

WOMEN AND HOMELESSNESS

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For the 3,880 known women currently experiencing homelessness in Colorado, housing is just the beginning of a long list of unmet needs mostly unique to their gender. From fleeing domestic violence and the danger of exploitation while living on the streets to specific health care and hygiene needs, women forced into homelessness experience greater instability than their male counterparts. For one-third of the 10,857 people experiencing homelessness who are women, systemic gender inequity exacerbates the challenges of housing insecurity and homelessness.

This report works to detail many of the specific challenges for women on the edge of, or currently experiencing, homelessness.

POVERTY AND WAGES

Women in all racial and ethnic groups experience higher poverty rates than white men, which causes significant challenges to housing security. Poverty rates are highest among women of color, impacting 21.4 percent of black women, 22.8 percent of Native American women, and 18.7 percent of Latina women.¹

In fact, women are more likely to live in poverty at every stage of their lives; they are especially susceptible to experiencing poverty as single mothers and in older age. Colorado Center on Law and Policy stated in their 2018 Self Sufficiency Standard for Colorado report, “Almost two out of three single mothers lack income adequate to meet their basic needs.”² This is further complicated by race, wherein 74 percent of single mothers of color experience income insufficiency. Income insufficiency directly correlates to housing insecurity, leaving many single mothers—especially single mothers of color—living on the brink of homelessness and oftentimes without a home.

Older women are arguably at the greatest risk of instability with “women over 65 being more likely to be poor than men, regardless of race, educational background, and marital status”.³ This leaves older women struggling to

feed, clothe, care for their health, and maintain stable housing for themselves.

The most common indicator of poverty is wage structure between men and women, and the underemployment of women. “Women earned 81.3 percent of men's median



earnings in the second quarter of 2018. The pay gap between men and women persists even when job duties and qualifications are equal. Women with masters and doctoral degrees earn 71.9 percent of what men with a similar education earn, and they are paid less in nearly every occupation.”⁴ Less pay undeniably equals less access to stable housing, healthcare, and other necessities not only in Colorado but nationwide. Moreover, nearly half of female college graduates enter the workforce underemployed which imposes a burdensome financial barrier of nearly \$10,000 per year less than their appropriately employed counterparts.⁵

HOUSING INSECURITY

Housing instability is one of the most common experiences of women living in poverty. Moreover, black women with children are more likely to experience eviction than any other demographic across the country. In a 2014 study by Matthew Desmond, “Black women with low incomes were evicted at alarmingly higher rates than other racial groups due to factors such as having children, low wages, and landlord-tenant gender dynamics.”⁶

The ramifications of eviction are serious and lasting. Forced moves can have a domino effect of job loss, poverty, and homelessness. Simply having an eviction on record can make it nearly impossible to secure housing in the future. The 2015 study, “Eviction’s Fallout: Housing, Hardship and Health” from Rice University and Harvard University, uncovered the psychological impacts eviction have on low-income women with one in two mothers experiencing depression post-eviction in comparison to one in four mothers who were not evicted.⁷

HOUSING AND HEALTH

Lack of housing or inadequate housing can also be directly correlated to poor physical health. When families have few affordable housing options, they may be forced to live in substandard housing that puts residents at risk of lead poisoning, asthma, and accidental injury.⁸ Privacy, security, and stability is critical to maintaining adequate mental health which is challenged in uncertain housing circumstances, cost-burdened housing, and especially during homelessness.



Women experiencing homelessness feel the effects of poor physical health considerably more with an average age of death of 43 years, compared to 78 years for women in the general population. Young women who are experiencing homelessness have a mortality rate that is approximately four times the mortality rate of young women who are housed.⁹ Infectious and chronic diseases, injuries, undiagnosed medical conditions, and severe trauma impact women experiencing homelessness tremendously. In Denver alone, nearly 4,860 women seek health services from the Colorado Coalition for the Homeless in one calendar year.

A study from the Kaiser Family Foundation found that 13 percent of Colorado women surveyed reported going

without health care services in the past year due to cost. Women of color were unable to receive the health care they needed at a higher rate than that of their white peers with 15 percent of black women and 22 percent of Latina women surveyed forgoing doctor appointments because of cost.¹⁰ Adequate and affordable health care is often difficult to come by, especially for women living in poverty.

Women at risk of or experiencing homelessness are also more likely to suffer from depression due to the challenges associated with trauma, domestic violence, and/or burdens of leading a household with severe financial constraints. “Being a woman with low socioeconomic status is associated with increased risk of depression. Depression is the leading cause of disability among women in the world today, with women having twice the risk of depression as men.”¹¹ Women of color are at even greater risk of depression. High levels of depressive symptoms are common in young women of color who are economically disadvantaged and in mothers with young children who are accessing public benefits or have low incomes with 25 percent meeting the criteria for major depression.¹² However, despite depression being one of the most prevalent mental health concerns for women living in poverty, they are statistically less likely to seek and maintain mental health services to address it due to the expense, competing priorities, inability to miss work, and transportation and childcare challenges.

For women with low to no income living in metropolitan areas, accessing health care is difficult. However, for women living in poverty in rural areas, access to medical care can be nearly impossible and can have problematic health outcomes. In a study from The American College of Obstetricians and Gynecologists on Health Disparities in Rural Women, “Rural residents are more likely to be poor, lack health insurance, or rely substantially on Medicaid and Medicare; they also travel longer distances to receive care or to access a range of medical, dental, and mental health specialty services. Less than one half of rural women live within a 30-minute drive to the nearest hospital offering perinatal services”.¹³

Additionally, women experiencing homelessness anywhere often do not have access to basic hygiene items including period products. An average woman spends roughly \$70 on pads or \$90 on tampons annually. Women with low to no income often must make emergency purchases rather than buying in bulk, costing them an additional \$3,000 over a lifetime. For a woman living on the streets, paying for these products can be all but impossible and can

lead to inadequate menstrual hygiene associated with infections and poor health-related quality-of-life.¹⁴ Even when traditional feminine hygiene products are available, women may wear them for longer than recommended, exposing them to serious infection and putting their gynecological and reproductive health at risk.¹⁵

Homelessness is undeniably a trauma, but for pregnant women, chronic stress can lead to serious health effects for themselves and their child. Babies born from mothers experiencing homelessness are more likely to have a low birth weight, birth complications, and to be born prematurely.¹⁶ Pregnant women experiencing homelessness have less access to prenatal care, often have poor nutritional health, and little access to prenatal vitamins, ending in longer hospital stays including intensive care for newborn babies.

VIOLENCE AND EXPLOITATION

Domestic violence has long been recorded as one of the most common reasons women become homeless. In fact, “approximately 50% of all women who are homeless report that domestic violence was the immediate cause of their homelessness”.¹⁷ The trauma associated with intimate partner violence, which is often paired with financial abuse, puts women in a particularly vulnerable position on the streets. Fleeing domestic violence and entering into homelessness can lead to additional victimization. Women experiencing homelessness are at higher risks of victimization and exploitation than their male peers.¹⁸

This victimization and exploitation comes in forms of sex trafficking, as well as physical and sexual violence even after leaving an intimate partner perpetrator. While experiencing homelessness, women lose privacy, personal safety, and financial stability. An overwhelming 92 percent of women report sexual or physical assault while experiencing homelessness.¹⁹

TRANSCENDING HOMELESSNESS

Colorado Coalition for the Homeless (CCH) shares in the success of Leslie, a graduate from Fort Lyon Supportive Residential Community, CCH’s recovery community in Bent County. Leslie lived on the streets battling a substance use disorder for years before coming to Fort Lyon. Leslie shared her story of surviving homelessness as a woman and how she transcended into the person she is today, a reminder exemplified by a tattoo reading “Transcend.”

While experiencing homelessness, Leslie constantly worried about her personal safety and witnessed assaults

on other women. Having a community of women was central for Leslie’s sense of safety. “We were well seen and others knew that. When walking alone [passed] a group of men, we looked vulnerable, but being in large numbers felt comfortable and supportive.” The women in Leslie’s homeless community provided each other support and understanding which gave her hope for the future. Leslie’s homeless family helped her get sober before she chose to move to Fort Lyon to continue her recovery.



Leslie, pictured above, decorating her new apartment in Bent County, Colorado.

Once at Fort Lyon, Leslie credited her success to the staff who allowed her time to recover. She also found healing alongside other women, calling on her training as a certified drug and alcohol treatment counselor. Leslie recalls that staff went above and beyond to assist her with her recovery. During her time at Fort Lyon, Leslie had surgery and felt that she was able to recover in a loving, safe environment.

Now living independently in an apartment in Bent County, Leslie and 15 others from the Fort Lyon program meet once a week to find community, support, and comfort. Leslie organizes group activities including shopping and bowling but most importantly feels that supportive communities create lasting bridges of success. She continues to seek and foster community for herself and others.

THE COALITION’S IMPACT

In 2017, the Colorado Coalition for the Homeless provided basic medical services to 4,860 women at the Stout Street Health Center in Denver, and provided housing for 1,504 families and quality child care for 123 children. Stout Street Health Center works to lower that barrier for women experiencing homelessness to get the care they so desperately need and deserve. The Coalition continues

to partner with area agencies to serve and expand services to families and women. To break cycles of poverty, families and children must have access to quality housing in vibrant communities with grocery stores, high performing schools, job opportunities, and accessible health care. CCH continues to explore ways to better serve families, children, and women throughout Colorado.



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