

LIKE A MOUSE IN A WHEEL

A Study of Homelessness for Women

The Challenges and the Successes

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EXECUTIVE SUMMARY

The high incidence of women returning multiple times in one year, to Catherine House (emergency and long term supported accommodation) was revealed in the NDCA, Supported Accommodation Assistance Program (SAAP) data. This repeat use provided the incentive for this research.

Repeated use of facilities such as Catherine House could be viewed as a failure for the agency and for SAAP itself. This report questions this perception.

This premise is used as a basis to explore the factors present when homelessness for women becomes chronic. Interviews with 20 women who had returned to Catherine House several times, provide a comprehensive picture not only of the entrenched nature of the process of homelessness for women, but also of the steps involved in moving into secure housing and participating in the life of the community.

The findings of the study suggest that the process of homelessness is one whereby trust, hope and power erode quite critically. The move to recover from this is not quick nor is it instant. There is consistency between the experiences of the women and Rees' (1998) proposal that the journey from homelessness to the ability to sustain housing and participate within the community follows stages.

The stories of the women provide a rich commentary on their experiences of moving from a stage of blackness, devoid of hope or power through to a stage where they emerge as having regained personal power in their own lives and communities.

The way out of the spiral of homelessness for the women interviewed in this study seems to rely on the interplay of a range of factors that include

- ◆ Time to rest for a while in a safe accommodation place with worker support
- ◆ Access to ongoing supported accommodation until some personal power and ability to participate in the life of the community is experienced
- ◆ Specific accommodation support that includes individual support from workers, linkage into other resources and services, and sound assessment based on the stages of the emergence from the spiral out of homelessness and the offer of appropriate interventions at each stage.
- ◆ High quality specialist services such as mental health services, drug treatment services and personal counselling services.
- ◆ Support in making alliances on both a personal and professional level.

The study shows that for women to complete this process, they need to develop a new sense of identity that is marked by a sense of self as powerful enough to control their own

life situation, and to make alliances and participate in the life of the community. For service providers, these results suggest that time is needed for this process to mature, and access to ongoing support and accommodation facilities are essential.

The roles for support workers in facilities for homeless women are described and include the ability to link the women into community resources and services. The outcomes suggest further research into the stages of empowerment and participation for women who are chronically homeless, in order to identify the supports needed to assist these women develop a self-management model of sustained housing.

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INTRODUCTION

Background

The SAAP National Data Collection provided the incentive for this SAAP funded research project from Catherine House Inc (the only supported accommodation facility for women, without accompanying children, in the City of Adelaide, and indeed the whole Metropolitan area of Adelaide). The data revealed that in any six - month period there are between 20 and 25 women who use Catherine House multiple times. Repeat use of a facility is often seen as a failure of the agency, and in this case of SAAP to provide an efficient service.

When we applied to SAAP for funding this research we entitled it 'Women on the Move' to signify the transitory nature of these women's lives. By entering the participants' lives for a time we have been changed. We see the process of homelessness in a different light now. These women's lives have 'come to life' for us. Initially we were conceptualising the process of homelessness in a linear way. We now see the process more suitably conceptualised as a kaleidoscope. The process of homelessness for women is multifaceted and can become entrenched. One of the participants in the study described the process by telling us how she felt. She said '*you are like a mouse in a wheel - never getting out.*' We have changed the title of this study to 'Like a Mouse in a Wheel.'

Catherine House Inc provides emergency and longer-term supported accommodation for women without accompanying children, within Adelaide. Catherine House was established in September, 1988, to respond to homeless women over the age of 21 who are living on the street or without a place of their own to live in. The goal of the service is to work with the residents in obtaining permanent housing within the community while accessing services and resources that enable them to be supported and participate in the life of the local community. Up to 50 women are accommodated at any one time at Catherine House with more than 500 women being assisted each year.

Many of the women clients at Catherine House have been homeless over many years. Homelessness is now recognised as a major social issue in Australia. It is inextricably linked to poverty. For women who have been homeless over a period of time, the ability to sustain independent living is a question not only of income and housing availability but also of the availability of, and ability to connect with and sustain, social resources (eg social and community participation).

Focus

What the National Data Collection revealed, and what Catherine House is experiencing is that this business of moving out of homelessness is not a linear process. For many women the process seemed to involve a lot of 'to-ing and fro-ing'. Not all women who had been homeless were in this situation but many were. Since the literature is scant in revealing any insights into this aspect of women's homelessness, this research not only wanted to get a picture of the women who fit this category, but also to learn from them something of what this experience involves. On the one hand our question was 'What can we do to assist them succeed the first time?' On the other hand we also had questions like

'Is this process so entrenched and multi-faceted that women who have experienced homelessness over a considerable period of time, need a prolonged period of time to move out of this state?' If the latter were the case we wondered if there are 'stages' in this journey, and what we could do to assist in the various stages.

Aim of the Research

The aim of this research is to get a better understanding and picture of the women who are frequent users of Catherine House, and to listen to what they have to say about the things that hinder the process of remaining out of homelessness and what helps it.

The SAAP National Data Collection at Catherine House shows that in any given six-month period there are 20 women who use Catherine House several times. The aim of this 'Like a Mouse in a Wheel' project is to get a better picture of these high users of Catherine House. The SAAP National Research into High and Complex Needs notes under the category of 'excessively demanding clients' themes of 'multiple (unsuccessful) use of service systems, constant changes in service and recurring/repeated crisis, 'revolving door syndrome.' The women interviewed in this project would fit this profile. As these themes can appear critical of the service users we aim in this research to seek to understand what is happening in this process of exiting and returning to Catherine House for the service users themselves. This research aims to get beneath the surface, and beyond a judgmental stance to be able to 'walk a mile' in the shoes of those suffering the devastating effects of homelessness in a country of great resources and wealth.

Chapter Outline

In this chapter some of the issues in the study have been presented. In Chapter One the current literature is reviewed in the light of studies carried out with homeless women without children and their attempts to find and sustain housing. Some gaps in the literature are identified that this research aims to address. Chapter Two describes the methodology used in the study of 20 women, without accompanying children, who have been homeless, and who have utilised the services of Catherine House, multiple times. In Chapter Three the reality of long term homelessness as described by the participants is presented. In Chapter Four the story of the way the participants have managed to move on from homelessness is recorded. A process is noted, that is consistent with the one that Rees (1998) offers from his study of street kids in Sydney. Rees (1998) framework is used as a comparative measure. This chapter also extracts some principles from the discussion, to assist in devising a best practice approach, that can identify the supports needed by women who have been chronically homeless, in order to develop a self-management model for sustained housing. The concluding chapter will offer some recommendations for service delivery to homeless women and for future research.

Foreshadowing the Issues

Many themes emerged from this study and they will be named and discussed in Chapters Three and Four. The theme however of the move out of homelessness being one from 'blackness' - devoid of hope or power, to one of a new sense of self that includes the idea of self as minimally powerful and able to make a difference, was certainly one that emerged strongly. This theme is one that requires more exploration. One of the

recommendations of this study is that further research be carried out, to develop the concept of stages of empowerment and participation, and to understand how to assist this process with best practice methods.

Rather than emerging as 'excessively demanding', the participants emerged as wanting to be able to move to the point where they were housed and participating in the community, but felt devoid of hope or power to begin with. In most cases they described a process where they had grown in the ability to take hold of their own power, but this was not an instant process. Sometimes it had taken up to three years - and sometimes longer. What emerges from this research is that the process of homelessness for women without their children is a very complex, embedded and deep- rooted one. Emerging from this state takes time and is marked by stages. One of the women in this study states it well when she cried '*quick fixes for homelessness - you've got to be kiddin*'. Another said that she felt like a '*mouse in a wheel, never getting out.*'

The next chapter of this study will present the literature review on women's homelessness especially in the Australian context. Gaps in the literature will be identified and ways in which this study will seek to address these gaps will be detailed.

CHAPTER ONE - LITERATURE REVIEW

Introduction

This chapter introduces the relevant literature on homelessness, women and the Australian context. The broader picture of homeless women worldwide is then presented and attention drawn to the profile of homeless within the literature. In the conclusion to this chapter we highlight the points relevant to this research and will identify gaps in the literature. It will show that there is very little research about experiences of homelessness from the perspective of those who experience it. It will also note how this research will seek to address the gaps in the literature, by letting those who have been homeless and who have struggled within the process and emerge from the spiral of homelessness, speak to us and offer insights.

The women participants in the current research study form a part of the worldwide population of homeless women. Over the last three decades new populations of vulnerable people have emerged throughout the world, especially in western democratic countries.

Women-headed households make up over 70% of the world's homeless. Homelessness is not unique to societies with third world economies. It is increasingly a phenomenon experienced by women in societies with advanced capitalist economies such as Australia. (Casey, 2002). Single women, are often described as the 'hidden homeless', their needs often overlooked within a context of overwhelming unmet need. Estimating the number of people who are homeless is inherently problematic.

The Australian Bureau of Statistics (ABS) has only recently begun to attempt to collect census data on numbers of homeless people and do not currently provide a breakdown of numbers of single women. The South Australian State Housing Plan, Issue and Option Paper 5 in 'Snapshots of Homelessness and Transitional Housing' notes that single people were by far the largest group of homeless people within South Australia (70%). Homeless single women are invisible in our society, not least in the failure of official statistics to adequately record their presence (Purcell, 2002).

There is a dearth of literature within Australia on homeless women (Butler, Weatherlerley, 1995). In the scant available literature most focuses on the antecedents of homelessness for women - for example domestic violence, mental illness, drug and alcohol dependency and financial difficulty (Chung, Kennedy, O'Brien & Wendt, 2000). In addition studies of homeless women reveal high lifetime rates of childhood physical and sexual abuse as well as assaults by male partners. While the research findings predominately highlight the additional disadvantage experienced by homeless women, there are a few studies that warn of the danger of drawing too much of a distinction between homeless and low-income housed women.

A comprehensive study by Bassuk (1996), which involved interviewing 450 sheltered homeless and low-income housed women in Massachusetts, clearly indicates the appalling status of both groups of women in American society. According to Bassuk

(1997) by the age of 12 sixty percent of the mothers interviewed had been severely physically or sexually assaulted or sexually molested. Overall, ninety percent had been abused or assaulted in their lifetime.

The rate of mental illness among homeless women appears to be relatively greater than for men, particularly schizophrenia, suggesting that mental illness is a significant feature within the population of homeless women (Virgona, Buhrich, & Teeson, 1993). The risk of homelessness for women with schizophrenia is significantly increased if the woman also has a concurrent diagnosis of alcohol abuse, and/or drug abuse and/or antisocial personality disorder (Caton, Shrouf, Dominguez, Eagle, Opler & Cournos, 1995). These conditions often make women more difficult to house, so the risk of continuing homelessness remains high.

A German study (Griefenhagen & Fichter, M., 1997) found high prevalence rates of mental disorders among homeless women with the most frequent diagnostic groups being alcohol and drug abuse (lifetime prevalence rate 90.6 %), affective disorders (50%), anxiety disorders (43.8%), and schizophrenia (21.9%). Other patterns included social isolation, interpersonal conflict, substance abuse and illness (Bassuk, 1990). In another study homeless mothers exhibited higher rates of serious mental illness and substance abuse than housed low-income mothers (Bassuk and Weinreb, 1996).

Homeless women fall into two broad groups.

- ◆ The first is comprised of homeless women whose children are living in alternative accommodation both private (spouse/partner, family members, friends) and state-sponsored such as foster care or children's homes.
- ◆ The second is comprised of women without children or whose children are adult/living independently. There is a dearth of literature, however, that focuses on homeless mothers who are separated from their children (Butler, Weatherley, 1995). This fact illustrates the point that any research carried out with the population of homeless women separated from their children is crucial to both understanding this client group and to add to the scant amount of literature that already exists.

Although many of the studies highlight women's vulnerability and their inability to cope, one study (Banyard & Grahamberrmann, 1995) elicited the self-reported strengths of mothers residing with their young children in a short-term shelter. The strengths most frequently reported included the ability to take action, parental competence and determination in the face of stress. Bogard, (1998), emphasises the survival capacity of homeless women as well as the need by social workers and other practitioners to tap into homeless women's capacity to cope with their situation. Interestingly a study comparing homeless rural women with their city counterparts (Cummins, First & Toomey, 1998) found that the rural homeless women had low incidence of mental illness and substance abuse and high levels of resourcefulness.

Brown and Ziefert (1990) describe three groups of women's homeless experiences:

- ◆ Chronically homeless; episodically homeless and situationally homeless. Chronically homeless women are described as being on a low income or no income. They often have characteristics that hinder their ability to find and maintain housing. They often exhibit substance abuse issues, psychiatric disability, and/or volatility. Their lives often revolve around daily survival. In order to maintain any level of improvement in the quality of their lives these women require a continuing level of care.
- ◆ Episodically homeless women also often exhibit such factors as substance abuse issues, mental illness and volatility. They have been described as being highly motivated to find permanent housing, but are typically unprepared for independent living. The service commitment for this group needs to be lengthy, with periods of intensive activity as new crises occur.
- ◆ Situationally homeless women are described as lacking shelter because of an acute crisis and are usually homeless for the first time. Once these women receive some period of support they usually move quickly to establish independent living once they have found suitable housing (Casey 2002). Understanding and differentiating between these groups of homeless women enable us to anticipate and provide the services that the different women require, and to better structure the services.

The SAAP High and Complex Needs typology appears to be consistent with the first two categories in this grouping. Catherine House Inc was one of 60 specially selected agencies to participate in this study currently being conducted. The vast majority of clients that are supported by Catherine House, fit this criteria. Very few residents are classified as 'situationally homeless'. This study aims to explore the many dimensions of this more entrenched form of homelessness, and to allow the women in this situation to tell us of their challenges and of their successes.

The SAAP Vulnerable Adults Study in the City of Adelaide carried out by The University of South Australia (2003) specifically in relation to the Catherine House data, revealed that women between 41 and 45 years of age were the highest users of Catherine House (21%), with those aged between 46 and 50 next (18%), and those aged between 21 and 25 (15%). 58% of the women surveyed felt that they hadn't had a home for longer than a year. 65% of those surveyed were repeat users of Catherine House with 35% being first time users.

Conclusion

The literature described here focuses largely on the antecedents of homelessness for women such as mental illness, especially when compounded with alcohol/drug abuse, anti-social personality disorder, domestic violence, life-long abuse, financial difficulty and social isolation. Some of the studies highlighted women's vulnerability and their inability to cope with life's pressures. Others focused on the strengths that women displayed when homeless, especially their resilience and survival capacity.

None of the studies in the literature described what it is actually like to be homeless. We were left with questions as to the components of such a bewildering process. This study aims to listen to what a group of homeless women, who have frequented the emergency accommodation at Catherine House several times in one year, can tell us about the process of homelessness, and of their attempts to move to stable accommodation and to participate in the life of the community.

The results of the Vulnerable Adults Study showed that 65% of the women surveyed over a five - week period at Catherine House were repeat users. This study aims to talk to these women about the experience of being homeless and the impediments they have experienced to getting out. It will also describe the participants' views on what is sometimes called the 'revolving door syndrome' and record the discourse as they see it.

CHAPTER TWO - THE RESEARCH METHODOLOGICAL APPROACH: AN ETHNOGRAPHIC APPROACH

Introduction

This study so far has explored the pathways in and out of homelessness and women's homelessness from the literature. This leads us into the primary research, which involved comprehensive interviews with 20 women who have experienced several (more than 3) episodes of homelessness. Many of the women interviewed have experienced homelessness many more than three times. The women considered themselves to be single and without accompanying children. At the time of interviewing many of the women were in crisis accommodation at Catherine House whilst the rest were in a period of relative stability in housing within the community.

Ethnography

Ethnography is characterised by the belief that each local reality has its own constructed 'truths' and that people and communities continue to tell stories to each other that depict 'new understandings for the reader and for outsiders' (Bogdan and Biklan, 1982, p.36). We opted for this approach, so as to enable an understanding of the experience of homelessness as those who are homeless experience it. Ethnography places relationships over abstract theory and so some time was spent in the researcher building bridges to the women who were to be interviewed. The researcher established an interactive and dialectical relationship with the women.

Since this process requires considerable time and effort on the part of both the researcher and the researched the number of subjects was limited to 20. Even though the number of participants was relatively small, the interviewing technique, based in a working relationship has provided a unique opportunity to depict a rich and vibrant description of the lives of these women and the difficulties they face.

Oral History Methodology

The oral history methodology is the use of oral stories to demonstrate the meaning that people give to their lives and activities (Gribich, 1999). This method ascribes significance and value to the person's own interpretation and story (Armstrong, 1987). It is a methodology that allows for the insights and perspectives of groups who have had little voice in historical accounts to date (Martin, 1995). The interview format is a usual tool for the collection of these stories and the presentation and data collection is sometimes illustrated through case studies (Martin, 1995). The questions chosen for the interview were open ended and these were used in the schedule (See appendix 3). The interview was semi-structured and relaxed. The interviews were taped and analysed. The emergent themes and direct quotes were noted and these were used in the case study and discussion sections of the study.

Case Study Approach

The shorter case study methodology is the format chosen to present the stories of the study participants. A case study is the study of a unit of human interaction in relation to

the environment (Gillham, 2000). A case can be an individual, a group, an institution or a community. The case in this study is the single woman without accompanying children who has experienced homelessness multiple times.

Since the case study methodology is qualitative, it is exploratory and descriptive. The analysis focuses on the meaning of what is going on for the people themselves. The women tell a story but underneath the story lies a wealth of information relating to the issues of homelessness for women in this Adelaide society.

STRENGTHS AND LIMITATIONS OF THE APPROACH

This study utilises scope and depth of data, rather than one which utilises highly statistical methods to prove facts conclusively. Theory and practice building rather than theory testing is the main objective of this study.

Another area that comes under scrutiny in the oral history and case study approaches is regarding the nature of the questions used in the interview. The questions used in this study have been specifically designed to be open ended and free flowing rather than focused and selective (see appendix 3). However, as with any interview guide, there is always the possibility that the questions used and those pursued have in some ways skewed the conversations and, therefore what the participants said, down a particular path. Armstrong (1987) suggests that perhaps there is no way round this problem. The researcher, however, was aware of the limitations of the methodology chosen and aimed to allow the participants to direct the conversation, intervening only to explore further points raised by the participants.

The oral history and case study approaches as carried out in this study do not provide any integral corrective measures to the research difficulties raised above (Rossenthal, 1991). Wherever possible checks were used within the study, such as direct quotes from the participant's interviews to substantiate the themes we have chosen. The use of the literature as a tool of comparison also forms a corrective measure.

Research Design and Method.

Selection and Recruitment of Participants.

The participants in this study are homeless adult women without accompanying children who have used Catherine House from between 3 to 12 times over a period of 2 years. Thirty women were traced through internal records of Catherine House, contacted by the researcher and asked to participate in the study. Twenty women proceeded after the initial contact and completed the interview.

The researcher used an agency picnic and some preliminary interviews as a way of building bridges (Lee, 1994) to this group of women who were previously unknown to her.

The formal interviews were taped and were never hurried. The participants determined the time of the interview and were assisted to share their experience without being made to feel that they needed to share more than they were willing and ready to do. The participants read the information sheet and the consent form was signed by both parties (See appendices 1 and 2). The participants agreed to the taping of the interviews. The interviews were conducted during the months of April and May 2003.

Data Management

The participants had given consent for the interviews to be audio-taped. The researcher listened many times to these interviews and transcribed sections that were to be used as direct quotes to substantiate the themes that were emerging. The tapes will be destroyed at the end of the study. The joint owners of the study are Supported Accommodation Assistance Program (SAAP) and Catherine House Inc. and copies will be kept in both libraries.

Ethical Considerations.

The interviews complied with strict ethical protocols designed to protect the safety of the participants and the researcher.

The interviews usually took place in one of the interview rooms at Catherine House though on two occasions the researcher visited the homes of the participants for the interview. Priority was given to the participants feeling at home, comfortable and safe in an environment they were familiar with.

The researcher ensured that the participants knew that they could withdraw from the study at any time and that they had no responsibility in relation to the completion of the study.

The accounts of the lives of the participants have been kept anonymous by the use of pseudonyms for each person. The completed work will be made available to the participants if they can be contacted at the time of publishing, and if they desire to read it.

Conclusion.

This chapter has outlined the methodologies used in this research to enable the participants to share their experience of homelessness and their attempts to move out of the spiral that homelessness presents. The next chapter will present the reality of long term homelessness as described by the participants and some themes will be presented and discussed.

CHAPTER THREE - THE REALITY OF LONGTERM HOMELESSNESS

Introduction

As noted in the previous chapter the primary research in this study is the ethnographic interviews with 20 women who had experienced long - term homelessness and had multiple visits to the emergency accommodation at Catherine House. The researchers listened to the tapes many times in order to distill not only the themes but the underlying feelings and messages. This chapter presents parts of the stories of the women and makes connections between the themes that emerged and the words of the participants. What is presented is a picture of what it is like to be a woman and chronically homeless in Australia today.

All of the women interviewed in this study had experienced homelessness for long periods of time. The time extended from at least a couple of years through to approximately ten years. These women came from a variety of backgrounds.

Rosemary, Suzy and Penny are Aboriginal women. Rosemary lived on the streets for two years and has heavily abused heroin, alcohol and marijuana. She also has late onset diabetes. Suzy suffers from what she calls a 'drug induced psychosis'. Penny is one of the 'stolen generation.' She was taken from her Aboriginal mother in the mission at Raukkan,, and placed with a white foster family.

Illness

Linda has Chronic Fatigue Syndrome and has a goal to advocate publicly for people with this illness. Mandy passed her matriculation and has used heroin to block out the effects of having been sexually abused since a very early age. She has Hepatitis C. Jade has lived on the streets and has been vulnerable to a lot of street violence. She has epilepsy due to a hit on her head with a metal bar by her boyfriend.

Mental Illness

Rachel has suffered from schizophrenia since she was in her early teens, sometimes with the assistance of the mental health system and sometimes not. Glenda is a woman in her 50s who lived for the first 30 years of her life in a stable relationship with her husband and two children. When the children were in their teens she left the family, became transient, travelled throughout Australia and back to England and suffers from a mental illness with psychotic episodes. Pamela has suffered from schizophrenia over many years. Mimi has been diagnosed with schizophrenia and also has suffered violence all her life.

Drug and Alcohol Issues

Jane is in her late 40s and has four children. She has used drugs and alcohol as a way of blotting out feelings of depression and isolation as she lived on the streets. Wendy has 3 children in foster care. She was addicted to heroin for many years but now battles an alcohol addiction. Julie had attended University.

Erica has battled a long term alcohol addiction for many years. She has survived a life time of violence beginning with a childhood where physical abuse from her father was horrific.

Sarah has been moving in and out of a domestic violence situation over the last 8 years. She has access to her 2 young children.

The women interviewed became homeless following a series of multiple crises and events, such as violent episodes, that put them at an increasing risk of homelessness often over many years. Such factors included two if not more of the following:

- ◆ Life-long violence including sexual abuse
- ◆ violence from parents, siblings and partners
- ◆ mental illness
- ◆ separation from a child or a parent, substance abuse, marital breakdown.

Penny's Story

The following story was written by one of the participants in this study and provides some understanding of how violence experienced at a very early age can trigger a deeply entrenched process of hurt and disorientation that includes homelessness and transience.

My name is Penny and I'm a Ngarrindje Mimini and I'm proud to be a Nunga. I was born at the Raukkon Mission and it is a great place to live. I really love the old church in the mission, it brings back good memories. When I was going to school there for a while I can remember playing with my friends and my cousins. We used to play and climb the big old trees. After school we would all go swimming in the river and it was really great. I really miss the good old days at Raukkon. Then I was moved to Murray Bridge away from my mother to the foster family. I was only at Murray Bridge for a short time when my foster mother died. The foster mum died on the way to the hospital. She died in my arms. I thought she was asleep. I didn't quite understand what was going on. I was only ten years old at the time. Then my foster father took me to my father and that is when it all began. One night when they were all drinking my brother was drunk and he came to my room. I was asleep at the time. All I can remember is I could feel a hand and he tried to pull my pants down. That's when I woke up. It was my brother - I didn't know what he was doing. When I got out of bed then he grabbed me and pushed me back on the bed. He tore my nightie off and he got on top of me. I started to panic. I tried to push him off me but he was too strong for me. I can never forget the pain and the hurt and the fear. I was in that much pain I wanted to die. I really didn't care about myself. When you have been sexually abused as a child it is a very bad experience. It all began when I moved to live with my dad and my step-mum. I was only 13. It all started when my brother came to my room and tried to rape me. I couldn't push him away because he was stronger than me. I tried to scream but couldn't because he put his hands over my mouth, and then he bashed me. It is hard to live with violence and abuse.

My Life on the Streets

I was only 13 when I was staying with my dad and my step mum and all the violence happened. I left the school at Murray Bridge at 15. I was glad when I left school because it was boring. Then my life became unhappy. My life at home is like a nightmare.

Whenever I was at home my father and step mum would be getting violence at home. When things started getting worse I couldn't handle it any more. That is why I started to run away from home. My step-mum called the police to pick me up from the street and the police took me home. Then I would jump out through the window again and I would walk back into Hindley Street. Then I started my life on the streets. When the police would try to get me to go home I would tell them why I didn't want to go home - because of all the violence on me. It was such an unhappy life at home - it was like a house of horror. My dad and step-mum were drinking a lot. After I was living on the streets for a long time I told the police to take me to the girls' home. I have been in and out of the girls' home. I didn't mind it in the girls' home - it was great - I made a lot of friends in there - the food was great and I had a warm bed to sleep in. But then I would be back on the streets again. I will never forget the pain and hurt and fear. I was in that much pain, I wanted to die. I really didn't care about myself. Then I began drinking and drinking - I had no-one to talk to. I didn't know what to do with my life. I couldn't let a man touch me or come near me. I am 43 and I am still afraid of men.

Catherine House

The police then took me one day to Catherine House. It was a peaceful house. After a while I felt more at peace and I could talk to the Sisters about my life. This helped me a lot. I do still drink but nothing like I used to on the streets.

Common Themes

Penny's story is of course unique but has many consistencies with the antecedents to homelessness of many of the participants in this study. Women in this group who had experienced primary homelessness (slept and lived on the streets) and who had multiple entries into Catherine House had in most cases lived a life of long term violence including having experienced childhood sexual abuse. This theme of long-term experience of violence often including sexual abuse is central to women who have experienced primary homelessness and who use multiple entries to emergency accommodation facilities before they can secure more permanent housing. A range of issues has been identified in relation to the onset and circular motion of homelessness for the women in this study. The first of these that we shall term violence includes childhood sexual assault, violence in the home which then includes violence on the street, a violent relationship with partners and friends, and in being witnesses to violent incidents. Other central themes that have emerged are : Societal Construction of Homelessness and Expectations; Homelessness, Dislocation and Exhaustion; and Deep Suffering - Enormous Pain.

Violence

As can be seen from Penny's story the experience of violence in the home, including sexual abuse by her brother, was described as the essential reason for her escaping from home as a teenager and living life on the streets of Adelaide. All of the women interviewed experienced severe violence over long periods of time in their lives.

Julie recounted years of childhood abuse and neglect by family members. Sarah noted that her visit to Catherine House was because of a domestic violence situation and then

recounted how she moved back and forward between this violent situation and Catherine House many times after this.

Rosemary explained how her early family life was so violent that, like Penny, she became a street kid at the age of 13. Prior to this she had been living in institutional care. She would often squat wherever she could deciding that the streets were a better option than institutional care. Mandy stated that she suffered horrific sexual abuse by her father on a regular basis and by another man and woman on an irregular basis. Mandy stated that her mother knew of the abuse but that her only reaction was verbal abuse and shouting and banging pots and pans. Linda spoke of a life of violence beginning when she was young. Most recently she recounted owning two houses and losing them both to partners who trashed them. Linda then tells how she continued to move into abusive relationships with other partners after this.

Wendy lived on the streets with her partner and daughter before she came to Catherine House. She tells of the street violence she suffered at the hands of those who called themselves 'friends'. She noted that a lot of this violence was drug related. Jane moved from interstate 6 years ago in order to take herself and her children away from the situation of domestic violence they were all living in. Jane had also left home as a teenager and lived on the streets, abusing drugs and alcohol. Rachel had been to Catherine House multiple times and noted that the first time she came was to escape abuse at home. Susy started using drugs at age 14 in order to cover up abuse as a child. She then experienced violence on the streets and believes that this violence triggered a mental illness for her. Erica also recounted a life full of violence and noted that if she had not come to Catherine House the last time she would have died as a consequence of the horrific abuse suffered at the hands of her partner. Pamela came to Catherine House in the first instance after escaping a violent relationship with her partner. Mimi noted during her interview 'I lost my sanity, my children, my housing. I feel the abuse I suffered as a child moulded me.' She then spoke of this violence continuing throughout her life, and the traumatic violence she suffered at the hands of her partner who 'broke nearly every bone in my body.'

Jade, when speaking of her mother, grew very bitter and upset. She spoke of abandonment, abuse and neglect. Jade had also been vulnerable to a lot of street violence in later life. Donna was gang raped during her teenage years and experienced violence on the streets and in boarding houses. Glenda, too, speaks of being abused by her stepfather and then again by men when she was transient and on the streets of Adelaide.

For these women the experience of 'sleeping rough' and being on the streets was not uncommon. While some of them, like Penny, linked their street life directly to the escaping from violence, some did not. The fact that is conclusive though is that the experience of violence as a child for these women seems to be one that is repeated throughout their lives. The homeless women interviewed in this study have lived lives of continued violence.

Societal Constructions and Expectations

There is a theme that is clearly demonstrated throughout the study that shows a tendency of the women to 'take on' common societal perceptions and language for homeless people and feel trapped within these constructions at the same time. This occurs in three main areas. These are:

- ◆ Basic Skills
- ◆ Social justification
- ◆ The 'unfit mother' construct.

Basic Skills

Both Julie and Rosemary state that they have not developed basic living skills yet both have survived the streets and a transient life style. Mandy notes *'If you have no skills how are you supposed to cope?'* This is a woman who has survived years of sexual abuse by her own father and others, is living in supported accommodation and who is making good headway in battling a drug addiction. These women have skills. Maybe they are not the skills that 'society' rewards, but they are very useful skills.

Social Justification

Mimi shows that the societal myth that women only get beaten when they 'ask' for it, or 'provoke' it kept her trapped for some time.

Mimi is a 27 year old vibrant woman who had just moved from Catherine House into her own 'gorgeous house'. She is beginning legal proceedings to get her children back. Mimi suffered severe abuse from her stepfather and as a result of this at the age of 11 gave birth to a child. When speaking of the traumatic violence she suffered at the hands of her partner who 'broke nearly every bone in my body', Mimi blamed herself for being there. She noted 'I guess you can only be treated the way you let people treat you. I was so ashamed of telling other people about the violence because I put myself in that position. I thought for a long time that I was responsible for his actions and it's only recently that I have realised that I can only be responsible for my own actions. Mimi showed deep concern and guilt about her children not being with her, noting that 'I got clean from drugs so that I can get my kids back.'

This perception of Mimi's that she in some way caused the abuse, mirrors a perception within society that until recently was widely held. This is that women were responsible for men's actions by what they did, how they behaved and how they dressed. The societal construction of woman as a 'whore' and somehow deserving of harsh treatment from men has had a great impact on women in society who feel 'ostracized' or 'marginalised' because of their status as homeless.

Donna notes that before she came to Catherine House the first time 'without a man in my life I don't have a life'. At the end of the interview she states 'I need to find a healthy balanced way of living, without a man and without the crutch of alcohol'. This ambivalence also relates to the societal construction that 'every women needs a man to protect her.'

Mandy notes in relation to stereotyping that she felt badly enough herself about getting Hepatitis C but this was only reinforced when she was admitted to hospital and she felt ostracized and discriminated against by the staff at the hospital. For women who have been marginalised these forces of society that are directed at them this can be just one other hoop they are trying to jump through to measure up to societal expectations. Julie blames herself for not developing basic living skills but says that she feels as though she 'has been continually pigeon holed by workers and services. She says 'you feel as though you're not good enough and feel cast aside and not understood.' Here again there is a real sense expressed by the woman that she has been edged out of mainstream society.

The Unfit Mother Construct

Mimi's linking of the removal of her children to her drug taking is indicative of the guilt she feels in this regard. The societal construct of the 'unfit mother' impacts on this group of women. In this sense it is not that these women are failing but rather that they are being 'cast aside' by society. In some sense society has 'pushed them to the edge', which in turn is the real meaning of words like 'ostracized', 'marginalised', 'stigmatised'.

The Slice of Society's Pie that is Ostracized

Mandy sums up the feeling she gets from being 'pushed out of acceptable society' in these words:

Do you know how I feel? This is how a lot of us feel. I'm an ex-working girl, I'm an ex-junky, I'm nearly 40 years of age, I've done a lot in my life. I didn't steal or pawn my things. I went to work and I nearly worked myself to death. I feel let down completely...I feel so let down. If there's no skills how on earth are you supposed to cope? I'm the slice of (society's) pie that's 'ostracized' and that the government doesn't want. It's hard. You feel agitated and unwanted and you wish you could be on the same track as the rest of society.

If the theme of the experience of life long violence is intrinsically linked to the onset of women's homelessness, the theme of oppressive societal discourses causing women to feel more pushed to the edges of mainstream society certainly assists this process of homelessness to become entrenched.

Struggle, Homelessness, Dislocation and Exhaustion

There is evidence from this study of homelessness that the participants were very tired and exhausted. Julie notes that 'For people in my position being homeless can be very stressful and tiring.' Others note 'I get low on energy and I don't feel fit enough to do anything.' The phrase 'it (homelessness) nearly killed me' was repeated over and over throughout the study. Rosemary noted 'My diabetes skyrocketed, I was sick and desperate'. She adds 'When I was inside my street experience I could not see I had a problem or even know where to go for help. I assumed no-one cared about me. If no-one cared why should I care.' Here we notice the deep sense of being alone and abandoned but also a lack of hope and power. The sense that this woman has 'given up' from sheer

exhaustion and hopelessness rings clearly. Rosemary also adds 'last year I probably only had 60 meals in the whole year. Cooking was hard for me so I didn't do it.

Suzy arrived at Catherine House severely underweight, confused, unable to cope and had feelings around self-harm. Mandy's state of health was very poor when she came to Catherine House. She had liver problems due to Hepatitis C, chronic alcohol and drug abuse and was underweight. Mandy spoke of the fact that she felt so exhausted and dislocated (lack of any support) that she attempted suicide.

Linda had been to Catherine House twice in six months and reported feeling absolutely exhausted. After owning two houses and losing them to partners who trashed them she moved into other relationships that became violent too. The relationships eventually broke down and each time Linda would ask for help from friends. She usually ended up sleeping in her car as she would feel she was being a nuisance to her friends or there simply was no-one who was able to take her in. Linda developed Chronic Fatigue Syndrome but was unable to see a specialist as there were extremely long waiting lists at the hospital and her condition was not considered serious enough by her GP. When it came to housing she was ineligible until she could get 'proof' of her condition from the specialist. She found this a very tiring and exhausting process.

We noted that the theme of the experience of life long violence is intrinsically linked to the onset of women's homelessness and that oppressive societal discourses can cause women to feel more pushed to the edges of society, thus entrenching the experience of homelessness deep into the psyche of the homeless woman. We have now shown how the whole process of homelessness is very tiring and exhausting. Given all of these dimensions it is easy to see this process of homelessness can eat into the confidence and skills of those experiencing it. Glenda explains the process as 'like walking in tar'.

Deep Suffering - Enormous Pain

Julie noted *'The women here have long histories of abuse, neglect, unemployment, insecure living situations, and often mental and physical health issues'* and then adds *'for people in my position moving in and out of homelessness can be very stressful and tiring. People's issues can't be isolated. It's not helpful. It's hard work especially if a person is on drugs or medication for mental illness. You get a sense of giving up because it all seems futile and you feel helpless.'*

Glenda described how she struggled with loss and grief for many years after her boyfriend left her. They had spent two years on the streets together with the boyfriend leaving Glenda stranded in many unsafe places by herself periodically over the time they were together. However when he left her and went to Melbourne and didn't return she came to Catherine House. She said that initially she felt bereft and empty. She said that she felt sorrow, misery and a sense of not being able to carry on. She spoke of yearning for her boyfriend like he was all she had in the world. She did not even have a sense of herself. She said that the boyfriend was like a 'fix' for her - and he was not there. At the time of the interview she had not seen the boyfriend for two years and she says 'I was

able to move on from that but there was a lot of suffering in it.' Glenda also battles a mental illness and has diabetes.

Once again we get the sense of the enormity of the burden of homelessness both in material and practical matters (battling mental illness, moving around, insecure living arrangements) and on the psychological level (sense of hopelessness and helplessness). Homelessness knocks people around physically, psychologically and emotionally. Donna's story illustrates just how the end state of homelessness is precipitated by many life blows.

Donna had been in and out of Catherine House three times so far this year. At the time of the interview she was resident at Catherine House Emergency Accommodation, and said that she was at the lowest point of her life. The seven -year relationship with her partner had ended some time before but the fear of him stalking and harassing her led her to come to Catherine House this time. Donna's father had also just died and this had sent her into a deep depression. Throughout most of her life she had chronically abused alcohol and took drugs. Donna had been attending Alcoholics Anonymous meetings since the age of 30. She was 43 at the time of the interview. During her fifth year of sobriety she found out that her son had been sexually abused while in foster care. This began her deep depression and she started drinking heavily again after four years of sobriety.

This is a story of loss upon loss upon loss. What Donna has done in order to cope is to turn to alcohol. What the SAAP services including Catherine House can do is to offer alternate ways of coping including counselling, assistance from the mental health system, cognitive behavioural strategies and support groups. On one level this is a story of human suffering and its ultimate toll on human life. On another level it is a story of inadequate resource systems that have failed to sustain people like Donna in safe accommodation within the community. It is a story of one woman's desperate attempts to cope under extraordinary circumstances. Drugs and alcohol combine with deep depression to create a downward spiral of hopelessness. To move back out of this spiral requires much time, supports and some 'to-ing and fro-ing' before moving to some level of self -confidence and ability to participate in the community.

Conclusion

This chapter has noted and discussed several themes that have arisen from the interviews in this study. The themes illustrate a picture of women who are or have been chronically homeless within our community. These themes illustrate that the process of homelessness for women is one characterised by violence, struggle, exhaustion, dislocation and deep suffering and pain. These characteristics create a downward spiral that includes lack of confidence, inability to trust and loss of hope and power. However even given this spiral some women have managed to overcome this entrenched set of difficulties and move to independent living within the community and to sustain this. The following chapter will discuss the themes that have emerged from the participants' ideas of what this process of moving out of homelessness looks like and what assists this process.

CHAPTER FOUR - DEFEATING HOMELESSNESS

The previous chapter noted that the process of homelessness for women is so disruptive on all levels that it leads them into a spiral that includes a lack of confidence and an erosion of trust, hope and power. We also noted that some women in the study had actually managed to break through this cycle and regain trust and the ability to participate in the life of the community, and retain secure housing.

Other participants reported that progress in moving from a position that was devoid of hope and power, as described in the previous chapter, took time and that each time they returned to Catherine House they were more able to engage and participate in their housing plan. In fact all of the women interviewed had used each entry into Catherine House as a 'new phase' in moving out of the spiral of homelessness. Those that had broken through the cycle and had sustained housing were especially able to reflect back on the nature of the process of 'healing'. Glenda put it like this *'I felt like I was scattered - not being whole.'* Becoming 'whole again' was how Glenda described the process of moving out of homelessness. Glenda's story provides some key themes that have been highlighted again and again by the other participants.

My name is Glenda. I came to Catherine House after I had left my husband of 18 years. I also have two boys but they were grown up when I left. After I left my husband I found my boyfriend. I was so happy and so I left Catherine House and went and lived with him. Then he started to do some funny things like just up and leave me wherever we were. We then decided to go to London together because we had saved enough money and when we got there he wanted to come straight home. I had to come with him even though we were visiting my mother. Then when we got back to Adelaide he just took off to Melbourne and left me stranded. Then I went to Catherine House again. I felt like I was scattered - not being whole - not knowing where my roots are- I didn't know my future. I felt frozen - like numb. I was just yearning, yearning almost like an addiction for my boyfriend. He was like a fix to me - I had to have him. This was a real time of darkness for me - it was like blackness. I was frozen, lost, numb and hopeless.

But then after staying at Catherine House for 6 weeks I began to feel better. I was not so tired. I was still very sad and hurt from my boyfriend but I began to have some hope. I thought there might be hope at the end of the tunnel. The staff and the other women at Catherine House were so caring. The workers were kind but they also had a firmness about them. This made me feel safe - I felt like I had some boundaries. Everything is so boundless when you are on the streets.

After 6 weeks in the emergency accommodation at Catherine House I went to My Sister's Place (longer term supported accommodation). I stayed there for 3 months and then went to Gina Terrace (another longer- term accommodation within Catherine House Inc, with higher level support than My Sister's Place). I left Gina Terrace after a short while as my boyfriend returned and we lived in a flat at Kurralta Park and then at Elizabeth. But then

he left me again and he went back to Melbourne. I followed him to Melbourne but it didn't work out for me in Melbourne. I then came back to Gina Terrace and stayed there for two years.

This time it was different. This time when I came back I felt like I was with friends. I could trust the people at Catherine House this time. I had more lightness and hope in me this time. I enjoyed the support for a time and then I could feel my own power returning. I was struggling to gain some of my power. I was slowly beginning to trust people enough to be able to say what I was feeling. I was able to say to the workers at Catherine House that I didn't want to do some of the things they were asking me to do - like go to meetings and so on.

At this stage I moved from Gina Terrace to Pauline Street (a minimally supported accommodation, independent unit within Catherine House inc.). I loved that little house. That ability to use my own power was growing here. I felt confident. I also felt that I had a life. Here I began to make friends with the women in the other three units on the block. Kylie, Joan and me - we had a secret language - we would yell out to each other in the street - this made us happy. Those friendships were good because they filled a hole I had in me when my boyfriend left. These friendships made me realise that I could live without a man. I had never experienced that sort of a friendship with women before - there was real love in it - love that you could feel. When these friendships broke up I floundered a bit - I was sad because we had been such close friends but I was able to cope. I have a new friend now. This is a different sort of friendship. This is a strong friendship. Judy is strong. I seem to have learnt to go on whatever comes on. I just deal with it as it comes.

Common Themes

While Glenda's story is again unique it has many consistencies with the move out of homelessness for many of the participants in this study. This study has highlighted the fact that the move out of homelessness follows stages for the women interviewed. This then becomes the first theme.

The study suggests that the process of homelessness is a process whereby trust, hope and power erode quite critically. The move to recover from this is not quick nor is it instant. There was consistency between the descriptions given by the participants in the study and Rees (1998) proposal that the journey from homelessness to the ability to sustain housing and participate within the community follows stages.

Glenda's story is unique amongst those interviewed as she demonstrates that she has moved through all four stages to a stage where 'I seem to have learnt that I can cope and keep going on, whatever comes. I deal with it as it comes.' Glenda shows that she is happily housed (and has been for two years), is participating in the life of the community and has well - developed coping skills.

The other participants demonstrate that they are somewhere along the road to a new sense of identity, which involves a good sense of personal power. The one essential component

that is present as the participants move through these various stages is the presence of a supportive community such as Catherine House. It does not necessarily have to be Catherine House, it just is, in this study. What seems to be necessary is the presence of a supportive community in which the homeless person can make some ties and begin to form some trust. This then becomes another of the themes in this section.

The journey from homelessness to a new ability to participate and sustain housing within the community, follows stages.

While the participants in the study demonstrated that the stages identified by Rees (1998) are consistent with their experiences, they describe the stages in more detail and are able to strengthen the description of the components. The stages as described by Rees are:

1. The first stage is characterised by blackness, devoid of hope and power. The main aim in this stage is to take a break, begin to do some thinking and talking, and begin to be able to feel one's feelings.
 2. The second stage is marked by a new sense of trust slowly and tentatively taking hold.
 3. The third stage is marked by mutuality as a new sense of self as minimally powerful emerges, and the making of some alliances seems possible.
 4. The fourth stage is characterised by a new sense of identity and self actualisation.
- (Rees, 1998).

The first stage is characterised by blackness, devoid of hope and power. The main aim in this stage is to take a break, begin to do some thinking and talking, and begin to be able to feel one's feelings.

Within this theme the participants identify several sub-themes.

Blackness

Glenda in speaking about the time when she first arrived at Catherine House '*This was a real time of darkness for me - it was like blackness. I was frozen, lost, numb and hopeless.*' She also noted that she '*had no hope for the future*'. Rosemary says that she was '*in a spiraling pattern of hopelessness, self destruction and suicide.*' These descriptions add flesh to the words of Rees. Rosemary depicts an image of a spiral that is 'whirling', spinning and overwhelming. It also conveys the image of being spun into confusion and disorientation as some of the women describe. Susy says that when she arrived at Catherine House she was confused, unable to cope and had feelings of self harm.

In similar vein the words of Glenda depict a life in tatters, frayed at the edges and 'scattered', 'shattered' and as Jane says 'life fell apart'. Words that the participants have used to describe this experience are 'fear, confused, anxious, exhausted, underweight, frustrated, stressed, tired, unable to cope, insecurity.'

Susy was able to articulate that at the very early stages of homelessness she '*didn't take advantage of any of the supports offered.*' Rees (1998) would proffer that this is not uncommon and indeed it might be that one is not able to take advantage of supports offered when one is in such a state of despair and perceived (and actual) powerlessness. She did add however that what was good about being at Catherine House at this time was '*the safety and comfort of being here.*' This supports Rees' supposition that the tasks for

this stage of the recovery process are to take a break and have a rest. Donna also notes when reflecting on her first time at Catherine House that *'I began to feel well there and I liked the environment'*.

Devoid of hope and power

Linda spoke of feeling as though she were a burden to everyone. She also felt scared and deeply anxious. These words show that the antecedents of homelessness for Linda left her with a weak self-concept. In this state one's own ability to manage one's life space is severely limited, or as Rees (1998) states, it leaves one devoid of power. One cannot conceive of oneself as even minimally powerful. However Linda then goes on to say that at Catherine House with the presence of a safe base and worker support she grew in confidence and power. These are her words. *'With slow, day-by day steps I gained the strength and confidence I needed to cope.'*

Rachel also talks about the feelings of hopelessness and lack of personal power that she experienced. She says *'I have feelings of not being able to cope. You are just too lonely you feel like you just don't care.'* Rachel who was resident in the longer term supported accommodation program at the time of the interview, expressed some concerns that while she had worker support now, she wouldn't have that when she moved into the community in independent housing. Rachel has moved far along the way from feeling as powerless as she did when she first became homeless but has not quite built up sense of herself as powerful enough to manage without some worker support. She has made some alliances within the agency of Catherine House but it would appear that more time is needed before her participatory competence allows her move into and sustain independent housing within the community. This might mean that she is assisted by workers to set up support systems and a variety of resources that assist her within the community. At the point where Rachel is in control of these systems and services, and can exercise some personal power in managing them, she will have a new sense of identity and self-actualisation (Rees, 1998).

The second stage of the move out of homelessness is marked by a new sense of trust slowly and tentatively taking hold.

As we can see from Glenda's story above, within this first stage, there was much 'coming and going' for her. While she reported that after 6 weeks at Catherine House she *'began to feel better. I was not so tired.....I began to have some hope,'* this was not enough for her to quickly move out of the very intricate and effacing spiral she was in. She notes

After 6 weeks in the emergency accommodation at Catherine House I went to My Sister's Place (longer term supported accommodation). I stayed there for 3 months and then went to Gina Terrace (another longer term accommodation within Catherine House Inc, with higher level support than My Sister's Place). I left Gina Terrace after a short while as my boyfriend returned and we lived in a flat at Kurralta Park and then at Elizabeth. But then he left me again and he went back to Melbourne. I followed him to Melbourne but it didn't work out for me in Melbourne. I then came back to Gina Terrace and stayed there for two years.'

She then adds

'This time it was different. This time when I came back I felt like I was with friends. I could trust the people at Catherine House this time. I had more lightness and hope in me this time. I enjoyed the support for a time and then I could feel my own power returning. I was struggling to gain some of my power. I was slowly beginning to trust people enough to be able to say what I was feeling. I was able to say to the workers at Catherine House that I didn't want to do some of the things they were asking me to do - like go to meetings and so on.'

Some Trust Seems Possible

This is the story of the second stage of Rees (1998) proposition. The seeds of trust it seems, had been sown in the first instance of having a supportive house and staff, to provide the opportunity for a rest and time to begin to heal. They might have looked like they were dormant during the time that Glenda was 'coming and going' interstate and between friends' houses but they were ready to burst into blossom. In her own words Glenda was able to say *'I could feel my own power returning ...I was slowly beginning to trust...'*. This was a huge step forward - indeed it was a mountain climbed - for Glenda.

Homelessness Affects Physical Health

Some other participants speak about the facets of this ability to slowly build some trust. Rosemary puts it in these words: *'I began to feel connected. I had a sort of a sense of belonging where I developed a rapport with myself and I began to develop some self confidence.'* Rosemary also emphasised the importance of having a place like Catherine House (safe place with support) for the qualities of inner satisfaction and self-confidence to develop. She links directly the sense of beginning to be able to trust to 'people at Catherine House' to 'a sense of belonging' and then to 'a new sense of identity' (Rees, 1998) and self-confidence. It is interesting to note that Rosemary does not yet talk about the second part of Rees description of the final stage of the journey out of the homelessness spiral, that of self actualisation. This comes as the self-confidence and a more favourable self-image develop. Rosemary also reminds us that *'It is important to take things slowly so that you can genuinely build strengths, health, confidence and skills.'* This description of Rosemary's extends Rees (1998) description by emphasising the physically weakening effects that homelessness has on health.

Mandy noted that she had been able to build her health and self esteem within the context of the nurturing environment of Catherine House. Mandy also noted that she is *'a brilliant blocker.'* What she has 'blocked' over the years is years of verbal, physical and sexual abuse. She says herself *'I have so much tucked away.'* The words that Mandy uses illustrate that there are many layers of hurt that have led to self blame, lack of confidence, erosion of skills, and poor physical and emotional health operating in a spiral within her that is very deep-rooted and multifaceted. She explains that not only did she lose confidence in herself but at the same time *'I lost faith in humanity.'* Here we see the corrosion of trust taking place. This dilemma does not heal quickly or easily.

A Supportive Environment Enables Rebuilding of Health and Self Esteem

For Mandy this loss of trust was not only felt on a personal level it was felt on a wider societal and political level. She says *'I'm the slice of society's pie that is ostracised and that the government doesn't want.'* A look at Mandy's situation will show some reasons for this spiral to be so well-established. Her father sexually abused her as a child on a regular basis. Another woman and man sexually abused her on an irregular basis. Her father suicided when Mandy was sixteen. To block all of this out Mandy started using heroin at nineteen years of age. It was the only way she could see at the time that she would be able to cope with life. Mandy agrees now that this only complicated her already seriously eroded coping capacity. However Mandy does note that *'even though my health was very poor when I came to Catherine House I have been able to build both my health and self-esteem up since I have been at Salem Terrace'* (longer-term accommodation within Catherine House). She also added that *'I have been able to develop skills for living and coping, with the help and support of work.'*

When Susy was asked what helped her turn around the process of living on the streets and in shelters she said *'The worker assists me in attending appointments, addressing personal issues such as distrust of others and coping.'* Susy noted herself that within this process of homelessness trust has been eroded and it has affected her coping abilities and ability to participate with ease in the life of the community (keep appointments). At this point she is relying on the support of the worker to assist in the process.

'I Felt Like a Mouse in a Wheel'

Donna remembered back to her first days of homelessness, which she describes so well. *'I felt like a mouse in a wheel, never getting off but now I am.'* Donna was raped during her teenage years and unable to reach out to her parents turned to masking them with alcohol and drugs. After coming back to Catherine House a second time she noted *'Now I am able to be real to myself. It all began after I had a big, big cry. I don't cry - ever - but this seemed to move me into a new place. I am feeling a lot more comfortable here at Catherine House, which enabled me to feel comfortable in my own skin'*. She goes on to say *'I've always been in the company of men. I have realised at Catherine House that I'm enjoying the support and nurture from the women here. I like the safety and comfort of being here. I'm using this time at Catherine House to heal'*. It is easy to see here that Donna has moved into a place where she is able to trust a little - she is slowly beginning to develop a new sense of trust.

The third stage is marked by mutuality as a new sense of self as minimally powerful emerges, and the making of some alliances seems possible.

Glenda leads us into this stage very clearly. She says *'At this stage I moved from Gina Terrace to Pauline Street (a minimally supported accommodation, independent unit within Catherine House inc.). I loved that little house. That ability to use my own power was growing here. I felt confident. I also felt that I had a life. Here I began to make friends with the women in the other three units on the block. Kylie, Joan and me - we had a secret language - we would yell out to each other in the street - this made us happy. Those friendships were good because they filled a hole.'*

Glenda says 'I felt confident'. This conveys a sense of self as minimally powerful. Glenda also shows how she is now able to develop some friendships (making of some alliances). This is the first time in Glenda's telling of her story that she mentions any sustaining relationships. Her earlier attempts at relationships (eg with her boyfriend) had been unsuccessful. This is a new phase for her.

Mutual Relationship

As she is moving out of Catherine House for the seventh time Mimi believes that this time she will be able to make alliances within the community and sustain her housing. Mimi shows that she is wanting to make an alliance with a support worker that is different from those she has had up to this stage. She says *'I am creating a pathway forward for myself but I would like some support to continue when I leave. I want someone to talk to, someone who understands, not someone who diagnoses me. I want someone who has had pain in their lives and someone likeable and understanding. I have to feel that the person I am talking to will also tell me about themselves.'* This demonstrates a 'new sense of power' being experienced by Mimi, as she 'speaks her own word' about her need for a 'mutual supportive relationship'.

The Movement out of Homelessness Requires Long Term Support.

Erica had been associated with Catherine House over a period of nine years. During this time she had multiple entries to the emergency accommodation as well as long periods of time in the supported accommodation. Erica, who had moved into MACHA (Multi Agency Community Housing Association), explained that it was the length of time that she had spent in Catherine House that was paramount to her being able to live independently today. Erica shows how she too has been able to make some successful alliances. She says *'Recently I came back to Catherine House and had a cuppa and a talk with the housekeeper to get things off my chest. I realise that to do things like this is a real life-saver. This stops me from drowning all my troubles with alcohol.'*

Participatory Competence Restored

Julie, after noting the stage of loss of confidence she experienced stated *'You feel as though you are not good enough and feel cast aside and not understood,'* expressed that now as she was ready to move into her own home she wanted to 'belong in society'. This is the participatory competence that Rees (1998) speaks about as being a part of the fourth stage of the journey out of homelessness. She says that she is looking forward to joining social networks, activities, outings and events in her community. She would like a support worker to assist her in linking into these services.

The fourth stage is characterised by a new sense of identity and self-actualisation.

Glenda sums up this phase beautifully when she says *'I seem to have learnt to go on whatever comes. I just deal with it as it comes.'* These few words show that Glenda has a new identity. She now perceives herself as 'able to deal with whatever comes' This is the picture of a woman who is very confident in her own coping ability. If we compare this statement with the picture of Glenda as she describes herself at the beginning of her story we can see that this is a story of gradual growth in self-actualisation.

New Sense of Identity

When Susy was interviewed for this research she was still living in the longer-term supported accommodation within Catherine House Inc. Six weeks later Susy moved into accommodation she set up herself, found someone to share with her and is participating well in the life of the community. She attends art classes at TAFE, has had paintings commissioned, and has been employed on a part-time basis to tutor in art in a recreation program. The move from the stage where trust was slowly and tentatively taking hold, through the construction of self as minimally powerful, to a new sense of identity and actualisation seemed to happen rather quickly for Susy. It took Glenda much longer. There is no set time framework for this sort of work. Each person must 'march to the beat of her own drum'. However in our eagerness to 'move these women through the system' we can interfere with this process that is individual and dependable if the safe place and the supports are present.

Need for Ongoing Support

Many of the participants in this study speak of the need for worker support both in being someone they could chat with, and in setting up links for them in the community. They use words such as

'I am afraid I will slip into isolated and lonely living'
'I would like a little bit of company and acknowledgement'
'being connected is important'
'having direction is important'
'we need more long term supported accommodation like Catherine House within the community'
'doing it on your own you can only go so far'
'I would like a support worker to 'pop in' occasionally'
'I have a fear of being left alone'
'It's not just about getting a house, it is about a lot more'
'I can only cope with dealing with personal issues - not practical ones'

Participatory Competence

Yet we see that Glenda is able now to find her own company and keeps herself from being isolated and lonely. The participants quoted here still need some assistance and support in the move out of homelessness. Some articulate the desire to 'be connected' and 'have direction', but do not demonstrate as Glenda does that the ability to actually connect and cope is present.

Perhaps Glenda and Susy and others like her provide us with the hope that all homeless women can 'overcome' homelessness as she has done. The process of homelessness had taken its toll on Glenda to the point where she speaks of experiencing all the darkness and lack of hope and power that Rees (1998) talks about in relation to the street kids he interviewed in his study in Sydney. She also moves through the stages he describes to the final stage of personal power and self-actualisation.

Glenda's story then provides us with some insights into the factors that assist women to move out of the spiral of homelessness. What seems to be the most beneficial factor is the presence of an accommodation service that provides the right support at each stage of the process in which the client regains power and the ability to participate.

Summary

In summary the way out of the spiral of homelessness for the women interviewed in this study seems to rely on the interplay of a range of factors that include

- ◆ Time to rest for a while in a safe accommodation place with worker support
- ◆ Access to ongoing supported accommodation until some personal power and ability to participate in the life of the community is experienced
- ◆ Specific accommodation support that includes individual support from workers, linkage into other resources and services, and sound assessment based on the stages of the emergence from the spiral out of homelessness and the offer of appropriate interventions at each stage.
- ◆ High quality specialist services such as mental health services, drug treatment services and personal counselling services.
- ◆ Support in making alliances on both a personal and professional level.

Conclusion

In conclusion this study highlights the fact that homelessness appears when there is insufficient low cost supported housing to meet the needs of people on low incomes. However within this context the structural causes of homelessness are not limited to people who are experiencing housing stress. There are a range of factors that contribute to the oppression of particular populations within Australian society.

The participants of this study have named some of these oppressions. They note the debilitating effects of childhood sexual abuse and life-long abuse on the ability to participate within a society successfully. They explain how drugs and alcohol can be used to cover feelings that are too hard to keep feeling, and that this brings another whole set of problems. They show how the loss of a home is often the outcome of these other precipitating factors.

Once the homelessness spiral is set in motion it becomes entrenched and other factors set in. A stage of 'blackness' often accompanies the experience of homelessness. This stage is characterised by feelings of despair and powerlessness. Once one has had the chance to rest a little in a supportive and safe place some trust seems possible. The hope for and promise of change marks the second stage. Mutuality marks the third stage as a new sense of self as minimally powerful emerges. The fourth and final stage is marked by a new sense of identity and self actualisation, or as Glenda puts it '*I seem to have learnt to go on whatever comes. I just deal with it as it comes.*'

In terms of prevention of homelessness this study highlights the need for the further development of a family support framework that addresses violence in the family and community on all levels with special emphasis on how this affects women and children. The family support network would include family support services, programs and public education campaigns.

There is a need to understand in greater detail the process of moving from homelessness to sustained housing for women. Within this there is a need to understand more fully the nature of the stages involved, in order to identify the supports needed for developing a self-management model for sustained housing.

CONCLUSION

The phenomenon of homelessness within Australia has grown over the past two decades. There is a dearth of literature within Australia on homeless women, especially on single homeless women without accompanying children. This study has attempted to address the gap in the literature by allowing 20 women who have been chronically homeless to describe this multi-faceted process and the steps involved in being able to exit this process.

When we began this research we expected to gain a picture of some women who seemed to be stuck in what we called 'the revolving door' syndrome of homelessness and of seeking emergency accommodation. We believed that in so doing we could assist the women to 'stop this process' and settle into secure accommodation.

As we proceeded with the research and entered into the lives of these women we were changed. We came aware with them that when these women became homeless they were not on a 'pathway into homelessness', they were caught up in a whirling spiral that left them 'shattered', 'scattered', physically and emotionally weak, and in a state of despair, devoid of hope and power (Rees, 1998).

As we talked further with the women we could see that given the right environment they would begin to heal and to move slowly out of this turbulent state. The right environment appeared to be a safe, supported accommodation facility where they could rest a little and then begin to trust again enough to begin to form some alliances.

The women we interviewed who had moved to the point where they could say '*now somehow I can just go on whatever happens - I take it as it comes*' showed us how they slowly developed the ability to re-visualise themselves as powerful players in society. What seems to be a necessary factor for this process to mature is the presence of an accommodation service that provides the right support at each stage of this process in which the client regains power and the ability to participate.

This is a beginning study. More research is required to describe the process of moving from homelessness to sustained housing, and to understand more fully the nature of the stages involved, in order to identify the supports needed for developing a self management model for sustained housing.

The key research question would be:

What does the process of moving from homelessness to sustained housing and community participation look like? How do the survivors of women's homelessness describe the process? Since the 'Like a Mouse in a Wheel' research found that this process followed stages, what are these stages and what characterises them?

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Appendix 1

INFORMATION SHEET

Project Title: 'Women on the Move'

Research Officer: Helen Owens

Research Assistant: Jasmine Resson

This information sheet invites you formally to participate in the project named above. This is a project being conducted in partnership with the Government Supported Accommodation Assistance Program. The aim of the project is to gain an understanding of the issues involved when women who have been homeless move back into the community and strive to maintain housing. Our experience is that sometimes women need to repeat this process a few times. In this process they come back to Catherine House for support and then move back into the community.

You have been invited to join us in this project as we believe that you can give us some insights from your own experience on what is helpful in this move and what is not. The result of this project will be one that assists homeless women into the future as we will make recommendations for a more effective transition from homelessness to permanent housing within the community, based on your experience and your suggestions.

Our research assistant, Jasmine Resson will meet with you and talk with you using some questions that we have devised. However the questions are merely there as a guide. The main purpose of the interview will be for you to share your experiences of trying to re-settle back into permanent housing within the community.

Jasmine will be available to speak with you throughout the duration of the project if you have any concerns or questions. You may withdraw from the project at any time without this affecting you in any way.

We will not use any information we gain through this project for any other purpose than the completion of this study and associated recommendations.

The Director of Catherine House and your case-managers will be available to discuss any aspects of this project with you.

Appendix 2

CONSENT FORM

Project Title: 'Women on the Move'

Researcher: Helen Owens

Research Assistant: Jasmine Resson

- I have read the information sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand that I may not directly benefit from taking part in the study.
- I understand that while information gained during the study may be published, I will not be identified and my personal statements will remain confidential.
- I understand that I can withdraw from the study at any time and this will not affect my status now or in the future.
- I understand that I will be audiotaped during the interview.
- I confirm that I am over 18 years of age.

Participant:

Signature:

Date:

I have explained the study to the participant and consider that she understands what is involved.

Research Assistant :

Date:

Appendix 3:

INTERVIEW SCHEDULE

Project Title: 'Women on the Move'

Research Officer: Helen Owens

Research Assistant: Jasmine Resson

Interview Guide:

Would you tell me a little about yourself, your interests, hopes, dreams, and so forth.

Could you tell me something of your story in relation to coming to Catherine House and then to moving back into housing in the community?

Was your housing situation satisfactory when you moved out of Catherine House and into the community?

What were your learnings from this experience? What would you like to say to people who might want to help you in this venture?

What was most helpful for you in the neighbourhood into which you moved? What was most unhelpful?

Were there any friends or relatives or others who made your move easier?

Were there any people who made your move into the community from Catherine House hard for you?

If your housing situation eventually broke down again what do you think were some of the reasons?

What do think needs to happen to allow you to feel as though you have the support to live independently?

Do you feel you have the personal and practical support you need from other people in your life?

Do you feel you have the support you need from agency services in achieving independent living? Why? In your opinion, from your own experience, what is lacking or could be added to help you to achieve independent living?

What do you think needs to happen in order for you to get, hold on to, or be happy about living independently, speaking from your own experience?

Is there anything else you would like to say to us in relation to this project?