Research on the impact of rough sleeping in Australia as well as elsewhere predominantly focuses on the experiences of men. While men represent the majority of the rough sleeping population, the lack of focus on women sleeping rough leaves a significant gap in our knowledge of the experiences of rough sleeping women in Australia. Based on interviews with 853 women sleeping rough in Australia’s cities using the Vulnerability Index – Service Prioritisation Decision Tool over the period 2010-2017, the present analysis provides the first detailed picture using non-administrative data of the physical and mental health outcomes and broader life experiences of women sleeping rough in Australia.

Women sleeping rough experience elevated rates of physical and mental health conditions, substance abuse issues, domestic violence and interactions with the justice system relative to both the general population and women experiencing other forms of homelessness (such as couch-surfing or supported accommodation). The findings from this research provide an evidence base for an urgent comprehensive public health, housing, justice and social support response to the situation of women sleeping rough in Australia.
“Getting off the streets, getting a place where I feel safe.”

Over the period 2013-2017, Australian homeless services undertook interviews with over 6,890 people sleeping rough or otherwise homeless in unsheltered settings. Each interview involved collecting data on individuals who were experiencing homelessness. The aim of Registry Week data collections is to develop a register of those who are homeless in a way in which homelessness services can operate using a common interview schedule with the ultimate purpose of providing an evidence base for local services to assist people into permanent housing with necessary support. The Vulnerability Index (VI) instrument, and following that, the ViP/OSS (Vulnerability Prevention and Support System) tool were used in the Registry Week collections as the means of collecting data. Between 2013 and 2017, there were 6,818 people interviewed through Registry Week data collections.

In the ViP/OSS tool used in Australian interviews, respondents were asked: “I am going to read out types of places people sleep. Please tell me what one you sleep at most often.” Respondents could also provide their own response if they felt one of the options adequately described the place they slept most frequently. Of the 6,818 responses, 81% women and 74% men reported that they were sleeping most frequently on the streets, in cars, in parks, and other locations not designed for habitation. These respondents were classified as ‘sleeping rough.’ The remaining respondents reported that they were sleeping frequently in other types of temporary accommodation and were defined as ‘not sleeping rough.’ This category also included those who specified a housing accommodation type, which includes private rentals and public and community housing. Data pertaining to people resulting in these accommodation type(s), for people that did not report primary homelessness at the time of interview, was linked in the analysis as the timing of questions did not specify a time period, asking only where the respondent slept most frequently. Individuals who said they slept most frequently in housing may have also slept less than monthly, may be at risk of eviction, may be in an inappropriate or insecure housing, or may have been recently housed. All interviews were conducted on the streets, in supported accommodation venues or at community service organisations. All data collected pertains to people who reside in Australia (Australian Bureau of Statistics, 2018).

PLACES WOMEN SLEPT MOST FREQUENTLY

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLEEPING ROUGH</td>
<td>853</td>
</tr>
<tr>
<td>NOT SLEEPING ROUGH</td>
<td>1767</td>
</tr>
<tr>
<td>Crisis and emergency accommodation</td>
<td>354</td>
</tr>
<tr>
<td>Temporary accommodation (e.g., couchsurfing)</td>
<td>917</td>
</tr>
<tr>
<td>Short-term accommodation (e.g., boarding house, hostel, caravan)</td>
<td>253</td>
</tr>
<tr>
<td>Institutional accommodation (e.g., hospital, drug and alcohol facility, prison)</td>
<td>39</td>
</tr>
<tr>
<td>Other</td>
<td>229</td>
</tr>
<tr>
<td>House (e.g., private rental, community housing, public housing)</td>
<td>90</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2620</td>
</tr>
</tbody>
</table>

Source: Registry Week Data Collections 2013-2017, Authors calculations. Notes: (1) Question asked “Have you, or has a healthcare provider ever told you that you have any of the following medical conditions?”

Mean time living on the streets or in temporary accommodation:

- Women SLEEPING ROUGH: 5.7 months (4 years and 6.6 months)
- Women NOT SLEEPING ROUGH: 3.3 months (2 years and 6.3 months)
- Men SLEEPING ROUGH: 7.6 months (5 years and 3.4 months)

Mean time without stable housing:

- Women SLEEPING ROUGH: 68.6 months (5 years and 8.2 months)
- Women NOT SLEEPING ROUGH: 38.9 months (3 years and 1 months)
- Men SLEEPING ROUGH: 65.4 months (5 years and 18 months)

Source: Registry Week Data Collections 2010-2017, Authors calculations.

INDIGENOUS WOMEN ARE SIGNIFICANTLY OVER-REPRESENTED AMONG WOMEN SLEEPING ROUGH


Despite 3.5% of Australian women in the 2016 Census identifying as Indigenous (Australian Bureau of Statistics, 2018), 39% of women sleeping rough, and 16% of women most sleeping rough identified as Indigenous in the Registry Week Study. The over-representation of Indigenous women is evident across all categories of those not sleeping rough, with the exception of those who were sleeping rough. The proportion of women sleeping rough that identified as Indigenous was significantly higher than the proportion of men sleeping rough who identified as Indigenous (p<0.01).

High numbers of women are sleeping rough in areas in which homelessness services have paid particular attention to. The time spent homeless for women rough sleepers at the time of interview was significantly greater than for women non-rough sleepers and significantly less than men rough sleepers. The time spent without stable housing for women rough sleepers was significantly greater than for women non-rough sleepers and significantly less than men rough sleepers. The proportion of women rough sleepers reported that they had spent 4.8 years (7 months) homeless and 5.3 years (9 months) without stable housing at the time of interview. The total time spent homeless for women rough sleepers at the time of interview was significantly greater than for men non-rough sleepers and significantly less than men rough sleepers. The time spent without stable housing for women rough sleepers was significantly greater than men non-rough sleepers and similar to men rough sleepers.

“Having my own house that no one can take away from me. Been 10–15 yrs since I had my own place.”

The health and social costs of women sleeping rough in Australia’s cities

Women sleeping rough: mental health indicators

Surveyor observed signs of mental illness or severely compromised cognitive functioning

Problems concentrating and/or remembering things

Gone to accident and emergencies at the hospital because they were not feeling 100% well emotionally or because of nerves

Spoken to a psychiatrist, psychologist or mental health professional in the last 6 months

Taken to hospital against will for a mental health reason

High numbers of women are sleeping rough in or are in permanent accommodation in Australia

SLEEPING ROUGH IS ASSOCIATED WITH INCREASES IN REPORTED ALCOHOL AND OTHER DRUG USE, AND INTERACTIONS WITH THE JUSTICE SYSTEM

“A life! With higher drugs”

Sleeping rough is correlated with higher drug and alcohol use across all indicators: surveyor-observed indicators of problematic drug/alcohol use, reports of blacking out or alcohol use in the past month, use of untreated herion, use of methedrine, spirituality, smoking and drug use, and interaction taking drug use in the past six months, daily alcohol use in the past month, and drug and alcohol abuse.

Experiences of imprisonment were reported by a higher proportion of women sleeping rough relative to the overall Registry Week sample (48% of rough sleeping women versus 19% of the overall sample). A higher proportion of rough sleeping women reported current legal issues (27% versus 21% of the overall sample), as well as interactions with the police in the six months prior to survey (44% versus 35% of the overall sample). A higher proportion of women sleeping rough reported being victims of crime, have threatened harm to self or others, have been exploited, and attended to their health needs (e.g., exchange for money, run drugs or share needles) relative to men sleeping rough and women not sleeping rough.

People experiencing homelessness experience poor health outcomes, which differ by type of homelessness, gender, cultural identity and disability.

“I’d like to work on my health issues and I’m afraid I’m going to be moved on from my squat”

People experiencing homelessness have poor health outcomes, with those sleeping rough often having worse outcomes. In the Registry Week data, compared with rough sleeping men, a significantly greater proportion of rough sleeping women reported asthma, heart problems, breast problems, diabetes and cancer, and a significantly smaller proportion of rough sleeping women than rough sleeping men reported traumas and mental health.

A higher proportion of rough sleeping women reported physical health conditions (heat problems, hepatitis C, cold and allergy problems, heart problems, breast problems, diabetes and cancer) than women in crisis and emergency accommodation and temporary accommodation.

Within the sample, hepatitis C, diabetes and cancer was significantly more prevalent amongst Indigenous respondents. With the exception of diabetes, people with a physical disability are also more likely to experience poor health outcomes across all of the selected medical conditions: asthma, hepatitis C, cold and allergy problems, heart problems, breast problems, diabetes and cancer.

“Men Sleeping Rough Women Sleeping Rough”

“Taken to hospital against will for a mental health reason”

Lifetime prevalence of selected medical conditions, per cent

Cancer

Diabetes

Liver Problem

Heart Problems

Health Problems

Cold Problems

Hepatitis C

Asthma

Brain Injury

Men Sleeping Rough

Women Sleeping Rough

Source: Registry Week Data Collections 2013-2017, Authors calculations. Notes: (1) Question asked “Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?”

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Problems concentrating and/or remembering things

Gone to accident and emergencies at the hospital because they were not feeling 100% well emotionally or because of nerves

Spoken to a psychiatrist, psychologist or mental health professional in the last 6 months

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Asthma

Brain Injury

Men Sleeping Rough

Women Sleeping Rough

Source: Registry Week Data Collections 2013-2017, Authors calculations. Notes: (1) Question asked “Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?”
SLEEPING ROUGH RESULTS IN SIGNIFICANT COSTS TO AUSTRALIA’S HEALTH CARE SERVICES

<table>
<thead>
<tr>
<th>WOMEN SLEEPING ROUGH</th>
<th>WOMEN NOT SLEEPING ROUGH</th>
<th>MEN SLEEPING ROUGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean number of times in the last 6 months</td>
<td>Mean cost of usage in the last 6 months</td>
<td>Mean number of times in the last 6 months</td>
</tr>
<tr>
<td>Accidents and Emergencies</td>
<td>3.6</td>
<td>$2,261</td>
</tr>
<tr>
<td>Ambulance</td>
<td>2.3</td>
<td>$2,131</td>
</tr>
<tr>
<td>Hospital inpatient</td>
<td>1.4</td>
<td>$7,501</td>
</tr>
<tr>
<td>All three health services</td>
<td>$11,904</td>
<td>$7,453</td>
</tr>
</tbody>
</table>

Source: Registry Week Data Collections 2010-2017. Note: (1) Questions asked: “In the last 6 months, how many times have you been to Accidents and Emergencies in the hospital?”, “In the last 6 months, how many times have you been taken to the hospital as an inpatient?”, and “In the last 6 months, how many times have you been hospitalised as an inpatient, including hospitalisations in a mental health hospital?”. (2) Data are self-reported.

What Women Sleeping Rough Need to Be Safe and Well?

Just over 600 women provided responses to the open-ended question “What do you need to be safe and well?”. Almost all responses (over 95%) included reference to accommodation or shelter of some form. Almost 10% of responses mentioned needing family and friends, and over half of these made explicit reference to “wanting their children back”. This is interesting as the question is very broad, and does not lead respondents to talk about any particular domain of their life when outlining what they need to be safe and well. Further, not all respondents will have children, not all those that have children will want to disclose information about them, and some may mention the factors needed to get their children back such as accommodation and employment rather than making explicit mention of reuniting with their children. Therefore, it is clear that the issue of their children being in care is salient to many rough sleeping women, and in some cases serves as a driver to improve their situation.

“– stable accommodation, – kids back, – stable mental health, – abstain from drugs”

Tailored Housing Plus Models Are Needed to Support Women Out of Homelessness

Throughout the Registry Week data it is evident that women experiencing homelessness are a heterogeneous population with differing health, mental health, alcohol and other drug and justice needs to men. Stable and permanent housing needs to be prioritised in all homelessness strategies. However, this needs to be paired with wraparound services that are tailored to the person’s individual needs, which are demonstrably influenced by their gender, experience of homelessness, cultural identity, sexuality and disability. What works for one woman may not work for all, and strategies need to be designed taking this into account.

Categories, Subcategories and Examples of Safety and Wellbeing Needs for Women Sleeping Rough

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>SUBCATEGORY</th>
<th>EXAMPLES FROM DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological Needs</td>
<td>Food/water</td>
<td>“Better foods, dietary foods.,” “roof over head, place to live, enough to eat”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“a roof over my head a house in which i can be warm and cook food. being able to be off the streets”</td>
</tr>
<tr>
<td></td>
<td>Warmth</td>
<td>“Food, House and warmer clothes.,” “some place warm”</td>
</tr>
<tr>
<td></td>
<td>Rest</td>
<td>“A bed, Secluded room of my home.,” “stable accommodation food and sleep”</td>
</tr>
<tr>
<td>Safety Needs</td>
<td>Physical health</td>
<td>“Housing, Job; Medical attention” “more money, affordable health care”</td>
</tr>
<tr>
<td></td>
<td>Mental health</td>
<td>“Reduce anxiety, a home, healthcare” “house help with childhood abuse” “A secure home: To be linked in with mental health”</td>
</tr>
<tr>
<td></td>
<td>Drug &amp; alcohol</td>
<td>“Help with getting a house. Detox.” “accommodation, get off grog”</td>
</tr>
<tr>
<td></td>
<td>Security</td>
<td>“stable housing, a door i can lock grief counselling” “Safety in own home”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“stable accommodation away from current partner”</td>
</tr>
<tr>
<td></td>
<td>Shelter</td>
<td>“my own place, sometimes i get scared laying on the street and its cold.” “House, where my family doesn’t know where i am” “Roof over my head,Storage and Accommodation,Food Regularly”</td>
</tr>
<tr>
<td></td>
<td>Stability/routine</td>
<td>“Staying off the streets; staying away from bad people.” “Stop hanging around the wrong people”</td>
</tr>
<tr>
<td></td>
<td>Resources</td>
<td>“A home &amp; Stability” “routine, somewhere safe to be” “support and a space stable home environment”</td>
</tr>
<tr>
<td>Belongingness</td>
<td>Friends &amp; Family</td>
<td>“protection, family, money, love, housing” “stable accommodation or right company, good friends” “A home, seeing family”</td>
</tr>
<tr>
<td></td>
<td>Children in care</td>
<td>“Home to make me feel safe and to get my daughter back” “A house where you can have family - get my son back”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“File to be cleared, Kids back from DOCS, Secure home.”</td>
</tr>
<tr>
<td></td>
<td>Social support</td>
<td>“house good friends encouragement” “Good support network stable affordable housing”</td>
</tr>
<tr>
<td>Esteem Needs</td>
<td>Employment</td>
<td>“house, children, job” “Full time work and housing - access to agencies” “house, job, family”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“a stable home, consistency, work and help to get back on my feet”</td>
</tr>
<tr>
<td></td>
<td>Achievement</td>
<td>“Somewhere to live - further education” “House, education,job”</td>
</tr>
</tbody>
</table>

References