Sweden and Hungary figures for the number of times women reported sleeping rough is comparable. This appears to demonstrate that long-term solutions to prevent rough sleeping are not being found, or are not successful for these women and this should perhaps be a focus for those working with them, since they appear to be returning to the street. In Sweden there was also an issue for some women with long term entrenched rough sleeping over and excess of 10 years. In Spain the situation was somewhat different, with 100% of women in the sample reporting only 1 incidence of rough sleeping. This may demonstrate that the solutions offered to women rough sleepers in Seville are proving successful in

preventing returns to rough sleeping, however, a significant number of women reported sleeping rough only once but for extended durations, sometimes years. It may also demonstrate that the target group differs between the countries. This suggests that there may be an issue to be addressed in terms of persistent long term rough sleeping and how this can be tackled.

The women in all samples were asked to comment upon their experiences of access to services. Both positive and negative comments were recorded; on the whole the positive comments reflected appreciation of services that were personalised or tailored to specific women's needs and requirements; appreciation of staff in agencies who took the time to listen; programmes centering on empowerment, motivational and life skills training and what might be termed 'hand holding' assistance regarding appointments with social workers and housing agencies. Negative comments reflected frustration with agencies who did not believe or who wanted women to prove abuse; lack of female only provision such as hostels, night shelters and crisis accommodation and the lack of provision for women with older children or pets and inflexibility of provision.

*Coming to the shelter has given me time to think. The staff at the shelter have taken me seriously and I feel I can talk to them about anything and they have helped calm me. The activities have helped me find a way out of both violence and homelessness.*

*There should be women only services. There is a huge mix of people all with different problems. We need more apartments. What is difficult it that there are so many people at the shelter all with different needs.*

*I find it difficult to express myself to the authorities and ask for help. It would be good to have support from someone who can go to meetings with me.*

*Men have more services available to them than women. It's important that there is accommodation for abused women. Each and every person should be able to get the support and assistance they need. Services where there are male and female staff (and not just female staff) and services are customised to the needs of that person and take into*

*account different religions/cultures. It can be daunting to put people from different cultures with people who have suffered different forms of abuse. You should not put drug free people with drug addicts in the same accommodation. You need more variety of services to fit different people's needs.*

## VI SUMMARY

Within the samples of women interviewed in the four countries there were some distinct similarities of characteristics and experience. We would summarise these as demonstrating that in these countries[18] the female rough sleeper is separated from her children; the product of a dysfunctional home life; abused by family members; abused by her partner(s); not engaged with services; complex in her emotional, mental health, housing, substance abuse and cultural needs; suspicious of authority; reluctant to ask for help; hard to reach, invisible, vulnerable, fearful and ill-equipped to deal with problems.

*My life has no meaning. I go to the shelter at night; I have to leave it by 7.30am. I spend the day outside. I am homeless. I can go and look through garbage bins. Then I come back to line up for the shelter. I take a shower. I wash my clothes. This is not what you call life.*

*It's more dangerous for a woman sleeping on her own. The other day in Birmingham a homeless man got beat to death with a house brick by a gang or youths or something...while he was asleep. What about if that had been a woman? They probably would have done other things to her as well.*

In general terms homeless agencies working with these women reported that they required more training specific to women rough sleepers who are the victims of gender violence and more funding for women only projects and services. Service providers felt that government strategies on homelessness should be more clearly articulated and that they should be consulted about such strategies by the government. They also wished to work more closely with employers to provide job

[18] These findings are not generalisable to a wider population.

opportunities for previously homeless women and felt that greater awareness raising of the work they do would assist with this.

Of specific interest are the findings in relation to the invisibility of women's homelessness and rough sleeping and the numbers of disconnected children. Across Europe currently no gender specific rough sleeping counts are carried out and as far as I am aware, there are no plans to change this policy. Granted this might be difficult given the invisibility of women's homelessness, but given the fact that there are implications for many children from this, perhaps this should be written into policy requirements? In the UK gender is not mentioned anywhere currently in rough sleeping legislation or policy including 'No Second Night Out[19] and nor is the issue of homeless mothers. There is also very little research or statistics specifically on homeless mothers, with the exception of Crisis (1998)[20]. The next figures that might shed some light on 'homeless households' - which is the closest that we seem to get in the UK - should come from the Home Office Department for Communities and Local Government in the form of the quarterly P1E forms which collect data from English local housing authorities on the discharge of their responsibilities under homelessness legislation, plus it has a section on homelessness prevention and relief. It is not clear at the moment when this will be published. The only other research that sheds any statistical light on the issue of homeless mothers with children is by Wilson & Barton (2016)[21] which suggests that there is a gender specific dimension to women's homelessness that plays out in very different ways to that of men and which remains under researched and barely acknowledged. Women rough sleepers' problems are quite distinctive. Their needs are complex – issues of comorbidity and dual diagnosis are commonplace - and this makes their problems

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[19] 'No Second Night Out' is a UK Government Policy which came into effect nationally subsequent to the Ministry of Housing Communities and Local Government's 2011 Policy Paper 'Vision to End Rough Sleeping' which can be found at https://www.gov.uk/government/publications/vision-to-end-rough-sleeping--2 accessed 6 June 2018.

[20] Crisis *Forgotten Mothers* (1998) http://www.crisis.org.uk/data/files/publications/Forgotten%20mothers.pdf accessed 6 June 2018

[21] Wendy Wilson and Cassie Barton, Households in Temporary Accommodation (England) (Briefing Paper Number 02110: House of Commons Library 2016)

even harder to solve.[22] Their homelessness is much less visible than that of men and their reluctance to engage with outreach or agencies compounds this problem. Added to this is the issue of significant numbers of disconnected children with all the attendant problems that this entails. This intersection between homelessness and women's other support needs highlights the importance of coordinated responses to homelessness that are sensitised to gender differences associated with the process of becoming homeless and the experience of homelessness itself. So what can be done?

Feantsa (2017)[23] have recently reported that evaluations across Europe show that 'Housing First' provides the best model of resolving homelessness for around 80% of homeless people with complex needs. It is a model that initially provides a relatively secure tenancy, combined with supportive treatment services in relation to mental and physical health, substance abuse, education and employment. Another example is the use of Psychologically Informed Environments (PIEs), an approach that involves remodelling services in order to address identified emotional and psychological issues amongst homeless people. PIEs have achieved positive changes for people who have complex exclusion and deprivation issues and have been used both in the UK and Ireland but neither of these interventions have any gender dimension to them as yet. Specific plans therefore need to be put into place to tackle women's homelessness alongside more overt acknowledgement from policy makers that it is essentially very different from men's homelessness. It remains the case that policy makers need to acknowledge that there should be gendered approach to ending women's homelessness alongside a better understanding of the routes and

[22] Comorbidity describes two or more disorders or illnesses occurring in the same person at the same time or one after the other. Dual diagnosis – a term first used in the USA in the 1980s - refers to a condition in which a patient is suffering from both a substance addiction and a mental health problem simultaneously. Relatively new in the field of addiction recovery, addictions and mental health disorders have traditionally been treated separately. Those who present with a mental health condition and an addiction are often sent from one agency to another and never receive the treatment they need.
[23] Feantsa, *Second Overview of Housing Exclusion in Europe* (Brussels, Feantsa and Fondation Abbe Pierre 2017)

transition points in and out of women's homelessness in order to prevent and to end homelessness. The research demonstrates that there continues to be a widespread view that women's homelessness is not a particularly serious problem. This view affects services throughout the European countries that I have studied in this research. However, this research demonstrates that the magnitude and seriousness of this problem is compelling. I hope that this research will assist in raising the profile of this hard to reach and little understood group of women and in so doing will help to change the lives of vulnerable women who suffer disadvantage and exploitation.

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**Figure 1. Types of Key Agency Interviewed by Country**

| UK: | |
|---|---|
| Statutory | 40% |
| Voluntary & Community | 40% |
| Business/Commercial | 15% |
| Social Enterprise | 5% |
| **Hungary:** | |
| Statutory | 48% |
| Voluntary & Community | 47% |
| NGO | 5% |
| **Sweden:** | |
| Statutory | 60% |
| Voluntary & Community | 15% |
| NGO | 15% |
| **Spain:** | |
| Statutory | 66% |
| Voluntary & Community | 20.8% |
| NGO | 13.2% |

**Figure 2.**

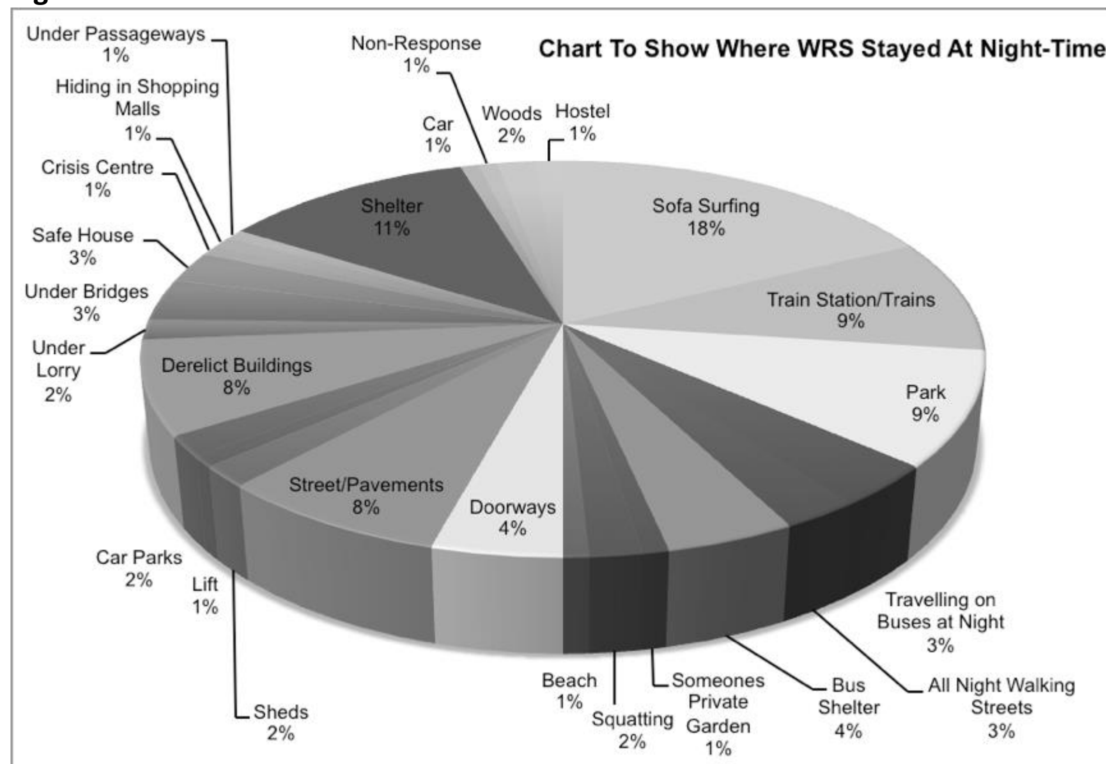

**Figure 3. Numbers of Disconnected Children by Country**

| Homeless Women with Disconnected Children | % by sample | Actual number of disconnected children (N) |
|---|---|---|
| UK | 80% | 28 |
| Spain | 90% | 49 |
| Hungary | 75% | 40 |
| Sweden | 57% | 22 |
| | | |
| **TOTAL** | **N 78** | **N 139** |

**Figure 4. Abuse, Addiction and Criminal Justice Experience by Country**

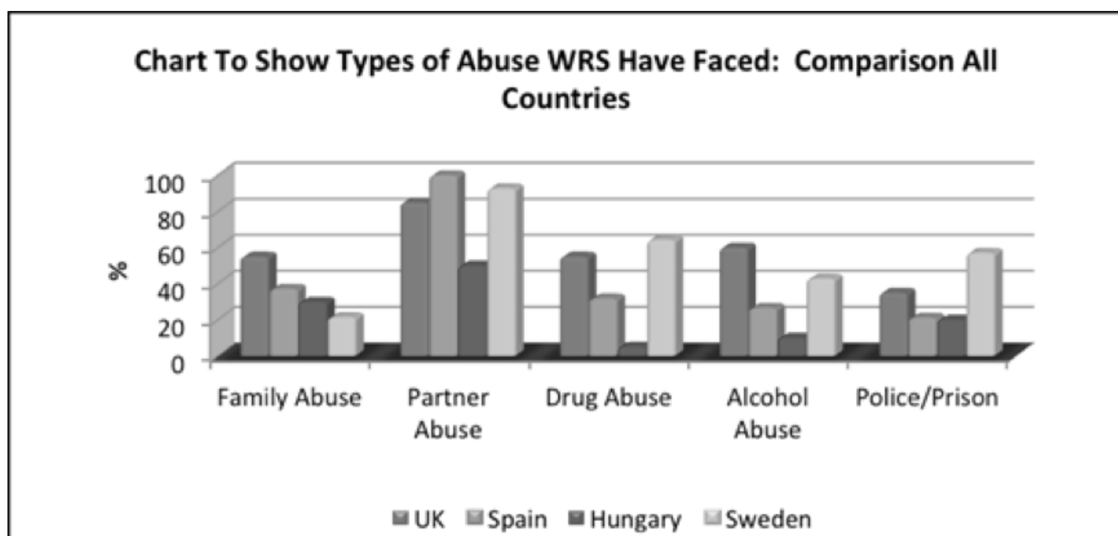

**Figure 5. Personal Profile Data by Country**

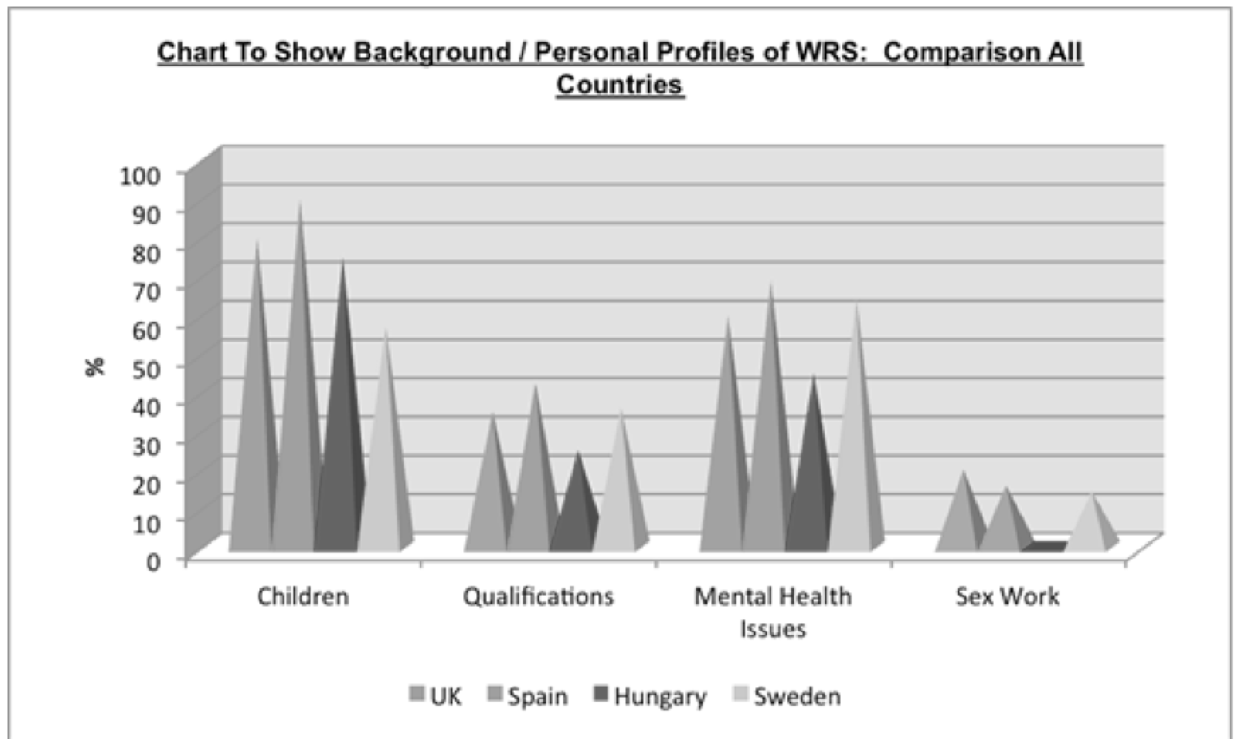


**Figure 6. Number of Times Homeless / Rough Sleeping by Country**